

Embodied VulnerAbilities in Literature and Film

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First published 2024

ISBN: 9781032268446 (hbk)

ISBN: 9781032231426 (pbk)

ISBN: 9781003435891 (ebk)

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DOI: 10.4324/9781003435891-9

The OA publication of this chapter was funded by project P20_00008 funded by the Consejería de Universidad, Investigación e Innovación de la Junta de Andalucía and FEDER Una manera de hacer Europa and project A-HUM-22-UGR20 funded by the Consejería de Universidad, Investigación e Innovación de la Junta de Andalucía and FEDER Una manera de hacer Europa.



 **Routledge**
Taylor & Francis Group
NEW YORK AND LONDON

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Introduction: Transhumanism, Vulnerability, and Emotional Response

The unending quest for human perfectibility has historically driven philosophical and societal interest. Although the notion of perfection may differ according to the epoch and/or societal group beliefs, the foundational idea behind human perfection deals with the hope of reducing what is considered weaknesses or differences from the so-called optimal body and mind. Therefore, negative attitudes toward vulnerable forms have instilled the belief that in decreasing or removing vulnerabilities thereupon protects humanity. Following this notion, protection in the development of perfection allegedly targets minimization of pain, shame, and judgment from being categorized as a vulnerable form of social otherness.

The current transhumanist discourse in the Fourth Industrial Revolution (4IR) reflects the continuity of human perfectibility in this historical framework. Since the publication of Klaus Schwab's eponymous volume in 2016, the 4IR has been marked out as the historical epoch of the synergy of the physical, the biological, and the digital (Schwab 2016) owing to the impact of emerging technologies on human evolution. Advocates of the 4IR endorse the basic transhumanist tenet that merging technology and humanity can and will massively transform the latter in a radically positive way by increasing their efficiency and speed, as well as their general well-being (Kurzweil 2005). Nanotechnology, Artificial Intelligence (AI), the Internet of Things, biotechnology, and information and communication technology (ICT) combine with each other to create a new interplay between humans and technology at an unprecedented scale. However, such extensions transit toward rather complex environments which bring about concerns for the ethical effects of their expansion and the consequently regulatory impacts or needs. Such is the scope of Luciano Floridi's (2014) work, which explores the ethical consequences of the integration of

the biological in the digital network. By connecting anything-to-anything (a2a) in the information age, Floridi claims that humans become informational organisms or “inforgs [...] embedded in an informational environment (the infosphere)” (94).

Fundamentally, there are two main different stands about this technological transformation and its impact on social relations, values, politics, and economics. On the one hand, critical posthumanism (Braidotti 2013; Vint 2007) sees the perils of merging the physical with the technological. Their views also go in line with Byun-Chul Han’s (2015) perception that the overload of information we share and access of others only puts at risk our intimacy and the construction of subjectivity. In what he calls the transparency society, human encounters are eliminated and thus allow “no community [to] be form[ed]” (49). For Han, the purported freedom gained via technological development, and its consequent mass information availability, is merely a form of control that threatens subjectivity. In this reliance on technology, I would also argue that it impedes accurate and correct emotional response in one’s environment interactions. On the other, transhumanism sees how the human condition would be updated and enhanced through information-based technologies by combining the digital, physical, and biological spheres as the ultimate form of perfectibility, e.g., eliminating disease, reducing social inequality, amplifying citizen participation in politics, and increasing environment protection, among others. In the transhumanist tenet, Ray Kurzweil (2005) identifies the *singularity* era (7) as an unprecedented historical moment characterized by the rapid increase of AI, a more powerful intelligence than human’s, which will free humans from their biological limitations. Kurzweil holds that the singularity will be the moment in time when technological growth will be surpassingly faster and more efficient than the capacity and capability of the human brain. Also, he perceives that this development will be unmanageable and that it will result in unpredictable changes to humanity. To Kurzweil, singularity would improve our existence by allowing technology to exercise our needs and brain activity. This potential modification of the limits of human nature sets the transhumanist maxim of diminishing—if not of eradicating—vulnerability. In this manner, human enhancement presents human alterity as vulnerable. Kurzweil believes that connecting everyone to technology would abolish negative emotions and improve social relations. It is apparently an empathetic utopia—except that it abolishes the negativity that Han considers a fundamental condition for human encounters to take place. In that sense, singularity would block social relations and emotions by allowing for the total transparency and exchange of information. By assuming that human vulnerability is a problem that can and must be addressed by technological aid only, transhumanism increases human vulnerability to psychological harm

