

IMMORTALIST AND TRANSHUMANIST FUTURES

THERE IS MIND ALL OVER THE BODY: IMMORTALIST AND TRANSHUMANIST
FUTURES

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There is Mind All Over the Body: *Immortalist and Transhumanist Futures*

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LAY ABSTRACT

Members of People Unlimited Inc, maintain that they are proof that physical immortality is possible, despite the death of their founder. In this dissertation, I address the paradox of immortalist lifeworlds: how can members of People Unlimited maintain that they are immortal, yet also claim that members are still susceptible to death? I argue that for many immortalists, anticipation acts as a way of recognizing the future as a model for the present. I explore how radical life extension activists, including immortalists, transhumanist, cryonicists, and others, create immortal futures through self-care regimens in the present. I connect their future and present by examining the promissory and hopeful discourses of modern bioeconomies, and the forms of affect used in the creation of immortal biosocial worlds.

ABSTRACT

Members of People Unlimited Inc, maintain that they are proof that physical immortality is possible, despite the death of their founder. In this dissertation, I address the paradox of immortalist lifeworlds: how can members of People Unlimited maintain that they are immortal, yet also claim that members are still susceptible to death? This dissertation is about how imagined futures make up the present for radical life extension (RLE) activists, who form part of an emergent immortalist biosocial landscape where anticipation acts as a way of recognizing the future as a model for the present. Understanding how immortalists can claim to be physically immortal in the present, yet always working toward immortality, requires consideration of the cultures and communities within the broader RLE movement, human relationships to finitude, relationships between science and religion, and biomedical imaginaries.

Since little ethnographic data exists on these communities, the goal of my research is to provide a general overview of the contemporary social phenomena of immortality, with an ethnographic focus on People Unlimited and Alcor Life Extension, both in Scottsdale, Arizona, and the broader RLE community that attends the yearly Revolution Against Aging and Death Festival (RAADfest) in Las Vegas, Nevada. The dissertation argues that RLE is an emergent form of biosocial citizenship among healthy individuals, whose present biological limitations are overcome by an orientation towards the future.

PREFACE

My dissertation explores several communities and individuals making up the radical life extension movement (RLE) in the United States. The ethnographic focus of the dissertation is on People Unlimited (PUI) and Alcor Life Extension, both in Scottsdale, Arizona, and the broader RLE community that attends the yearly Revolution Against Aging and Death Festival (RAADfest) in Las Vegas, Nevada.

The three ethnographically informed chapters that constitute the main body of the thesis explore how the future is made real for RLE activists through action in the present. The cryonicists in Chapter Two accept that their deaths are inevitable but engage in hopeful practices to ensure the best possible outcomes should medical technology allow for their reanimation in the future. The PUI members and RAADfest attendees featured in Chapters Three and Four are already immortal in the present because they “live in the future.” In other words, they anticipate their immortality through action in the present that is oriented towards the future. In this way, individuals can consider themselves immortal, while acknowledging that immortality is always a work in progress.

The main body of my thesis examines the connections between various RLE actors, including their etiologies of illness (as well as the relationship between health and religion), their attitudes towards death, and their future-making practices. By biomedical standards, the individuals in this dissertation are healthy individuals. Yet, by affectively reformulating death itself into an illness category, RLE activists have generated a novel biosociality where every individual is afflicted by the condition of mortality.

This research contributes to the growing interest in the study of future-making within the fields of anthropology and religious studies, while also contributing to an established discussion of the inter-relationships among health, illness and religion. This research challenges scholarly assumptions about RLE activists' relationships to death, and addresses the lack of ethnographic attention paid to immortalists and transhumanists.

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CHAPTER ONE: INTRODUCTION

To ask the question of the birth of the human is to pose the question of the 'birth of death'
- Bernard Stiegler (1998, 135)

At the beginning of the 21st century, entire communities are organizing themselves in anticipation of immortal futures. This dissertation maps out the diverse and divergent groups of individuals seeking radical life-extension and physical immortality amid what they view as a world resigned to death. Death poses unique challenges to human significance and produces a variety of powerful existential and emotional responses. We will all experience the deaths of intimate others until the rupture of our own death, which will then be experienced by those around us, who will also one day be mourned by their intimate others, and so on. While the death of any individual follows a unique trajectory for themselves and those who mourn them, responses to mortality appear to have some commonalities. Funerary and burial rituals have been recorded in graves dating back at least 78,000 years, for example (Humphrey 2021). Against the certainty of biological death, another common response to mortality is that human beings throughout history have tried finding methods of living forever. The myth of *Gilgamesh* and ancient Egyptian papyri attest to the varied stories and methods of attempts to live forever present in recorded history. Death remains the ultimate fate of those who search for the secrets of immortality, but those who advocate for the defeat of mortality continue asking the question: does death need to be life's only certainty?

The radical life extension (RLE) directive to “live long enough to live forever” and the idea that “every death is a suicide” frame my dissertation. These phrases illustrate what is at stake for those who are trying to realize physical immortality: one must care for the self until

technologies of immortality are made available. Throughout this dissertation I use the term radical life extension (RLE) when referring to transhumanists, cryonicists, immortalists and other life extension activist communities generally. RLE activists are creating actively well biosocial lifeworlds, where anticipation, health, and techno-scientific imaginaries generate immortal subjectivities. Paul Rabinow (1996) coined the term “biosociality” to describe the formation of new identities that are based on experiences of health and disease, where nature is made to conform to cultural practices (99). While the RLE movement has many similarities to other biosocial groupings, what differentiates it is that it is largely made up of healthy, non-symptomatic individuals—the actively well—who nonetheless understand themselves as suffering from the condition of mortality. In this dissertation, I explore how techno-scientific imaginaries and the utilization of emerging and alternative health modalities integrate into the promise of anti-aging science and the life extensionist desire for the defeat of death. I situate radical life extension within a broader Western historical trajectory from viewing death as an event to viewing death as pathology, which codes diseases of aging, and dying itself, as problems that can be solved. Life extension for RLE activists is more than a biological endeavour, for it also serves as an incentive to realize an ethical self—the ideology that underpins biological optimization as a form of bodily, moral and social discipline. The achievement of good health and longevity by RLE activists reflects a moralizing of the self, and a reliance on expert opinion, among other circulations of power. In other words, the immortalist call to “live long enough to live forever” and the idea that “every death is a suicide” suggest that a good person takes control of their health and is always active in the pursuit of an anticipated future.

This dissertation is a project about the creation of biosocial lifeworlds that embody broad human concerns about futurity, which are invariably concerns about human finitude. I argue that

anticipation acts as a way of recognizing the future as a model for the present. Focusing on anticipation within different RLE communities, my main questions are: How do subjects come to understand themselves as being physically immortal; how are promissory discourses, and affective intensities, used to encourage the affective labor of participants in the pursuit of anticipated or hoped for futures, and what happens when anticipated futures fail to materialize? As I will argue, anticipation for immortalists and many transhumanists is a primary response to the experience of human finitude, and anticipation is a positive framework through which to find meaning in a life that for many, is much too short. For the subjects of my ethnographic research, whether it is anticipated or hoped for, the future is experiential, sensory, and embodied. The act of taking supplements, for example, is not a passive practice; it is felt, experienced, embodied, and a necessary element of one's future imaginaries. Future bodies are authorized as such through affective labor, self-discipline, and other authorizing techniques, including the promissory, hopeful discourses of modern bioeconomies.

A future-oriented relationship to time is a defining feature of techno-scientific imaginaries and many biosocial configurations, including radical life extension. Although they have different worldviews and beliefs, immortalists and transhumanists share teleological and millenarian understandings of the future. For both, the march of history is the march of progress, with a future endpoint of our current, and in their view, limited state, as the objective. In the pages to follow in this introductory chapter, I outline the future-making practices of immortalists, cryonicists, transhumanists and adjacent movements; introduce key concepts and describe the functionalist accounts of the drive to immortality; outline my positionality relative to my research community; and describe my methodological and theoretical orientations. I also situate

the present-day desire for immortal futures by pointing to historical precedents, including myths and stories like the *Epic of Gilgamesh*, as well as proto-scientific technologies of immortality.

The Varieties of Radical Life Extension

One of the biggest challenges I faced in doing this research was the eclectic and diverse nature of radical life extension. PUI and RAADfest were some of the easiest fieldsites. Beyond the welcoming nature of both communities, they bring together a diverse grouping of people under one roof. Attending RAADfest afforded me the opportunity to make sense of the larger longevity movement at a time when I was not aware of much else beyond transhumanism. PUI has been a community for over four decades. They congregate twice a week, hold one four-day event each month and host a weeklong event twice a year. Members come from diverse backgrounds and have unique ideas and beliefs but come together under the leadership of a core group. Beyond, but connected, to PUI are numerous organizations and communities of longevity activists, research groups, and transhumanists, including the Terasem religion in Florida, the United States Transhumanist Party, The Church of Perpetual Life in Florida, Humanity+, Alcor Cryonics in Arizona, Cryonics Institute in Michigan, and a spattering of smaller RLE groups around North America. The physical immortality space is much larger than PUI, RAADfest and transhumanism, as my fieldwork in California attests.

I could never have guessed where my research questions would take me since beginning my dissertation. I have spent time with communities of physically immortal individuals; dined with cryonics insurance salesmen; become friends with some of the leading figures of the transhumanist movement; met a United States presidential candidate; attended fringe conspiracy theory gatherings inside airport hotel lounges; heard the words of Jesus Christ channeled through

a living prophet; witnessed a religious conversion inside a busy coffeeshop; meditated with members of a UFO religion; met people claiming to be visitors from another galaxy; made a pilgrimage to the resting place of an Ascended Master, and received numerous healing sessions in the process. The groups and individuals with whom I have interacted share common histories, the desire to overcome the human condition, and a relationship with technology, but cannot be homogenized into a single overarching category.

Immortalist, transhumanist, futurist, cryonicist, longevity activist—these are some of the communities and identities present in this dissertation. Defining these categories is analytically important but cannot adequately describe every individual or point of view. Many transhumanists would identify as immortalists, even though they may not belong to an immortalist community. Some immortalists are also transhumanists, though many remain suspicious of the transhumanist goal of non-embodied forms of immortality—namely the transfer of ‘consciousness’ into computers. Not every transhumanist necessarily hopes to achieve immortality, and for those who do, some methods are preferred over others. Many people would not self-identify as belonging to any of these categories, even if their ideological orientation aligns with transhumanism or immortalism. When I refer to a particular group, religion or community, I will identify them by the name its members use to designate themselves or their identity. In what follows, I describe some of these communities and outline their distinctive positions in the debate about overcoming death.

People Unlimited Inc

People Unlimited Inc. (PUI) is a this-worldly community in Arizona whose members trust their own ability to bring about physical immortality. The community formed in Arizona in

the late-1960s under the name The Eternal Flame Foundation, led by Bernadeane Brown and Charles Brown. Jim Strole assumed a leadership role soon after meeting the Browns in the 1970s. For several decades, PUI reached thousands of people around the world, and had independent chapters in the United Kingdom, Venezuela and Israel, among other countries. The death of Charles in 2014, and a series of internal crises in the 1990s, left the group with diminished membership. PUI's non-profit branch, the Coalition for Radical Life-Extension, and the creation of the annual Revolution Against Aging & Death Festival (RAADfest), a three-day conference in Las Vegas, Nevada—previously held in San Diego, California—have once again broadened the reach of the community beyond the borders of Arizona. While most of its members do not self-identify as transhumanists, PUI is situating itself within the larger RLE movement through outreach and public events. Unlike many transhumanists who hope to achieve immortality through technological means that are not yet realized, People Unlimited members claim to be physically immortal in the present, or are working towards biological immortality.

Members of People Unlimited are a broad and diverse collection of individuals. Owing to PUI's global past, members come from Israel, Venezuela, Germany, England, Canada, and the United States. Of the roughly 120 members of PUI who are based in Scottsdale, at least a quarter are from Venezuela. Meetings are translated in Spanish in real-time and broadcast to PUI members who remain in Venezuela. Members range in biological age, falling anywhere from infants to the mid-90s, with most members between 40 and 70 years old. Before several members left PUI due to an internal disagreement in the spring and summer of 2019, there were roughly a dozen children attending meetings. Members are from various socio-economic backgrounds. Some own businesses such as gyms, salons, and life coaching clinics. Some are entrepreneurs, and others are general laborers, house cleaners, or are retired. While the ability to

pay membership dues, donate money to the PUI directors, purchase supplements, and attend longevity events reflects a level of privilege, members like Abuela, a house cleaner originally from Venezuela, give more money than their modest income allows. Some members are married to others in the community, and although members are welcome to date outside the community, some expressed to me that it is difficult to find likeminded individuals outside of PUI. This was evident to me during my fieldwork when potential members, or friends of current members, attended meetings. Their discomfort during meetings was palpable. Some members have been with PUI since its inception in the 1970s, a large proportion joined in the early 1990s, and several have joined since 2014.

A Bomb of Life

When Bernadeane was in her early twenties, she heard a voice on the radio preaching physical immortality. The voice belonged to Christian preacher OL Jagers, who ran the World Church in Los Angeles, California and led a mid-century healing revival (Brown et al., 1991, 37). At that point, Charles Brown (Chuck) had already ‘awakened’ to physical immortality thanks to Jagers and had set off across America to preach his own vision of humanity’s immortal potential. Bernadeane and Chuck met in 1961, were married in 1962, and had two children, Kim and Kevin. In 1968 Chuck met Jim Strole, and the two developed strong feelings for each other. While Bernadeane was initially hesitant about entering a relationship with two men, the three soon became a tightly bonded throuple (39). In their first biography, *Together Forever*, Jim Strole writes, “When the three of us came together in an intimacy it was like a bomb of life going off, that exploded us right out of traditional mortal living into a whole new place” (40). The three immortals, under the banner of The Eternal Flame Foundation, traveled

the world to share the good news of physical immortality. By some accounts, some 4,000 people belonged to the Eternal Flame community by 1992, and there were independent chapters in London, Germany, Israel and Venezuela. The Eternal Flame was based in Scottsdale, Arizona, where a yearly “convergence” took place that brought together immortalists from around the world. In the 1990s there was tension building between the three and Chuck left the group, which then called itself People Forever. The four leaders eventually reconciled and continued as People Forever until Chuck’s death from complications related to Parkinson’s in 2014. Jim and Bernadeane renamed the community to People Unlimited Inc., shortly after Chuck’s death. Today, Jim and Bernadeane live with their respective partners about an hour outside of Scottsdale.

People Unlimited Today

In the early days of the Eternal Flame Foundation, the doctrine of physical immortality was infused with a liberal Christian message. Both Bernadeane and Charles Brown came from evangelical households, and their vision of Christ’s love informed their message of community and immortality. The Eternal Flame was a product of the 1960s counter-culture movement, which saw the emergence of several alternative religions, including Scientology, Hare Krishna (ISKON), and other movements influenced by Eastern religions. The ideas and language introduced in the 1960s, which would eventually be grouped together in the popular imagination as New Age spirituality, came to play a large role for PUI throughout its history. Today, spiritual and metaphysical language remains commonplace among PUI members, and that language is infused with biomedical concepts and the scientism present among many alternative health movements. While PUI has a clear religious lineage, members are a mix of atheists, pantheists,

and spiritualists, and most tend to distrust institutional religion. People Unlimited is currently based on 9 Principles of Progressive Membership: “changeability, receptivity, reciprocity, empathy, connection, socializing comes second, no cliques, presence, this will change” (peopleunlimitedinc.com). While humanity has historically believed death to be a natural and inevitable event, PUI claim that death is a genetic disorder that replicates generationally because of this mistaken belief. PUI members are encouraged to take a holistic approach to immortality, including removing the deathist paradigm from their minds, taking steps towards physical and mental health, and being surrounded by likeminded individuals. PUI members living in the Scottsdale area, who are economically and racially diverse, and of diverse ages and sexual orientations, meet twice a week in the evening and hold several special events throughout the year. Their weekly meetings take place in a business park, and they include a mix of member updates, musical performances, and impassioned speeches by Jim and Bernadeane and members. The content and cadence of these PUI meetings are explored in my conclusion.

Transhumanism

As technological beings with finite lives, human beings have sought many ways to delay death. These include the search for elixirs of youth, biomedical remedies for diseases, and measures to improve public health. The transhumanist movement takes these efforts to new levels by seeking to extend the life of individual human beings by altering their biological systems. Transhumanism is a philosophical and political movement which aims to overcome human mental and physical limitations with the aid of technological and medical advances. Transhumanists look to current and emerging technologies such as cybernetics, nanotechnology, and AI in the hopes of augmenting the human condition, including the eventual defeat of

mortality, and the creation of artificial super-intelligence (strong AI), which would surpass human intelligence (Singler 2019). Transhumanism is a broad and loosely organized movement. There are several organizations, political groups, non-profits, religious movements, and research organizations under the transhumanist banner, but none act as representative of a single *true* transhumanism. While PUI members come from a broad spectrum of ethnicities, countries, and socioeconomic backgrounds, transhumanists tend to be Caucasian, male, and libertarian. Transhumanists are often referred to as immortalists because of their interest in longevity and/or immortality (Farman 2021). However, I use the word immortalist for communities like PUI, to differentiate them from transhumanists. Immortalists can identify as transhumanist, but immortalists tend to focus on biological immortality as an attainable condition in the here and now, whereas transhumanists see immortality as attainable in the future, through technological augmentation of human biology.

The word trans-human appears in an English translation of Dante Alighieri's 13th century poem, *La divina commedia* (Vita-More 2019, 50). Dante used the word "trasumanar" in a sentence that translates to "To go beyond the human is not possible in words" (I, vv. 70-73). Transhumanism as we recognize it today developed as a school of thought in the early 20th century in the writings of British geneticist, J. B. S. Haldane (1924). Haldane argued for the benefits that would come from applying science and technology to human biology. Haldane focused on the application of genetics to improve human health and intelligence, and the interrelated pseudoscience of eugenics (Bostrom 2005, 5). Transhumanists today would not advocate for the type of eugenics proposed by Haldane, but as Abou Farman notes, a "survival of the fittest" ethos and a privileging of Whiteness is present in many futurist discourses (2021). The term transhuman made its way into the writings of cryonicist Robert Ettinger (1972) and

futurist F. M. Esfandiary (1973). One of the earliest proponents of transhumanism as a process of human evolution is Natasha Vita-More, who authored *The Transhumanist Manifesto* in 1983. Vita-More, Max More, F. M. Esfandiary and others helped form transhumanism into a philosophy, a worldview, a scientific study, and a social narrative (Vita-More 2019, 49). In 1992, Max More and Tom Morrow founded the Extropy Institute—extropy being the opposite of entropy, a concept referring to a lack of order in a given system (Bostrom 2005, 14). More defined transhumanism as: “a class of philosophies of life that seek the continuation and acceleration of the evolution of intelligent life beyond its currently human form and human limitations by means of science and technology, guided by life-promoting principles and values” (1990, np). In 1998, philosophers Nick Bostrom and David Pearce founded the World Transhumanist Association (WTA) to advocate for transhumanist principles (Bostrom 2005, 15). The WTA was rebranded as Humanity+ (H+), which is the largest transhumanist organization in the world:¹

Cryonics

Cryonics is the process of freezing a legally dead individual (patient) with the goal of reanimating them in the future, once medical technology discovers a cure for the condition that killed the patient. There are at least three cryonics facilities in the United States, including Cryonics Institute in Michigan (CI), Oregon Cryonics in the State of Oregon, and Alcor Life Extension Foundation (Alcor) in Scottsdale, Arizona. As of 2020, CI has over 1700 paying

¹ This is a very abridged history of a broad movement. For a history of AI, see: Frankish and Ramsey (2014); Minsky (2006). For a history of transhumanist and futuristic thought in science fiction, see: Jameson (2005). For a detailed history of transhumanism, see: Lee (2019); More and Vita-More (2013); Bostrom (2005). For a detailed account of transhumanist thinking, see: Huberman (2021a).

members, and 196 patients (CI Trends 2020). As of 2020, Alcor has over 1300 paying members, and 181 patients, and as of 2019, Oregon Cryonics has 8 neuropatients. The only other cryonics facility in the world is KrioRus, located in Moscow, Russia. Individuals seeking this service register as a member of one of these organizations and pay in advance for the process. Once a cryonics member is declared legally dead, their heart and lungs are kept functioning artificially, their body is cooled with ice, and their blood is then pumped out of their body and replaced with a chemical protectant. This process is called vitrification, which involves partly replacing water in cells with a mixture of chemicals that prevent ice formation. Individuals can choose to have their entire body cryopreserved or only their head; the latter are called neuropatients. In either case, once the cooling and vitrification process is complete, the body and/or brain are sealed in a large vat of liquid nitrogen called a dewar at a temperature of -196°C .

Cryonics is the brainchild of Robert Ettinger, who published *The Prospect of Immortality* in 1962, in which he laid out a detailed road map for cryonic suspension of the recently deceased. Cryonics is predicated on the assumption that what constitutes legal death today is liable to change, just as it has at numerous times in history (Stan 2016, 72). Thus, while those who are cryopreserved are legally dead, they are not considered technically dead by cryonicists (Farman 2013, 741). Cryonicist rhetoric is that death is reversible (Bailey, 2014). However, I have spoken with many Alcor members who hold a pragmatic vision of the future. If death is not reversible, the cryonics patient is already dead. If the rhetoric is correct and death becomes reversible, the patient will be brought back to life. In their view, cryonics is gambling with nothing to lose. My chapter on the cryonics movement is focused on Alcor Life Extension. In 1972 Fred Chamberlain and Linda Chamberlain incorporated Alcor in California. Alcor's first patient was Fred Chamberlain's father, whose head was cryopreserved in 1976 (Perry 1994). In

February 1994, Alcor formally moved from California to its current location in Scottsdale, Arizona.

The future imaginaries present among cryonicists are different from those of immortalists at PUI in that cryonicists accept that they may die before technologies that grant immortality are introduced. Nonetheless, cryonicists place great importance on good health and longevity for two reasons. First, cryonics is unnecessary if a member lives long enough to live forever: that is, long enough for medical technology to discover a cure for the condition(s) undermining the member's health. Second, a cryonics member whose body and brain are healthy at the moment of cryopreservation may have a better chance of being brought back to life in a normal state, however defined. The claim that "every death is a suicide" is held by some cryonics members I have spoken with, but it is not articulated as obviously as it is among immortalists and other RLE activists. The cryonicists I spoke to also have a more pragmatic view of immortality. Most realize that medical science may not halt death in time to avoid having to use cryonics. Even former Alcor President Max More has told members of the RLE community that it makes sense to plan for the possibility of death, and that "cryonics is a vehicle to the future." As I mention elsewhere in this dissertation, PUI is supportive of transhumanism and any technology that advances the options for eternal life. Yet, a cryonics membership is understood by PUI to indicate that one has given up on the possibility of immortality in the here and now. There are members of PUI who are also paying members of Alcor, yet they are in the minority.

Other Groups Encountered in Fieldwork

In the fall of 2019, I was a visiting graduate scholar in the Department of Anthropology at the University of California, Los Angeles (UCLA). This opportunity enabled me to visit People Unlimited in Arizona, but also to make new connections in California. The communities and individuals in California were unlike any other I had met. While in California I attended a health and longevity conference organized by a community of conspiracy theorists. Interspersed were individuals who claimed to have unlocked the secret of physical immortality. I interviewed individuals in Los Angeles who claim to be visitors from other galaxies, and others who are waiting for our galactic protectors to free earth from evil. Transcending death in some capacity was a point of continuity among many of my research participants. I interviewed Neil, who is a follower of a non-physical entity named iON. On their website, iON writes:

We see some people who are dead and just waiting for an illness or accident to come and reclaim the body to the non-physical. And some could fall out of a plane or off a tall building and still live because they were so connected to being fully alive and joyful. You choose to live and you choose to go, that's from the subconscious or the spirit-self that is your reality. If you decide there is no suicide, you don't have to expire (iON n.d).

Unlike PUI, iON's movement is dispersed and operates mainly online, but the etiology outlined in this quote is common to immortalists, and to the conspiratorial health communities to which iON belongs.

During my time in California, I visited the world's oldest UFO religion, the Aetherius Society, and spent a day exploring the oceanside with Mark from the Raëlien religion. One of my most memorable encounters was my healing session with Alx, and our six-hour interview inside a cozy coffee shop in Los Angeles. Alx is a follower of the Indian guru Sri Kaleshwar, and

founder of the Universal Church of Baba's Kitchen (UCBK), a small group who participate in spiritual events, healing sessions, charitable works, and more. Our interview ended with Alx dabbing my forehead with a smudge of ash to help with an oncoming migraine. Alx told me that Sri Kaleshwar gave her the ash after he manifested and burned the wooden cross on which Jesus was crucified to create this healing substance. Healing sessions like this one were a small way in which I practiced participant observation. Unfortunately, many interviews and stories from my California fieldwork are too dispersed and diverse to include in this dissertation since their visions of immortal futures are distinct from those of PUI and the broader RLE movement.

Immortality – Then and Now

One of the oldest examples of a story of the quest for biological immortality is the Sumerian *Epic of Gilgamesh*, which originates from ancient Mesopotamia and is the second oldest known religious text (c. 1800BCE). The poem details a series of adventures and mythical encounters in Gilgamesh's quest for immortality. When Gilgamesh is told where to find the "Plant of Heartbeat" that will restore his youth, he obtains the plant from the bottom of the ocean by tying stones to his feet, but a serpent steals the plant when Gilgamesh is distracted. The moral of the story, as relayed to Gilgamesh is that, "The life that you seek you never will find: when the gods created mankind, death they dispensed to mankind, life they kept for themselves" (si iii 5). Although the promise of physical immortality for humans is forever out of his reach, the epic ends with Gilgamesh realizing that one can live forever through great works and stories (Sandars 1972, 28).

The *Epic of Gilgamesh* is one of the most cited examples of a tale of the quest for physical immortality in the ancient world. However, it is only one of many pieces of historical

evidence reflecting a desire to extend human life. The early Egyptians, whose elaborate funerary practices suggest preoccupation with the afterlife rather than physical immortality in this world, nonetheless practiced several health and fitness regimens in the hopes of extending their lives and youth (Metcalf 2016). The ancient Greek legend of Elysium tells of a heavenly realm where the chosen few mortals could live an embodied afterlife, complete with parks and sports complexes (Virgil, Aeneid 6. 628 - 897). In ancient China, the draw of physical immortality was so widespread that it would not have been beyond the realm of possibility to hear a citizen speak of the “no death people” who lived near the “no death mountain” where one could sit under the “no death tree” and swim in the “no death water” (Yü 2016, 26). Anything, mythical or real, that might prolong life was sought, “found,” and given a name.

The Science of Immortality

Blood of the Young

As modern medicine and science came to dominate Western society in the late 19th and early 20th centuries, immortality remained at the forefront of research programs around the world but with an increasing interest in the process of rejuvenation and longevity. In the early 20th century, Europe and Russia led the world in rejuvenation technologies, often combining the “science” of eugenics, phrenology, and organ transplantation in the pursuit of immortality or age-reversal (Krementsov 2014, 128). As anthropologist Anya Bernstein (2019) notes, the major difference between the Russian quest for immortality and those of twenty-first century Silicon Valley is that the early Russian efforts were about a collective strategy for rejuvenation: “life extension and rejuvenation was only one goal motivating [Alexander Bogdanov’s] science. The creation of a kind of universal kinship through exchange of what he considered a key bodily

substance—blood—was another,” writes Bernstein (69). I build on Bernstein’s comparison (2019; 2015), highlighting the individualism at the heart of rejuvenation and longevity science in North America today.

Of particular interest to European and Russian rejuvenation scientists researching the cause of senescence was the role played by our sex organs, and the various internal secretions of the human body.² The Russian economist and cultural theorist Alexander Bogdanov was one of the first to introduce the idea of blood transfusions for the purpose of longevity (Bernstein 2019; Huestis 2007, 337). Bogdanov founded the Institute for Hematology and Blood Transfusions in 1926 in the Soviet Union, where he conducted transfusion therapy mostly on himself. Unfortunately, Bogdanov injected himself with the blood of a malaria victim and died before his research could be completed (Bernstein 2019, 70). Around the same time, the French physiologist Charles Brown-Séquard and surgeon Serge Voronoff both claimed to have found evidence that aging resulted from a body’s inadequate ‘internal secretions’ (Krementsov 2014, 130). Brown-Séquard and Voronoff influenced a generation of scientists in Europe and Russia with their innovative solution to the problem of this inadequacy: monkey testicles. Voronoff and his colleagues believed that transplanting the sex gonads from a young animal into an older animal had incredible restorative effects. Voronoff experimented with humans by transplanting the thyroid glands from an animal into those of a human, and “concluded with an enthusiastic prophesy that the transplantation of sex gonads from apes to humans could become a certain means of rejuvenation” (131). The theory of rejuvenation from the injections of extracts prepared from animal testicles held such promise that the Soviet government bankrolled the building of

² There is little consensus within the scientific community on the exact mechanisms of aging and death (Fukuyama 2002, 60). Senescence is another word for a theory of biological aging, with specific reference to the eventual failure of cells in the body to replicate and grow.

the Institute of Experimental Endocrinology in 1925 along the Black Sea, where rhesus macaques, baboons and other species of monkeys were bred for use in rejuvenation experiments (116).

By the mid-twentieth century, research on testicle extracts had fallen out of fashion as attempts at replicating experiments were usually unsuccessful. Today however, the belief that the bodily secretions of the young may give life to the old has resurfaced. Silicon Valley in the 21st century is the breeding ground for much speculative science, anti-aging breakthroughs and longevity research. Health focused tech start-ups are worth billions, and tech CEOs are investing much more in the hopes of living longer, healthier lives. Google has founded its own company dedicated to curing aging (Calico), Peter Thiel of PayPal has invested millions in anti-aging start-ups, and Larry Ellison of Oracle has given over \$330 million to fund anti-aging research (Huberman 2021b; Sifferlin 2017). There are companies that promise to help you live longer through diet (Bulletproof), supposed brain boosting supplements (Nootrobox), and young blood transfusions (Ambrosia). The latter charges people \$8,000 dollars for two liters of blood obtained from a young person, while another company had promised life-sustaining injections of young plasma for \$285,000 (Huberman 2021b). Evocative of the technique of parabiosis—a process dating from the mid-1800s whereby researchers sutured together young and old mice to share a circulatory system—tech start-ups are transfusing the blood plasma of younger people into those of older patients in an attempt at rejuvenating the latter (Pandika 2019, 1481).

The Future of Science and the Science of the Future

The brief history of immortality presented here reveals that there are many similarities between early and modern practices associated with longevity. The search for an elixir of immortality has not abated in the present-day world, as juice fasts and supplement regimens

attest. Similar to the Western obsession with fitness and health as a means of slowing down the aging process, in ancient China, some state magicians believed that “a man could make himself physically immortal by the right food, the right bodily regimens, the right herbs and fungi” (Wills 1994, 45). The search for biological immortality is not a manifestation of modern techne,³ nor is it only an outgrowth of Silicon Valley capitalism. Yet the contemporary variants of this search have recourse to technological and scientific advancements, which open different avenues. While current attempts to achieve longevity and immortality are centered around trust in technological progress, today’s anti-aging, bioscientific landscape remains infused with the metaphysical. This process is clearly apparent among radical life extensionists, whose faith in technological progress and complementary use of integrative therapies alongside biomedicine converge in the quest to secure life and overcome death.

Themes and Context

That man should still be alive. The only reason he died, Jim, is that he gave up

- Doctor Leonard McCoy, Star Trek

This dissertation explores how individuals practically and ontologically orient themselves in a world that defines life by its fatalistic relationship to death.⁴ Two inter-related themes informing the chapters that follow are, first, the future and health, and second, the relationship between affect and biosociality. In exploring futurity and health, questions are raised about bioscience, changing attitudes toward death and dying, alternative healing modalities, and how

³ The art or crafting of technology.

⁴ In *Being and Time*, Heidegger (2010) argues that Dasein—our Being—is the only Being whose being-in-the-world is a problem for it. In other words, we all must live in the world knowing we will die.

affective intensities within the RLE community contribute to feelings of certainty related to the future. RLE health regimes, and the immortalist orientation towards immortal futures cannot be disentangled from the histories, narratives, practices and claims that inform the themes in this dissertation. In what follows, I describe these inter-related themes, their analytic utility, and the role they play in my research project.

The Future

Hope and Anticipation

Different forms of temporality inform the different radical life extension groups encountered in this dissertation. For some, the future is certain (anticipation). Anticipation orients individuals towards an imminent future of immense change: “at the level of the collective, anticipation helps us to understand a particular affective dimension of time that calls for collective response” (Bryant and Knight 2019, 30). Others manifest the future through hope, or moments of waiting and potential. Hope “sees through an inadequate world to a higher vantage point and, in so doing, invokes ideas of change and mystery, of a sense of movement into new possibilities” (Davies 2005, 14). These new possibilities belong to a utopian vision that, like utopias of the past, looks to the future and sees hope in the promise of surpassing human limits (Bloch 1954, 682). Yet, the concept of hope can suggest the expectation of an outcome that may never materialize, which is why I prefer to use the term anticipation to describe the feeling of certainty related to a future state among PUI members. The emotions provoked by the call to “live long enough to live forever” are examples of what sociologist Theodore Schatzki calls teleoaffect (2002). Teleoaffective orientations are “configurations across multiple practices that enjoin those practices to common ends, ordering their affective engagements and offering

general understandings through which participants make sense of the projects they pursue” (Welch 2020, 61). Teleoaffect describes an orientation towards the future, and the configurations and practices that collapse a particular future into the present. Anticipation is teleoaffective in that it orients individuals towards an imminent future of immense change and provides the embodied practical and conceptual means—such as diet, attitude, and language—in the present to see that change realized.

