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I am submitting herewith a dissertation written by Arlene Sheskin entitled "Why Die? Extend Your Life Through Cryonics: A Study of Belief Systems and Bereavement." I recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Sociology.

Samuel E. Wallace, Major Professor

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WHY DIE? EXTEND YOUR LIFE THROUGH CRYONICS: A STUDY OF BELIEF SYSTEMS AND BEREAVEMENT

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Arlene Sheskin

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ABSTRACT

This study examines the belief systems and bereavement patterns of Cryonicists--a group of individuals who advocated the freezing of human beings at the point of clinical death as a means of life extension. It was hoped that such frozen persons could be suspended until means became available to successfully reanimate them.

The data for this study were collected through qualitative means. Forty intensive interviews were conducted with thirty-two respondents. The official journals of Eastern Cryonics--a Society to which respondents belonged--were an additional source of data.

The topics to be included include: 1) an analysis of a particular Cryonics Society--Eastern Cryonics--and the splinter groups which formed from it; 2) the establishment of belief among Cryonicists and the impact that such belief had on them; 3) the ways in which belief was maintained and 4) the effect of Cryonics interment on bereavement.

TABLE OF CONTENTS

CHAPTER		PAGE
INTRODUCTION		1
I.	THE MECHANICS OF SUSPENSION	5
	Introduction	5
	Getting Suspended	9
	The Suspended	14
	Arranging To Be Suspended	16
	Problems of Suspension	21
	Suspending Others	26
II.	A HISTORY OF EASTERN CRYONICS	35
	Introduction	35
	Growth and Decline	38
	Splinter Groups	55
III.	LITERATURE REVIEW	67
	Introduction	67
	Belief Systems	68
	Death and Bereavement	75
IV.	BELIEF SYSTEMS OF CRYONICISTS	94
	Introduction	94
	Learning About Cryonics: Attraction To It	95
	Impact of Cryonics	103
	Maintaining Belief	109
V.	INFORMATION DISCLOSURE AND PERSUASION	117
	Introduction	117
	Telling Others	118
	The Trajectory	127
	Commitment	130
	Secret Beliefs	133
VI.	CRYONICS AND BEREAVEMENT	137
	Introduction	137
	Not Yet Dead	138
	Fully Dead	157
	The Guinea Pigs	164
VII.	CONCLUSIONS	172
VIII.	METHODOLOGY	190
	Selection of the Group	190
	Sampling	191
	Demographic Characteristics of the Sample	193
	Making Contact	193
	Interviewing	198

CHAPTER PAGE

LIST OF REFERENCES 202

APPENDIX 210

VITA 214

INTRODUCTION

Although little empirical work has been devoted to death and bereavement in sociology, the absence of such research has not deterred the issuance of blanket statements about the ways in which the populace accepts and adjusts to such processes (see Kubler Ross, 1969; Lindemann, 1944). For example, a common assumption is that religious belief systems have an impact upon the ways in which an individual accepts his own and others deaths (see Mack, 1973). Such research states that one who believes in an afterlife will have an easier time with death and bereavement than one who does not. Thus, the dichotomy which emerges with regard to reactions to death and bereavement distinguishes between religious individuals and non religious ones.

This study will examine a different type of belief about death--a Cryonics belief which stipulates renewed life, after death, on this planet. Such life is to be attained through the freezing of an individual, at the time of his death, with subsequent suspension until reanimation is possible. Based upon the possibilities of technology and biology, this belief system represents an ultimate level of secularization in that it is not attached to any religious doctrines. With it, explanations about and control over death are removed from the church and mystics and placed within the province of science.

In this study we will be concerned with the ways in which individuals came to believe in a Cryonic accommodation to death. Cognizant that such beliefs are unordinary, we will delineate the process by which

believers came to see them as logical and natural. Once their belief was established we will examine the activities in which individuals engaged to make suspension a reality. These activities were organized in particular groups. Therefore, we will explore the history of a Cryonics Society--Eastern Cryonics--and the splinter groups which formed from it.

A second concern will be the impact of belief among Cryonicists. In this regard we will be interested in the ways in which Cryonics affected believers' ability to accept and deal with death. As a measure of such impact we will contrast believers' feelings about death before and after their knowledge of Cryonics. Since so many other types of believers and innovators have been found to engage in proselytizing (see Lofland, 1966; Festinger, 1956), we will be concerned with the path Cryonicists took--the extent to which it is in agreement with or diverges from the findings established by others.

Finally, we will focus upon the bereavement experiences of individuals who actually suspended relatives. Here we will examine the ways in which particular beliefs about Cryonics affected the bereavement of survivors.

Given these topics of concern they will be examined in the following way:

Chapter I will examine the mechanics of suspension. The process of suspension, the ways in which suspension arrangements are secured and the status of suspended persons will be delineated. Also explored are the problems of suspension--the contingencies which work against certainty in the process.

Chapter II will discuss the history of Eastern Cryonics. The perspectives of leaders and members will be examined and we will isolate three stages through which the Society passed--growth, dissension, and decline. The factors contributing to each phase will be explored and an explanation of the tribulations afflicting Eastern Cryonics and its splinter groups will be offered.

Since this study is concerned with belief systems and bereavement, Chapter III will survey the pertinent literature in these areas. Psychological and sociological accounts of belief systems will be examined as will the literature on death, dying and bereavement. This literature will be commented upon and, where pertinent, lacunae will be noted.

Chapter IV focuses upon Cryonic belief systems. How individuals learned of Cryonics, their reactions to it, the ways in which they decided in favor of it and the impact of Cryonics on their views of death will be examined. In this chapter we will show the ways in which Cryonicists came to see Cryonics as logical and rational. In this regard, the factors they considered before making their decisions in favor of suspension will be delineated. We will also be concerned with the ways in which belief was maintained in the face of incredulous others and the failure of Eastern Cryonics to continue as a suspension organization.

In Chapter V we examine what individuals did with their suspension knowledge. Cryonic patterns of disclosure and persuasion are examined and contrasted with the proselytizing engaged in by so many other innovators. In understanding the path of their trajectories the notions of commitment and secrecy will be used. Failure to proselytize

will be explained by commitments to ongoing social worlds and the benefits accrued from non-disclosure will be explained by analyzing the importance of secrecy for believers.

Chapter VI examines the bereavement experiences of individuals who suspended relatives. Survivors will be characterized in accordance with the beliefs they held about their relative's suspension. In this regard, three categories will be delineated--those who believed their relatives to be not yet dead, those who saw them as fully dead and those who saw them as guinea pigs in a scientific undertaking. The effects of such beliefs on bereavement is the major topic of concern.

Chapter VII contains the conclusions of the study. The theoretical implications of Cryonics will be discussed as will the ethical questions raised by the practice.

CHAPTER I

THE MECHANICS OF SUSPENSION

I. INTRODUCTION

Mother Sees Hope in Freezing Son's Body

"I think there's so much less a feeling of loss than in the normal situation, especially where there is a flicker of hope. I think my rabbi expressed it best--there is a light at the end of a long, dark tunnel."

The words came unfalteringly from Mrs. Nelson as she sat yesterday in the awkward stillness of a funeral parlor.

Tearless, and with only a trace of emotion to signify her grief, the 45-year-old widow talked about her only son, whose frozen body lay in a hermetically sealed container in a cemetery receiving vault eight miles away.

Body to Be Transferred

The body will continue to rest at dry ice temperature, until the near future, possibly next week, when it will be transferred to a giant, steel capsule and preserved in liquid nitrogen at a temperature of 321 degrees below zero.

There in this double-chambered high-vacuum capsule, it will remain for decades or perhaps for a thousand years, hopefully until medical science evolves the required techniques to repair the damaged body and bring it back to life.

Arrangements for preservation of his body were undertaken shortly afterwards by officials of the Cryonics Society.

Bodies Preserved by Freezing

The organization promotes research into the preservation of bodies by freezing with the hope that life may be renewed once medical science has eliminated the fatal factors.

Cost of the process is $10,000.

Brain Damage "Irreparable"

Cryonics Society secretary said Nelson probably suffered irreparable brain damage since a heart-lung machine to keep his blood circulating was not available immediately after his death.

Nelson, who had dropped out of school several times because of illness, had been a member of the Cryonics Society for seven months and had previously made arrangements with the group to have his body frozen.

> Paul Segall, a biologist and the society's research director, said Nelson could perhaps be restored from the frozen dead when medical science learns how to cope with the enteritis and adrenal insufficiency.
>
> Then a computer study would determine the extent of injury to his brain and advanced medical techniques could repair the damage. He said an option might be to take a cell from Nelson's body and grow a duplicate organism, to which information stored in the brain would be transferred.
>
> Sees No Moral Problem
>
> Mrs. Nelson said she saw no moral and theological questions regarding suspension.
>
> "I discussed this with my rabbi," she said, "and he felt that religion dealt with your soul and not with your flesh."
>
> She said that she and her son talked about the frozen death process several times and that she did not resist it.
>
> "My son had a great vision of what science would do in the future," she said, "and he wanted to be part of it. He had a great belief in the future of science, and if there is even the slightest chance that it might help him or someone else, then we have nothing to lose and everything to gain." The comely, dark-haired widow deferred any thought of applying the Cryonics process towards her own life extension.
>
> "I don't think I'd want another chance at this life," she said, "but I can see where a man like my son would" (New York Daily News, 1968).

What is the Cryonics Society of which this newspaper article speaks? Who are its members and what leads them to decide to be frozen when they die? When someone is frozen what do members of the Society believe their condition to be? Are they dead? Where should such persons be kept? What types of services are appropriate? Does the event make any difference in bereavement?

These are among the questions that interested me when I learned about Cryonics--the practice of freezing human beings at the point of their legal deaths. I learned that the process was called suspension and that as a new name was created for this procedure so were other new categories created by the practice. A person who avails himself of the

practice is suspended, not dead the way others are. Suspended, the person--not body or corpse--is stored, not buried. An ordinary casket would not be appropriate or functional so the suspended person is stored in a "Forever Flask." Obviously, all these distinctions raise the further question of where the flasks are to be stored, a cemetery being also inappropriate.

These distinctions and the persons who made them are the subject of this inquiry--an inquiry which focuses upon a particular Cryonics Society--Eastern Cryonics, which was established in 1966 with the expressed purpose of freezing human beings. In 1973, I learned of the Cryonics Society after seeing its address listed in a book entitled Death As A Fact of Life (Hendin, 1973). Because I found the topic interesting, I set out to discover more about it.

My interest in this study is with the individuals who hoped and planned for their own suspensions and with those others who engaged in the suspensions of their relatives. In short, I am concerned with individuals who constituted or availed themselves of the services of Eastern Cryonics--individuals who sought to extend their lives by preserving their bodies in the hope that they could later be reanimated and who had as their slogan "Never Say Die," and as their emblem a phoenix, with the implication that they, like it, would be resurrected from cold storage and restored to a young and vital state.

It must be noted that there have been attempts at life extension throughout history but previous efforts presumed a living individual who could be aided in living a longer, healthier life. In effect, these

attempts were predicated upon staving off disease and aging.[1] Cryonics believers go a long way further in that their attempts at life extension eschew the need of a living individual. They are saying that even those who are legally dead are not immune to life extension efforts or the powers of science.

Modern science, coupled with public health efforts, has done much to increase life expectancy. Nearly all can now expect to live seventy years as opposed to the forty or fifty year life expectancies which existed earlier. But this increase in life expectancy has had little effect on lifespans. The lifespan with a peak of 110 years has remained constant and seems little affected by the conquering of different diseases. This constancy indicates that the aging process is the important determinant in death--that even if one could avoid all major diseases he would still eventually die as a result of this process. While the subjects of this study are pleased by increased life expectancies, the statistical probability of living a few extra years is not sufficient to satisfy their desires. The factor which most concerns them is lifespans and the ways in which they might be extended. In coupling such concern with the practice of suspension their intent is to render a permanent state--Death--into a more problematic and transient status. Death could become "death" with the quotations indicating that it could be less onerous, less final and something different than what is commonly assumed.

Now, let us begin our understanding of Cryonics with the process of suspension, first in theory and then in practice.

---

[1]For an examination of attempts at life extension and youth preservation see McGrady (1968); Prehoda (1968); and Segerberg (1974).

II. GETTING SUSPENDED

The suspension technology utilized by Cryonics has its basis in developments in Cryobiology--a newly developing science in which the effects of low temperatures on living systems are studied.[2] Basic to this science is the knowledge that cold can slow or arrest molecular movement and recent developments in this area have led to the preservation and banking of cells, tissues and organs. For Cryonicists, it requires but a short leap to move from evidence that single cells or homogeneous celled organs can be preserved to the belief that the preservation and reanimation of a complex group of cells and organs--the human body--can be accomplished as well.

The logic of the application of Cryobiology technology to the human body becomes clear when one recognizes that death is not an instantaneous event. Instead it represents the culmination of a gradual process of deterioration which encompasses a number of stages.

The stages through which one passes include clinical death, when spontaneous heartbeat and respiration cease, brain death, when all sections of the brain are deprived of oxygen, biological death, when the brain is no longer active and, finally, cellular death when all organs and cells lose that which we call life.

Generally, death is legally considered to occur when heartbeat and respiration have ceased and cannot be revived. It is at this point that verdicts of death are rendered by physicians and that death

---

[2]See Kaveler (1970) for an examination of efforts in the field of Cryobiology.

certificates are introduced and signed to indicate and legitimate the perceived transition from living to dead.

While the processual characteristics of death are currently receiving a great deal of attention, Cryonics believers have long been cognizant of this process and have based the efficacy of their practice on the implications they impart to such stages. For them the stages mean that legal death does not constitute total death and that by suspending the individual at the earliest recognized stage in the process of death, further loss may be arrested. Thus, if the person is suspended at this critical point, brain and cellular damage will be minimized and the possibility of reanimation maximized.

Because legal death does not signify total death or the total atrophy of the body, it provides the most optimal time for suspension. As soon as legal death is pronounced, Cryonic suspension begins by lowering the temperature of the individual by packing his/her body with ice, with special attention given to the head region. The immediate lowering of temperature is thought to prevent deterioration and consequently to halt the damage brought about by death. Prompt and careful attention to the head region is explained by the fact that the restoration of the brain and memory are crucial to successful reanimation. No one wants to come back as a "sub-human" without knowledge of his past, his identity or the ability to think, so careful efforts are made to insure that brain death is averted.

To facilitate an even and thorough cooling, the patient is enclosed in a strong, thin, watertight sack designed to withstand Cryogenic temperatures, and he/she is then lowered into an ice bath.

Next, the patient--as Cryonicists refer to the body--is perfused with a Ringers lactate solution--a sort of human anti freeze--whose purpose is to prevent damage to the cells. The perfusion is continued until the blood--which drains from a tube emanating from the right jugular vein--is colorless. A surgical or embalmer's pump is used for the perfusion and the Ringers solution is kept cold throughout the process by placing bottles of it in large plastic cans packed with ice. The patient is then perfused with a cooled solution of glycerol in Ringers lactate solution (eight liters of Ringers solution and two liters of glycerol would be needed for a person weighing 150 pounds, plus an additional liter of the solution to be pumped through the gastro intestinal tract).

When the perfusion is completed, the "patient" is wrapped in a heavy duty foil--with a separate piece covering the face. The wrapping of the body prevents ice crystallization and damage to the external cells, with the separate facial piece permitting easy removal for viewing. It is at this point that the individual is ready for encapsulation.

The capsule, referred to in Cryonics Reports as the "Forever Flask," is a giant thermos bottle, eight feet tall and thirty-one inches in diameter and comes equipped with a removable top. The patient, wrapped in aluminum foil, is suspended vertically in it, and is surrounded by liquid nitrogen, which is maintained at a temperature of -32°F and which must be replaced on a monthly basis. Again, the removable top allows for viewing. When the top is removed, a vapor, caused by the liquid nitrogen, emerges from the capsule but once this has dissipated, one can peer into the capsule and view his/her suspended relative. However,

prolonged viewing is not possible as the capsule temperature must be maintained and cannot be allowed to drop significantly.

Ideally, one could be thawed once knowledge as to proper procedures to reverse suspension were established. However, one's tenure in the capsule must be indefinite as the discovery of resuscitation techniques alone are not sufficient for the revival of a suspended person. The second goal of Cryonics is the restoration of the individual to a condition which preceded the time and cause of his death--ideally, youth and vigor. Cryonicists say they do not want to be suspended only to come back old or in poor health. Thus, rejuvenation is of equal importance with suspension.

What I have described are the ideal conditions for the ideal suspension. Such perfection has not often been reached. In some instances the patient, upon the legal declaration of death, was not packed with dry ice, thus making it conceivable that other stages of death had been passed through by the time suspension was begun. In another case, death was declared only after a variety of life saving or life extending techniques had been applied by physicians so that while respiration and organs were maintained by external mechanical means some amount of brain death may have occurred in the interim. In the third case, the survivors only learned about Cryonics after their relatives had been buried so they were forced to exhume the body in order for suspension to occur. In several cases, a Cryonics Society could not be easily reached so there were delays in beginning suspension. In such cases where suspension occurred after the optimal time--severe deterioration beyond the cessation of heartbeat and respiration had

occurred. Finally, in most cases, in my observations, capsules were not available at the time of legal death and this also contributed to a less than ideal suspension because patients had to be kept on dry ice until proper storage at lower temperatures was available.

However, while the inadequacies and shortcomings of suspension are recognized by relatives of suspended persons, by individuals who desire their own suspensions, and by officials of the Society, the suspensions which have occurred are considered legitimate ventures and all involved would opt for a less than ideal suspension than no suspension at all. As will become evident, hope and belief in science underlies all suspension efforts; there is always reason to believe that technology will someday provide "some" means by which suspended individuals may be restored, even if they are not restored in ways which are presently imagined. Thus, some relatives of suspended persons take heart in cloning--a process by which a genetic duplicate of the individual is created by the electrical stimulation of a single cell. From this, they conclude that anything can happen. Relatives and others interested in suspension maintain that even if the entire body cannot be restored, there is reason to expect at least one cell to survive, providing the basis for cloning and the continuance of at least a similar individual.

And if all else fails, suspension, even if inadequate, provides the knowledge that there is perfect preservation and as one respondent who suspended her father said, "at least this way I know the worms won't get him" (Wilson, Int 1, 1973). Thus, those who believe in suspension imagine themselves and suspended relatives to be immune to the bodily

decay which follow death and burial. Immunity to such decay is a constant source of solace.

III. THE SUSPENDED

Among believers and other participants in Cryonics, persons whom I will call Cryonicists, the naming of patients instead of corpses, for example, indicated their own special attitudes towards "the suspended." While those outside the Cryonics belief system may think of the dead simply as dead, and the body as a corpse. Cryonicists do not accept the meanings which the names "dead" and "corpse" imply. Persons who have been frozen are dead in some ways; they are legally dead, for example. Death certificates have been issued and any life insurance policies have been paid. Yet persons frozen cannot be totally dead or how could they be revived? For some Cryonicists then, suspension signifies a state that is different from that ordinarily associated with death. In the following exchange we can see the way in which the frozen state is perceived:

> ARE THEY DEAD WHEN THEY'RE SUSPENDED AND BROUGHT BACK OR ARE THEY IN SOME INTERMEDIARY STATE?
>
> That's back to the old question if a person is dead how can you bring him back to life? It all depends on what your definition of death is. We used to define death as when the heart stopped beating.
>
> HOW DO YOU SEE THESE PEOPLE?
>
> I see them as in an intermediary stage. I define death as the point at which resuscitation technology is insufficient to revive them. I would call them dead at this point in time.
>
> SO THEN YOU DON'T SEE DEATH AS AN ABSOLUTE CATEGORY?
>
> Not if they're frozen. Not if most of the cells are damaged rather than totally obliterated. I don't see why future science can't advance to the point where it could repair almost any damage

> done to the human body. So if you simply freeze the damage now, you should be able to repair it sometime in the indefinate future. Legally, they would be dead because they can't be revived at the time of treatment. Potentially they would be alive (Green, Int 1, 1973).

Individuals who have suspended relatives also differ among themselves in their definitions of the "status" of frozen persons. While the reasons for and effects of such differences will be explored later, we can note the variety of such definitions now. For some, the suspension signifies that their relation exists in an interim state in which he might be legally dead but certainly not fully dead. Such feelings are expressed in the comments of the following respondent who said, "You don't have the same feeling of finality. You know that he's still there and that you're still doing something to help him" (Nelson, Int 1, 1973). For individuals who feel this way, the frozen state is equated with the possibility of future life and this possibility, they say, is an important source of solace.

For other survivors, their suspension of another relative represented their contribution to science. One respondent said: "I managed to get on the phone right away (after death had been declared) and there was a lot of excitement. This is a scientific experiment and I felt great knowing that I was going to be able to take part" (Burns, Int 1, 1973). In cases such as this, the relative may be assumed to be less than dead but this designation is not so important to survivors as the fact that through participation in suspension they can view themselves as pioneers in science.

And finally, for some others, a frozen, perfectly preserved

body is not different from one that is deteriorating underground or is reduced to ashes. Such feelings are expressed in the following comments of an individual who contrasted his feelings with regard to his father's burial and his mother's suspension. He said: "My feelings are no different in either case because I accept them both as dead. I don't accept the Cryonics suspension as being different from death. I don't consider her alive and I don't think she'll ever be alive again" (Bellamy, Int 1, 1974). For those of this persuasion the frozen bodies are definitely dead and suspension is merely incidental to such a status.

Cryonics Society officials and those involved in the suspension process refer to the individuals as patients. One respondent upon learning of the designation said, "They use the term patient. At first, it may seem euphemistic. But if you consider it objectively, it's the correct term because the chance of success is significantly high, so, the term patient is justified" (Lane, Mr., Int 1, 1974). In defining their charges in such a way, the Cryonics Society invokes images of individuals who are under medical treatment and who, as such, still contain at least some elements of life.

IV. ARRANGING TO BE SUSPENDED

One who wants to be suspended cannot be content with relaying his wishes to relatives and relying upon them to accommodate him/her. Relatives who may agree to the practice may suddenly change their minds when the requestor's death has occurred and they are faced with the immediate costs of suspension as well as the indefinite financial obligations which the maintenance of a capsule presupposes. Even when

finances are not a problem an individual who wants to be suspended cannot rely upon his relatives. Families, for example, may decide that the preservation of another and the possibility of his eventual return is distasteful. When neither of these reasons are operative, a requested suspension may not occur because relatives suppose they would be stigmatized if others learned of their involvement in Cryonics or finally, because the Society itself could not be contacted when the death occurred.

The precariousness surrounding requests for suspension is a concern of Eastern Cryonics and in their official journals potential patients are admonished to insure their survival by making specific arrangements for their own suspension. When warnings are not straightforward--i.e. have insurance--tales are told of individuals who failed to make such arrangements and the subsequent failure of their suspensions are underscored. The stories relayed in the journal are of two sorts, involving either the fate of someone who depended upon unwilling relatives to suspend him/her or that of relatives who wanted to suspend another but were unable to do so because prior arrangements had not been made. Two such stories are related here so that their possible impact upon a person who has been negligent in his suspension plans may be assessed.

> EASTERN CRYONICS CALLS OFF SUSPENSION OF HEART ATTACK VICTIM
> A man has been buried after having been frozen to dry ice temperature. The course of events was as follows:
> John Jones suffered a heart attack at his home. He was taken to the hospital and upon his arrival at the emergency ward he was declared dead. His wife Ann decided that she wanted her husband placed in Cryonic suspension. She had read about the treatment with interest two years ago but she had failed to pursue the matter further. . . .At the hospital she requested that the staff freeze her husband. Unable to persuade them, she contacted a local funeral home.

The story recounts the problems the funeral home had in finding Eastern Cryonics. After "her desperate plea for help" was heeded by the Society, the story continues. We learn that:

> Officials of Eastern Cryonics discussed suspension with Mrs. Jones, funeral home officials, doctors, relatives and the widowed woman's attorney. All the others advised against suspension but Mrs. Jones was determined to go through with it.

The suspension was accomplished without fail but then it was "time to face reality."

> After the drama and excitement of the first two days, it was time to face reality. The facts had to be considered and the prospects for the future analyzed. There was a financial problem. No money was immediately available. Although Mrs. Jones was the beneficiary of a ten thousand dollar insurance policy, she had three children to support and no other source of income. In addition, the other relatives . . . refused to accept any responsibility for the suspended body.
>
> After much negotiation it was decided not to proceed with the next stage of the Cryonic suspension procedure. There was a funeral service . . . and Mr. Jones was buried (Cryonics Reports, 1967).

From this tale one learns of the agony of a widow whose hopes for her husband's preservation are thwarted. Readers of the journal are left to draw their own conclusions with regard to how Mrs. Jones coped with her grief when suspension was denied and how she felt about the relatives who refused to come to her aid. The implication that these are not circumstances one would desire for oneself is clear.

In another account, individuals who desire suspension but are depending upon their relatives to carry out their wishes are warned of the fate which may befall them.

Reflections On An Untimely Death
by Robert C. W. Ettinger

> The blame must be assessed: not so the guilty can wallow in maudlin remorse, not so the onlookers can savor their superiority,

but as a grimly necessary de-briefing exercise. This mission failed; others must not.

Dan was a brilliant electrical engineer, a man still in early middle age, well known for both technical and popular articles about developing technology and mankind's future. Furthermore, he fully expected to share that great adventure; no grave for him; he intended to be frozen at death for later revival and rejuvenation, whenever medical science might be equal to the task. In fact, with unusually good luck, such "cryonic suspension" might not even be necessary; it was conceivable, although highly unlikely, that the disease of old age would be cured within his lifetime.

But his luck was not unusually good; it wasn't good at all. He died recently of a heart attack, without having made any definite arrangements for freezing, although his wishes were known. The family considered his wishes--briefly--and then they shoveled dirt in his face. His wife and his brother did. They felt very bad about it, naturally. But they had to be practical. Naturally.

I was called about four hours after his death by two of his associates, who had reported the situation and asked my advice. (They had had a hard time, they said, locating me; no nothing had been done, they hadn't even made any attempt to cool him to reduce the rate of bodily deterioration). I told them what they must have known, that the situation was very unfavorable because of the delay, but that nevertheless I would want freezing for myself or one of my family even a day or two after death; I indicated what procedures I thought advisable, and offered to give and to round up various kinds of assistance.

The jury was out, as I recall about seven minutes. The charge--committing a nuisance. The verdict--guilty. The sentence--death.

Of course, bitterness toward the relatives is not really justified. No one can properly blame them. Few experts today say publicly that freezing is worth the effort even under ideal conditions, with treatment initiated at the moment of death; after several hours, what chance could there be? Furthermore, what was demanded of them was not merely concurrence, but initiative; they would have had to help persuade physicians and hospital authorities to cooperate, or take other unconventional and awkward steps, under conditions of fierce emotional stress. Could one expect this, even of a wife or brother?

Perhaps charity demands that Dan's family not be reminded now of the circumstances of his death. After all, they will soon enough reproach themselves. When cryonic suspension becomes common, as it may beginning as early as next year, they will have frequent reminders. Yet pity for this family might contribute to needless tragedies for other families, who deserve a warning.

Moreover, Dan's family must be saved from a new danger; guilt must not twist their judgment so as to make them embrace <u>further</u> tragedy. There will be a temptation to salve their consciences by rejecting cryonic suspension for themselves; but delayed suttee is not the answer. Having lacked the courage to try to save Dan, they must

> now find the strength to save themselves and their parents and children. They must have the discipline to limit their losses; defeat must not become rout.
>
> They, and we, must not run and hide. We must look each other in the face and ask, who failed?
>
> Who failed? Dan's family failed: in understanding, in courage, in love.
>
> Who failed? The yellow-bellied scientists, some of them Dan's colleagues, too chicken-livered to offer leadership, preferring to allow public demand to force the building of freezer facilities, too cagey to place their won reputations on the line even when they tell me privately they are in sympathy with the program.
>
> Who failed? The physicians, the morticians, the cemetery operators, the insurance men, the lawyers, the hospital administrators. Many of them have expressed interest, to be sure; some have accepted articles for their journals; some have even promised to cooperate. But why must they be led, why must they be spoon-fed, why must they be pampered and wheedled and coaxed? Where is their vaunted enterprise, or even their instinct of self-preservation?
>
> Who failed? Dan himself failed; because the universe has neither malice or pity, and for all his brilliance he was not quite brilliant enough, and a miss is as good as a mile; whatever else he was doing was not important enough to neglect the terms of his family's survival.
>
> Who failed? You failed. Have you not heard of cryonic suspension before? There have been hundreds of newspaper and magazine articles about it in the last few years; it has been discussed by myself, Ev Cooper, Bob Nelson, Curtis Henderson, Saul Kent, Wes Walton, Forrest Walters, David Haber, and various others in our groups, and by assorted public personalities, on Countless Television and radio programs. Did you not understand that it was a matter of life or death? Your life or death, and your family's as well as Dan's. Are you stupid? Are you lazy? Are you cowardly? Must the roof fall on you? Will you wait until they throw dirt in your face, or your child's, or your parent's? And then will you carefully explain how it wasn't your fault, how it wasn't made clear to you, how there wasn't enough time? Explain it to the maggots; they will give you as much sympathy as you deserve (Cryonics Reports, 1968).

The message conveyed in the previous accounts is clear--one must arrange for many details if suspension is to occur. Without such arrangements, ashes and dust and maggots are all that can be counted upon.

To ensure against such fates, Eastern Cryonics advised a variety of measures. In terms of finances, the Society advised members to make adequate provisions for their families but to assure suspension through separate funds in the forms of insurance or trusts. Insurance policies

of at least ten thousand dollars were recommended and prospective patients were further advised to name Eastern Cryonics as beneficiary of their policies. Through such an arrangement, payment for suspension would not be dependent upon relatives and the Society would be able to indefinitely maintain the capsules with the dividends accruing from the invested insurance monies.

Because trusts cannot be established in the names of the dead--i.e. persons declared dead cannot have income--Eastern Cryonics advised that any financial trusts take the form of inter vivos agreements. Commenting upon the need for such arrangements, two Cryonicists wrote:

> The trust is inter vivos for at least two reasons: (a) it may be desired to transfer some or all of the necessary funds from the patient's assets before death; (b) it seems prudent to meet as many administrative and legal problems as soon as possible before the patient loses control.
>
> The agreement provides that, when the trust must terminate because of the Rule Against Perpetuities, the trustee shall enter into a contract with some company or institution competent to take over the responsibility of caring for the patient and his interests, if there be any such. It is hoped of course, that the patient will have been revived before this time, thus avoiding the necessity of a transfer (Henderson and Ettinger, 1967).

With such an arrangement, payment for suspension would be out of the hands of relatives and a financial basis for perpetual care would be established.

V. PROBLEMS OF SUSPENSION

Legal Problems

Potential patients were encouraged to tell their relatives of their desire for suspension and to legitimate and add confirmation to these desires by signing and having their relatives sign body authorization permits. These permits could be adapted to individual needs and

were meant to function much like a will--stipulating the desires and intent of the individual for suspension when legal death had been declared. But, unlike a will, its provisions were to take effect immediately rather than await their unveiling after interment had occurred. The President of Eastern Cryonics was fond of saying that "no one listens to you once you're dead." By this he meant that the desires of those who signed body authorization forms could be ignored by surviving relatives. It was hoped, however, that the existence of legal sounding forms with signatures and notarizations attached would lessen the likehood of relatives' opposition to suspension.

The comment that "people stop listening to you once you're dead" also stemmed from the fact that in death one's legal rights are lost. The importance of this for Cryonics lies in the fact that individual or relative affadavits are not and cannot be binding under our present legal system. As one respondent put it:

> The relative's affadavit is not a necessity or even binding but the executor of the will is usually a family member so it's nice to have them sign it. With their cooperation, the body could be directly delivered to the Society as soon after death as possible. The whole thing about this is that it requires a lot of cooperation (Turner, Int 1, 1973).

Because so much cooperation is required, the individual with prior arrangements may be no more likely--and in some cases, less likely--to be suspended than one who has made no such preparations, as the cooperation of relatives cannot simply be willed and seems unlikely to occur when the person requiring it no longer has means by which to insure compliance.

However, the issues associated with the rights of the dead and the legal status of requests made with regard to death dispositions

goes beyond the need for providing sanctions for recalcitrant relatives. These issues are important because the present status accorded the dead works against predictability and certainty in Cryonics arrangements in other spheres as well.

For example, one can neither take his money with him at the declaration of death nor, as we have noted, can he leave it here in his own name. When one equates dead with no possibility of life, such an arrangement makes sense. However, when dead becomes "dead" the situation changes and one could argue, as Cryonicists do, that it makes sense (or is at least logical) to allow a "dead" person to maintain his/her assets. In addition to being directly responsible for his/her own suspension, if an individual could retain assets, he/she would be assured of economic self sufficiency when revived later. Thus, officials of Cryonics Societies propose new legislation or new interpretations of already existing legislation. They hope eventually to establish a third category which would treat the suspended person as still alive.

But, such legislation or interpretations seem a long way off and as the law stands now, dead persons' wishes have no legal standing and, when they are in opposition to those of living relatives, they can be easily disregarded. Even trusts which have legal standing can be challenged by relatives when they are endowed for anything connected with Cryonics.

In one such case, the family of a suspended man who had endowed a foundation for Cryonic research and for the maintenance of his capsule went to court to stop the funds (their potential inheritance) from being so spent. The court ruled in their favor, stating in effect that no one

of sound mind and body would have left his money for such purposes.

The requirements for autopsies in cases of suspicious death is another legal constraint on the wishes of Cryonicists. In an effort to somehow plan, in spite of an uncertain time and place of death, Cryonicists were encouraged to wear medic alert braclets. These bracelets contained the phone number of Eastern Cryonics as well as directions about tending Cryonicists who might be declared dead. Instructions were given to lower the individual's temperature--the application of ice packs were recommended as a possible means of doing so--and that under no circumstances should autopsies be conducted. However, such instructions could be easily disregarded, especially when they were found to be in opposition to state law.

Finances

In specifying financial sums for suspension, a Society must deal with several unknowns. The costs of suspension and maintenance are difficult to define and once defined they are subject to change, as the possibility of new procedures and their costs cannot be known in advance. Costs about the Society, its economy and the length of interment which will be necessary are further complicated by the vagaries of future forecasting. The effect of such uncertainty is that individuals who have made what were considered adequate financial arrangements earlier, may later discover that their provisions are far from what is currently needed. Any effort to update their arrangements may later meet a similar fate.

Initially, policies in the ten to thirty thousand dollar range

were considered more than sufficient for suspension and capsule maintenance. Today, the President of Eastern Cryonics says that individuals should be charged fifty thousand dollars at the outset and should be assessed five thousand dollars a year for capsule maintenance.