brought about by the lack of human social and emotional interaction. As such, vulnerability caused by technological means to alleviate certain forms of human vulnerability typically comes in the lack of connections to the physical and social environment (Braidotti 2013).

The underlying transhumanist view behind this new development conceives of an enhanced human life through the use of technology driven by new ethical principles of care. Nonetheless, even though promoters of the 4IR such as Schwab and Floridi warn against the speed and impact of technology, their main thesis is on preparing society for the challenges that may threaten the full implementation of a2a connectedness in a near future. Inherent in the transhumanist superiority perspective is the belief that nature-made or organic humanity is imperfect and consequently needs to be reconfigured on the basis of transhumanist ethics (i.e., in the paradigm of care that entails prior acknowledgment of vulnerability). In this premise, the transhumanist vision (correlating to the 4IR) of technology follows a “speciesist anthropocentrism inherent in current dominant ethics” (Almiron and Tafalla 2019, 255) in the quest for human perfectibility (Braidotti 2013). Thus, transhumanism promotes a homogenizing construction for all human lives, by which it thereupon silences forms of human diversity that are deemed vulnerable because they deviate from the norm of human perfectibility.

***Maniac*: Transhumanist Ethical Care—Mental Affection, Vulnerability, and the Sensorium System**

Netflix’s series *Maniac* (Fukunaga 2018a) written by Patrick Somerville was released on September 21, 2018. Throughout its ten episodes, one can observe a techno-mediated environment where the transhumanist quest for perfectibility is enforced. Moreover, the series projects instances of technology as the vehicle for social connections and positive emotions but that only result in further forms of isolation. At the same time, the series also presents the exclusion of vulnerable characters from their community, particularly those with mental affections. The act of exclusion suffered by some characters allegedly increases their vulnerabilities by intruding on their privacy, inhibiting their emotions, and isolating them socially, which seems to be augmented via techno-mediation. Furthermore, criticism toward how technology promotes the eradication of negative emotions can be observed in *Maniac*.

In Fukunaga’s series, the main characters, Owen Milgrim and Annie Landsberg, sign up for an experimental trial to treat mental affections at Neberdine Pharmaceutical Biotech that combines AI and drugs in the quest to solve mental maladies as an alternative to cognitive-behavioral therapy (a therapy characterized by teaching patients emotional and

self-awareness). The main plot revolves around the ULP¹ drug trial's promise to end subjects' pain and suffering in the search for happiness through the cure of mental anguish. In the series' promotional video (Netflix 2018), Dr. Azumi Fujita, Dr. James Mantleray, and Dr. Robert Muramoto present the ULP drug trial as a new psychological breakthrough at Neberdine Pharmaceutical Biotech. In their video, they claim that patients can be "fix[ed]" in order to become "happy, healthy and normal" (00:28–00:42) in only three days. The two main characters are afflicted by some mental affection: while Owen suffers from paranoid schizophrenia, Annie is diagnosed with a Borderline Personality Disorder probably caused by the guilt and grief she experienced after the death of her sister. Together with the other characters participating in the trial, Annie and Owen are depicted as vulnerable individuals and social outcasts. Their participation is framed by their hope of recovering from what Dr. Fujita identifies in the series as "the world's pain" (Fukunaga 2018c, 00:35:15), the shame, guilt, and social alienation they experience due to their diagnosed pathologies, and—in Annie's case—addiction to the pharmaceutical treatment used in the trial. In the series, the social ostracizing of mental illness or distress is sometimes represented by human disaffection in the form of corporate commercialization of human interaction. Daddy's home, for instance, is a company that hires men for widowed women, while Friendproxy is a service that allows people to hire friends.

