Disconnected: How Are New Technologies Distancing Us From Ourselves?

Katy Benson, Sociology

One of the main features of the Information Era is the growing significance of technology's use in bettering the individual. In its nature, capitalism has explored and is exploring the extent to which it can commodify various aspects of the individual with technology. Creating the illusion that more advanced technologies are sophisticated because of their use of science leaves many blind spots for the consumer to miss and not critique. However, when applying theory to technology we can reveal what is in such blind spots. In this short essay, I aim to critique technologies that attempt to quantify the self and restrict agency as a symptom of capitalism's need to hyper-rationalise to profit. Answering this, I shall consider the consequences of Digital Health, the issues of quantification of the non-rational self (hyper-rationalisation), analysing prospects of self-

alienation caused by technology and using the film Her as an example of the limitations of such technology.

Plans released this year by Apple, one of the largest and most influential companies in consumer technology, unveiled their interest in expanding their market in Digital Health by collecting users' DNA through third parties (Regalado, 2015). Such an idea might feel alien to us but in reality, Digital Health has been developing since the 1970's alongside the exponentially growing market of communication technologies (Hurtado-de-Mendoza, Cabling and Sheppard, 2015; Lyengar et al, 2016).

One of the significant paradigms keeping the structure of the Digital Health market continuing in its growth is the many health professionals who believe that Digital Health technologies empower patients, and that

such technologies are an advancement in treating the change in doctor and patient relationships (Reid, Compton, Grossman and Fanjiang, 2005 cited in Hurtado-de-Mendoza, Cabling and Sheppard, 2015: Shaw, 2004; Gray et al, 2004). A key example of such technology is the 'Digital Pill'. The digital pill's primary use, once swallowed, is to track patient adherence and medication intake, the data of which is then shared with doctors, nurses, family members and others in the patient's network (Proteus Digital Health 2012 cited in Meridoza, Cabling and Sheppard, 2015). Other examples include Smart Home's and care robots being developed in Japan as a result of an aging population and stagnation in care work (Lui et al 2016; Muoio, 2015). A less physically invasive example would be Apple's Health App that came pre-installed on their latest devices. The App asks for 70 separate pieces of information from the user's weight to their manganese intake, eventually Apple want us to be able to share this information with other users just as we would share our location on Social Media (Regalado, 2016).

Surveillance and agency aside, the results from Digital Health technology, and technologies like it such as the digital pill, are not as enlightening as perhaps they are made out to be. Technology and scientific research itself are bound to an empirical, evidence driven and deductive paradigm which discounts a person's social and socio-economic activities in search for 'truths'; albeit these factors will lead to every case being individual, shaping the results. Furthermore, such hegemonic ideology claims that technology can lead to better self-understanding and general well-being. Nevertheless, Digital Health technology has been created by someone else to enable you and all others who can access it to learn more about yourself whilst (itself) following a paradigm of truth. At this point you may want to question whether individual lives can be standardised in such a manner.

Yet further we can theorise digital health technologies very literally by applying Foucault's conceptual sense of bio-power and bio-politics. He himself theorised ideas of how we are physically managed bodies and according to what we are fed in ideas of

power and knowledge leave us docile and able to be disciplined in order to reify mobility and class differences (Hurtado-de-Mendoza, Cabling and Sheppard, 2015). After all, it is thought that Digital Health, specifically adherence tracking technology, will eventually be developed to a point where patients are less reliant for taking their medications themselves; whether that's if they put their medication in the hands of an App connected to a third party we can only suppose so (Ibid.).

So, what does this mean for new Digital Health applications that are exploring new, less physical symptomatic afflictions such as mental health and well-being?