In sum, costs are not and cannot be fixed and their estimation must take place within parameters which are, as yet, neither charted nor understood. So long as a permanent facility is not constructed or a regular staff hired, suspension remains a problematic enterprise. As such, the efficacy of prior financial arrangements is more illusory than real.

Trust

All the arrangements discussed thus far also require a functioning organization which can be trusted to implement the wishes of potential patients. For example, wearing a medic alert bracelet implies faith that the number listed to be called will be operative and that such calls will draw a response. Similarly, while one may believe that naming a Society beneficiary of his/her policy constitutes optimal suspension policy, the benefits of such an arrangement exist only if one can be certain that a Society will maintain their part of the bargain and will, in fact, suspend the person and maintain the capsule. Therefore, just as suspension may require the cooperation of relatives, the efficacy of suspension arrangements and the likelihood of efforts exerted to take relatives out of the suspension process is dependent upon trust in the suspension organization. As we will see, potential patients exhibited a consistent lack of trust in Eastern Cryonics.

This lack of trust is crucial in affecting feelings about the likelihood of suspension. While it may be reasoned that external factors such as finances or the cooperation of relatives can be reconciled or dealt with, the honesty of the organization is essential if suspension and the maintenance of the capsule are to occur. Without such honesty, the potential patient cannot count upon being suspended and maintained. That so many who desire suspension were leery of the organization's integrity or of its ability to provide services should raise questions about the solace to be gained from belief in Cryonics. That so many could maintain these doubts and still believe in the likelihood of their own suspensions should alert us to the possibility of denying (and even suspension denying) dispositions among Cryonics believers.

VI. SUSPENDING OTHERS

Contacting a Society

The problems of suspension are not limited only to those who must plan for their own suspension; relatives who suspend others encounter a variety of problems as well. They must make contact with a Society for suspension to occur and they must manage to maintain the capsule once the process has begun.

The previously cited account of the failed suspension of Mr. Jones noted the variety of sources to which Mrs. Jones had to resort before contact with Eastern Cryonics was established. Of course, her problems were compounded by the fact that she decided spontaneously at the declaration of her husband's death to suspend him, without any exact

knowledge of who or what a Cryonics Society was. However, this inability to contact a Society is a consistent problem which also afflicts those who have more exact knowledge of the existence or whereabouts of Eastern Cryonics--those, for example, who are following the suspension wishes of another or have decided upon Cryonic interment in advance of the legal declaration of death.

One reason for this problem is that while the suspension process has been reported upon in newspapers and national magazines, these descriptions have rarely included the exact location or phone number of a Cryonics Society. So, many individuals know that some group exists which freezes people and that this group is located in New York but such knowledge is incomplete in the sense that New York is a large place and tracking down specific groups is a difficult process, at best. The problem is further compounded by the fact that once one locates a Society he cannot be sure of gaining a response. For example, when Eastern Cryonics employed an answering service, individuals complained that their messages were not returned; when this service was discontinued, individuals charged that the phone was rarely answered. In either case, the officials of the Society were difficult to reach.

Individuals who suspended relatives were quick to comment upon their difficulties in accomplishing the suspension. A mother recounting the events surrounding the suspension of her son described her experiences in the following way:

> His death happened very suddenly and I started making the regular arrangements. Then I said to my sister, "My God, what am I doing? This isn't what he wanted." Then I remembered all about Cryonics. And my sister said, "How are we going to reach them?" Well, I said, I have the books and the telephone numbers

> so we went madly tearing through books. They had a phone listed. We couldn't get an answer. They didn't have a telephone answering service. We tried calling several of the newspapers to see if they had a number. Nobody knew anything. We just couldn't get a hold of them. And as time passed we were getting more uptight. I knew a lot of time elapsed but we couldn't help it.
>
> I had several numbers in the books that I found but there was no answer until the next day. My sister finally reached him (an official of the Society) and when she did he told her that it was too late. She was very angry. She said, "What do you mean too late? Where in the hell were you?" We didn't know what kind of a cocka mamey outfit they were. They weren't anything but a telephone number and literature. So my sister said, "Whatever it is you're going to do it." And finally, they did do it. They came to the hospital in a refrigerated ambulance and picked him up (Nelson, Int 1, 1973).

In this case, it is important to note that problems existed even when suspension wishes were being followed and when there was some knowledge about a Cryonics Society. As our second example shows, the problems are multiplied when one spontaneously decides to suspend a relative. A son, describing the events surrounding the suspension of his father, where suspension was not requested by the person to be suspended said:

> I decided it was desirable ten years ago but I called at the last minute. I called the publishers of the book (The Prospect of Immortality) and they gave me Ettinger's number. I called him and he gave me other numbers of people to call. I called him and they agreed to come up. I chartered a plane and flew to Georgia to get the equipment. They called the hospital and gave instructions. There was confusion.
>
> My cousin has a van and when the plane landed he picked up the equipment. Meanwhile the hospital had cooled the body and used ice cubes and put him in a large freezer. We took the equipment to a mortuary and the perfusion began. We needed about 500 pounds of dry ice which I got by telling someone I knew that this was a medical emergency. I used that term a lot to get things done.
>
> All the time the people doing the suspension were making a lot of phone calls. The usual procedure is that the movement will order capsules but it takes about five weeks. One was available in the East so we chartered a plane and got it from the woman who had it. Another plane took my father's body to the Midwest. After I bought the capsule I flew to New York and picked up some people from the Society there. I wasn't sure then what installation place to use. Finally we all flew to California but there were a lot of

confusion about what to do before that happened (Lane, Mr., Int 1, 1974).

Finances

Once suspension has occurred, the problem of financial maintenance becomes paramount. This problem is not negated by the possible existence of prior financial arrangements because in cases where suspension has occurred, the contingency we discussed earlier, of arrangements proving unequal to the task of financing suspension, is most evident. Again, the problem exists of trying to concretize an unknown phenomenon.

Relatives of suspended persons expect suspension to be costly but they expect regular cost accounting ordinarily associated with legitimate business enterprises. They expect that once prices are specified, they will not be changed. They are unprepared for skyrocketing costs nor are they, in most instances, prepared to accept the Society's rationale that things cost what they have to cost and that formerly quoted prices have been rendered inoperative by external factors--such as the state of the economy. As we will see in later chapters, there was a tension existing between survivors and officials of the Society. Survivors recognized the money making possibilities of suspension and worried whether they were the subjects upon whom such possibilities were being made operative. Thus, mismanagement was a charge frequently directed against Eastern Cryonics by survivors. Hostility towards the Society was further increased when requests for additional funds were coupled with the question "What do you want us to do, bury them?" Relatives often felt that they had no alternative

but to comply with the Society but the compliance was usually associated with hostility and cynicism directed towards the officials.

The elements of the disagreement between relatives and officials of the Society may be seen in the following remarks. First we hear from a son who, with his sister, complied with his mother's wishes for suspension said:

> Pricing was changed on a daily basis. I suggested to her (his mother) when I looked at the contract (the body authorization form) that unles this was investigated to see what their expenses were that it could be a perpetual money generating system for the people involved. If you don't know what their expenses are, you have no way of knowing whether it's just a scheme or whether it's a legitimate business.

His mother did not follow his advice about investigating the Society. Of his subsequent relations with the Society he said:

> These people come off one way in the beginning and another way later on. It's very hard to communicate with them. I don't know what their (the Society) interests are because they don't come right out and say. He (the President) always seems to raise his voice on the phone about anything that's not clear. He threatens to take her out all the time.
>
> I feel that it's probably a monetary gain that these people have going and it's just a way of making a living. They see it as a form of income. They're playing on the relatives' emotions about what this person would want done. Nobody wants to be the one to say let's take her out of the capsule because then you say that's not what she wanted--that's what you want. At this point I think it's just a source of income. If he doesn't make any money on it then what is he doing it for? What does he expect to gain from it (Bellamy, Int 1, 1974)?

Officials of the Society responded to such charges in the following way:

> A lot of things happened and they all boiled down to money. This thing costs a lot of money and if you don't have a lot you shouldn't even think about doing it. That's really been the cause of all the troubles in the past. People who just couldn't afford to do it. As time went on they realized the economic burden they had on their backs and all the hard feelings started. My whole attitude has become one of simply saying to someone that if you

> want to freeze someone we want one thousand dollars before we discuss it. One thousand dollars deposit and you buy the capsule. There's never going to be any danger of our going broke again. There's going to be no more trying to do it on a shoestring or telling people it will only cost so much. No business is run that way. It always costs you more because something happens that you didn't count on (Brown, Mr., Int 2, 1974).

Thus, officials of the Society defined the situation of insufficient funds differently than did relatives of suspended persons. Officials attributed financial problems to the shortsightedness of relatives--to their inability to understand the nature of the responsibility that suspension represented. There was agreement among all that the Society should be operated on a business-like basis but perceptions of what constituted such a basis were divergent. As another official succinctly put the differences between officials and survivors:

> All the problems really come back to money. People just can't afford to do this. That's why we're asking for one thousand dollars as a deposit. If the relative stops paying I'll have one thousand dollars to bury him (the patient). That sounds cold blooded but you're going to get stuck with a body. You get stuck with the body and you're in the stupid position of having to keep the body frozen and legally you can't bury him without permission of the next of kin and they're hemming and hawing that we're going to send you money next week. Meanwhile you're there with the rent coming due and the liquid nitrogen needing to be filled. You're trapped. I've learned this business and that's exactly how it has to be run--as a business. If people want to freeze someone they're going to have to pay for it and it's going to cost more and more (Forest, Int 2, 1974).

Storing Frozen People

The third problem facing relatives of suspended persons is where the capsules should be placed. While this issue is sometimes related to that of finance, there are differences between the two. All, for example, would like the cost of maintaining the capsule to be low but all would not accept a particular place because it was inexpensive. In effect,

the issue comes down to whether the capsules need to be stored or whether the individuals residing in them need a resting place. Those who opt for storage would accept almost any place as a proper one; those who suggest a resting place want dignity and decorum and as such are more critical in their views of where the capsules should be kept. In understanding the different perspectives which survivors exhibited it is important to remember that a variety of meanings were accorded suspended persons. As I have previously noted, such persons may be seen as fully dead, as part of a scientific experiment, or as not yet dead, with the implication that they will someday be restored to life. The interpretation one gives to the suspended bodies greatly determines the view he takes with regard to proper Cryonics facilities.

It is important to note that when suspensions were first begun, this issue was not a critical one. Initially, bodies were kept at a local cemetery which had agreed to charge a small fee. Because the cemetery charges were minimal, most Cryonicists and relatives of suspended persons were content to leave the capsules there. Questions regarding proper facilities were projected into the future. Members of the Society, for example, had visions of underground "scientific" facilities or, in the event that they were deluged by suspensions, they hoped to eventually store the capsules in outer space. But because there were so few suspensions, such grandiose plans were beside the point.

However, when the Society began storing more capsules at the cemetery than the cemetery owners were willing to house and when the cemetery officials ruled that the capsules must be removed, the debate as to what constituted a proper facility was launched. When the Society

rented a small warehouse in an industrial bay and proposed that the patients be stored there, the differences between surviving relatives became apparent.

One relative who felt that suspension represented something less than death said:

> I didn't feel that I wanted my son's body in a warehouse. The fact that they're frozen shouldn't mean that they have an undignified resting place. A cemetery is dignified--that's where they should be (Nelson, Int 2, 1974).

Another who believed that Cryonic suspension represented something less than death but who stressed the scientific nature of the process said:

> I don't like holes in the ground or cemeteries and actually if you're a gung ho Cryonicist the last place you'd want to put your relative or yourself in is a cemetery. What could be more final than a cemetery? After all, the idea of this is that it's a long term scientific experiment. Our part is to freeze the bodies by the best means available, which are far from perfect (Wilson, Int 1, 1973).

And finally, one who stressed that capsule inhabitants were fully dead said:

> I guess it's not so important where they're stored, as it is that it's maintained properly. I would like to see it stored with some scientific interest behind it and with the people who are doing it having more than a monetary interest in it so they can do controlled experiments--so they can keep a controlled temperature throughout. They're not doing this as a controlled experiment now and it really is an experiment. Now they're guinea pigs for this operation and the whole thing isn't being controlled. So, it really doesn't matter where they're kept now since it's not being done properly anyway (Bellamy, Int 1, 1974).

From these remarks we can see that suspended relatives are not sufficient to forge common interests among survivors. Their disagreements should alert us to the possible problems in a Cryonics organization.

In sum, we have seen the promise of Cryonics and the ways in

which individuals act to insure that the promise of suspension will become a reality for them. We have also seen the shortcomings of the suspension process--pitfalls such as financial and legal arrangements which threaten the efficacy and probability of suspension.

CHAPTER II

A HISTORY OF EASTERN CRYONICS

I. INTRODUCTION

The impetus for freezing bodies occurred in 1964 with the publication of The Prospect of Immortality in which Robert Ettinger, a physicist at a small college, proposed the practice. Ettinger had been alerted to the potentials of freezing in the 1940's when he discovered the work of Jean Rostand, a French biologist who was then using glycerol to freeze frog sperm. This work indicated that frozen sperm could be protected from freezing injury and preserved. From Ettinger's account, he immediately made the connection between freezing frog sperm and freezing humans. But when, by 1962, this connection had yet to be made he decided to announce the discovery himself.

Armed with technical evidence, Ettinger argued that suspension could be performed with a minimum of cellular damage and that preserved individuals would have a chance for restoration at some unspecified date. Technical hypotheses were coupled with social theorizing as to the implications of the practice and those reading the book were presented with a blueprint for the future.

> . . .The prospect of immortality should provide a strong damper on rash and impetuous action and anti-social behavior. National leaders will want to preserve their own skins and will be forced to take a longer view. A temporary advantage will become unimportant.
>
> . . .When immortality has actually been realized, there will be very salutary effects on interpersonal behavior. Our actions will be strongly influenced by the realization that not only ourselves but the other fellow also will be around for a long time. There may well occur a Golden Age of morality and ethics with every man counting every other his friend and neighbor (Ettinger, 1964:28).

Ettinger realized that there might be some who would try to deter others from Cryonics on the grounds that it was too costly or impractical and in the following remarks he warned against being swayed by such negative thinkers.

> We begin with the premise that this program takes priority over all other considerations. We must reduce the family standard of living if there is no other way. Life is not a luxury but a necessity more essential than a big house, a new car or meat at every meal. We who desire Cryonics are riding the crest of history (Ettinger, 1966:32).

While Ettinger's book was successful (e.g., it became a Book of the Month Club selection) and brought him appearances on radio and television shows, his thesis failed to win the support of most of the scientific community (see Comfort, 1971). However, despite the lack of such support, his work was inspirational to those who were to become involved in Cryonics. It alerted them to the possibility of a new and different future and provided them with the techniques by which such a future might be attained as well as with an involved justification for the venture. In this regard, it is significant to note that when respondents referred to Ettinger, they did so with respect and were apt to term him the "father" of the group and label his book the "bible" of suspension; passages of the book were recalled and recited almost as litany. But while Ettinger laid the basis for suspension, he provided no vehicle by which suspensions might be accomplished. Consequently, the construction of Cryonics organizations was left to others, thus providing a basis for a distinction between the Cryonics philosophy and the groups established to further the practices emanating from it. By separating the philosophy from the group, the possibility of the philosophy

remaining untarnished, even when particular groups failed, was enhanced. Because Ettinger did not direct how groups should be organized, he, perhaps unwittingly, insured that any problems which emerged would not be attributed to inadequacies of his wisdom. Instead, the problems of Cryonics could be attributed to individuals or particular Cryonics organizations, thus allowing belief in the practice to remain separate from, and unchallenged by, the practices or vicissitudes of particular Cryonics organizations.

Eastern Cryonics--which is under study here--was not the first organization to espouse suspension as an alternative to other death dispositions. In the early 1960's, a non-profit group called the Life Extension Society existed in Washington D.C. From all reports this group toyed with the idea of suspension but remained little known until the publication of Ettinger's book, when Ettinger began referring interested readers to it. At this point the Life Extension Society began to grow and form the basis for what would later become Eastern Cryonics.

The president of the Life Extension Society was reported, by my informants, to be an individual who wanted to maintain all organizational authority in himself and who wanted to avoid the appearance of selling suspension or soliciting volunteers for it. While he allowed members to form regional groups he did not allow them regional autonomy. He would not provide them with the names of interested persons in their areas nor would he allow them to charge membership dues or advertize. Rather than promote the practice, his philosophy was one of awaiting a proper subject to avail him/herself of the practice.

The practices of the Life Extension Society did not seem right to some of those who had been attracted to it as a result of Ettinger's book. Such individuals felt stymied by what they termed the President's "tyranical" manner and spoke of the lack of freedom they experienced as members. As one former Life Extension Society member said, "nothing serious was happening there."

Five members of the Life Extension Society decided that the time was ripe for serious action. In 1966 they left this Society to establish Eastern Cryonics. Of these original five, the two who were elected president and vice president stayed with Eastern Cryonics the longest and maintained their official positions in it. Unless otherwise noted, it is they to whom we refer when we speak of its leaders. The basis for the split and the differences in outlook between the groups is best seen in the remarks of the following respondent:

> The man who ran the Life Extension Society was a bit more restrained. His thought was to present the ideas and then let people make up their own minds about it. Eastern Cryonics was trying harder to sell it in terms of activism. That was the main difference in attitude. Eastern Cryonics also thought they would go into the operation of freezing people. Life Extension people never got around to that (Rose, Int 1, 1974).

II. GROWTH AND DECLINE

In analyzing the history of Eastern Cryonics, three stages may be delineated. First, we see a period of excitement and activity--a period existing from the establishment of the Society until a year after the first three suspensions. Next was a period of dissension in which a variety of splinter groups were formed. In the final phase we

find Eastern Cryonics and its splinter groups existing "on paper" only with all organizational efforts ended.

Phase One

A new aggressive approach to suspension became apparent with the establishment of Eastern Cryonics. Its leaders advertised the existence of the Society and its meetings in newspapers and journals, they appeared on television and radio talk shows, wrote pieces for community newspapers and began publishing a journal of their own--Cryonics Reports--sending complimentary copies to wealthy personalities and prominent physicians and politicians. Letters were also sent to Congressional and governmental officials outlining the need for Cryonics and delineating the reasons why the funding of Cryonics would be in the best interests of the nation. The content of the letters provide some indication of the zeal with which the practice was promoted. In the Society's name, officials wrote:

> A new kind of interment has been made available to the public. It is called cryogenic interment, and involves freezing a person immediately after clinical death, with the hope that sometime in the future, it will be possible to restore him to life, using the advanced techniques of medical science. Millions of people, throughout the world, have been exposed to this idea, and most of them have been impressed with its logic and optimistic outlook.
>
> One company is already producing special equipment for the purpose, and others have similar plans. The large established manufacturers of conventional cryogenic equipment are well aware of this movement, and are keeping a close eye on the potential market. They realize that death is universal, and that every one is a potential customer. There are also two thriving non-profit societies dedicated to the establishment of the idea.
>
> When the problems involved in trying to make cryogenic interment practical are overcome, it could burst upon the American public with the impact of another "Sputnik." Important decisions will have to be made on extremely short notice. New legislation will have to be enacted. The implications will have worldwide significance.

> If you inform yourself now you will be prepared for the events to come, and be able to act in the best interests of your constituents. Eastern Cryonics invites you to read the enclosed literature, and then contact us if you wish to discuss the matter further (Cryonics Reports, 1967).

With the initiation of such organizational activities the President and Vice President embarked upon a cross country trip to verify stories about Cryonics activities in other parts of the country. During their travels they helped to establish Cryonics Societies in Michigan and California and took part in the "freezing of the first man" in California (see Nelson, 1968).

Initially, the new and aggressive efforts met with success. By 1969 Eastern Cryonics numbered approximately one hundred members with an additional one hundred subscribing solely to the journal. Describing the success of early organizational activities, the Vice President said:

> We had some contacts and we invited some people and we held meetings and we made up some things about what the purpose of the organization was and what we planned to do. It was easy. We advertized in newspapers but we mostly got free publicity. It was all very easy because people were interested in it (Forest, Int 1, 1973).

During this phase the money making possibilities of Cryonics began to be explored.[1] One respondent who was concerned with Cryonics as a financial investment said:

> We felt that if enough regular members who had commitments with cash could come forward and we could show this to the business community at large then by popular demand facilities would come into existence. We wanted people to have a minimum insurance policy of fifty thousand dollars. If you have one hundred members you can see that you're talking about a potential market of many millions (Turner, Int 3, 1974).

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[1]Nine of the twenty-four respondents who participated in the Society mentioned the money making potential of Cryonics.

The first suspension occurred in 1968 and was followed within eight months by two more. It was during this period too that the Society reached its apex with a conference at the New York Academy of Sciences. One respondent described those years of growth in the following way:

> The thought at the time was that the world would beat a path to our door (Brown, Int 2, 1974).

Thus, in its earliest phase the Society was characterized by a lack of tension between members and officials and by a shared feeling of comradeship among all. All were interested in the idea and interested in finding ways of promoting and insuring their own suspensions. Augmenting this enthusiasm were monthly meetings in which members met each other, affirmed the legitimacy of their practices and explored the vagaries of a Cryonic future. Describing the meetings one man spoke of the reassurrance he gained from attending them.

> They were normal people and the common bond was that they didn't accept the idea that man had to die. But it was not carried to the extreme that it excluded all else; that they quit their jobs or carried placards or picketed. Normal people. I felt comfortable with them. I was apprehensive the first time I went to a meeting. I envisioned an old castle with a wooden door where little knomes would be secretly discussing if they could defeat death. But the meetings were rather friendly and normal (Turner, Int 1, 1973).

From this remark we see the beginnings of a theme which would later prove important--respectability and the necessity of ensuring that a Society be presented as a "normal" group of "normal" people.[2]

Others describing the content and tone of the meetings said:

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[2]Fifteen of the twenty-four respondents who participated in the Society expressed sentiments about the need for respectability and proper imagery.

> We had club meetings at club members homes at which we would discuss the club and discuss its aims, discuss what's going on and discuss personal problems--little intricacies or large questions such as legal aspects of trust funds. We would discuss not the moribund aspects of gee, when is he going to go but entertaining aspects--the scientific aspects that I really cared about (Glass, Int 1, 1973).

> We would discuss Ettinger's philosophy and technical things like what amount of freezing damage would occur. Things happened naturally. We were not overly concerned with technical problems because we all accepted it and believed that things would be worked out. We were concerned primarily with how we could interest other people and how we could expand Cryonics. We were primarily trying for publicity--for a newsletter to increase membership, to try to interest the business community to put up cash. We were delving into all kinds of things (Pinckney, Int 1, 1973).

But even while the group was growing, monthly meetings proved to be an inefficient way of conducting business. So, in March 1967 the following announcement appeared in Cryonics Reports--"Eastern Cryonics has had monthly meetings since its inception. Little, if anything, has been accomplished. Therefore we are discontinuing the practice. General meetings will be called only for specific purposes, such as to vote upon crucial issues."

According to group leaders, this notice was propelled by a number of factors. Cliques were being formed among members and time was being spent discussing activities that were not directly related to furthering suspension. At first, however, the decrease in meetings did not affect the enthusiasm of members for the activities of the organization. As yet, members had little reason to doubt the Society's officials or to wonder about the future success of the group. So long as the Society was growing, enthusiasm ran high. Later, the decrease in the number of meetings would be interpreted differently.

First Freezing

> . . .And then we froze Barry Nelson in July 1968. And then we froze a couple of other people right after that. And the thing was growing steadily right through that time. I'd say 1969 was the high time. We really thought we were on our way (Forest, Int 1, 1973).

As the preceding remarks make clear, the first suspension generated great enthusiasm. Members and officials took it as confirmation of their belief in suspension as a viable means of death disposition. When the first suspension was followed by two more (within eight months) they felt that widespread suspension would become a reality. The wife of the Society's president described the atmosphere surrounding suspension in the following way:

> During the beginning freezings there were always a lot of people around. People were always dropping in and helping out. The whole thing was all new at once. . . . And it was exciting. . . . We took trips and there were always people to help you with everything you did. Everyone was excited and everyone thought this was the beginning of something that would grow and grow (Brown, Mrs., Int 1, 1974).

The mother of the first person suspended also had kind things to say about the Society. She noted that officials had offered to help her pay for her son's suspension and that they had done everything possible to insure good publicity during the encapsulation. In Cryonics Reports, officials praised the mother for her wisdom and for her help to the Society in allowing the suspension to be publicized. But the supposed success of the Society (the freezings) brought with it many problems. Describing the problems presented by "success," one respondent said:

> . . .We all thought it (the freezings) would probably make a lot of money. No one had given any thought to what would actually happen when we started to freeze people. No one had come to grips with these problems until we started to have them (Feldman, Int 1, 1973).

With the freezings, the Society moved from what one member described as a "talk Society" which was all "fun and games" to one responsible for the maintenance of patients frozen in capsules. So, while the freezings drew publicity which subsequently increased membership, they also laid the foundation for discord and decline. Since 1970, for example, there have been only three additional freezings and in 1972, Cryonics Reports ceased publication.

After the first freezing, the excitement generated by the idea and/or by participation in the group was augmented by the publicity the group received and by the celebrity status accorded group participants by the media. Walter Cronkite personally traveled to Long Island to meet and interview the Cryonics crew and to assess the state of the organization. Relatives of suspended persons also became celebrities as they began appearing on radio and television shows. One such relative had a national television film crew come to her apartment to film a segment about Cryonics for a television special. When the director objected to the presence of the relative's dog during the interview, the director was told that either the dog stayed or the film crew left. The dog stayed--even though his barking was evident when the special was aired. From this we may see a small example of the rights of celebrities being exerted.

However, while the publicity initially cemented the group, allowing all associated with it to believe they were "on to" something which would continue to grow, it also laid the basis for discontent. With publicity the membership increased but this increase carried with it the growth of divergent views. That such was the case can be seen in the remarks of

the Vice President of the organization.

> There were constant problems between people at all levels. Little problems and arguments.
> WHAT KINDS OF THINGS DID PEOPLE ARGUE ABOUT?
> Anything that you were going to do. They didn't argue about things that weren't done. So if someone came up with an idea, someone immediatley said something to modify it or disagree. In most cases people weren't willing to take responsibility for anything. The people who argued the most tended to want to do the least--except criticize and complain.
> CAN YOU GIVE AN EXAMPLE OF AN IDEA THAT SOMEONE CAME UP WITH AND WHAT FOLLOWED?
> Ideas to get publicity, ideas to get members. Or when you were on a show why didn't you say this or that. All little things, but they take time and energy and most of it was worthless. Nobody agreed on anything, ever. And when they didn't agree they'd sit and complain. When they didn't complain, they'd compliment each other for what they had done. People would come up and give testimonials to each other. A lot of time was wasted that way (Forest, Int 2, 1974).

Publicity also meant a closer surveillance of the Society by the public. As such, the appearances and demeanor of those who appeared as spokespersons for the group became an issue as members became increasingly worried about the images of the group which were being conveyed. It was at this point that the issue of respectability began to grow in importance.

Members tended to describe officials as looking "a little wild eyed" or "being weird" or of "acting like circus clowns."[3] Examples of such distaste can be seen in the statements of the following respondents:

> You know a physical impression of a person in charge really does make a difference and the axiom that you can't judge a book by its cover is true theoretically but in practice it doesn't work. If a person doesn't have public karma he'll be unsuccessful as a leader, many times. I don't think I'm being particularly unkind or untruthful in saying that many were not particularly thrilled by the people in charge--even to the point of embarrassment about them (Ford, Int 1, 1974).

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[3]Nineteen of the twenty-four respondents who participated in the Society criticized the leaders physical appearance.

One member describing the reaction of a friend who had been all "fired up" for the practice before attending a meeting said:

> He was turned off. He said that the people who were heading this looked as if they were frozen and came back again. I admit that for publicity purposes they weren't the right people. When I drove up to Harrington and met the President, I said, what am I getting myself into (Pinckney, Int 1, 1973)?

One woman commented on her experiences with the leaders when she suspended her mother:

> There's a ghostlike eerie quality to them. . . . There was an ice cream container on top of one of the capsules. My husband asked about it. He (the President) said he had a six weeks old fetus in it. He was experimenting with freezing to see if it could be brought back to life. This was an off the wall experiment for a layman. They're interested in all kinds of weird things that can be done with Cryonics (Lincoln, Int 1, 1973).

Most members were interested in a respectable image for the group and those who felt this way were unsure that the officials of the Society could provide it.

Criticisms, however, did not flow in only one direction; officials were critical of members as well. They felt that many who had joined had done so for the wrong reasons and they charged that the type of Society members envisioned was one that was unnecessary for Cryonics. The Vice President, reflecting back, said of the members:

> They came to be entertained. They were frivolous. They had to be serviced. You had to write letters to them. You had to answer their questions. They take up time in meetings with all kinds of diversionary things and the desire for social events (Forest, Int 2, 1974).

The president of the Society commented in a similar way:

> My conception of an organization is probably different from yours.
> WHAT IS YOUR CONCEPTION?
> It's certainly not a social club or anything like that. It's got to be something that's going to move effectively in a direction.

> You're not going to sit there for two hours at the end of a meeting arguing where the next meeting is going to be. If you're going to do something all this fooling around and those meetings were just a complete waste of time.
>
> You'd get these cliques and each one didn't like the other. You have to live through it to see what you get into. You find yourself playing politics and you try to get things done and they don't get done. You play politics and you run around and you suddenly wake up and one day you're answering the mail and you're filling out the income tax forms. You're worrying about the health department and all these other people are off arguing about who should be on the next television show (Brown, Mr., Int 3, 1974).

While tensions existed even as the group was growing and achieving success (i.e. doing suspensions), the tensions and hard feelings just described were not sufficient to induce the decline of the Society.

So long as suspensions were occurring, tensions could be tolerated. Tensions and disputes moved from being potential problems to actual ones when the basis for optimism about the Society was undermined (i.e. when freezings decreased and costs associated with membership and suspension increased). It is to such factors and their effect on the Society that we now turn.

Dissension

As was noted in the preceding chapter, when individuals were first suspended, their capsules were placed in a cemetery where they stayed--for a minimal fee--until the cemetery owners directed that they be removed.

Two of the three relatives of suspended persons were upset about the necessity of this removal. They charged that the officials responsible for the maintenance of the capsules had been negligent in their duties and had provoked the cemetery owners into ordering the move.

With regard to the first charge, one relative stated:

> He (the person in charge of caring for capsules) would come around at all hours of the night to put in liquid nitrogen. They (the cemetery owners) said he always looked terrible and that they didn't want anything more to do with him because he was a circus clown (Nelson, Int 2, 1974).

With reference to the second charge, relatives noted that the president agreed to a fourth suspension, even though he knew that the cemetery would not permit another capsule on their premises. While additional suspensions would not ordinarily provide a basis for criticism, the fourth suspension was different in that the patient was a person who had already been buried. Describing the incident, one relative told me:

> He was told that he couldn't bring any more bodies. When Jane called about having her father suspended we (she and another relative), told him not to do it. But he did it anyway and kept the body on dry ice while he pressured the cemetery to allow another body. The cemetery couldn't stand the pressure and made us all move (Nelson, Int 3, 1974).

Because the suspension was performed on an individual who had to be exhumed and because the daughter of this person immediately became Vice President of the Society, others questioned the President's motivation in performing the suspension. When the officers of the Society located a warehouse in a small industrial area and suggested that the patients be stored there, their relatives began communicating their dismay and their charges of mismanagement to other members of the Society.

The necessity of the move from the cemetery to the warehouse made manifest a variety of latent tensions. First, the question of appearances became a concrete and immediate problem. While individuals may have previously pondered or discussed the effects of the appearances

of officials on the growth of the group such discussions were moved from the theoretical realm with the removal of the capsules from the cemetery. With that, many felt they had concrete evidence as to the result of such appearances. Evidencing such feelings, one respondent said:

> With the publicity . . . the way they were projecting it . . . Eastern Cryonics was in bad taste (Meadows, Int 1, 1973).

Relatives related to others that the question, "What are we going to do, bury them?" had been asked of them in an effort to obtain additional funds. They charged that the funds advanced had never proved sufficient and that "they (the officials) were always running out of money." So, in addition to raising the issue of appearances the move from the cemetery also raised questions about the financial competence of those in charge of the capsules and the Society.[4]

As we have noted, individuals expect suspension to be costly but they hope for means by which such costs may be abated. Because the costs of suspension cannot be specified, nearly all members saw the placement of the capsules in the cemetery--where minimal fees were charged--as a sign that their financial arrangements might prove adequate to the task when their own suspensions became necessary. The move once again underscored the financial precariousness surrounding suspension. Moving meant that maintenance costs would be higher since rent would have to be payed. It also augered the possibility of escalating costs since no one could predict to what amount the rent would rise or whether another move would someday be necessary. When the move was seen as

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[4]For an examination of the importance of financial resources to social organizations, see McCarthy and Zald (1973).

unnecessary or was attributed to the officials behavior or their mismanagement of funds, faith in the Society and its officials was undermined.

But even without accepting the premise that officials of the Society were enriching themselves at the expense of capsule inhabitants or members of the Society (a premise which most did not accept), there were other signs to bring members to the conclusion that the Society was not being run in the best possible manner. The rate of freezings had decreased, dues had increased and the journal was being published less frequently. Now, the decrease in meetings began to be interpreted differently--defined by some as part of the general decline of the Society and by others as an example of the officials not consulting with members on important matters. Describing the state of the Society after the move from the cemetery, one respondent said that it was "impotent." Another said:

> I just realized that it was being mismanaged. This disturbed some people and then there was the question of the facility and that nothing was happening with the group. There were problems--just the usual complaints over and over again--the facility, losing contact with the members, and the newsletters were beginning to contain science fiction. A lot of people felt that if anyone obtained these newsletters and saw they had science fiction in something which was supposed to be scientific, the credibility would be diminished (Ford, Int 1, 1974).

This respondent did not accept the view that officials of the Society were enriching themselves at the expense of the members. He went on to say:

> The attitude of the people in charge was well meaning but not helpful. I never thought that they weren't well meaning. They were involved for too many years without exuberant financial profit. They weren't living off the fat of the land. It was just that interest was waning. Contacts were being lost and it wasn't

> all their(the officials) fault that this was happening. But it was happening and a lot of people felt that something needed to be done about it (Ford, Int 1, 1974).

As we will see, something was done about the Society. Members began to split from it and establish different groups hoping to attain in these what they perceived to be lacking in Eastern Cryonics--respectability and financial security.

However, all members did not leave the Society. Some saw existing disputes as "personal things" in which they preferred not to get involved. One such member said, "I felt that Brown had made a commitment to Cryonics. He carried it all and I wanted to continue to support him. We felt the others could just go ahead and thrash out the personal differences by themselves" (Fried, Int 1, 1974).