Anticipation is simultaneously a hopeful feeling and something that is actionable, such that the anticipatory knowledge practices of hope help form the self, which in turn create practices that bring a desired future into the present. Anticipation is different from hope in that anticipation is teleoaffective. However, anticipation and hope are not mutually exclusive, and are often in tension within future-oriented communities. For instance, cryonicists who are generally future-oriented, may nonetheless resign themselves to the fact that their deaths will occur before technologies of immortality are realized. Yet, members continue to engage in hopeful practices, which are oriented towards the future. Since the condition of a person’s brain is of utmost importance for cryonicists, members will take active measures to ensure its protection. Active measures can include relocating close to their cryonics facility of choice when they are nearing death, avoiding dangerous activities, and taking supplements to support their health, among other practices (Chapter Two). Even in the face of death, the creation of immortal and healthy selves through a present wherein individuals exert control over their bodies and health is part of their politics of hope (Bernstein 2019, 152).

Biosciences and Bioeconomies

Immortal futures exist in the present by virtue of the bioeconomies and affective intensities that pathologize the aging process while encouraging active health-based consumerism. Bioeconomies are defined in several ways (Hannah 2011; Cowen and Smith 2009; Rabinow and Rose 2006). Here I focus on the neoliberal aspects of bioeconomies, which tend to leverage life in the pursuit of technological innovation and economic gain. Bioeconomies are first and foremost articulations between various life sciences and capitalism, which give life itself value. (Pavone and Goven 2017, 9). Under neoliberal regimes, life is “stabilized, frozen, banked, stored, accumulated, exchanged, traded across time, across space, across organs and species, across diverse contexts and enterprises, in the service of bioeconomic objectives” (Rose 2007, 37). In contemporary society, our identities are forged by consumer influences, expert opinions, and the desire to satisfy needs. In the process, these modes of power urge us to try to attain perfect self-optimization. Borrowing a phrase from Le Corbusier, who wrote about the transformation of the technological home, today the body has become “une machine à habiter” (1925, 219). Transhumanism and new practices of self-regulation perform ethical work on the self in the ways that they “monitor, test, improve, and transform” the body (Foucault 1992, 28). Immortality becomes its own cultural construct, complete with its own emotional registers, habits, practices, embodiments, and performances, which are themselves products of capitalism’s increasing affinity with death.

Biosciences and accompanying bioeconomies, which members of the RLE movement are active participants in, are predicated on concepts of potential and expectation. Biomedical interventions are premised on their ability to collapse contingencies such as genetic disorders, cell mutations, death and aging (Taussig et al. 2013, S4). Potentiality signals visions of possible

futures, which may or may not materialize. The epistemic distinction I make in this dissertation is between the potential of the human body, and potential as an orientation toward the future. Within immortalist discourse the human body is articulated as being full of potential. The body has the potential to heal itself and to change through maintaining the proper mindset and using supplements, even though the body also harbors the potential for death. Yet insofar as the always-already immortal individual is concerned, potential as an analytic category falls short because potential is often equated with uncertainty. I argue that what makes RLE health-regimens effective, beyond the commodification of health and advancing biotechnological solutions, is teleoaffect, which works to erase the potential of mortality by invoking salient emotional registers of anticipation. As medical anthropologists Adams, Murphy and Clarke (2009) note, “anticipation has become a common, lived affect-state of daily life, shaping regimes of self, health and spirituality” (247). Immortalists anticipate their continued, embodied existence. Many transhumanists anticipate that immortality will occur through uploading consciousness into computers (Huberman 2021a, 4). Cryonists anticipate a life after death through biomedical intervention. How life is expected to continue distinguishes these communities from one another, but that life should continue indefinitely is a point of agreement between them.

Death and Dying

According to Charles Taylor (2007), modernity disenchanting death by hiding it from view and removing religiously informed avenues of hope with notions of failure. Today, most people die in hospitals where they are picked up by funeral directors who control many of the funerary responsibilities once held by the community, family, and clergy. As rationalism and

professionalization developed in North America and Europe, and institutional forms of religion supposedly retreated, many communal and participatory death rituals followed suit. One consequence was that death became a profane order of being, or as Taylor puts it: “Modern humanism tends to develop a notion of human flourishing which has no place for death. Death is simply the negation, the ultimate negation, of flourishing: it must be combated, and held off till the very last moment” (320). In North America, as the late 19th century and early 20th century shifted towards a supposedly secular, disenchanted worldview, there began to be an obfuscation of roles in the management of bodies and bereaved. The professionalization of death soon resulted in the active exclusion and then rapid decline in the role of the clergyman in death in favor of medical and funerary sciences, further profaning the act of dying. Yet has death become an insignificant event in our lives, and can today’s RLE movement be explained by the hiddenness of death?

I argue that theories of death denial, which claim that death in the Western world is hidden and taboo to an unhealthy degree, present an overdetermined account of the RLE movement. Research on death and immortality is often rooted in functionalist accounts rather than allowing for a framework that corresponds to RLE activists’ understandings of themselves in relation to their lifeworlds. What are the limits of death denial theories? Do death positive narratives within the RLE movement complicate assumptions around the quest for biological immortality? On one hand, I have found that direct experiences with death, including the resulting complexities of grief, are common among the RLE activists I have met. Early experiences with death have motivated many of my research participants to seek a future without death. Yet I have also found surprising engagements with mortality during my research, which suggests to me that the universal application of the death denial thesis, especially without

ethnographic data to support its use, provides an incomplete accounting of immortal futures. The reality is that several factors might influence an individual to seek radical longevity or join a community like PUI. What death denial as a theoretical model fails to consider are the diverse ways that humans confront mortality and manage inevitable loss.

Health and Healing

An argument running throughout my dissertation is that immortality and life extension are performative. Individuals perform their immortality through discursive and embodied dispositions, and illness and health are integral to this performance. Illness is discursively explained away through reference to illness etiologies, while individuals demonstrate their health through outward appearances and shared health-focused language. Illness narratives also inform an immortalist and transhumanist biosociality, which reformulates death itself into a *sui generis* illness category. Healthy, non-symptomatic individuals, the actively well, comprise RLE biosocial lifeworlds, including their own niche space within the larger anti-aging bioeconomy. RLE activists integrate several healing modalities into their practices, including traditional forms of biomedicine, as well as complementary and alternative medicine. In what follows, I outline a brief genealogy of the explanatory narratives about illness etiologies and health regimens common to the RLE movement.

Metaphysical Healing

On one end of the spectrum of technology and metaphysics is what anthropologist Abou Farman (2012) describes as the enchantment of science. This is a modern reformulation of science as a means of giving life meaning. For many in the RLE community, part of what gives

meaning to human activity is “the possibility of using science to derive purpose (meaning) from a universe originally emptied of it by science itself” (1080). Farman suggests that the Singularitarian cosmology is an emergent discipline that is building a “cosmic self” through new practices and forms of affect (1082).⁵ While scholars have challenged the myth of modernity’s disenchantment, Farman argues that these scholars are confusing a recognition of mystery with enchantment (1084). Given that our contemporary world has a secular, rational and scientific order, re-enchantment must deal with larger metaphysical, existential questions through the limits and principles of science itself (1082). Thus, transhumanism, and its associated technologies such as cryonics, are examples of a science-based cosmology, which offers direct evidence of a contemporary re-enchantment of science, according to Farman. What Farman points us to is the use of materialist, rational science as a means of directing humanity towards a teleological goal, which by its nature is an attempt at answering existential questions about our place in the universe. The wonder and curiosity of early modern science was a manifestation of awe, not alterity, according to Farman (1084).

While I agree with Farman that the Singularity is an example of enchanted science, I disagree with the supposition that the blending of “cosmos and culture” is unique to Singularitarians, or that science truly “emptied the universe” of meaning. For example, science and religion have a storied history, including what religious studies scholar Pamela Klassen (2012) calls technological supernaturalism, or the utilization of modern communication tools and technoscience as a means of accessing the spirit (101). The healing cures offered by irregular

⁵ For many transhumanists, humanity’s teleological endpoint is the Singularity, or the point at which strong artificial intelligence will surpass human intelligence. Kurzweil (2005) dates this event to 2045. This moment will be a paradigm shift, allowing for humans to live forever thanks to advances in medical technology, or thanks to technologies such as brain uploading. Farman identifies members of this movement as Singularitarians (Farman 2012, 1077).

practitioners in the 19th century, and later spirit seances could be conceptualized as a manifestation of this process. 19th century engagements with proto-robotics refused to find a distinction between science and the metaphysical realm (Tresch 2012). Society continues to find meaning in metaphysical explanations, while simultaneously accepting scientific explanations for reality. While the enchantment, disenchantment, or re-enchantment of science and of the secular West does not feature explicitly in my dissertation, these concepts help make sense of the complex relationships between techno-science and certain alternative practices among RLE activists, beyond the recourse to science's gravitas as an explanatory model (Ernst 2009, Sampson 1998).

Mind and Matter as Mind Over Death

One of the more popular manifestations of mind-body healing practices, or mind cure tradition, was New Thought, founded by Phineas Quimby in the late 1800s. New Thought is a Romantic spiritual and philosophical movement, which brings together Christian beliefs—partly inspired by Mary Baker Eddy's Christian Science—and metaphysical and spiritualist concepts (Klassen 2012). The historian of American religion, Catharine Albanese (2007), writes that New Thought was part of a new system of spiritualist and metaphysical religion emerging in the 19th century, whose influence can be felt through to the New Age movements of the 20th century and into today (222). New Thought emerged from the Romanticism of the early Transcendentalists, and the scientism and rationality of the American Enlightenment:

All the while, the American Enlightenment made friends with an expansive Romanticism. The two together brought sophisticates and credulous folk alike to the embrace of a metaphysic that explained the disruptive phenomena of death and profound social slippage

at midcentury, even as it bequeathed a piety that tread softly between the Bible and a fully scientific world (182).

Proponents of New Thought believed in the human ability to create reality. As the mind-cure proponent Harry Gaze wrote in 1904, the body “is the expression of the inner life, and may be changed according to the desires of the ego, or self” (Gaze 1904, 12). Accordingly, focusing on the limitations of the body can lead to its deterioration. New Thought’s theology has remained influential in the Western world (Klassen 2012; Heelas 2008). The mind-cure lineage is apparent within communities such as PUI, who focus on the mind’s ability to change our mortal reality.

Complementary and Alternative Medicine (CAM)

New Thought and other religious movements of the 19th and early 20th centuries—Christian Science, Theosophy, Transcendentalism, Spiritualism, and others—were heavily invested in and influenced by a growing marketplace of health cures offered in Europe and America. Beginning in the late 18th century with the advent of hydrotherapy, homeopathy, naturopathy and other treatments, irregular practitioners questioned the authority of the growing regular, or allopathic, establishment, who claimed that theirs was a practice based on scientific method and dismissed anything else as quackery (Winnick 2005).⁶ Ironically, while allopathic doctors gained a state-sanctioned monopoly over health and wellness by the end of the 19th century, medicalization opened the door to a host of practices and philosophies we would call today Complementary and Alternative Medicine (CAM). The legitimacy offered when doctors gained state and social approval resulted in increased competition within contested spaces of

⁶ Historian Erika Janik writes that what we would now call alternative medicine “was often known in the nineteenth century as unorthodox or irregular medicine” while what would become orthodox medicine was known as “regular” medicine (2015, 8).

healing. Where allopathic and alternative practitioners were, and remain, most at odds is with respect to the causes of illness and disease. Whorton writes that alternative practitioners in the 19th century believed that everyone was responsible for illness through unnatural habits (Whorton 2002 194). Today's alternative practitioners maintain that the body needs to be protected from the environment, negative influences and unhealthy habits, through positive thinking, and health-based interventions.

In *How to Live Forever*, Harry Gaze details some of the necessary practices needed to achieve perpetual life. Some practices necessary to achieve immortality include the application of proper breathing techniques, proper nutrition, sun-bathing, and even the garments one should wear to promote health and longevity (Gaze 1904, 179). Without proper effort and practice, he claimed, physical immortality cannot be realized. Narratives about illness and healing often have moral dimensions attached to them, as is made clear in Gaze's writing: "The science of perpetual life reveals the way by which the body may retain its purity and plasticity, and make it a fitting temple for the inner spirit" (27). Writer and philosopher Susan Sontag, in her essay on the metaphors of illness highlights the long history of moralizing illness to which Gaze belongs. Sontag argues against a mythology of cancer as caused by a steady repression of emotion (Sontag 1978, 57). Modern diseases have often been viewed as forms of self-judgment, or of self-betrayal (Schmidt 2016, 138). The Christian roots of this tendency to attach moral values to health and disease in the West are noted by religious studies scholar Marion Bowman, who observes that for Christians, illness was understood to contain religious meaning, including divine punishment and tests of faith (Bowman 2004, 183).

With the New Age Movement of the 20th century and its successors, Christian notions of punishment for moral transgression have shifted towards a secular etiology where illness is interpreted as an expression of the failure of the inner self. It is no coincidence that fasting—once understood as a Christian duty, and Protestant healing practice—is adopted by those seeking to extend their lives and maintain healthy bodies (Forth and Coyne 2005). Scholars have drawn direct lines from religious fasting to today’s secular dieting fads (Mellor and Schilling 1997). Similarly, the historical emergence of fat as sin is tied to modern conceptions of beauty and body-type (Albala 2005). A perfectible body signals a perfect soul, though today this maxim has a less metaphysical and more secular, materialist teleology. Instead of being a pious goal of reflecting God’s beauty, for many RLE activists, a perfected body is the signifier of proper self-care, and as such, candidacy for immortality. Gaze’s notion that immortality is a practice is featured throughout my dissertation. For PUI members, embodied and discursive practices and performance form part of individual’s lived reality. In Chapter Four I discuss how immortalist and transhumanist regimes of health incorporate various healing modalities, from science-based medicine to alternative therapies, as a means of realizing a human-driven teleology. I explore the question of enchantment through the history of biomedicine and alternative therapies, especially with respect to new religious movements and the RLE movement.

Positionality

I was around 12 years old when I watched my first episode of the X-Files television series. The episode featured a monster summoned by the heads of a Housing Association to kill homeowners who would not comply with the neighbourhood rules. Around the same time, I began watching Buffy the Vampire Slayer and Unsolved Mysteries. As a child, and into my

teenage years, I was obsessed with serial killer non-fiction (now called True Crime), and I hoped to deduce the motivations of these killers. (I had responsible, normal parents, I hasten to add!). It is little wonder I kept myself awake at night, afraid that an extraterrestrial ship would land on my front lawn and take me away. For a time after the terrorist attacks in the United States on 9/11, conspiracy theories fueled my stint as a teenage anarchist. It turns out that there is a thin line between the punk aesthetic, leftist politics, and conspiratorial thinking.

When I began my undergraduate degree in Religious Studies at Concordia University, I took a course on Popular Religion, where our group assignment was to analyze an element of popular culture and make a case for it as an example of popular religion. Some students chose sports fandom, and others examined Beatlemania culture. My group chose transhumanism. We analyzed the documentary *Transcendent Man* (Ptolemy 2009), which follows futurist and Singulatarian Ray Kurzweil on his quest to defeat death and bring his father back from the dead. At the time, I could not imagine speaking in front of a classroom of a hundred students. As an alternative to giving part of our group presentation, my peers convinced me to don a cardboard robot costume, and serve as a prop. We walked to the front of the class to laughter and bewilderment at the unfortunate student who thought it better to wear a Hallowe'en costume and carry a sign that read "The Singularity is Near" than to speak a few pre-written words out loud. Yet it was that moment that cemented my future in the Social Sciences.

As I reflect on the paths that have brought me to completing my doctorate at McMaster University, I realize that I have spent much of my life feeling like an outsider. As a teenager I gravitated toward punk subcultures, animal-rights activism, and anything weird and occult. It comes as no surprise that I did not always fit in with others in my youth. This dissertation is in many ways about outsiders. Immortalist communities, transhumanists, and cryonicists discussed

in this dissertation exist on the margins of more mainstream religions and communities. To believe in physical immortality is to believe in a future-world against all evidence to the contrary. As one member of a large UFO religion told me during my 2019 fieldwork in California, “to become a real member [of the group] you must overcome the ridicule you receive from others by developing self-confidence.” The individuals in this dissertation come from diverse backgrounds and hold varying beliefs. They have epistemological differences, unique histories and different futural imaginaries. However, like my own earlier self, they tend to share the feeling that they are out of step with the world.

In many ways, I remain an outsider to the communities described in my dissertation. I am an active participant in society’s “cult of death.” I run a website dedicated to discussions around death and dying, my wife is the founder of an online memorialization company, and both of us are professionally and personally connected to a large community of death care professionals. I teach courses on death and dying, spend time visiting cemeteries and participate in death positive events. Yet, despite this, and the morbid aesthetics of the punk culture I grew up in, I have mostly remained a spectator when it comes to the personal and social realities of death and dying (Fabian 1972). In fairness, even as a participant in the death positive community, I find myself uncomfortable with the thought of death. There is so much mystery in the world, and the idea that experience is limited to our short lifespan brings me no comfort. There are moments, usually occurring while camping next to a lake in remote wilderness, that I find the possibility of immortality appealing. Knowing that Alzheimer’s is present in my family history is another reason I am not entirely optimistic about my aged future.

While we may feel connections to the communities and cultures we study, as Clifford Geertz observed, “You don’t exactly penetrate another culture... You put yourself in its way and

it bodies forth and enmeshes you” (Geertz quoted in Behar, 1996, 5). I approach the subject of immortality from a less-than dispassionate place. I have come out of this research project with a self-understanding as a death positive transhumanist. While I do not identify as a transhumanist, or an immortalist, I maintain hope in the positive possibilities of a techno-future and welcome any attempt at alleviating human and non-human suffering. At the same time, I maintain that it is important and necessary to have open and honest conversations around death and dying so long as death remains what greets us at the end. This position has led me to many productive and interesting conversations in both the death positive and radical life extension communities.

Ethnography, Time, and Mental Health

In 2017 I was given an official diagnosis of ADHD, defined as a neurodevelopmental disorder characterized by either hyperactivity, inattentiveness, or a combination of both. For the most part, the ways in which my ADHD expresses itself have made my life as a graduate student difficult. Studying for my comprehensive exams was a nightmare, feelings of self-doubt and guilt accompany me despite my successes, and I remain concerned that being open about mental health might be detrimental to my academic career. Ethnographic fieldwork has also posed challenges. Part of my ADHD symptomology is sensory overload. Spending too much time surrounded by people, lights, and noises can leave me drained and overwhelmed. This made the typical anthropological experience of retiring to one’s room at the end of a day to furiously scribble down notes difficult.

During fieldwork, experiences of excitement about discovering new ways of viewing life and death were often coupled with feelings of loneliness. I worried that people who hold to etiologies of blame would think less of me were I to mention my ADHD or depression. When the

topic was brought up, many people I encountered in the field would suggest alternative therapies or healing techniques to help mitigate my symptoms. While these suggestions came from a place of genuine care, it meant that I rarely mentioned my use of pharmaceuticals to manage my mental health. When the coronavirus pandemic of 2020/2021 halted fieldwork in the US for Canadian researchers, having to conduct online fieldwork exclusively proved problematic. I had difficulty organizing interviews, attending virtual conferences, and communicating with individuals with whom I had previously stayed in touch over social media or text messaging. Thankfully, although it comes with many complications, ADHD has proved productive for fieldwork. For example, most of my interviews in the field were between 2 and 6 hours long. Sitting still for so long would normally be a problem for me, however the interview process turned out to be a cathartic experience. The process of active listening forced me to sit down, stay focused and get to work. It helps that I genuinely enjoy asking questions and listening to people articulate their lifeworlds.

Method

I do not provide proof for or against claims of immortality in my dissertation. From the phenomenological position of epoché, I take seriously the immortalist claim that death is not inevitable. In other words, I do not dismiss RLE claims about the future, and avoid following the tendency by certain scholars to psychologize the desire for immortal futures (Flieger 2010, Piven 2003). Epoché is an ideal in Religious Studies, yet ethnographic engagements implore us to take *others* seriously, even when scholars make critical evaluations. For example, I must contextualize claims of immortality within the larger reality that death has been, and continues to

be, what awaits us. But this position is not meant to discredit or call into question the practices and values of immortalists. I have a sincere desire to understand the lifeworlds of other humans, especially when they differ from my own. Ultimately, my dissertation is the expression of a genuine interest in radical life extension and a desire to give voice to the unique individuals and communities with whom I have had the privilege of spending time.

The Value of Being There

Anthropologists have tended to follow a similar pattern of fieldwork to access “other” knowledge systems. Ethnographers go out into the field and live within their research communities for several months to several years. This long-term engagement is an immersed form of ethnography, where anthropologists attempt to learn the ontologies, rules, rituals, and morés of their respective communities. Tim Ingold (2008) defines ethnography as describing “the lives of people other than ourselves with an accuracy and sensitivity honed by detailed observation and prolonged first-hand experience” (69). Long-term ethnography has many advantages, since ethnographers can familiarize themselves thoroughly with the contexts they study. This does not, however, discount the benefits of short-term ethnographic engagements. Since the “crisis of representation” in ethnography during the 1980s, multi-sited fieldwork has increasingly replaced traditional long-term fieldwork in geographically bounded communities (Marcus 1995). My project utilizes a multi-sited, mixed-method approach to data collection through short-term theoretically informed ethnography, digital ethnography, and internet-based material research. Short-term ethnography is an approach adapted to emerging contemporary contexts. Following Hubert Knoblauch, I will refer to short-term theoretically informed ethnography as “focused ethnography.” This term references the intensity of the data gathering

process necessary for short term engagements (Knoblauch 2005, 16). Sarah Pink and Jennie Morgan (2013) define focused ethnography as involving “intensive excursions into [individual’s] lives, which use more interventional as well as observational methods to create contexts through which to delve into questions that will reveal what matters to those people in the context of what the researcher is seeking to find out” (352). Pink notes that neither focused nor long-term ethnography is better than the other, since even if they have methodological, practical, and analytical differences, each are entry points into the lives of other (353). While the engagements may be short, lasting anywhere from several days to several weeks, the questions asked are direct, and ethnographers in the 21st century now have the capacity to retain contact over geographical distance with communities before and after fieldwork using digital technologies.

My mixed-method approach also arises from the importance of using the internet as part of a wholistic research project. Digital ethnography, like most ethnography, does not approach the world as a static object, rather it assumes that lifeworlds are an emergent and ever-changing process. The lives of my research subjects, like most of us in the contemporary West, are mediated by digital technology. Social, cultural and religious movements form online, information is broadcast and incorporated into peoples lives, and at the far end, transhumanists consider how to integrate emerging digital technologies into the body as a means of enhancing their biology. However, digital ethnography done at a distance has its limits. In early 2020 the novel coronavirus put my final fieldwork plans on hold. This resulted in an increased used of teleconferencing software for interviews and the observation of community gatherings. The availability of such technology was invaluable but limiting. Some of my most productive moments during fieldwork have come from being-there. Being-there, I overheard whisperings and quiet disagreements, and members took me aside after meetings to explain what I had

witnessed, offer their opinions, and clarify my misunderstandings. When observing in person, I was not a fly on the wall. People were intimately aware of my presence, even when I tried my best to hide in dark corners. Luckily, most of my dissertation features a blend of observation and dialogue emerging from in-person interviews and casual conversations. I agree with anthropologist Martin Gerard Forsey (2010), who argues that ethnographers are more participant listener and less participant observer (561). I am beyond grateful to the communities who welcomed my presence, and the individuals who took time from their busy lives to share their lifeworlds with me.

Ethnographic Engagements

As anthropologist Abou Farman writes regarding the state of ethnography and RLE: “Work on modern, medical temporalities of dying and biopolitics generally assumes the frame of finitude, finding little analytic or ethnographic room for other secular modern temporalities, such as the infinite” (2019, 313). With some exceptions, ethnographic engagement with the RLE movement has been limited (Bialecki forthcoming; Huberman 2021a, 2021b; Boss 2020; Cohen 2020; Farman 2021, 2020, 2013, 2012; Bernstein 2019, 2015; Singler 2019; Romain 2010). Jennifer Huberman’s 2021 book *Transhumanism: From Ancestor to Avatars*, features ethnographic material from her research with the American body hacking community alongside analysis of transhumanist publications, online discussion forums, blogs and websites. Seeking to apply the traditional comparative approach of anthropology to transhumanism as a novel cultural development, Huberman uses anthropological classics such as the work of Anthony Wallace and Ruth Benedict to provide insight into the worldview, values and meaning-making processes associated with transhumanism. Abou Farman’s writing on the transhumanist and cryonics

movements relies heavily on ethnographic data, including detailed engagements with Alcor in Scottsdale, Arizona (2019). Jon Bialecki's forthcoming publication, *Machines for Making Gods: Mormonism, Transhumanism, Speculative Thought, and Worlds Without End*, also uses ethnographic methods to analyze Mormon transhumanist philosophies and followers (2021). Anya Bernstein interrogates the politics of hope—the moral imperative to fund and develop technologies to improve the human condition—among transhumanists in Russia in her book, *The Future of Immortality* (2019). While she includes ethnographic data from anti-aging groups, the crux of her work is with leaders of the movement, scientists, and entrepreneurs in Russia. Finally, Beth Singler focuses on the varied relationships between artificial intelligence researchers and religion (2020), and transhumanist relationships to the future (2019). To date, these works are the primary ethnographically informed studies of the RLE movement.

Other publications by anthropologists, sociologists, theologians, and religious studies scholars tend to focus their attention on published statements by spokespersons for the various life extension and human augmentation movements. For example, in an article comparing Hannah Arendt's philosophy to the Singularity, philosopher Roger Berkowitz (2018) relies entirely on Ray Kurzweil's work as representative of the transhumanist movement. Likewise, to argue that cryonics is premised on the "humanist separation of the human as a purely cultural being from 'Nature'," social theorist Franziska von Verschuer (2020) relies solely on a document analysis from the field of cryonics. Anthropologist Roberto Manzocco's *Transhumanism - Engineering the Human Condition* (2019) features a 2-page section titled: "Anthropology of the Average Cryonicist," which conflates transhumanism and cryonics, and offers no quotations from any actual transhumanists or cryonicists (128/129). The problem with focusing on transhumanism's most visible public figures is that the leading voices in any movement do not

necessarily represent the experiences of others. I hope that this dissertation enables the voices of grassroots RLE activists to be heard and given equal consideration alongside the authoritative voices that have come to define this movement.

How the Future Shapes the Present

My research contributes to the growing field of academic work on the future, and a large body of literature on millenarian movements. Futural studies go by several names. There is the emergence of an ethnography of waiting (Sutton et al. 2011), literature on the potentials of hope (Lindquist 2005; Miyazaki 2004; Crapanzano 2003; Hage 2003), a politics of patience (Appadurai 2013a), an anthropology of anxiety (Singler 2019), and the future as method (Bryant and Knight 2019). My research engages with the question of hope while pushing back against it in favour of anticipation. Anthropologists Rebecca Bryant and Daniel Knight, writing about anticipation, argue that “the present is not simply a step on the way to the future but is a temporary anomaly that must be patiently endured, or that must be gotten past through action oriented toward the future” (Bryant and Knight 2019, 36). The distinction between hope and anticipation may appear to be semantic, however it is useful insofar as it aligns with immortalist lifeworlds where the future becomes real through action in the present. Hope, on the other hand, implies the possibility of decisions beyond our control. Hope is an orientation toward a futurity that is not guaranteed, against the backdrop of a futurity that is guaranteed: death. Anticipation of the future does not, however, discount contingency. As the Italian philosopher Franco Berardi writes, “a future state of being is possible when it is immanent or inscribed in the present constitution of the world. However, we should not forget that the present constitution of the world contains many different (conflicting) possibilities, not only one” (Berardi 2019, 2). Action

in the present collapses the field of possibilities, but it does not eliminate it altogether. To this end, I examine the claim that “every death is a suicide” through the intersection of anticipation and contingency to elucidate the relationships of radical life extensionists to the present possibility of death.

Futures as an Object of Ethnographic Study

One challenge typical of ethnographic engagements is how researchers navigate moments of “not knowing.” Philosopher Loraine Code argues that some of the most compelling insights from qualitative research can come when research participants assert themselves as “knowing subjects” against the assumptions of the researcher (quoted in Guzenhauser 2013, 58). When I entered the field, my questions reflected a lack of direct engagement with death, and a simultaneous assumption regarding a deep knowledge of death on the part of my interlocutors. I assumed that death was going to be an active source of anxiety for my interlocutors, or that the quest for immortality would come from a terror that could be articulated. Instead, I was frustrated by people’s frustration at my obvious, and, truthfully, empty questions. At the 2019 RAADfest in Las Vegas, I faced a person that Code would term a *knowing subject*. At the PUI booth, Michael and I chatted about the conference, the direction of my research, and made pleasantries. Michael, who has often challenged me throughout my research project, asked me a question that would shape this dissertation. “Can anthropologists study a group of people without sounding pretentious? I mean, are you able to study us without thinking we are below you? Maybe we are the ones who are way ahead of you, and you are the ones below us?” Michael, a high-ranking member of PUI, was pushing me to interrogate the reasons for my studying his community. Michael was assuming that as a non-immortalist who was not future-oriented, my

writing would inherently misrepresent the group. Michael told me that what PUI were doing was living out an anticipated future in the present, something that I might not be able to understand because, he claimed, anthropologists are oriented in the wrong direction towards the “primitive past.” PUI’s futural orientation is unique to it, Michael claimed, and it differentiates the community from many others within the RLE movement who only look to the future rather than live in the future.

Michael was right to point to the epistemological divide between myself and his community. As I observe in my conclusion, we all live in the future to a certain extent, but there is a significant difference between expected and anticipated futures. For immortalists, anticipation means taking every precaution to ensure the desired future materializes. Anticipation does not allow for contingency, both in how the current moment is lived out, and, paradoxically, in the explanatory methods used to account for contingencies. In a practical sense, treating the future as an ethnographic object means adjusting the questions researchers ask, and understanding how futural orientations are actively produced in daily life (Pink et al. 2016, 117). Ethnographer Sarah Pink, writing about ethnographic engagements with the future, suggests that:

A contemporary approach to ethnographic practice needs to depart from just the known, to consider the uncertainty of the sensory and emotional possibilities of what could or should happen next. Such an approach, we suggest, needs both researchers and participants to imagine possibilities of futures as an alterity of the present, rather than as a distant eventuality (Pink et al. 2017, 134).

Anthropologists Jon Bialecki and Ian Lowrie argue that successful ethnographies of transhumanism and human augmentation will need to employ new methods and frameworks that “try to figure the multispecies assemblages, vibrant matter, and sociotechnical infrastructures we encounter alongside the humans we interact with in our fieldwork” (Bialecki & Lowrie 2017). In

line with this directive, I use the relationship between RLE and temporality as a means of thinking through methodological and analytical possibilities in the study of immortal futures. How can complicating these narratives through ethnographic engagements change our research questions? This research project demands emerging methods and perspectives if it is to properly understand future-oriented people and communities. My argument in this dissertation is that immortal futures exist in the present through the affect engendered by immortalist performances. I take it as a given that the future creates meaning and constitutes personhood in the present.

Terminology

Religion, Community, or Secular Movement?

This dissertation examines how immortal lifeworlds are created and lived out. I also trace the histories of the groups under study. Ultimately, RLE raises questions about the nature of being human. In order to grapple with these issues, definitions and analytical boundaries are important to discuss. While most PUI members and secular transhumanists do not identify as religious—by which they are usually referring to structured, institutionalized, ‘churched’ religion—there are elements in their histories and future imaginaries that outside researchers would find identifiable as religious and spiritual. People Unlimited was founded as a Christian movement by Charles Brown in the late 1960s. The group’s self-understanding as a non-religious movement is relatively new, mirroring the parallel growth of secular transhumanism and anti-aging movements generally. PUI members use ‘spiritual’ language, and their literature features words like awakening, energy, transformation, and other terms. Some members do understand themselves to be religious, or spiritual, or spiritual-but-not-religious, or more commonly,

seekers. How do you define a group which does not define itself as a religion, and may be hostile to religion, yet which fits certain criteria deemed religious by scholars? What would it mean to call PUI a religion, or a new religious movement (NRM), against the wishes of the community?

With regards to defining religion, I believe that St. Augustine said it best: "If you do not ask me what time is, I know; if you ask me, I do not know" (quoted in Nigosian 1994, 1).

Although I consider myself an anthropologist of religion, I do not intend to offer a strict definition of religion; there are enough questions to ponder and argue over in this dissertation without adding a problem this dissertation does not explicitly address. However, as an anthropologist of religion, studying a community that describes itself as being antithetical to religion, I do want to make it apparent why I have chosen to use some descriptive terms over others. Even if the distinctions I intend to make are heuristic, words and identities matter.

In this section I argue for the use of the term “new secular spiritual movement” over fraught terms like religion, new religious movement, or spiritual but not religious. Analytical categories are important for orienting our research, but fixed definitions of religion can abstract phenomena deemed ‘religious’ by scholars from their historical, social, cultural, and economic relationships. Rather than examining certain forms of human organization and behavior as distinctively religious—that is, as *sui generis* phenomena—I follow Russell McCutcheon (1997) who writes that, “the category of religion is a conceptual tool and ought not to be confused with an ontological category actually existing in reality. In other words, our use of the scholarly category of religion is theoretically based, a model not to be confused with reality—whatever that may or may not be” (x). While the Critical Study of Religion has changed a lot since McCutcheon’s 1997 *Manufacturing Religion*, debates over classificatory and explanatory methods in the study of religion continue unabated (Simmons 2020; Sosis 2020; Barrett 2017).

Spiritual but not Religious?

People Unlimited and many of the healing modalities offered at RAADfest reflect several religious lineages, including and what have been called New Age spiritualities, or spiritualities of life (Heelas 2008). Yet, the RLE community is largely suspicious of religious and spiritual narratives, and PUI's philosophy and worldview pull from a number of secular and religious sources. If terms like spirituality, religion, or new religious movement are too analytically restrictive, how might scholars account for People Unlimited and others within the RLE movement? Anthropologists Sharday Mosurinjohn & Emma Funnell-Kononuk (2017) provide a conceptual framework they call a "new secular spiritual movement" (NSSM) to describe groups who do not easily fall into the category of religion, but for whom terms like spirituality, the sacred, and new religious movement are applicable. A new term is needed, they argue, as "a way of pointing out some of the strengths and limitations in the existing conceptual repertoire that defines things by relationships of similarity or difference to religion" (117). Since PUI and secular transhumanists do not self-define as religious, to claim that they are nonetheless religious "would be to smuggle in some unarticulated theory of religion as a *sui generis* thing" (121). Mosurinjohn and Funnell-Kononuk seek to account for the proliferation of activities in contemporary Western society that are religion-like, but which do not fit traditional scholarly categories. Their concept of NSSM is also a rubric that connects terms like spiritual, spiritual but not religious (SBNR), new religious movement, secular sacred, and other academically oriented definitions.