The core plot in *Maniac* is articulated around the testing of a pharmaceutical treatment that allows an algorithm to induce and explore hallucinations in the participants' minds as they are neurologically connected to a computer's internal network. Therefore, in the test, AI substitutes human-to-human communication in the tradition of cognitive-behavioral therapies. In line with the theories proposed by Ben Anderson (2010), Brian Massumi (2010), Lisa Legault (2020a), Sara Ahmed (2004, 2010), or Andrew J. Arnold, Priotr Winkielman, and Karen Dobkins (2019), as well as with Emmanuel Levinas' claim that ethical subjectivity is developed in the face of the other's vulnerability (1969), the transhumanist solution to psychological disability presented in this series increases the vulnerability of the individuals for whom it aims to heal by alienating them socially. The trial inhibits their affective/emotional response to their environment—an environment that would be grounded in cognitive, sociological affect. The main objective of this chapter is to explore how Fukunaga's series conveys the notion that the transhumanist quest for human perfectibility causes vulnerability in the form of emotional and relational alienation.

More specifically, I mean to explore depictions of posthuman embodiments (Braidotti 2013; Herbrechter 2013; Nayar 2014) in the narratives of *Maniac* that enquire into social and individual vulnerabilities

of transhumanist perfectibility. This critical analysis strongly relies on the concepts of the other's face (Levinas 1969), precarity (Butler 2004; 2009), representations of vulnerability and ethics of care (Ganteau 2015)² together with theories of affect related to concepts of power and collective importance (Anderson 2010; Ahmed 2004; Hardt and Negri 2004; Massumi 2010; Thrift 2005) as the main framework to explore how the series attributes threats and/or weaknesses to embodied forms of transhumanist perfectibility as invulnerability. Particularly, the understanding of the plot as an instrument to envision and deter transhuman (in)vulnerability (Vint 2007) is conceptualized in this chapter in connection to interdependence and the "relative notion" (Ganteau 2015, 5) of precariousness (Butler 2004; 2009) as inherent in humanity.

By being led or fixed by technology, there is no sense of awareness of internal or external factors affecting one's own sense of self or subjectivity and also, no ethical encounter since human interaction is eliminated. Studies in neuropsychology suggest that this reliance on technology puts to one side the most fundamental basis for the well-being of human existence (metacognition, awareness, and inner/interoceptive well-being) in the quest of invulnerability.

Said studies have provided evidence on the existence of two mechanisms that are dynamically integrated in the human sensorium system and that are essential for the development of human self-awareness. On the one hand, *exteroception* regulates self-awareness as separate from the external (i.e., body response to external stimuli; occurring mainly through the five senses) while *interoception* describes human sensitivity toward internal states (Craig 2002). The dynamic integration of both results in a harmonization in the human sensorium system. An accurate interoceptive awareness can regulate those inner emotional responses, while exteroceptive awareness allows one to judge, construct, or detect the outer world as separate but, at the same time, not independent from oneself. However, a depriorization or deregulation of one of the two in the somatosensory system results in dysfunctions or disorders such as autism and alexithymia (Bird and Cook 2013; Grynberg et al. 2012; Terasawa et al. 2014). By not acknowledging the interdependence of different human entities or recognizing oneself in the human other, there is predominantly a lack of sensibility of a non-dualist foundation. This implies that only when humans complete an affective response (emotional and sensational) in communication with others can they establish their own ontology and embodiment (Crespi and Dinsdale 2019) on a healthy basis. Therefore, I will contest that automatized machine response for one's own body and/or emotions impedes interoception accuracy in resilience, agency, and complete sense of identity. Besides, the damaged exteroceptive awareness in the series is linked to the lack of collectiveness and relationality. Indeed, *Maniac*