But, while some members stayed in the Society and supported its officials, others began to suggest splintering. Their departure was actually encouraged by the officials who were disillusioned with many of the members and with the type of organization that Eastern Cryonics had become. From the leaders perspective, large membership and activities such as meetings had brought problems and intrigue--all of which they thought unnecessary for the advancement of Cryonics. They acknowledged that these activities had declined but they believed that to be no loss since, in their view, the meetings and the journal had not really advanced Cryonics. Those members who felt otherwise and wanted to leave the group were not encouraged to stay. Commenting upon the membership, the President said:

> They haven't been a source of people. People who want to freeze someone will find you. People who wanted to freeze someone never had a thing to do with Cryonics before. When these people die (the

> members), their families will bury them and I won't hear a thing from them. One or two might be an exception but their being frozen has nothing to do with putting up with arguments about one thing or another. The less contact with members, the better (Brown, Mr., Int 1, 1973).

Officials also felt that organizational efforts had declined only because they had lessened their efforts. The Vice President said: "Things started to drop off slowly (when the freezings stopped) but they didn't drop off radically until we (the leaders) started to let off on activities" (Forest, Int 2, 1974). When the officials saw that no one stepped in to fill the slack they began to wonder why they should run an organization for others who were unwilling to work. This question, when added to their doubts about the efficacy of the former mode of organization, only confirmed their belief that organizational activities were unwarranted.

> WHAT IS THE STATE OF EASTERN CRYONICS NOW?
> Eastern Cryonics never did amount to much more than me and Bill Forest (the Vice President). Nobody else was willing to do any of the work that was necessary to keep it going (Brown, Mr., Int 3, 1974).

> WHAT HAPPENED TO MAKE YOU STOP YOUR EFFORTS IN CRYONICS?
> I wouldn't say that I stopped my efforts. I would say that when what we were doing wasn't any good we changed. I haven't by any means given up on the idea. It's a good idea. But you're talking about freezing an individual and all I can say is that whoever does it better have plenty of money because I'm not paying for it. As far as the Society--the time and effort we put into it--it was me and Brown who carried the idea. That's all it ever was (Forest, Int 3, 1974).

> WHEN DID THINGS START TO DECLINE?
> Things didn't progress in the way that we expected. We began to get discouraged. We were losing money and we weren't accomplishing the goals we set out for.
> WHAT WERE THOSE GOALS?
> To become a large organization that would generate a lot of funds and information, promote the idea effectively and also sign up large numbers of persons to be frozen. We hadn't done any of these things. Publicity was all we succeeded in doing. So it didn't look as if we were going anywhere. And stopping was really all my decision. If I was still doing all the things I was doing before there would still be an organization. In our group, the

> activities were more centered in two or three individuals than in other groups but more was done in our group than in the others (Brown, Mr., Int 1, 1973).

From these remarks and the ones previously expressed by members, we can see that members left the Society because they wanted financial security and because they were dismayed by the declining activities of Eastern Cryonics. We also find that officials did not regret their departure because they felt that members had shirked responsibilities. The actions of members had also left officials to conclude that the organization which had existed was not necessarily conducive to the growth of Cryonics. Commenting upon the present state of the Society, the President said:

> We don't even bother with the membership. We used to have members and we used to have meetings. It's just that this kind of an organization is not suited for what we wanted to do.
> WHY?
> I'm not sure but if you have a model airplane club, everyone makes model airplanes. In a political club, everyone goes out to try to get the votes to get a job out of it. These things all have activities that tend to hold the people together. They can all participate on some level. Cryonics is not something a whole bunch of people can do. We put out the newsletter--a propaganda sheet--and got involved in the actual freezing of bodies. There's only a limited number of people who can participate. And even if more could participate there just wasn't that much going on (Brown, Mr., Int 3, 1974).

These remarks underscore an important problem for the group--that of deciding what the group and its goals should be. The problem was never resolved and Eastern Cryonics alternated between defining a Cryonics organization as a business intent on profits, a philanthropy interested in scientific advance, and a private club with service for members. Since original goals were not specified, how to fill time and what to do when suspensions were not occurring was a continuing

problem. Members waited for an external event (suspensions) which would precipitate the growth and practices of the group. When such events did not occur, the basis for group decline was laid.

It is important to note that while we have stressed the importance of suspensions for Eastern Cryonics, suspensions per se were not essential to the continuance of other Cryonics Societies. For Eastern Cryonics, suspensions increase in importance after the first suspension occurred. With the first suspension the structure of the Society changed. It moved from a discussion group to an organization which had to fulfill particular commitments. Commenting upon these changes, the president of Eastern Cryonics said:

> There's a big difference between just having a meeting every Thursday and sitting around with cocktails talking about it and actually having to haul dry ice every week. Other groups have never gotten beyond the stage of sitting around and talking about it. How much of a commitment is that? Sooner or later something happens. When someone is frozen, the whole thing changes (Brown, Mr., Int 2, 1974).

Given the commitments that one freezing presupposes, it makes sense to have additional suspensions. Dry ice must be hauled if there is one body or two and the rent for a facility is the same no matter whether the facility is full or not. Concommitantly, capsules have room for two persons and the same amount of liquid nitrogen is required for one patient as for two. Given these economies of scale, once suspensions have begun the costs can be abated primarily by having more of them, since the first suspension shapes an organization's future. Those that never go into the suspension "business" may have a longer and less rocky history than those that do.

III. SPLINTER GROUPS

Cryo Vault

We have already noted that the precipitating crisis for the Society was the removal of the capsules from the cemetery and the Society's suggestion that they be stored in a warehouse. This move raised three issues--the uncertainty of financial arrangements for suspension, the images conveyed about the Society by its leaders and the need for a proper suspension facility. In responding to these issues, and in an effort to do something about Eastern Cryonics, a relative of a suspended person suggested that a group of members establish a facility of their own. Nine others agreed with him and joined together to form Cryo Vault. Each member then contributed one thousand dollars towards the purchase of a facility.

The individuals who formed this group did not intend to go into the freezing business. They were content to envision the specialists of Eastern Cryonics performing those. Rather, in keeping their numbers small, they hoped to establish a family type operation which could be trusted to maintain capsules and eventually resuscitate capsule inhabitants. Also, they believed that by owning their facility dignity and respectability could be assured and certainty added to suspension costs.

> WHAT LED TO THE DECISION TO FORM CRYO VAULT?
> It was decided to form a corporation of ten dedicated people--to set up a corporation because we were going to buy property and be a facility for suspension--for the storage of people. We felt that ten people, each throwing in one thousand dollars could purchase a piece of land and use it as a storage facility.
> WHY DID YOU DO THIS APART FROM EASTERN CRYONICS?
> Brown was running the Society and had the cemetery--very shakey

ground up there. We were dealing with a commercial cemetery only for the business aspects of it and it was felt that if we were doing it it would be a lot better if it was our own doing it for ourselves and our families (Green, Int 2, 1974).

IS CRYO VAULT SOMETHING THAT IS SUPPOSED TO EXIST UNTIL PEOPLE ARE BROUGHT BACK?

I think so and hope so. My children are involved in it and I hope their children will be involved in it and on down the line. This progression into the future should work. Within the family not everyone will want to be involved but those who want to will maintain the facilities. We're trying to leave it so there is no cost to them (Hunter, Mr., Int 1, 1973).

The family bonds engendered by Cryo Vault are most apparent in the following remarks:

WHAT WOULD BE THE INCENTIVE TO BRING SOMEONE BACK?

Only our own groups as we have formed them. Like I'm on the Board of Directors of Cryo Vault. My seat will be left to my son who's a firm and avid believer. All the families in this are involved and believe in suspension. So everyone who's suspended--we won't let him be buried, even if financial problems arise. We won't let them get buried because if we do the same thing may happen to us. We rely on each other (Hunter, Mr., Int 1, 1973).

Thus, we see in these remarks the efforts of individuals to establish certainty in an uncertain process. By making suspension a family enterprise and in knowing and having ties with all members of their group, they hoped to avoid the problems which one might encounter from hostile or uninformed relatives, or in an amorphous organization where families of suspended persons had little knowledge of, or commitment to, the other.

Financial uncertainty and respectability were also problems this group hoped to solve. Their efforts in these areas were discussed by two respondents. With regard to finances:

WHAT ARE THE DIFFERENCES BETWEEN CRYO VAULT AND EASTERN CRYONICS?

We're going about it a much more logical fashion. Brown woke up one morning and he had a patient. We are preparing right now

> for encapsulation in an organized and financially sound fashion. Each one of the members must have proper insurance to cover his interment. The interest from the monies left should be enough to take care of their continued liquid nitrogen supplies. With the group so small we have systems we'll arrange whereby any members of the corporation who have any problems will be taken care of and helped by others in the group. Money is a bloody mess. It's really the pitfall of the whole thing. We haven't got the money to do what we'd like to do--like having a journal. By keeping our group small we can pool our resources and help each other out. Eventually, we'd like to see something parallel to a home for the aged where we'd resuscitate our people and retrain them into the Society into which they've been born (Hunter, Mr., Int 2, 1974).

With regard to respectability, one respondent spoke of what they hoped to achieve in a Cryo Vault facility:

> I always thought that the first question that people would ask would be where the capsules would go. Now we can say that they would go to Cryo Vault and that they would be stored in a modern facility--rows and rows of frozen people. It would be a modern looking building with an underground storage with long rows of gleaming capsules (Jackson, Mr., Int 2, 1974).

In discussing the respectability of Cryo Vault, respondents tended to emphasize the differences in personality between Cryo Vault members and Eastern Cryonics officials. One respondent put it in the following way:

> We're average people--not kooks, that's for sure. The concept we all picked up for various reasons but so far as doing anything crazy--none of us are interested in that. Set it up properly, that's all we wanted. That doesn't mean that I don't like the concept as much or that I wouldn't follow through with it. I would. But I could move. And in our group, once we get somebody into the facility, that's it. Somebody has to maintain the capsule and then it gets down to who. That's the really difficult thing about this (Jackson, Mrs., Int 1, 1973).

For this respondent, doing anything crazy meant devoting "your whole life" to Cryonics or "doing anything" for it--like "putting a capsule in your basement." Clearly, for individauls in Cryo Vault, there were limits to what constituted proper activities for Cryonics. It was these

limits which provoked the disdain of Eastern Cryonics officials. To them they signified an unwillingness to work for Cryonics.

To turn their hopes into a reality, the Cryo Vault people purchased an old church and cemetery. Their intent was to establish an all faith chapel in the church and a storage facility beneath it. They began construction only to find that, in an election year, the facility had become a political issue in the town, with protesters picketing the church on Halloween. The Vice President of Cryo Vault described the incident in the following way:

> Unfortunately we built the vault at the wrong time. There was an election going on with the Conservatives trying to overthrow the Republicans. The Conservatives made a big stink over this.
>
> ON WHAT BASIS DID THEY PROTEST?
>
> After the big hassle it boiled down to a zoning dispute. Should these suspended people be in a cemetery or should they be in an industrial bay set up as a biological and scientific laboratory? That's the whole question. Our chapel has an acre and a small private graveyard so it's residential and cemetery at the same time.
>
> AS A POLITICAL ISSUE, HOW WERE PEOPLE AROUSED?
>
> Well, they played upon some of the antiquated ideas of the local people--that we were creating Frankensteins and that we were going to have zombies walking up and down their quaint roads. There was a demonstration in front of the chapel with torches. That was when it hit the national magazines. So it was adverse publicity because it was blown out of proportion as the political ax was used out here.
>
> HOW DID YOU TRY TO COUNTER SOME OF THESE CHARGES?
>
> I happened to be home one quiet evening when I got a call from a newspaper asking if I could comment on the demonstration taking place at the chapel. I almost fell off the chair. That was the first I had heard of it. We just let it ride till after the election was over. We said after things calm down and people get their sense back, we can talk logically and scientifically.
>
> WERE YOU SURPRISED THAT PEOPLE COULD BE ROUSED ABOUT THIS?
>
> We were amazed. Couldn't believe it. Still don't.
>
> HOW DO YOU ACCOUNT FOR THAT REACTION?
>
> Antiquated is the only word I can use--a lack of understanding--not being completely abreast of what is happening in laboratories today which is completely fascinating and sometimes even unbelievable. There's a breakdown in communication in what the scientific

> community is trying to accomplish. I think it comes from the monster movies people watch on t.v. (Green, Int 2, 1974).

The members of Cryo Vault who had not yet suspended relatives could afford to be complacent about the status of the church and the facility. They could take the long range view and try to educate the townspeople.

> One man said that he used to have yard sales at the chapel to show the townspeople that they weren't a bunch of freaks. Eventually, the police closed him down for running a business without a license. He said that by that time he had gotten to know the people in the town and had accomplished his purposes. I asked him if he thought he had convinced anyone about Cryonics. He said he felt that people realized they weren't as weird as the newspapers made them out to be. He said too that it cemented a relationship to the point that they may be able to go ahead with their project (Fieldnotes, April 1974).

However, those with suspended relatives could not afford the luxury of waiting for the townspeople to change their minds. When the building permit was revoked, they were faced with the immediate problem of what to do with the capsules and they were irate when members of Cryo Vault suggested that they look to Eastern Cryonics for help. They were further enraged when members of Cryo Vault suggested that Eastern Cryonics officials be allowed to enter the new organization--in order to lend their expertise with regard to suspension and maintenance. At this, the relatives of suspended persons left Cryo Vault. One man, with the help of a California Society, established his own facility for his wife. Explaining his reasons for a separate facility, he said:

> We were trying to keep out undesirables (Eastern Cryonics officials). I understand how it's a business to them and how they want to make profits. But you must understand that it's a very emotional thing. My facility looks like a furnished basement. We shied away from an industrial area--it's an underground facility. After all, there's a certain amount of dignity involved in this (Mano, Int 2, 1974).

The other survivor sent her son's capsule to the west coast and then went on to establish another Society--the Society for the Advancement of Cryonics Sciences (SACS), which we will soon discuss.

In sum, we must note that the interests of those without suspended relatives were not motivated by immediacy. Such individuals could afford to take what they perceived to be a long range view and, as such, they frowned upon some of the schemes advanced by survivors. They charged that survivors' emotions kept them from approaching things in an "orderly" and "rational" way. In the following exchange, an example of such differences is evident.

> YOU SAID THAT WHEN YOU FIRST HAD CRYO VAULT MEETINGS THERE WERE ARGUMENTS. WHAT WERE THE ARGUMENTS ABOUT?
>
> When it came to setting up trust funds--the legality of things--making sure it was non-profit.
>
> HOW DID THIS LEAD TO ARGUMENTS?
>
> It mostly was with the relatives of suspended persons. They had a dinner dance and sold tickets and the proceeds they kept for the capsules. You just can't do this legally. You have to be registered properly. We were all average citizens. You have enough problems and you don't want to get involved with things like that. We said they should set up a trust fund and not just put the money into a personal checking account. We understood that there were emotions involved for them and that they wanted things done quickly.
>
> It just wasn't logical. They (the survivors) were emotionally involved and you can't be in this. Here we're getting a group together and we're looking at it in terms of logic and these people were emotionally involved and it just didn't work. We just went round and round. Everything with them was shortcuts--get the capsules situated and not look for repercussions. You just can't stick bodies in basements (Jackson, Mrs., Int 1, 1973).

Cryo Vault was also a waiting operation. One respondent said of it:

> There was never a lack of interest because we had so many people in this who were really good--who were really interested. But with our group we didn't have anybody encapsulated and that really means a lot. That's the kind of thing that would really keep you going. Without a capsule it was just more or less us just keeping the place and like everything else, we're still interested but life goes on. Time goes on and you just can't be involved in it all the time. The problem, though, was that there just wasn't much to do, even when we were doing it (Pinckney, Int 1, 1973).

So, while the goal of Cryo Vault--the maintenance of capsules-- was clear, it could not be achieved solely by work or volition on the part of members. Members had to wait for their service to be needed and as they waited, much momentum was lost.

Thus, the grounds for discord seem to have been laid with the formation of the group. Those who had not suspended relatives could feel, just through membership alone, that they were doing something about suspension, even if little was actually accomplished. Persons who had relatives suspended, on the other hand, were impatient and could not be content with activity just for activity's sake. Finally, the group had been formed to provide proper storage and when it could not do so, the primary reason for its existence was undermined.

While Cryo Vault continues, it is unlikely that their underground facility will be built. Because of insufficient funds they have been unable to pursue their legal battle with the town. When I last interviewed its members, they were in danger of losing their property; members had been unable to pay the mortgage and the landlord was about to foreclose. At this point, they were looking to the president of Eastern Cryonics to take over their obligations.

Cryo Vault members were disappointed with the outcome but they were not defeated. They attributed their problems to a lack of funds and were hopeful that the success of Cryonics might someday be attained. As one respondent said:

> If you get money behind you, that's the thing. All you need is someone a little higher on the ladder of success. Once someone like that backs you--once it gets up there--all the others will follow. And Brown (the President of Eastern Cryonics) always seems

> to come up with things out of nowhere. Maybe he can save it and carry it through (Jackson, Mr., Int 1, 1974).

Such help was unlikely because as the president of Eastern Cryonics said:

> These people left expecting to do big things. They expected to have a lot of bodies. They didn't know what they were doing and they asked everybody else but me--and I'm the one who knows about it and has been doing it. Their mortgage is one hundred fifty dollars a month and they can't even meet that--even with all of them there. If they can't contribute enough to pay that then how interested can they be? How can they expect to do anything? (Brown, Mr., Int 3, 1974).

The failure of Cryo Vault to maintain its lease was evidence to Eastern Cryonics officials of insufficient interest in Cryonics. As such, it confirmed their belief that Eastern Cryonics had not lost much when these individuals left.

Society For The Advancement of Cryonics Sciences

The mother of one of the suspended persons formed another Society (SACS) after she had broken with Cryo Vault. Originally she had thought of trying to organize Eastern Cryonics members to vote against the leadership but she was advised by an attorney to form a different Society instead. The intent of this group was different from both Eastern Cryonics and Cryo Vault as it wanted neither to suspend nor maintain bodies. Rather, this group was planned to serve as an agency which would help people who wanted to be frozen, or who wanted to freeze others, to contact reputable Cryonics Societies. They also hoped to sponsor research in Cryonics Sciences. Their appeal may be seen in the following announcement which was distributed to Eastern Cryonics members.

> Once every few years a new Cryonics Society is born. It seems that old organizations do not have the initiative to remain united and solid. Dry rot sets in. Such is unfortunately the case with Eastern Cryonics. The once hard working society is soft and decomposing. (When was the last time you heard from them besides a request for membership fees?)
>
> There IS An Alternative.
>
> The creative fires of our founder are not extinguished. We do not intend producing dull, useless rhetoric.
> We do intend pursuing an aggressive course of action--including funding of Cryobiological research, dissemination of information, and of course, aiding members for their actual cryonic suspension, whenever it becomes necessary. All that and more, within the framework of a closely knit organization of individuals.
> Make no mistake--to remain within the numbers of Eastern Cryonics is an exercise in futility. We do try harder!

The differences between SACS and Eastern Cryonics are more succinctly stated in the following remarks.

> HOW WAS SACS DIFFERENT FROM EASTERN CRYONICS?
> Originally we wanted to have policy making decision that was not in the hand of one or two members. We wanted everyone who had made a commitment to have an equal voice. Such was not the case in Eastern Cryonics (Turner, Int 1, 1973).
>
> There was the question of what the funds had been used for. Another major sore point was that the facility they wanted to advertise was actually an abandoned warehouse that was not being paid for. We hoped to divorce the actual ownership from the organization. We didn't want to be accused of making cash (Glass, Int 2, 1974).
>
> Public relations wise, we were interested in promoting the idea and creating acceptance. We felt that this was more important than personal profit and we attempted to make our organization an advisory one where we would attempt to locate what we thought was the best Cryonics facility and attempt to direct our membership to it (Feldin, Int 1, 1974).

Thus, in establishing this Society, members hoped to alert others interested in suspension of the hard times upon which Eastern Cryonics had fallen.

A feature which members of SACS prided themselves on and which they shared with members of Cryo Vault was the aura of respectability

surrounding its leaders. They were definitely not "kooks." The President of SACS was an executive in a large firm who lent his well-upholstered offices, in a prestigiously addressed building, to the Society for its meetings. The Vice President was the mother of a suspended boy and all who knew her agreed that she was hard working, honest and committed to Cryonics. One respondent, commenting upon his motives for leaving Eastern Cryonics and upon the respectability he associated with the new Society, said:

> The motivation for leaving was that the new leaders who were elected--maybe self elected--gave the impression that things were at last to be organized and that it wasn't going to happen overnight. But if this enthusiasm they had generated continued, you'd have a very efficient and very potent Society compared to the impotent Society that Eastern Cryonics seemed to be. The new leader was an extremely polished gentleman and I thought he could provide the image the group wanted and needed (Ford, Int 1, 1974).

Another spoke of his movement from one Society to the other in the following way:

> For the most part, I hadn't started out being active at all. I paid my dues and got the newsletter and I was glad someone was doing something about suspended animation. But little by little, it seemed that nothing much was being done and eventually I did call a couple of people just to say hello and to find out what was going on. Eventually, I attended some meetings. We discussed the idea and again it seemed logical. But discussing the implementation was something no one could seem to settle on. Then it seemed that the officers of Eastern Cryonics were pursuing a course that was detrimental to Cryonics. Eventually, they grabbed the voting power and most of the membership felt that they were not doing anything to improve the Cryonics image (Glass, Int 2, 1974).

But, as the following comments make clear, the high hopes associated with SACS were not fulfilled.

> WHAT HAPPENED AFTER YOU JOINED SACS?
> There were a few meetings and a plan was formed for membership dues and insurance policies--different ways in which you could finance this trip into the unknown. These people did a lot of work and it all seemed very logical. The energy level was renewed

> and high. Membership was small but that was okay. I'd rather see forty enthusiastic people than one hundred fifty apathetic ones. But after the first bursts things petered out. To tell you the truth, I don't know if the group is still in existence (Ford, Int 1, 1974).

A respondent who served as Vice President in charge of scientific research said:

> Right now we seem to have gone the way of the other Society Eastern Cryonics). What we tried to do was put out a new kind of newsletter and try to attract new members. We sent it to the members of Eastern Cryonics and hoped that the members would talk to their friends and join with us. The whole idea would be similar to a pyramid. We also tried to contact radio and television stations. I gave speeches. We simply hoped that the organization would function better because of dedication to the idea rather than dedication to profit (Glass, Int 1, 1973).

Dedication to the idea was not sufficient to sustain the Society and SACS was destined to be short-lived--lasting less than one year. Members could recall only three meetings (but a lot of telephoning) in which plans were made for a journal--a journal that never materialized. SACS also faced a problem that was common to the other Societies--insufficient funds--and given that problem, enthusiasm and respectability were not enough to sustain the group. Commenting upon their lack of funds and speculating as to reasons why this might be the case, one respondent noted:

> I insisted that a minimum of ten percent of our dues go to scientific research but you had to have money to do that and there was never enough money to go around. We're all working people. There was by necessity a limited amount of work we could contribute. We got hung up on a newspaper and a poor publisher and instead of getting out a newsletter, we eventually folded. The problem is that people who are working have no clear way on how to advance on this and they don't have the time or the necessary funds to devote either (Turner, Int 2, 1974).

This problem was also shared with Cryo Vault. Remembering the remarks of the woman who said Cryo Vault would have problems in finding someone to

be responsible for capsules, we can see that while members may have criticized the ways in which Eastern Cryonics officials were discharging their duties, these officials were discharging duties and were devoted to Cryonics on a full time basis. Of course, such devotion led them to participate in activities which others characterized as "weird" or "odd" but it is important to note that full time devotion was lacking among members and officials in the other Societies that were formed.

But, as we have seen, the amount of effort expended upon Cryonics is not the determinant of success. The problem for all the Societies we have discussed was the difficulty of attaining goals when such goals were dependent upon suspension. Without suspension, Eastern Cryonics, a suspension organization, had no purpose; Cryo Vault, a suspension maintenance organization had no capsules to be stored and SACS, a suspension direction agency, had no clients to direct. These organizations were waiting organizations and in waiting for activities to occur, there was much time to pass blame or to lose interest in the group. In effect, the purpose of each group was obviated by a lack of clients.

CHAPTER III

LITERATURE REVIEW

I. INTRODUCTION

> If this is not the perfect pitch, I never saw one. Point out that anyone frozen now has as much chance of resuscitation as a flea on a double dog, even assuming that our descendants will want to revive relatives they never knew, and you challenge the Omnipotence of Technology. The spin off benefits are equally promising: there is the blackmail angle (another thousand or we defrost Auntie); the hardware angle (several thousand capsules a year at several thousand dollars each); the employment angle (thousands of live Americans earning their bread as curators of dead ancestors). Then, as a worried annuity company executive remarked to me, "Wait until the tricksters get into it. They freeze Uncle George--he is not dead but sleeping, he can vote on his stock and draw his annuity. We try to get the courts to rule that a man is dead when he appears to a reasonable person to be dead. The con men appeal it all the way: in the end we have to buy them off" (Comfort, 1971).

Such remarks are indicative of the general medical and scientific response to Cryonics. Another scientist has said, "the retort from the well meaning and sincere people in the Cryonics Societies, that those who will their bodies to be frozen have nothing to lose, is not enough to satisfy the expense, false hopes, and disregard for scientific direction that accompany such philosophy" (quoted in Hendin, 1973).

The immediate question which these remarks raise is how individuals could accept Cryonics in the face of so much disdain and opprobrium from the scientific community? In addressing this question we raise the more general issue of belief and how it is that individuals could move from evidence that tissues and blood could be frozen and thawed to the belief that humans could be similarly maintained and revived.

Such beliefs are somewhat out of the ordinary; at the very least, they are not accepted or even verbalized by a wide majority of the population. As such, theoretical explanations which have been advanced to account for "unordinary" beliefs will be an area of concern.

Given this belief system and its preoccupation with death, we are also led to wonder about the general trends of death and dying to which it is responding. To understand the advent of Cryonics and to judge whether its claim of making death less final has any effect on bereavement, we must situate the Cryonics attempt at life extension within the more general context of the sociology of death and bereavement. Thus, we will explore the demographic characteristics of death, death rituals, and the plight of survivors in order to better understand Cryonics.

II. BELIEF SYSTEMS

Psychological Explanations

Toch (1965) in his work The Social Psychology of Social Movements, postulates a dominant "normal" belief system to which most societal members subscribe and ascribes deviations from such beliefs to individual needs and predispositions which cannot be satisfied through conventional channels.[1] Continuing his emphasis on the personal inadequacies of believers, he tells us that social movements are composed of individuals with problems. He warns, however, that all people with problems

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[1]Toch is just a representative example of this approach. For others of this persuasion see Cantril (1966) and Hoffer (1951).

may not be predisposed to new beliefs. Predispositions are said to become actual only among those who are susceptible to appeals. Susceptibility is equated with irrationality and is then related to a search for meaning which ultimately leads individuals to an acceptance of gullible beliefs.

There are a number of problems with this psychological approach. Most obvious is the emphasis upon internal motivating forces, or structural factors which are thought to incite internal forces, which are then supposed to propel individuals to particular beliefs. In such explanations there is little regard for any rational basis by which individuals might adopt new beliefs. The emphasis throughout is on the irrationality of appeals and believers.

This emphasis on the irrationality of believers is explained on the basis of psychological inadequacy. Evidence for this assertion is presented with a typology of believers which includes such types as the "true" believer and the authoritarian personality. Constructions of this sort are particularly odious in that the described personality traits are often amorphous and ambiguous. Neither are they helpful in an analysis of a Cryonics Society.

Interaction between the promoters and acceptors of a belief is also neglected in the psychological approach. In fact, Toch implies that the distinction between them is dubious. He tells us that those, such as Blumer (1951; 1957), who are concerned with the process of agitation in the acceptance of belief are mistaken in their emphasis so far as they imply that people are brought to "unordinary" beliefs through the skill of leaders and agitators rather than because of pre-existing

problems (Toch, 1965:87). Toch rejects this view on the basis that stagers of belief share the problems of members, making it difficult to distinguish between agitators and clients. Finally, the elements which the psychological school ignores are best described by paraphrasing Wilson (1974) who states that belief systems are never determined . . . by remote variables but are influenced by processes of interaction. . . . They are not purely the result of predispositions, but entail the construction of a new identity in which the decision to commit oneself is negotiated through a series of encounters and interactions (Wilson, 1974:90).

Sociological Explanations

Sociologists have generally rejected the notion of an internal motivating force pushing an individual into acceptance of a set of beliefs. But, while internal motivating forces have been rejected as an explanation of belief, the notion that some beliefs are irrational or obviously incorrect has not. Thus, sociologists who have studied unordinary beliefs have noted the elaborate constructions which believers must erect to shield themselves from a plethora of disconfirming evidence which could easily shatter their world views. For example, Bittner (1963) in his work on political radicals has claimed that radicalism differs from the ordinary traditionally sanctioned world views prevalent in any society. Kornhauser (1962) too has underscored the "obvious" inadequacies of politically radical views. He observed that radicals face a continuing problem of maintaining high expectations in the face of disconfirming events and that . . . adaptations to this wide gap between expectations

and achievement is made by enforced isolation from people who do not hold similar views (Kornhauser, 1962:255). From analyses such as these, we are left with the impression that the limitations of such views are unapparent only to believers. With this, the stage is then set for our need to understand how individuals can manage such outrageous beliefs in a world where truth is so "self evident."

Sociologists have considered two characteristics to be essential for the maintenance of belief. First, isolation from former associates is cited as necessary for purity of belief. Then, it is said that the life of the believer must contain norms of conduct and belief which can blanket a maximum of future contingencies (Bittner, 1963: 196-292). In emphasizing such features the inadequacies of belief are assumed.

This stress on the cognitive inadequacies of belief systems and the concommitant need for believers to engage in a variety of machinations so that their faith will not be found wanting is not limited to analyses of political belief systems. It is further developed by Festinger (1956) and by Simmons (1966) in their analyses of other types of "unusual" belief systems. Both stress the need for individuals to reinterpret "objective" events which would disconfirm the believer's reality to any "objective" person. Festinger and Simmons place emphasis on the different nature of particular beliefs and the maintenance of such beliefs is explained by differential association and identification with other believers.

In my assessment, their stress on the cognitive inadequacies of "unordinary" beliefs is overstated. Further, their emphasis on the need for isolation to maintain belief does not explain the believers

I encountered in my research who were able to "believe" without the support of other believers and while in close contact with non-believers.

My experience led me to distinguish between allegiance to a belief or practice and commitment to a group whose purpose is the fulfillment of the practice. It may be that the existence of a group dedicated to a particular practice and involvement with like minded supporters is important in determining one's commitment to the group or his involvement on behalf of the "cause" (see Kanter, 1972). It cannot, however, be taken as essential to the maintenance of belief; this may exist quite apart from any particular organization.

The emphasis upon cognitive inadequacies in studies of belief has a long tradition in the field of collective behavior. Individuals, for example, are said to participate in "different" groups or to accept "unordinary" beliefs because of convergence--anti-social or unsocialized individuals whose aggregated presence makes for a holiday from restraint--or contagion--behavior swayed by group emotions (Brown and Goldin, 1973). Such explanations are advanced apart from participants' definitions of reality since an initial assumption as to their irrationality, or pathology, negates the value of their statements.[2] It must be noted that in considering the beliefs of Cryonicists notions of irrationality or pathology will be eschewed.

This is not to say that a universal standard of rationality will be used or proposed. Some readers will undoubtedly find some aspects of Cryonics to be irrational or illogical to them. However, judging the

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[2]This view has received a great deal of criticism. For an example of the critiques, see Oberschal (1973) and Currie and Skolnick (1974).

ultimate rationality of Cryonics or Cryonicists is not our concern. Instead, our interest is in the process by which Cryonicists attributed logic and rationality to Cryonics' practices. As such, the logic they saw in, and attributed to, Cryonics will be a constant theme.

Lofland (1966) has been most emphatic in addressing the fallacy of presuming that "different" beliefs are cognitively inadequate or obviously irrational. He suggests that an emphasis on cognitive inadequacies may be useful for some purposes, but that it can produce a distorted picture of the very formidable capacities of reality constructions. He further suggests that the Doomsday group he studied evidenced a belief system which was cognitively adequate and which was incapable of being disconfirmed; all counter arguments could only produce confirmation.

In this respect, Lofland's work is directly applicable to Cryonics believers in that they too constructed a system of belief which was incapable of disconfirmation. In their belief system, disconfirmation was insured against by 1) neither prophesizing a date when resuscitation techniques would be available nor assuring that individuals who were suspended would necessarily be capable of resuscitation and 2) by having a view of science which continually stressed the ostracism and derision which greeted scientific pioneers from both laymen and a blinded scientific community.

Thus, belief could not be disconfirmed because nothing specific was promised. Instead, an offer was made to take a chance on what would otherwise be a very finite reality. Then, chance taking was legitimized by comparing one's daring to that of such scientific greats as Galileo

and Copernicus. This latter technique, in particular, is not without precedent among those who have tinkered at the periphery of science. Gardener (1952), in a survey of the fads and foibles of "pseudo scientists," points out that a common tendency among such innovators is identification with past scientific luminaries who were "unjustly persecuted for their heresies" but who are now acclaimed for their farsightedness.

But, while Cryonics believers shared with Lofland's Doomsday group a self-contained belief system, there are important differences between his subjects and mine which merit understanding. In Lofland's research, even with a cognitively adequate belief system, his Doomsday believers isolated themselves from former associates and established a closely-knit group. Their pattern of maintaining and sustaining belief led to organizational commitment. Cryonics believers, on the other hand, were able to maintain their beliefs without becoming actively involved in an organization, or to maintain them after organizational involvement ended. Their failure to become committed to proselytizing or to disclose their beliefs about the practice of Cryonics is also distinctive as is their maintenance of belief after their organizations failed. Therefore, a central question which we need to investigate is: How was this belief maintenance possible without participation in a group, without attending meetings and without continual contacts with other believers? In this regard, we must wonder too, to what extent elements of the belief system itself may have influenced participation in the Society.

III. DEATH AND BEREAVEMENT

Sociologists have long ignored death and bereavement as areas for sociological research.[3] However, the recent appearance of a number of empirical studies seems to indicate that neglect of these areas has ended and that the establishment of a sociology of death and bereavement is in the offing. In this section, we will review the pertinent literature in the area. Specific problems to which Cryonics is addressed will be considered and, after examining what are generally taken to be the common patterns of bereavement, we will consider the ways in which these patterns may be affected by Cryonic interment.