Cultural anthropologist Jenny Huberman (2021a) offers another possible solution to definitional quandaries. In her comparative study of transhumanism and anthropological theory, Huberman applies anthropologist Anthony Wallace's model for the development of revitalization

movements to transhumanism (23). Wallace defines a revitalization movement as a “deliberate, conscious, organized effort by members of a society to construct a more satisfying culture” (Wallace quoted in Huberman, 23), and claimed that societies undergoing stress and disorder can develop revitalization movements. Huberman notes that American transhumanists, facing “doomsday visions of the future” have responded with extreme techno-optimism and a positive vision of science and technology’s role in bringing to life their desired future (29). Huberman uses Wallace’s model to think beyond attempts to cast transhumanism and RLE as a new religious movement, or as a secular response to modernity’s supposed disenchantment (23). The collective creativity of the transhumanist movement, its impatience with the entropic nature of the human condition, and members’ ability to fund cultural change are evidence of transhumanism as a revitalization movement, argues Huberman (31). Viewing transhumanism as a revitalization movement that is creating a new “Gestalt,” aligns with my argument about anticipation and its role in orienting individuals towards a moment of great cultural change (Bryant and Knight 2019, 30).

In my conclusion I present some of the scholarly debates around transhumanism and religion, which are often informed by theological and bioethical concerns. In my work on radical life extensionists, I follow Mosurinjohn and Funnell-Kononuk in using NSSM as a broad category that embraces my participants’ stance on spirituality. Viewing the RLE movement as an example of a revitalization movement also provides a useful model that moves the discourse beyond religion/secular dichotomies. In addition, despite debates about its ongoing scholarly utility, I continue to use the term community to refer to my participants, because I believe it respects the identities of those it seeks to describe, even when I explore ‘religious’ and ‘spiritual’

themes present in their lifeworlds. In what follows, I justify the use of the term community to describe the communities in this dissertation.

What a Community Is Not

As I will argue, the term community is useful because it avoids some pitfalls common to other heuristic and analytical models. While community has often been conceptualized as existing solely through local or parochial connections, the advent of the internet has complicated standard definitions. Sociologist Craig Calhoun argues that the multiplexity of relationships and connections common to local communities can exist only with propinquity (Calhoun 1998). More recently, media studies professor Linda Steiner writes that “the current debate is not whether community is desirable but whether it requires propinquity and face-to-face communication” (Steiner 2010, 63). Steiner argues that proximity or shared lifestyle is not a sufficient qualifier for community, using gated communities as an example. A shared lifestyle is not sufficient to form community because “lifestyle enclaves,” which are often based on consumption and leisure, are not interdependent, or collective political movements with shared histories (63).

Adding to the debate, in his 2000 work *Bowling Alone*, Robert Putnam argues that civic engagement is the defining quality of community. Putnam maintains that civic participation in American communities has steadily declined, leading to a crisis of individuality and loneliness (44). The weakness of Putnam’s analysis is that his definition of what constitutes a community is rather narrow. Arguing that community has disappeared and using the lack of involvement in local committees as his evidence, Putnam limits our analytical boundaries. Significantly, the concept of community is rarely discussed in any other than positive terms. As Linda Steiner

writes, “One problem with much cultural studies work may well be its assumption that community loyalties and bonds are always, obviously, and wholly ethical goods; this ignores communities’ failures to confront diversity and conflict and to live up to moral and political expectations” (2010, 56).

Ultimately, I maintain that community is a useful heuristic because it emphasizes hierarchies and exclusions. Communities exclude and unite, and they affirm identities, both by those considered part of the community and by those who are not. This dissertation deals with some of these issues as they relate to non-PUI immortalists who lack connections with other like-minded individuals. But is it necessary to always have easily articulated shared histories, political commitments, civic engagement, or physical proximity in order for a group of individuals to be considered a community? What of a community that meets once a year? Or a community that can only gather online, and finds meaning in such engagement?

What a Community Is

What is a community, and how does it operate as a descriptive and analytical category within this dissertation? Holly Swyers (2010) argues that community is best understood as made up of experience and “a set of practices through which participants arrive at self-consciousness of themselves as a group with a particular relationship to the larger world” (3). Swyers definition resolves limited views of community as needing proximity, such as Steiner’s claim that “lifestyle enclaves” and community are distinct realms. In many ways, the concept of community is a taken-for-granted thing in the contemporary West. There are aging communities, video game communities, city-based communities, health-oriented communities, and so on. While community can be a physical space bounded by geographical limits, it can also be conceptually

bounded. For example, I live in a community made up of individual homeowners, people who maintain their lawns, look out for neighbors, and whose children play together. However, while I do not identify as necessarily belonging to this community, others may see me as part of their community. While I might see them as belonging to a community of neighbours, they may not feel such belonging. Insiders define their communities, as do outsiders looking in.

Community is not free from the assumptions and prejudices that can accompany words like religion, cult or NRM. Anthropologist Vered Amit (2010) proposes the notion of community as “a frame for interrogation, rather than a definition” (360). Community is a fluid concept. and one is not bound by membership within a single community. Yet, “the emergence of community depends on the opportunity for, and the impulse toward, comprehensive interaction, commitment, and responsibility” (Selznick 1992, 359). I argue that PUI is a biosocial community centered around health and immortal futures, which is part of larger communities. PUI can act as one community among an individual’s many communities. However, community is still a place with boundary structures, which act as a means of exclusion and inclusion. I witnessed this process firsthand during my fieldwork when over 30 members left or were told to leave PUI after a contentious week-long event. More importantly, community is a collection of intersecting systems of power and activities that can come to define the individuals therein (Collins 2010, 9).

The words we use as scholars, and the definitions attached to them, are often distinct from real world use. Imagination, performance, affect, religion, and community might mean something different to individuals outside academia than what they mean to scholars. I learned this lesson the hard way when I used the word “performance” to describe PUI activities during an interview. “What do you mean performance?” Understandably taken aback, PUI member, Michael, continued, “We aren’t pretending to be immortal. We aren’t acting or making this up.”

Realizing my mistake, I tried explaining to Michael that scholars use the word performance to signal how individuals create their worlds through their words and actions, and that the word performance does not imply fakery or acting. As this lesson taught me, any analytical method risks creating prescriptive boundaries, and the use of the words religion, community, NRM, and NSSM are laden with presuppositions and assumptions on the part of the researcher and reader. The distinctions I am making between religion, community, and NSSM are heuristic distinctions that might only matter to other scholars, but articulating these boundaries is important. My choice of terminology allows me to respect my participants' self-understandings. This is especially important because a number of scholars have argued for and against transhumanism and RLE as a religion, without speaking to or considering the opinions of adherents to those movements (Gill 2020; Leidenhag 2020; Mercer and Trothen 2020; Herzfeld 2017).

Conclusion

From the immortalist perspective, most of us live out our certain future (death) in the present. As one member of PUI told me, “[most] deaths are people’s own fault.” As “short-lived” people, we smoke, eat junk food, think negatively, and assume that death is our inevitable end. PUI director Jim Strole told members during a meeting that, “people don’t die because of time, they die because of their baggage through life.” In the same way that we live our mortality throughout life, immortalists live out their certain future (life) in the present. For PUI director Bernadeane, even the notion that one could live to be 120 years old is limiting. “It’s wonderful to be here a million years,” she tells members. “The body doesn’t need to get fat and ugly and can’t move... the body responds to death, or it responds to life!” Farman suggests that “no one in the immortalist community is claiming that [the future] is certain” (Farman 2013, 743). While

cryonicists tend to maintain more hopeful orientations, I argue that unlike Farman's conclusions, immortalists are not planning for a future that they *hope* may come to pass. The immortalist future that is lived out in the present is a future that will definitely happen because it is already here.

For communities such as PUI, where life and death are treated as binary opposites, the emotional trajectories brought about by death speak to larger questions around meaning and identity. I agree with philosopher Emmanuel Lévinas (2000), who claims that the experience of death is ultimately made up of the emotional and intellectual repercussions of the knowledge of the deaths of others. Immortalists are faced with a problem, at least from the point of view of outsiders to these communities. Given that many within these communities have a model of disease that places responsibility on the individual to maintain their own health, how do they come to terms with members' inability to stay alive, or direct encounters with mortality such as a cancer diagnosis? How do communities that define themselves by their inability to die, make sense of death? What interior life, and exterior cultural, economic, and social pressures form these identities? Cryonicists accept death as a temporary possibility, but death becomes problematic for immortalists because it is the literal end of interpersonal relations. There is no reunion in a heavenly realm, nor the promise of reincarnation; death is the cessation of possibility.

This dissertation seeks to answer these questions, by focusing on individuals who live in the future, in the present. This is a dissertation about biosocial communities, post-Christian legacies, prosperity theologies, health regimens, and time, connected to people who happen to be, or want to become, physically immortal. One reason it is important to think about immortality from the vantage point of the future is that the health of the individual and collective

body is linked for RLE activists to a coming moment of immense change where artificial intelligence surpasses human intelligence (the Singularity), and medical science can halt death. This dissertation is about the creation of those futures in the face of insurmountable odds. It details several ways that contemporary individuals and communities are attempting to overcome what they view as the problem of death and ill-health.

Some of my interlocutors joke with me that they hope my dissertation will reveal something about themselves and immortality that they did not know. My answer to those who ask me if I have discovered the secret to living forever is simple, but unsatisfying: “Don’t die.” Possibly some immortalists and transhumanists may read this dissertation and see nothing of themselves in it, or believe my theoretical work does not quite match their experiences. I hope this is not the case, but that is the nature of research in the age of expressive individualism. This confusion of boundaries, however, is a feature and not a bug. The pins on the map represent communities, individuals, religions, and other such broad academic and popular categories that humans may find themselves inhabiting, each with its own philosophies, histories, cosmologies, emotional intensities, and stories. While the map may direct us towards particular destinations, it is useful to remember that as religion scholar Jonathan Z. Smith wrote, “map is not the territory.” With apologies to Smith, this dissertation is my attempt at navigating an immortal territory whose map is still in the process of being drawn.

CHAPTER TWO: FROZEN BODIES AND FUTURE IMAGINARIES: ASSISTED DYING, CRYONICS, AND A GOOD DEATH

My second chapter, “Frozen Bodies and Future Imaginaries: Assisted Dying, Cryonics, and a Good Death,” was published in the journal *Religions* in November 2020 as part of a special edition, edited by Dr. Candi Cann, titled “Death in the Margins.” In this chapter I compare cryonics to the movement for medical aid in dying (MAiD). MAiD is the process of hastening death to alleviate an individual’s suffering (Kastenbaum 2007, 287). Individuals given a terminal prognosis in a state, province or country where assisted dying is legal, have the option to medically end their lives when suffering becomes unbearable. While MAiD is seemingly antithetical to cryonics, a movement connected to transhumanism that seeks to preserve bodies in order to eventually bring them back to life, there are surprising points of correspondence between advocates for each practice. During my fieldwork in Scottsdale, I was introduced to the story of Thomas Donaldson and his fight for access to MAiD in California in the 1990s. Donaldson was a cryonicist, Alcor member, and after receiving a terminal prognosis, an activist for the right to die. I explore the history of both movements and detail the discursive disagreements between cryonicists and supporters of MAiD within the nascent ‘death positive’ movement in North America. I argue that the antagonistic discourse that occurs between these communities hides the fact that both share complementary forms of future-making and a desire for access to a ‘good death.’ Cryonics members and terminal patients constitute unique biosocial worlds, which can intersect in unconventional ways. As temporalizing practices, both cryonics and MAiD reflect a will to master the time and manner of death.

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Introduction

In October of 2018, Norman Hardy became the first individual to be cryopreserved after successful recourse to California's then recently passed End of Life Options Act. This was a right not afforded to Thomas Donaldson, who in 1993 was legally denied the ability to end his own life before a tumor irreversibly destroyed his brain tissue. The cases of Norman Hardy and Thomas Donaldson reflect ethical and moral issues common to the practice of assisted dying, but unique to cryonics. In this essay, I explore the intersections between ideologies of immortality and assisted dying among two social movements with seemingly opposing epistemologies: cryonicists and medical aid in dying (MAiD) advocates. Cryonics advocates and terminal patients constitute unique biosocial worlds, which can intersect in unconventional ways. As temporalizing practices, both cryonics and MAiD reflect a modern will to master the time and manner of death. How is MAiD understood among cryonicists, and how has it been deployed by cryonicists in the United States? What are the historical and cultural circumstances that have made access to euthanasia a moral necessity for proponents of cryonics and MAiD? In this comparative essay, I examine some similarities between the biotechnological and future imaginaries of cryonics and MAiD. Considering their discursive disagreements and shared medicalized histories, I aim to show that proponents of both practices are united in search of a good death, and both conceptualize dying as an ethical good.

Conceptualized as philosophical and discursive opponents, cryonicists and advocates for the practice of MAiD employ similar narratives of self-determination, individuality, and choice in defense of their practices. Although their desired outcomes post-mortem differ, terminal patients and

cryonicists navigate a medical system that aims to master the time and manner of death, altering what it means to die well. While cryonics is portrayed as offering a means of transcending death, it nonetheless directly engages the realities of dying in ways that align with discourses around MAiD. This alignment is particularly evident with respect to the call to legalize cryoethanasia, which is the practice of causing death in the hopes of extending life through cryopreservation. While some cryonicists defend cryoethanasia as more morally permissible than traditional medical aid in dying, I aim to show how both practices share similar narratives and are situated in the context of highly medicalized deaths. I begin by offering brief descriptions of cryonics and aid in dying, before moving to my cryonics case studies. These case studies are supplemented by interviews with leading cryonicists, living cryonics members, death doulas, and others.⁷ Through participant observation, interviews, virtual ethnography, and an examination of primary texts, I examine the discursive formations that unite and divide these technologies of dying. I am especially concerned to show how, in both cases, the concept of a good death has become a moral necessity in the making of future bodies—dead, liminal, or alive.

In our contemporary Western deathscape, where dead bodies are routinely injected with formaldehyde to arrest decay, placed into hermetically sealed caskets, and interred within cement vaults, it could be argued that preserving corpses in liquid nitrogen is an extension of our contemporary funeral culture (Krüger 2010). Yet cryonics and transhumanism generally are often maligned and misunderstood by the wider public, who tend to imagine heads floating in jars, cryopreserved bodies shattering, or reanimation in a future dystopia. This view of cryonics is

⁷ A cryonics member is a living person who has either paid for their future cryopreservation, or is paying in installments, usually through their life insurance. A cryonics patient is the legally dead body and/or brain of a cryopreserved member. Cryonicists do not consider their “patients” biologically dead. Not all transhumanists are cryonicists, and not all cryonicists self-identify as transhumanist.

particularly prevalent within the loosely affiliated “death positive” movement, which has made support of assisted dying a cornerstone issue and tends to dismiss cryonics as a death-denying technology. Media attention has largely focused on grotesque or extreme examples of cryonic suspension or offered the simplistic argument that cryonicists are in denial of their mortality. Transhumanism as a worldview and philosophy, and associated life-extending technologies have garnered an abundance of academic attention (Farman 2020; Bernstein 2019; Bialecki 2017; Mercer and Trothen 2014; Roco and Bainbridge 2005). With few exceptions, however, ethnographic engagement with this large movement is lacking (Farman 2020; Boss 2020; Bernstein 2019; Singler 2019; Romain 2010). Anthropologists, sociologists, theologians, and religious studies scholars tend to focus their attention on the leaders of the various life extension and human augmentation movements or concern themselves with the theological and bioethical implications of technologies of immortality, with less concern for individual lived experiences. While MAiD has its detractors and has given rise to religiously informed objections, the practice is more normalized than cryonics in the Western world. However, as with cryonics, media sensationalism has obfuscated what is at stake for supporters of the practice of MAiD. This essay is my attempt at locating *death in the margins*, to discover its presence in unlikely places, and to complicate the already complicated narratives around our future imaginaries.

Definitions

This research was conducted as part of my larger dissertation research into immortalist communities in North America. In 2018 and 2019, I toured Alcor Life Extension Foundation in Scottsdale, Arizona, speaking with its co-founder Linda Chamberlain, and spending time with cryonics members and other life extension activists. As part of my research, I attended the 2018 and 2019 editions of the Revolution Against Aging and Death Festival (RAADfest) in San Diego,

California, and Las Vegas, Nevada, respectively. This yearly conference is presented by the Coalition for Radical LifeExtension, which is a partnership between several life extension activists and communities, including People Unlimited Inc—my main research community in Scottsdale, Arizona—and the Church of Perpetual Life in Florida—billed as the world’s first transhumanist church. At these field sites, I have met with several life extension leaders, cryonics members, and future-tech enthusiasts, including the leading cryonics insurance salesperson, and members of the United States Transhumanist Party.⁸ I have also attended numerous death positive-themed conferences, and funeral industry conventions, and have spoken extensively with front-line MAiD advocates. As part of the ethnographic elements of this article, I interviewed several death doulas during fieldwork in California and through online interviews about their experiences with MAiD. It was during my second visit to Alcor, in 2019, as my wife and I toured the facility, that we were introduced to the story of patient A-1097, Thomas Donaldson. Within this center where death was a technological problem waiting to be overcome, I heard the story about a direct confrontation with mortality that I had not expected. Donaldson had fought for his right to die in a way familiar to me through discussions within the larger death positive community.

Cryonics

Cryonics is the practice of preserving legally dead human beings at temperatures below -120°C in the hopes of reviving them in the future. Once an individual has been declared legally dead, their heart and lungs are kept functioning artificially, their body is cooled with ice, and their blood is then pumped out of their body and replaced with a chemical protectant. This

⁸ People Unlimited are an immortalist community, and most members do not self-identify as transhumanist. However, they are in support of any efforts to reverse aging and mitigate disease and death.

process is called vitrification, which involves partly replacing water in cells with a mixture of chemicals that prevent ice formation. Individuals can choose to have their entire body cryopreserved or just their head, in which case they are known as neuropatients. In either case, once the cooling and vitrification process is complete, the body and/or brain are sealed in a large vat of liquid nitrogen called a dewar at a temperature of -196°C . At Alcor, each regular dewar can fit four full bodies, and up to nine neuropatients. There are at least three cryonics facilities in the United States, including Cryonics Institute in Michigan (CI), Oregon Cryonics in the State of Oregon, and Alcor Life Extension Foundation (Alcor) in Scottsdale, Arizona. As of 2020, CI has over 1700 paying members, and 196 patients (Cryonics Institute 2020). As of 2020, Alcor has over 1300 paying members, and 181 patients, and as of 2019, Oregon Cryonics has 8 neuropatients. Cryonics is the brainchild of Robert Ettinger, who published *The Prospect of Immortality* in 1962, in which he laid out a detailed road map for cryonic suspension of the recently deceased. Cryonics is predicated on the assumption that what constitutes legal death today is liable to change, just as it has at numerous times in history: “The prevailing argument that cryonics advocates express is that death is pronounced only because medical progress is not yet so advanced as to make more types of illness curable” (Stan 2016, p. 72).⁹ Thus, while those who are cryopreserved are legally dead, they are not considered technically dead by cryonicists. Cryonics is considered part of the larger transhumanist movement, which counts as its prime objective to overcome human suffering and death through enhancement technologies (Singler 2019, p. 164).

⁹ Robert Ettinger’s second book, *Man into Superman*, was published in 1972, four years after the Harvard Medical School Report introduced the category of brain death (initially termed irreversible coma), which redefined biological and legal death (Kastenbaum 2007, p. 43).

Medical Aid in Dying

Medical aid in dying (MAiD), also referred to as euthanasia, physician-assisted death (PAD), or assisted suicide, is the process of hastening death to alleviate an individual's suffering (Kastenbaum 2007, p. 287). The major distinctions within the practice of MAiD are between active and passive forms of euthanasia. Active euthanasia refers to "actions that are intended to end the life of a person or animal that is suffering greatly and has no chance of recovery" (p. 287). An example is when a physician, nurse, or death doula administers or prescribes a substance that causes the death of the person who has requested it. Passive euthanasia is the intentional withholding of treatment, such as when a terminal patient hastens their own death by voluntary refusal of foods and fluids (VRFF), when life supporting equipment such as a ventilator keeping a person alive is switched off, or when a patient is prescribed painkilling medication, ostensibly with the intention of relieving pain, but in a sufficiently high dose that it will hasten death. This latter practice highlights the thin line between morally admissible and impermissible forms of MAiD in jurisdictions where its active variant is not allowed (Hanning 2019, p. 61). In these cases, the ethical principle of the "doctrine of double effect" permits managed deaths to occur when doctors administer pain medication with the unspoken intention of ending a patient's life (Dimmock and Fisher 2017, p. 136). Since its legislative enactment in Canada in 2016, over 6700 patients have undergone active euthanasia. In Canada, over 93% of aid-in-dying drugs were administered by physicians, and most patients died in hospital or at home. While the numbers are difficult to ascertain with respect to the United States, roughly 4200 prescriptions have been written for MAiD drugs, and 3703 of those patients used the drugs to end their lives. Unlike Canada, in most jurisdictions in the United States where MAiD is allowed, the drugs are prescribed by

physicians, but the ingestible cocktail of medication is mixed and taken by patients. In both countries, MAiD tends to be utilized in larger urban centers, and by higher income, Caucasian individuals (Health Canada 2019; Al Rabadi et al. 2019). Cancer-related illness is the most frequently cited underlying condition associated with those receiving MAiD, with neurodegenerative diseases as a close second.

Medical aid in dying highlights the ways in which the values of choice, liberty, and privacy conflict with equally strongly held American ideals about the value of life, caregiving, and refraining from interference with nature. These conflicting ideals play out in the experience of Jill Schock, a 35-year-old deathcare worker who lives in Los Angeles. Jill runs Death Doula LA, where she provides end-of-life services to terminal patients and their families under California's End of Life Options Act (EOLOA), which came into effect in 2016. Jill has a friendly face, with long brown hair and large, rectangular glasses. During my two-month fieldwork in California, Jill and I spoke at length about MAiD, her patients, and larger philosophical questions surrounding death and cryonics. Jill is in a privileged position as she is one of the few active death doulas with a clinical background. This means that beyond helping the terminally ill and their families handle their end-of-life affairs, she can legally administer life-ending drugs. I asked Jill about the type of person who chooses MAiD upon being given a terminal prognosis. The question of autonomy is paramount to a good death, and terminal patients who decide to pursue life-ending options have an activist mindset, Jill tells me. "One of my clients was a business owner. He was always on top of his own shit, he always made his own decisions and just always wanted to be in charge." Interviews conducted by scholars with terminal patients substantiate Jill's experiences. The people who choose MAiD do so for many of the same

reasons as those who choose cryonics: the desire for autonomy, and for the management of and relief from unbearable pain (Dees et al. 2011).

A Good Death

What constitutes a good death is temporally and spatially dependent, and is legitimated as such by cultural, social, political, and economic factors. A good death encompasses institutions and practices unique to the time and place in which they are utilized, and although notions of a good death have played important roles in the history of European Christianity—such as the *Ars Moriendi* tradition in the Middle Ages—today we must contend with how to die well in our supposedly post-religious, secular world. While there is no single definition of a good death, I agree with thanatologist Robert Kastenbaum, who proposes that some forms of death are empirically terrible, that a good death should enact the highest values held by society, that a good death affirms our most significant personal relationships, that a good death is a transfiguring experience—the moment of death is the peak experience of our lives—and that a good death is the final phase of a good life (Kastenbaum 2007, pp. 131–34). A bad death, on the other hand, is one where the individual experiences suffering, their autonomy is violated, or death does not occur at the time and place of their choosing. Anita Hannig notes that with regard to MAiD, “If there is one aspect of assisted dying that seems clearly to reinstate the agentive involvement of the patient, it is the potential for a good death the practice affords, in contrast to either the diminishment wrought by the end of debilitating illness or the classically bad death of suicide” (Hanning 2019, p. 71). A good death by cryonics standards aligns with the criteria outlined above, but focuses on the location of death, and the condition of the body and brain, due to their importance for future reanimation. A good cryonics death would be one where the patient has relocated close to their cryonics facility of choice, the time of death is known, a team has been

dispatched and is waiting for legal death to occur, and successful vitrification can begin right away. A bad cryonics death would occur far from the chosen cryonics facility, be the result of an accident, occur after a terminal prognosis but without the benefit of MAiD, or if the vitrification process caused damage to the body or brain. Thus, one can have a good death, and a good cryonics death. One could have a good death, but a bad cryonics death. One could have both a bad death and a bad cryonics death, and one could have a bad death but experience a good cryonics death.¹⁰

Case Studies

Thomas Donaldson—Patient A-1097

Thomas Donaldson was forty-three when he was diagnosed with grade II astrocytoma. The brain tumor had not affected the regions of Thomas' brain responsible for thinking, at least not yet, but would lead to the progressive deterioration of his physical capabilities. Thomas' case attracted worldwide media attention, and subsequent academic attention as well, though mostly confined to legal journals (Madoff 2010; Shuster 1994; LaBouff 1992) and bioethics publications (Schwarcz 2017; Cron 2014; Pommer 1993). Born 1 January 1944 as World War II ended, Thomas had three sisters and two attentive parents (Donaldson 1990, p. 7). Thomas became interested in cryopreservation in the early 1970s and joined Alcor as a paying member in 1975 (Schwarcz 2017). In 1988, the same year of Thomas' diagnosis, the Hemlock Society undertook unsuccessful efforts

¹⁰ For example, if I were not able to utilize MAiD, or I had to withhold food and fluids to die, this would be considered a bad death. If this situation occurred at a hospice facility near Alcor or CI, and my body or brain were successfully vitrified after my legal death, my death would be a good cryonics death. However, if lack of access to MAiD resulted in the deterioration of my brain tissue before my death, this would be considered a bad cryonics death.

to put a law for euthanasia on California's ballot, and cryonicists were some of the lead supporters of this effort (Donaldson 1989, p. 43). On 1 May 1990, Thomas filed suit against the Attorney General of the State of California for the right to a pre-mortem cryopreservation. Thomas argued that the United States Constitution and the California Constitution gave individuals the right to end their lives through the practice of active euthanasia (Donaldson 1990, p. 8). In the end, the California court "drew the line at post-mortem cryopreservation and refused to extend the right to include preservation methods that require the performance of assisted suicide" (Sullivan 2010, p. 72). While his cancer went into remission for several years, it returned in 2004 while Thomas was living in Australia. As his condition worsened, he flew to Scottsdale, Arizona, where he remained in hospice until his legal death. Thomas, who became Alcor patient A-1097 on 6 January 2006, had wanted to end his life before his brain tumor produced irreversible damage. This was not a right afforded to him, or to anyone in the State of California for that matter, until MAiD was legalized in 2016. Given that Thomas' brain was irreversibly damaged prior to cryopreservation, the hope is that by the time vitrification is reversed, the technology will exist to repair any tumor-related brain damage.

Kim Suozzi—Patient A-2643

"Reddit, help me find some peace in dying young (I'm 23)." This post was written by Kim Suozzi, Alcor patient A-2643, who was diagnosed with terminal brain cancer in 2011 at the age of 23 (Suozzi 2012). Suozzi, who posted under the Reddit username u/pizzarules1000, first appealed to the r/Atheism subreddit. "My prognosis looks pretty bleak at this point, and though I am hoping to exceed the 6–10-month median survival, I have to prepare to die," she wrote on 17 August 2012. Kim was diagnosed in 2011 with recurrent glioblastoma multiforme, a

highly aggressive form of brain cancer. By the time of her diagnosis, she was preparing to graduate from Truman State University with degrees in psychology and linguistics, and a minor in cognitive science (Alcor 2013). Kim had an inquisitive mind and became interested in cryonics after reading a Ray Kurzweil book in college. When conventional treatments failed, Kim appealed to the atheism community on Reddit for help funding her cryopreservation: “I had always planned on establishing cryopreservation plans through life insurance, I was caught off guard when I was suddenly diagnosed during my last month and a half of college” (Alcor 2013). Kim knew that the prospects of future reanimation were slim, but “the way I see it, it’s a better bet than decomposing or getting cremated.” Kim grew up in a religious, Christian household, and her parents were not pleased with her decision, worried that her soul might not make it to heaven. While her mother ended up accepting her wishes, her father did not, and refused to help fund her end-of-life plans. Suozzi’s age and her fundraising attempts attracted significant media attention, which painted her as a naive young adult who was duped by the snake-oil salesmen at Alcor. “Suozzi became one of the youngest people ever to undergo an expensive form of ritualistic corpse mutilation called cryonic preservation,” quipped journalist Corey Pein. “A sober look at the case would have revealed it to be but the latest botched mortuary procedure conducted by a gang of creepy scam artists” (Pein 2016, p. 84). Regardless, Kim was able to raise USD 7000 online before the Society for Venturism took over fundraising efforts with help from Alcor.¹¹ Kim relocated to Scottsdale, Arizona, which does not have right-to-die legislation. At that point, the options available to Kim were to wait until the cancer metastasized, irrevocably destroying her brain

¹¹ The Society for Venturism is a religious organization, which attempts to use religious exemptions to prevent autopsies and other destructive post-mortem, pre-cryopreservation techniques.

matter, or she could undergo voluntary refusal of food and fluids (VRFF). She chose the latter and died after eleven days on 17 January 2013. Cryonicists believe that its patients have the greatest chance of revival if steps are taken immediately upon legal death to halt the breakdown of the body. Kim's relocation meant that doctors and the Alcor staff could vitrify her brain once legal death was pronounced. Thus, Kim's death, not "good" by most measures due to her VRFF, was considered a good death by cryonics standards.

Norman Hardy—Patient A-1990

Alcor patient A-1990, Norman Hardy, holds the distinction of being the first person to utilize California's End of Life Options Act (EOLOA) before being cryopreserved. Born to Alfa and Clyde Hardy in Pomona, California in 1933, Norman would gain degrees in mathematics and physics from UC Berkeley, before working for IBM where he helped build the first transistorized supercomputer (Hardy n.d.). While at IBM he met Ann. They soon married and had two daughters together. In his 80s, Norman was diagnosed with Stage IV cancer and given a terminal prognosis. An Alcor member, he was placed on their watch list, though he never relocated to Scottsdale. According to Alcor's case report, "Mr. Hardy had been diagnosed with terminal metastatic prostate cancer that had spread to the bones, and lungs. His pain had been poorly managed, and Norman had been looking to end his life as soon as possible" (Alcor 2019). For reasons that remain a mystery to Alcor, Norman had not informed them that he planned to use the newly enacted EOLOA. Alcor was eventually notified, though they had to convince Norman to wait a week in order for a team to fly out to California with the proper supplies, rather than to end his life in two days' time as he had planned (Alcor 2019). Once legal death was pronounced, the Alcor team went to work cooling his body with ice and artificially circulating blood and oxygen.

An air ambulance was dispatched, and the vitrification process was completed in Scottsdale. Norman was a neuropreserved patient and was pronounced legally deceased on 30 October 2018. Norman's death was a good death by MAiD standards, but a bad death by cryonics standards. The trip from California to Arizona by air ambulance, as well as errors during the vitrification process, resulted in greater-than-anticipated damage to his brain tissue.

Future Imaginaries

Creating Opposites

The death awareness movement, also known as the death positive movement, has become a small but vocal grassroots movement in the West over the last two decades (Walter 2019; Kastenbaum 2007). The movement is a loosely affiliated community of bloggers, death doulas, MAiD advocates, deathcare professionals, entrepreneurs, and others. Some of the aims of the movement are to normalize conversations around death and dying, support alternative disposal methods such as green burial, and shift responsibility for the dead away from professionals and back into the hands of the public through participatory and home funerals. For death doulas like Jill, who is active within the death positive movement, part of normalizing death means accepting people's right to end their lives when suffering becomes unbearable. Generally, the death positive movement tends to be in support of MAiD and opposed to cryonics, which it views as being a death-denying technology. For its part, many cryonicists and transhumanists tend to view the death positive movement with equal derision. When I have spoken to life extensionists about the death positive movement, most respond with bewilderment that anyone would be "in support of death" (fieldwork notes). The comments on the "Cryonics" episode of the YouTube series *Ask a Mortician* are largely representative of the death positive position on cryonics, describing it as a death-denying technology

meant for sci-fi nerds and those who are out of touch with reality.¹² Responding to a supporter of cryonics, a YouTube user wrote in the comments to the episode, “When you die, you’re not figuring out anything. Brain activity stops. You are simply a dumbass in death denial. You will simply be a frozen dead dumbass!” Asked by *Bitch Magazine* about her thoughts on transhumanists in general, author and death positive activist Caitlin Doughty told reporter Sonya Vatomsky: “It’s this weird conflict where I feel very sorry for the gentlemen of the transhumanist movement, because every time they speak about death it seems so personal, real, and tragic for them. It seems like their mother died and they have never been able to get her death out of their mind, and so it is now their mission to do everything possible to extend life and keep themselves alive. And they can’t even fathom why we would want culture at large to engage with their mortality and accept their mortality” (Vatomsky 2017). For death positive activists, transhumanist technologies like cryonics are spaces of privilege for white, upper-class males, and are incongruent with the larger aims of the death positive movement, which advocates for the acceptance of death as an inevitable and natural event.

Cryonicists and transhumanists are largely in favor of MAiD. However, the “deathist” discourse in support of MAiD is understood by many to be problematic.¹³ One commentator on an “Anti-Deathist” FAQ website writes, “Deathism is really getting old. Women like Caitlin Doughty are promoting death and gaining followers. It’s sad that she’s more popular than Aubrey de Grey and other anti-aging researchers” (Carinisation 2014). On Twitter, one user who was upset about

¹² The YouTube channel *Ask a Mortician* features videos on topics such as natural burial, iconic corpses, changes in the funeral industry, and cryonics. The videos are all made by Caitlin Doughty, who is an author, former mortician, and leader in the growing death positive movement.