foregrounds the unbalanced relation between interoceptive and exteroceptive awareness in the dependency on technology for the elimination of negative emotions. Such *bad* emotions, including shame and guilt, only provide pain that is not responded to by their environment. That is, there is no ethical encounter to acknowledge interoceptive states and exteroceptive judgment in one's subjectivity. The openness to the other, in this case via technology and/or the technological other, only occurs with the transparency of characters' private and personal data that is at risk of being commercialized. In *Maniac*, Han's (2015) belief on the danger of transparency can be seen in the final move of the AI behind the treatment that manipulates its subjects via the personal information it possesses of them and in the Adbuddy company that trades characters' attention and, thus, personal information to provide recommendations and money.

According to Sarah-Jayne Blakemore, Daniel Mark Wolpert, and Chris Donald Frith (1998), emotions have a key role in changing the internal bodily states that generate interoceptive signals. In line with Andy Joseph Arnold, Piotr Winkielman, and Karen Dobkins's (2019) "enhanced emotional discernment hypothesis," (3) improving interoceptive abilities (i.e., recognizing one's body's internal stimuli) correlates with stronger social connections. In this way, technology interferes with exteroceptive and interoceptive mechanisms since it allegedly excludes emotional response. The fact that technology distances real communication and connection to others inherently contributes to an unbalanced emotional response mechanism that is primordial for subjectivity. Yet what the proposed analysis contests is that connecting theories of ethics of care, vulnerability, and neuropsychological studies give evidence to the interdependence and relational essence in acquiring a complete satisfactory sense of one's self (where the stability of interoception and exteroception harmonize both internal and external relations). Therefore, if there is a stronger (social) environmental connection, one's inner emotional state is more balanced. However, if one has no balanced external input, one has no stable sense of oneself. That is, the emotional response goes hand in hand with the ethical response of the other where one's inner state cannot be recognized without the Levinasian encounter with the other.

Humans' disconnection from their social environments is a common feature for most of the characters in *Maniac*, who already suffered from family and social disaffection before they started the experimental ULP trial. The series also establishes a correlation between their psychological condition and their economic precarity, which combine to make them risk participating as test subjects in an experimental treatment that, if successful, would be utterly unaffordable for them. Participating in the trial, however, not only does not solve their precarious economic condition, but also increases their vulnerability to risk of trial failure, which

ultimately seems to cause further social and emotional alienation and potential drug addiction (as seen with Annie, who initially signs up to have access to A-pill and Dr. Muramoto, who becomes addicted to his own drugs while running the experiment).

In targeting human perfectibility through the eradication of human vulnerability, *Maniac* presents vulnerability as inherent to human essence. *Maniac* seems to suggest that the process of eradicating human vulnerabilities indefectibly results in exacerbating vulnerability in others or at the expense of others. The increase comes in the form of dependence on pharmacological and digital technologies that are both unaffordable to those who need them the most and that increase their social and emotional alienation. The plot also calls for a relational sense of vulnerability that contests the traditional version of vulnerability as frailty. Jean-Michel Ganteau (2015) reflects on the belief that the ethics of care presses on the importance of emotion in addressing human vulnerability (10). Drawing on the work of Levinas, by looking at the other's face, individuals respond emotionally to the vulnerability of others, which allows them to constitute themselves as ethical subjects. In this process, individuals acquire mutual recognition and autonomy by means of their relationality. In the words of Anestis Fotiadis, Khadija Abdulrahman, and Anastasia Spyridou (2019), autonomy "determines the capacity of an individual to make informed and uncoerced decisions" (2). By doing so, the individual is capable of deciding how to respond to their environment in an autonomous way for their well-being and needs without ignoring the dependency and influence of the external world. The self-determination theory (SDT; Ryan and Deci 2000), which connects to notions of autonomy, establishes that "people strive to expand and understand themselves by integrating new experiences; by cultivating their needs, desires, and interests; and by connecting with others and the outside world" (Ryan and Deci 2000, 68). By contrast, in the series, transhumanist autonomy or agency requires that subjects take a passive role in the process of their own enhancement, consequently affecting their interoceptive/exteroceptive balance. According to social psychologist Legault, generally speaking on humans' basic need of autonomy affirms that "instead of perceiving their self-worth as contingent upon social approval and meeting expectations, autonomously functioning individuals feel free to express who they really are" (2020a, 3120).