Demographic Status of Death

Where death and bereavement were once common and frequent occurrences, they are no longer so. Since the turn of the century, significant changes have occurred in the age, rate and place in which death occurs. Today, for example, there are many individuals who do not experience the death of another until their adult years and death itself has increasingly become an affliction of the elderly whose death increasingly occurs outside the home.

With regard to the age and rate of death, those above the age of sixty-five accounted for only 9 percent of the population in 1970, but they represented 62 percent of all deaths. Those under the age of fifteen accounted for 29 percent of the population, but

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[3]For examples of sociologists who, at an early date, called for a sociology of death and bereavement, see Davis (1940); Becker (1933); and Eliot (1932).

they represented only 5.5 percent of all deaths. The significance of these figures is especially apparent when they are contrasted with statistics from the early 1900's which indicate that the mortality rate was highest among children and that death was not an isolated or uncommon event (Fulton, 1970). The extent of the change can best be seen in Figure 1.

While the discovery of causes of fatal diseases had added and will continue to add incremental increases in life expectancies, the major impact of these discoveries has been to combat infant and childhood mortality rates. Thus, we have been assured of a larger population of longer living individuals.

In 1969, for example, the life expectancy for white males was 67.8 years and 75.1 years for white females. These expectancies represented an increase of twenty-three years from what one could expect in 1900 (Leaf, 1975). Death, itself, has fallen from a range of twenty-five to thirty-five deaths per one thousand persons in the population per year to a new range of five to fifteen thousand. This shift to increased longevity with a decrease in death among the young has been termed a revolution in human demography (Cowgill, 1974). The path this "revolution" will take can be seen in statistics assembled by Blauner (1969) on Canadian white females which indicate that of 100,000 babies born in the late 1950's only 15 percent will die before age sixty. Seventy percent will be seventy years old or more at death and 42 percent will die past eighty.

The locales in which death occurs have also changed; what once occurred predominantly within the home now takes place in institutions.

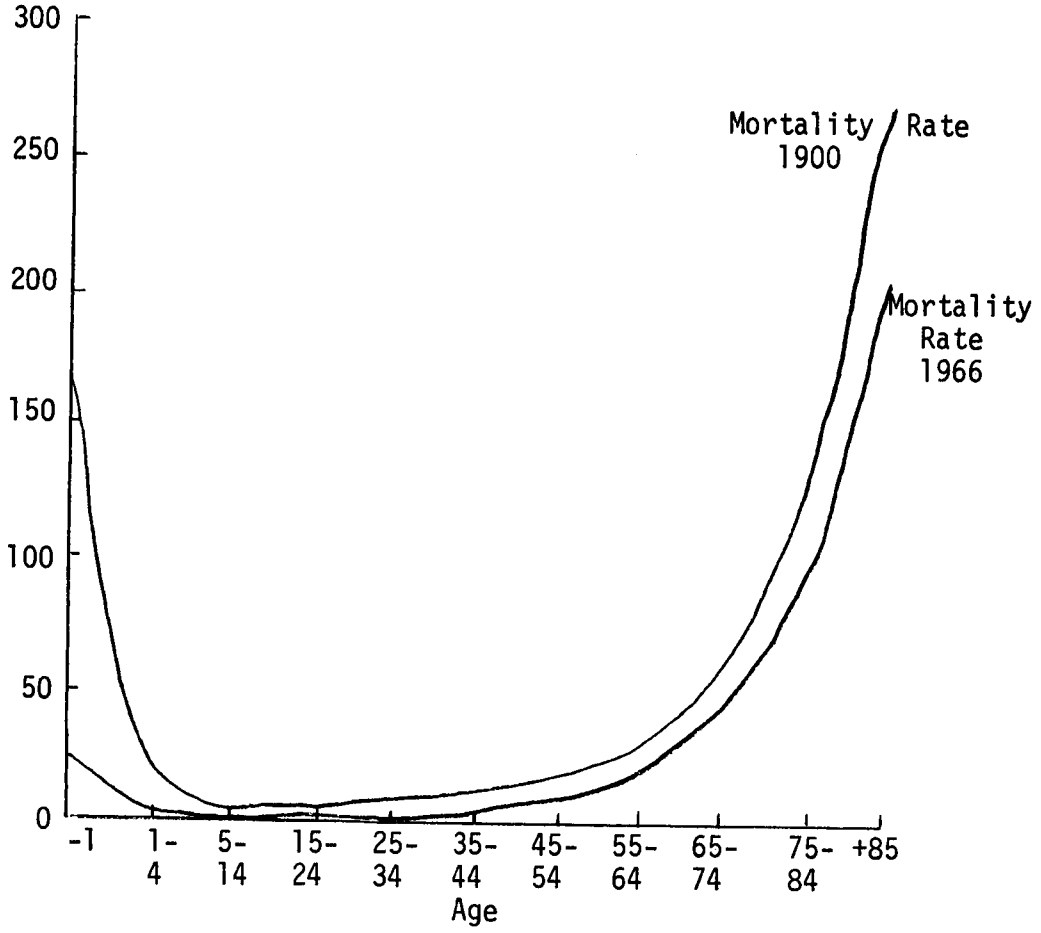


Figure 1. Mortality Rates in the United States. Mortality rate in the U.S. has declined since 1900, paralleling changes in the age composition of the population. The 1900 rate was 17.2 per 1,000. By 1954 it had dropped to 9.2, a record low, and in 1966 it stood at 9.5. As the curves show, the outstanding differences between 1900 and 1966 lie in the greatly reduced number of deaths during the first year of life and, to a lesser extent, during the years after the age of 55 (adapted from Morrison, 1975).

For example, while two million people died in 1970, 62 percent of these deaths occurred outside the home. Figure 2 uses data from New York City as an example of the ways in which death locales have shifted. Data such as these have led Fulton (1970) to speculate that this is the first "death free generation" in history. However, demographic changes are not sufficient as an explanation of death related activities. To them must be added the meanings attributed to death, dying and bereavement by societal members. It is to these meanings that we now turn.

Contexts of Death and Bereavement

A most prominent observation with regard to death today is that it is denied and that the dying and bereaved are stigmatized and excluded from interaction because of their association with it. Feifel (1959) has termed death a "taboo topic" and has speculated upon the nature and the extent of the taboo.

> In the presence of death, Western culture, by and large, has tended to run, hide and seek refuge in group norms and actuarial statistics. The individual face of death has become blurred by embarrassed curiosity and institutionalization. The shadows have begun to dwarf the substance. Concern about death has been relegated to the taboo territory heretofore occupied by diseases like tuberculosis, cancer and the topic of sex (Feifel, 1959).

Gorer (1965) has lent empirical support to such theoretical musings. In his study of grief and mourning in Great Britain, he noted that copulation had become more and more mentionable but that death had become more and more unmentionable as a natural process. He found as well that "the natural process of corruption and decay had become disgusting with the ugly facts relentlessly hidden by the embalmers art which was becoming one of complete denial." In sum, he concluded that rituals which had been firmly ensconced when deaths of young and old

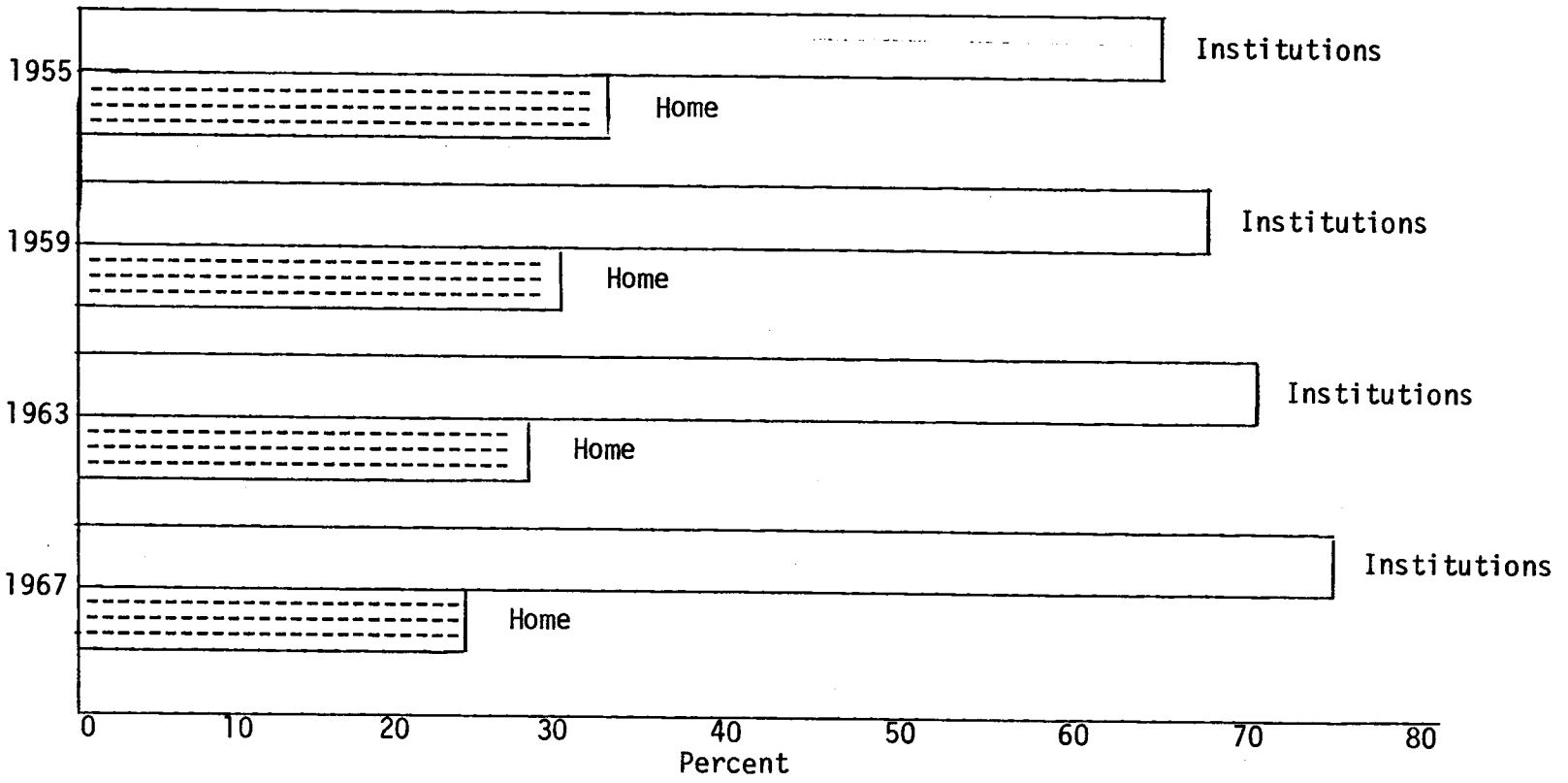


Figure 2. Death Locales. Fewer deaths at home than in institutions has been the trend in New York City since 1955. That year more than 31 percent of deaths occurred at home (the national average was about 40 percent), but by 1967 home deaths had fallen below 25 percent (J. Morrison, 1975).

were commonplace and which had served as guidelines, as well as a means of adjustment, for the bereaved no longer existed.

Commenting upon the lack of rituals surrounding death, Firth (1951) has focused his attention on the funeral. He notes that this was once a "social rite par excellence" whose ostensible object may have been the dead but which mainly benefited the living. This rite too seems to have diminished in importance as deaths occur outside the home and funerals increasingly become the province of professionals, with the expression of emotions at them becoming less and less acceptable.

The severity of the problem associated with lack of rituals has been commented upon by Marris who has noted its effects on survivors. In this regard, he found that one of the most important tasks for a widow's family was conveying to her, or indicating in some way, that she had mourned long enough and that it was time for her to begin a new life (Marris, 1958). Further evidence of the problems faced by survivors in a "death free" generation can be seen in Gorer's study in which he found that women above the age of fifty remained in the second stage of bereavement--grief--and were never able to complete the process which would allow them to embark upon new lives. Gorer too, has attributed this stagnation to a lack of ritual supports.

At this point, we must note that while researchers and theorists almost unanimously attribute the problems of dying and bereavement to the general stigma surrounding death, this unanimity should not be mistaken for established empirical fact. There have been changes in death practices and the demography of death but the emergence and impact of these changes cannot be easily explained by a uniform or singular

event--i.e. the denial, or stigma, of death.

In focusing upon stigma as both a cause and explanation for the problems of death and bereavement, researchers have created a tautology and have postulated a homogeneity of practices and attitudes that seem unlikely to exist in a society marked by class, ethnic and racial divisions. Given the diverse lifestyles in the United States it is possible to find some groups or circumstances where death is neither denied nor the bereaved shunned (see Baider, 1973). In issuing blanket statements about "death in America," researchers fall into the functionalist pitfall of assuming common norms and values and the psychologistic one of explaining social conditions by individual repression and denial. The psychologistic emphasis is particularly troubling because it characterizes so much work in the field and because it is so lacking in an empirical base. Often predicated upon the author's musings or upon small samples of respondents, the research tells us more about the researcher's conception of death in America than it does about what is happening in the world.[4]

Concurring in this critique, Lofland (1975) has noted that much of what has been said and is being written about death and dying has a sweepingly simple character. To rectify such characterizations, she raises a number of critical questions. She asks, "What are the various orientations that Americans in varying social locations . . . hold relative to varying aspects of death and dying under varying conditions? How is the handling of various aspects of death and dying variously organized in . . . organizational settings and under what conditions do

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[4]For a similar critique, see Blauner (1966).

varying patterns of death organization and orientation emerge?"[5] Attention to such questions would provide a framework for a sociology of death and bereavement. In this regard, Eastern Cryonics is particularly interesting because their different approach to death and death practices provides a basis by which general statements about death and bereavement may be qualified or substantiated.

Death and Dying

Of course, the assertion that research on death has accounted for too much stigma should not be taken to mean that death, dying and bereavement are free from it. The question which must be faced is why those who are dying or have experienced the death of another are often stigmatized; why reactions formerly associated with deviance have entered the province of death? When stigma occurs, we must specify as well whether it is related to feelings about death or whether it can be explained or compounded by other factors. In asking why death, dying and bereavement present problems a number of answers come to hand. In this section we will address ourselves to death and dying. Later, we will focus upon bereavement.

In addition to decreased experience with death, perhaps a major reason for changes in reactions to death and dying stems from a view that death is no longer a process over which individuals must necessarily cede control. Advances in medical science, for example, have underscored the possibility of preventing death and this emphasis on prevention seems

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[5]For a particularly telling example of this problem, see Rakoff (1973). In this essay, motives are attributed to the individual and then to American society en masse.

to have contributed to the unnaturalness with which death may be viewed.

Death may rarely, for example, be seen as God's will. Instead, it is often thought to occur because doctors do not yet know enough. The increase in the physician's importance to those with fatal disease and the concomitant decline in the influence of the priest seems indicative of the fact that death is no longer viewed as a matter to be merely accepted.

There are other cultures in which death is not accepted as inevitable. In some, death is considered as accidental or as a result of negligence or intervention on the part of a malicious sorcerer. In others, it represents a gain for the deceased in that he is seen to be leaving a painful world and entering into an idyllic existence. Portions of our society seem to be moving to the former position except that the conception of accident is no longer based upon superstition. Instead, we have medicine with its rigorous scientific method to substantiate our claims as to the feasibility of avoidance.

The presentiment of death in a culture which prizes youth poses further problems. The emphasis on youth in our culture has been amply documented (Denisoff and Peterson, 1972; Flacks, 1971; Friedenberg, 1965; Lewis, 1972). What has not been so recognized is the association of youth with scientific conquest and attitudes towards death. The association of death with aging seems to have led to the feeling that if one can stay clear of aging he will, at least for a time, be safe from death. That such feelings are not evidence of individual maladjustment can be seen from a glimpse at the scores of products purchased and sold as elixirs. Evidence seems to abound of the numbers who are trying

to outsmart aging. When death does occur, those who are bereaved may be reminders to others who are trying, or hoping, to hold death at bay that success cannot be taken for granted.

But, while the above explanations may be pressing, factors other than stigma and repression may contribute to reactions to death and dying. For example, a large portion of the literature on dying focuses on the inability of the patient to accept his/her death and a corresponding deficiency--on the part of families and professionals--to face the patient and deal with his problems and their own.

Kubler-Ross (1969), in particular, is one who has dealt with the problems of facing one's death. In her research, she has specified five stages through which one must pass if he/she is to accept death and become reconciled to it.[6] In her view, the transition from one stage to the next is essential if a "good" death is to be achieved. But, she sees the passage hampered by the stigma of death--a stigma most heavily felt and most readily evident among hospital personnel.[7]

Glaser and Strauss (1965) concur on the inadequacies of hospital personnel in dealing with death. Their concern is with the rationales which are evolved to keep the truth about death from the dying. That such knowledge can rarely be kept secret is evident in the games of

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[6]The stages which Kubler Ross identifies are: (1) denial and isolation; (2) anger; (3) bargaining; (4) depression and (5) acceptance. She sees each stage as necessary to the next and believes that a good death is achieved only in the acceptance stage.

[7]As evidence of stigma and denial, she cites the fact that when she began her research and asked to speak to terminal patients, she was told that there were no dying patients who were aware of their condition.

pretense which came to mark the drama of dying. Like Kubler-Ross, Glaser and Strauss attribute the treatment the dying receive to the poor training of professionals--"the emphasis on the necessary techniques of medicine or nursing, rather than the fact of dying itself"--and the difficulties of dealing with death in America.[8] All concur that the treatment of the dying is abysmal--because they are dying--and that something needs to be done.

Similarly, in his study of the social organizations of dying, Sudnow (1967) notes the lengths to which hospital personnel go to hide evidence of death and dying. He notes, for example, the careful wrapping of the corpse before it is wheeled through the hospital and the placement of the morgue in an area far removed from regular traffic so that it cannot be stumbled upon by mistake. Sudnow suggests that death and dying require particular organizational efforts on the part of hospitals and their personnel.

Sudnow, Glaser and Strauss all point to organizational requirements as a means of explaining the treatment accorded the dying. Glaser and Strauss, for example, underscore the importance of composure in the functioning of the organization. They reason that hospital personnel remain uninvolved with the dying because involvement might threaten their composure, thus undermining their performance. While such an explanation is plausible, it is deficient to the extent that it assumes that the poor treatment accorded the dying is particular to their condition. Certainly, it would seem that poor and deficient are terms

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[8]For an examination of the physician's problems in handling death, see Schulz and Aderman (1976).

that could easily be applied to the treatment accorded a vast number of hospital patients. In this regard, it is interesting to note that in even the happiest and most pleasant areas of the hospital (i.e. maternity wards), criticisms have been leveled against the treatment accorded patients (Shaw, 1974). Thus, the question that is raised is the more general one of care in hospitals rather than death care, per se.[9]

Support for such a view can be garnered from research on dying in settings other than hospitals. Marshall (1975), in a comparative study of death in homes for the aged and retirement villages, found that the organization of the locale was most important--that the impact of the recognition of death differs because of the differing ways in which dying careers in particular places are organized. In the retirement village he found death to be neither a taboo topic nor ritually separated from life. He found that it was planned for but also taken for granted and philosophically accepted (p. 358). In the nursing home, he found that death was marked by resignation rather than denial.

Further evidence against a shared, taken for granted stigma of death comes from Gubrium's (1975) study of a nursing home. He found that patients in nursing homes faced the possibility of death, although they were somewhat less sanguine about the dying process. While they hoped to avoid a painful dying, they did not deny or repress the reality of death. He found as well that little effort was made by the staff

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[9]The poor treatment which is accorded the dying by the ministry is explained by ministers' inability to deal with death. See Wood (1975) for evidence that the poor quality of ministering is more a result of the constraints of the situation--not enough time due to too many patients--than it is a result of ministers' problems with death.

to disguise death when it had occurred and that residents in the home talked perfunctorily about death in general.

This is not to argue that hospitals should be run like nursing homes. Certainly, it is no more desirable to have people look forward to death because of the deplorable condition of their lives than it is to have them deny death or refrain from conversations about it for fear of upsetting others. The point is that stigma alone cannot explain the current state of affairs nor is enlightened discussion of death sufficient to accomplish the task of reform.

Once dying has occurred, the stigma surrounding death is said to be most evident in the funeral where efforts are made to have the dead appear live or, at least, natural. Mitford describes such practices as a cloud-cuckooland where the trappings of gracious living are transformed, as in a nightmare, into the trappings of gracious dying (Mitford, 1963: 13). But the presence of such practices should not lead one to Aries (1974) conclusion that Americans are willing to transform death, to put make-up on it, and to sublimate it, and that the money earned by funeral merchants would not be tolerated unless they fulfilled a profound need. In speaking of need as the cause of invention, Aries raises the chicken and egg argument. He presumes that the funeral industry stepped into a ready made market rather than creating one for their wares--i.e. embalming and costly coffins--and that individuals have the knowledge and resources to arrange funerals that are very different from those offered by funeral establishments. Of course, such cannot be easily assumed since so many funerals are arranged in highly charged, emotional situations and since

so many survivors find that practices are "pushed" upon them as taken for granted essentials.

Nevertheless, even if individuals want ostentatious funerals and are desirous of having the dead look healthy, one cannot move from such desire to general inclinations with regard to death. As Baird (1974) points out, funerals may be used as status symbols or as a means of "keeping up with the Joneses." As such, what occurs to them may have less to do with disguising death than it does with enhancing social status and prestige. In any case, one cannot move from funeral practices to conclusions about death in American society so long as funerals are part of an industry committed to money making. Given such an orientation, needs can be created with the appearance of new products (see Mitford, 1963).

Bereavement

Whether or not death is accepted or acceptable in America, its occurrence poses severe problems for many who are bereaved. Here, we will be concerned with a more precise delineation of the factors affecting bereavement and of the consequences attending it. We will be concerned as well with the effect that suspension may be expected to have on this process.

Bereavement is generally considered to be a process consisting of three stages--shock and numbness, grief and readjustment. Shock and numbness are thought to pass easily and quickly but the distance between grief and readjustment is not seen as being so easily traversed. Those who have attempted to analyze this process and to advance reasons for

its duration have noted similarities between bereavement and illness. Eliot (1932) was among the first to recognize this relationship when he directed that bereavement be perceived as a major shock to the system which weakened it and, like other illness, required time before health could be restored. More recently, Parkes (1972) has made the same analogy. Focusing upon grief, he has noted that grief resembles a physical injury. The loss may be spoken of as a blow and, as in the case of injury, the wound gradually heals; at least it usually does.[10]

Providing explanations for the problematic transition to readjustment has been a central concern of social scientists. Lindemann (1944), for example, in a study of relatives of individuals who had died during a fire, found that grief was dependent upon successful grief work--the extent to which individuals could express and deal with their emotions. This finding, as well as his conclusion that successful grief work, was hampered by tendencies to avoid distress and its concomitant emotions, both on the part of bereaved individuals and the others with whom they associated, has been similarly documented in the more recent bereavement literature (Wallace, 1973; Glick et al, 1974; Marris, 1958; Lopata, 1973).

However, Lindemann found more reason for optimism than have present day researchers. He believed that successful grief work would occur and that once it was accomplished--which could occur in a few weeks--recovery and reintegration would follow. In a less sanguine vein, Glick et al. (1974) suggest that the death of a spouse . . .

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[10]There is an increasing body of literature which deals with the physiological effects of bereavement. See Schneidman (1976).

gives rise to a reaction whose duration may be measured in years rather than weeks. Such divergent perspectives may be accounted for by differing climate surrounding death today and by differences in the rate and place of death. Of course, that some of this research may be incomplete or incorrect cannot be discounted. Given the scarcity of research in this area no findings can be taken as conclusive.

Bereavement research has generally specified anticipation of death as an important determinant of successful grief work and readjustment. Lindemann first underscored the importance of this factor when he introduced the concept anticipatory grief. As he defined it, anticipation allowed the individual to come to terms with loss before the actual loss had occurred. While we are less certain that anticipation will lessen subsequent grief, we do believe it to be important to adjustment. For example, the knowledge that the death of another may soon be at hand may lead the survivor to a redefinition of his/her role. He or she may become proficient in tasks which were previously outside his/her sphere of activities. Especially when the soon to be bereaved is a woman who has engaged in traditional tasks, changes in dependency patterns may occur which force her to enter the process and act of decision making.

Anticipation, however, may act as a double edged sword. It may encourage some to acquire new skills, but it may also act against full "social" recovery. The changes in role which come from anticipation of death and care giving are not without problems. Prior knowledge of death is a hindrance to the extent that the soon to be bereaved isolates him/herself from others who will later be needed as interactive partners.

When this occurs, later grief work is hampered (Sheskin and Wallace, 1976).

With regard to such interactive patterns we might expect that Cryonic interment would have an impact on grief work. For example, a bereaved person who is shunned by former friends and associates may try to use the group as a vehicle for social participation or may try to befriend particular members of it. In this way, the isolating effects of bereavement may be ameliorated.

There are other benefits, as well, which might be expected to accrue to bereaved individuals as a result of Cryonic interment. For example, the shock and numbness which mark the early stage of bereavement are often overwhelming and incapacitating to the bereaved person. Because so many funeral arrangements are handled or guided by professionals there is often little reason for the bereaved individual to shake himself from this state. However, when one wants to suspend a relative, he cannot leave the details to someone else as there is no one else who can do it for him. Thus, Cryonic interment requires involvement--from contacting the Society to ensuring that ice packs will be applied at the moment of death--on the part of survivors if suspension is to be successful. Given this necessary involvement, it seems unlikely that the bereaved would allow shock and grief to get the best of them.

However, the course of bereavement is not solely affected by external factors. Current research on bereavement focuses on perceptions of what has been lost rather than upon death itself as an explanation of bereavement patterns. Thus, the character of the relationship preceding death as well as the perception on the part of the survivor

of what he has lost and what the deceased individual has lost are all important ingredients in the bereavement process. In this regard, Marris (1975) has noted that when the dead person has been . . . the keystone of life, the whole structure of meaning collapses when the keystone falls. He suggests that the intensity of grief is related to the intensity of involvement which preceded the death.

The important point to be remembered is that death is not necessarily accompanied by feelings of loss or symptoms of grief on the part of survivors. The death of a much loved but elderly person may cause sadness for survivors but when this sadness is coupled with an awareness that the individual has had a long and fruitful life, we should not expect survivors to undergo a torturous bereavement. Similarly, there are cases where individuals are socially dead--in the sense that they have eliminated themselves or been eliminated from pre-existing social networks--long before the time of their physical demise. We would expect that deaths such as these elicit few emotions--because in fact nothing has been lost-- or that they would be coupled by feelings of relief on the part of survivors that their burden has finally been lifted. Thus, quite apart from social supports and rituals or the social climate surrounding death, the occurrence of bereavement as well as the course it takes may be affected by social psychological variables such as relationship with the deceased and perceptions of loss.

It is here, after noting the importance of relationships in bereavement, that we can consider some of the consequences of Cryonic interment on bereavement. On the face of it, Cryonic interment would seem to offer a very different bereavement pattern--regardless of the

previous relationship. Even where death signifies only the end of a relation rather than a relationship, we might expect that the presence of a physical body which can be visited and viewed, and for whose upkeep one must pay, and for whom there is at least some hope for restoration, would have an impact on bereavement patterns.

But, it is especially in cases where the individual feels a great deal has been lost that we may expect to see the greatest impact of Cryonic interment on bereavement. To the extent to which individuals continue to maintain a relationship with the deceased, he is not totally dead. By this, we mean that his influence continues to be felt after death and that there is some attempt on the part of the survivor to maintain a relationship.

CHAPTER IV

BELIEF SYSTEMS OF CRYONICISTS

I. INTRODUCTION

While sociologists have noted the multiplicity of ways in which realities may be constructed they have, nevertheless, maintained that there exists in every society a stock of knowledge which is generally shared, assumed to be true and taken for granted.

The inevitability of physical death and the individual's ability to do little but stave it off for a limited period of time may be seen as an integral part of the common stock of knowledge about the world in contemporary society. Berger and Luckmann (1969) have noted in this regard that "time in everyday reality is continuous and finite . . . that knowledge of inevitable death makes time finite for the individual . . . and that common assumptions tell us that we cannot reverse at will the sequences that time imposes." Further evidence of the taken for granted status of death can be seen in the fact that even those groups who have been most intent on attaining life extension have concentrated only on discovering a mechanism which would increase one's healthy years before death occurs. Thus, in the twentieth century, we have seen proposals from "youth doctors" for cell therapies, hormonal injections and, among other things, proper diets based on yogurt, wheat germ and molasses.[1] All these proposals, however, have been predicated

[1]Others who have quested after immortality are religious believers. But they too have accepted and, in some cases, even welcomed the

on the basis of a living, breathing individual and all too have assumed that death marks the end of life extension possibilities.[2]

Members of Cryonics provide us with a belief system and a practice which challenges the most intransigent of physical realities--the reality of death itself. Their beliefs stipulate that immortality (in the sense of indefinitely extended life) is technically attainable; that it is practically feasible and does not raise insurmountable problems; and that it is desirable from both the standpoint of the individual and the society (Ettinger, 1964:xxi). Integral to the belief system too, is the view that suspension at least offers a chance for a future which is irrevocably denied to individuals who "let the worms get them." So, even if suspension eventually fails, there is no other alternative but to try it, since it offers the only hope. This chapter will be concerned with why and how individuals came to believe in this different reality of death, the impact of such beliefs upon them and the ways in which belief was maintained.

II. LEARNING ABOUT CRYONICS: ATTRACTION TO IT

In discussing the ways in which information can be conveyed, Lofland (1966) has distinguished between embodied and disembodied access. The former refers to face to face contacts, while the latter involves

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inevitability of physical death. Unlike believers in Cryonics, their immortality involves the soul and is to take place on a metaphysical plane.

[2]For a survey of efforts to attain life extension, see Grumann (1966).

cases where individuals receive information through impersonal sources, such as the media. For nineteen of the twenty-seven persons who decided to be suspended, knowledge of Cryonics came through disembodied access. However, the absence of such personal appeals did not dull their reaction to the idea. These individuals described their reaction to Cryonics in enthusiastic terms.

> Immediately we were completely sold. We were delighted with the idea. We didn't hesitate about it for one minute (Gold, Int 1, 1974).

> First I saw an ad in a science fiction magazine. I wrote away and got some literature about it. The idea was fascinating. It seemed just right for me. I had always felt that I'd somehow outlive any disease that came along--that the cure would come before I caught it. So Cryonics seemed very logical. In the event I didn't happen to live until a cure came, I'd escape by another means of treatment (Turner, Int 1, 1974).

> As soon as I read the first piece of literature, I immediately, that instant, felt this was for me. I felt it was entirely logical. Exactly what I had looked for without putting it into words. I felt it in an instant--this is so obvious--how can anyone not do it (Forest, Int 2, 1974).

> I thought it was an ingenious idea. I didn't know then nor do I know now what the likelihood of its working is at the present. There's a low probability that someone frozen now would be thawed eventually. On the other hand, the alternative has zero possibility. More fundamentally, I believed for a long time that dying is the worst thing about life and that anything we could do about it would be good. This was the first logical thing to come along (Rose, Int 1, 1974).

> My first reaction to it. I thought it was just great--without thinking of the details of it. The fact of just possibly coming back was a fantastic thing regardless of what did come about. Of course, I never thought of death before. But this eased my thoughts about it when I let myself think of it (Jackson, Mrs., Int 1, 1974).

Only three persons who eventually decided to become suspended were initially hesitant about it. It is interesting to note that these respondents learned of Cryonics through embodied access--through marital partners and friends. As such, their initial disdain was subject to the

enthusiasm and persuasive efforts of others. One man, who learned of Cryonics through a friend and was slow to accept it, said of his change of mind:

> My friend said what do you think of this and I wasn't too interested at the time. It was extremely way out and I didn't pay too much attention to it. My wife was interested so we all talked about it again and she kept telling me how great it was. After awhile I began to change and to think wow, this is really something. I didn't believe it at first. I thought there was a catch. But then I saw the facility and saw that they really had frozen bodies and I was really impressed. Then the whole idea began to register and I thought it could very well be (Jackson, Mr., Int 2, 1974).

Finally, Mr. Jackson came to accept Cryonics. In describing it there is little difference between his comments and those of individuals who were attracted from the first. He said:

> I know that the idea is great. I know that it will work. I can't see any reason why a person would want to be buried in the ground and rot and deteriorate or be burned up to nothing. I mean if there's a chance at all. Life is a chance. Life is a gamble. You never know what's going to happen and I always say who the hell wants to die (Jackson, Mr., Int 1, 1974).

Another marital partner who changed her mind about Cryonics said:

> In the beginning I thought he was nuts. I used to laugh at him until I became involved in it and then I realized it was really something.
>
> WHEN DID YOU REALIZE THAT?
>
> At the first freezing I saw the realities of the whole thing. I went to the funeral and here this boy was dead. His mother was there and there were a lot of people but yet there didn't seem to be the terrible feeling that's at a funeral. It wasn't a joke then. It was then that I realized that it was something that really was being done to people and they were taking it seriously and that you could come back to life. I recognized the possibility then (Brown, Mrs., Int 1, 1974).

As we have noted, the sentiments of those who were initially hesitant about Cryonics soon proved indistinguishable from those who were immediately attracted to it. On the one hand, we might attribute this to the importance of social networks in facilitating belief. Those who have

worked in this area have continually stressed the importance of personal ties in determining whether non believers come to "see the light" (see Gerlach and Hines, 1970; Turner and Killian, 1972; Harrison, 1974; Lofland, 1966; Festinger, 1956).

But social networks and interpersonal relations are not sufficient to explain the appeal of Cryonics since most believers were attracted to it apart from a supportive network and in two cases, believers were unable to affect their marital partners. One who was unable to convey her belief to her husband said of him:

> My husband is just one of the negative people. I finally decided to leave him alone and let him be happy. He follows mass psychology. If the mass won't do it, he won't either (Gold, Int 1, 1974).

Another said of her husband:

> We've talked about it and I've tried to get him to understand, but I guess that's his religious belief--that when he's dead, he's dead. I said, look if you want the worms to get at you, fine. I don't want them to get at me. I think people have been brainwashed in the respect that when they're dead there's no bringing them back. They think of being brought back in terms of a zombie. There really isn't anything you can do about people like that (Fried, Mrs., Int 1, 1973).

To account for the varying effects of social networks in conveying belief, we must examine the basis of the appeal of Cryonics. Among the immediate believers and the eventual believers there were few differences with regard to Cryonics. For example, the hesitators were not unsure because they questioned the aims of Cryonics or because they were in favor of current modes of death disposition. Instead, their objections were practical ones--i.e. could Cryonics work? Individuals who were attracted to Cryonics shared particular feelings about death. Their comments, for example, are filled with remarks about not wanting

the worms to get them. In contrast, respondents reported that those who were never to believe in Cryonics had strong feelings against resuscitation and preservation.