¹³ “Deathist” is a derogatory term to describe death positive activists.

increasing death awareness wrote, “Deathists can just fuck off—I don’t care how old they are, if a good person dies it’s a tragedy AT ANY AGE, get it?” In a blog post criticizing an upcoming death positive conference, a transhumanist blogger wrote, “It’s not just this one conference either - every time I’ve seen someone say they’re “death positive” they’ve let slip that they’re against life extension and actively want to die.” Worse yet according to the blog’s author, “The phrase “death positive” does not have the meaning stated by its proponents, it very clearly has the actual literal meaning of the phrase—these people actually want to die, but worse—they want you to die and me to die and they will pull out every excuse in the book to justify why that is the good and natural thing.” While internet comments are rarely representative of a broader movement, I bring these examples into this paper to highlight the epistemological divide between many proponents of MAiD and the larger transhumanist and cryogenics movements. The antagonistic discourse occurring between the two camps tends to obfuscate the common aims of both with respect to access to technologies that hasten death, and to what end a death can be considered “good.”

Hope and/in the Future

As I toured the Alcor facility with its co-founder Linda Chamberlain as my guide, the future was on my mind. Alcor’s stucco exterior, beige walls, and sanitized environment are not what most would imagine a cryonics facility to resemble. During my last tour however, the dewars were being filled with liquid nitrogen, and the storage room with its neon blue lights and metallic containers was covered in a thick billowing white mist. I asked Linda about what Alcor members’ future goals were beyond reanimation. The hope, she told me, “is to bring people back to youth.” Most cryonics members, and life extensionists in general, aim not only for the defeat of

death, but the reversal of aging as well. According to Linda, twenty-seven is the average age most cryonics members hope to return to in embodied form. Robert Ettinger also imagined a future of limitless possibilities for reanimated patients: “The freezer program represents for us now living a bridge to an anticipated Golden Age, when we shall be reanimated to become supermen with indefinite life spans” (Ettinger 1964, p. 84). Linda shared with me her anticipated future: “I imagine being able to transform my body with the help of nanotechnology anytime I want. I have always wanted to walk on the ocean floor, and maybe in the future my lungs can be made to breathe underwater? If I am worried about my safety, maybe I could have the nanobots transform my body into a killer whale temporarily?” Linda’s vision aligns with the cryonics ethos, which considers the body as an accessory that houses the brain, or “a carcass or ‘package’ that can be rejuvenated or recreated altogether through bio-engineering, regenerative medicine available by genetic advancement and extended use of 3D bio-printers” (Stan 2016, p. 75). The hope of life after death is not unique to cryonicists. Sarah, a death doula from California, tells me that most of her terminal clients consider themselves to be “spiritual but not religious.” Though they may not envision themselves ascending to a heavenly realm, some do imagine themselves as energy beings who will be reincarnated in the future.

Hope and/in a Good Death

Euthanasia in its modern form, as a life-ending technology, is a paradox; even though it is the practice of ending life when hope is lost, it is an extension of an avenue of hope made possible by the modern medicalization of the deathbed. Detailing the emergence of euthanasia in the 20th century, sociologist Shai Lavi writes that “For proponents of euthanasia, the second half of the twentieth century stands for the triumph of human choice over the domination of medical

technology and conservative values” (Lavi 2008, p. 60). With the jurisdictional authority over the terminally ill gained by medical authorities, the act of dying itself became a problem. Death was now seen as a failure, while medicine offered “an intelligible hope in the face of a hopeless existence,” argues Lavi (p. 57). The clinical gaze “redefined the existential status of the dying individual into one that emphasized the triumphs of science and diminished the spiritual needs of the patient about to pass out of this life” (Laderman 2005, p. 4). Paradoxically, the medicalization of the deathbed resulted in the hastening of death in some cases and the prolongation of life in others. Both processes reflected a new way of experiencing dying, and a new will to master death.

Quoting Lavi:

“This modern sensibility replaced the older ‘hope’ that characterized the traditional deathbed and the Christian belief in redemption, which had prevailed in earlier American *Ars Moriendi*. . . But as modern medicine clearly could not offer the promise of an otherworldly salvation, physicians opted for a more tangible and limited hope: not the promise of a world to come, but a this-worldly guarantee that as long as life persisted, something could always be done for the dying patient”. (Lavi 2008, pp. 62/58)

As chronic diseases replaced acute ailments, and advances in biotechnology pushed lifespans to new limits, the dying process itself became prolonged. Today, death can become a long, drawn-out process, as “the question about how to die well today is how to live for months, or even years, knowing that we are dying” (Walter 2003, p. 219). Therefore, people today suffer longer, lonelier, and more painful deaths: “People do not die in the places they wish or with the peace they desire. Probably too many die alone, in pain, terrified, mentally unaware, without dignity, or feeling alienated. People who are poor, from ethnic minorities or marginalized may have even worse deaths” (Clark 2003, p. 174). Thus, in the wake of medicalized hope in prolonging life has come the hope of ending suffering with the help of MAiD, against competing state interests in

preserving life. Patients are empowered by access to euthanasia against the control of doctors over the process of dying; patients can choose to fight their diseases or accept death as an inevitable end.

Questions over life and death are constantly renegotiated through law, culture, politics, and other institutional and highly medicalized forms. Both healthy and sick individuals can come to constitute biosocial communities, which are organized around the experience of illness, and who “form collectives to work to change the prospects faced by future people” (Roberts and Tutton 2018, p. 205). Future bodies are actively created within biosocial groupings, which are made up of what Paul Rabinow and Nikolas Rose have called individual “biological citizens” (Rabinow and Rose 2006). These new biosocial realities, including biosocial communities for pre-symptomatic people, are based on the idea that biology is “knowable, mutable, improvable, eminently manipulable” (Rose and Novas 2005, p. 439). Hope is a vital part of biosocial groupings. As Nadine Ehlers and Shiloh Krupar (Ehlers and Krupar 2019) write, in the biocultural arena, “Hope incites particular behaviors, it induces certain forms of community and belonging, and it encourages us to believe in the possible transcendence of bodily limits and/or temporal constraints” (p. 20). Within biosocial groupings, people reconceptualize their illnesses so that they are no longer suffering from disease but are activists against it. Especially in the early days of MAiD legislation, terminal patients seeking euthanasia had to be vocal advocates for themselves and others as public support has been essential in changing legislation. Although Thomas Donaldson lost his initial court case in California, he continued writing in support of, and advocating for, the right to a good, medically assisted death for others. As aging itself has come to be reconceptualized as an illness category, biosocial groupings have formed around life extension activism. Cryonics member Alex, a

middle-aged healthy man from Florida, told me that cryonicists view themselves as “mavericks” who are freezing themselves today in the hopes of helping science reanimate bodies in the future.

Cryothanasia

KrioRus, the only cryonics facility in Russia, recently crowd-funded their new initiative “Cryogen.” Besides the goal of successfully reanimating patients in the future, Cryogen plans to build a facility in Switzerland with the intent of utilizing the country’s MAiD laws for the purpose of cryothanasia: “Switzerland is situated in the centre of Europe and has no prohibition on euthanasia, thus making possible the best quality cryonics services at the moment” (Cryogen 2017). As part of Cryogen’s roadmap, the organization hopes to offer cryothanasia within an on-site palliative care center. Medical aid in dying has had to grapple with the ethical consequences of its multifaceted implementations, legal, illegal, and quasi-legal. For example, what is the distinction between writing a prescription for MAiD, or administering a little too much morphine for pain control, knowing that it will arrest the body’s functions? After receiving their terminal prognoses, the immediate concern Kim Suozzi and Thomas Donaldson faced was ensuring their access to both a good death, and a good cryonics death. Donaldson and Suozzi are two examples of individuals whose cryonics deaths would have benefited, by cryonics standards, from cryothanasia. This is because cryothanasia, the act of administering MAiD to a terminal patient with the express intent to cryopreserve them immediately upon legal death, would provide patients a greater chance at successful reanimation in the future. Although I was told by Alcor employees that the organization does not advocate for access to MAiD in the courts, the Alcor website details the options available to terminal patients with cryothanasia in mind. Given that MAiD is illegal in Arizona, but that the best cryonics death would occur in Scottsdale, “the safest

such strategy, if one has a diagnosed terminal illness, appears to be voluntary stopping of eating and drinking” (Perry 2012). Given that the only option for European cryonicists who wish to utilize MAiDis to have their bodies flown to the United States, Cryogen hopes that their facility will provide their members with an opportunity for both a good social death and a good cryonics death.¹⁴

Interestingly, while fighting for the right to legally end his life in 1990, Donaldson and his supporters framed his right to death as a right to life. As one defender argued in a December 1991 issue of Cryonics Magazine, “I believe that “this is an assault on Donaldson’s well being” since his Right to Life is questioned by the State which has no justifiable interest in the outcome of his life” (Cryonics 1991, p. 6). The transhumanist philosophers Francesca Minerva and Anders Sandberg argue that “administering ‘euthanasia’ and subsequent cryopreservation is ethically different from administering euthanasia, and thus that objections to euthanasia should not apply to cryoethanasia” (Minerva and Sandberg 2017, p. 527). While the ethical argument against euthanasia typically states that any act causing death is wrong, Minerva and Sandberg argue that cryoethanasia would be permissible because “cryoethanasia is an act that causes certain death to become an uncertain possibility of death” (p. 529). In other words, regardless of its future success, the goal of cryonics now is the preservation of life. The preservation of life, they maintain, aligns with the ethical stance against euthanasia, thus satisfying both camps:

¹⁴ In 2016, 14-year-old “JS” ended her life through physician-assisted death after a ruling by the British High Court. This option was granted to her by the judge based on her rights to personal autonomy. Diagnosed with brain cancer, JS wanted to utilize MAiD in order to be cryopreserved. “I don’t want to be buried underground. I want to live and live longer and I think that in the future they might find a cure for my cancer and wake me up. I want to have this chance. This is my wish” (Huxtable 2018, p. 477). JS’ body was then flown to the Cryonics Institute in Michigan.

“Cryonics presents a paradox for many anti-euthanasia arguments. Extending health and life is the goal of medicine, and typically such arguments claim euthanasia is contrary to these goals. Since cryonics would have the greatest chance of success if the patient were euthanized before her health greatly deteriorates, such terminally ill patients want euthanasia in order to—paradoxically—extend their lives”. (p. 527)

Cryothanasia is unlikely to satisfy those who hold objections to euthanasia, however supporters argue that it would provide terminal cryonics members with both a culturally prescribed good death, and a good death by cryonics standards.

Final Discussion

Is Cryonics a Death-Denying Technology?

The charge of death denial assumes that cryonics members do not have a positive relationship with mortality, which in turn assumes that those who utilize MAiD, or are part of an activist community in support of it, directly engage with death in healthier ways. The reality is much more complicated. Research with end-of-life patients suggests that even during the late stages of terminal disease, patients and their families will maintain hope for life until the moment of death itself (Dees et al. 2011). The desire to prolong life means that some patients will forgo taking their MAiD medication any time their pain and suffering subsides (Yun et al. 2018). Death doula Jill told me that one of her patients waited a year before taking his euthanasia medication because his family could not bear his death. It was not until the pain became visibly intolerable that the family reluctantly agreed to “allow him” to take the life-ending medication. Studies with end-of-life patients suggest that bad deaths are more likely to occur when the dying person or their primary caregiver remained in denial of their terminal prognosis. Death denial was correlated with worse care and violations of the patient’s autonomy, especially with regard to their desire

to die at home (Reese 2000, p. 15). The death denial thesis itself may become abstracted from the realities of dying, as a meta-analysis conducted by Camilla Zimmermann suggests.

Zimmermann (2007) found that while death denial can act as a barrier to palliative care or access to euthanasia, both of these options are in fact examples of our shift towards a more death-accepting society (p. 308). Greater autonomy may be correlated with societies that are more open to the invitation to speak about death (p. 309). As public health scientist Jocelyn Clark writes about the result of the modern problem of prolonged death, “Indeed, it seems the fear of death is being replaced by the fear of dying” (Clark 2003, p. 174). A good death is now about managing the latter, rather than coping with the former.

Transhumanists and cryonicists would likely argue that there are no good deaths, which critics would point to as an example of *unhealthy* death denial. Historian Jens Lohmeier notes that researchers often suggest that “The option for cryopreservation is associated with an attitude of fear towards death and negatively correlated with the spiritual or religious belief in the existence of an afterlife” (Lohmeier et al. 2015, p. 276). Yet it is not lost to many cryonicists and transhumanists that death is a given, and how one dies remains important. At Alcor’s Life Extension Conferences, the longest held conference on life extension, the aim to mitigate disease is the core theme. Even at RAADfest, where death is called out as the ultimate enemy by presenters on stage, engagements with mortality are visible. For example, at RAADfest in 2018, invited speaker Natasha Vita-More, professor of ethics and innovation, took to the stage to argue in defense of pragmatic death acceptance and stated that rather than turning a blind eye to the inevitability of death in today’s world, facing it head-on is at issue. Vita-More, along with CEO and President of Alcor, Max More, were the earliest proponents of transhumanism as a worldview and philosophy. Vita-More, who is the Executive Director of the transhumanist

organization Humanity+, told the crowd in a passionate and firm tone, “I know death is not something we want to refer to, but we must! I know what it is like to be a caretaker. People are dying. We need to have compassion. Go to hospice and spread compassion. People who do want to die, have compassion for them.” Minerva and Sandberg argue that “the practical reality of cryonics actually makes the possibility of death a far more salient aspect of life. Having to plan for one’s terminal stages and being aware of the limited chances of a proper cryopreservation due to unavoidable accidents seems to be the very opposite of denying death” (Minerva and Sandberg 2017, p. 530). Dennis Kowalski, the founder and president of Cryonics Institute in Michigan, writes on the CI website: “Having a death plan, or simply telling people what you want to happen to your body, will ultimately allow you to live a more comfortable, death-positive life, instead of denying an inevitable reality—even if that means trying to cheat death with cryonics” (Guinness 2020). When I asked John, an Alcor member in his 60s, about death denial, he counselled me to read Atul Gawande’s *Being Mortal* if I wanted a better understanding of suffering at the end of life (Gawande 2014). While fear of death may speak to individual motivations, I have found engagements with mortality amongst cryonicists and transhumanists in unexpected ways.

Autonomy and the Good Death

“Cryonics is the second worst thing that can happen to you” Max More told the crowd of around 40 people gathered for the yearly Life Extension Christmas party in Southern California. Death is the implied worst thing that can happen. A “Who’s Who” of immortalists, transhumanists, AI researchers, and a friendly anthropologist, the annual Christmas party is an opportunity for anti-aging researchers to introduce “cutting-edge” longevity science, and an opportunity for guests to

help direct the future of the life extension movement. Following talks on longevity science, and the possibility that positive thinking can alter our gene expressions—thus extending our lives—Max More presented his yearly update on the state of cryonics at Alcor: “Cryonics is an ambulance to the future . . . If all you do to stay alive doesn’t work, there is always cryonics.” More continued: “I know nobody wants to talk about this stuff, but if you’re going downhill, move to Phoenix.” Listening to Max in that moment, I wonder what the phenomenological experience of dying, and then waking up in the future would be like. I was attending the party as part of my fieldwork, and I spent the evening moving between groups of researchers, friends, acquaintances, and a few members of the interested public. As many of us stood on the patio consuming keto-friendly wine, I spoke with cryonics member and science fiction author Gregory Benford: “Cryonics allows us to die with hope,” Benford told me, and he maintains that a hopeful future is what we should all strive to achieve.

Hope and autonomy cannot be disentangled. The ability to hope for a future change depends on the ability to bring that future about. Autonomy is the bedrock of modern medicine in both a legal and individualistic sense. Jill tells me that her clients value the ability to determine the moment of their death above all else: “When things take a turn towards suffering, they just want out immediately.” Suffering is highly subjective, and for some terminal patients, suffering does not take the painful trajectory many might imagine: “Suffering for some people is just incontinence. I know a man who shit his pants at 9 a.m. in the morning and took the medication at 4 p.m. because he had just had it.” Lack of control and lack of autonomy have been found to positively correlate to one’s acceptance of hastened death through euthanasia. Once individuals believe they might be a burden to their families, on top of the fear of pain, they are likely to consider employing MAiD (Yun et al. 2018, p. 5). Jill worked with one client whose

insistence on controlling the deathbed experience meant that she carried her advance directives with her whenever she went on vacation or flew on a plane. Control of the deathbed experience is a salient feature of our modern future imaginaries of a good death. This control is what Thomas Donaldson and Kim Suozzi had wanted, and a right Norman Hardy eventually won. Control extends beyond legal death as well. Linda Chamberlain shared with me the story of one Alcor patient who had requested that Alcor wait 300 years before reanimating him, even if the technology to revive him becomes available beforehand. The patient hoped this delay will allow technology to catch up to the ideal future they had imagined. For Alcor member John, the choice over life or death is paramount. John tells me he does not want to live forever but wants the ability to choose when and how his life ends. If John does not find pleasure in the future he is reanimated into, “I can just end it”, he tells me.

The creation of future bodies links to questions of autonomy and transforms death processes into moral necessities. Kim Suozzi’s case demonstrates what can happen when end-of-life options are limited. Here, a lack of options for euthanasia resulted in a prolonged dying experience for Kim and her family. Advocates of cryoethanasia, like Thomas Donaldson, argue that allowing the practice would satisfy the moral imperative to have a good death, while protecting an individual’s autonomy by allowing them to die and have their bodies handled in the manner of their choosing (Donaldson 1989, p. 43). Access to cryoethanasia would offer another ethical good, argue supporters. Namely, they claim that, where end-of-life options remain illegal, people still find ways to end their lives. Before California’s EOLOA, terminal patients would hoard pills or would visit an underground “Hemlock Society” where they could be painlessly assisted to die, death doula Sarah told me. “All of this was underground, and this was for people who wanted an option out at the end of life regardless of its legality.” Even in post-EOLOA

California, legal barriers and uneven access have meant that underground euthanasia remains an active practice. Sarah told me about one person—an “old hippie type”—who offers euthanasia to willing terminal patients by placing a hood over their heads before killing them with helium gas. Such a death likely violates Kastenbaum’s good death propositions, even if it respects autonomy to an extreme degree.

Conclusions

It is hard to miss Rudi Hoffman at RAADfest. Rudi is a towering presence, with short gray hair and large glasses, which give him a boyish face. His pastel-green polo has the words “ASK ME ABOUT YOUR CRYONICS INSURANCE” stitched on the back in large white letters. Rudi is the leading cryonics insurance salesperson and has been offering his services from his home in Florida for over 27 years—in which time he has only had 12 of his roughly 1500 clients become patients. Most people pay for cryopreservation using their life insurance policies. Alcor requires a minimum of USD 200,000 for whole-body storage, and USD 80,000 for neuropreservation (Shaw 2009, p. 516), and will send prospective members to Rudi. Rudi tells me during one of our many conversations that beyond the price tag, cryonics has been rather slow to catch on, even amongst life extensionists. Rudi believes that cryonics has had trouble attracting members from the life extension community because “Cryonics has all the ickiness of death and uncertainty. There is the whole certainty of death that turns people off.” Supporters of cryonics, many of whom participate in the life extension community, argue that rather than augment a fear of death, cryonics demands a direct confrontation with mortality. Reading through years of Thomas Donaldson’s writing on death and euthanasia attests to the death-oriented conversations possible within the cryonics movement. However, what remains explicit throughout is the hope that even in death, future life will be possible. Such a view is present amongst terminal patients as well.

Jill tells me that she has heard of “so many different kinds of ways to describe the process of being ushered out,” including reincarnation, connections with ancestors or energy, or the belief in angel guides. For Jill’s terminal clients, death is “not without a thought process of the possibility of a higher purpose.”

“Why, in Cryonics [Magazine], is there an article on euthanasia?”, wrote Thomas Donaldson in February 1989. “For years cryonics has been a third alternative, always ignored. Any presentation of cryonics should point it out as such an alternative: among its advantages is that it doesn’t result in the death of the patient! . . . Placing cryonics in the context of no-code patients and euthanasia candidates makes it very clear that we don’t advocate freezing “well” people, or even people who can get out of bed in the morning” (Donaldson 1989, p. 43). For Donaldson, as much as cryonics was an obvious ethical good for society, especially for terminal patients, for most people, “To be “dead” is by definition to be gone forever. No amount of playing with mirrors can convince these puzzled people otherwise” (Donaldson 1990, p. 8). Thomas Donaldson, Kim Suozzi, and Norman Hardy present interrelated yet separate examples of the ethical and legal boundaries of medical aid in dying, which are complicated by the choices made for their future bodies. These boundaries are further complicated by both the divisive realities of euthanasia debates, and the public’s unease over human cryopreservation. The Donaldson case calls into question what rights we have as autonomous individuals. Donaldson was not allowed to legally end his life through MAiD, resulting in a bad death by cryonics standards. While the contemporary West values an individual’s autonomy, Kim Suozzi became the object of ridicule and derision for her desire to be cryogenically frozen. Suozzi’s case is an example of what proponents of MAiD consider the hypocritical realities of right-to-die bans. Though of sound mind, Suozzi was not afforded the right to choose the time and manner of her death.

Instead, she had to starve herself for eleven days before legal death was pronounced. Even where the right to die is legal, restrictive regulations can result in scenarios like Suozzi's.¹⁵ As mentioned, Suozzi's death was a bad death for her, but a good death by cryonics standards. Finally, Norman Hardy was the first cryonics member in America to use the newly enacted EOLOA to end his life, but had to be flown to Scottsdale, Arizona, by air ambulance after his legal death. Hardy's death was a good death insofar as he had the ability to choose when to die. However, by cryonics standards, the delay in getting Mr. Hardy to Scottsdale complicated his chances at a successful reanimation in the future, resulting in what is arguably a bad cryonics death. If we removed the words cryonics from the case studies I have reviewed here, they would be indistinguishable from the moral and ethical landscape of many MAiD cases. The future imaginaries may differentiate MAiD and cryonics, but the determination to have a good death remains paramount to both movements.

Future bodies are more than embodied transformations of the self yet to occur. They are conceptual, anticipated manifestations of the future lived out in the present. Cryonics and MAiD are medicalized ways of living and dying, and for some, hopefully living again, which are necessarily lived out through a present imaginary. In other words, the deceased body of a terminal patient is the product of individual actions, cultural and familial obligations, and personal lifeworlds, as much as it is determined by the prognosis itself. In contemporary biosocial groupings, "hope operates as a form of intimate governance that conditions responses to bodily vulnerability and uncertainty and manages the present for the future" (Ehlers and Krupar 2019, p.

¹⁵ In 2016, Jean Brault, aged 61, received a doctor's help to end his life only after starving himself for 53 days and refusing water for 8. This occurred in the province of Quebec, Canada, where MAiD was a legal option at that point (McKenna 2016).

20). The future cryonics body is similarly informed, with many focusing their energies on healthy living to maximize their chances of a good death. While an essential element to the futural imaginaries of cryonics and MAiD is the notion of a good death, for cryonics, the future body is an organizing feature post-mortem within a long temporal continuum. As it is “neither alive nor dead, cryonic flesh organizes a massive discourse of maintenance and repair; even in its death, the body is becoming” (Doyle 2003, p. 62). MAiD recipients may also experience highly medicalized, post-mortem encounters such as invasive autopsies, organ donations, and medical research. However, these interventions are not as temporally prolonged as cryonics. The charge of death denial against cryonicists is often connected to the perceived futility of creating future bodies—namely their preservation post-mortem. “Many cryonics activists regard being decomposed or rotten after death as repulsive, while freezing the dead body retains its lifelike look”, writes Oliver Krüger (2010, p. 9). However, as religious studies scholar Gary Laderman notes, the popularity of embalming is based on a similar preservation of the future body: “A refusal to allow the dead to disappear from the living community, a fixation on the body of the deceased, and a demand that the integrity of the corpse be perpetuated in the grave as well as in collective memory” (Laderman 1996, p. 73). Although vitrification has different signification than the process of embalming, both have the ultimate goal of preserving the body.

Hope is a powerful motivator for biosocial groupings of biosocial citizens: terminal patients and pre-symptomatic life extensionists. While MAiD and cryonics offer opportunities to escape the biopolitical realities of illness by offering empowerment against a medical system where the “psychology of illness and the institutional needs of hospitals [work] against the patient’s right to choose” (Temple 2010, p. 186), both practices are the result of modern medicine’s push for hope against the inevitability of death. “What will happen when contemporary medicine

can no longer keep you alive?”, asks bioethicist Ole Martin Moen in support of cryonics (Moen 2015, p. 677). Implicit in Moen’s question is that medicine’s role in contemporary life *is* to keep people alive for as long as possible. Paradoxically, although both MAiD and cryopreservation are heavily medicalized processes, death for proponents of both becomes a moral necessity predicated on hope and autonomy. A good death for cryonicists and MAiD advocates is centered on the desire for autonomy and choice, and the minimization of suffering, which largely depends on an individual’s ability to communicate these desires, as well as a juridico-medical belief in autonomous decision making. The future MAiD and cryonics body is the product of a self that has had time to reflect, to prepare, and to think about its place in the future. The liminal moments where death is anticipated and prepared for are steppingstones, where the biosocial project of hope can be played out with death as its (possible) end. The future cryonics and MAiD body is a temporal body, one that refuses to suffer in death, is entirely organized through biomedical and future imaginaries in the present, and directly engages with the realities of dying in analogous ways.

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CHAPTER THREE: IMMORTALITY AND EXISTENTIAL TERROR: LEARNING THE LANGUAGE OF LIVING FOREVER

My third chapter, “Immortality and Existential Terror: Learning the Language of Living Forever,” appears as a chapter in the 2021 volume, *Beyond the Veil: Reflexive Studies of Death and Dying*, edited by Aubrey Thamann and Kalliopi M Christodoulaki and published by Berghahn Books. Anthropologists Johannes Fabian (1972) and Renato Rosaldo (1989) inspired this edited volume as both challenged reductionist and *othering* narratives within the anthropology of death. This chapter features some of my earliest writing and thinking about People Unlimited and the RLE community at RAADfest. With Fabian and Rosaldo in mind, I explore my positionality relative to the RLE community, and to what degree my presuppositions affected the questions I asked my research participants. When I began my research by visiting RAADfest in 2018, I experienced an odd reaction to the positive and welcoming atmosphere at the conference: I had a panic attack. In a venue that celebrated life, I felt existential dread at the thought of my own death. I use this experience to interrogate the varied relationships to mortality among PUI members, and how fieldwork amongst immortalists challenged me to think beyond my ‘deathist’ paradigm. As in my second chapter, I critique theoretical models of death denial, which are often used as a blanket explanatory method for why individuals want to live forever. I expand on the topic of death denial and other problematic models in the study of RLE in the conclusion.

Cohen, Jeremy. 2021. “Immortality and Existential Terror: Learning the Language of Living Forever.” In *Beyond the Veil: Reflexive Studies of Death and Dying*. Edited by Aubrey Thamann and Kalliopi M Christodoulaki. pp. 29-52. Berghahn Books.

Everything that enters into life also begins to die, to go toward its death, and death is at the same time life.

—Martin Heidegger, *An Introduction to Metaphysics*¹

I am standing at a small cocktail table in the back of the conference room taking notes. I look over to where John is sitting by himself, and a sense of darkness comes over me. John has bushy white eyebrows, thinning white hair, and a slight hunch. At times it seems that his cane is the only thing keeping him upright. John is quick-witted and in relatively good shape for an octogenarian. He walks two miles a day, and would walk more if he had not broken his hip. When I ask John why he wants to live forever, he tells me that although he sometimes wants to die, the support his military pension provides for his wife motivates him to continue living. As the second day of RAADfest—a yearly conference dedicated to radical longevity and life extension—hits the halfway mark, the attendees are being led in a group stretch. A thousand sets of arms go up, backs are stretched, and bodies loosened. John’s cane is leaning against a chair, and he does his best to follow along, arms never able to go too far in any direction, his hunch more prominent now. I write in my field notes that if one person could be given the chance to live forever, it should be John.

As I watch John, I realize that I too am going to die one day, and I am instantly brought back to the hospital room where, a few weeks earlier, my heart was torn with anxiety by the pained expression on my great-uncle’s face as I watched him struggle to breathe. Here, at RAADfest, I am witnessing a genuine sense of hope embodied in John that paradoxically

reinforces my awareness that my great-uncle's fate will be my own. There is a weight on my shoulders and a sense of morbid dread that follows me until the end of RAADfest. In this chapter I interrogate my experiences with death, along with those of my research community, to complicate the value placed on theoretical frameworks for understanding human motivation in the face of death. Theoretical assumptions, and our own situatedness, paint the varied experiences of death with a broad brush, collapsing the singularity of experience, "the ritual process and the process of mourning."² If the study of death in anthropology risks focusing on routine rather than on the singular experience, as Renato Rosaldo has argued,³ then experiences with death among a group who consider themselves physically immortal reveal the complexity of death for those dying, those who survive the dead, and those who study mortality's epistemic multiplicities.

Anthropology has historically studied death from the idealized position of objective outsider. Understanding death meant exteriorizing the experience through analysis of rituals and symbols and focusing on repetitive recurrences; death mattered only insofar as observable embodied and discursive dispositions allowed.⁴ My interactions with my research community, including the panic brought about by fieldwork, have shown me that to study death is not only to include oneself but also to learn how to integrate the variety of experience beyond the self and beyond theory. There is a unique language used within the communities we study, which can act as a shibboleth to demarcate outsiders. I argue that any attempt at learning the language of our communities is a productive step toward empathetic research within the anthropology of death, resulting in steadier moral positioning during fieldwork. At issue is not the search for a correct interpretation of the human response to death but whether theory or personal reflection can always provide an accurate portrait of what it means to die or to lose those closest to us. In trying

to learn the language of the communities we study, we risk mistranslating the experience of others, especially when we rely on theory to inform our research. However, even mistranslation is an avenue toward a greater understanding of the singularity of experience. It is in learning the language of the other, and through the development of empathy, that we can begin to gain insight into how individuals and communities experience death, even if we ultimately remain outsiders.

On Being Struck by Lightning

While I believe that we should have open and honest conversations about mortality and confront its inevitability, my feelings about my own death are complicated. I have managed throughout most of my life to place death at a safe distance from my being while immersing myself in its aesthetic allure. The discourse on death that I am familiar with tends to minimize its reality through a lighthearted approach and deliberately morbid aesthetics, such as skull motifs on heavy metal album covers, which it has been argued makes death acceptable.⁵ I have not experienced the death of a direct family member or close friend, and the news of the deaths of my paternal grandparents—in both cases relayed to me weeks after their passing—left me with few visible traces of grief. The places where I have met death have been cultural and practical. I have grown up within a music-oriented subculture that venerates morbid imagery and music. My partner works in the funeral profession, and I have accompanied her to numerous industry conferences where I have learned to talk shop with casket retailers and cemetery managers. My wife and I write about death for a popular audience on our website TalkDeath, where we interview funeral directors, green burial advocates, and thanatologists. Our website is positioned within the “death positive” movement, which tends to view attempts at longevity and

immortality as byproducts of society's denial of death. I have read Heidegger, Levinas, and Derrida, and I continue to question my parents' judgment in letting me read serial killer nonfiction as a child. As one member of my research community put it, I have "surrounded [myself] with death."

I was also a forestry worker in Northern Canada for almost a decade, where a perilous culture of lack of regard for safety resulted in several close calls with death. The first happened when our driver fell asleep on our way back from a long day of work. I was able to jump over and take control of the wheel quickly enough to avoid having our truck drive over a cliff. Another incident occurred in a remote part of British Columbia where I was planting pine saplings in water-filled trenches with a steel shovel while wearing metal-cleated boots. In the afternoon, a violent storm rolled in. The air was electric, trees were shaking, and within the span of ten minutes, four of us were struck by three different bolts of lightning. A blinding white bolt landed one hundred yards ahead of me, traveled through the ground and up my body, and exited my wrists in two balls of light while knocking me to the ground. We scrambled, drove back to camp, and eventually made the forty-five-minute drive to town to call our families. In the weeks that followed being struck by lightning, I expected an epiphany of the sort supposedly elicited by close calls with death, but none ever came.

It was not until early September 2018 that I experienced my closest encounter with death. Suffering complications brought on by a fall and subsequent pneumonia, my great-uncle was paying his last visit to the hospital. The boisterous, sarcastic, loving gentleman who welcomed us into his home every year for high holidays, and whose pre-dinner ritual involved scotch and baseball, was missing from the husk of a body before me. A pacemaker protruding through his thin white skin, eyes bulging out of his head, he was lucid enough to know that this

was not where he belonged. Through his pained and heavy breathing I heard him whisper, “Why am I here ... when can I go home?” My heart sank as I studied the body before me, and suddenly I thought I understood what might motivate an individual to want to live forever. No one deserves the pain that death brings, no matter how great the promise of eternal happiness. While I sensed the distance between my interlocutors and myself collapsing, I would soon learn that the singularity of my experience was not a map through which I could adequately explore the territory of death.

Meeting the Immortalists

RAADfest—organized by the Coalition for Radical Life Extension—is the largest gathering of radical life extensionists, biohackers, and transhumanists in the world. The three-day event attracts around one thousand participants and is attended by some of the most important figures in antiaging research, transhumanist philosophy, and longevity activism. This quasi-medical conference features full-day speaker sessions, an exposition hall, cocktail dinners, and board meetings for various organizations within the movement, such as the US Transhumanist Party and Humanity+. I spent eight days attending talks and interviewing participants and leaders of various movements, as well as the vendors inside the “Anti-Aging and Age Reversal Exposition Hall.” Subsequent to RAADfest, my primary participant observation fieldwork had been with the Arizona-based People Unlimited Inc. (PUI), whose members claim they are physically immortal. I had traveled to Arizona to attend “longevity” events hosted by the community, and I interviewed dozens of individual members while in attendance.