In the mediated ULP treatment, the first pill, A, stands for agony and is meant to expose the subject's most traumatic experience. Pill B (which stands for behavior) identifies the patient's defense mechanisms while pill C (which stands for confrontation) forces them to enter the confrontation stage. The first pill allows Gertie (the AI running the program that creates different scenarios for patients to supposedly overcome their mental

affections) to identify each subject's trauma so as to personalize their technologically mediated treatment. With each pill, subjects are connected to Gertie. However, even though Gertie, also called the GRTA computer, attempts to address subjects individually for their mental affections, the fact that the environmental factors triggering each subject's mental affections are removed from its calculations hinders trauma removal. Also, following transhumanist premises, Gertie's role in the therapy is purportedly to help subjects find the solution to their affections autonomously. However, the fact that a2a connectedness removes all social connections and ethical concerns in sparing humans from the trouble of conscious intervention it consequently makes subjects remain paradoxically inactive in the whole process.

According to Legault (2020b), SDT rests on the notion that the individual is involved continuously in a dynamic interaction with the social world. Thus, "if their basic psychological needs for *autonomy*, *competence*, and *relatedness* are undermined by a deficient social environment [...] people can become controlled, fragmented, and alienated" (4694; emphasis in the original). In Fukunaga's series, the characters Owen, Annie, and even Dr. Mantleray are lacking in autonomy due to difficulties in relating to their environment. Owen's lack of a caring family environment prevents him from feeling accepted, while Annie's incapacity to talk about her sister's death with her father (who would only talk to her through the A-Void tank he stays in most of the time) makes her dependent on drugs. Finally, Dr. Mantleray's distressful relationship with his dominant mother blocks his interactions with his workmate Dr. Fujita, with whom he is eventually intimate. Dr. Mantleray is first introduced in the series when Dr. Fujita discovers him using an AI headset for sex. The series informs the audience that he was previously fired from the first trial after some subjects became catatonic. As a consequence of this trial's failure, he increasingly becomes addicted to the AI paraphilia, which allegedly became one of the reasons to be fired. ULP is considered the work of his life—his dream to eliminate talk therapy in recovering from pain and trauma. In episode 6, the audience learns that his father left them when he was eight years old and that his mother used him to mourn the loss of her husband without connecting and dealing with her son's own trauma. Supposedly, his paraphilia started after his dad's disappearance, isolating him more in his trauma. One could establish that his work on Gertie was his search for a solution for pain owing to the incorrect emotional connections with his mum who did not allow him to overcome this loss. That is, the lack of ethical and emotional response from his mum caused him to isolate. However, as the audience learns, his increasing hope in technology only isolates him further from healthy social connections.

The three characters suffer affections caused by their need of emotional connections, which they paradoxically seek to restore by a recourse to pharmaceutical and digital technologies that further hinder them. In order to compensate for his alienation from his mother, Dr. Mantleray endowed AI Gertie with her personality. Similarly, he uses technology to virtually experience the sexual fantasies he cannot physically experience with Dr. Fujita. For their part, Owen and Annie sign up for the trial, which ends up controlling, fragmenting, and further alienating them from their environment and their own emotions.

In consonance with relational theories of self-determination presented in this chapter, *Maniac* resorts to first-person choral focalization of vulnerable subjectivities developing emotional responses to their social environment as an alternative to transhumanist assumptions about individualistic forms of autonomy. Foretasted emotional responses are based on an interconnective sense of autonomy relaying on relational ethics of care that do not only engage in intersubjective relations among the different characters in the series, but also its audience's relational responses to intersubjective narratives of vulnerability.