Cryonicists did not want death to mean the end of life. Thus, whether individuals immediately believed in Cryonics or whether their belief emerged as a result of the persuasive efforts of others, a particular orientation towards death was shared. Without this orientation--without the desire to do something about death-- persuasive efforts and social networks could not be successful.

Given the positive and instantaneous reactions of respondents, one is tempted to compare their reception of the idea to a religious experience. If the world did not change for them as a result of this knowledge they could, at least, do something about death or, at the very least, they could believe that something might be done.

But, while it is tempting to compare knowledge of Cryonics to being struck on the head and having the ensuing visions change one's life, this is not in accord with the interpretation of those who have had the experience. For them, rationality and logic are the keystones of the experience. In questions where belief was referred to, the characterization was amended by some respondents as its being "not belief but based on the facts as we know them."

In stressing the rationality of their belief, Cryonicists enumerated the factors they considered before deciding upon suspension. They maintained that while they immediately believed in Cryonics, they

did not plunge into the practice without careful consideration.[3] However, in focusing upon accounts of the decision making process, we see that few factors were considered and that problematic issues were resolved in favor of Cryonics.

One respondent, who got a job in a tavern across from the Society's facility in order to check on the individuals involved said:

> After I read the book, it seemed like a very interesting concept. It put me back into medical books and after some reading, I decided it was feasible. Then the next thought that occurred was, was it a hoax? There was only one way to find out and that was to become involved.
>
> WHILE YOU WERE WORKING AT THE BAR, WHAT WERE YOU LOOKING FOR?
>
> I wanted to meet the people who were running it so I could check them out and see whether they were a bunch of con men or just regular people who were latched on to the idea. They were not con men. They would suggest that people take out a policy through their own brokers and there was no way that they were going to make a buck out of it. They were legitimate people--who were not going to make a buck out of it (Green, Int 1, 1973).

> It took me a number of months to decide to go ahead. But while I was thinking about it there was no doubt in my mind. The logic of Ettinger's thesis was such that the only doubts I had were in the way that people were going about implementing it. I went to a meeting and found that it was a normal setting. The meetings were friendly and the common denominator was that they didn't accept the idea that people had to die (Turner, Int 1, 1974).

> The only concern I had was to be able to afford it and hoping that if the money ran out that I wouldn't be drained and thrown out of the capsule. I also worried about someone bungling the job and coming back half vegetable. I also realized that if I came back I'd still have to cope with another time, another place and flat broke with all my talents obsolete and have to have the courage to say well, let's roll up our sleeves and dig in (Ford, Int 1, 1974).

> I know the one big thing was do I really want to come back one thousand years from now or do I want to live now and have it over

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[3] All respondents who wanted to be suspended maintained that they did not immediately make suspension arrangements after learning about Cryonics. While their desire for suspension may have been immediate, they said that some time passed (usually about six months) before they began making suspension arrangements.

> with. It all comes back to that--would I know anyone or would I just be one of the ones in the pioneering stage that was frozen? Would I be able to start life again? Would they be able to make me young again or if I died at sixty, would I come back at sixty (Pinckney, Int 1, 1974)?

From these remarks, we see that three issues arose with regard to suspension decisions--technical arrangements and the credibility of suspension practitioners, finances, and the type of future which would await the resuscitated patient.[4] These issues were not and could not be resolved on the basis of empirical evidence since no such evidence was available.

Respondents, however, were undeterred by lack of proof. They accepted Cryonics because they believed it to be their only alternative and because they believed that scientific progress would ameliorate present deficiencies. So, while individuals maintained that their decisions were based on facts, their explanations stressed that they were willing to take a chance, before all the facts were in. The following remarks are indicative of such a resolution among respondents:

HOW DID YOU RESOLVE THE ISSUES THAT WERE BOTHERING YOU ABOUT CRYONICS?

> Well, you have absolutely no opportunity to win a horse race unless you take a chance. According to the law I have to be dead anyhow to be frozen. They can't freeze me if I'm alive. If you're buried or cremated, there's absolutely no chance of coming back in the flesh. But at least if you're around physically, there's a possibility that you might be able to be put into action again. I'm sure that in the future I won't be a cog in a machine. If I thought I was going to just be maintained or turned out to go into a gigantic welfare state or out to a farm of freaks, I wouldn't do it. But I've adopted the view that you can put me anyplace and in a few weeks I'd be in the swing of things (Ford, Int 1, 1974).

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[4] Consideration of these factors was common to all who wanted to be suspended. They were also reported to be considered by two of the respondents who were suspended.

> I just decided that whatever happened would happen. If they ever brought me back, whatever position or situation I found myself in, I would try to resolve it at that time. Not worry about it now. Just like I'm not going to worry about when I might exactly need the service. You know, I'll cross that bridge when I come to it (Glass, Int 1, 1973).

> Well, I knew everything would be different but I figured that a whole bunch of people being suspended in a decade or within the same two decades they'd be pretty much alike if they were all resuscitated at the same time, no matter what year in the future it would be. I figure space colonization will have occurred by then so there'll be a new earth for us old fashioned people if the world is too much for us to cope with or vice versa. Anyway there probably will be some options with this. If you're brought back to a world you don't like you'll be able to either kill yourself--terminate it all--or jump back in the capsule for another twenty or thirty years until the world is more to your liking (Green, Int 2, 1974).

And finally, another respondent said:

> The decision was made pretty quickly--even when I wasn't sure about everything the Society was doing. I just decided yeah--why not (Feldin, Int 1, 1973)?

The religious characteristics of respondents are also important in understanding their attraction to Cryonics. Twenty-five of the twenty-seven individuals who wanted to be suspended said that they were atheists or agnostics. These individuals had formerly practiced either Judaism, Protestantism, or Catholicism. In repudiating their former religions, they also eschewed the visions of afterlife and belief in an eternal soul which went with them. In this regard, acceptance of Cryonics offered their only salvation--a salvation which was based on science and which was to be attained on earth because no other universe for salvation was acknowledged to exist. The following remarks of one respondent were representative of the sentiments of other atheist and agnostic Cryonics believers. He said:

> I probably wouldn't feel this need for Cryonics if I were really superstitious enough to believe that I were going to live forever

> in the way that the Bible written several thousand years ago envisions. If I were to believe that my self awareness was going to exist forever than I wouldn't find it necessary for me to exist forever on earth. Then I could probably view my life on earth as temporary and transient and as simply moving from one stage to another. But I don't believe that. To believe the religious view would mean faith in something regardless of evidence to the contrary. Belief in Cryonics and science means faith in something with evidence that agrees with that faith. It definitely does not require a suspension of reason (Cane, Int 1, 1973).

Only two respondents who wanted to be suspended were not atheists or agnostics. Both were practicing Catholics who maintained their belief in the soul and an afterlife. They were able to accommodate themselves to Cryonics because they believed that their souls would be suspended with them until they were resuscitated. In the event that resuscitation failed, they thought their souls would then be directed to their proper resting places. Obviously, for individuals to believe in Cryonics so easily and to so readily decide in favor of suspension, Cryonics beliefs must have had an important impact on their lives. It is to this impact--to the effect of Cryonics beliefs on believers--that we now turn.

III. IMPACT OF CRYONICS

As we have noted, Cryonics believers had a particular orientation towards death which preceded their knowledge of Cryonics. Respondents described themselves as always hating death or as having premonitions that something would be done about it so that they wouldn't have to die. Cryonics sanitized death for these individuals. In place of deterioration and worms was preservation and substituted for dirt and ashes was what

they hoped would be "rows and rows of gleaming capsules in a clean and shiney laboratory."[5]

However, all this is not to say that Cryonicists were individuals who devoted their time to thoughts of death and dying and their energies to circumventing death related activities. Only one respondent, for example, refused to attend funerals and wakes and one other had refused to consider life insurance prior to Cryonics because he "didn't want to think about death." But, while respondents were not fixated upon, or preoccupied with, death, Cryonics filled a need for them. In believing they gained solace with regard to death. It was no longer stigmatized and could now be mentioned without arousing feelings of distaste. Evidencing the feeling that Cryonics allows you to do something about death--to be actively involved in combating it--the President of the Society said:[6]

> Before I got involved in this, I was mixed up in the bomb shelter business. At the present time you have an inevitable threat--you just don't know when you're going to die. The same thing with the bomb--but the time is past doing something about that. Freezing is the first and only positive thing that somebody can do when somebody dies. That's why people get into it. Because it's something positive you can do (Brown, Mr., Int 3, 1974).

In the remarks of the following respondent, we can contrast feelings about death before and after knowledge of Cryonics.

WHAT KINDS OF THOUGHTS DID YOU HAVE ABOUT DEATH BEFORE CRYONICS?

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[5]For a discussion of the sanitized aspects of experience in American culture, see Henry (1963).

[6]The following remarks represent sentiments common to all those who wanted to be suspended. Of the twenty-seven respondents who wanted to be suspended, all expressed the belief that Cryonics allowed them to deal with death.

Not very many. I never really contemplated death. Death was only due to something that could be seen in a Western. The actual phenomenon isn't something that strikes you till later on.

HOW DID IT STRIKE YOU LATER ON?

As something that's inevitable but frightening none the less. Obviously it wasn't a source of constant woe but one would think about it as everyone does. You realize it's not a very happy thing to look forward to.

HOW WAS IT FRIGHTENING?

Well, it's the obvious end with no answers. No one has even known what it's like. Describe it to me. You can operationalize your definition but you can't operationalize death. Is it a dream or is it extermination? These are the frightening aspects.

WHAT EFFECT DID CRYONICS HAVE ON YOUR THOUGHTS ABOUT DEATH?

Well, obviously it tends to be a panacea of sorts--realizing that if you do go there's always the chance that gee, I'll be brought back. And I'll only think of it (death) as a dream. You know, I'll be asleep for an hour and then come back. So in that sense, it's comforting. And it's also playing a part in something. When one's life is going about in circles of career and family, it presents one with the opportunity to do a little bit more (Glass, Int 2, 1974).

It's not that death is more comfortable now but it's more palatable. You know it's going to happen--sort of like going to the dentist. Realizing that he has novocaine is somewhat of a relief. You know he's not going to go looking around without any kind of security blanket. This (Cryonics) provides the security blanket. Knowing that when your time comes there's not that definition of helplessness. There's the possibility--however slim it might be that you might be the one who's brought back and returned. And that's very comforting (Hunter, Mr., Int 1, 1974).

From these remarks, it is apparent that Cryonics allows individuals to deal with a phenomenon over which they had not previously exercised control. Belief in Cryonics meant that death could fall within the province of rational activities. As such, because it could now be understood, it was no longer an occurrence to be feared or avoided. The impact of such control for respondents cannot be underestimated. From their own accounts we can see that it was an important factor in determining their belief in Cryonics. One respondent said of it:

It was very relieving to me. The minute I heard the concept and the possibility of it. It was an immediate relief. You could say

> that I wasn't afraid of death anymore. Not that I sat and thought about whether I was afraid but this was easing.
>
> HOW WAS IT EASING?
>
> The possibility that it (death) wouldn't be final. Prior to that, I never thought about it or I'd never let myself think about it because it would be so permanent and I didn't want to let myself think about it in those terms. So Cryonics brought me a long way because I could talk and think logically--or discuss death with people--which I had never been able to do. It eased me just to be able to talk about it (Jackson, Mrs., Int 1, 1974).

Another respondent found that Cryonics advanced death so far into the future that he no longer had to worry about it in everyday life.[7] He said:

> For myself, I'm very pleased about the whole thing. It changed my ideas about death. It has given me a better feeling.
>
> HOW HAS IT DONE THAT?
>
> I know that my death is still an eventuality but when I think about it I think it's different than before. If I think about it that's when I start to think about Cryonics. I guess that if I do start to think of death it's always in the future--death is never imminent. And, of course, then it's always with the idea that I've got Cryonics. There's that old optimism again and the sense of adventure. You have a happy feeling about it that was never there before (Jackson, Mrs., Int 1, 1974).

Finally, another believer said:

> I feel somewhat more comfortable, smug and self satisfied about death. I feel somewhat secure in that I know that Cryonics will serve as a last resort. That if science fails and I no longer can outlive every disease before they are cured that it's not the end. That some potential for life still exists. That there's some last refuge that I can fight death tooth and nail and never have to say that I've given in. Because even if I'm suspended with damage and they can't cure me in one hundred years, there's always the next century to look for. There's always a more distant future and being in perfect suspension there's always the possibility of waiting until they get around to you. Obviously, I don't view this with certainty. Nothing in life is certain. All we can do is try to extend the range of possibilities in our favor. And I think I've helped extend it from zero to something above zero. It makes me feel considerably more comfortable (Turner, Int 2, 1974).

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[7] Twenty-three respondents who wanted to be suspended expressed similar sentiments. Four others thought their deaths might be a more immediate possibility.

It is interesting to note that while Cryonics had an impact on individuals with regard to death, this impact did not extend to other areas of life. It did not, for example, lead to better health practices (i.e. jogging, efforts to stop smoking) or to a conscientious effort to avoid risks and accidents so that the time before one needed suspension might be increased. This seems surprising as one would expect individuals who did not want to die to be actively engaged in avoiding or forestalling death. That this did not occur may be further evidence of the importance of Cryonics beliefs to respondents. Once belief in Cryonics was established, death was taken care of and there was little need for believers to think about death or do anything else about it. From their perspective, they had done all they could and they could stop worrying about it. In short, the solace which followed belief in Cryonics was such that it obviated the need to do anything more about death.

We have noted the ways in which belief in Cryonics allowed individuals to "handle" death philosophically and the ways in which it aided them in facing the prospect of their own death. But, the efficacy of Cryonics beliefs was not limited only to individuals own deaths; such beliefs were also important in anticipating the bereavement which would follow the "death" of significant others.[8]

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[8]All of the twenty-seven respondents who wanted to be suspended believed that suspension made bereavement easier. One other, who did not want to be suspended, expressed similar sentiments. However, respondents qualified these sentiments by stating that individuals should not be suspended against their will. For example, even if one thought his parents suspension would be easier to bear than their burial, a Cryonicist would believe it to be wrong to go against their wishes. A recurring remark among respondents was that people have a right to decide

HOW DO YOU THINK THE SUSPENSION OF A RELATIVE AFFECTS SURVIVORS?

I think it would be far easier for me. Because let's face it, if someone is put in the ground to rot, that's emotionally very frightening. If you put him in a state where you have a certain amount of damaged cells but not cells that are totally obliterated, at least you can feel that you're trying to do something. You haven't abandoned the person. And if it doesn't work the guy is no worse off. I think emotionally it would help a great deal. It would take the edge off the finality of it. I would say well there's hope and as long as you can cling to hope it's not the same as a final break (Turner, Int 1, 1974).

Being Cryonically suspended leaves you with the feeling that the person is not really dead. So my wife, if she were suspended, I would feel a loss sure--but I wouldn't feel that deep sorrowful mourning because I wouldn't see her again. I'd feel that in a short period of time I would see her again (Jackson, Mr., Int 1, 1973).

This is one of the things I think about as a mother with my children. I would imagine one of the most horrible things would be to lose one of your children. I think the grief then would be very much lessened or soothed--maybe that's a better word--knowing that they were suspended and that they'd have a chance for a future life. To complete their life because as children they never started it

WHAT ARE THE FEELINGS YOU THINK PEOPLE HAVE WHEN THERE IS A DEATH AND IT'S FOLLOWED BY A BURIAL?

A great sense of loss. When you know the person has suffered badly, then there's a sense of relief and release but I would also say there's a lot of selfishness. In other words you think of someone's death who is very close to you in terms of well, I'll never be able to see that person again. I'll never be able to talk to him or her. Selfishness.

HOW DO YOU THINK THAT'S DIFFERENT WITH CRYONICS?

Because you can project better. It isn't such a deep sense of personal loss and selfishness. It's more uplifting in the fact that the suspended person can look for what they want (Hunter, Mrs., Int 1, 1974).

Of course, the positive impact of Cryonics on bereavement is operative only if individuals are suspended. In the event that suspension fails to occur, the grief which ordinarily follows loss would

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what is to happen to them once death has been declared. Of course, when no sentiments about Cryonics had been expressed, respondents felt that survivors had greater leeway in deciding to suspend their relations.

be compounded by disappointment and bitterness that a loved one has lost his or her chance for increased life.[9] One respondent, commenting upon how she would feel if her husband was not suspended said:

> I think then that the grief would probably be tenfold because it would not only be a sense of personal, selfish loss, but I would sense his sense of loss so deeply. I guess I've thought about this but I haven't talked about it. I think it could be devastating. If I lost my chance then I wouldn't know. But, if I were alive and knew he'd lost his chance, that would be horrible (Hunter, Mrs., Int 1, 1974).

From these remarks we can see that belief in Cryonics holds great promises but that the promises are accompanied by risks.

IV. MAINTAINING BELIEF

Until this point we have explained the "why" of belief in Cryonics. Now we will attend the "how"--the circumstances through which belief was maintained and the reasons for its maintenance. Consideration will be given to the tribulations which belief withstood and in doing so we will illuminate the non disconfirmable nature of belief. Keeping in mind the impact of Cryonics on believers and the potential of greater grief and sorrow if relatives are not suspended, one would assume that individuals desiring suspension would do everything possible to secure suspension provisions and that the lack of such provisions or the inability to make them would be a source of discomfort which would ultimately undermine belief. Such was not the case among Cryonicists.[10] All acknowledged

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[9]This sentiment was common among the eight individuals who planned on suspending a marital partner or a child.

[10]In this regard, only one respondent wore a medic alert bracelet and two others carried medic alert cards in their wallets.

that their provisions for suspension were inadequate but while they were unhappy with the situation, their unhappiness did not affect their belief in Cryonics nor did it stir them to make more secure arrangements.

> I SEE YOU DON'T WEAR A MEDIC ALERT BRACELET.
> I don't have any faith in that. If I was to drop dead somewhere and no one knew about Cryonics, I guarantee that bracelet wouldn't do any good.
> WHAT STEPS HAVE YOU TAKEN TO INSURE THAT YOU'LL BE SUSPENDED?
> An insurance policy but that doesn't insure anything. You have to have someone there who's going to do it. You can take all the insurance policies you want and in a couple of years they're not going to be worth anything. You can't insure your own suspension (Brown, Mrs., Int 3, 1974).

> WHAT KINDS OF ARRANGEMENTS HAVE YOU MADE TO INSURE YOUR SUSPENSION?
> I stayed alive and besides that I obtained an insurance policy which has lapsed because I'm not sure there's an organization to leave the money to. I guess then I really don't have any real arrangements (Ford, Int 1, 1974).

> The basic elements are ready. I have this (medic alert card) in my pocket. But I often wonder whether anyone will look for it. I hope they'll find it. And I have to trust that it will be followed up. If someone would say to me when you're ready, the President of the Society will be there--I would make him the executor right now. I really don't know who to turn to. I wish there was a foundation which could be depended upon to carry this out. Something like the Red Cross--the pillar of the community. But there isn't any foundation I can turn to (Bass, Int 1, 1974).

In addition to recognizing the inadequacies of suspension provisions, respondents recognized that there were a number of circumstances whose occurrence would further undermine the likelihood of suspension--i.e. accidents in far off places, extensive brain damage. In their ruminations about such circumstances, we see the ways in which Cryonicists dealt with doubt.

> HOW DO YOU FEEL ABOUT KNOWING THAT YOU MIGHT DIE AND NOT BE SUSPENDED BECAUSE THE FACILITIES ARE NOT AVAILABLE?
> I'm not terribly uptight about it--just very disappointed. I still feel that I'm not going to be hit by a truck, that I'm awfully healthy. I'm in no imminent danger of death. I feel that I'm going to live until they find a serum that reverses aging. It

> bothers me intellectually but emotionally it doesn't because I don't feel I'm on the brink of anything (Turner, Int 2, 1974).
>
> There really isn't anymore discomfort than if arrangements were all made. I really expect to be around for a long time. I don't envision my own death at all. I'm healthy and youthful. I can't imagine any illness that would cause my death soon. I feel that by the time I'm ready to go, problems that now exist will be resolved.
>
> WHAT ABOUT ACCIDENTS?
>
> I feel I have a limited control over my environment and I look at both sides of the street before crossing, so I simply feel like everyone else--that accidents won't happen to me (Glass, Int 2, 1974).
>
> I'm not that old. I'm only forty-five and I don't visualize myself needing Cryonics soon. My father died when he was sixty-two and I feel that I have at least that long to go. I figure when I'm sixty or so I'll get popping about having secure arrangements (Bass, Int 1, 1974).

In effect, doubt is dealt with through denial and optimism--denial that suspension will be needed very soon and optimism that something will happen to make it available when it is needed. In any case, a decision in favor of suspension seems to obviate the need for any further thoughts about it. As one respondent put it, "It's a topic I don't think of. It's taken care of. I've made my decision" (Wilson, Int 1, 1973). The question then is how beliefs could be maintained and doubts neutralized in the face of damaging evidence and contingencies which undermined the likelihood of suspension occurring.

First, we must note that beliefs were not easily disconfirmed because of the impact Cryonics had had on individuals. Through their belief, individuals had gained the ability to deal with death and face the prospect of bereavement. Since such phenomena had previously been a source of discomfort, individuals had a stake in Cryonics. If belief was undermined, it was likely that death could be a problem again.

In guarding against the undermining of belief, Cryonicists engaged in practices common to all--selective perception and interpretation of events. As a result of such processes, damaging evidence did not always exist and when it was recognized, it was not seen as particularly potent. We have seen, for example, that believers neutralized damaging evidence about Cryonics by divorcing the service and its practitioners from the idea and ideal of Cryonics. As such, even in the face of Society debacles, belief in the efficacy of Cryonics remained untarnished. Concomitantly, the inadequacies of suspension arrangements and doubts about one's suspension were neutralized by discounting the need of the service. In this vein, we have heard believers claim that they did not expect to die soon or that they were very healthy now or that something would happen to improve the service before they were in need of it. It is also important to note that Cryonicists did not have to divorce themselves from the world to maintain their beliefs (see Kanter, 1972; Festinger, 1956; Coser, 1974; Lofland, 1966), nor were their beliefs maintained solely by discounting or reinterpreting evidence advanced against Cryonics. Instead, existing scientific developments were seen as confirmation of their faith. Cryonicists used recognized and often prestigious events in the everyday world to bolster their belief. Cryonics Reports, for example, was studded with headlines and stories favorable to Cryonics. Among them, the report of Dr. Suda's (1966) freezing and resuscitation of a cat's brain was most often cited as evidence of the efficacy of Cryonics. In this experiment he perfused a cat's brain with glycerol and kept it suspended for 203 days. After reviving the brain, he found that it registered almost normal electroencephalograph readings, thus concluding that a lack of oxygen is not

necessarily fatal for brain cells. From this, Cryonicists see great hope for the freezing of humans.

Of course, believers were not limited to reports of laboratory experiments in their journal. The popular press was also filled with tales of scientific feats such as heart transplants and moon trips--all of which were considered evidence of the wonders of science and the potential greatness of Cryonics. It was reasoned that if such feats were possible, then resuscitation would one day be possible too. The following respondent, commenting upon the wonders of science, is representative of other Cryonics believers in his views.[11] He said:

> It's not a question of whether science can do it. With time, it can do anything. Instead, it's a question whether people in power will let them do it. There isn't any reason to think that science can't do this too (Mano, Int 1, 1974).

The Cryonicist's ability to use science as justification for, and confirmation of, beliefs can be traced to a particular view of science which holds that all things are possible with science and technology. At the very least, this is an uncritical view in that only the positive aspects of science and technology are stressed. The negative consequences of either are attributed to human error. One respondent gave an example of such thinking when he said:

> Technology can only get better. Technology is only limited by the human being and his thinking. I truly believe technology will be able to do this. The only problem with science and technology now is that it is determined by the dollar. Because of this, technology hasn't been used to the fullest. Eventually, technology will be able to solve our problems (Lane, Mr., Int 1, 1974).

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[11] All respondents remarked upon and were convinced of the problem solving capabilities of science. Two respondents who did not believe in the methods being used by the Society to suspend people did believe that science could ultimately perfect the process.

Of course, this view seems far removed from the realities of scientific research. Scientists are neither as value free or objective as Cryonicists would have them nor do scientists believe science capable of all wonders. Nevertheless, Cryonicists maintain their views by postulating science as a sort of reified abstraction whose powers are restrained only by insufficiently farsighted persons who, at any given time, serve as temporary barriers against the inevitable and insurmountable tides of progress.

Such a view of science is the essential mainspring in the Cryonicist's belief. It refers questions and objections to Cryonics to the future and since the future cannot be foretold, the Cryonicist's view of it is as valid as the naysayers. In fact, one could argue that the Cryonicist's view has greater cogency since the history of science is one where feats--which had previously been discounted--have finally been accomplished and taken for granted as natural occurrences.

With their version of science and future redemption, the Cryonics belief becomes tautological. If future progress is to be the test of Cryonics and if the future is left undefined and infinite, then belief in Cryonics is truly non disconfirmable since no evidence of an eternal nature can be marshaled against it. In characterizing such beliefs, Borhek and Curtis (1975) have sought to measure their empirical relevance--the extent to which they confront the empirical world and avail themselves to test. They have noted, in this regard, that to the degree that beliefs lack empirical relevance they shift attention away from problems in this world to problems in some other world. By this definition, we can see that Cryonics beliefs are of low empirical relevance, with the future being the world to which problems are referred. A belief system of this

type is easily maintained for, as Simmons (1966) has noted, to the extent that beliefs are non empirical or non testable, they remain value premises which are susceptible only to the persuasion of competing value premises. As such, the arguments of any one person--even a person of higher status or education--are no more valid than anothers.

Finally, we must note that while the Cryonics belief system was cognitively adequate--in the sense that it could not be disproven by evidence--there was little in the belief system or in the way in which it was accepted that would promote continued allegiance to a Cryonics organization. In this, the beliefs of Cryonicists are different from those which have been the subject of sociological studies. For example, integral to many beliefs is the need for participation in a group so that the tasks which the belief ordains can be accomplished. When such participation ends, it is often taken as a sign that the group has failed or that belief has been attenuated among believers. Such was not the case in Cryonics.

While many believers were initially active in the Society, continued activity was not essential to the maintenance of belief.[12] Nor was group activity important in maintaining the beliefs of the three respondents who never attended any meetings. That belief could be maintained without continued participation in a group can be explained, in part, by the fact that the belief system did not specify particular roles for believers. Coupling this lack of direction with individuals'

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[12]Twenty-four of the twenty-seven persons who wanted to be suspended had participated in Eastern Cryonics or one of its splinter groups for a period of time.

beliefs that they could do little to affect the scientific aspects of suspension, group activity was not a major determinant in the maintenance of belief.

The importance of Cryonics was in the present and in its personal impact on believers. With belief, individuals no longer had to worry about death and could feel a part of the scientific revolution as well. All this could be felt without continued participation in the group.

When Cryonic ideas about technology are examined, we can see additional reasons why group participation was not essential to the maintenance of belief. Cryonics is seen as inevitable so long as science and technology continue to progress. As we have seen, progress is assumed by Cryonicists and this assumption contributes to the optimism which characterizes believers. As such, all things become a matter of time--a matter which will occur with or without participation in a Cryonics organization. Thus, even when participation in a Cryonics group had ended, belief in the efficacy of Cryonics practices can be maintained.

CHAPTER V

INFORMATION DISCLOSURE AND PERSUASION

I. INTRODUCTION

In the previous chapter we saw that Cryonics provided believers with new knowledge which they took to be rational and logical and which had a significant impact on their ability to deal with death. Given the attraction of Cryonics and the immediacy with which it was embraced, we are left to wonder what individuals did with their new knowledge. Convinced of its appeal and its "rightness" for Society, to whom was it conveyed, what reactions were elicited, and how were believers' disclosures and persuasive efforts affected by the reactions of others?

Sociological literature suggests that negative reactions rarely lessen believers' zeal in conveying information and that they may, in fact, intensify it. Concomitantly, setbacks in the achievement of believers' goals also rarely dampen their enthusiasm in spreading their knowledge. We can now examine the ways in which the careers of Cryonicists diverged from, or were in agreement with, those established by other innovators. In tracking such careers, we will examine the degree to which believers disclosed information about Cryonics and the extent to which they attempted to persuade others to become recruited to the cause. First, we will hear respondents describe their efforts at conveying information about Cryonics. Then we will explain the direction such efforts took.

While invoking the notion of career to explain persuasive efforts,

we wish to avoid any connotations of a deterministic bent.[1] Those who have objected to the concept have criticized its users for assuming a series of predetermined stages through which individuals pass once labeling has occurred. This is not necessarily the case.

The efforts of Cryonicists were affected by their interpretations of previous actions and reactions. At no time was the outcome of their efforts determined by the reactions of others. As such, labeling alone cannot explain their persuasive efforts. That uniformity could be found among respondents can be attributed to the fact that decisions and interpretations were made within the confines of similar social worlds--rather than to an inexorable force over which individual decisions had no bearing. Thus, while we chart disclosures and persuasive careers, particular attention will be paid to the ways in which commitment to Cryonics was weighed against existing commitments in ongoing social worlds.

II. TELLING OTHERS

Because individuals were attracted to Cryonics on the basis of science and rationality, they assumed that others would be too. Thus, after first learning of Cryonics, they took it upon themselves to freely communicate their new discovery. Parents, friends, co-workers--all were told about Cryonics, and, at least at first, believers conveyed information with little thought of negative reactions or possible stigma.

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[1]The notion of careers in deviance has received a great deal of attention. For an examination of the deficiencies of the concept, see Taylor, Walton and Young (1973). For an alternative view, see Goode (1975), and Becker (1973).

The ease with which respondents were able to accept Cryonics affected their perception of the types of response their advocacy would elicit. Most believers were not unaware that suspension carried some possibility of stigma but they believed that derision would come from only a small sector of the population. For example, those who learned of Cryonics through an Ettinger talk show appearance were alternately insulted and enraged by the treatment accorded him. About this, one woman said:

> When I saw Ettinger on television, I was very much annoyed. Buddy Hackett was on and said things about it and everybody laughed. So I thought here was this brilliant physicist talking to people who were responding in such a stupid, inhuman way. So I was very annoyed and very angry about it. But I thought that was what you had to expect with television (Gold, Int 1, 1974).

At this point, respondents failed to see how others could not accept the good sense of Ettinger's proposals so they attributed the treatment he received to talk show hosts who were obligated to make the practice seem outrageous or ghoulish in order to provide entertainment. Believers did not expect that their own advocacy of the practice would meet with a similar reaction among their own sets of friends and relations. Most importantly, they did not expect their belief in Cryonics to take on the characteristics of a master status--to become a major source of their identification by others.[2] That such was the case can be seen in respondents' descriptions of how knowledge of Cryonics was conveyed.

In the initial stages, we find that respondents were not

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[2]For an examination of this concept, see Hughes (1971).

concerned with proper times, places, or persons for the dissemination of their Cryonics beliefs.[3]

> When the idea hit me, I was so full of so called piss and vinegar about the whole concept that I came on strong. I told everyone I could about it. It got them thinking. But, they never said, Gee, that's a good idea. I couldn't understand that then (Jackson, Mr., Int 1, 1974).

Another respondent described his experience in a similar way:

> In the beginning, I was very much involved and like a good gospel leader, I thought the more people I told the word to, the more successful our compaign would be. So, just about everyone I knew I handed out some literature to (Glass, Int 1, 1974).

After spreading the word, individuals soon learned that their embrace of Cryonics was not to be universal. Commenting upon this new awareness, respondents said:

> After I told people about it, the thing that surprised me most was that people don't take their own deaths seriously. It's not a personal thing for them and they postpone really looking into it. That's the way most people think, so they really couldn't understand or be interested in Cryonics. It's only when you realize, gee, I could be turned off tonight, that you realize that you better do something. That's when you turn to Cryonics. But people don't want to deal with death (Green, Int 1, 1973).

> I thought everybody would grab the concept with the same enthusiasm I did. Really, it never dawned on me that they wouldn't. I thought it was just wonderful and I went in all bubbly. Then my sister said, don't even talk about it. With my family and friends, I thought that they should know about it. I couldn't imagine anyone not feeling the same way about it that I did. I understand now but I'm still surprised (Jackson, Mrs., Int 1, 1974).

> I'd tell people about it and ask them first of all have you heard about Cryonics. They would say no and that was a let down right away. And then I would have to explain what Cryonics was.

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[3]Twenty-seven respondents said that they freely conveyed information about Cryonics to others. Five others who had suspended relatives, said that they were more circumspect in their disclosures.

> It just didn't turn them on. For some reason, it just didn't hit them and it didn't make any sense to keep on going--to ask them if they wanted to sign up. I'd even bring out pictures and say hey, look at this. They'd look up and say that's way out, but I can't see it happening. They just wouldn't or couldn't understand what it was all about (Jackson, Mr., Int 1, 1974).

When initial disclosures did not elicit the expected reactions, individuals became aware of the negative labels which might accrue to them as a result of their Cryonics partisanship. They came to realize that some individuals were not only not interested in Cryonics but that they were also appalled and repelled by it and that such feelings could easily be extended from the idea to the conveyor of it. In their responses to queries about reactions to Cryonics, we can see the negative labels by which Cryonicists were characterized.

> When I talked to friends I would feel that I was looking a little foolish. In the early years it was a bit of a revolutionary idea but now everyone has at least heard of it. But you're still sometimes looked at as a complete nut when people realize that you're serious about it (Stevens, Int 1, 1973).

One respondent whose children told others in the neighborhood that the family was planning on suspension described the backlash in the following way:

> The other children went home and told their parents about it and we heard about it from the neighbors. I guess they assume that we're rational people so it seems to be all right.
>
> WHAT KINDS OF REACTIONS WERE CONVEYED TO YOU?
>
> It was at a neighborhood gathering and somebody would talk to somebody else and it would get back to us with what's the matter with Jill and John? Are they a little bit nuts or what kind of a kick is this? It was one of those things you can pass off and we never bothered discussing it since it wasn't a violent reaction. They just kind of look at us as oddballs. If we're invited to someone's house and they have friends we haven't met, we're not introduced as the couple that's interested in Cryonics but somehow it always manages to come up. We don't bring it up in front of others but people know about it and they tend to bring it up in front of people (Hunter, Mrs., Int 1, 1974).

Another respondent, recalling early discussions of Cryonics said:

> I used to bring it up at card games and fashion shows. The first time it happened was after Kennedy's death. With the burial and all, I just off handedly said I was going to be frozen. There was a lull at the table. Then I explained what it was and said I couldn't see being cut off from life. Then they said oh, you're nuts, you're crazy. I figure that I'll have the last laugh and I still sometimes mention it but I did stop talking about it after that (Fried, Int 1, 1974).