People Unlimited was formed in the 1970s by Bernadeane Brown and Charles Brown, with Jim Strole soon joining and assuming a leadership role. The three founders claimed in interviews and books to have had a “cellular awakening” that led them to become physically immortal. In a 1991 Larry King interview, the founders claimed to have never purchased life insurance; why pay into a system that no one will benefit from? At its height, PUI’s three original founders preached their doctrine of immortality to thousands within the United States, Israel, Germany, and the United Kingdom. According to the preface of their 1991 book *Together Forever*, they claimed to know that “there is a biological attraction between [the founders] who will never leave each other by dying—or through any other means.”⁶ The death of Charles Brown in 2014, and a series of internal crises in the 1990s, have left the group with a diminished but enthusiastic membership. Today, PUI—led by Jim and Bernadeane—are once again building networks beyond their Arizona base. While most of its members do not self-identify as transhumanists, PUI is situating itself within the larger transhumanist movement through outreach and events.⁷

Demographics

I formally interviewed six participants and conducted informal interviews with over a dozen attendees during RAADfest 2018 in San Diego, California, and RAADfest 2019 in Las Vegas, Nevada. I interviewed an equal number of men and women, and participants ranged in age from twenty-seven to eighty-eight. My consultants were Caucasian and American, with the exception of a twenty-eight-year-old African American male and a middle-aged woman from France. I have subsequently made two research trips to Scottsdale, Arizona, to spend time with members of PUI during “Longevity Weekend” and “Longevity Week” events. These events

include invited speakers, educational health sessions, and opportunities for “open expressions”—the process of going in front of the group to share one’s thoughts and feelings, and, as happened during one of my visits, to air grievances. I have participated in these events through open expressions of my own and by volunteering to help conduct noninvasive medical tests on members. I have formally and informally interviewed dozens of PUI’s roughly 160 Arizona-based members. PUI is made up of members as old as one hundred and as young as infants, with most falling between the ages of thirty and sixty-five. There is an equal number of men and women, and the group is made up of various racial and ethnic identities, including Caucasian and Black Americans, Israelis, Venezuelans, Germans, and Australians, among others.

Arizona is a fitting home for this health-oriented community. For instance, my server at the vegan Italian restaurant I attended for lunch one day in Scottsdale is named Kale. As I typed field notes inside a nearby coffee shop, a group of middle-aged women sitting beside me were discussing the benefits of juice cleanses. These health-based lifestyle choices are common and encouraged among People Unlimited, whose members claim to be physically immortal in the present or actively working toward immortality. According to PUI, members’ mastery over their bodies at a cellular level represents a new genomic expression that does away with death. This view is shared by many members; however, immortality for most is the outcome of good health, physical activity, and a positive outlook. Members are encouraged to live out immortal futures through everyday actions in the present. In other words, members maintain that they are currently immortal, but at the same time the failure of proper action and thought, and a lack of commitment to antiaging futures, means that they are always susceptible to death. A future-oriented lifestyle, physical connections to like-minded immortalists, and mind/body synthesis are all essential elements in the process of achieving immortality and guarding against death.

Every Death Is a Suicide

For a community that defines itself by its members' inability to die, PUI has had to contend with the death of many of its members. A founder of PUI, Charles Brown, died in 2014 of complications from Parkinson's disease. A member died two weeks before my second fieldwork engagement, another died a few months prior to that, and the oldest living member died in 2019 at 101 years old. Discourses around death for PUI members take on a number of themes. I have heard death described as an enemy, a symptom of our collective negative energy, and a problem in need of a scientific solution. Death is believed by members to be transferred through genetic lines; death is darkness, and death is a tragedy. For some members, because we must be the masters of our own destiny, every death is a suicide. James and Bernadeane told the crowd gathered for a longevity event in Arizona that the largest cult is our society's "cult of death." The three original founders also wrote in *Together Forever* that "death is not natural, even though it has been the norm up until this time. Death has been imposed upon the body. Once this imposition is removed, the body has the ability to function in its true natural state, which is constant rejuvenation."⁸ In a certain paradoxical sense, the goal for many immortalists is not to defeat death but to find methods to stay alive. This distinction is important insofar as the latter invokes the feeling of moving forward while the former implies regression.

Saul is a well-dressed and good-looking middle-aged man. A member of PUI for over three decades, he has experienced the changes, deaths, and renewals that all communities inevitably go through. We met for dinner at an upscale farm-to-table restaurant, where we spent several hours talking. I asked Saul about the experience of death for PUI members, and he shared with me that he had been a caregiver for a member of PUI who had died from cancer. Saul was one of the people who drove this member to their doctor appointments, helped them

handle their affairs, and sat with them for hours inside the hospital. “Death is a tragedy,” Saul told me as he began to tear up. “I just really hate the loss.” Saul continued to share reflections with me about his upbringing, early experiences with death, and some of the family dynamics that brought him to PUI. I asked Saul about making sense of the loss given the community’s belief in immortality. Saul confided that if there is anxiety around death for members of PUI, it is not the result of a fear of annihilation but is rather provoked by the possibility that one has not lived a sufficiently immortal lifestyle by eating well, taking the right supplements, being an active immortalist, and always cultivating a positive mindset.

Saul expressed to me a rather pragmatic view of what it means to die and handle death. While he and other community members are actively working toward an anticipated future of physical immortality, death remains an unplanned contingency. Saul looks forward to a time when aging will be reversed through biomedical intervention, but he recognizes that, for now, disease and accidents can still cause unexpected death. As another member told me, “70 percent of deaths are people’s own fault [bad habits and giving in to death], 20 percent of people die from things that are out of their control like war and famine, while 5 to 10 percent of people die because shit happens.” When I asked PUI member Greg how he makes sense of the death of Charles Brown, or the most recent deaths in the community, Greg told me that “every death is a suicide.” Greg went on to explain that someone may claim to be physically immortal but still hide death within themselves in a number of ways. For example, according to Greg, Brown did not take care of himself in his later life. Likewise, Greg told me that a member who died from cancer had issues with greed, while another member who died had hidden many bad habits, so that guilt and stress were the ultimate causes of their cancer.⁹ Saul was distressed by such explanations because blaming the sick risks denying them access to the community, a necessary

element for achieving immortality. Because of the positive effects of being surrounded by like-minded people, including changes to our genetic makeup and neural activity caused by members' positive energy, PUI members believe that immortality is impossible without an ongoing connection to a community of immortalists. Saul told me that "if we believe that everyone dies, we lose the connection," but that members should also not "lose the connection to the dying." In other words, a community must remain a community, even in death, or risk ostracizing people for a fate they did not choose.

Death Denying or Life Affirming?

In their multitude and variation, members of People Unlimited utilize explanatory models to make sense of death that resemble the explanatory models used in the study of death and dying. For some scholars, "civilization is a structure invented to protect individuals from death."¹⁰ For others, death is not only the "supreme and final crisis of life" but also the source of all religion.¹¹ The fear of death is portrayed as a "potentially debilitating terror"¹² while paradoxically acting as "the mainspring of human activity" and a primary motivation in human behavior.¹³ The awareness of death serves an evolutionary purpose, while expressions of grief are both biological and cultural.¹⁴ According to the philosopher Heidegger, death can be observed but never experienced.¹⁵ For other philosophers, however, death can only ever be experienced by witnessing the annihilation of the other.¹⁶ Interpretations become more complicated when scholars attempt to make sense of immortality. According to some, a future where immortality is possible would inevitably lead to increased fear of death,¹⁷ and people who desire immortality today show "distinct traces of fantasy, cathexis, denial, and over-investment."¹⁸ One theory holds that as organized religion recedes into the background, the need

for symbolic immortality increases, suggesting perhaps that transhumanist and immortalist ideologies are part of postmodern strategies for dealing with death anxiety.¹⁹ These theories are often rooted in functionalist accounts that seek to explain individuals' distinct psychological and/or material needs and purposes with reference to bounded moments of observable ritual.

Theory is a necessary element to successful ethnographic engagement; however, the reliance on death denial as a model risks collapsing the singularity of experience. My initial research questions were oriented by my own history within the death positive movement and the belief that death anxiety was an orienting phenomenon for all individuals. My reliance on theoretical models reflected my own inexperience with death and limited my ability to make sense of the intimacy of losing people in our lives. As members of PUI attempt to navigate the less-than-positive intricacies of grief and loss, what, if anything, do these theories—often rooted in psychological models—tell us about the experience of dying, or about the death of the other? What do theories tell us about the pain that comes from missing important people in our lives who have died or the complicated grief or motivation that can come with the guilt of believing death was caused by the deceased's own actions? As C. Jason Throop writes about experiencing the death of others, "Mourning necessarily takes on unique textures and trajectories for each death we live through."²⁰ Instead of thinking about death and responses to death as an orienting condition only through the lens of theory, perhaps we should ask, as Abou Farman does, "What specific practices does this informatic mode [immortality] generate? What kind of ethics or selves does it develop? What discipline does it demand of its participants?"²¹

For many in my research community, the discipline that immortality demands involves active participation in the community and the performance of immortality through bodily

dispositions and discursive formations. Immortality requires an obligation and responsibility to live an ageless life within the norms and mores of the community. If the death of a PUI community member makes someone “hate death” even more, as Saul tells me watching his friend die did for him, we should ask how those feelings are lived out. How do individuals and communities grieve? How does death affect their relationships to each other? While I initially believed that “hating death” would lead to a debilitating anxiety about one’s appropriate action in the face of mortality, I came to realize that for many members of PUI, it led to positive possibilities through a future-oriented focus on life and community. Even if theories concerning innate human motivations in the face of death could accurately describe the actions of immortalists, there are unique “informatic modes” that can only be uncovered through direct engagement, which fieldwork can begin to provide. As I came to discover, theory in the study of death is only as useful as empathy and language allow.

“Do Not Go Gentle into That Good Night,” or, Death as a Call to Action

I was sitting inside the PUI meeting hall during the community’s monthly longevity weekend event. Dozens of chairs were arranged in a semicircle around a wooden stage. There were two tall chairs in the center of the stage; one sat empty, while the other was occupied by a stoic Bernadeane who eyed the crowd and nodded in agreement with Jim Strole’s emphatic gestures. Before members could come on stage to “express themselves” or share their emotions with the community, Jim and Bernadeane delivered passionate expressions about immortality, paradigm shifts, and their desire for a strong community. Their speeches and speech-acts set the tone for the performances of members, which often involve passionate displays of tears and movement. Delivered with a force that was not quite yelling but still quite firm, Jim told the

crowd, “Don’t go gentle into that good night!” At another event, Bernadeane told the crowd, “I am not listening to anyone who says I’m going to die. You can’t explain it [immortality]; you have to experience it.” During one particularly powerful interview, PUI member Jane asked me if I believed in the possibility of immortality. I shared my reluctance to believe in ideologies of immortality while also expressing my fear of death. Jane told me that it is not death that I am afraid of but the pain that surrounds death. “Death is nothingness,” she said, so why fear nothingness? Jane believed that the pain of death, the loss of loved ones, and the pain that dying brings can be averted through a transformation of the self and a focus on the future. If we love life and love ourselves, we can change our genetic makeup and become immortal.

Death for members of my research community is not dealt with in a theoretical fashion. Death is not something to be reflected on in hopes of making it acceptable; death is a call to action. As with the Ilongot whom Rosaldo studied, at stake for PUI members “are practical matters concerning how to live with one’s beliefs, rather than logical puzzlement produced by an abstract doctrine.”²² When Jane told me that I should not fear death, she was not arguing for the acceptance of mortality, because to accept mortality as inevitability is to die. Once we remove the power of death over life, our lives become a wellspring of unlimited potential, even if, as the historian John Gray writes, “planning for immortality means spending your life thinking of death.”²³ Death is undeniably an orienting problem for immortalists. Yet the more time I have spent with members of PUI, the more death has receded into the background, at least in its explicit manifestations. Instead, individuals at PUI are concerned with larger themes relating to their health, fitness, mental well-being, financial well-being, and community. Death recedes into the background, because to surround yourself with death is dangerous. “Imagine a balloon filled with light. When you focus on death, you are adding drops of darkness into the balloon. Little by

little it fills up,” Jane told me. Though concerns for health and wellness may nonetheless reflect the human desire to overcome a fear of death,²⁴ I have come to realize that death denial is a nuanced concept that does not adequately represent how members of PUI create their interior and exterior worlds.

Death and the Other

The audience at RAADfest was constantly reminded that not only is immortality going to be possible within our lifetime—“live long enough to live forever”—but that the community acts as an extended family: “The people beside you in this room, they are your best friends ... your best friend is the person who wants you to live forever.” This attitude also helps explain why so many members of PUI—seeking a community that understands them—have moved to Arizona from elsewhere. Members of PUI have friends and relationships outside of the immortalist community; however, most have very strong bonds with each other. They meet twice a week, hold events together, and help each other during difficult moments, and some members even live together. The promise of immortality is thus connected to the relationships formed by members, many of whom have families within the group. The knowledge of death inspires positive action with the goal of maintaining life because a community is nothing without its individual members, and to die is to lose membership to the exclusive club of the living.

Death is fundamentally about our relationships in that it marks an end to the familiar other. One of the reasons why the immortalist relationship to death is complicated is that death is literally the end of relations. Death is painful for many members of the community because many see death as abandonment by their “short-lived” family.²⁵ Marissa, an older Venezuelan woman, expressed the view that she needs to learn to let go of her sons, because “I am going to lose them,

and it's painful." Unlike spiritual ideologies of immortality, there is no reunification for immortalists in a postmortem heavenly realm. With the possibility of reunification removed, when someone dies at PUI—few of whom opt for cryonics—they are *de facto* excluded from a forever-ageless community.²⁶ By directly confronting the power and potentiality of mortality, the focus on death shifts to a focus on life and the formation of future-oriented ethical, immortal selves, and the promise of the continuation of familiar bonds.

On Learning the Language

A difficult and contentious weeklong event at PUI was coming to a close, and even as an outsider, I had started to think that I was finally learning PUI's intracommunity language. I was able to articulate what members meant when they talked about "leaving the family paradigm," and I began to connect many of the relationships within the group. I had signed up for volunteer opportunities within the community, and I thought that I was beginning to understand how death orients life for many PUI members. However, when Mike took to the stage on the last day, attention turned to me during his open expression against the paradigm of death. "Even if it's a friendly anthropologist who is asking the questions," Mike cautioned in a stern voice, "don't let them put the responsibility of death on you!" Mike was referring to a question I had asked many people at PUI about making sense of the death of fellow members. What I had not realized was that by asking questions about death, I had been asking members to bring up the past, to "bring the names into the room," as Mike put it. During Mike's speech, it dawned on me that this line of questioning might be understood as problematic for a future-oriented community. Because I felt it necessary to have open conversations about death in my personal life, was I assuming PUI members would feel comfortable doing the same? In the

moment, I felt the room close around me as I was made aware that as a member of society's "cult of death," and as an anthropologist, I was an outsider. I began to think about how my disposition was coming across to the room: my arms were folded; did that posture make people think I am closed off? If I did not clap, did that generate negative energy? I felt anxious as I thought about the health regimens I *could* be following, and about the fact that my body will one day age and fail me. I thought back to John at RAADfest and realized that the hope that caused me panic was a projection of my own fears around death. I had spent a lifetime thinking about death without being forced to interrogate what death meant for others beyond my own anxieties and aesthetic preferences.

The moments of anxiety that I experienced at RAADfest and during PUI meetings are what Thomas Csordas calls a transmutation of sensibilities, or "when one has an unexpected and striking experience in a modality typical of the setting in which one is working."²⁷ A transmutation of sensibilities is a moment, positive or negative, when we are pulled out of what may have become routine during our fieldwork. Moments where language failed me, or where experienced-based assumptions were challenged, produced anxiety because they forced me to confront my outsider status and my fear of death. Between the epiphanies that participant observation can bring, "there are moments in the course of ethnographic work that occupy a particular position on the continuum between going native and feeling the absolute stranger."²⁸ My fieldwork has oscillated between moments of "getting it" and moments of feeling like an absolute outsider when it comes to the study of death, even the moments of "getting it" may rely on assumptions developed from past experiences, which create a false coherence to the narratives we build as scholars.

Freud believed that there existed “different impulses in the mind that the proneness to decay, or precarity, of all that is beautiful and perfect can give rise to.”²⁹ Belief that the fear of death is a “potentially debilitating terror”³⁰ has made any attempt at circumventing death appear as an unhealthy denial of the inevitable. However, as I discovered, the feelings of anxiety, anger, and rage that death may provoke can in fact be a positive motivator for some individuals. Even if, for some members of People Unlimited, responsibility for death rests on the shoulders of the dying or dead, responsibility for life is a controllable experience for the living. Rather than finding a community whose world is oriented categorically by the denial of death, or by unhealthy motivations due to fear, as so many theories might predict, I found instead that responses to death at PUI reflected the different epistemic values of individuals. Death for many PUI members is foregrounded by human relationships, health regimens, and active movement toward an anticipated immortal future, and it is treated as a motivating condition. This was a counterintuitive position for me, which was only clarified through ethnographic engagements and the questioning of my status within the community. These transmutations of sensibility, especially my own complicated relationship to mortality, forced me to work through my inability to understand the language of death among immortalists. In such moments of mistranslation, I am reminded that I am an outsider not only to a community but also to experiences of death and grief other than my own.

The Role of Empathy

To what degree does empathy allow for meaningful insight into the singular experience of death and mourning? This question remains open. The role of empathy in the study of death is, as Throop highlights, a rather contested space: “Our personal experience of mourning

particular others may lead us to overlook the singularities of others' experiences of mourning and the unique circumstances that arise for them in the wake of a loved one's passing."³¹ How one develops empathy, and what benefit it may have during ethnographic engagements, has been debated extensively since the reflexive turn in the field. Clifford Geertz believed that empathy was unnecessary to ethnography because to take an emic perspective could leave one "imprisoned within [the subject's] mental horizons."³² Geertz wondered if anthropological knowledge was *only* ever possible if we had an "experience-near" connection with our interlocutors. Taking the opposite approach, Michael G. Gunzenhauser emphasizes that responsible ethnographic engagement, developed through intersubjective dialogue [language] over a span of time, is primarily empathetic, or what he terms a process of advanced empathy.³³ Unfortunately, "researchers assume they know a research subject through the interview well ahead of any point where it would be reasonable to claim so."³⁴ Instead, empathy involves an evolving intersubjective process that appears to necessitate shared experience. Empathy opens up modes of enquiry that move beyond static theory, precisely because we can acknowledge the limit of theory within our own lives.

When I entered the field, my questions reflected my own lack of direct engagement with death and my simultaneous assumptions about immortalists' relationship to death. I assumed that death was going to provoke debilitating anxiety for my informants, or that their quest for immortality would stem from a terror that could be articulated. Instead, I was frustrated by their frustration at my obvious and, truthfully, empty questions. My experiences led me to focus my questions on the past. In so doing, I missed what was important to members' own lifeworlds as future-oriented immortalists. Lorraine Code argues that some of the most compelling insights from qualitative research can come when research participants assert

themselves as “knowing subjects” against the assumptions of the researcher.³⁵ Advanced empathy as articulated by Gunzenhauser guards against the impulse to place death-related behavior “at a safe distance from the core of one’s own society” or for anthropologists to become a “spectator of, rather than participant in, social reality.”³⁶ Empathy, developed through intersubjective dialogue, is a means of building trust beyond the confines of insider language and a means of overcoming the perils of mistranslation. In moments where language fails us, a framework of intersubjectivity can create a different relationship based on a mutual understanding of each other’s differences.

There is more than death that separates me from the community I study. I actively spend time inside cemeteries and participate in death positive events. As PUI members were given the latest information about diet and health during the longevity event, my thoughts strayed to the tantalizing half-eaten slice of cold pizza in the back of my rental car. While the crowd was being told to maintain a positive outlook, I sat and stewed about the person who cut me off in traffic earlier in the day. While I sometimes worry that these differences will cause estrangement from the community, active engagement through mutual dialogue appears to be building an advanced sense of empathy. According to ethnographer Sarah Pink, empathy

invites us to make correspondences between the experiences of research participants and our own. ... In doing so the technique of drawing from past experiences to understand the principles of what participants are seeking to achieve offers a means of creating bridges between their and the ethnographer’s experiences.³⁷

Even if members of PUI may not relate to the existential fear of death that was provoked in me at RAADfest, emotional entrance into the community through the fostering of intersubjective dialogue resulted in a kinder and gentler look at the people I study, and it prompted a conscious

effort to portray them in a similar fashion. It was by asking the wrong questions that I learned from my initial mistranslations. Death as a mode of enquiry does not disappear but is folded into a number of other concerns. Empathetic ethnography has the potential to break down taxonomies of culture and ritual and religion, revealing actual human beings who are trying to find their place in a world led by the “cult of death.”

Conclusion

Debates within the field of anthropology over insider/outsider status have been long running and contentious.³⁸ As I entered the field, I quickly realized that my outsider status was not ethnic or “cultural” but psychic and discursive. While PUI and the attendees at RAADfest are part of the same Anglo-Western culture I was born into, I have come to realize that there is a language barrier between us. Athena McLean and Annette Leibling note that a byproduct of ethnographic study is that our own shadows inevitably infuse the subjects we study.³⁹ This is because, as Ellen Badone writes, “to study death as an ethnographer is to come face to face with one’s own mortality.”⁴⁰ We are called to maintain a critical distance from our interlocutors while simultaneously throwing ourselves into their worlds, bringing with us our own cultural baggage. This observation seems especially true in the study of death. Just as ethnographers try to understand “culture” by examining the myriad social, personal, and institutional networks that make up particular systems of knowing,⁴¹ our “very descriptions about the Other are ‘haunted’ by other voices and visions which lie in our personal histories, often unbeknownst to us.”⁴² The solution to the problem of experience seems to me to be about language acquisition through intersubjective dialogue and empathy. Our same-culture communities share discursive patterns that are often unfamiliar to us well into our engagements with them. Learning about a

community means becoming proficient in their language, speech-acts, and self-understandings and opening ourselves up to an unfolding world, even when we experience failures in understanding.

I began writing this chapter by questioning reflection as a means of understanding the singular experience of death. However, circumstances within my own fieldwork suggested that language and empathy were the problems, and solutions, to our distanced relationship to the death of the Other. Empathy certainly has its limits, and it does not imply total understanding on the part of the researcher, as I have come to learn. In many respects, despite my taste for morbid aesthetics and my own near tragedies, I have remained a spectator of the personal and social realities of death and dying. Even through my participation in the death positive movement, I never had to confront my mortality as I did, surrounded by a group of immortalists and transhumanists. It was through gazing on the face of the other—my great-uncle—and through my relationships with the PUI and RAADfest communities that I began to realize that I will have to face the death of the people I love and the annihilation of my own being. However, reflecting on my own mortality, even with limited direct experience, was about as useful to me as knowing that the fear of death drives human experience. Neither gets to the heart of the singular experience of death, our own or that of others. At issue in this reflection has been the treatment of death as foreign, “out there,” and beyond us. We all must cope with the death of others, yet we study dying at some distance from ourselves. Experience was a useful starting point for me that intersubjective dialogue helped elucidate. However, it was not until a channel of empathy was opened up that I could begin, in a limited way, to understand what death was and was not for members of this immortalist community.

The failure of language is instructive and important to ethnographers of death and dying. Realizing that we may not understand our communities “well ahead of any point where it would be reasonable to claim so”⁴³ can challenge the totalizing nature of theory while developing an eye toward the multitude of human experience. My own questions were initially oriented by theoretical models of death denial, and my questions received frustrated answers because I had not yet learned to speak their language of life. Moments of mistranslation between my research community and myself have been the most instructive parts of fieldwork, as they showed me that responses to death exist outside of bounded, observable moments and forced me to complicate my assumptions. Through the process of language acquisition I realized that the engagement with death among my research community, being different from my own, necessitated a new outlook and new questions. I had come from a death positive mentality that believes that value in life comes from the acceptance of mortality. Learning the language of death among my research community meant that I had to learn the language of life as they understood it. To understand how death is lived out among PUI members and RAADfest attendees, it is necessary to understand how immortal futures are lived in the present. Thus, the anthropology of death, in my experience, has been a process of unlearning the language paradigm I am used to, a paradigm infused with death.

Noting the “staggered existential asymmetry” that makes up life, C. Jason Throop argues that being with others means the possibility that we may outlive them, that they may outlive us, and that in either case the intimate ties that bind people together are always at risk of breaking.⁴⁴ To survive the other is “a structuring possibility of every friendship—indeed, of every close relationship. Mourning is thus an anticipatory aspect of intimacy.”⁴⁵ The extensive literature on modern death denial looks to the systems that made death a problem to be

overcome. The belief that one is physically immortal, against all evidence to the contrary, can certainly be understood as a symptom of the modern fear of death. While that may be so, it is also a continuation of a very human impulse. After all, humans have tried living forever, forever. Where once people drank gold in an attempt to stay alive, now many of us exercise, take supplements, and purchase expensive juice cleanses. As Peter Berger argues, “Death presents society with a formidable problem not only because of its obvious threat to the continuity of human relationships, but because it threatens the basic assumptions of order on which society rests.”⁴⁶ Even if, for some members of People Unlimited, responsibility for death rests on the shoulders of the dying or dead, responsibility for life is a controllable experience for the living. Immortality and the justifications offered for the death of immortalist community members may be ways to make sense of what most of us would deem inescapable. However, what seems to matter the most to my research subjects moves beyond theoretical and experiential assumptions, as the topic of death recedes into the background in favor of a focus on the future.

The job of the anthropologist of death is to learn how to give agency to subjects—to elaborate on the excess of the “singularity of each death”—while capturing what can go unseen by theoretical models that compartmentalize the world.⁴⁷ Death by its very nature as an end to experience means that we cannot help but study it at some distance from ourselves, but the anthropology of death can allow for the development of an empathetic outlook that recognizes the varied nature of death and dying. My research has suggested that the avoidance of suffering is a motivating factor for many within the immortalist community, but I was wrong to assume that death would provoke only feelings of anxiety and fear similar to my own. When I watched John stretch at RAADfest, my own terror at the thought of death was projected onto him. Panic at the thought of my own death sits within various epistemic boundaries. These include my

historical situatedness, personal beliefs, empathy toward those who hold the desire to live forever, and, paradoxically, death positivity. Where death feels like terror to me, it is a call to action for PUI members.

There exists a multiplicity of identities and responses in the face of death, both for researcher and subject. The singularity of every death can result in a mistranslation of the experience of the other by anthropologists. The desire for immortality may map perfectly onto theories about death denial but tell us nothing about the actual experience of death. I do not know if members of People Unlimited are denying death, but I do know that their living among the cult of death creates active engagements with life. Empathy can become problematic because it may assume a tacit agreement through experience, and it may not account for the complicated relationships we hold toward the goals and beliefs of our research community. Cultivating an empathetic outlook helps us to recognize the varied nature of death and dying, allowing us to think beyond ourselves, while giving us the tools necessary to start to learn the language and, in doing so, to focus on the singularity of experience among individuals rather than treat death as some whole that exists outside of us and them. My own experiences and attempts at translation, limited as they are, cannot provide an authoritative map for the singular experience of death, but I hope I can add topographical elements to make sense of that terrain.

Jeremy Cohen's ethnographic research focuses on communities and new religious movements seeking radical longevity and immortality, as well as the historical and cultural framework of changing North American relationships to technology and death. He is currently ABD in the Department of Religious Studies at McMaster University. He has presented his research at the annual meeting of the American Anthropological Association (AAA), the American Academy of Religion (AAR), and the Society for the Anthropology of Religion (SAR), and has given numerous guest lectures on transhumanism, immortality, conspiracy theories, and the ethics of

radical longevity. His research is funded by the Social Sciences and Humanities Research Council of Canada (SSHRC).

Notes

1. Martin Heidegger, *An Introduction to Metaphysics*, trans. Ralph Manheim (New Haven, CT: Yale University Press, 1959), 131.
2. Renato Rosaldo, *The Day of Shelly's Death: The Poetry and Ethnography of Grief* (Durham, NC: Duke University Press, 2014), 128.
3. Ibid., 126.
4. Ibid., 125.
5. Christopher H. Partridge, *Mortality and Music: Popular Music and the Awareness of Death* (New York: Bloomsbury Academic, 2015).
6. Charles Brown, Bernadeane Brown, and James Russell Strole, *Together Forever: An Invitation to be Physically Immortal* (Sydney: Pythagorean Press, 1991), 17.
7. Transhumanism is a philosophical and political movement that aims to overcome human mental and physical limitations with the aid of technological and medical advances. Transhumanists look to current and emerging technologies such as cybernetics, nanotechnology, and AI in the hopes of augmenting the human condition, including the eventual defeat of mortality, and the creation of artificial superintelligence (strong AI).
8. Brown, Brown, and Strole, *Together Forever*, 36.
9. In order to protect the identities of individuals, deceased and alive, names and identifying information have been changed.
10. Jerry S. Piven, "Death, Neurosis, and Normalcy: On the Ubiquity of Personal and Social Delusions," *Journal of the American Academy of Religion* 71, no. 1 (2003): 135.
11. Bronislaw Malinowski, *Magic, Science and Religion: And Other Essays* (United Kingdom: Read Books, 1948), 9.
12. Sheldon Solomon, Jeff Greenberg, and Thomas A. Pyszczynski, *The Worm at the Core: On the Role of Death in Life* (London: Penguin, 2015), 1.
13. Ernest Becker, *The Denial of Death* (New York Free Press, 1973), ix.
14. Hannah Waters, "The Evolution of Grief, Both Biological and Cultural, in the 21st Century," *Scientific American Blog Network*, 11 November 2011, <https://blogs.scientificamerican.com/culturing-science/the-evolution-of-grief-both-biological-and-cultural-in-the-21st-century/>.
15. Martin Heidegger, *Being and Time*, trans. Joan Stambaugh and Dennis J. Schmidt (Albany: State University of New York Press, 2010), xx.
16. Jacques Derrida, *Aporias* (Stanford, CA: Stanford University Press, 1993); Emmanuel Lévinas, *God, Death, and Time* (Stanford, CA: Stanford University Press, 2000).
17. Nicholas Agar, *Humanity's End: Why We Should Reject Radical Enhancement* (Cambridge, MA: MIT Press, 2010).

18. Jerry A. Flieger, “Is There a Doctor in the House? Psychoanalysis and the Discourse of the Posthuman,” *Paragraph* 33, no. 3 (2010), 358.
19. Robert J. Lifton and Eric Olson, *Living and Dying* (London: Wildwood, 1974), 12.
20. Devin Flaherty and C. Jason Throop, “Facing Death,” in *A Companion to the Anthropology of Death*, ed. Antonius C. G. M. Robben (Hoboken, NJ: John Wiley & Sons Inc., 2019), 166.
21. Abou Farman, *Secular Immortal* (New York: Department of Anthropology, City University of New York, 2012), 38.
22. Rosaldo, *Day of Shelly’s Death*, 122.
23. John Gray, *The Immortalization Commission: Science and the Strange Quest to Cheat Death* (London: Allen Lane, 2011, Ebook).
24. Marcel O’Gorman, *Necromedia* (Minneapolis: University of Minnesota Press, 2015).
Francoise Dastur, *Death: An Essay on Finitude* (London: The Athlone Press, 2002).
25. “Short-lived” and “deathist” are meant as derogatory terms used by some immortalists to describe outsiders who have accepted death as a natural condition. These terms are also popular among transhumanists.
26. Cryonics is the process of cryogenically freezing the dead (who are referred to by cryonicists as “patients”) in the hopes of reviving them when future technology allows. The largest cryonics facility in America, Alcor, is situated in Scottsdale, Arizona, a few miles away from PUI. Many immortalists eschew cryonics because they believe that signing up for the process would mean accepting that physical immortality is not yet possible.
27. Thomas J. Csordas, “Transmutation of Sensibilities: Empathy, Intuition, Revelation,” in *The Shadow Side of Fieldwork: Exploring the Blurred Borders between Ethnography and Life*, ed. Athena McLean and Annette Leibing (Malden, MA: Blackwell, 2007), 109.
28. *Ibid.*, 106.
29. Sigmund Freud, “On Transience,” in *Freud’s Requiem*, ed. Matthew von Unwerth (New York: Riverhead Books, 2005), 217.
30. Solomon, Greenberg, and Pyszczyński, *Worm*, 1.
31. Flaherty and Throop, “Facing Death,” 167.
32. Clifford Geertz, “‘From the Native’s Point of View’: On the Nature of Anthropological Understanding,” *Bulletin of the American Academy of Arts and Sciences* 28, no. 1 (1974): 29.
33. Michael G. Gunzenhauser, “Chapter Three: From Empathy to Creative Intersubjectivity in Qualitative Research,” *Counterpoints* 354 (2013): 61.
34. *Ibid.*, 64.
35. Code quoted in Gunzenhauser, “Chapter Three,” 58.
36. Johannes Fabian, “How Others Die—Reflections on the Anthropology of Death,” *Social Research* 39, no. 3 (1972): 549.
37. Sarah Pink and Jennie Morgan, “Short-Term Ethnography: Intense Routes to Knowing Short-Term Ethnography,” *Symbolic Interaction* 36, no. 3 (2013): 356.
38. Robert A. Innes, “‘Wait a Second. Who Are You Anyways?’ The Insider/Outsider Debate and American Indian Studies,” *American Indian Quarterly* 33, no. 4 (2009); Abdi M. Kusow,

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39. Athena McLean and Annette Leiba, *The Shadow Side of Fieldwork: Exploring the Blurred Borders between Ethnography and Life* (Malden, MA: Blackwell, 2007), 6.
40. Ellen Badone, “Memories of Marie-Thérèse,” in *Coping with the Final Tragedy: Cultural Variation in Dying and Grieving*, ed. David. R. Counts and Dorothy A. Counts (Amityville, NY: Baywood Press, 1991), 213.
41. James S. Bielo, *Words upon the Word: An Ethnography of Evangelical Group Bible Study* (New York: New York University Press, 2009), 11.
42. McLean and Leiba, *Shadow Side of Fieldwork*, xv.
43. Gunzenhauser, “Chapter Three,” 64.
44. Flaherty and Throop, “Facing Death,” 165.
45. Derrida quoted in Flaherty and Throop, “Facing Death,” 165.
46. Peter L. Berger, *The Sacred Canopy: Elements of a Sociological Theory of Religion* (New York: Random House, 1990), 23.
47. Flaherty and Throop, “Facing Death,” 166.