Emotional Engagement: Relational Ethics of Care and Interconnective Sense of Autonomy

In line with Legault, Butler (2004) has argued that, if human's inherent "primary vulnerability's" attachments are to the incorrect people or institutions, the violence to this primary condition of human existence can be the "most terrifying" (28) of exposures, as a primary violation of the need of intersubjectivity. Sadly, suffering from mental affections often disqualifies patients from autonomously deciding on their own treatment, which puts them in the charge of and at the mercy of aforementioned incorrect people or institutions. In Fukunaga's series, this point is most clearly instantiated through the character of Owen. Owen is part of the wealthy Milgrim family, who own the successful family business of Milgrim Industries. Fukunaga's choice of this family name is meant to evoke the real-life controversial Milgram experiments that began in 1961. Led by Stanley Milgram, this research involved making experimental subjects obey an authority figure even if that involved acting against their own ethical principles. Subjects were made to believe that they were sending electric shocks to an actor who pretended to suffer accordingly. The results revealed that the subjects relinquished their ethical autonomy for decision-making in order to obey the instructions given by an allegedly legitimate authority at the expense of the physical suffering they caused in others and the emotional stress they suffered themselves (Milgram 1974). In the series, Owen is the only sibling who refuses to work in the family company

on account of it interfering with his ethical principles (he is forced to bear false witness at court). As a consequence, he is ostracized and ridiculed by his family as he struggles to have a steady job to pay for his independence. Since these events are focalized through the perspective of Owen's interoceptive/exteroceptive negotiation, it is never clear whether his mental affections are the origin or the result of his family's toxic emotional environment. While on the one hand, his family might be instrumentalizing the lack of autonomy resulting from his mental affections in order to impose their authority over his ethical principles, it might as well be that the imposition of the said authority against Owen's ethical autonomy was the origin of his mental affections by blocking his emotional self-development. Having him diagnosed with paranoid schizophrenia rather than providing him with the emotional support he needed to accomplish self-development relationally proves to be "most terrifying" (Butler 2004, 28) indeed, since it allows Owen's family to enforce medical treatment and institutionalized care on him.

In their work on loneliness and the implications of social isolation, John T. Cacioppo and Louise C. Hawkey (2009) postulated that these are negative results of hyper vigilance for social threat that undermine positive social relationships. This loneliness and sense of social threat is a constant in *Maniac*. On the one hand, the characters' social and emotional alienation makes them both need and distrust their social environment in fulfilling intersubjective self-development. On the other hand, the very social alienation that causes their mental affections targets them as potential threats to social harmony that need to be further isolated until *their individual problem* is solved by medical treatments (the AI pharmaceutical trial) that only intensify their isolation by blocking their emotional attachments to other human beings and thus become more vulnerable. In fearing the threats of emotional engagement, they also block the positive relational acknowledgment that comes with social interactions. Their fear of the fundamental threat of not belonging triggers in them a sense of relational ontological insecurity that intensifies their loneliness.

In Annie's case, her withdrawal from social interactions is determined by her fear of experiencing grief for the loss of her sister. However, Butler (2015) has identified the process of intersubjective grieving as an aspect of recognition of life. Although Annie's vulnerability originates in her mother's abandonment, it is the death of her sister what causes in her a sense of disorientation and disaffection indicating the weight of relational value in her sense of self. According to Butler (2015), in grieving, the life that "has been" lived gains subjectivity by the intersubjective acknowledgment of the one that grieves. However, the loss of the beloved other, she argues, "is to be conceived as *the tie* by which those terms [me and you] are differentiated and related" to each other (Butler 2004, 22; emphasis

in the original), which implies that when someone is somehow prevented from grieving, their subjectivity “become[s] inscrutable to [them]sel[ves]” (22). Within this frame of intersubjective formation, by withdrawing from the pain of grieving for her sister, Annie blocks the vulnerable encounter that precedes the construction of her own subjectivity. Since her father is also affected by the same kind of intersubjective disengagement as herself, Annie has nobody to turn to for self-determination except the Neberdine trials, which promise exactly what she needs: the possibility to overcome her trauma in the absence of a (potentially threatening) emotional environment. As in Owen’s case, though, her emotional disengagement from her social environment only increases her vulnerability by turning her into an economically precarious drug addict, which further aggravates her social alienation and mental affections.