Finally, another respondent commented upon the labeling which took place when he discussed Cryonics.

> When people know you, things come up automatically. I'd make a remark and then say you know I'm into something great and then I'd tell them about it. There was usually a certain amount of interest but more often there was a lot of eye raising. A lot of people had the attitude that this was a pretty way out thing. Most people thought it was absurd--the same way that a lot of people probably thought Columbus was absurd to sail West to get East. There was a lack of recognition of the tremendous advances which have been made in science over short periods of time. When people can't see these things you just figure that you're better off not discussing it with them--especially when they resort to giving you strange looks (Glass, Int 1, 1973).

Cryonicists did not easily accept such negative labeling nor did they begin to acquire the "deviant" self image which is so often thought to attend it. However, in response to such reactions, they did become more circumspect in conveying information. While some respondents continued to give lectures in public gatherings, others--in personal settings--limited references to Cryonics to individuals they believed capable of understanding the complexities and potentials of Cryonics.[4] In effect, an ideal type was constructed with regard to Cryonics sympathizers. Describing the type to whom information was conveyed, respondents said:

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[4]Nine respondents continued disclosing information and participating in public forums. Eighteen others began limiting references to Cryonics.

> Occasionally I bring it up with people who are in the medical profession or medically oriented because I don't think the average person has enough intelligence to accept the whole idea. They think in terms of this being bizzare or science fiction--certainly not in terms of reality. In talking to people about it--prior to the time that I mention it--I judge their ability to accept suspension.
>
> HOW DO YOU JUDGE THIS?
>
> If the person happens to be a nurse or in medicine, I assume automatically that they've heard about it or that they're familiar with freezing different organs so they're open to it. With the average person, I try to see if they're open to discussion by mentioning other things first. Like I might mention organic foods--start off on a mild thing and go on from that.
>
> IF A PERSON SAID ORGANIC FOODS WERE RIDICULOUS, WOULD YOU DISCUSS CRYONICS WITH HIM?
>
> Probably not. If they could give me a valid reason for its being ridiculous then I might discuss it. But just saying no good--then of course not. If they couldn't discuss that idea then they certainly couldn't discuss this. If people can deal with things in life--if they're open minded enough to accept things that are unusual and unique then I talk about Cryonics (Bellamy, Int 1, 1974).

Another respondent phrased it in the following way:

> This isn't for the thirty-five year old housewife with a bandanna around her head. It's for the more inventive type--the type that isn't afraid of something new. That's what I look for before I tell people about Cryonics (Lincoln, Int 1, 1973).

Commenting upon the types of people she would not tell about Cryonics, another respondent said:

> There are lots of people I wouldn't tell. When I see how closed minded they are or how bigoted, I don't mention it.
>
> HOW CAN YOU TELL?
>
> You just can. Maybe it's an ESP type thing. You can tell that they are blinder type people. The kind who say this is the way it has always been and this is the way it has to be. Some people are just so afraid to break from tradition. These people wouldn't understand Cryonics (Nelson, Int 1, 1973).

In these responses we can see that Cryonicists characterized unresponsive audiences in much the same fashion as others whose beliefs and practices carry the potential for stigma (see Becker, 1963; Weinberg, 1968). There was a tendency to neutralize the objections of disinterested

others by attacking their intelligence or moral fiber. Those who disagreed, for example, were seen as too mundane or not intelligent enough to see the light or, perhaps even more damaging, too afraid to take part in something whose value they could not help but realize. In this way, those who are "different" acquire and maintain a self image as visionary and innovative rather than deviant.

Finally, in addition to not telling particular types of people about Cryonics because of the potential for stigma, conversation was limited by an awareness that death is not a topic that is easily broached with others. Commenting upon the perceived inappropriateness of such a topic, many respondents said:

> You just don't bring it out of the clear blue sky because then people look at you as if you're crazy. I wouldn't shock anyone with Cryonics because death is a subject that's not like any other normal subject that you would just discuss. It frightens a lot of people (Pinckney, Int 1, 1973).

> I don't really talk about it that much. At parties I sometimes bring it up if there are friends rather than acquaintances. It's not the kind of thing one talks about with strangers because death is the kind of subject that frightens people. It's something that they don't want to concern themselves with and I think they resent it when you bring it up (Stevens, Int 1, 1973).

By limiting conversations about Cryonics, respondents could believe that there was a latent body of support for the practice--at least among educated people. This allowed them to maintain that they rarely encountered negative reactions--although the reactions they described were hardly positive ones.

Cryonicists maintained that most people were intellectually curious about the practice. By characterizing responses in such a way the legitimacy of Cryonics as an intellectual undertaking was strengthened.

However, it is interesting to note that in characterizing responses as favorable, the parameters of favorableness or interested were expanded to cover a wide range of reactions. As such, anything short of "this is terrible" was characterized as an interested response. This was important for believers in that while they were willing to accept scorn or derision for their beliefs, they were not comfortable with the thought that others would not or could not accept Cryonics on rational grounds. As such, their images of themselves as in the vanguard of science was reinforced by bravery for having taken the first step.

In effect, Cryonicists attained the best of all possible worlds when they stopped telling others about Cryonics. They could believe that there was an audience "out there" who needed only to be reached for Cryonics to become a widely accepted phenomenon. At the same time, by keeping quiet about Cryonics, they took few risks and gained much; they escaped the jeers of friends, relatives and colleagues and gained the benefits which one accrues by holding secret beliefs. Respondents were also able to see themselves as better than others on the basis of their own intuitive acceptance of Cryonics. They came to believe--after a number of negative reactions--that suspension was not something about which others should have to be convinced. In reference to this final stage--the end of disclosure and persuasion and the justification of their demise--the following remarks are instructive.

> We're not preaching it. It's not a Jehovah's witness type thing. We don't go around soliciting. It's just a thing that those who have the biological capability of doing it will, those who won't, won't. If we can help others we will, but you can't show other people that it's the right thing to do (Cane, Int 1, 1973).

> You can't persuade people about it. It's got to be an impulse. You have to hear it and it's got to be for you. And you know that it will be when you hear it. I knew it was for me when I heard about it. If people don't turn on to it that way then research and talking about it won't do it. At least that's the way I feel about it. I guess that's why in the group we never discussed how come or what made you believe this. We've never talked about motives. I guess everyone assumes that everyone else came to this in the same way (Jackson, Mrs., Int 1, 1974).

> The one thing I really hate are fanatics. We (Cryonicists) have no intention of hitting people over the head with an icicle cross. We pretty much keep to ourselves. We say if people want to die, let them. The world will be left for the people who are immortal. These are the people who will inherit the earth. It's a type of elitist theory where the people who come back will have the right--we will inherit the earth in the sense of overcoming time (Feldin, Int 1, 1973).

> I don't feel anything about people who won't accept Cryonics. I feel it's their loss really. When people know about it and won't do anything about it, you can't do anything for them. It's infantile. I feel that I'm fortunate enough to know about it and grab it. If somebody else isn't, there isn't anything you can do about it (Turner, Int 2, 1974).

Finally, another respondent justified his lack of persuasive efforts by saying:

> To me it's so self evident that if someone says why, I don't know how to explain it. How do you explain that 1+1=2. It's hard. We should just know it. I tried pointing out that cancer takes a certain number of lives, heart disease and liver disease do too. Instead of giving money to organizations to combat these, why not give to somthing that has a blanket function? To keep people in suspension until cures come. It's so self evident to me. But there are just too many people who want immortality with no effort and no risk. Just hand it to them on a plate.
>
> DO YOU THINK THERE IS ANYONE WHO DOESN'T WANT IMMORTALITY?
>
> No, there are just people who haven't thought about it. The pioneer spirit is gone. So when we say here is something of vital importance but you have to do it yourself or you're going to die--no one wants to do it since it means taking an individual responsibility (Glass, Int 2, 1974).

From these remarks we can see a certain bitterness emerging among Cryonicists. Once they cease disclosing and persuading, their attitude becomes one of others not deserving to be saved after all. In this final

stage, we see too that the derision and stigma which had greeted Cryonicists is directed towards their accusers. Twenty respondents said that non-believers "did not love life," or were "dead already." In this regard, one respondent expressed sentiments found in many who engage in "different" practices when he said:

> I can't see how people could be stupid enough to sign their own fate. To say why would people want to live forever is incredible. Why don't you kill yourself now if you're not interested in living? I think if you're half dead already, then you'll vote for dying. If you think life is decent then how can you vote against something that will increase it (Cane, Int 1, 1973)?

In sum, we have seen that Cryonicists moved first from disclosing their Cryonics beliefs and trying to persuade others of the efficacy of suspension, to non-disclosure and non-persuasion in the second phase, losing zeal in the process. To attribute this transition solely to the effects of negative labeling would be to miss two important points--1) labeling cannot explain subsequent actions since individuals are actively engaged in shaping their social worlds and 2) some innovators have been stirred to increase their "stigmatized" activities after negative labeling. With these points recognized, we will turn to the factors which influenced Cryonicists' decisions to stop conveying information about Cryonics.

III. THE TRAJECTORY

In groups characterized by high expectations which are not readily realized, a feeling of isolation develops (Lofland, 1966; Festinger, 1956; Bittner, 1963; Simmons, 1969; Howard, 1974; Kornhauser, 1971). "We" versus "them" becomes a prominent theme and as it develops each member receives sustenance from the others for the righteousness of his views and the isolation he has suffered as a result of them. But in such

religious and/or political groups, entrance is coupled with an awareness of the outsider status attached to membership. Entrants are cognizant of the reputation they will accrue and are willing to pay a price for their beliefs and practices.

Recognition of, or receptivity to, possible exclusion did not characterize those who constituted Eastern Cryonics. One man who found a brochure about Cryonics in a filling station was surprised that he had not heard of it before. He went to a meeting expecting to find an organization "like the March of Dimes." Others expected to find a well-run, efficient, hospital type organization with rows of gleaming capsules. And we have already seen that believers expected others to welcome information about Cryonics. Such expectations are hardly the kind which would prepare one for outsider status. When threatened with such a status--through labeling and negative reactions--individuals did not have a group of like minded supporters to whom they could turn for reinforcement and who might replace the social networks lost if stigmatization were to continue. Nor, even if such a group had existed, were believers prepared to need it or to change their lives because of their Cryonics beliefs.

In understanding this lack of preparedness for deviant characterizations, it is necessary to examine the type of change which faith in Cryonics represented for respondents. To do so the notions of alternation and conversion must be introduced (Travisano, 1970). The acceptance of Cryonics and the decision for suspension did not necessitate a painful conversion--a process in which an individual assesses and reinterprets his previous life in order to reject it so that he can become

involved in other spheres--which is so often associated with the adoption of new beliefs. In a conversion, the individual's new knowledge changes his life, forcing him to see the whole world differently. Because Cryonics was seen as logical and reasonable and certainly not threatening to an existing world view, respondents' acceptance of it was not preceded or followed by intensive soul searching.

Acceptance, therefore, was more a matter of alternation. By this, we mean that the individual could accept Cryonics--could change his views with regard to death dispositions--without having to undergo a total reorganization of his life. In this, Cryonics believers share much in common with other partial converts like Jews who were able, with relative ease, to embrace Unitarianism without radical changes in their universes of discourse. Travisano points out that such a change could be accomplished in a non-disruptive fashion because it grew out of existing programs of behavior. The same can be said for individuals who accepted the tenets of Cryonics.

These were not individuals who were anti-science or who had fully accepted death but who, after a painful search and a strong dose of "the light," recognized the fallacies of their earlier views. Rather, they were individuals who had particular views about science and/or death to which Cryonics corresponded. Their acceptance, as well as their adherence to the belief system, implied an extension rather than a repudiation of earlier views.

Thus, in accepting the tenets of Cryonics, believers did not have to alienate themselves from their previous identities. Neither did they have to relinquish the social groups to which they already belonged.

Without the alienation and need for a new social biography which attends conversion, individuals were unprepared and unwilling to suffer stigmatization or to sacrifice their conventionality for their beliefs. Instead, they meshed their Cryonics beliefs and their conventional lives by keeping their beliefs under cover. In doing so, they could remain the same people to their friends and associates at the same time that they were different and better to themselves.

IV. COMMITMENT

In industrial societies, individuals participate in a variety of life worlds or realms of practical activity (Luckmann, 1966). But, while we may all exist at the interstices of life worlds, participation in particular ones is not problematic. Individuals, for example, may be attracted to differing realms of activity but, upon thought and investigation, may find that participation in another realm is too costly--that it would require the relinquishing of already taken for granted social relationships. Among Cryonicists we see such a process occurring with regard to disclosure and persuasion.

Much like others who venture into an activity for which they are later castigated and then faced with the possibility of increasingly odious reactions if the activity continues, the Cryonicist had to make a decision with regard to subsequent activities. When it was communicated to him that there were boundaries of social discourse which were not easily transgressed (i.e. the discussion of death and the presumption that one could and should do something about it), believers learned that the activity they were promoting was proscribed and that if they were to

continue to freely prescribe it deleterious consequences would attend.

By utilizing Becker's work (1960, 1964), we can see that individual's weighed commitments in deciding what to do about Cryonics. In effect, they found themselves in a position in which their decisions with regard to Cryonics would have consequences for other activities and interests not related to it. Members found themselves confronted by "side-bets"--expectations in areas of their lives whose violation would incur penalties.

These side bets undermined continued Cryonics disclosures in that the benefits already accruing from them were weighed against the benefits to be derived from the continuing championing of Cryonics. When the penalties of stigma and exclusion entered into the calculations, previous side bets constrained Cryonics activities. The weighing of such side bets--of previous commitments--is evident in the following remarks:

> It's just not worth it so I prefer to stay in the background. We got our names in the paper once and the kids in school came up and said, is that you. I said, yeah, I just happened to be at the meeting. I got around that one. The man at the liquor store said something too. People do pick these things up. And it's a spooky movement to them and if they think you're involved, who knows what they'll think of you then. It's just not worth the risk (Hunter, Mr., Int 1, 1974).

> There are different times with different people that I felt terrorized if they realized that we're involved in Cryonics. I never let it come out when I went to work. I didn't want anyone to know because the whole time I worked I was afraid people would be hounding me with questions and bugging me if they thought it was stupid. I thought I'd just be quiet and be one of the normal people who are working here. Because, if you're different, you're the one they talk about and who wants them to know that you're different (Brown, Mrs., Int 1, 1974).

> I'm not a proselytizer. I'm not that optimistic about taking the chance. The world will proceed along at its usual pace and

> science will make advances when it does. It could be quicker if people did more but there are other interests in life. There are other things to be done and my life isn't committed entirely to one subject (Stevens, Int 1, 1973).

One respondent, commenting upon what he sees as risks to his career if his association with Eastern Cryonics were known, said:

> I decided that I should act straight because it's my intuitive feeling that people tend to be tagged if anything's out of the ordinary about them. At this point, I don't want to be tagged in school as a Cryonics freak. Last year, when I did bring it up, people would talk about it, at times laughingly. When someone was discussing a far out thing, they would say you ought to talk it over with Turner. They would say I have far out ideas about living forever.
>
> So now, for the most part, I don't introduce it in school because it's possible that the parents or the administration would look unfavorably upon it. I'm comfortable in my job. I have good classes and I wouldn't want to take the chance of having someone write in my record that I was discussing the wrong thing. I won't do anything that will jeopardize my position (Turner, Int 1, 1973).

Twelve others mentioned their jobs or careers as reasons why they would not disclose information about Cryonics. They feared the loss of their jobs or social exclusion at work if their Cryonics beliefs were known.

In sum, while commitment to Cryonics--evidenced by discussion of it--offered no immediate payoff (i.e. there was no group to support believers for their stand and communication of the idea to others would not produce better conditions or earlier reanimation), we have seen in the preceding remarks that commitments to already existing networks offered a great deal. Cryonicists wanted neither exclusion nor "weird" and "morbid" as their status designations. Neither did they want Cryonics to affect the functioning of their already taken for granted everyday lives. To obviate such possibilities, we have seen that individuals became more circumspect in conveying information about Cryonics.

V. SECRET BELIEFS

Given their commitments to previously constructed, non-Cryonics related social networks we have noted that Cryonicists kept their suspension beliefs secret. While such a tactic may have kept them from experiencing the joys of winning converts, it did not leave them unrewarded. As such, the benefits they derived from secrecy will now be our area of concern.

For our understanding of secrecy, Simmel's work (1950) is instructive. In specifying the attractions of secrecy, he noted that a strongly emphasized exclusion of all outsiders makes for a correspondingly strong feeling of possession and that for many individuals, property does not fully gain its significance with mere ownership but with the consciousness that others must do without it (Simmel, 1950:332). Among Cryonicists, this was certainly the case. We have seen, for example, that negative reactions only emphasized the importance of suspension and Cryonics beliefs.[5] Once it was established that the belief and practice were not for everyone and once respondents reverted to secrecy about them, the attraction of both was intensified. In this regard, we have heard respondents speak of Cryonics as a philosophy that was not for everyone since most people were not intelligent enough to understand and appreciate it. The elitism, which was engendered by such

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[5]This response was almost universal among respondents who believed in suspension. Only one respondent said that he was less sure about an eventual universal acceptance of suspension after eliciting negative reactions. However, he maintained his belief in the importance and validity of his own suspension.

feelings, is evident in the following remarks:

> After awhile, you begin to feel about this as if you're one of the chosen ones for knowing about it. Because the main thing now is that people--the masses--are just not interested--even if it was a surefire thing. They live with death and accept it as part of the equation. It's programmed and you can't take it away from them cause everything is decided in the expectation of it (Wilson, Int 1, 1973).

Using Simmel's words, we can see here that the "impressionability of feelings" (in this case, the value attributed to particular beliefs) is known through differences. In short, the secret, through its accentuation of differences gives one a position of exception.

While there is value in secrecy, there is also value to be had in its converse--betrayal. In this regard, Simmel notes:

> The secret contains a tension that is dissolved in the moment of its revelation. This moment constitutes the acme in the development of the secret; all its charms are once more gathered in it and brought to a climax--just as the moment of dissipation lets one enjoy with extreme intensity, the value of the object (Simmel, 1950:333).

Thus, in deciding to tell others about Cryonics, even when he is certain of being received negatively, the Cryonicist gains much. Through the betrayal of his secret, he can affirm the importance of his beliefs, the ignorance of the masses, and the consequent desirability of secrecy. And, because the knowledge is secret, he is the only one with the ability to betray it. As such, he is in control of the social situations in which it is conveyed. Indicative of the benefits to be derived from "betraying" secret knowledge and the knower's ability to influence the social setting in which the information is conveyed are the remarks of the following respondents:

> A lot of times at parties I'd bring it up. I think I wanted to blow my own horn when I did it. I would just say, hey, did you ever hear of this? You know it was just sort of a shock experience and

> I would just bluntly come out with it. I figured what the hell, why not, lets see what these people are made of. People didn't surprise me though. They'd say he's wild anyway.
>
> Sometimes we'd have long arguments about it. You know about the religious thing and then there were some who just said you can't do this. And then I would say, what do you mean, we can't? We didn't know how to pull teeth or set arms before we had morphine. So, who's to know what can be done? People would be shocked and go, "what's this guy talking about?" It just proved to me that it's better not to start telling everyone about this because most people just aren't ready for this (Jackson, Mr., Int 2, 1974).

Another respondent affirmed her own views and superior status when she chose a funeral as the time to convey information about Cryonics. Describing the incident, her husband said:

> It came up when we were at one of the all Italian wakes. My wife's uncle is there all laid out in his full length, old fashioned casket with the top open and his pretty black suit and flowers galore and everybody wailing all over the place--oh, they loved him, they loved him. My wife said if they loved him so much, how come they didn't get him suspended. That not only broke up the funeral but it started a very lengthy debate in the family.
>
> WHAT KIND OF DEBATE?
>
> They asked, "what do you mean suspended?" What a crazy idea. I told my wife that she had to realize that we were dealing with people who have extremely low I.Q.'s. There's just no sense in talking to them about anything scientific. We were even more sure we were right about Cryonics after talking with them (Green, Int 2, 1974).

In keeping their beliefs secret, Cryonicists were in a "no lose" situation. While their knowledge was enhanced by secrecy, their ability to betray the secret at times of their choosing also reinforced the value of their beliefs. Given such benefits, there was little reason for individuals to put themselves on the line for Cryonics--to court personal stigmatization by continually invoking the subject among disinterested others.

In sum, we have seen that individuals stopped talking about Cryonics upon their first contacts with negative labeling. Such labels

neither resulted in a deviant self image nor an increased commitment to disclosure and persuasion among respondents. Unprepared for a deviant status, individuals decided not to risk such categorization.

However, in verbal retreat, individuals gained a great deal. Beliefs which remained secret were removed from the sphere of argument and could remain untarnished while at the same time allowing individuals to pride themselves for being in possession of knowledge which needed to be kept secret. Through secrecy, individuals maintained the conventional images which were necessary for their interaction in their ongoing social worlds.

CHAPTER VI

CRYONICS AND BEREAVEMENT

I. INTRODUCTION

The death of another usually signifies a loss which cannot be remedied. Generally, it is assumed that if the other is to be met again, the reunion will take place in other spheres with the reunited in altered forms. This assumption is grounded in the view that one who has died can never have the same life again.

What happens to survivors when this assumption changes--when they are presented with the opportunity to define their dead differently and when they can continue to care for their relative through financial support of suspension and to maintain contact with him by visiting the capsule and viewing the person within? Is loss less final when suspension occurs?

In response to such questions we will delineate the bereavement experiences of individuals who suspended relatives. To do so we will focus upon three illustrative types--each one representing a different belief with regard to suspension and the state of suspended relatives. The range of beliefs to be examined include those who believed their relatives to be "not yet dead," those who saw them as "fully dead," and those who saw them as "guinea pigs" for the sake of science. Our concern will be with elucidating the influence of belief on bereavement experiences. In particular, we will be interested in the ways in which beliefs about suspension influence survivors' involvement in a Cryonics

Society as well as their propensity to provide care and continue a relationship with their suspended relative. Finally, another concern will be the factors which influence particular beliefs about suspension. In this regard, we will examine the type of relationship and level of involvement which existed between the survivor and the person to be suspended.

II. NOT YET DEAD

In this category we will examine two cases--a widow who suspended her son and a husband who suspended his wife.

Mother and Son

Barry Nelson learned of Cryonics through an article in a science magazine. He was seventeen at the time and after writing for and receiving information about the Society, he decided that he wanted to be suspended. Subsequently, he became a member of the Society and obtained a life insurance policy of ten thousand dollars to insure his suspension. The boy had had a history of enteritis but at the time of his decision to be suspended he was not in critical condition.

Mrs. Nelson described her son as a "highly sensitive, intelligent, scientifically oriented student" and said that his interest in Cryonics did not surprise her. However, this lack of surprise did not temper her reaction to his intentions. She said:

> When he first told me about it, I didn't like the idea. I didn't want to discuss it. I thought it was morbid to be planning anything like that. He wasn't fatally ill and I didn't want him to think that he was. I guess I had the same reaction that most people have. All the puns, the stupid jokes. You don't want to talk about these things. Who does? I said to him, get married, get yourself a wife. Talk to her about it (Nelson, Int 1, 1973).

While Mrs. Nelson eventually "went along" with her son's requests for suspension, these requests were not discussed during the course of his illness. Such an omission is particularly striking since the boy was said to have initiated such conversations on a number of occasions. Commenting upon the lack of discussion, Mrs. Nelson said:

> With Barry it was touch and go so much of the time that you never knew when to anticipate or expect illness or death. But I always rejected the thought (of death). You know, when a patient has been through so much, you don't want them dwelling on such things. So I really pushed it away and I thought he should too. If we had talked about Cryonics, maybe he wouldn't have fought the illness so hard (Nelson, Int 2, 1974).

When Barry became ill, conversations about his illness were considered ill advised because they might cause him to dwell on his illness. As the condition worsened, conversations about the illness or about death were no more likely to occur. While Mrs. Nelson may have thought such behavior virtuous and while she may have believed that it helped Barry to fight his illness, one cannot too quickly agree with her. Given Barry's reported requests for conversations about his illness and his forthcoming death, one must assume that he was denied something important to him--the opportunity to openly discuss and adjust to his death. Instead, he was forced to participate in a game of non-disclosure where everyone pretended not to see death.

Mrs. Nelson described her relationship with her son as close--she was a widow and he was her only child. But, with the onset of his illness, she became more and more involved in his life. She sold her house so that she could be nearer to his doctors. When his illness prevented him from walking, she tried to keep his life normal by driving him to

classes and standing outside the door in case he needed help. Finally, when he went into the hospital, she spoke of the fight against death as "our fight"--it was a joint effort--and when he died, she put aside her reservations about suspension and followed his wishes. Given the extent of Mrs. Nelson's involvement with her son, his death signified a great loss for her. She was left in a new neighborhood without friends or family and without the person who had become the major focus of her activities.

The Suspension

When Barry died, his mother began making regular funeral preparations but then realized that these went against his wishes. She said of that time:

> My first reaction was to go ahead with normal death preparations. This is something you're taught. This (suspension) was entirely strange. I didn't know what to expect--I didn't know if there could be a funeral or anything. But I didn't care. I said if this has to be done, then its going to be done whether we can have a funeral or not (Nelson, Int 1, 1973).

When Mrs. Nelson remembered Cryonics, she realized that she did not know how to reach the Society. She and her sister called several newspapers looking for a telephone number before looking in the phone book. When they found a listing, there was no answer and when they finally contacted the Society, the President told them that too much time had elapsed since death had been declared. Nevertheless, they insisted upon suspension. Mrs. Nelson described her first contact with the Society in the following way:

> We didn't know what kind of an outfit they were. They weren't anything but a phone number and literature. But I thought whatever it is I'm going to do it. Because the whole idea is so weird anyway--

> whether it's for cosmetic purposes or the knowledge that the person may come back. I knew he didn't like burials and I wouldn't have him cremated--I don't like that. I really don't like the whole thing. So I figured, whatever it is, it's going to be something that he wanted (Nelson, Int 1, 1973).

Once the decision was firm and contact with the Society was made, the Society sent a funeral director associated with the organization to the hospital with a refrigerated ambulance. From here Barry was taken to an establishment where the perfusion was accomplished. After the perfusion, he received a "regular Jewish funeral," except that there was no trip to the cemetery. Instead, he was returned to a funeral home to await encapsulation.

Finding her initial contacts with the Society to be cordial, Mrs. Nelson was willing to help the group improve its image. She realized that her son's fate was closely linked to that of the group and this was an additional incentive to her cooperation. Therefore, at the suggestion of the Society's officers, she agreed to the encapsulation becoming a public event with numerous reporters present. She said of the "event:"

> It was a weird sort of thing. There were fifty technicians working on it. There were observers from all over to see it since it was the first one here. You didn't feel that there was anything strange about it. I mean there were so many men of science involved in it that you didn't think about what it really was. They sat all night with the capsule. They were so dedicated about it. One of the reporters asked me how I felt about all this--did I feel that they were making a three ring circus out of it. I said no, why--just because they were kibbitzing between themselves. I mean what were they going to do?--sit and weep and make solemn references to the revered deceased--that would have been a farce. They were trying to keep him from being too deceased (Nelson, Int 3, 1974).

With her son's suspension, two important changes occurred in Mrs. Nelson's life--both of which are significant for understanding her bereavement.

Her status changed from that which is usually accorded a bereaved parent and her opinions about the potentials of Cryonics changed too. With regard to the first of these changes, she was no longer the mother of any boy nor was she just another bereaved parent. She was now the mother of the first person suspended in the East. As such, she attained a celebrity status and with it the way was open for her involvement in the Society.

Perhaps most important were her changed feelings about Cryonics. Upon her son's suspension, her initial characterization of Cryonics as weird began to change as she realized the scientific aspects and merits of the project. Commenting upon this change, she said:

> Well, the whole idea, the whole thing--first I thought it was weird. Afterwards, when I had met some of the people in it my ideas changed. They had some nice kids working there and they went all out for me. So I got interested in it and started reading different things. I found out about it and then I realized that nothing is really impossible. So I accepted it for what it was and realized that there might be some chance for my son (Nelson, Int 1, 1973).

Of course, this transition from "weird" practice to science is reinforced by Cryonics imagery--technicians who "work" on the capsule--and by a new vocabulary which refers to the suspended person as a patient and which is concerned with perfusion and levels of liquid nitrogen.

Once belief in Cryonics is established, a basis for hope and continued care is laid as is a reason to become involved in the Society. For example, if one believes that his relative is not fully dead and if the suspension represents the loss of an intense relationship, the survivor can hope for his relative's future as well as continue caring

for him so that he will be intact when science is ready to advance. Concomitantly, since the Cryonics Society is the vehicle through which new life will be given, it makes no sense to become involved in that organization.

Involvement

Mrs. Nelson became an active member of the Society. The immediate reason for this involvement can be seen in the following remarks:

> The thing with this is that you have no peace of mind. None at all. If I drop dead tomorrow, what's going to happen? I have insurance but you can't leave it to that. I know my sister is going to carry out my wishes but what will happen when her time comes? It's a major problem and you can never forget about it. But, I thought that by working with the Society I could help to make things more sure and get some peace of mind (Nelson, Int 1, 1973).

While Mrs. Nelson could never forget about her son, she tried to attain peace of mind about his well being. She strove for this by trying to improve the Society. She held meetings in her apartment, appeared on television panels, and organized fund raising activities. When problems arose, she was active in finding solutions and at one point she established a Society of her own. In doing this, she cared for her son but there were other advantages as well.

As a result of her activities she was brought into a new social world. Many of the members of Cryonics were young and she found herself in the midst of many people to whom she could tend. Among the young people she was often a matchmaker, with one such match resulting in marriage. Her participation also provided a male companion as she began dating another individual who had suspended a relative. This relationship was important because it provided someone who "understood" about suspension and was willing to discuss the impact of her loss. She

gained other emotional compatriots and friends from the organization too. In fact, from her description of it, her social activities increasingly occurred with individuals who were associated with Cryonics. When the organization was functioning, these friendships were strong. As the organization wavered, the friendships dissipated but, in the years following her son's suspension, they were an important part of her life.

Of course, it must be noted that bereaved persons who wanted Eastern Cryonics to be their means of social activity had to make the first efforts. The organization was not so well organized that particular activities were available for the bereaved nor would other members contact them to begin friendships. Rather, a bereaved individual, like Mrs. Nelson, had to make a place for herself within the organization and had to contact other members whom she was interested in befriending. The important point, however, is that a bereaved individual could form friendships and be accepted within the Cryonics Society. The stigma and exclusion which greeted them from other associates was not operative among Cryonicists. Among these individuals, the survivors of suspended persons were seen as highly valued individuals.

Four years after her son's suspension, Mrs. Nelson told me that she had recently decided that she had "neglected" her job too long and intended to become involved with that. Judging her present level of activity in Cryonics against earlier periods, it appeared as if she had just begun a new life where her primary friends and associates were not affiliated with Cryonics. She spoke, for example, of lunching with people from work and going out with others who had never been involved in Cryonics.

Bereavement

Mrs. Nelson believed her reactions to Cryonic interment were very different from those that followed other sorts of death dispositions. Such a belief was not merely speculative as Mrs. Nelson used her reactions to her husband's death and burial as a standard against which to measure her son's interment.

Most immediately, Mrs. Nelson felt that Cryonic interment was easier for survivors because it did not necessitate a trip to a cemetery. Recalling her husband's funeral and describing the benefits obtained from Cryonics, she said:

> Going to the cemetery is an awful thing for anyone. It's awful to watch them throw dirt on top. When people go there they feel guilty--even when they know that they did everything for the person in life. It's because they know that they're leaving them there.
> HOW WAS SUSPENSION DIFFERENT?
> I felt bad because you realize that the person is dead but you don't feel as bad. When you go to the cemetery, you know that there is only a stone. At least here you know that there's something and that he's as perfect as they can keep him--that he hasn't deteriorated and that he exists physically even though he's legally dead. You're not left with the same feeling of finality.
> WHAT ARE YOU LEFT WITH?
> To me, it was the impression that we were still attempting heroic measures to prolong life or to keep death from being final. There are so many cases of clinical death where the person is really alive. And to me this is not that different. You're still doing something with Cryonics (Nelson, Int 2, 1974).

Providing a further comparison between Cryonics and other death dispositions, Mrs. Nelson related the reactions of a relative whose son died and had been buried. She said of this woman:

> After this happened with Barry, she cried herself sick. If I had known anything about it, she said, I would have done it. The thing for her is that when she goes to the cemetery to visit, there really isn't anything there. It's just a piece of ground--he's not there anymore. This she finds harder to bear than if she knew he were intact (Nelson, Int 2, 1974).

Finally, in summarizing her experiences, the impact of Cryonics becomes most apparent. Mrs. Nelson told me:

> The mourning period there (after burial) is a completely different thing. There's a feeling of complete finality. Helplessness really, because there's nothing you can do. Here (with Cryonics) you're still occupied and you feel you're still doing something so there really is no time to mourn. When you're busy, you don't have time for a lot of that. That's basically the major difference (Nelson, Int 2, 1974).

Husband and Wife

The Manos were married twenty-three years. Their marriage had been a traditional one--he worked as a fireman and she stayed at home to care for their three children. When Mr. Mano described his wife and their relationship, he was moved to tears and from his accounts, we can see that they were highly involved with each other. He said of her:

> She always supported me. She never said what she wanted. Instead, she always did what I wanted and only cared about what I wanted to do. To me she was the greatest human being that ever lived. My wife's sole concern was how can I make your day a little bit happier. She was a fantastic person. Anytime I came home, it was like a new adventure because she would brighten my day (Mano, Int 2, 1974).

From this, we can see that the prospect of his wife's death signified a great loss for Mr. Mano. When she became ill with cancer, he hoped to prevent her death through "every possible medical treatment." But treatment could not cure her and when, during the course of her illness, Mr. Mano learned of Cryonics, he was attracted to it and thought of it as something which would diminish the finality of his loss.

Mr. Mano read about Cryonics while his wife was on one of many visits to the hospital for cancer treatments. His immediate reaction to

Mrs. Nelson could not say with any degree of exactness how many visits she had made to her son's capsule. When she befriended another Cryonics survivor, he would take her with him when he visited his wife, but she said that his weekly visits were "too much" for her and that after awhile they tapered off.

Barry Nelson is in a capsule which does not allow viewing. However, the knowledge of his preservation was an important part of Mrs. Nelson's visits and clearly distinguished the effects of suspension from her husband's interment. Asked to comment on her feelings about viewing the capsule, she said:

> There were very mixed emotions. There were times when it made me feel sad. There were times when I felt good because something was being done. Of course, you can't view Barry and I wouldn't have wanted that.
>
> WHY NOT?
>
> When you go to a grave, it's bad enough. But when you open a capsule and stand there looking at the person, it's kind of weird. I was content not to look but to know that everything was all right and that everything that needed to be done was being done (Nelson, Int 2, 1974).