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CHAPTER FOUR: “LIVE LONG ENOUGH TO LIVE FOREVER” HOPE, HEALING AND IMMORTAL FUTURES

This paper draws on ethnographic research with a growing population of self-identified immortalists and life-extension activists in the United States, and is the result of a paradox I encountered during fieldwork. Immortalists claim they are immortal in the present—that death cannot touch them—yet immortality remains a work in progress. How can a person be physically immortal and susceptible to death simultaneously? I account for this paradox by virtue of immortalists’ relationship to time, as well as their etiologies that seek to make sense of illness and death. Future immortal bodies are created in the present through the cultivation of social expectations and personal obligations, affective labor, self-discipline, and other authorizing techniques, including the promissory, hopeful discourses of modern bioeconomies, all of which encourage active engagement with one’s immortal future. The labor put toward immortal futures aligns with illness etiologies that represent individuals as responsible for maintaining their health, as well as being responsible for any failures, medical or mortal. This essay is framed around phrases I heard frequently during my fieldwork: the immortalist call to “live long enough to live forever” and the idea that “every death is a suicide.” Immortalists are not planning for a future that they hope may come to pass. The future that they live out in the present is a future that they understand as a certainty. In this way, an immortal individual has already attained a future body free from disease and death.

“Live Long Enough to Live Forever: Hope, Healing and Immortal Futures.” Paper prepared for submission to *Nova Religio*.

The Future is Already Here. We Just Have to Wait for It

- Dr. Steven Novella¹⁶

To “live long enough to live forever” means doing everything possible to live until an anticipated point in the future when medical science will have eliminated death as a contingency and reversed the aging process. The claim that “every death is a suicide” suggests that disease and death are the fault of the individuals who get sick and die. In other words, immortalists maintain that healthy persons who are properly oriented toward their immortal futures do not die. The questions I sought to answer through my research included: How do subjects come to understand themselves as being physically immortal? How are promissory discourses, affective intensities, and performative actions, used to encourage the affective labor of participants in the pursuit of anticipated futures? What interior emotional and exterior cultural, economic, and social pressures form these immortal identities? And what happens when anticipated futures fail to materialize?

This research contributes to the growing interest in the future within anthropology, and emerging ethnographic engagements with the radical life extension (RLE) movement. I explore how the future changes the present through forms of disciplinary power and, what Foucault (1988) termed, technologies of the self (16). This paper examines some of the work that is necessary to achieve immortality, and the sorts of affective labor individuals undergo in the quest to achieve immortality. I suggest that by reconfiguring death itself into an illness category, RLE

¹⁶ Dr. Novella is a clinical neurologist, professor of medicine at Yale University, and host of the Skeptics Guide to the Universe podcast.

activists have formed an emergent actively well biosocial community. Because the biosciences and bioeconomies, defined by science historians Rebecca Herzig and Banu Subramaniam (2017) as: “the merging of the ‘substance and promise of biological materials’ with ‘projects of product-making and profit-seeking’” (104), cannot be disentangled, I explore how consumerism shapes identities and helps materialize anticipated futures in the present by creating new biosocial configurations.¹⁷ The affective labor of RLE activists, including the bioeconomies they support, are collective attempts at removing contingencies that cause death and illness, by collapsing a future threshold of radical alterity into the present moment. By fostering the growth of market-based social relations, the call to “live long enough to live forever” is as much a call to consume as it is a call to life.

Meeting the Immortalists

People Unlimited Inc and RAADfest

People Unlimited Inc (PUI) is an immortalist community in Scottsdale, Arizona that was founded by Bernadeane Brown and Charles Brown in the late 1960s. At the time, it was known as The Eternal Flame Foundation. Jim Strole assumed a leadership role in the organization soon after meeting the Browns in the 1970s. For several decades, PUI reached thousands of people around the world, and had independent chapters in the United Kingdom, Venezuela and Israel, among other countries. A series of internal crises in the 1990s and the death of Charles in 2014 left the group with diminished membership. However, PUI’s non-profit branch, the Coalition for Radical Life-Extension, and the creation of the annual Radical Life Extension conference,

¹⁷ The anti-aging bioeconomy utilized and promoted by the RLE movement is currently valued at over \$63 billion dollars annually (Global Industry Analysts 2021).

RAADfest, have once again broadened the reach of the community beyond the borders of Arizona. While most of its members do not self-identify as transhumanists, PUI is situating itself within larger transhumanist and RLE communities through outreach and public events.

Transhumanism is a philosophical and political movement which aims to overcome human mental and physical limitations with the aid of technological and medical advances.

Transhumanists look to current and emerging technologies such as cybernetics, nanotechnology, and AI in the hopes of augmenting the human condition, including the eventual defeat of mortality, and the creation of artificial super-intelligence (strong AI), which would surpass human intelligence (Huberman 2021, Singler 2019). Unlike many transhumanists who hope to achieve immortality through technological means that are not yet realized, like uploading the contents of one's brain to a digital platform, People Unlimited members claim to be physically immortal in the present, or actively working towards biological immortality.

Besides volunteering at RAADfest, members of PUI congregate twice a week for 3 hours inside a small stucco-exterior building within a large industrial park. PUI also holds one four-day “longevity weekend” event each month and hosts a weeklong longevity event twice a year.

These events feature guest speakers, impassioned speeches by Jim and Bernadeane, and forms of member participation detailed below. Members come from diverse socio-economic, gendered and racial backgrounds, and come together under the leadership of a core group. PUI's main objective is to help others reject the “mortality paradigm” that keeps people from reaching their true, immortal potential. Bernadeane tells the crowd gathered for a longevity event in Arizona that, “I don't think any of us have the time to give to death.” For her, even the notion that one could live to be 120 years old is limiting. “It's wonderful to be here a million years,” she tells members. “The body doesn't need to get fat and ugly and can't move... the body responds to

death, or it responds to life!” Over the course of my fieldwork, I have heard numerous statements like this one about the mind’s ability to cure cancer, attract wealth-making opportunities, and reverse aging.

RAADfest—organized by the Coalition for Radical Life-Extension—is one of the largest gathering of radical life-extensionists, futurists, and transhumanists in the world.¹⁸ The three-day event attracts over a thousand attendees that include some of the most important figures in anti-aging research, transhumanist philosophy, and futurism. This health-based conference is run by volunteers from PUI and features full-day speaker sessions, an exposition hall, and board meetings for various organizations within the movement, such as Humanity+ and the United States Transhumanist Party. RAADfest features and exhibits a combination of alternative medical approaches including herbal supplements, beauty products, cerebral stimulators, hydrotherapies, body detoxifiers, and many other products and modalities. There are also some more mainstream biomedical treatments available at the conference, including stem cell therapies, genome sequencing, psychotherapy, and presentations by public researchers and research labs. Some of the therapies offered at the conference are meant to treat acute medical problems like cancers and autoimmune disorders, while most target broader concerns such as degeneration caused by aging. In accordance with the general complementary and alternative health movement (CAM), many RAADfest attendees practice self-management with regards to their health and wellness (Koch 2015; Arcury et al. 2012).

Most of my field work has oscillated between RAADfest and Scottsdale, Arizona. In 2018 I attended RAADfest held at the Town and Country convention center in San Diego, CA.

¹⁸ People attend RAADfest for many reasons. Some attendees desire immortality, others hope for healthier aging outcomes, and some seek treatment for acute medical conditions.

Since then, I have attended two other RAADfest events, which as of 2019 are held at the Westgate Resort & Casino in Las Vegas, Nevada. RAADfest 2018 was my first encounter with the longevity community beyond my long-standing interest in transhumanism, and RAADfest is where I was first introduced to People Unlimited. During and in-between RAADfest and PUI events, I conducted dozens of interviews—most lasting no less than 3 hours. I also participated in immortalist life-coaching sessions, made my interviewees sweat during desert hikes, helped conduct non-invasive medical tests, exercised at an immortalist-run gym, visited the world's largest cryonics facility, attended life extension Christmas parties, met with networks of immortalists unaffiliated with RAADfest and PUI during fieldwork in California, and spent time with many genuinely wonderful people.

How do Human Actions Shape the Future?

The study of the future has received increasing attention within the field of anthropology over the last twenty years but has fallen short of the discipline's orientation toward the past. Interest in the future intensified in the 2000s, when uncertainty fueled new ways of examining potentiality and anticipation, but it also aligned with a focus on futurisms, alien encounters and science fiction (Lepselter 2016; Battaglia 2005; Rosenberg and Harding 2005). Anthropologists Rebecca Bryant and Daniel Knight (2019) argue that a problem with many of these studies is that they are rooted in the fantastic and do not account for how the future informs everyday life (12). In other words, the future has rarely been considered as a constituent part of an individual's present. Anya Bernstein, who has done extensive ethnographic research on transhumanism in Russia, writes that: "While anthropology has never ignored the ways in which humans imagined and anticipated the future, the discipline is undergoing a 'future boom' right

now. As of yet, however, these insights have not produced any systematic analysis of future making” (2019, 32). With few exceptions, ethnographic engagement with RLE is lacking (Bialecki forthcoming; Huberman 2021a, 2021b; Boss 2020; Cohen 2020; Farman 2021, 2020, 2013, 2012; Bernstein 2019, 2015; Singler 2019; Romain 2010). As Abou Farman writes regarding the state of ethnography and RLE: “Work on modern, medical temporalities of dying and biopolitics generally assumes the frame of finitude, finding little analytic or ethnographic room for other secular modern temporalities, such as the infinite” (2018, 313). Research on transhumanism and RLE generally has focused heavily on the past rather than the future, through recourse to theology and questions around “human nature,” without interrogating RLE as a lived reality for adherents (Mercer and Trothen 2014; Roco and Bainbridge 2005).

My research focuses on futural orientations through the lens of anticipation. For many of us, the future is manifested through moments of waiting and potential (hope). Hope invokes a sense of movement away from an inadequate present and into a future of new possibilities (Davies 2005, 14). This can be a utopian vision that, like utopias of the past, looks to the future and sees hope in the promise of surpassing human limits (Bloch 1954, 682). Yet, the concept of hope can suggest the expectation of an outcome that may never materialize, which is why I focus instead on anticipation as a feeling of certainty related to an imminent future state among PUI members and many RLE activists. According to Bryant and Knight (2019), “at the level of the collective, anticipation helps us to understand a particular affective dimension of time that calls for collective response” (30). Anticipation is different from hope in that anticipation is a teleoaffective orientation. Teleoaffective orientations are “configurations across multiple practices that enjoin those practices to common ends, ordering their affective engagements and offering general understandings through which participants make sense of the projects they

pursue” (Welch 2020, 61). The distinction between hope and anticipation may appear to be semantic, however it is useful insofar as it aligns with immortalist lifeworlds where the future is made real through action in the present.

Live Long Enough to Live Forever

Performing Immortality

At RAADfest 2018, the MC told the crowd, RAADfest is for “people not accepting of the mortality paradigm and who want to do something about it. This is a science festival... live our longevity right now!” RAADfest is a sanatorium of immortality where attendees learn to live by rules of health and longevity. Attendees are free to sit and relax while receiving a revitalizing IV drip, or they may enjoy baked goods that promise to energize their lives. There are free samples of stem-cell hand lotions meant to sooth arthritis, and multi-level marketing companies seeking new salespeople. Inside the RAADcity expo hall, attendees can be poked, prodded, massaged, treated with infrared light, photographed to determine points of stress, hooked up to “mind-body-spirit machines,” and squeezed into hyperbaric chambers. These processes are part of what Andreu-Perez et al. (2015) call the new pervasive health paradigm, where every bodily process must be monitored and analyzed for optimal health (2750). In this context, health moves beyond the biological body; health becomes a virtue signal. People perform their health and anticipated futures visually and discursively, and the call to “live long enough to live forever” is an example of this futural orientation.

On the first day of RAADfest 2018, I found myself crammed into a small foyer as we all waited for the main doors to the conference hall to open. As I mingled and made conversation

with other attendees, I overheard two older gentlemen talking to each other. “What is your regimen?” the first man asked, and the second replied, “Acupuncture, herbs and vitamins.” As he listed the names of each vitamin to his receptive audience, the doors opened, and the foyer erupted in screams and claps. The airplane-hangar sized conference room opened before us. Rows of chairs were flanked by PUI members who directed the VIP guests to the front rows. There were cameras set up at the back of the hall to record the event, and clusters of small children milled about. RAADfest is an auditory and visual event akin to the affective performances common to many evangelical megachurches (Coleman 2020; Johnson 2019). RAADfest 2018 was officially opened by a dozen PUI members who had spent the past year training their bodies as part of the “RAAD Challenge.” As the 15 or so PUI members dressed in army fatigues marched in unison to the stage, a voice boomed from the speakers: “WE are soldiers against aging and disease!” The Challengers began their synchronized dance routines, complete with push-ups and jumping jacks, chanting “The revolution [to defeat death] is over!” The Challengers—who were between the ages of thirty and eighty-five—began to strip, revealing their impressively conditioned bodies: “WE are creating a whole new world without sickness, aging and death... WE are in charge!” These soldiers in the war against aging and death left the stage but returned periodically to lead the thousand attendees in mid-session stretch breaks throughout the next three days.

At RAADfest, aging is turned into a moral issue, where “health itself and the proper management of chronic illnesses [become] individual moral responsibilities to be fulfilled through improved access to knowledge, self-surveillance, prevention, risk assessment, the treatment of risk, and the consumption of appropriate self-help/biomedical goods and services” (Clarke et al. 2003, 162). Not only is the defeat of aging a benefit to those in attendance, but

attendees are told that their affective labor will ultimately save the world. This universalist perspective shifts the language of anti-aging from prediction to expectation (Mykytyn 2010). Bernstein (2019) writes that for longevity activists, “aging is most definitely a moral problem that must be eliminated as a matter of improving the human condition” (150). This view of aging, and the future that should be manifested in the present, is made real for RAADfest attendees in the militaristic and emotional language used throughout the event. At RAADfest, attendees are foot soldiers fighting a war against aging, and the battle plans have been laid out by the leaders on stage. In militarizing and personalizing immortality, certain affective states are fostered, which are enforced through material actions, thus reinforcing immaterial aspects of the RLE movement such as its social networks, belief systems and community.

These affective displays of immortal futures at RAADfest reflect the range of embodied and discursive actions common to People Unlimited meetings and events. In Scottsdale, members of People Unlimited live their futures in the present through their discourses around death and health, through the protocols they employ in the care of their bodies, but also through embodied and discursive performances during their twice-weekly meetings. Performance in this context does not imply fakery or acting. There is a large body of academic literature since the 1980s on theories of performance (Butler 1997; Turner 1988; Schechner 1985; Lyotard 1984). I use the term performativity to describe how speech acts and embodied repetitions (re)produce social activity. A salient example of speech acts among members of PUI is a recent language shift by some immortalists, who now say they are “60 years alive” rather than “60 years old.” Other examples include the internalization and repetition of medical lexicon. The names of the body’s biomarkers and medication types are a primary language for PUI members and RAADfest attendees. Ubiquinol CoQ10 to lower blood glucose; NAD⁺ production; metformin to

inhibit mTOR: these are just some of terms in the allopathic and naturopathic lexicon intimately familiar to RLE activists. This vocabulary, and the knowledge which it connotes, circulates through various events, community members, and online information networks as a form of performative discourse before being integrated into individual regimens of care.

The performance of immortality is most visibly accomplished during “expressions.” Expressions are the act of going on stage during a meeting to share one’s emotions with the community. The discursive and physical formation of an expression can take the form of calmly sharing information about one’s accomplishments, powerful exhortations to give up on the paradigm of death, or passionate displays of gratitude toward PUI directors Jim and Bernadeane: “When I touch you, it creates an immortal feeling,” one member told the duo. Some members become overwhelmed during their expressions and start to cry or become speechless. The performance is shared with the audience through a call-and-response type action, including standing ovations, positive encouragement, and other powerful somatic displays. While a member expresses, the audience may lift their arms in the air, or stand, clap and yell in unison. Expressions often end with an affectionate hug by Jim and Bernadeane. Like her deceased spouse Charles Brown, Bernadeane comes from a charismatic Christian background, where similar displays of emotion are commonplace (Barnes 2020; Johnson 2019). There is a palpable sense that expressions bond members of the community and are part of the larger support network PUI cultivates. Expressions are part of what anthropologists Devin Flaherty and Jason Throop (2009) describe as the “habitual instillation of practical embodied dispositions and sensory attunements” (182). Performing immortality through expressions becomes an expressive public display of social and cultural ideals of good health, discipline, self-mastery, and proof of one’s immortality. Ultimately, the clothes one chooses to wear, the type of car one drives, and

one's general disposition are all conceptualized through moral frameworks at PUI, which reconfigure the present to signal that one will live forever.

Every Death is a Suicide

People Unlimited is a community defined by claims of physical immortality. For example, PUI directors Jim and Bernadeane stated at one meeting that they do not plan on giving their children an inheritance because the duo will need the money in order to sustain their lives into the future. Members are encouraged to not purchase life insurance and are often discouraged from speaking about the past in an effort to focus the community's energy on the future. Yet, PUI has faced death and illness as any other community does. PUI's founder, Charles Brown, died of complications from Parkinson's disease in 2014. Current co-director Bernadeane had breast cancer several years ago and recovered. Two months before I began my fieldwork in Scottsdale, a long-standing member died of cancer. And in 2019, PUI's oldest member, at 100 years old, died from a stroke after taking a flight to visit family, despite her doctor's advice to not fly. Reactions by members to death and illness are varied. Some PUI members I encountered in Scottsdale maintain a pragmatic, biological outlook, understanding that until there are medical breakthroughs that halt the aging process, death and illness are always contingent possibilities. Many of my participants suggested to me, however, that death and illness are signs of an individual's moral weakness, or evidence of a member's inability to maintain an immortal lifestyle.

In line with their future-focused directives, members do not attend funerals for deceased members, and some members indicated to me that they felt discouraged from discussing the dead ("bringing names into the room") during meetings. This latter point has caused disagreement and

strife within the community. A member of PUI for 30 years, Saul told me about his experiences caring for a dying member of the community. “After Mike died, we held one meeting where we expressed about him, and then his name was never brought up again,” Saul told me as he held back tears. Reactions to illness and death are varied, however. Outside of PUI meetings, many members talked to me at length about their deceased friends. Donna, the member who died at 100, was cared for by the entire community in the time leading up to her death. They fundraised for her medical care, including experimental treatments, though none attended or held a funeral or memorial service for her.

Death may close someone off from the community of immortals, but anticipated futures are not always foreclosed by a cancer diagnosis or poor health. Nonetheless, one of the most salient aspects of PUI’s philosophy, and perhaps its most controversial, is the idea that “every death is a suicide.” From the immortalist perspective, most of us live out our certain future (death) in the present. As one PUI member told me, “[most] deaths are people’s own fault.” As “short-lived” people, we smoke, eat junk food, think negatively, and assume that death is our inevitable end. PUI director Jim Strole told PUI members that, “people don’t die because of time, they die because of their baggage through life.” His statement suggests that he, and other PUI members, adopt an anticipatory attitude toward the future. However, while action in the present is meant to collapse the field of possibilities, it does not eliminate contingency altogether. To this end, the claim that “every death is a suicide” as an explanatory model operates at the intersection of anticipation and contingency. And while some members of PUI maintain that there is an unfair demand on individuals to ensure they are always following the correct path toward health and immortality, most members told me that this etiology is liberating because it gives them an avenue through which they can improve themselves.

Every Person Their Own Physician

The PUI position that maintaining good health is an individual responsibility and a sign of moral strength is not a new development in the history of American medicine. In his 1822 publication, *New Guide to Health; Or, Botanic Family Physician*, the 19th century alternative health practitioner Samuel Thompson argued that not only does good health lead to the making of a moral nation but that instead of relying on doctors, folk medicine would soon make “every man his own physician” (10). Public hygiene, exercise and health, conceptualized as a moral necessity, has a long history in the Western world. From the 19th into the 20th century, modern states began to take great interest in the health and hygiene of their citizens. “The body became a project through which self-identity was constructed, particularly identity as a good, productive citizen” writes public health expert Linda F. Hogle (2005, 697). Alongside systematic changes to public health, and the institutionalization of biomedicine medicine during this period, responsibility for health and illness shifted to becoming an individual’s responsibility. Today, new technoscientific and biosocial configurations are “giving way to an understanding of the human body as an assembly of bio-molecular components that can be freely recombined so as to maximize the resultant unit’s cultural, social and political productivity” (Moreira and Palladino 2008, 21). In line with this perspective, many PUI members and RAADfest attendees integrate new supplements, medicines, and modalities into their regimens continuously.

If, for the attendees of RAADfest and PUI members, anticipation is an affective attempt to bring about a certain future by shaping the present moment, then as Samuel Thompson suggested nearly 200 years ago, every person must become their own physician. One of the ways that immortalists aim to take control of their healthcare is through self-experimentation and

participation in clinical trials. Attendees like Eric, a 70 year old former engineer, meticulously chronicle their experimentations with supplements and medications. Eric showed me his seven-page binder with columns for medication type, benefits, self-reported side effects, the number of pills to take each day, and an optimal time for each medication. In addition, both traditional and alternative biotech labs at RAADfest recruit participants for clinical trials in order to test new treatments against illness and aging. At RAADfest 2019, Bill Faloon—the CEO of Life Extension Foundation (LEF), founder of the transhumanist Church of Perpetual Life in Florida and co-founder of RAADfest—stated he was looking for participants to join his longitudinal study of aging. Faloon told the crowd that people who enroll in his study will not die, and claimed it was an "open-label trial" since no placebo control group would be used. "No placebo in any of my trials... I won't give any of you sugar pills and watch you die." Participants had to purchase a health panel, which was available at RAADfest, in order to qualify but participation itself would be free.¹⁹ The booth offering the health panel was packed throughout the event, and I was asked by numerous attendees if I had my panel done. 50 people who fit certain criteria determined by the health panel could choose to pay \$700 to join an advanced trial. Faloon told the crowd that these 50 people were the "lucky" ones who next year will be younger than they are today.

The necessity of clinical trials and self-experimentation was actualized through calls for affective labor, and dire warnings about the failure to join trials, by some RAADfest presenters. During Q&A sessions after RAADfest presentations, attendees frequently asked the panelists about the process of enrolling in clinical trials. Speakers responded that "Time is running out and

¹⁹ According to the study's website (www.vitalityinaging.org) The study "will evaluate various lifestyle and environmental factors, as well as genetic and epigenetic factors that affect the rate of aging in a broad cross section of individuals over the course of 10 years."

it is up to you as the living experimental group to help find the cure to aging.” Bill Andrews, president of a large biotechnology company, encouraged the crowd during his presentation to “live long enough to live forever. If you do get sick, be your own doctor; get yourself into clinical trials.” The urgency was articulated by Bill Faloony who told attendees that, “there were people like you at RAADfest 2016. They delayed experimental treatments and they are dead, and it pains me.” Faloony then admonished attendees who ignore the modalities offered at RAADfest: “Some of you won’t be here for 2019 RAADfest because your mTOR [a protein complex thought to be partly responsible for aging] will be too high and you might develop something.” In other words, the choice to participate in clinical trials, or not, is either evidence of living long enough to live forever, or an explanation for an individual’s failure to do so. Many attendees maintain that the clinical trials offered or promoted at RAADfest are an approach to preventative care that is perceived to be lacking in mainstream biomedicine. However, the emphasis on accessing cutting-edge experimental treatments is a point of continuity between mainstream biomedicine and immortalist therapies.

Etiologies of Illness

In a social context where individual autonomy is key to self-understanding, healing moves from the hands of professionals to the individual. The problem with autonomy, however, is that within this framework, illness itself can become a choice. Once again, the emphasis on individual autonomy associated with PUI and RAADfest has deep historical precedents in American and European ideas about health. In his 1904 book *How to Live Forever*, American psychologist Harry Gaze detailed some of the necessary practices needed to achieve perpetual life. These included the application of proper breathing techniques, proper nutrition, sun-bathing,

and even what garments one should wear to promote health and longevity (179). Without the proper effort and practice, he claimed, physical immortality cannot be realized. According to Gaze, “The science of perpetual life reveals the way by which the body may retain its purity and plasticity, and make it a fitting temple for the inner spirit” (27). Historically, narratives about illness and healing have often been associated with moral dimensions, with diseases viewed as forms of self-judgment or self-betrayal (Schmidt 2016, 138). The Christian roots of this tendency to attach moral values to health and disease in the West are noted by scholar of religion Marion Bowman (2004), who observes that for American Christians illness was often understood to contain religious meaning. Illness was interpreted as a divine warning, a form of punishment or a test of faith. (183). More recently, etiologies of self-blame for illness have moved away from Christian notions of punishment for spiritual transgression, but illness has been increasingly interpreted as an expression of the failure of the inner self. Writing about the emergence of alternative medical practices in the 19th century, medical historian James C. Whorton (2002) observes that unlike allopathic doctors who understood disease as originating from pathogenic sources outside the body, “each person was [understood to be] responsible for attacking his own body with unnatural habits of life” (194). Likewise, in the last quarter of the 20th century, Susan Sontag (1978) documented the ongoing tendency to moralize illness in the West, including mythologies of cancer in which repression of emotions was held responsible for causing the disease (57).

Such themes are woven into discourses about illness, healing and death among participants at RAADfest and PUI members. In his RAADfest 2018 presentation, Tai Chi practitioner David Dorian-Ross claimed that because he had neglected his soul through stress and anxiety, he became the cause of his own cancer several years earlier: “This is why I had this

tumor, I have no doubt” Dorian-Ross testified. Likewise, at RAADfest in 2018 a clinical Freudian psychoanalyst shared with attendees her story of treating a burn victim who had 80% of their body affected with third-degree burns. The psychoanalyst explained that after 20 sessions of psychoanalysis the victim’s skin almost completely healed itself. The illness etiologies held by immortalists—their attempts to explain why and how illness occurs—focus on the mind-body connection of individuals, a process that sociologists Susan Sered and Amy Agigian (2008) call “holistic sickening” (627). The CAM practitioners interviewed by Sered and Agigian stated explicitly that breast cancer patients who succumbed to the disease had a “death wish” and only died because they gave up on living and “checked out” (623). Like many CAM practitioners, RAADfest attendees and PUI members believe that “mind, body, and spirit must all work together to create health” (623). This position was articulated by Greg, who told fellow PUI members during a meeting that “All the scientists today, they only have 50% of what we need. The other 50% is mindset.” Greg went on to say that supplements are not a substitution for a positive attitude because “knowledge about medicine doesn’t tell me how to love my pancreas.” Narratives about the causes of illness in this context move beyond conventional theories of disease to a form of “holistic sickening,” that shifts causal biological affects to energy imbalances, personal traumas, stress, environmental toxins, dietary choices and other betrayals of the body and mind as root causes (627). The immortalist message is that almost nothing happens by accident or fate, and if you can be the cause of your illness, the cure is within you as well.

Performative Consumerism

Immortalist Bioeconomies

A palpable feeling of hope fills the room at RAADfest, creating a powerful atmosphere. Hope was present during every talk, in every conversation, in the faces of attendees, and in the promise of technological progress. As I listened to Bill Faloony tell the audience that the cure for the diseases of aging is five to ten years away, a woman behind me in a quiet, powerful tone whispered, “Yes!” to no one in particular. With every changing PowerPoint slide, all phones went up in the air to capture whatever new science or information the speaker was presenting. Faloony told the crowd, “Things [in our latest clinical trial] went so well that I think we might be close to changing the world.” RAADfest effectively links the promise and hope of bioeconomies with the anticipatory nature of teleoaffective orientations. In order to manifest immortal futures, attendees and PUI members exert labor on their own bodies since a fit body is an outward marker of an immortal self. At the same time, they exert labor in the aid of their community, and many give of themselves through medical labor. Each of these forms of labor in turn supports an actual economy of supplement sales, memberships, books and more. Anti-aging has become its own niche economy within the growing CAM marketplace, and the cost of health regimens, without taking into consideration the cost of attending RAADfest or becoming a member of PUI, can reach into the thousands yearly. Tickets for RAADfest can cost between USD \$500 to \$1500, PUI memberships are around \$200 a month, and their longevity events can cost up to \$1000 to attend. At RAADfest, a biomarker test panel can cost around \$500, while onsite IV injections are \$1100 each. At the extreme end, a 2018 clinical trial promoted by Bill Faloony, which tested the effects of blood transfusions from young donors to older recipients, cost participants \$285,000. Within and beyond RAADfest, the convergence of capitalism and techno-

optimism defines the transhumanist movement, where many adherents claim that the market will ultimately provide for a future of good health and prosperity (Huberman 2021a, 199).

Immortalists take great care to purchase and market products they believe will work for them, and many argue that monetary support is essential to fund medical solutions and clinical trials that they claim are ignored by the biomedical establishment. The sale and promotion of anti-aging technologies is understood by members and attendees as a vital element in the constitution of immortal bodies. Yet the synthesis of health, consumerism and anticipated futures has its potential downside. Randy, a middle-aged charismatic gentleman from Florida who I met at RAADfest 2018 had recently spent over \$20,000 on stem cell treatments in the hopes of repairing his wife's knee cartilage, with no success. The company that provided the treatments was a major sponsor of the 2016 RAADfest. I asked Randy if he knew why the treatments had failed. Although Randy acknowledged that the particular treatment was not based on scientific evidence, which the company admitted when they were indicted on federal charges by American authorities in 2019 after blinding three patients, he quickly shifted the blame to himself and his wife. Randy told me that the company had done the best they could, and perhaps his wife's stem cells were too old. Despite an understanding that stem cell treatments are in their infancy, and multiple warnings about reliance on them by RAADfest presenters such as Natasha Vita-More, RAADcity is filled with vendors offering stem cell therapies. Alternative bioeconomies are made up of a plethora of treatment options, which are authorized as effective by the authoritative voices within the anti-aging movement, who are often the ones selling the products for which they are advocating.

Writing about another US community where alternative health treatments are increasingly sought and sold, the biosocial world of autism, political scientist Chloe Silverman

(2012) argues that for consumers and practitioners, these treatments are not perceived to "operate 'outside' the forms of expertise and representations of biological systems accepted by conventional practitioners. What makes them distinct is a conscious shift in perspective as opposed to an appeal to a different knowledge system altogether. They are an experimental community within biomedicine" (168). For many RLE activists, any distinction between alternative and orthodox medical treatments is rhetorical, and therapeutic options from both modalities are often used in tandem. Jim and Bernadeane told PUI members that they should welcome biomedical intervention if they fall ill: "it doesn't make you any less to rely on drugs." RLE activists are told that participating in clinical trials—both those promoted at RAADfest and official pharmaceutical trials—will benefit them, and the labor participants provide is ultimately monetized. This is because affective labor leads to actual biological labor where bodies are given value, and value is extracted from living bodies as part of the effort to collapse contingency in the hopes of living long enough to live forever.

Analysis

Teleoaffective labor is the demand placed on bodies through the use of emotion and is a performance that produces or is produced by certain dispositions, beliefs and practices within biosocial networks, with a particular focus on bringing about a desired future. Speech acts at RAADfest utilize emotion by invoking the other (those who have died), and by highlighting a positive future made real through individual action. Biotech CEO David Kekich reminded the audience at RAADfest 2018 to make encompassing choices towards their longevity:

Who are your friends? [Those] who you consider your friends end up dying and they can drag you down with them. A true friend wants more for you. I had a best friend who would

ridicule my quest for life extension—he called me a freezer head [reference to cryonics]. For many reasons we don't talk anymore. The people around you [at RAADfest] and the people on stage are the best friends you'll ever have. You are all part of the experimental group, everyone else is the control group. They get sick and they die. You don't.

Ahmed (2004) writes that “emotions play a crucial role in the surfacing of individual and collective bodies through the way in which emotions circulate between bodies and signs” (117). PUI and RAADfest utilize emotion as a means of motivating individuals to maintain health regimens and integrate new modalities as they are offered. At the end of RAADfest 2019 the steering committee took to the stage and told the audience that anti-aging science is moving so fast that if they are not at RAADfest next year, they will not “live long enough to live forever.” What the presenters are telling the audience, by invoking fear and anxiety about the annihilation of the self, is that immortality will arrive at any moment, and the failure to be there when it is realized is the individual's responsibility.

Among adherents to radical life extension, teleoaffective labor is also performed through the sharing of health regimens and supplement schedules. “What is your regimen?” is the question that I heard asked and answered repeatedly, with some taking thirty, forty or fifty different supplements a day as part of their quest for longevity. Such remedies and their commodification at RAADfest reflects capitalism's continued dominance within the biosciences, and the growing extension of medical jurisdiction over health: “Once we see human beings as objects of therapeutic control, a human life becomes a project that can be tweaked and reworked and adjusted in accordance with a person's own private wishes and desires” argues bioethicist Carl Elliott (2004, 158). The immortalist future intrinsically connects to the modern consumer focused health-care industry. In this context, consumer capitalism is affectively reformulated as an opportunity to take control of one's health outcomes, while supporting the larger immortalist

bioeconomy. Sales of supplements, exercise machines, and clinical trials, are understood as part of the exchange and distribution of valued resources for the continuation of life. Personal regimens of care link to regimes of profit making, a connection which is valued by participants, rather than viewed as problematic.²⁰

The intertwining of consumption and community is common to contemporary regimes of life (Rose and Rose 2014). Neoliberalism enjoins individuals to place their health into their own hands, and Silicon Valley start-ups, insurance algorithms and leaders in the RLE movement increasingly facilitate the connection between health and consumer goods. As Kneese (2021) notes, responsibility for self-care through modes of consumption extends beyond regimes of life, where a plethora of companies now facilitate crowdfunding to pay for funeral expenses for those left behind by the emergent gig economy. The connection between self-care and consumerism speaks to legitimate concerns about the value of life, and death, and the role that venture capitalists and others play with respect to insecurities and anxieties around aging and health (Huberman 2021b). However, the RLE movement and other alternative movements are often dismissed because of their consumerist ethos. Legitimate concerns about capitalism and the bioeconomy can form part of a reductive accounting of participation in health-based communities, and ignores the positive possibilities these movements may offer adherents (Heelas 2008).

²⁰ See also Huberman (2021a) for discussion of the connections of the RLE and capitalism, especially chapter 7, and pages 232-3.