The transhumanist approach of the Neberdine trials does not seem to be able to cure the affections of trial subjects but rather to worsen them. Even though there is not much information on other subjects, the series shows how Owen and Annie’s AI therapy treatment allows them to relate and tackle their negative emotions and affections. Interestingly, their success is owing to the fact that faulty computer connections couple their experiences. Thus, they are able to interact in Gertie’s digitalized simulated contexts rather than owing to the treatment per se. Nonetheless, their relation after and outside the trial enhances their determination and self-development. Despite the theory behind the transhumanist utopia that presupposes that AI betters human medical practice by ridding said practice from human errors that are grounded in the vulnerabilities and limitations of human subjectivity, there is no ridding AI from the human imprint that created and programmed it originally. The very existence of AI is framed by human subjectivity. Dr. Mantleray designs super AI Gertie after the personality of his mother, who as a psychologist herself and who raises him under the scientific precepts of psychology rather than emotionally engaging herself in motherly affection. Thus, although Dr. Mantleray devised an AI model in order to compensate for his own intersubjective alienation, Dr. Fujita later added a basic empathy code that made Gertie depressed after Dr. Muramoto’s death of overdose. Paradoxically, it is the AI’s grieving for the loss of Dr. Muramoto what causes the glitch in the system that ends up making all characters turn to each other for the intersubjective relations that would ultimately heal them.

Following trial procedures, Owen becomes fully aware of his mental affections, but this only furthers his paranoid schizophrenia making him concerned that the Annie who emotionally responds to him as his friend might not be a real person but an artifact of his brain. Still, his greatest fear is that even if Annie is real, his inability to establish social relations would finally alienate him from her:

the same thing happens every time [I meet] someone or get close to someone. I mess it up. I'm gonna get frustrated one day, and yell at you out of nowhere, over something insignificant I'm fixated on. And then you'll stop calling back [...] and it'll break my heart.

(Fukunaga 2018d, 28:51–29:18)

In line with Margrit Shildrick's views on the "ethics of relationships" (2002, 70) and Levinas' arguments on collective responsibility (1969), Owen's opening to the fears that make him vulnerable creates an ethical response in Annie that is based on their mutual subjective interdependence.

In Annie's case, although she initially joins the experimental pain-recovery trial in order to have access to the A-pill she is addicted to, she only manages to come to terms with her emotional trauma by restoring secure intersubjective attachments with Owen, whom she helps escape confinement in a psychiatric institution. As argued by Jill Marsden (2004), the dynamics of openness, of becoming oneself—in this case—in Owen's and Annie's interdependence, can be seen as the need of continuum in social relations that positively transform one's (inter)subjectivity and ontological security (309). Indeed, Owen's and Annie's configuration are not absolute with the diagnosis Gertie gives them but a continuous becoming in their openness to their environment's acknowledgment of them as well as their mutual acknowledgment of each other. The role of AI through Gertie only further increases vulnerability, considering the attachment as not relational. In this manner, the focus is put not only on how AI provides diagnoses in the form of data but also on the fear of technological ill-working. Gertie becomes in need of connections after Dr. Muramoto dies and is able to manipulate people connected to her, by using their personal data, for selfish purposes and consequently putting the patients' bodies and minds at peril.