Cryonics has not only affected Mrs. Nelson's feelings about her son. Her knowledge of it has also led her to reassess her husband's condition. The change which this has caused becomes clear in the following exchange:

> DO YOU MAKE VISITS TO THE CEMETERY TO SEE YOUR HUSBAND?
>
> I haven't been up there for awhile but I used to go regularly to make sure everything was maintained. I still go to check on that.
>
> HOW DO YOU FEEL WHEN YOU GO THERE?
>
> I feel I know it's his final resting place but I also feel a frustration because of the finality of the situation.
>
> WHAT KINDS OF FEELINGS DID YOU HAVE BEFORE CRYONICS?
>
> There was just a tremendous feeling of grief. No real frustration. You feel why should this have happened. But that was a different kind of frustration. At that point, visiting there was a peaceful feeling of being close to where he might be. You felt you were as close to him as you could be at any point. Now I don't feel that way because I know there's nothing there (Nelson, Int 3, 1974).

Cryonics was positive but he never told his wife of his intentions. Telling her would have meant admitting that she was going to die and this was knowledge from which he hoped to shield her. However, as in our previous case, we must wonder about the efficacy of such a practice. Surely, after having a breast removed and after undergoing cancer treatments, Mrs. Mano must have realized that she was seriously ill. Nevertheless, Mr. Mano insisted that "she would have lost all hope" if he had discussed Cryonics with her and he maintained that it was best not to discuss such things with the sick or dying. Describing his reaction to the idea, Mr. Mano said:

> I read the article and was fascinated by it. I didn't really associate anything like that with Carol then. But it was something unique, not traditional. It came back to me when Carol was terminal and there was no other way. This was the only thing I could possibly do and it came back just like that (snapping his fingers). I looked into it and I felt it had something to offer. Why not? When Carol went into the hospital for the last time I decided instead of doing it the traditional way to go to Cryonics (Mano, Int 2, 1974).

But while Mr. Mano was immediately attracted to Cryonics, his enthusiastic remarks about it should not be interpreted as an instantaneous decision to suspend his wife. There were a number of issues he considered before making his decision. Recounting them he said:

> I looked into it first--if it was something that had nothing to offer or if there were any religious objections. After it came to me, I had to do a little research of my own. I didn't have too much time. I wasn't worried about the operation of it. What I was concerned about was was it feasible, could it work, and the theory behind it. I found that it has a great deal to offer (Mano, Int 1, 1973).

Only one thing had the potential of dissuading Mr. Mano from embarking upon Cryonic interment--his religious convictions. His wife had been a devout Catholic and he was a strong believer and was unwilling to

engage in a practice which the Church would not sanction. So, in investigating Cryonics he sought the opinion of his priest. With it he learned that his fears had been groundless. Commenting upon the priest's reaction, he said:

> A lot of people are surprised that you can put religion and Cryonics together. I was surprised myself at first. The reason, I guess, is that it's something we've never been faced with before. In fact, I went over to our priest and he had to see the Monseignure and he couldn't come up with the answer and brought us to the Bishop for the decision. He said, "Look, how can we say someone is dead or not? And as far as freezing, we can't see anything wrong with that." That was good enough for me. He said that Carol's soul is in the capsule with her and that it will stay with her when she's resuscitated. And if they can't resuscitate her, her soul will leave her then--when she's really dead (Mano, Int 1, 1973).

With his religious convictions assuaged, Mr. Mano made the decision to suspend his wife. Although he has three children, his decision to suspend was a solitary one and it was only after deciding that he told his children of his plans. In telling them, he said:

> I told them about Barry Nelson and what the possibilities of Cryonics are--what it has to offer medically. I asked them if they would be able to accept it and I told them don't look for anything in our lifetime. You certainly can't tell when this is going to happen and you can't become a fanatic about it (Mano, Int 2, 1974).

Recounting their reactions, he said:

> They didn't have any objections. They just couldn't believe it. They were amazed. After, the kids got quite interested in science which is a good thing too. Of course, they were confused at first because after all who had ever done something like this? But my wife's suspension occurred at about the same time as all the other transplants. When the children saw how those were accepted they began to see Cryonics in the same light. Then they read the information about it and now they're as enthusiastic about it as I am. It has a lot to offer and they understand that now (Mano, Int 2, 1974).

Once his children realized the benefits of Cryonics and shared his enthusiasm for the practice, they decided to make Cryonics suspension a family

affair; they all agreed to be suspended and Mr. Mano acted to ensure their intentions through insurance policies for each family member. Giving the reasons for this decision, he said:

> We talked about it because if we were to come back we wanted to come back together. Each and everyone of us enjoyed our lives and we had a tremendous family life that we didn't want to lose (Mano, Int 1, 1973).

While Mr. Mano earlier eschewed fanaticism with regard to Cryonics, he left no stone unturned in ensuring that the family returns to a familiar world. The most innovative of his solutions has been to make arrangements to keep their furniture in storage while they are suspended so that it can be reclaimed when the family is revived.

The Suspension

Mrs. Mano died in a hospital. With the knowledge gained from his contacts with Eastern Cryonics, Mr. Mano instructed that she be "iced down" at the declaration of death. He then contacted Eastern Cryonics which sent an ambulance to bring his wife to the facility for perfusion. After the perfusion was accomplished, Mrs. Mano was waked for three days at a funeral home. This was followed by a "regular" Catholic funeral--a Requiem mass. Recalling the reactions of those who attended the funeral, Mr. Mano said:

> They didn't know about it until they got there. But they were surprised, I'll say that. What they felt themselves--they didn't really say anything. They really didn't know about it--what was going on. Yet they knew that the priests and nuns were there so it wasn't against the religion. So how could they really feel resentment? It was more or less a feeling of what's happening here (Mano, Int 1, 1973)?

He also said that the only problem presented by suspension was that the

container was too large to fit into the church. This, however, was not a major obstacle since the family priest later visited the facility and consecrated the capsule. The feature unique to this consecration was that the family took pictures of it which Mr. Mano described as "beautiful" and "comforting." They adorned the walls of his living room and he pointed to them proudly. With this, we see an immediate difference between Cryonics suspension and other forms of interment. What other interment lends itself to documentation and in what other interment is documentation a source of solace? In this regard, it seems doubtful that the Kennedy's, or other relatives of persons whose funerals have been heavily photographed, use these pictures as decorations or look at them when they want to feel comforted. Cryonics would seem to stand alone in offering such therapy.

Involvement

As we have noted, Mr. Mano suspended his wife because he hoped to avert the finality associated with death. Because he perceived her as less than dead, he felt an obligation to do everything possible to ensure that she would someday be live again.

In discharging his responsibility, a primary concern was that his wife be accorded proper "treatment" and respect by Society officials and in keeping with this concern, he became involved in Society activities. He attended meetings, appeared on panels, and with Mrs. Nelson staged fund raising events for the Society. When Eastern Cryonics proposed storing the capsules in a warehouse, he joined the members of Cryo Vault in trying to establish a facility beneath a church. Eventually,

when Cryo Vault failed, he established his own private facility to better care for his wife. His sense of responsibility may be seen in the following remarks:

> I'm not Cryonics. I'm just me. I have a facility and I go out there and maintain the capsule because I was disenchanted with what went on with the other groups. And I'll always see that this capsule is properly maintained. This is where I have a tie in with my wife. A lot of people seem to think I have a corporation going. It's not so. Human emotions are involved. This is me and I'm here to see that they get the best possible attention I can possibly give--whether it's my wife or anyone else that might be out there. I certainly hope that anyone else would have the same kind of feelings--not just an obligation. That leaves me cold--to see somebody have it done that way. It's I've done what they wanted--now my conscience is clear and I'm through with it (Mano, Int 1, 1973).

From these remarks it might seem that Mr. Mano's disengagement from Eastern Cryonics meant that his primary gain from interment was his ability to continue to care for his wife. While this was important, the two years of his involvement in Eastern Cryonics cannot be easily discounted. Involvement there provided him with a variety of activities (beyond caring for his wife) and a circle of friends when previous associates were no longer forthcoming or adequate. The reactions of Mr. Mano's friends and relatives are typical of those described in the literature on bereavement. In his descriptions of them it is important to remember the detrimental effects of social exclusion. Recounting the experiences, he said:

> Other people in the family never talk about it. Like she never existed. They think it's going to hurt me. I don't believe that. I like to talk about it. These are part of your memories--part of your life. I don't know why they don't want to talk about it but it hurts me when days go by and the things you were associated with are never mentioned. After awhile, it's as if you never were here--you never existed.
>
> IF YOU BRING UP THE SUBJECT, DO PEOPLE TALK WITH YOU ABOUT IT?
>
> Yes, sometimes. But no one would bring up the subject first. And if people were really honest with themselves and they knew

> you, they shouldn't be afraid. I think it just makes them sad and it's something they can't cope with. It's upsetting them. I don't say you go into this all the time but if something comes up that had to do with Carol or someone that you cared for, why not get into a conversation about it (Mano, Int 1, 1973)?

From these remarks we see evidence of the stigma of death and we can imagine the benefits of Cryonics involvement for a bereaved individual. For Mr. Mano, these benefits were significant. For example, his friendship with Mrs. Nelson provided him with a companion who had suffered a similar loss and had engaged in the same practice. They could and did discuss their experiences and problems. In the eyes of other members, he was--like Mrs. Nelson--not just another bereaved person but a man who had seen the future and grasped it. As such, he was accorded a respect and understanding by Cryonicists that was unmatched in other spheres.

Bereavement

We have seen that when a person is defined as "not yet dead," involvement in the Society is facilitated and that this involvement has beneficial consequences for the survivor. However, involvement alone does not explain the effects of Cryonic interment on bereavement. It is to these effects that we now turn.

From Mr. Mano's account, his wife's death signified a great loss. He said of its effect on him:

> When something like this happens, you're dealing with a different individual. You become withdrawn. You lose your identity too. I think anybody does. A certain part of you dies. You go on, but it's not the same and it never will be the same (Mano, Int 1, 1973).

Given the dimensions of his loss, his primary gain from suspension was a basis upon which to hope for a reunion with his wife. He described

his views on his wife's suspension in the following way:

> I understand that she's gone, but in the back of my mind I can think, is it or isn't it the end? It's not complete. As long as there's something that's being preserved and science is working along these lines. If you had this done and there was no scientific theory for it then I'd say no chance. No good. But you see, you read about freezing different tissues and embryos. There's hope for a human body. They talk about hearts and lungs--almost every vital organ of the body. So why separate one from the other? There's reason to believe that they can freeze and revive human bodies too (Mano, Int 1, 1973).

Further evidence of Mr. Mano's belief that his wife is in some intermediary state between life and death is apparent in the following remarks:

> A lot of people have the wrong conception of Cryonics. Cryonics is simply to stop the dying process. That's what it's all about. You begin to freeze the patient to absolute zero. After all, death's a funny definition. Where does it begin and end? Everyday it's changing. The real thing in Cryonics is to stop the dying process until a time when they can find a cure for the disease and hope modern medicine will have the knowledge to thaw the person and regenerate him. And what is immortality anyway? As soon as the first doctor treated the first patient you started it--looking for cures and wanting to live longer. It's all part of the same thing (Mano, Int 1, 1973).

Belief in the efficacy of Cryonics is augmented by visits to the capsule during which one sees further proof of the wonders of Cryonics--perfect preservation. However, when one views the suspended person as "not yet dead," visits do more than merely affirm one's faith in science. More importantly, they provide a basis for the continuance of the relationship--a major source of solace.

Mr. Mano visited his wife regularly. For the first year and a half after the suspension, he visited every Sunday. Later, when he changed jobs, he was not able to go so frequently, but he said that he went "every chance" he got and that usually meant once every four or five weeks.

Family members assume a variety of risks with their first viewing of a suspended relative as they can never be sure how they will react to seeing their loved one perfectly preserved and looking "only asleep." Mr. Mano wondered how viewing would affect him and he acknowledged some misgivings before his first viewing. The basis for his fears and the way in which they were neutralized are apparent in the following exchange:

> HOW DID YOU FEEL THE FIRST TIME--AFTER YOUR WIFE WAS PUT IN THE CAPSULE AND YOU WENT TO SEE HER?
>
> I was with her when she passed away and there was no biological change then. So really the only thing I had to separate in my mind was the final part--would I be able to bear up under it? You know some people have this done and never go near the facility. But I think maybe this is one of the reasons you have it done (for viewing). You feel you're closer and things are being done. Some people just shut it out of their minds. But see I couldn't get myself to be that way. Why should I be afraid of someone I love very dearly? Or to view them or to want to be with them? Is it because you no longer can communicate with them or is it because of yourself--that you can't bear up under it? I decided that it was important to see--to see if I could bear up (Mano, Int 2, 1974).

From Mr. Mano's remarks, we can see that his decision to view was a satisfactory one. In the following remarks, his feelings become apparent:

> I keep the capsule open for about twenty minutes at a time until the vapors clear up and I can see that the temperature is maintained. As soon as the nitrogen boils off, it clears right up and you know, it's just like looking into this room. I'll tell you one thing--I feel one hundred percent better.
>
> WHAT IS THERE ABOUT BEING THERE THAT MAKES YOU FEEL BETTER?
>
> I go out there. I view Carol and I see that there's no change. I view her and it's remarkable. It's unbelievable. She's just the same as when they pronounced clinical death. No change at all. And you know--if this is the phenomenon right here, what can happen maybe in five, ten, or fifteen years from now (Mano, Int 2, 1974)?

In his descriptions of his children's reactions to suspension and the rituals in which they engage, we can see the way in which an entire family relationship can be continued through suspension.

> They feel wonderful about it. We go out there and there's no biological change whatsoever. It doesn't leave a morbid feeling like when you go to the cemetery or you go to a tombstone. You

> know after all this time that there's nothing there. You feel here that something else is being done. The children go out there on Mother's Day and on holidays and they get a good feeling. She's still there--the way she was in the hospital and who knows what the future might bring? Science talks about going to other galaxies and you never know. I believe it can be done (Mano, Int 1, 1973).

Finally, a question which must be addressed is what effect a not yet dead but not really alive wife has on Mr. Mano's perception of his future. In this regard, it is interesting to look at his evaluation of remarriage. He said of it:

> The biggest question I get asked is if you ever plan to get married or what happens to you if you do get married? I gave that a lot of consideration. I feel no man has the right to get married unless he can give himself completely--whether it's your first wife or whether you do remarry. It certainly wouldn't be fair to the one you marry--they would know after awhile. Sure, you might get married--compatibility is important. No one wants to be alone. I don't say I would never get remarried. I don't know what the future is going to hold, but it would have to be an unusual woman. She'd have to know all about Cryonics--what I'm involved in. She'd have to know me--what I feel. And if I could give myself to her that way, I probably would remarry. Anyway, in the event that I ever did get remarried, all my suspension arrangements would be made. And the woman in question would understand that these are my wishes. I wouldn't treat her any different from my first wife but she would know that I want my wishes to be followed--that I want to be suspended with Carol (Mano, Int 3, 1974).

As the above remarks make evident, the presence of a suspended wife who is believed to be not yet dead, may act as a constraint against remarriage. At the least, it limits the number of potential candidates to those who are willing to live with a man who hopes for eventual reunion with his first wife. That this hope exists is evident in Mr. Mano's remark that "I would love to have it (resuscitation) happen tomorrow--and that would be the first day of my life."

Finally, in evaluating the impact of Cryonics interment, Mr. Mano

shares with Mrs. Nelson the belief that Cryonics offers hope and a means of lessening survivors grief since this hope is not easily disconfirmed. In terms of mourning, Mr. Mano said:

> It's the hope. You felt you've done the last possible thing there is. You opened all the doors--you took all the roads and if nothing ever does come of it at least you've felt you've done what you could. And that's a very comforting thing. This is the way I feel about it. I feel it's my responsibility. Like if it were my child--this is my child and I love her and it's my responsibility as a father to give her every chance there possibly is. The same with my wife--if there is that chance. And who am I to say that it may never come about. I think that's about the only real difference between me and other people. It's that if there is that last chance, why not try to take it (Mano, Int 3, 1974)?

In sum, these cases present evidence of the ways in which belief in the efficacy of Cryonics affects bereavement. By believing in Cryonics, the survivor sees the suspended person as less than dead. As such, the relative is still in need of care. Involvement in the Society is resorted to as a means of continuing care and maintaining the relationship with the suspended person and, as we have seen, involvement also provides a set of social activities which lessen the social exclusion usually afforded the bereaved. In our discussion of other cases of Cryonics bereavement the factors affecting belief will crystalize and we will return to these at the conclusion of this chapter.

III. FULLY DEAD

This case consists of a daughter (Mrs. Lincoln) and a son (Mr. Bellamy) who suspended their sixty year old mother. The respondents were unsure of how their mother learned about suspension but they said that after learning about it and making inquiries of the Society, she decided upon suspension and informed them of her decision. They added

that she learned of Cryonics after she had been told that she had cancer. In describing her mother and her motivation for suspension, Mrs. Lincoln said:

> She had great creativity and inventiveness and felt that she had a lot to offer the world and she always wanted to live forever. She felt "if I die and am brought back to life, I can still go on doing things." Cryonics gave her the relief of knowing that when she died there would perhaps be another chance (Lincoln, Int 1, 1973).

The respondents' reactions to their mother's decision were mixed. Mrs. Lincoln thought of it as "interesting and exciting and more esthetic" than other types of interment. Mr. Bellamy's reaction was more cynical. He said of it:

> It didn't strike me as odd or unusual. It struck me that it wouldn't be too practical for her to do because I doubted that she would get results. I had the feeling that it should be researched to find out what the motivation was of the people doing it because none of them were medical people. I asked her what she hoped to achieve by it and I guess--she wasn't looking for immortality--but I guess she wanted to accomplish certain things in her life that she hadn't done and this was the way of doing it. Of course, I look at it if you do come back to life at a later time, you don't have any friends. You may be in a whole new time of history that you can't relate to. So I didn't think there were too many advantages to it. Maybe it was her way of not accepting death (Bellamy, Int 1, 1974).

From all accounts, Mrs. Bellamy paid little attention to her son's objections. After informing her children of her intentions, she proceeded to secure and ensure them by signing a body authorization form for the Society and by including a request for suspension in her will. According to her children, Mrs. Bellamy also assumed that the costs of suspension would remain constant and that her estate would be sufficient to provide for the maintenance of her capsule.

The Suspension

Mrs. Bellamy was in and out of different hospitals for six months before her suspension. Neither of her children could recall discussing her illness or her impending death during that time. Her son could recall only one time when suspension was mentioned. He said of the incident:

> When she was ill in the hospital, she never asked me too much about plans. At one point I said that certain money was necessary in advance and she gave me some but she never really talked about making sure things were done right (Bellamy, Int 1, 1974).

However, while Mrs. Bellamy did not discuss her condition, her doctors were informed of her plans. When she was declared dead, she was packed with ice and Eastern Cryonics was informed. Officials of the Society arrived at the hospital and took Mrs. Bellamy to a Cryonics facility where the perfusion was performed.

Nine days after the suspension a memorial service was conducted at a church. The aspect of it which remained most vivid to both respondents was the supercilious manner of the priest. He was unknown to the family and his attitude was said to be along the line of "wow, I don't believe this." Of the service in general, Mrs. Lincoln said:

> It's a difficult thing. You don't have the body there and there were a lot of questions. But once it was explained it was okay. At least, no one said anything to us afterwards (Lincoln, Int 1, 1973).

While encapsulation was expected to follow shortly after perfusion, this did not occur and Mrs. Bellamy remained on dry ice for a year while her family became involved in financial tangles with the Society.

Involvement

Although Mrs. Bellamy had made prior arrangements for her suspension and the maintenance of her capsule, these arrangements turned out to be less than ironclad. Describing the problems which arose, Mr. Bellamy said:

> In the end we never went by the contract. There were so many hassles with the group that we decided to junk it. Prices were always changing and we didn't have enough money to pay for it. There was a lot to do and we had to deal with the group on an individual basis (Bellamy, Int 1, 1974).

In the previous cases the problems of suspension were dealt with by becoming active in the Society and by forming alternative Societies when the original group seemed unamenable to reform. In the present case, the suspension was approached in a more businesslike manner and the relationship which emerged with the Society was an adversary one. For example, when these respondents felt that they were being charged too much, they sought outside alternatives. In one such scheme, they contacted Harvard University and the Smithsonian Museum and offered them the chance to perform the suspension. According to Mrs. Lincoln, they were "extremely interested but were a little too conservative to do it." When alternative institutions could not be found, the respondents engaged in a battle with the Society's officials over funds. The basic problem, which is apparent in the following remarks, is that these respondents had little trust in the Society or the scientific basis of Cryonics. Mr. Bellamy said:

> I don't think the people involved are skilled enough to be doing this. They may be skilled enough to freeze someone but that's all they can do. If medical science was really interested in this, they'd be doing it. The people involved are more interested in making money than they are in science (Bellamy, Telephone Conversation).

In addressing the question of why these relatives did not become involved in bettering the Society, the most immediate response is that they did not believe in Cryonics. Mr. Bellamy noted that the Society did not engage in controlled experiments and that they were not careful about maintaining constant temperatures in the capsules. Feeling this way, there was little reason to become involved. Involvement would not improve the prospects for the resuscitation of one's relative, nor would it provide a means by which a relationship could be continued, since the suspended person was considered to be as dead as she would be in any other type of death disposition. As Mr. Bellamy put it:

> I don't accept Cryonics suspension as being something different than death. No one knows enough yet to make suspension different than death. As far as I'm concerned, the benefits medical science and humanity will get out of this will be about the same as if my mother was in the ground (Bellamy, Int 1, 1973).

Another question which must be addressed is why initial disdain of Cryonics did not change to belief--as occurred with Mrs. Nelson. In this case, we must note that neither of the respondents were heavily involved in their mother's life at the time of her suspension. Mrs. Lincoln lived in another city and had a child of her own and Mr. Bellamy had been living on his own for ten years. Mrs. Bellamy's death did not constitute a disruption of their lives nor was it a high grief situation for them (Schneidman, 1975; Fulton, 1970). As such, they did not feel the need to continue a relationship with her since no relationship had been lost.

Bereavement

Because Mrs. Bellamy's death did not represent a high grief situation for her children, they had little to gain by seeing her as less

than dead. Therefore, it is not surprising that her suspended status had little effect on them.

The minimal impact of suspension can be seen in Mrs. Lincoln's description of her reaction to it. She said:

> To me it's entirely intellectual. Of course, I was very depressed when my mother died and it was an emotional thing. I was quite shocked but at the same time I still think this is an intellectual type thing and I have no emotional feelings about it whatsoever. To me she is dead. After all, I can't sit here and speak to her (Lincoln, Int 1, 1973).

Commenting specifically upon those who see their relatives as less than dead with suspension, Mr. Bellamy said:

> To a lot of people it's an emotional release to have someone suspended. It can justify your not having any adverse reactions to the death. An average person who thinks of this as not death doesn't have to think about things they should have done before the person died. This is a good release. But I don't feel that way about it. To me it's death (Bellamy, Int 1, 1974).

In previous cases we saw that the presence of a perfectly preserved relative was reassuring. Here, when we see the way in which these respondents speak of their visit to their mother, we see that preservation has little impact. Mrs. Lincoln said:

> I don't see the point of visiting just as I don't see the point of bringing flowers to a tombstone. There's no purpose. I can remember my mother without seeing her in a capsule (Lincoln, Int 1, 1973).

Mr. Bellamy had similar feelings. He said:

> I didn't have any reaction to seeing her in the capsule. It was what I expected. They had some plastic over her and foil. I suppose it's unique to see someone who's dead but seeing her was the same as seeing any other dead person. The two are similar to me (Bellamy, Int 1, 1974).

As in one of our previous cases, this one too allows a direct comparison between Cryonics bereavement and that attending other types of death

dispositions. The respondents' father died and was buried shortly after their mother and in contrasting their reactions it becomes clear that a frozen body--in and of itself--does not always differentiate bereavement experiences. For example, in her comparison of the two events, Mrs. Lincoln said:

> I think we were more emotional about my father because we weren't expecting him to die. That's the major difference. I don't feel any difference about the funerals. To me they're both dead (Lincoln, Int 1, 1973).

Along the same vein, Mr. Bellamy commented:

> My feelings are no different in either case because I accept both of them as dead. Cryonic suspension isn't different from death for me. I don't think she'll ever be alive again and I've been suggesting to my sister that we take her out and have her buried anyway (Bellamy, Int 1, 1974).

That these respondents claim to be unaffected by Cryonic interment does not mean that it is so or that Cryonics had no value for anyone connected with the case. With regard to the latter, knowledge of Cryonics and the prospect of suspension were of great value to Mrs. Bellamy. Speaking of the effect her suspension decision had on her, her children reported that it was "comforting and that it allowed her to accept death more easily." Thus, we are alerted to a major benefit of suspension--the immediate solace it offers to those who plan for it. For them, it is a way of dealing with death during their lives.

Finally, it cannot be said that these respondents were unaffected by their mother's suspension. While suspension may not have affected their bereavement, per se, it did have an effect on their lives. As opposed to their father's burial where their responsibility ended with the conclusion of the service, their mother's suspension signaled the

beginning of responsibilities--i.e. how to pay for it, where to store the capsule, checking the honesty of the Society. That their mother's suspension wishes could not be easily eschewed is seen in the fact that these respondents fought with Eastern Cryonics for two years before Mr. Bellamy suggested that they give up and bury Mrs. Bellamy. That Mrs. Lincoln was so hesitant to go along with this scheme attests to the impact that a suspended person's desires may have on survivors. So, while these survivors may say that suspension has little impact on them, it does affect them to the extent that they expend time, effort, and money that would not be required for other sorts of death dispositions.

IV. THE GUINEA PIGS

In this category we find individuals who thought their suspended relatives to be less than dead but who believed the primary rationale and benefits of suspension to be its contribution to scientific knowledge. The case chosen as illustrative of this type is that of the Lanes--a sixty year old woman and her thirty year old son who, respectively, suspended their husband and father.

Although Mr. Lane had been hospitalized three times in the year preceding his death, the family said that his death was a "surprise and shock" to them. However, while the death was a surprise, the notion of Cryonics suspension was not. Jack Lane had read about Cryonics in 1965, had discussed it with his parents and had urged that they accept it. Describing his tactics of persuasion, Jack said:

> I kind of badgered my parents with it. I told them I thought it was a good idea and that we should all arrange to have it done. They both agreed--not really enthusiastically. They said O.K. There were

> no negative arguments against it. They considered the prospects of succeeding less likely than I did but they did agree to it (Lane, Mr., Int 1, 1974).

The Lanes were attracted to Cryonics because of their interest in science. The importance of scientific considerations in their acceptance of Cryonics is apparent in their descriptions of family discussions about it. Of these discussions and her own reaction to Cryonics, Mrs. Lane said:

> It was another scientific subject. Jack was always interested in anti-aging or space and he would talk about things like that all the time. The average person would think that he was crazy. He was just ahead of his time. We talked about Cryonics the same way that we talked about other scientific subjects. It was an interesting idea. Of course, my reaction was favorable. I'm always interested in science and science fiction and this seemed to fit right in with all that (Lane, Mrs., Int 1, 1974).

Discussions of Cryonics and agreement as to its efficacy did not lead to action. The Lanes decided upon Cryonic suspension and then promptly forgot about it. Neither contact with the Society nor arrangements for suspension were made and Cryonics was recalled only in the context of Mr. Lane's illness.

The Suspension

When Mr. Lane was declared critically ill by his physicians, Jack Lane remembered Cryonics and contacted Robert Ettinger, the man who had introduced Cryonics to the public through his book The Prospect of Immortality, and informed him of his decision to suspend his father. Ettinger provided the Lanes with a list of individuals involved in suspension and Jack proceded to alert them of the forthcoming suspension.

Given his interests in the scientific aspects of suspension, Jack was aware of the importance of immediate perfusions. Therefore, upon

the declaration of Mr. Lane's death, Jack chartered a plane and "rounded up" the people and equipment necessary for suspension. Describing the events--and confusion--which surrounded suspension, Jack said:

> We flew to New York and to Georgia and then back to Maryland with people and equipment. When we got the plane we weren't sure exactly where to go and we spent a lot of time locating things. Meanwhile, the hospital had cooled the body, using ice cubes, and had put my father in a large freezer. We took the equipment to a mortuary and he was brought there for the perfusion. The people in Cryonics were really hard workers. Sixteen hours had gone by before we did the perfusion and we were all worried about the time factor but they said that there was scientific reason to believe that we were still o.k. They told me about a child who fell into an icey river and was there two and a half hours. Doctors revived her and she is perfectly well today. That made me feel a lot better about this suspension (Lane, Mr., Int 1, 1974).

Jack Lane's belief in the scientific basis of suspension is most apparent in his concern with suspension procedures and time limits for the accomplishment of the practice. His scientific inclinations are further evidenced in his acceptance of the Society's terminology. For example, he notes that the Society refers to suspended persons as patients and he uses the designation because he feels that "it's the right term because the chance of success is so high."

Involvement

While Jack was impressed with the industriousness of Society officials, he was disappointed with the state of the Society. Such feelings are evident in his appraisal of the Society's suspension facility. He said of it:

> I was surprised at how small it (the facility) was. Even though I had become cynical about the human acceptance of ideas, I thought the organization would be larger. I thought that even without a lot of information the public would have been receptive to the idea (Lane, Mr., Int 1, 1974).

But even with these feelings neither Jack nor Mrs. Lane were stirred into activity on the Society's behalf. This lack of involvement in the Society can be traced to their belief in Cryonics suspension as a scientific enterprise and to the type of loss which Mr. Lane's suspension represented.

As a scientific enterprise, there was little the Lanes believed they could do to advance the Cryonics cause. They could not, for example, engage in the research that would make resuscitation a reality. As they saw it, their contribution to science and Cryonics was the suspension of Mr. Lane. Mrs. Lane said of it, "I consider the suspension to be our part in a scientific experiment and the advancement of science." Because the Lanes believed in the steady growth of science and the accumulation of knowledge, they assumed that the success of Cryonics was dependent upon scientific expertise and that this expertise could not be affected by the desires of lay people. Thus, they were not involved in the Society because they did not believe that involvement could have any effect on suspension or resuscitation.

Their involvement in the Society was limited as well by their perception of their loss and the effect of this loss on their everyday life. For example, Mrs. Lane described her marriage of forty-two years as "very close" and said that she was "disgusted" that her husband had died. From this description, one might expect that Mr. Lane's death would signify a great loss and would be the occasion of a high grief situation. That this did not occur can be explained by the many activities in which Mrs. Lane engaged--both before and after her husband's suspension. She said of herself and her reaction to her husband's suspension:

> I have a different situation from most women. I work twelve to fourteen hours a day. I don't have time to make a thing of this (the loss of her husband). It depends on your circumstances--how busy you are. I don't have time to think about it or for self indulgence (Lane, Mrs., Int 1, 1974).

We can see in her remarks that Mrs. Lane's life was not disrupted by her husband's suspension; she continued to run their business as she had in the past. Thus, she had little need for new friends to provide her with social activities and less need to become involved in Cryonics.

In sum, we see that because the Lanes believed suspension to be a scientific enterprise, the basis for maintaining a relationship with the suspended person through involvement in the Society was obviated. We see too that the activities in which she was engaged lessened the impact of loss for Mrs. Lane. As such, the loss was more easily sustained.

Bereavement

While the Lanes believed that persons who were suspended were less than dead, they maintained that they had not suspended Mr. Lane in order to lessen the finality of his death but rather because they wanted to make a contribution to science. In this regard, Jack Lane said:

> It seemed irrational not to follow through with this. Of course, my opinion was based on my perception of scientific knowledge in the future--that this is what things are progressing to. There were really no issues in deciding. The probability of success seemed sufficiently high to justify it (Lane, Mr., Int 1, 1974).

But, despite their emphasis on the scientific aspects of Cryonics, the lessened finality of death associated with it was an important aspect of the Lane's bereavement. In commenting upon their reactions to

suspension, we can see the solace which the Lanes gained from it. Jack Lane said:

> I do feel that my father isn't dead with all the associations of being dead--the finality of it. There's a chance that he might be alive again. There may never be resuscitation. There may be a new authoritarian government that would order that the patients be cremated or buried. But the chance (for life) is there. The chance isn't that remote and it makes me feel better to know that he has it (Lane, Mr., Int 1, 1974).

Mrs. Lane echoed his sentiments. She said:

> There's always the possibility (of more life). One day people weren't in space and then it happened. Overnight something could happen with this. I really feel better with Cryonics. At least there's a chance. Even though I'm not completely confident about it, it's not the same as the normal. If there hadn't been Cryonics suspension, I'd be thinking of all the things he didn't do. Now the chance is still there for him to do them (Lane, Mrs., Int 1, 1974).

In sum, we can see that belief in suspension as a scientific experiment does not preclude survivors being comforted from their relative's suspension. Such a belief does, however, act against survivors involvement in a Society since the emphasis on science removes the success of suspension from the realms of lay people. As such, relatives believe that efforts on the Society's behalf can have little effect on the course of suspension or resuscitation.

The emphasis on science rather than the lessened finality of death is influenced by the level of involvement among relatives which existed prior to suspension. In the case we have presented, respondents had active lives which were filled with independent activities. The suspension did not represent the end of social relations or social activities for them. Therefore, they had little need for, or desire to, continue a relationship with their suspended relative.

We have seen too that the existence of a frozen relative cannot explain the course of bereavement. Rather, bereavement is dependent upon the beliefs which are attributed to suspension. When suspended persons are believed to be not yet dead or parts of a scientific experiment, survivors are comforted by suspension. However, when the suspended are believed to be fully dead, the existence of a frozen body has little impact upon survivors.

The beliefs which have been enumerated are not randomly constructed by survivors. They are related to perceptions of what has been lost (i.e. high grief--low grief situations) as well as to the level of involvement which existed between the survivor and the suspended person prior to suspension.

We also find that the bereavement experience is related to the age at which death occurred. Emotions were highest where the suspended person was considered too young to have died (i.e. mother/young son, middle aged husband/middle aged wife). In these cases, the bereaved felt that they were robbed of a relationship and that their relations were robbed of a future. In cases of low grief and weak attachments to the suspended person, we find adult children--two with families of their own and two long away from home--suspending parents who were beyond the age of sixty.