The Actively Well

RAADfest and PUI longevity events complicate the epistemological boundaries between immortalist organizations and the more legitimized biomedical realm.²¹ Part of the appeal of alternative health and immortalist biosocial configurations is that they offer an escape from the domain of authoritative biomedicine. Yet it is not a complete escape from authority, as the obligation for self-care and self-management requires technologies and techniques that are themselves part of wider arrays of power. The reliance on perceived biomedical solutions by those at RAADfest reflects the importance placed on the authoritative discourses of science, yet it also forges new identities outside of the medical establishment. The attendees, healthy or ill, are part of a larger actively well imagined community rather than holding “onerous citizenship” within the land of illness and aging (Sontag 1978, 1).

I suggest that although RLE activists and immortalists are part of larger biomedical arrays of power, they also belong to an emergent immortalist biosociality. While individuals are tasked with becoming their own doctor, they are nonetheless encouraged to surround themselves with likeminded RLE activists. Writing about Chronic Fatigue Syndrome sufferers (CFS), Joseph Dumit explores how CFS, as an undiagnosable disorder, is not taken seriously by the medical establishment, and is often ridiculed by the press and public at large. Since their symptoms are not taken seriously by doctors, CFS sufferers must fight for legitimacy by finding sympathetic doctors and online support networks. For this reason, Dumit calls CFS sufferers “the actively sick” (2005, 230). Following from Dumit, I suggest that RLE activists and PUI members

²¹ Further complicating distinctions between traditional biomedicine and alternative health, anthropologist Joseph Dumit (2012) argues that CAM treatments operate by the same market logic as “official” pharmaceuticals. They both are marketed to consumers as necessary to health, and risk reduction.

constitute an actively well biosociality, with its own medical specialists, laboratories, discursive formations and authoritative figures that help shape the experiences and practices of those fighting against death (Rabinow 1996).

Anti-aging medicine has historically been an outlier, and as noted above, many of the regimens and protocols adopted by RLE activists are outside the biomedical establishment. Many individuals must seek out physicians or alternative practitioners who are supportive of the cause of anti-aging in order to try the treatments being offered at RAADfest.²² As noted throughout this paper, disease and death are understood within RLE networks to originate from the failure to be proactive. What makes RLE activists and PUI members actively well besides the affective demands by the RAADfest presenters on stage, is how death itself is recast as being a disease. For PUI, death is understood as a genetic condition that has been generationally passed down since the first humans walked on earth: the “terror of death is ingrained in our bodies” one PUI member told me. By following the right regimens and employing an ageless mindset, immortalists maintain that they can transcend their mortal genes. An ageless mindset is understood by PUI members to open a psychic network among immortalists, which alleviates the trauma of death and history. The claim that death is a genetic condition that can be reversed through positive thinking is largely representative of PUI members at RAADfest, but as a non-symptomatic, healthy community, RAADfest attendees come to understand themselves as suffering from the condition of mortality, and not just deterioration caused by aging. Death as a pre-condition encourages action against that disease; the immortal body is always monitored,

²² The alternative health industry is valued at over \$83 billion dollars (Grand View Research 2021).

tested, the results examined, and medicine replaced if it is perceived ineffective. It is understood by many that to do otherwise is to invite death back into the body.

Discipline and Blame

Teleoaffective orientations and the tendency to blame the individual for ill-health are not exclusive to immortalists and RLE activists. The sociologist Robert Fulton (1964) suggested that Americans treat death as if it were a contagious disease, and he noticed that death was often blamed on an individual's supposed bad habits and carelessness (359). The contemporary self-help industry is predicated on individual responsibility. The gym I attend is filled with motivational posters encouraging members to "Stop Wishing. Start Doing," and that "The best way to predict the future is to create it." While the latter could serve as the title of this paper, these posters are part of what Bryant and Knight (2019) call affective teleology, or, the ways in which emotions are utilized to collapse the future into the present (17). The point is that while many of us recoil at any explanation for ill-health that blames the individual, etiologies of illness are widespread and embedded in Western culture to such a degree that they tend to go unnoticed. The notion that every death is a suicide is a forceful articulation of a concept that permeates our lives.

Central to today's life extension ethos is "the belief that ageing is a painful, biological decline, eventually knowable and fixable" (Mykytyn 2010, 181). Yet, life extension for immortalists is more than a biological endeavour; it serves as an incentive to realize an ethical self—the ideology that underpins biological optimization as a form of bodily, moral and social discipline. As Michel Foucault observes, regimens of care are essential to modern technologies of the self and healthism (Foucault 1988, 16-49). Here the achievement of good health and

longevity by individuals reflects a moralizing of the self, and a reliance on expert opinion, among other circulations of power. Transhumanism, immortalism, and other health-centered practices of self-regulation perform ethical work on the self through the ways that they “monitor, test, improve, and transform” the body (Foucault 1992, 28; see also Tamminen and Holmgren 2016). The immortal body is conditioned by the “small techniques of discipline” that Foucault (1984, 213) has recognized.

Many “small techniques of discipline” were visible during my research engagements, where RLE was often referred to as a form of practice. During the board meeting of the US Transhumanist Party, held during RAADfest 2018, eminent transhumanist Natasha Vita-More told the twelve of us gathered that “transhumanism is a philosophy, a worldview and a practice. You practice transhumanism.” Dorian-Ross told RAADfest attendees to “practice the things that make you live forever.” Volunteering, regular attendance at meetings, visiting longevity websites, purchasing and taking supplements, and enrolling in clinical trials are examples of some immortal practices, which exist within larger affective economies that rely on the interplay of emotions, bodies and consumerism. During a stretch-break at a longevity event in Scottsdale, PUI director Jim stood in the corner watching members lift their arms and squat in unison. I watched as Jim walked over to Eliza, an overweight and visibly unhealthy member and whispered that she should try and stretch, even if she could not keep up with others in the room. Eliza answered in a defeated tone that suggested to me she had promised herself, and others, she would try a thousand times before. People can purchase the right products and employ the proper health-orientated practices, but still not succeed in actualizing their immortality.

At RAADfest and PUI meetings, immortal bodies are embedded into broader networks of knowledge, including consumer capitalism and healthism, both of which cultivate affective

states and actions around radical life extension. In a teleoaffective performance encouraging attendees to take their health into their own hands, one RAADfest presenter swallowed a handful of experimental and untested medication in front of the crowd. “I’m a human guinea pig. I’ll report tomorrow if there are any side-effects,” he told the crowd who responded with laughter and applause. The presenter on stage was the paradigmatic immortalist, willing to take risks and put his body on the line in the pursuit of immortality. Bill Faloon’s 2019 RAADfest presentation included a slideshow of billionaires who had died that year. Faloon suggested that these were the people who could have contributed their wealth to the fight against death, but who “missed the longevity boat.” One picture was accompanied by a quotation from a billionaire, who, upon turning 95, reflected that being healthy at his age was a blessing. Faloon countered by pointing to himself and saying, “I don’t treat 65 as a good thing, it’s a disaster.” During another presentation when Faloon was on stage to promote and recruit for his new longitudinal clinical study, he referenced those people in the crowd who call him for help with their health, but are not willing to commit their bodies, or their wallets, to the cause of anti-aging: “Going forward, if you’re not in my longitudinal study, if this wasn’t important to you, well maybe I will ask you to politely leave [if you ask for help]. I am busy treating people who want to live.” In other words, the immortalist call to “live long enough to live forever” and the idea that “every death is a suicide” both suggest that a good person takes control of their health and is always active in the pursuit of an anticipated future. The complexity of emotions and actions, often oriented towards fear and anxiety about the annihilation of the self, alongside consideration of Foucauldian self-regulatory practices, accounts for the power of affect in generating social dynamics (Reeves and Laszczkowski 2015, 6).

Conclusion

How does the self become knowable at the intersections of anticipation, future imaginaries, and the realities of being mortal? Farman (2013) suggests that “no one in the immortalist community is claiming that [the future] is certain” (743). I argue however, that People Unlimited members and many RLE activists who attend RAADfest are not planning for a future that they hope may come to pass. The future that is lived out in the present is a future that will happen because, for immortalists, it is already here. The claim that “every death is a suicide” reveals how immortalists cope with the inevitability of death, but also how this knowledge offers generative and positive possibilities. While death excludes one from a community of living immortalists, the reconfiguration of death into a *sui generis* illness also creates the conditions for consumer economies and anti-aging lifestyles: “buying your way out of death has become part of the American dream” (Rose and Rose 2014, 156). My argument is that immortal futures are made real in the present through the affect engendered by immortalist performances. Viewing the present as a consequence of the future is what Bryant and Knight call “affective time” and a “vernacular timespace.” These terms refer to a collective feeling of living within a moment that has a particular temporality (2019, 32). Anticipation of the future does not, however, discount contingency.

If members of People Unlimited are living their anticipated immortality in the present, then RAADfest is made up of the small contingency points along the way. A stem cell breakthrough here, a new biotech venture there; everyone at RAADfest plays a part in realizing radical life extension. These contingency points are paradoxically productive steps towards eliminating contingency. This is to say: if everyone at RAADfest can live long enough to see immortality realized through biomedical intervention, then the possibility of death will be

removed. Until that point, death and disease are the fault lines created in the wake of personal responsibility. The radical life extensionist call to “live long enough to live forever” and the idea that “every death is a suicide” illustrate what is at stake for those who are trying to realize physical immortality—one must care for the self until technologies of immortality are made available. RLE activists are creating biosocial lifeworlds, where anticipation, health and technoscientific imaginaries generate immortal subjectivities. As medical anthropologists Adams et al. (2009) note, “anticipation has become a common, lived affect-state of daily life, shaping regimes of self, health and spirituality” (247). The appeal to emotion in orienting adherents to their future immortality explains the willingness of adherents, who come from varying socio-economic backgrounds, to buy and sell supplements and unapproved treatments. Moods and emotions are crafted by speech acts and embodied movements in an effort to recognize the future as a model for the present. For my research participants, whether it is anticipated or hoped for, the future is experiential, sensory, and embodied. When PUI director Jim Strole tells members that “there is mind all over the body,” he is indicating that the act of taking supplements, for example, is not a passive practice; it is felt, experienced, embodied, and a necessary element of their immortal future.

This paper is an attempt at making sense of how people come to understand themselves as being physically immortal, and how modern consumer and health culture informs the creation of these immortal lifeworlds. When I first met members of People Unlimited, I could not make sense of their telling me they were immortal in the present, but still working on becoming immortal. How could one be physically immortal, but still be susceptible to the diseases of aging, and death? The hope promised by biomedicine and immortalist teleoaffective orientations, cultivated through physical and discursive performances, comes together to create immortal

futures in the present. Living long enough to live forever is more than maintaining one's health until immortality is realized through technological or biomedical means; immortality requires the cultivation of anticipation in everyday life. Illness and death, understood through this lens, offers an etiology of illness that places responsibility for life, and death, on the shoulders of the individual. Teleoaffective labor is effective because what is at stake for adherents is life—living forever. The use of varied networks in the production, circulation, and reception of health and medical knowledge, while often directly challenging biomedical models of disease, mitigates the threat of death. This challenge to mortality, as I have argued, is elucidated when we pay attention to how anticipation continues to inform the proper way of being in the world for those who plan to never leave it.

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CHAPTER FIVE: REFLECTIONS AND CONCLUSION

As technological beings with finite lives, human beings have sought many ways to delay death. Attempts to delay death include the search for elixirs of youth, biomedical remedies for diseases, and measures to improve public health. The transhumanist movement represented at RAADfest and the Arizona based immortalist community, People Unlimited Inc., take these efforts to new levels by seeking to extend the life of individual human beings indefinitely. From the perspective of many radical life-extension activists, immortality is an imminent reality. For the aging population within these communities however, there is a danger that immortality may be just out of reach. The paradox outlined in Chapter Four brackets my entire dissertation. Understanding how immortalists can be physically immortal in the present, yet always working towards immortality, requires consideration of the cultures and communities within the broader RLE movement, human relationships to finitude, interactions between science and religion, and biomedical imaginaries. Taken together, these themes reflect an emergent form of biosocial citizenship of what I term actively well individuals, whose present biological limitations are overcome by an orientation toward the future.

This dissertation is about how futures make up the present for radical life extension activists, and how health, religion and death come to constitute an actively well biosociality. In what follows, I draw on the work of scholars of health and religion to map out the RLE movement through its histories and futurity, with a particular focus on the Arizona based People Unlimited Inc., and the transhumanists represented at RAADfest. I build upon Rose's analysis of biocitizenship for pre-symptomatic people, to argue that RLE today is a new configuration of largely non-symptomatic people who affectively reconceptualize death as an illness category,

thus rendering themselves de facto pre-symptomatic. With death understood as illness, everyone becomes an afflicted individual, allowing for the creation of a life extension biosociality. My research is in conversation with scholarship on the radical life extension movement and adds to the small number of ethnographic engagements with those who make up this landscape. Rather than view the practices, philosophies and worldviews of the RLE movement as hopeful—that is, as one possible future among many—my research looks at the future through the lens of anticipation because for many of my research participants, an immortal future is already here.

What Follows

Greg is one of the first people I met at RAADfest 2018 in San Diego, California. He is a long-standing PUI member and a vendor inside the exhibition hall. Greg has an endearing European accent and the physique of someone 30 years his junior. Greg identifies a lack of optimism as being the biggest obstacle to immortality. One can ingest supplements daily or receive endless vitamin injections, yet if one's mindset is not geared toward immortality, the regimens will be for naught. Greg believes that people are unaware of their immortal potential, and that a positive mindset is a key driver to living forever. Positive mental attitudes and physical fitness are essential parts of any longevity regimen, according to PUI members like Greg. A good person is a positive person, and a positive person is someone with an ageless mindset. Greg and other PUI members believe that one cannot live longer, healthier or forever unless one's mindset is oriented toward immortality, and a positive outlook is impossible to disentangle from physical appearance. As Greg's perspective indicates, the future imagined by many in the RLE movement is organized around a novel, though not unique, politics of life that is affectively realized in the present.

In these concluding reflections, I link my three chapters through a broad historical analysis, and an exploration of modern biosocial configurations and their relationship to futurity. My historical analysis includes the field of biomedicine, the emergence of alternative healing modalities, and the social conditions that have made death a problem in need of a techno-scientific solution. I begin by taking a closer look at PUI and the creation of RAADfest. I draw upon my experiences during fieldwork to situate immortalists and transhumanists and their relationships to health, death and religion. I explore the history of complementary and alternative medicine and associated Christian health movements in the West, connecting these to the contemporary health and wellness landscape I encountered within the RLE movement. My historical analysis of religious changes, Western medicalization and our relationships to death offers context regarding our techno-present and techno-futures rather than suggesting that attempts at achieving optimal health and immortality are somehow novel to immortalists and transhumanists. I then examine how health, wellness, the body, and market capitalism come together as biosocial configurations in the creation of immortal selves. I argue that immortalists are biosocial groupings of individuals who share similar explanatory models for illness, where the individual is responsible for their own health outcomes. In so doing, I underscore how power and authority circulates within the RLE movement.

A Note on the Limits of This Dissertation

The nature of a sandwich thesis is that a lot of my ethnographic data is limited to the information present in my published, and soon to be published work. While I introduce new ethnographic data in my conclusion, many conversations and experiences during fieldwork remain to be discussed in other publications. This includes PUI's views on kinship ties, and how

these views compare to transhumanism generally (Huberman 2021a; 156), and some of the tensions that defined my field work experiences in Scottsdale, Arizona. In addition, virtually all my field work in California and Toronto is absent in the dissertation. In 2019 I encountered several self-described immortalists in California, and several conspiratorial communities who count radical longevity as an outcome of adherence to their practices and worldviews. These individuals and communities belong to the diverse mosaic of spiritualities of life but they are distinct from communities like PUI and the transhumanists at RAADfest. There are also themes and topics present in this dissertation that are not given due consideration. The Christian foundations of PUI, similarities to prosperity theologies (Bowler 2015), and the connections between expressions and Christian confession are alluded to in the dissertation but will be engaged with to a greater degree in future publications. Considering the importance placed on health and the body by RLE participants, I focus my comparative and historical research on 19th and 20th century Christian and Christian-adjacent health-reform movements.

People Unlimited: New Age, Old Beliefs

Immortal Minds and Matter

As early as the mid-18th century, some American Protestants began discussing the possibility that immortality is achievable in this world rather than the next (Griffith 2004, 51). The means of achieving physical immortality for those Protestants, just as it would be for later Christians and the new secular spiritual movements (NSSM) of today, involved an interplay between the senses, sexuality, food and the mind. Of the various 19th century health reform movements in America, perhaps none has had a greater impact on Western conceptions and

practices of health and longevity than the mind cure tradition. The devotional logic of physical discipline discussed throughout my dissertation, and explained below, is rooted in an American Protestant connection between the health of the body and the health of the nation, which the late 19th century New Thought movement articulated in ways that mirror many practices today. The focus on the material body was informed by Protestant ethics, and to a large degree by the scientific and medical advances of the era.

Prentice Mulford, an early proponent of New Thought, wrote in his 1908 book *Thoughts are Things*, “We believe that immortality in the flesh is a possibility, or, in other words, that a physical body can be retained so long as the spirit desires its use, and that these bodies instead of decreasing in strength and vigor as the years go on will increase, and its youth will be perpetual” (85). For Mulford and other proponents of the New Thought system, body and mind were inseparable. New Thought writers regarded the body as a mirror of the soul and the grounds of perfectibility (Griffith 2004, 69). It was a therapeutic system that represented the mind as “spiritual matter” and disease as resulting from the affects of the mind on the body. New Thought blended earlier health reform movements, and Protestant-derived metaphysical sects, including phrenology, mesmerism, spiritualism and Swedenborgianism, but with practices and a lexicon reflecting science and medicine contemporary to their era.

New Thought is particularly indebted to Phineas Parkhurst Quimby—a major figure behind Christian Science and New Thought—and Mary Baker Eddy, Quimby’s student who founded the Christian Science movement (70). Both Christian Science and New Thought writers claimed that physical immortality was possible through the power of the mind. In Eddy’s 1898 edition of *Science and Health*, she wrote: “Mortal mind and body are one. Neither exists with out the other, and both must be changed by immortal Mental and physical oneness. Mind. Mortal

matter, or body, is but a false concept of mortal mind” (Eddy 1898, 70). What differentiates Eddy’s writing from her New Thought predecessors was Eddy’s eschewal of food and exercise as means of attaining bodily perfection. While New Thought utilized various techniques and remedies to create a body that was full of healing power, Christian Science prioritized spirit over the material body (Klassen 2012, 76). Importantly, New Thought writers like Mulford argued that physical immortality was in essence a question of attitude. Death as a condition of being could be overturned by ridding the mind of elements of decay and weakness (Mulford 1908, 86). For Mulford, as it is for today’s PUI members, letting life into the body inevitably means that elements of death leave the body.

As a movement formed in the late 1960s, the Eternal Flame (now People Unlimited Inc.) was influenced by American counterculture, which saw an increase of new religious movements, Eastern esoteric teachings, and a shift towards what Paul Heelas calls spiritualities of life (2008). New Thought’s mind cure lineage is reflected in mid-20th century Human Potential therapies, including rebirthing and breathwork. In 1974 Leonard Orr developed rebirthing, a set of breathing techniques used in tandem with a re-enactment of a person’s birth (Chryssides and Wilkins 2006, 521). Orr claimed that birth is a traumatic event that instills unhealthy emotions in humans. Reliving one’s birth has several health benefits according to practitioners, not least of which is physical immortality. In *Breaking the Death Habit* (1998), Orr claimed to have studied the habits of eight immortal yogis who taught him the “simple” and “pleasurable” processes that allow anyone to master their minds and bodies (vii). Orr died in 2019, but his movement continues today through some of his disciples, including Sondra Ray, both of whom utilized rebirthing techniques with James Strole (Jim), Bernadeane (Bernie) and Charles Brown (Chuck) in the 1970s. Rebirthing is connected to breathwork, a now adjacent Human Potential healing

modality that developing from the rebirthing movement, and also promises its practitioners physical immortality. While rebirthing is no longer practiced or advocated by PUI, Human Potential therapies remain essential components for immortalists.

Ageless Living

The Anatomy of a Meeting

I arrived in Scottsdale, Arizona on a Thursday afternoon in February 2018 to attend the “Weekend Longevity Event” hosted by People Unlimited. I pulled into the parking lot of a low-level block of office buildings in Scottsdale, Arizona. PUI’s meeting headquarters are not what I expected them to be. There is a simplicity to PUI’s meeting room that is striking when juxtaposed to the mega-church atmosphere and aesthetics at RAADfest. I entered through the door to the headquarters and was greeted by an inconspicuous foyer. There is a desk to the left, a kitchen behind it, shelves with books for sale against the wall to the right, and a short hallway leads to two large doors. I had arrived early, and so I milled about until I had the courage to enter the meeting hall, where a small group of PUI members, including Jana, were preparing the room. Jana greeted me with a big hug and quickly showed me to my seat for the event, which was next to her in the second row, behind Jim and Bernie. The meeting hall holds about 150 chairs arranged around a rectangular wooden stage. Since meetings typically open with musical performances by members, there is a grand piano and other musical instruments to one side. In the back of the room is an elevated A/V booth, which livestreams meetings and controls the lights and sounds, and a separate booth where a member provides Spanish translation for PUI members abroad.

As members made their way into the hall, a palpable sense of excitement was in the air. The last PUI meeting had been held four days prior to this event, but members greeted each other as if this was a long-awaited reunion. A few familiar faces from RAADfest welcomed me before PUI directors Jim and Bernadeane took their seats in front of me. As the meeting got started, I heard Jim whisper words of encouragement to Bernie, “You got this. It’s in your blood.” Donald, a long-standing member and personal trainer, began the meeting by asking everyone to hold hands, close their eyes and “focus your energy.” After 30 seconds or so of silence, Michael, a high-ranking member, introduced People Unlimited, and officially kicked off the event. After Michael set out the evening’s events, Jim and Bernie took to the stage and delivered passionate calls for members to revolt against the paradigm of death that has oppressed humans for most of our history. Like this occasion, PUI’s twice-weekly regular meetings, and the various weekend and weeklong longevity events are filled with emotional and embodied intensities. Unless guest presenters are on stage, Jim and Bernie sit center stage on low-back stools where they delivery immortalist monologues or call on members to come and express, or, give testimony about their experiences. Jim and Bernie are both intense and charismatic on stage, which belies their quiet and gentle demeanor in other situations. There is a cadence to Jim and Bernie’s performances on stage. While Jim is more subdued in his presentation, both he and Bernie engage their bodies and the audience during their expressions.

During member expressions, some speak softly and speak of themselves, their accomplishments, and their passion for physical immortality. Others speak through their bodies as they move on stage, grab at their chests and shout to the crowd. “You are my love, my food. Without you this means nothing,” one member tells Jim and Bernie during an expression. Another member paces the stage and appears overtaken by the moment. She turns to the crowd

and shouts: “I opened my eyes and my heart! I’m not dying, I’m physically immortal!” The crowd forms an intimate part of any expression. The audience will clap and jump to their feet multiple times during an expression. They yell words of encouragement and mirror the emotions on stage. While expressions are opportunities for members to share of themselves with other members, the exclusions and hierarchies and affirmations of identity present in any community make themselves known. Amira, a member of PUI for thirty years was rarely afforded an opportunity to express during my time at PUI. When Jim and Bernie scanned the room looking for people to call up to express, they often avoided Amira’s raised hand. Amira told me in a conversation that she understands why she so rarely gets to express: “I’m a little too passionate for a lot of people in this room.” During my first fieldwork in 2018, Amira invited me to her home to show me some of her medical records, which she told me prove that she is immortal. Her biomarkers demonstrate that she is biologically younger than her chronological age, Amira explained. Amira is passionate about physical immortality, but I was given the sense by other members that she is of an earlier era in PUI’s history and out of step with the forward movement of the community today.

Immortalist Philosophy

Immortalists position themselves against what they view as the “deathist” paradigm of contemporary society. Like New Thought writers, and the rebirthing-breathwork practitioners of the 1970s, PUI maintain that humans have an unconscious death urge. In other words, we die because we were taught that death is a normal and natural event. Leonard Orr and Sondra Ray (1977) illustrate the claim that the belief that death is inevitable is what makes it so:

The practice of physical death has been popular for a long time, and many people are determined to die and maintain the tradition. But the necessity of physical death is now being seriously questioned, and there is a growing body of literature (the "immortalist" literature) dedicated to overthrowing death's domination of man. Philosophers and scientists now suspect that death has been popular for so many centuries because no one ever questioned it. In the past, people have avoided the study of death because they were afraid it would happen to them (148).

Christian Science and New Thought were informed by the Lamarckian theory that physical traits acquired during life can be passed down to one's offspring through heredity. This notion of generational trauma alongside orthodox scientific theories of genetic transmission has come to inform PUI's understanding of death, which they claim is transferable along genetic lines.

Genetics is the mechanism through which the unconscious death urge passes to each generation. Adopting an immortalist mindset has epigenetic effects, which changes the genetic disorder of death into a condition of perpetual life. PUI's worldview is configured to fit within a contemporary scientific understanding of biology. What was expressed in early PUI writing as a "cellular awakening" to immortality is now spoken of through the language of genetics, for example. Or a member with little orthodox scientific training may talk about energy fields and intuition yet ground these in the language of quantum mechanics.

During my first PUI event, Eliza expressed her gratitude for the energy given by Jim and Bernie. When her daughter had surgery a few days earlier, eight PUI members joined her in the hospital room in order to transfer their energy to her daughter. While Jim and Bernie were not in Scottsdale at the time, Eliza remarked that the energy the pair directed to her daughter was ultimately responsible for the successful outcome of her surgery. There is a surface tension between metaphysical notions expressed during PUI meetings, and by some presenters at RAADfest, and the scientism used within both. As I discuss later in my conclusion, some RLE

circles reconfigure science and the spiritual so that both operate within the same logic of action. Thus, while PUI members are hesitant to call their worldview religious or spiritual, the logic and lexicon of both operate alongside the logic and lexicon of science, which is common to many contemporary spiritual movements (Bender 2010; Heelas 2008; Brown 1997; Hess 1993). This may speak to a dualism of body and mind. The body, while affected by the mind, is subject to health and fitness regimens based in science, or based on alternative healing modalities that use the language of science as proof of efficacy. It may also speak to what Rodney Stark (1996) describes as a key factor for the survival of any emergent community, “the need to establish cultural continuity with potential adherents” (133). In other words, narratives about the body and immortality are updated and reconfigured to fit into contemporary secular spaces. Pragmatically, it is easier to explain how immortality is possible in the here and now through the language of science, which permeates popular culture, than through recourse to esoteric metaphysical narratives. Given the importance of RAADfest for PUI’s outreach, and that many RAADfest attendees are skeptical of PUIs claims of physical immortality, science may act as an authoritative means of connecting PUI to the larger RLE movement.

Radical Life Extension and/as Religion

A number of scholars claim that RLE cannot be considered religious. Philosopher Patrick D. Hopkins (2005) writes that beyond its search for this-worldly transcendence, transhumanism as a philosophy or movement is generally devoid of meaning, making it antithetical to religion: “If we take it as essential to religion that it provides some sort of ultimate answer for the meaning of life, as the World Transhumanist Association [now H+] seems to in its statement, then transhumanism still isn’t a religion” (6). Hopkins claims that transhumanism

cannot offer a significant sense of meaning or belief, which may lead members into a future of boredom, depression, and angst (6). Anthropologist Roberto Manzocco (2019) considers transhumanism “as a coherent system of rational para-scientific fantasies that act as a secular answer to the eschatological aspirations of traditional religions” (32). With respect to the idea supported by transhumanists that bio-enhancements are moral obligations, theologian Celia Deane-Drummond (2011) claims that this thesis is a “myth in the more derogatory sense and is shown to be a pale secularized imitation of a Christian eschatology that orients the development of moral virtues” (177). The transhumanist project is inherently self-contradictory, argues Jewish historian and philosopher Hava Tirosh-Samuelson (2012). “Transhumanism is obsessed with the human body but privileges mind over body... transhumanism claims to engineer transcendence by human reason, while ignoring the fact that the truly Transcendent is in principle unknowable” (279). Finally, Sam Gill (2020) argues that any movement that does away with the body—uploading mind to computers—cannot be religious since religion must involve embodied individuals (np).

I argue that these and similar claims are based on definitions of what constitutes religion and nature that are rooted in the Christian tradition. What these arguments intend is to separate the sacred from the profane through the creation of nature/culture dichotomies. In other words, religion offers something authentic and enchanting to individuals that transhumanism, as a secular-humanist, disenchanted worldview, cannot. The idea that humans constitute a natural category that technology, as culture, corrupts, has been problematized by scholars (Stiegler 1998). These views, alongside definitions of religion, as detailed in my introduction, narrow our analytical and descriptive boundaries.

While definitions of religion are notoriously problematic, the presence within transhumanism of charismatic leadership, doctrine, ideology, systems of meaning making, and spirituality suggest that the movement has many of the features of popular or lived religion (Orsi 2003). Moreover, as Huberman (2021a) notes, there are distinct parallels between apocalypticism in evangelical Christianity and transhumanism (27). Transhumanism in America developed largely during the cold war era. At the same time, the threat of nuclear war and anti-communist politics energized the religious right. Ronald Cole-Turner notes that while Evangelical Christians largely abandoned the social optimism of their predecessors, transhumanists embraced techno-optimism as a response to the trauma of the 1980s (Cole-Turner quoted in Huberman 2021a, 28). Although many transhumanist ideas are rooted in particular Christian histories, they nonetheless present challenges to Western, Judeo-Christian understandings of personhood and mortality. In the struggle to find meaning in death, humans have created complex eschatological narratives, ethical systems and rituals. The ideal of the indefinite continuation of the body challenges Christian conceptions of the afterlife, and post-mortem punishment or reward. Transhumanism also calls into question the role of a deity in creation by replacing divine intervention with a human-driven evolutionary teleology through the augmentation of biological functions, and the quest for human perfection. For transhumanists, the promise of technological immortality replaces the promise of salvation and eternal life that lies at the core of Christianity. The transgression of biological boundaries through science and technology presents an opportunity for life that does not involve divine intervention or a religious teleology, and removes the power of life and death from the hands of the divine (Hauskeller 2016, 172).

While transhumanism often appeals to self-described atheists, it does not preclude religion. In his 2009 essay *Religion for a Galactic Civilization 2.0*, sociologist William Sims

Bainbridge argues for a new religious paradigm centered around futurist and transhumanist ethics, including a desire to explore the universe beyond our earth. Criticizing the lack of innovation in the realm of space exploration, Bainbridge suggests “a return to the traditional view: *The heavens are a sacred realm, that we should enter in order to transcend death*” (2009, par. 2). Religion serves a universal human need and should have equal consideration alongside science, Bainbridge writes. Bainbridge argues for a disciplined and demanding religion, which he calls The Cosmic Order, capable of bringing about great technological and social change in a short period of time (par. 3/25). Bainbridge claims that immortality will be achieved through scientific advancements, and that a religious order is necessary for our species to grow and transform in healthy ways. Bainbridge’s vision of space colonization aligns with an eschatological narrative among some transhumanist Silicon Valley futurists that outer space offers a potential escape hatch from an earth on the precipice of destruction (Farman 2021). This colonizing and survivalist Eurocentric mentality privileges the human species over other types of life on this planet, and whatever form of life humans have yet to encounter in space.

The future envisioned by Bainbridge is emergent and conceptual, but transhumanism as a worldview and philosophy has also been integrated into mainstream religions, including Mormonism, Christianity, and Buddhism, among others. The Mormon Transhumanist Association (MTA) “is an organisation dedicated to the proposition that the supernatural transformation into Gods that Mormonism promises to the faithful, and the technological overcoming of human species-limits promised by technological transhumanism, are one in the same process” (Bialecki 2020, 4). Following from the Christian beliefs that physical life is inherently good, and that death is an enemy that will be defeated, theologian Micah Redding (2019) argues that transhumanism evokes a “powerful vision in which humanity is defined by its

transcendent potential,” a vision he argues aligns with Christian doctrine (779). Buddhism may have emerged as a form of world-denying asceticism, but religion scholar Derek F. Maher (2014) argues that Buddhist concerns with the improvement of individuals’ lives, including longevity, can align with the transhumanist ethos (32). Finally, there are several scholars arguing that transhumanism is an example of a secular religion (Tirosh-Samuelson 2012; Amarasingam 2008).

The worldviews and practices of many secular transhumanists and immortalists clearly integrate elements from institutional religion. The Mormon Transhumanist Association (MTA) and Christian Transhumanist Association (CTA) are clear examples, as were the formative decades of People Unlimited beginning in the 1960s. The question of whether RLE is spiritual or religious is important since certain philosophies, worldviews and practices that scholars identify as religious or spiritual are documented throughout this dissertation, and form part of the future imaginaries and ethical formations of the radical life extension movement. Moreover, as Marie Griffith (2004) argues, religion has been central in the creation of American bodies (7). Yet, as I have described elsewhere in this dissertation, immortalists do not self-define as religious, and with some exceptions, neither do transhumanists, many of whom identify explicitly as atheist. Huberman (2021a) argues that it may be more productive to view transhumanism as a revitalization movement than to pose the question of whether it is secular or religious, although she also suggests that it may be premature to come to a conclusion on this issue (46). Putting aside the debate about whether transhumanism is a religion, there are groups in the RLE movement who have clear religious and spiritual aims, even if they claim secular-humanism as a grounding orientation.

One articulation of religion within a secular transhumanist space is Terasem. The Terasem Movement was founded in 2004 by Martine Rothblatt, the CEO of siriusXM satellite radio, and is based in both Vermont and Florida. Terasem is also a religious organization. The Terasem Faith is a religious movement with four core beliefs, or Truths: “I. Life Is Purposeful. II. Death Is Optional. III. God Is Technological. IV. Love Is Essential.”²³ As a “transreligion” the Terasem Faith has its own creed, practices and beliefs that it claims are parallel to those of any other religious system. Terasem’s mission is to “promote the geoethical (world ethical) use of nanotechnology for human life extension.”²⁴ Its primary means of supporting human life extension is through its “Lifenaut” program. Users can log into the Lifenaut digital platform and upload their personal “text, files, images, photos, video, sounds, musical works, works of authorship, and other materials” in order to create a “Mindfile.”²⁵ The Lifenaut hypothesis is that once the technology is sufficiently advanced, Mindfiles will be used to recreate an individual’s consciousness, or what the Terasem Faith calls a soul. Lifenaut also has a “Bio File” program where users can send Terasem cell cultures, which will be preserved in the hopes of one day growing a new biological body for the user’s Mindfile to inhabit. Terasem envisions a future where our consciousness can be transferred into a computer-simulated heavenly realm. Terasem’s futural orientation is by their own account a deeply religious, or spiritual, understanding of what it means to be human, and what the future of humanity will look like.