Mental Health treatment in the UK has never been prioritized and it seems now that there are signs of some investment into Digital Health applications to assist with day to day mental health problems such as stress, anxiety and depression (Age UK, 2016; Campbell, 2016; McIntyre, 2016). The NHS has CBT classes that can be completed online and a smart phone app that records and monitors your mood. However, due to the lack of action from NHS there are

many other different digital health apps that are seizing the opportunity to develop under the NHS's blind spot. Technologies such as Muse include a wearable headband that supposedly measures brainwaves during meditation to enable us to speed up learning relaxation. ZENTA is another wearable technology, where creators VINAYA say the aim is to "decipher how every single human emotion can be plotted in 3-dimensional space" (Butcher, 2016). Thus, in accordance with capitalism's structure, it/the object must be hyper-rationalised in order to organise and make profit, eventually leaving our lives saturated as our own mental states are becoming commodified; you cannot only buy your happiness but also see the numbers and data on your smart phone to reify it (Butcher, 2016).

If we remind ourselves of Foucault things start to seem less innovative and more neglectful. Will we become cyber tourists searching for unattainable, genuine, social and emotional experiences through technology (Uriely, 2005; McCabe. 2005)? On reflection, there is evidence that

we already are using Virtual Reality to overcome physical and timely constraints. For example, internet relationships, as well as the ease of experiencing (false) realities such as sex in pornography and life like sex dolls where the self is at focus.

To showcase themes discussed thus far, Spike Jonze's 2013 movie Her displays futuristic technology in action and how it can be alienating. Set in the near future in the film Her, technology appears to be how the individual performs self-management for both work and play, the effect of which is healthy well-being. The protagonist Theodore works as a dramatist who writes emotional letters as though he were someone else and he must make them convincing enough for the recipient to believe in. As the film plays out the he purchases an advanced operating system that is advertised as being the first OS with artificial intelligence and peripherally as having consciousness and helping the user to 'grow'. Already living in a world that seems to struggle with social, personal connectivity and alienation despite advanced technology, Theodore installs his new A.I OS into his earpiece with the preference of a female voice to which she names herself Samantha. In the film, Samantha is essentially machine learning and it's implied that A.I at this point has moved far beyond Joseph Weizenbaum's ELIZA (Hypernormalisation, 2016). Eventually Theodore enters an intimate relationship with Samantha, whilst solely remaining a computer operating system. Scenes seem to delicately hang in between moments of what seem like meaningful social interactions (proclaiming his love for Samantha) and then an individual facing loneliness.

Perhaps this is what our future will look like with apps dedicated to 'monitoring' our well-being; social relationships will be replaced by personal and invasive technologies that mimic human interactions but also have a sole purpose as a machine to help encourage our productivity and not have its users' needs understood.

In my own interpretation of the film, it exists as a warning that, similar to Theodore's job, Artificial Intelligence attempts to create a believable reality where the creator focuses on ideas that more emotional and human-like characteristics means success. Just as

Theodore did not have an emotional investment with the people he wrote for/to, Digital Health and technology does not have any intention on improving our lives in terms of personal development and it is all done to reach a goal.

Understanding it through Kantian thought, technology has the excuse of not being a human being, therefore not having the consciousness to follow a categorical imperative and have its sole existence reliant on it being nothing more than coding. Furthermore, using Samantha as an example, 'she' was a machine that could 'learn' but never alongside a non-rational self and therefore suggesting that she could not be in love with Theodore but it was part of her purpose to control and manage him and that meant mimicking acts of love through repeated social interactions.

Questions of speciesism and post humanism aside, should we question the direction surveillance and technology is going in? Reminding ourselves of Beck's risk society and being reflective, could Digital Health research such as the Resilience Project question our aims, are we attempting to create a master race immune to illness and irrationalities? Could the battle of genetic information see DNA bought, sold and managed by huge corporations? Should we be excited about technologies that threaten self-alienation and an inescapable saturation of Capitalism? Or should we celebrate Digital Health and technology as a success of capitalism, as in the example of Her it embraces the human needs in ways that may soon become difficult due to the increasingly dramatic changes in our climate and labour demands?

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