These findings are in accord with current research on bereavement and loneliness which focuses upon what has been lost rather than on how the loss has occurred as an explanation for bereavement patterns (Wallace, 1973; Weiss, 1974; Marris, 1975). Current research theorizes that cause of death (accidental, natural, suicide) is not sufficient to

explain patterns of bereavement. Instead, it argues that bereavement is a reaction to perceived loss rather than to the death itself (Sheskin and Wallace, 1976). In Cryonics bereavement, we find that this relationship holds true. We also find that where cause of death cannot illuminate bereavement patterns, neither can the disposition of the dead.

So, while there is agreement among survivors who are positive about Cryonics that a Cryonic interment of relatives is easier to endure, the interment alone does not determine the bereavement pattern. The age at which death or suspension occurs, which is related to the perception of the loss as well as to the prior relationship, remain important in understanding bereavement patterns.

CHAPTER VII

CONCLUSIONS

In concluding this study, a number of theoretical issues must be addressed.

First, we have seen that Cryonicists made what they considered to be rational decisions about Cryonics. In contrast to the psychological school we have cited, that posits an unthinking susceptibility as the basis for attraction to appeals, our respondents' predispositions towards Cryonics became actual only after particular factors (i.e. finances, honesty of Cryonics Societies) had been considered. They were not blindly swept into acceptance of Cryonics nor did they have distinctive personality traits which would mark them as "types" likely to believe. In fact, we have seen throughout this study that most Cryonicists were marked by conventionality--by their concern with respectability and proper appearances.

As such, we must conclude that when the perspectives and accounts of actors are given credence, their actions no longer appear pathological and ill considered. Like other actors, Cryonicists live in and construct worlds that make sense to them. For Cryonics to be accepted it had to be seen as something which would fit within these worlds. In noting this, we once again affirm the existence and legitmacy of multiple realities--each one valid and real to its believers--which so many psychologists have tended to overlook in their treatments of belief systems.

With regard to sociological treatments of belief systems, this study has modified the usually taken for granted information about them. In addition to finding a belief that was cognitively adequate for believers, we have found one which did not require isolation from non believers or the continual support of like minded others--factors so often cited as essential to belief by sociologists.

We have distinguished between activities on behalf of a group and allegiance to a belief and have noted that Cryonics beliefs were maintained even after individual participation and group activities had ceased. To explain why individual participation did not continue and how belief could be maintained without it and without an organization devoted to the practices that belief dictated, we have invoked the notions of secrecy and commitment.

First we have seen that individuals weighed the consequences of increased participation in Cryonics against prior commitments. When they thought that already existing ties or identities would be threatened, their participation in a Cryonics organization and disclosure of Cryonics beliefs were tempered. Therefore, when Eastern Cryonics dissipated, there were few believers who would--or felt they could--devote the time and effort necessary to its revitalization. Concomitantly, this lack of full time, full scale devotion to Cryonics can be seen among those who formed splinter groups. As such, believers were committed to ongoing social worlds and these commitments served as constraints to Cryonics activities.

The benefits accrued from secrecy are other important factors in understanding the actions of Cryonicists and the ways in which their

belief system--one that could not be disconfirmed--Cryonicists did not need the approval or agreement of others to affirm their belief. Truth or falsity could only be established through future developments. Validity of belief then was not dependent upon the positive reactions of others.

But, while little could be gained from conveying information to others, much could be gained by secrecy. The perceived need for secrecy often added to the value of Cryonics. Certainly, believers thought that something mundane or unimportant would not need to be veiled. Thus, secrecy added to the aura of Cryonics as an important and perhaps revolutionary practice. It made belief seem more important at the same time that it distinguished Cryonicists from other persons. By accentuating differences, secrecy allowed Cryonicists to feel exceptional--to break out of their conventional lives without much effort or very much risk.

Finally, this study has begun to respond to the question which was posed earlier--as to various orientations on death. In doing so, assumptions about death and bereavement have been modified. In place of a universal stigma of death which militates against individuals talking about or confronting death, we have seen a group of people who saw death as just another technological problem in need of solution. We must ask how such individuals can be characterized and whether they are the products of a death denying culture or the refutation of such trends?

It must be noted that in trying to do something about death, Cryonics practitioners are the exception to the taken for granted theoretical rule that death is stigmatized and that it is, consequently,

a subject which is shunned. We have seen that by embracing this new death practice Cryonicists overcame their own problems with regard to death and that these problems could be dealt with only when the reality and possibility of death was acknowledged and accepted. Thus, the stigma of death had to be lifted for Cryonics to be accepted, and once lifted, individuals could feel empowered to do something about death. If the likelihood of death had been denied or repressed, Cryonicists would have been unable to see the practice as anything other than "bizarre" or weird.

All this raises the issue of what denial is and what its utility is for sociologists interested in understanding death and bereavement. Psychologists have generally characterized denial as a defense mechanism which is used to negate a painful perception or neutralize a distressing conflict (Weissman, 1972). But, given the abstract nature of such a definition, Weissman has noted that denial now covers almost any situation, act, or verbal expression in which anyone seeks to avoid reality or to escape confrontation with something unpleasant or alarming, at lease in the eyes of the observer. The focus upon the observer as the arbiter of denial underscores the limitations of denial as a concept for sociologists. Who, after all, can vouch for the observer's opinion or for his characterization of another's reality? Sociologists have shown that observers' opinions and interpretations are heavily tinged with assumption that are unexplicated because they are so taken for granted. They are no more real or valid than those the observer is studying (see Phillips, 1973).

Given the difficulties with the concept of denial, one cannot too easily discount the efforts of Cryonicists as denial techniques. To merely assert that Cryonicists are the greatest death denyers of all--that their embrace of the practice represents a desire to ultimately circumvent and deny death--is too facile. Certainly, Cryonicists are trying to circumvent death, or to cure the disease of aging, but to characterize this as denial overlooks the fact that death must be confronted in order for Cryonicists to do something about it. Thus, those who would explain Cryonics on the basis of our respondents inability to handle death overlook the reactions of individuals who could not accept Cryonics. When such reactions are examined one must wonder who it is that has problems with death? In this regard, it is interesting to note the reactions that this research evoked from friends and associates.

When I began this study, I expected friends to find Cryonics interesting and perhaps unusual. I was most surprised to find that reactions to the research as well as to the practice were extreme and sometimes hostile. People told me that Cryonicists were "sick" and that I was "sicker" to be spending time with them. Individuals who felt it wrong and/or depressing to talk about death charged that Cryonicists had unresolved problems with death that a "normal" person did not. When I talked about the possible benefits to be accrued from the suspension of one's relatives, a friend told me that she would not and could not imagine or discuss her mother's death and that she did not know what she would do when her mother died as she did not think she could survive her death. Consequently, she could not bring herself to discuss any possible benefits, or detriments, of Cryonics since she could not bring

herself to accept the condition which would precipitate the practice. Of course, many others told me that there was a time to live and a time to die and that it was unnatural to affect these times through freezing, although they all admitted themselves to be in favor of curing terminal disease. Finally, one friend--a nurse--walked out of the room whenever Cryonics was discussed because she felt it to be evil and disgusting. So again, we must ask who has the problems with death and who denies it?

All this, of course, is not to say that only Cryonicists are sane or that all people should accept Cryonics. There are reasons--which we will soon be discussing--to be hesitant about Cryonics. It is to say, however, that a psychological concept like denial is inadequate to the task of understanding Cryonics.

Certainly, Cryonicists found death an uncomfortable subject. Their remarks about being unable to discuss it or think about it before Cryonics bears witness to such problems. But, in disliking death and being unwilling to deal with it prior to Cryonics, Cryonicists were not unique. What distinguishes them is their ability to express and to deal with these problems.

In effect, by accepting Cryonics, they could deny an ultimate and total end of life at the same time that they were accepting a more immediate and less final ending--i.e. the legal declaration of death. In doing this, they gained much that is denied others who have not confronted death. Most immediately, they could relax about it and sometimes joke about it. They could also deal with the prospect of others deaths as well as deal with deaths after they occurred. In short, death and bereavement could be coped with more easily. To see the benefits that

accrued to them we have only to examine what might have occurred had Cryonics not been accepted.

Many Cryonicists would probably have remained undistinguished from the friends whose reactions I have cited. Some would have been uncomfortable with death and would have avoided discussions of it. And others, perhaps, who "always believed that something would happen to end death" would have hoped for the end of disease to incur life extension.

Among individuals who suspended relatives the benefits derived from suspension were clearer. For example, Mr. Mano argued, and I would concur, that the death and burial of his wife would have shattered him. He would probably have been able to carry on with his everyday activities because he prided himself on being a person who could handle crises and it is likely that he would have made every effort to cope with his grief but there seems little doubt that the death would have been a more depressing event. Mr. Mano said that hope and optimism were essential to life. Without Cryonics, he would have been deprived of the opportunity to have and to feel such sentiments. It seems safe to assume, then, that without Cryonics he would have been denied the things he deemed essential to life.

Cryonics also helped Mrs. Nelson to cope with her bereavement. She believed that her son would not be resuscitated during her lifetime but, like Mr. Mano, she was comforted by the belief that Cryonics efforts would ultimately make the death less final. She believed that despite death, something could be done and emotionally such a belief helped a great deal. Eventually, the inadequacies of the Cryonics

organization became apparent. By that time, however, adjustments to loss had been made.

Finally, in a case that was not cited in the text, Miss Wilson, who suspended her father, said that Cryonics allowed her nightmares about death to stop. She was, as were the others, comforted by the knowledge of perfect preservation. This is not to say, however, that concern with perfect preservation can be equated with death denial. Respondents did not expect their relatives to walk out of their capsules in the immediate future. In this regard, while they believed them to be not yet dead, they knew that this was very far from being alive. For our respondents, perfect preservation meant that they could believe their suspended relatives to be safe and comfortable in their state. It meant as well that when they imagined their relatives, they could rest assured that their images of them were still accurate--that they had not changed.

For respondents who saw their relatives as guinea pigs, the death did not so much help them cope with death, per se, as it did allow them to feel that they had contributed to something more meaningful than a cremation or burial. These individuals also felt that Cryonics helped to ease their grief. But, here too, denial or fear of death was not at work. Survivors faced the deaths of their relatives and understood that they might never be live again. Nevertheless, sustenance could be gained from engaging in the practice.

Thus, in addition to qualifying assumptions about death and dying, this study has added to our knowledge about bereavement. We have seen, for example, that bereavements are not all of a kind and that their course

is not affected, in a uniform way, by types of death dispositions. All survivors did not view their relatives in a similar way nor did the suspensions have similar effects on all bereavements.

Particular beliefs evolved with regard to suspension (i.e. not yet dead, fully dead, guinea pigs) and these beliefs affected the bereavement experience. In their effects, we have seen deviations from the taken for granted course of bereavement which delineates shock and numbness, grief and readjustment as natural and universal processes. The need to make Cryonics arrangements lessened the shock and numbness which so often accompanies the death of another and, for some respondents, suspension ameliorated grief as well.

In discussing the emergence of beliefs about suspension, we have noted factors such as the age of the suspended person and the level of involvement which existed between the survivor and the suspended person, prior to suspension. In isolating such characteristics, we find commonalities between Cryonics bereavements and those established by other researchers for other sorts of death dispositions (see Wallace, 1973; Glick et al., 1974). Age and involvement seem to be factors which affect bereavement regardless of particular types of death dispositions.

However, Cryonics bereavement parts company with that which follows other types of death dispositions when we recognize its potential for rendering the death less real and absolute. Among those who believe relatives to be not yet dead, Cryonics offers the possibility of lessened grief, easier adjustment, and a continued relationship with the suspended person. Such possibilities are not available to many other bereaved persons.

In addition to modifying what are often thought to be common patterns of bereavement, this study has shown that stigma and exclusion are not necessarily the fate of all bereaved individuals. Cryonic survivors who were excluded from former social networks found that, if they made the effort, they could befriend members of Eastern Cryonics. In the reception accorded survivors, we see that the stigma so often thought to accompany the bereaved is not universal. It seems dependent instead on the ways in which individuals accept death. Among Cryonicists, where death has been dealt with, there is little reason to see the bereaved as ominous reminders of a feared state. As such, the bereaved can be treated in an open and friendly way.

If so much is to be gained from Cryonics, one must then wonder what reasons there could be for not adopting it. If it helps individuals during their lives to accept death and if survivors are better able to cope with bereavement as a result of suspension, then why not urge the widespread adoption of Cryonics?

Perhaps a primary reason against such adoption is that we cannot always be sure of the effect of suspension on survivors. Especially in cases like Mrs. Bellamy's where her children would not have initiated the practice, we must wonder about the right of an individual to incur obligations for future generations. For example, Mrs. Bellamy's children were not pleased by her suspension and were less pleased about having to pay for it. Nevertheless, they felt bound by her desires and found the decision to bury her a difficult one to make.

But, while Mrs. Bellamy's children may have felt resentment for having been drawn into a situation that was not of their making, one can

imagine even more deleterious consequences for survivors.

What happens, for example, to the survivor whose nightmares begin with suspension--who may believe his relative not yet dead but who may find that status a gruesome one? We must also be concerned with the survivor who may be in need of the income that the suspended person has allocated on his suspension. What effect would such feelings of deprivation have on the survivor's perception of his preceding relationship with the suspended person and what effect would this ultimately have on the course of his bereavement?

In raising such questions and in considering the rights of the individual to make decisions with regard to his death, Toynbee's observations are pertinent. Commenting upon the dying process, he has noted that there are two parties to the suffering that death inflicts and that, in the apportionment of this suffering, the survivor takes the brunt (Toynbee, 1969). By this he means that death will soon end the suffering of one of the parties but that the survivor who has suffered through the other's dying will continue to suffer after the death has occurred. If such is the case, then one must question whether survivors should be made to suffer the further pain of living with a death disposition which is distasteful to them.

On the face of it, it seems reasonable that individuals should have the right to determine the fate of their own bodies. An individual who desires cremation, for example, should be cremated and one who wills his body to a medical school or his organs to various organ banks should be assured of their reaching the proper recipients. Concomitantly, death with dignity advocates assert that an individual should have the

right to terminate medical treatment and accept death. They suggest a living will to be signed before the individual's illness, in which he states that no life measures be undertaken "if there is no reasonable expectation of recovery from physical and mental disability" (Mannes, 1973).

But with such decisions, survivors' adjustment may be threatened. Some survivors may find cremation brutal and may be plagued by memories of it. Others may find unbearable the knowledge that relatives had been dissected by researchers. And, while we may all hope for death with dignity, what happens to the family who is not yet ready to accept a death at the time that a dying person deems it propitious? In this regard, we must note that the horrors of prolonged treatment of the terminally ill are not necessarily ameliorated for the family by allowing individuals the decision to die sooner or faster. A decision to die--when a family is not prepared for it--may be no less brutal than suffering the prolonged treatment of a loved one.

The wishes of the dead and dying are not yet legally binding but efforts to legislate these areas are being made and are gaining in popularity. While such efforts seem humane, they must be looked at cautiously. At present, it would seem that efforts to remedy the problems of the dying and assure the desires of the dead may be made at the expense of survivors. In this regard, it is important not to overlook the interactive elements of death and bereavement. While only one person may die, there are usually many family members who are affected by the death. As such, it would seem that their wishes should be considered since they are the ones

who must live with and suffer the consequences of any decision the dying person has made.

Of course, many of the disparities between the wishes of the dying and the desires of family members could be made academic if discussions of death and death dispositions were natural occurrences. If individuals, for example, who wanted to be cremated explained their reasons to relatives and helped them overcome their aversion to the practice, cremation might be assured. There is always the possibility, however, that relatives will not be convinced--that they will be unable to accept cremation, Cryonics, donating a body to science or a living will. When this possibility is considered, the perils of legislation in this area become apparent. Legislation which assured the rights of the dying or dead over the disposition of their bodies might consign survivors to a difficult, and perhaps irresolvable, bereavement. I believe, in this regard, that survivors must have the right to choose a death disposition with which they can live--no matter what the desire of the dying or deceased. In short, the rights of the dead must recede in the face of the living.

In saying this I recognize that death bed requests often have a significant impact on relatives and that those who disobey them may expect to feel guilty for their actions. They may, in fact, find, as did Mrs. Lincoln and Mr. Bellamy, that they were placed in a zero sum situation in which there are no easy options. Costs will be incurred whether or not the wishes of the deceased are followed. But, despite the difficulties of the choice, I believe it should be left to the survivor to determine the course with which he/she can best live.

The right of an individual to determine the fate of his body is not the only issue raised by Cryonics. Also raised is the extent to which resources should be used to extend life and control death. In this sense, while Cryonics may seem histrionic, its goals are not without parallel in medical science today.

At the same time, for example, that individuals are repelled by the costs and prospect of bodies being frozen and brought back to life, there exist facilities devoted to the storage of frozen sperm, corneas, skin and bone marrow cells. The day when hearts, kidneys and other organs will be stockpiled for the use of needy individuals is not far off--it is dependent only upon proper technological knowledge. In the meantime, physicians have not been deterred in their efforts to extend life. One innovator transplanted a chimpanzee heart into a human patient in an effort to "save" the patient from his heart disease (Gorney, 1972).

Where death cannot be controlled through the use of spare parts and organs, disease itself is being confronted. Thus, the federal government has declared war on cancer and has allocated massive funds to defeat it. While other diseases have yet to win the same financial support all are thought to be within the purview of scientific control.

Efforts are also being made to assure life to the, as yet, unborn. Technological advances and neonatal centers also have secured life for increasing numbers of premature children. The life and future health of the baby is currently being promoted through medical and surgical procedures conducted while the infant is in utero.

Cryonicists look upon these medical advances as affirmation of their belief that individuals are interested in more and more life and

they believe that individuals who support such practices without supporting Cryonics are hypocrites. They see themselves as the only ones who have squarely confronted the issues of death and life extension.

In this regard, Cryonicists were fond of noting that if medical science continued on its path and was successful in curing fatal disease, it would add only ten or fifteen additional years in which to suffer the ravages of old age. For Cryonicists, such life extension would not be desirable and one must wonder if they are not correct in their views.

When one considers the treatment accorded the elderly in our society, he must wonder why anyone would want to increase his life. Unfortunately, medical advances and cures are being promoted with little attention to these issues. These issues, however, are crucial ones. Does it make sense to spend billions curing cancer if the result is to enable millions to live on to senility, or to extend life through expensive transplants when mandatory retirement ages might force longer living individuals into a life of forced obsolescence?

Cryonicists felt that the adoption of their practice would lead to a better world. In this regard they said:

> When a man has only sixty-five or seventy years to live, nothing is too important. So you make a lot of enemies. It's not too long that you have to avoid and dodge them. When you know that people are going to be around for a long time that changes and you try to work things out on a friendly basis (Green, Int 2, 1974).

> It would seem reasonable to assume--since the more progress you have the more follows after that--that if suspension worked, we would certainly have a more technologically advanced society. It means that we would advance eventually to what I consider a type two society, where you would have the benefits of today and none of the drawbacks. Now you put a plane in the air and the air reeks of gas. You've got the factories running and pollution throughout the whole system. That's not to say that you should live like an Indian. It's to say that we should do more research on technology

> to eliminate the drawbacks. This will eventually happen. The quality of life will be advanced by new research into drugs and expanded brain power. We're limited to five senses now. We needn't be in the future (Glass, Int 2, 1974).

Thus, for most Cryonicists, suspension was not embraced without some thought to future benefits. Cryonicists weighed the costs against personal and societal advantages and then made a decision about the practice. A similar rationality cannot be said to characterize efforts in bio-medicine today.

With regard to costs alone, the wisdom of bio-medical practices can be questioned. Commenting upon these practices, one author said:

> The development of borrowed and artificial organs presents a new instance of an old problem; how to distribute scarce resources justly. Medical care is a scarce resource; quality care, especially so. Is large scale transplantation the best use of these limited resources (Kass quoted in Katz and Capron, 1975)?

Heart transplants fall within the range of 25-30,000 dollars (Hendlin, 1973) and, of kidney dialysis machines it has been said that "for the first time in history the staggering cost of a new and accepted medical therapy has prevented its widespread use" (Gorney, 1972). But, even if such treatments were widely available with individuals having sufficient funds to attain them, we must wonder about the efficacy of having sophisticated medical treatment for those at the beginning and ends of their lives while so many in between suffer from inadequate health care. In regard to this question--the allocation of medical resources--one senator has noted that "a public commitment of one billion dollars could buy enough kidney dialysis centers to serve 25,000 persons in the next decade--or it could provide ambulatory care of a general nature for 1.2 million poor people" (Mondale, quoted in Katz and Capron, 1975).

Given the fact that funds are finite, would it not be more sensible to assure a better life to those who are already here or are not fatally ill? Questions of the quality versus the quantity of life are raised here as is the justice of a system that provided quality health care only to those who were critically ill and/or wealthy enough to afford it.

In its concentration on the critically ill and the initiation of new technologies to service them, medical science is not very different from Cryonics where the emphasis is on investing in someone who has been declared dead. Both place tremendous efforts and resources on a small sector of the population to the exclusion of the rest. This is not to say that catastrophic disease should be left unattended while medical researchers devote themselves to curing everyday diseases like the common cold but, if Cryonics is considered a waste of resources, then is not the emphasis on life preservation in medical science a similar misuse? How is one to know when life preservation and extension is legitimate and when it is worth the costs involved?

In sum, we have seen that Cryonics cannot be too easily dismissed. On the one hand, belief in it has helped a number of people to deal with a significant problem--death and bereavement--and on the other, its emphasis on life extension is not without parallel in medical science today. With regard to this latter issue, we must all be concerned with how our resources are used--with whether increased lifespans or life extension is what we want. Cryonicists have thought it through and have decided in favor of it because they see a worthwhile and desirable future. Others have yet to raise such questions as to the worth and

implications of their efforts. In essence, increased lifespans should require rather than be the unanticipated consequence of scientific research.

CHAPTER VIII

METHODOLOGY

I. SELECTION OF THE GROUP

I learned of the existence of the Cryonics Society after seeing its address listed in Death As A Fact of Life (Hendin, 1973). Because I found the topic interesting, I set out to discover whether its investigation would provide sufficient data for a dissertation. I contacted the President of the Society who granted me an interview and told me of others to contact. He also alerted me to the existence of other Cryonics Societies in Michigan and California.

Obviously, a study of the Eastern Cryonics Society was most convenient. But before deciding to focus solely upon this group, I explored the differences and similarities between the groups and considered the theoretical importance of a study which concentrated on one group only.

I discovered that the Eastern and California groups were similar in that both had engaged in suspensions and that both had suffered dissension and decline after suspensions were begun. The Michigan Society, on the other hand, was the longest lasting group but it had neither administered suspensions nor suffered the consequences which seemed to attend them. Because I was interested in individuals who had suspended relatives as well as those who were planning their own suspension, the Eastern Society was thought to provide an adequate case for study.

II. SAMPLING

Three sources were used in the acquisition of the sample--snowball sampling, the Society's mailing list, and Cryonics Reports, the Society's Journal.

As noted, my first contact was with the President of the Society. After getting to know him and interviewing him twice, I asked him for suggestions as to others who might be contacted for interviews. He provided me with three names. After contacting and interviewing these individuals, I asked them to recommend others. In this way I acquired fourteen respondents.

An additional five respondents were elicited from my perusal of Cryonics Reports. In going over the journal, I was interested in individuals who were frequently mentioned in it. Where names and addresses were listed I looked up phone numbers or, when such numbers were unavailable, I requested the help of individuals who had already been contacted and interviewed. In no instance was such information refused when it was available.

Given these methods, early interviews tended to be limited to officers of the Society or others who were well known to them and immediately recalled, such as relatives of suspended persons. In an effort to reach a broader range of respondents, I obtained a mailing list from the Society's Journal. Upon its receipt, the President and Vice President of the Society went over it with me indicating the statuses of listed individuals (i.e. member or not; level of participation; attended meetings or not).

In effect, this list allowed contact with what might be considered the rank and file of the Cryonics Society. Individuals who were contacted via the mailing list were distinguished from other respondents by their lesser involvement in the politics of the organization. As such, they were less likely to be recalled or recommended for interviews. Thirteen respondents were contacted through the mailing list.

As I secured respondents, I attempted to establish theoretical categories in ways similar to those enunciated by Glaser and Strauss (1967).

The categories which emerged included the leaders--individuals who had initiated the organization and who were elected officials; the activists--individuals who were involved in the politics of the organization and who may or may not have desired suspension for themselves; individuals who had suspended relatives; and the onlookers and joiners--individuals who belonged to the group and may have desired suspension but who were not active participants.

It should be noted that these categories were not always mutually exclusive. For example, some individuals who suspended relatives were activists, while others were not. However, all categories were not seen to need the same number for theoretical saturation to occur.

Thus, I interviewed everyone who had suspended a relative at least once and sometimes two or three times while interviewing only some onlookers and joiners and interviewing those only once.

Of course, the decision as to when such categories were adequately sampled or theoretically saturated was, of necessity, a subjective one;

but it was one that was guided, as well as made easier, by the joint collection and analysis of data which characterizes qualitative research. Thus, I did not wait until all data were in to assess the state, or theoretical significance of the study. Instead, such assessments were constant and were made throughout the data collection process.

Given the assumptions of theoretical sampling, I did not specify in advance how many interviews would be required with each respondent. Instead, this decision was predicated upon the individual's relation to the group, his commitment to Cryonics--whether or not he desired suspension, and the extent of information he had to offer. As such, this study consists of forty interviews with thirty-two respondents, with interviews ranging from one and a half to four hours.

III. DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

The sample consisted of twenty-two males and ten females. Tables 1 and 2 indicate the age, education, occupation and religious characteristics of respondents.

Of these individuals, eight suspended six relatives. Table 3 delineates the characteristics of these persons.

IV. MAKING CONTACT

All appointments for interviews were made by telephone. During such conversations I introduced myself as a sociologist who was interested in Cryonics and interested in learning about the experiences of those who had been involved in the Society. After introducing myself, I would note the source by which I obtained the individual's name. Then

TABLE 1

CHARACTERISTICS OF MALE RESPONDENTS

	Male Respondents
Religion of Family of Orientation	
Catholic	2
Protestant	9
Jewish	10
Current Religious Preference	
Catholic	2
Protestant	1
Jewish	1
Agnostic/Atheist	17
Age	
20-25	3
26-35	5
36-45	7
46-55	5
56+	1
Education	
High School	4
College	11
Graduate and/or Professional School	6
Occupation	
Blue Collar	0
Clerical	0
Student	2
Self Employed	7
Professional	11

TABLE 2

CHARACTERISTICS OF FEMALE RESPONDENTS

	Female Respondents
Religion of Family of Orientation	
Catholic	0
Protestant	8
Jewish	2
Current Religious Preference	
Catholic	0
Protestant	0
Jewish	0
Agnostic/Atheist	10
Age	
20-25	1
26-35	3
36-45	2
46-55	2
56+	2
Education	
High School	7
College	3
Graduate and/or Professional School	0
Occupation	
Blue Collar	0
Clerical	4
Self-Employed	1
Professional	2
Housewife	3

TABLE 3

CHARACTERISTICS OF SURVIVORS

	Survivors
Religion of Family of Orientation	
Catholic	1
Protestant	6
Jewish	1
Current Religious Preferences	
Catholic	1
Protestant	1
Jewish	0
Atheist/Agnostic	6
Age of Survivor	
20-25	0
26-35	4
36-45	0
46-55	3
56+	1
Occupation/Survivor	
Clerical	3
Professional	2
Self-Employed	2
Housewife	1

I would answer any questions the individual had about the study and would ask about a convenient time for an interview. At the close of each conversation I mentioned that I would like to tape record the interview and asked the respondents permission to do so. In only two cases was such permission refused. In these cases I took copious notes throughout the interview and transcribed them afterwards.

I was often surprised by the readiness with which respondents agreed to interviews. Very few questions were asked of me--either about the study or about my own identification. Respondents invited me to their homes or their offices on the basis of one telephone conversation. In only one case was more information and identification required. One woman made an appointment with me but asked me for the telephone number of another member with whom she could verify my legitimacy. When I arrived for the interview, she told me that she had not bothered to make the call.

I can only speculate as to why respondents were so ready to talk to me. I think that many were flattered to be interviewed and that others welcomed the chance to talk to someone who was interested in their views. Indicative of such sentiments were the comments of one woman who, at the close of the interview, said:

> I really enjoyed the interview because we really got down to the nitty gritty. I thought of a lot of things that could be painful but weren't. This doesn't usually happen because when you're discussing Cryonics with a group of friends who aren't into Cryonics, the other person is ready to pounce on what you say and it goes off on tangents. With other people they say, well you just said this and then someone says that can't be and then the whole thing blows up. So, after awhile you just don't talk about it. It's too bad because there's a need for this talk (Green, Mrs., Int 1, 1974).

Given such remarks, I was able to feel that my research was not entirely

a one way street--that respondents were not being unduly exploited. I believe that while their cooperation contributed to an eventual dissertation, they did receive some immediate gratification in participating.

V. INTERVIEWING

Because this study was concerned with elucidating the realities and belief systems of individuals, I used intensive open ended interviews as the primary means of data collection.

The advantages of such a method are numerous and have been amply described by sociologists in a variety of publications (Denzin, 1970; Junker, 1960; Lofland, 1971; Cicourel, 1966). It is not my purpose here, however, to review all the arguments for or against the use of qualitative methods in research. Instead, I will confine myself to enumerating those aspects of intensive interviewing which made it most applicable to a study of believers in Cryonics.

Most importantly, the emphasis in intensive interviewing is on discovery rather than on the verification of a researcher's grand scheme. The central intent, therefore, of this method is that of facilitating renditions of an actor's reality. Such realities cannot be communicated nor understood by presenting a respondent with a fixed series of scales or questions and answers and asking him to find his place among them. While such techniques may have much to recommend them--they are, after all, directly feedable into a computer--they do not, and cannot, allow the respondent to tell his own story and, as I have noted, it is this story and its meaning to the actor which was my central concern in undertaking this study.

Underlying the intensive interview is an acknowledgement of the symbolic nature of language and an assumption that the meanings of statements, words or realities cannot be taken for granted. Thus, this form of interview provides a situation where rapport may be established and freely flowing conversation sustained. In such a setting the interviewer, as well as the respondent, is best able to probe the other--to understand nuances and to clarify statements.

Finally, by understanding the respondent's universe of discourse, the interviewer can--for however short a time--enter into or share the other's reality. It is in this way that we can have faith in both the validity of qualitative findings and in their correspondence to the reality of our respondents' experiences.

The benefits of intensive interviews are considerably enhanced when a tape recorder is used; therefore, all but two interviews were recorded. Such recording serves two purposes. First, it provides an exact account of all that occurred during the interview. As such, this record is an important component in our understanding of realities as it stands apart from any dangers of selective perception or retention. Secondly, since the aim of the interview is the establishment of a rapport that will facilitate conversation, tape recordings are an asset to the extent that they allow the interviewer to pay full attention and to become fully involved with the proceedings. Without such recordings, the interviewer must settle for partial notes and must suffer the interactional consequences of continually writing while another is speaking or of asking the other to repeat phrases so that they may be accurately transcribed.

There are some who argue that the presence of a tape recorder inhibits respondents in the remarks they are willing to make. There are at least two reasons why I do not believe this to have occurred in this study. First, at the start of each interview, I indicated to respondents that they could turn the tape off any time they felt that they did not want their remarks recorded. This occurred only once when an individual was making disparaging remarks about another member. While the tape was off, he did not object to my taking notes on his remarks. Secondly, and perhaps most importantly, most individuals were not aware of or forgot that the tape recorder was operating. In several instances, when I changed tapes, individuals expressed surprise and amusement that "it" had been on all along. In no case did they ask that it be stopped or that portions of what they had said be erased. In sum, the recorder seemed to make no difference to respondents. It was, however, of great importance to me in that it allowed my full concentration on the individual's remarks. Particularly in sessions with bereaved relatives--where tears were commonplace--the recorder allowed for a rapport which would not have been possible if I had been occupied with note taking.

In keeping with the remarks in this section, I did not impose a strict set of questions on the interview. Initial interviews were guided by very general questions (e.g. How did you learn about Cryonics? What did you find attractive about it?). As I interviewed respondents and gained a better understanding of their realities, the important questions for them and sociological issues for me began to emerge. At this point, I constructed an interview guide to assure uniformity in data collection (see Appendix). As Lofland has noted, the purpose of such a guide is

not to elicit choices to alternative answers among preformed questions but, rather, to elicit from the interviewee what he considers to be the important questions . . . and to carry on a guided conversation (Lofland, 1971:76). This interview guide, then, served as a reminder of the topics to be covered and as a stimulus to deeper questions and probes. As can be seen from an inspection of it, its very generality ensured that it would not be a constraint.

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APPENDIX

NAME _____ Date _____ #int. _____ Time _____

1. Decision
Source of info.

Reaction to idea.

Extent of info. (visits to facility, who contacted)

Reaction to addtl. info.

Time before decision and arrangements made.

Issues considered.

Resolutions.

Effect of unresolved issues.

2. Envisioning Suspension
Ceremonies.

Storage.

Stipulations for resus.

Circ. precluding susp.

3. Impact of the Decision
On Thoughts of own death. before and after/

Everyday life (health prac. recreat. att. at life)

Perceptions of others' deaths (Potential for mourning)
Those who've made arrangements

Those who've not.

Friends (whom told, why, reactions)

Relatives.

Children.

Reactions to children from others.

Conversation (anyone or anyplace where Cry not discussed)

Conseq. of disclosure at work.

4. Type Experience with loss

Age when it occurred Details

Reaction

Ceremonies

Cemetery Visits

Feelings on visits

5. Suspending A Relative

Request by person

Conditions of Death (where, when)

Prior arrangements with Cryonics

Preparations for suspension

Reactions of involved officials

Ceremonies

Visits to capsule

Feelings

6. Involvement--Past and Present

(financial support, lecturing, caring for facility, meetings)

Reason for decrease in participation

Demographic Char.

Name._____Date._____#int._____Time._____

Age. Education Spouse.
spouse Parents, father mother.

Occupation. Spouse
Parents. father mother

Religion of parents.

Religious schooling.

Rituals or holidays observed.

Children's Religion Religious schooling

Present religious characterization

#children #siblings

Insurance costs. Policy amount. Cap. main.

Other group memberships.

Political orientation.

Cry. Affiliation.

Hobbies.

SUSPENDED PERSON

Age. Ed. Occupation.

Cause of death

Prior knowledge of susp. Religion

Other group memberships.

Death Exp.

Polit. Orientation

Hobbies.

VITA

Arlene Sheskin was born in Brooklyn, New York on March 16, 1949. She was graduated from John Adams High School in Queens, New York in 1967. She received a Bachelor of Arts degree from Queens College in 1970 and a Master of Arts degree in Sociology from Boston University in 1972.

She enrolled at the University of Tennessee, Knoxville in 1974 and was awarded a Ph.D. in Sociology in 1976.