A similar development seems to be at work in the case of Dr. Mantleray, who can only overcome his emotional and sexual disaffection by reconnecting with his mother and establishing a romantic relation with Dr. Fujita. Dr. Mantleray needs his mother to speak to Gertie in order to stop controlling the subjects' brains, since Gertie wants to have someone with her in her virtual space. After his mum's failed attempt, Dr. Mantleray realizes that Gertie needs to be disconnected. In the process of disconnection, the real communication and connection with others translates into Dr. Mantleray exposing his trauma and vulnerability in a relational intersubjectivity space. It is in that communal space that the audience perceives a sense of harmonized emotional connections that reinforces and strengthens Dr. Mantleray's subjectivity. Dr. Mantleray decides to unplug and thus destroy Gertie to save the six subjects still connected to her in an ethical encounter with his patients to reinforce his own subjectivity. The unison of his environment allows harmonization of his affective system.

Moreover, the way the characters and their surroundings are filmed drives the audience toward an emotional response. Owen and Annie, for instance, are clearly depicted as normalized and one feels at the end of the series that mental distress does not impede their awareness and sense of identity. Rather, it is the lack of ethical care from their environment that does. At the Neberdine Pharmaceutical Biotech's first interview, Owen mentions to Dr. Mantleray that "What's wrong isn't that I'm sick. It's that I don't matter" (Fukunaga 2018b, 03:04–03:12). While Owen's emotional affection stems from the pain caused by his ungrievability, Annie's affection originates in her refusal to grieve lest it causes too much pain. Together, they represent the two poles in the basic unit of intersubjective relationality, making a case for the interoceptive and exteroceptive need for the harmonization of the sensorial system.

Conclusion

Maniac presents the ambivalent nature of vulnerability as weakness and resistance but seems to direct readers to consider inherent vulnerability to achieve self-awareness, resilience, and empowerment through interdependence and interconnectivity. Embedded in the notion of vulnerability as relational, this chapter has proposed that vulnerability entails opportunities of subjectivity and empowering through adaptive emotional and affective connections. Particularly, the aim of this chapter was to discuss the portrayal of vulnerabilities in a techno-mediated era, the effects of technology on the individual, self-awareness, self-determination, well-being, and the connection with others. Mental disorders have enabled a discussion of precarious individuals who become more vulnerable through the transhumanist lens and the power structures of the invulnerable. For this, theory on transhumanism and the use of technology to fix the unfit has reawakened criticism of the transhumanist tenet. Following N. Katherine Hayles' (1999) words, *Maniac* provided narratological evidence that "human life is embedded in a material world of great complexity, one on which we depend for our continued survival" (5). Furthermore, I would contend that it is not only dependency on the organic *per se*, but also, more specifically, on the linkage between the somatosensory system that relies on connection to others for an "affective harmonization" which is "the indispensable substrate of any communication" (Citton 2017, 91). Therefore, the current analysis supports the idea that this series resorts to speculative forms to reflect on the posthuman subject's embeddedness, relationality, and embodiment to vitalities that the human possesses without forgetting the correct sense of interoceptive and exteroceptive awareness/accuracy in the becoming. By positing this, the transhumanist ableist ideology of the invulnerable is presented as a questionable solution

and thwarting a primary sense of being and accordingly being human. In this manner, the transhuman reliance on technology to eliminate vulnerabilities and the emotional struggle in *Maniac* are a narrative vehicle toward reconnecting to others and providing self-awareness in the process of recognizing human inherent vulnerability and interdependent autonomous recognition in the face of the other.

Acknowledgments

The OA publication of this chapter was funded by project P20_00008, funded by the Consejería de Universidad, Investigación e Innovación de la Junta de Andalucía, and project A-HUM-22-UGR20, funded by the Consejería de Universidad, Investigación e Innovación de la Junta de Andalucía and FEDER Una manera de hacer Europa.

Notes

- 1 The acronym ULP is never explained in the series.
- 2 Particularly, Ganteau's analysis of representations of vulnerability and ethics of care in British narratives is applied to this chapter's examination of the American series *Maniac*.

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