Beyond Terasem, there is the Florida based Church of Perpetual Life, which calls itself the world’s first transhumanist church. The Church is headed by Bill Faloon (mentioned in the Introduction, Chapter Four and Conclusion), and devotional services are run monthly by the

²³ <https://terasemfaith.net/beliefs/>

²⁴ <https://terasemfaith.net/beliefs/>

²⁵ <https://www.lifenaut.com/signup>

minister of the Church, Neal VanDeRee. On the Church's website, it states: "Our Mission is to assist all people in the radical extension of healthy human life, and to provide fellowship for longevity enthusiasts through regular, holiday and memorial services" and to "Teach scientific rationality along with the Creator's plan that humanity evolved to achieve markedly extended healthy lifespans."²⁶ The monthly meetings are an opportunity for Faloon and VanDeRee to present members with the latest anti-aging breakthroughs. Other transhumanist organizations that specifically self-identify as religious include the Turing Church, which is an online group of self-proclaimed seekers "at the intersection of science and religion, spirituality and technology, engineering and science fiction, mind and matter." The Turing Church claims to be "Hacking religion, enlightening science, awakening technology."²⁷ Likewise, the now-defunct Cosmic Order of Engineers was a community with the goal of promoting technologies to "permeate our universe with benign intelligence, building and spreading it from inner space to outer space and beyond."²⁸ The organization was inspired by sociologist of religion William Sims Bainbridge's 1981 book *Religions for a Galactic Civilization*, in which Bainbridge argues for a new religious order for the age of space exploration.

As discussed above, Bainbridge's vision for science in *Religions for a Galactic Civilization* is meant to replace traditional religion: "We need several really aggressive, attractive space religions, meeting the emotional needs of different segments of our population, driving traditional religions and retrograde cults from the field" (par. 30). In a world supposedly disenchanted by science, consecrated science aims to create new myths that encourage the evolutionary growth envisioned by the RLE movement: "the combination of transcendent goals

²⁶ <https://www.churchofperpetuallife.org/about>

²⁷ <https://turingchurch.net/?gi=e47536152c76>

²⁸ https://web.archive.org/web/*/http://cosmeng.org/

and well-designed techniques can help us become more than we currently are,” Bainbridge writes (par. 47). This understanding of science, time, and religion aligns with the illness and immortality narratives that my participants recounted which figure humans as agents actively making their future, and with the affective intensities that encourage self-care regimens in the present in order to bring about that particular future. The Cosmic Order, Church of Perpetual Life, the Turing Church and Terasem Faith are direct articulations of religion and transhumanism, which as I argue in my Introduction, can fit under the broad NSSM umbrella.

PUI members are largely antagonistic towards religion, which was described to me by members as an institutional form of control. While some PUI members described themselves as “seekers,” most rolled their eyes at the term “spiritual but not religious.” Communities like PUI are often suspicious of words like religion or NRM because this type of categorization has been used to denigrate marginalized communities and alternative spiritualities. In 2013, PUI put out a press release titled: “8 Reasons Why People Unlimited Are Not a Cult.” The press release states:

If you think different is dangerous, then you should probably stay away from People Unlimited. It is different. It’s different because it tells people they are totally in charge of their lives, and totally unlimited in their potential, including the ability to live forever. Not a very cult-like message, you would probably agree. But very different (PUI 2013, par. 3).

Other reasons given for why PUI is not a “cult” include members’ freedom of movement—there is no compound, no barbed wire fence, no locked gate; the accessibility of its leadership; the group’s diversity; their sense of humor; lack of uniform; and the lack of any invisible and unprovable deities. While scholars prefer to use the term New Religious Movement rather than cult, the former may still be viewed as derogatory and problematic for those who object to being labelled a religion.

Regardless of the definitional boundaries recognized by PUI members and others in the RLE movement, they have been situated within certain categories by some scholars and popular media. While Huberman (2021a, 46) suggests that it is premature to answer the question of whether transhumanism is a religious or secular movement, Robert Geraci (2010), for example, defines transhumanism as a new religious movement by virtue of its promise of transcendence and human enhancement, and its desire for radically altered, apocalyptic futures (13). In contrast to theories that attribute participation in new religious movements to brainwashing or other methods of coercion, my experiences direct attention to the social connections and the sense of meaning provided by biosocial configurations as reasons for active membership. Viewing PUI as a biosocial community provides an avenue through which to explore community participation beyond reductive models.

Relationships to Death

When Nick was ten years old, he would visit his mom at the nursing home where she worked on his way home from school. Nick enjoyed spending time at the seniors' residence and would follow his mom while she finished her rounds. Often, Nick would spend time with the residents in their rooms, where they read him stories. One evening, Nick visited with one of his favorite residents, an elderly woman who had an affinity for him. Nick settled "into her bed and eventually we both just kind of fell asleep." A while later, Nick woke up with the woman's arm holding him tightly against her. He touched her hand to wake her, but it felt colder than it should have. He tried to move her arm but found her body resisting his movement. Nick moved his body out of her grasp and realized that she had died while they both slept. This traumatic event turned out to be a formative event in Nick's life, and he was at RAADfest seeking a like-minded group

of life extension curious individuals. I met Nick towards the end of RAADfest 2018. Nick was twenty-three and appeared confident and comfortable in his demeanor. Young and Black, Nick stood out among the largely older, and white attendees. Death was unjust Nick told me, and if it could be avoided, he was interested in knowing how. Nick's story, unique as the circumstances are, followed a common motif among many of the life extensionists, immortalists and transhumanists I met during my field work at RAADfest. Traumatic death during one's formative years led to a passionate desire not to, as one leader in the immortalist movement was fond of saying, "go gently into that good night."²⁹ That traumatic death and unresolved grief lead individuals to avoid discussing and contemplating death is not a given, however.

An overarching theme in my three chapters is that death, as a biological and social process, has been and is being redefined by and for anti-aging activists and through the promissory discourses common to many health-based movements. As I argue in my Introduction, the quest for immortality and longevity, and the use of technology to accomplish those goals, is not novel to our current moment. Yet both life and death, as assemblages of various social, cultural and technological relations, have been altered by several factors, including the sense that dying is a problem in need of modern technological solutions. On the surface, attempts to extend life validate a consensus among many social scientists and media reports that RLE is a manifestation of an unhealthy denial of mortality. As I make clear in my second chapter, and suggest in my third chapter, death denial is often leveraged by journalists, the lay public, and academics to delegitimize the RLE movement. Given PUI's refusal to speak of the dead during meetings, and the attitude towards death by those in the RLE movement, does death denial offer an adequate explanatory model? In the following section, I trace some of the historical changes

²⁹ A reference to Dylan Thomas' poem "Do not go gentle into that good night" (1971).

that have led to an understanding of death as an illness category, and something which must be overcome. I argue that death and the generative possibilities offered by the discussion of mortality among RLE activists is connected to their future imaginaries and complicates theories of death denial and terror management theory.

Our Changing Relationships to Death

The historian Philippe Ariès (1981) argued that death and dying in modernity could be best understood as the culmination of a long process of individuation and the suppression of public mourning practices. In the medieval era, Ariès argued, death was a drawn-out process of reflection and contemplation, defined by the *ars moriendi* tradition.³⁰ Ariès argued that in this period, death was a common, public occurrence, and ideally, the dying had time to publicly take their leave of friends and family and put their affairs in order, mourning was an open demonstration, and funeral rites were largely participatory. Into the 18th and 19th centuries, death remained a largely communal affair, and the dying could still reflect on their life and contemplate their fate (540). The invention of the modern funeral, the sequestering of grief, the development of individualism, and technologies increasing dominance over nature led to a

³⁰ *Ars moriendi* was a literary and artistic movement dating from the 14th century in Europe, which sought to moralize and individualize the process of death, inform the dying about what to expect, and give the living instruction for proper prayers and culturally appropriate responses to death and dying. Two books in the *ars moriendi* tradition were written by Jeremy Taylor in the 1600s. *The Rules and Exercises of Holy Living* (1650) & *The Rules and Exercises of Holy Dying* (1651) instructed the Anglican reader in the "means and instruments" of preparing for a good death. Concerned that individuals were not living pious lives, Taylor advised readers that a good death was only possible if preceded by a good life: "Idleness and every vice is as much of death as a long disease is, or the expence of ten years: and she that lives in pleasures is dead while she liveth (saith the Apostle), and it is the stile of the Spirit concerning wicked persons, They are dead in trespasses and sins."

complete denial of death in modernity (545). The dying person, Ariès argues, was now deprived of their death due to new and highly medicalized ways of dying. Doctors hid prognoses from patients and families, and families hid terminal conditions from their dying loved ones. Thus, rather than anticipate death as one would in the medieval era, death came as a surprise to the dying person (542). The thesis proposed by Ariès has been problematized by several scholars (Walter 2019; Joralemon 2016; Lavi 2008). While Ariès' historical model of the progression toward a denial of death may be overly simplistic and Eurocentric, it is evident that medicalization, industrialization and the advent of the biosciences, among other factors, have changed our relationships and practices around death and dying. Yet, we do not hide death in the way described by Ariès, argues Stuart McLean (2017). Rather, the dead and the powers they mobilize are “an indispensable and constitutive component not only of cultural memory (whether this takes the form of academic scholarship or of artistic and literary imagining) but also of the very texture of our, or indeed any, being in the world” (117). The trajectories our death practices and rites take have and will always constitute our relationship to the world and are bound by time and culture.

Modernity saw a shift away from religious control of the dead to new models of governance that redefined the social relations between the living and the dying and their subsequent corpse. As death came under the purview of the state and was recognized through a scientific gaze, death supposedly lost much of its metaphysical mystery. Historian Shai Lavi (2005) traces our new way of handling death and dying to 18th century American Methodists, whose religious focal point moved from the *ars moriendi* emphasis on life as preparation for the afterlife to stressing dying and the deathbed (18). For American Methodists, and their American Christian forebears, the primary response to the challenge of death was overcoming the fear of

death, and they were enjoined to contemplate death while alive in order to do so (22). This perception of death was a future lived in the present. The desire to have a good death through contemplation in life was meant to ensure good post-mortem outcomes by controlling life, and sin, in the present. As the late 19th century and early 20th century shifted towards a supposedly secular, disenchanted worldview, there began to be an obfuscation of roles in the management of bodies and bereaved. The clinical gaze redefined the dying process so that it reflected the triumphs of science over the spiritual needs of the one whose life was to be saved, or whose death was to be hastened (Laderman 2005, 4). The professionalization of death soon resulted in the active exclusion and then rapid decline in the role of the clergyman in death in favor of medical and funerary sciences.

With increasing medicalization, and the jurisdictional authority over the dying gained by medical authorities in the 19th century, the act of dying itself became a problem to be overcome. Death was a failure while medicine offered “an intelligible hope in the face of a hopeless existence” (Lavi 2008, 64). In either case, science offered hope that something could be done for the patient, against what was understood as the uncertainty offered by religion. Modernity also saw the growth of optimism regarding the possibilities of technology. Mechanization and technological progress promised a brighter future of leisure, peace and prosperity, in which death played little part. An increasing faith in technology coupled with changing attitudes toward death and individuality resulted in a hope for the self to continue living in this world, rather than the promise of an afterlife. The changes outlined here were part of larger movements towards what Foucault (1977) and Achille Mbembe (2019) identify as biopolitical and necropolitical regimes. Cemeteries, funeral homes, cremation, and other techniques were justified by calls for better public health measures, greater control over dead bodies by the state, and scientific-rational

classificatory regimes, which contributed to a greater distancing of death from life (Walter 2019, 391). Thus, the new arts of life, detailed later in my conclusion, went hand in hand with new arts of dying, both reflecting a desire to control and categorize human processes at every level, which changed the scope of death from a moral and social order to a temporal, though still moral, order (Farman 2017, 98). As Walter (2019) notes, our relationships to death have certainly changed throughout the 19th to 21st centuries, but that difference does not signify out-right denial. Today we experience death through media representations, zombie movies, comic books, online memorials, through historical tours of cemeteries and other media. Death, dying and bereavement, in many forms, pervade our society (391). Yet, is there an innate death-anxiety that drives humans to seek comfort in immortality narratives?

The Limits of Death Denial

What is Death Denial?

Ariès' historical model continues to inform the study of death, as social scientists and psychologists cite it alongside the death denial thesis as evidence for problems associated with the Western medicalization and individualization of dying. A prevailing opinion throughout much death studies literature, and within popular culture, is that death constitutes the principal taboo in Western society (Greenberg, Solomon, and Pyszczynski 2015; May 2009; Becker 1973). Our changing relationship to death is equated to fear of death and anxiety about dying. According to this argument, before industrialization, people were more likely to die at home, and bodies were taken care of by family members before being buried within a local churchyard or cemetery. The industrial revolution caused a disruption in communal mortuary practices, and

professionalization further distanced us from participatory acts. As more people started to die within institutional spaces, and funeral directors handled our loved one's remains, we no longer found the time or space to integrate the dead. As I detail in Chapter Two, critiques of modern immortality narratives often stem from the nascent death positive movement, which claims that accepting mortality is psychologically healthy and necessary for well-being. According to proponents of death positivity, the denial of death in contemporary life moves beyond direct articulations of denial and taboo into a refusal to speak and acknowledge human finitude altogether. An individual's fear of dying might result in a refusal to speak about the subject, plan for their end of life, and at worst, will cause debilitating anxiety.³¹

The sociologist Ernest Becker (1973) argues that the totality of life is organized around the knowledge of death. Humans all have "immortality projects" to make life meaningful, Becker claims (134). Death and the annihilation of the ego is the paramount problem of human life, and so "...even the strongest person has to exercise his Agape motive, has to lay the burden of his life somewhere beyond him" (136). Humans desire self-perpetuation and a sense of individual "herosim," both of which provide a sense that life has value and meaning (190). The stronger an individual's sense of self is, the better they can buffer themselves against the anxiety of death. According to Becker, modern life is characterized by the result of the failure of traditional immortality ideologies. Becker's theory, developed in his 1973 book *The Denial of Death*, is firmly rooted in psychoanalysis. Becker relies on the work of Otto Rank to suggest that our modern striving for "individual religion" and "self-achieved immortality" are symptoms of a form of psychosis (197). Since traditional religion no longer offers the promise of eternal life,

³¹ "I have a fear of death or death anxiety - what should I do?"
<http://www.orderofthegooddeath.com/resources/fear-of-death>

Becker suggests that immortality narratives are a reaction to the terror of death and are manifested in individuals who cannot oppose this terror with their own self-assurance (218).

While a lack of self-assurance often presents itself in schizophrenic minds, Becker claims that modern psychoses are always reflections of our own lifestyles and lifeworlds.

Critics of immortalists and transhumanists point their desire to overcome death as an example of psychologically unhealthy denial of the inevitability of death. Sociologists Michael R. Leming and George E. Dickinson (2016) accept that death denial and acceptance are contested categories. Yet they point to society's fascination with cryonics as evidence for the denial of death (67). Joyce Smith Teitge (1984) connects cryonics with Becker's notion that immortality ideologies are attempted forms of heroism (172). Teitge argues that cryonics is a narcissistic and selfish technological facilitator of death denial. Teitge argues that cryonicists avoid words like death, deceased, casket, embalming, and burial, and that therefore their use of language perpetuates an unnatural fear of mortality. In calling the frozen dead "patients" and referring to the encapsulation of the dead within "forever flasks," cryonicists utilize the language of denial (171). Interestingly, Teitge includes the use of the words "removable lid" and "annual viewing" as evidence of denial language among transhumanists. A lot may have changed since Teitge's critique, and Chapter Two of my dissertation demonstrates that cryonicists do use death-salient language, with the exception of words like burial and casket, for obvious reasons.

Critiques of Death Denial

Arguing against the assumptions outlined in Chapter Two and Three that as a condition of human existence, death is not only a fact, but that accepting its inevitability is necessary for living a good life, philosophers Anthony Brueckner and John Martin Fischer (2009) argue that

dying can be an inherently bad condition of being. The process of dying, they suggest, is arguably bad for the person living through the death of another, just as it is bad for the person dying, especially if they are undergoing pain and trauma (4). Except for cases where death will end unnecessary suffering, Brueckner and Fischer argue that death is a bad thing for the individual who dies because it is a deprivation of the goods of life (5). While belief in an afterlife has been conceptualized as an antidote to the badness of death, death can be especially bad for those who believe in some forms of immortality. Beginning from the not uncontroversial position that “Religions are belief systems that suppose the existence of supernatural entities capable of effecting changes in the natural world,” social psychologist Kenneth Vail argues that religion affords a sense of psychological security and hope of immortality against the certainty of death (Vail et al., 2010, 84). Yet as Brueckner and Fischer suggest, for those who believe in an afterlife where one suffers for one’s wrongdoing in this life, death can still be bad.

Ernest Becker’s death denial thesis has informed both popular and academic discourses around human relationships to death and dying, including the desire for biological immortality (Verschuer 2020; Barnett and Garza 2019; Kostick et al. 2019; Manzocco 2019; Lifshin et al. 2018; Dossey 2017). However, critics of Becker and the death denial thesis have pointed to the lack of definitional clarity with respect to the word denial. Scholars who accepted or argued for death denial often did so using overarching terms like “Western”, “acceptance”, and “denial” as taken for granted things. Who constituted the “West” or what “denial” or “acceptance” meant was rarely described in detail (Lofland 1975, 245). Social anthropologist Laura Tradii and historian Martin Robert (2019) have written an extensive historical account of the death denial thesis and its critics, noting that “Several works have tended to take the existence of the taboo for granted, systematically failing to provide convincing evidence for it” (377). Attempts at

empirical research have also complicated the denial thesis. Sociologists Dennis Dumont and Richard Foss (1972) conducted detailed survey work and found that American attitudes to death were largely ambivalent; the authors could not find evidence of denial and anxiety one way or the other. Scholar of death, Tony Walter (2019), argues that far from disappearing, new forms of networked communication means that the dead pervade society to a far greater degree than at any other point in history.

Technology and medicalization are often offered as proof that our contemporary society denies death. Given that proof for the denial thesis is how secular and technologically mediated cultures of dying have become, it would seem natural to apply the theory to technologically mediated cultures of life extension such as transhumanism. Death in modernity supposedly loses its meaning due to the shifting roles of religious and medical authorities. Medicalization of the deathbed, and the disappearance of the priest cum confessor is offered as evidence of this fact (Tradii 2019, 377). Take the words of sociologist Franziska von Verschuer (2020) for an example of how this is reasoning is applied to transhumanist technologies:

...cryonics is no singular phenomenon. It epitomizes an anxiety distinctive of secular humanism, which reaches its limits in the face of death. With the death of the individual – the manifestation of the entangled processuality of living-dying – the paradoxicality of secular humanism materializes (152).

This may be a plausible statement, yet can it stand on its own without recourse to notions of taboo and denial? The problem, identified by Tradii and Robert (2019) and Lofland (1975), is that the question of the appropriate meaning of death and dying takes taboo and denial as taken-for-granted assumptions. As I detail in Chapter Two, and below, death is confronted and openly discussed by many within the RLE movement, which complicates the notion of denial and their

supposed refusal to discuss mortality. Part of the debate about RLE and denial of death is also about the secular/religious and nature/culture oppositions, and the perception that science has emptied the universe of meaning. The argument is that an authentic form of death and dying cannot exist so long as it remains mediated by technoscience. The death denial thesis creates an opposition between idealised and current practices and furthers the sense that something about our current situation is problematic (Tradii and Robert 2019, 379).

Death Denial Conclusion

Sociologist Oliver Krüger (2010) argues that cryonics is an extension of the American denial of death and a reflection of American funeral culture. Alongside the rise of cryonics in the 1960s, with its meticulous care of the body, the funeral industry provided even more ways to preserve bodies post-mortem through embalming techniques and super durable caskets (9). Krüger argues that cryonics is little different from the highly professionalized funerary process, where bodies are preserved beyond any necessary point. Cryonicists' claim that cryogenically preserved bodies are not dead adds to the view that cryonics does not deal with death, argues Krüger. Yet, as Farman (2019) demonstrates, cryonics represents a novel and highly ritualized form of giving meaning to death.

During my second tour of Alcor Life Extension, I asked Linda Chamberlain, co-founder of Alcor, what their primary goal is beyond the reanimation of their patients. "The hope is to bring people back to youth," she replied, informing me that the optimal age for most cryonics members is 27 since many members maintain that at 27 they had the perfect balance of emotional maturity and physical fitness. The narrative of a return to youth aligns with a biopolitical agenda of managing life to maintain an individual's productive abilities. It also

aligns with the promise of a future life of leisure and pleasure that many research participants hoped to obtain when science “cures” death and reverses the aging process. The promise of eternal youth may reflect a modern denial of death, but as Linda Chamberlain explained, cryonicists believe that cryonics takes away the fear and angst associated with dying through the promise of a better world ahead. Cryonics is one manifestation of a changing deathscape, where death is acknowledged and accounted for (Walter 2019). Transhumanist technologies, rather than repressing the discussion of death, can cause individuals to engage with mortality in direct ways, and can perhaps provide new rituals that integrate death into a meaningful—if this-worldly—paradigm for understanding experience.

Becker’s work inspired the creation of Terror Management Theory (TMT) by American psychologists Jeff Greenberg, Sheldon Solomon, and Tom Pyszczynski (2015). According to TMT, religion, and worldviews that provide humans with a sense that their being-here is significant and meaningful, are coping mechanisms to manage the terror of mortality. Symbolic immortality—living through children, having our names continue through our work—is itself an organizing feature of our lives, according to the theory. We strive to participate in meaningful groups and to leave a creative impact on the world (19). Terror Management Theory posits that we are motivated to maintain cultural worldviews and close relationships as a buffer against psychologically debilitating anxiety (Darell and Pyszczynski 2016, 6).

Proponents of TMT would argue that the RLE movement, and members of PUI seek to fulfil an innate psychological and social drive towards self-preservation. Claims of physical immortality, or of a future techno-immortality, are unconscious methods of easing anxiety by maintaining the worldview that death is not inevitable (Greenberg, Solomon, and Pyszczynski 2015, 19). According to TMT, immortality narratives provide immortalists and transhumanists

with a sense of personal significance and are a coping mechanism for death, their own and the death of others.

I do not intend to argue for or against TMT as a model for an innate psychological condition of being human in this dissertation. What is at issue is the application of TMT, and the death denial thesis in particular, to the RLE movement without consideration of human social and cultural complexity. As I wrote in Chapter Two, the charge of death denial against RLE activists assumes that they lack a positive relationship with mortality, which in turn assumes that those who accept death as a natural inevitability engage with death in healthier ways. The reality is much more complicated. Cryonics organizations and their members advocate for MAiD legislation, and actively confront and prepare for death, even if the goal of that preparation is to ensure future life. Natasha Vita-More is not an outlier in her call for hospice advocacy, or her defense of pragmatic death acceptance given the inevitability of death in today's world. This is why, as I described in Chapter Two, the president of a cryonics facility can speak of the dead as "patients" while also encouraging members to live a "death positive" lifestyle. Paradoxically, even the immortalist denial of individuals post-mortem, detailed in Chapter Three, constitutes a relationship with death, even if that relationship has contradictions and tensions. Death necessarily removes one from a community of immortalists, but the deceased's social memory can continue to haunt the living. An immortalist's choice to attend or not attend a funeral, to bring up the deceased's name during an expression, and the resulting tension this can create, belongs to the complex and messy realities of death and dying. The RLE movement articulates a denial of the inevitability of mortality, but this is different than the claim that death is not engaged with by immortalists and transhumanists, or that their relationships to mortality are psychologically unhealthy.

According to TMT and death denial theory, humans avoid thinking about mortality in order to avoid debilitating existential dread. Yet, the generative possibilities that death offers, according to TMT, has even been advocated for by some in the RLE movement. In a blog post on the US Transhumanist Party's website, Alex Kadet (2020) writes that accepting the finite nature of life is essential for accomplishing radical life extension. "Demystifying common defense mechanisms and the tricks our minds play to make us disregard our own mortality will be necessary in the fight against aging. Increasing awareness is often enough to motivate people to examine their defense mechanisms and resolve the cognitive distortions that make work on aging so unapproachable" (par. 34). If we deny mortality, Kadet argues, we hide the truth of our nature until it is too late. If we confront death head-on, we not only come to peace with mortality, but we give ourselves the tools to "fight back." This view aligns with those of cryonics insurance salesperson Rudi Hoffman, who told me that cryonics has failed to gain mass appeal precisely because it forces individuals to confront their finitude. The relationship to death among many transhumanists and immortalists highlights the many generative and positive possibilities that the existential knowledge of mortality can offer.

Most of the work on death denial and TMT has been carried out in the fields of sociology, psychology, and theology, where ethnographic engagements with transhumanism and radical life-extension are generally lacking. Instead of thinking about death as an orienting condition only through the lens of death anxiety, perhaps we should ask, as Abou Farman (2012) does, "what specific practices does this informatic mode [transhumanism and RLE] generate? What kind of ethics or selves does it develop? What discipline does it demand of its participants?" (38). These are the kinds of questions posed by Huberman (2021a) who suggests that the transhumanist quest to live forever in avatar form, as proposed by Terasem, represents a

“classically human endeavor,” using symbolic elaboration to solve “otherwise intractable problems” (67). I suggest that the RLE movement is not simply a permutation of death denial as narrowly defined by journalists and popular authors. Rather, it exhibits and mirrors Western responses to death, and should be examined beyond reductive theoretical models.

Death denial might be part of an individual’s constitution, and TMT’s claims about the importance of death anxiety with respect to worldview maintenance provides a useful lens through which to view the RLE movement. Yet, as an overarching explanatory model death denial presents an overdetermined view of the RLE movement. Mark O’Connell (2017) quotes a conversation he had with Natasha Vita-More, in which she says: “You could die at any moment, and that’s unnecessary and unacceptable. As a transhumanist, I have no regard for death. I’m impatient with it, annoyed. We’re a neurotic species—because of our mortality, because death is always breathing down our necks” (np). Yet in one of my conversations with Vita-More at RAADfest in 2018, a few weeks after the death of her mother, she expressed a gentler and more pragmatic opinion. Death is still the enemy, but Vita-More told me: “Here at RAADfest, they make you feel bad if you die.” Reflecting on the language of blame used by some RAADfest presenters, Vita-More continued: “Transhumanism does not profess or proclaim that death or those who died are wrong. The idea is that you get to make up your mind. If you want to live to 90 and decide that you want to die, that is fine! If that is what you want to do, it’s your choice.” The universal application of the death denial thesis, especially without ethnographic data to support its use, provides an incomplete accounting of how immortal futures create immortal cultures in the present.

Health and Healing

Narratives of health and healing throughout my dissertation belong to a long history of alternative modalities, which have been characterized by themes of self-care, distrust of authority, a focus on autonomy and choice, and the importance of positive affirmation, while also incorporating narratives of technological progress and the promise of science in distinctive ways. The integration of alternative healing modalities alongside orthodox biomedicine may appear incongruous, especially when biomedicine is discursively positioned by anti-aging activists as an enemy of the RLE movement. However, the alignment of alternative healing techniques and biomedicine is typical of biosocial configurations common to publics beyond the RLE community. Like those who identify with other biosocial configurations, attendees at RAADfest and PUI members incorporate any number of modalities and technologies as a means of securing health and life. Immortalist biosocial configurations also reflect the history and continued confluence of metaphysics and medicine present among a number of different biosocial configurations (Katz and Gish 2016; Singler 2015; Scott 1998). In what follows, I pay close attention to RLE moral economies, and what Nikolas Rose (2007) calls ethopolitics. Ethopolitics builds from Foucault's notions of discipline and biopolitics to investigate the self-techniques through which individuals act to improve themselves given the penetration of the biosciences into our lives (27). Importantly, ethopolitics is an orientation towards the future characterized by a moral economy of hope in the potential of new technologies to enhance health and promote life (27).

A (Very) Brief History of Alternative Medicine

The study of the future does not abandon the past. Tracing the genealogy of ideas can help guard against the impulse to ascribe to PUI and the transhumanists represented at RAADfest something novel, or the accusation that their worldviews and consumerist orientations are symptoms of the ills of contemporary life. PUI may have been born out of the counterculture movements of the 1960s, but today it reflects the convergence of a capitalist ethic with the dominance of the sciences of life, and a metaphysical discourse that is infused in both. The history of what medical historian James C. Whorton (2002) calls “alternative schools of treatment” has many distinct yet interrelated tendrils, including American Methodist healing practices, the introduction of European healing systems, and the belief that body shape and health is an indicator of individual moral character. Yet in the past as in the present, the boundaries between modalities and practices have not always been clear. This section introduces some elements from the past that have explicitly informed the present for immortalists and many transhumanists.

What we call Complementary and Alternative Medicine (CAM) today, has a long and storied history within American Christianity. While those offering nature cures in the 19th century often did so without recourse to theological justification, and sometimes against religious authorities, remedies offered by folk healers were common features of much earlier European and American Christian communities (Albanese 2007; Godbeer 1992). Beginning in the late 18th century with the advent of non-orthodox health treatments offered by irregular practitioners, such as hydrotherapy, homeopathy, naturopathy and others, alternative practitioners questioned the authority given to the medical establishment. Whorton writes that the guiding principle of early

irregular medical practitioners was that empirical trials could develop effective therapeutic procedures without the need for complex scientific theory (2002, 165). Irregulars created a narrative of conventional medicine as an abusive system and an assault on nature (4). Arguments in favor of this opinion were easy to find, as 19th century medical treatments for disease, which included mercury dosing, often left patients with major disfigurements and compounding symptoms. The bleeding gums and oral damage caused by mercury treatments given to patients by regular practitioners were offered as evidence of medicine's inability to cure individuals (4).

Today's CAM landscape includes many techniques pioneered in the 18th and 19th centuries, including hydrotherapies, mesmerism, homeopathy, naturopathy, and mind-cure techniques. CAM typically involves, "ideas such as spirituality, concern for the environment, preference for natural products, skepticism of science and technology, and convictions about individual choice and responsibility, even in regard to health" (Winnick 2005, 39). Anywhere from 23% to 34% of Americans use some form of complementary and alternative medicine on a regular basis (Grodén et al. 2017, 1393). People seek CAM for many reasons, including distrust of authority, consumer-centered individuality, and CAM's success in treating patients (Kristoffersen 2018, 2; Tait et al. 2013, 689). CAM use is not always the exclusive modality of healing for patients, nor is it used only by people with unmet medical needs (Dejun and Lifeng 2011, 304). However, many CAM users include people with poor perceived health, and those experiencing terminal or chronic illness who may use CAM to treat that illness or conditions such as back pain, depression, and insomnia (Widder and Anderson 2015, 290).

Whether it was hydrotherapy, homeopathy, naturopathy, or Thompsonianism, what connects these healing practices, and what continues to inform our modern understanding of fitness and health, is what Marie Griffith (2004) calls a devotional logic of physical discipline, or

the relationship between fit bodies and the fit souls those bodies signify (6). Among the RLE movement, fit bodies have come to signify a more materialist understanding of persons. Within the moral economy at RAADfest and PUI, fit bodies are outward markers of the potential for immortality. What cannot be accounted for by outward appearances is displayed through biomarker testing and other disciplinary techniques of health. Yet the avenues for changing one's health are understood through scientific materialism while couched in metaphysical understandings of the world. As Griffith notes, the connections between today's secular dieting fads, and desire for longevity are rooted in Christian histories. Yet that does not mean that today's fads are inherently Christian, or secular. Explicit Christian and metaphysical beliefs thrive in today's therapeutic milieu, but religious and spiritual language, some of which is part of a broad cultural legacy from Christianity now divorced from Christian institutions, has penetrated scientific materialisms of various sorts.

Authoritative Discourses

Like an auctioneer on caffeine, Bill Faloon barely stops to take a breath during two rapid-fire 20-minute presentations on the latest anti-aging science. Bill Faloon is the CEO of Life Extension Foundation (LEF), the founder of the transhumanist Church of Perpetual Life in Florida, and the figurehead of a much larger conversation around authority at RAADfest. Faloon has thick black hair that never seems to move, a slight hunch, and a signature red tie. Everyone at RAADfest loves Bill Faloon, and many attendees tell me, unprompted, about their encounters with him and the regimens he has recommended for them. As we both decide against joining the dance floor during the Saturday night mixer, Bill Faloon tells me about his 50 pill a day regimen, before sharing advice about curing my tinnitus through supplementation. Faloon is the author of

Pharmocracy II: How Corrupt Deals and Misguided Medical Regulations Are Bankrupting America—and What to Do About It (2017), and he and his followers have plenty of reasons to be suspicious of the biomedical industrial complex. In 1987 the Federal Drug Administration (FDA), raided Faloon's LEF offices, and handed down a 27-count indictment on federal charges to Faloon and his partner. The subsequent court battles did not deter Faloon, or LEF, which today continues to promote, sell, and advocate for the use of unapproved drugs, supplements, and experimental treatments.

The flipside to health-based collective identities is that they often require an antagonist through which to define themselves (Griffith 2004). The antagonists for the RLE movement are aging and death, specifically the “cult of death” that our society adheres to which assumes death is a natural inevitability. For many at RAADfest, and for leaders like Faloon, the FDA is a symbol for these latter antagonists. A search for the acronym “FDA” on LEF's website returns over 187 digital articles, and 823 blog-style articles taken from the LEF magazine archive. Some of the article titles include: “The FDA Threatens to Raid Cherry Orchards,” “Deadly FDA Neglect,” “A Death Sentence for Cancer Patients” and “Doctors Ignore Proven Alternative.” LEF is participating in a long history of biomedical conspiracy theories, many that go “further than describing questionable capitalist ethics; they generate accusations of vainglorious, Frankenstein-like attacks on nature, and manipulations of social behavior” (Singler 2019, 20). One problem with these articulations of good and evil, as demonstrated by a recent analysis of CAM claims online by a group of Canadian health researchers, is that as a largely unregulated industry, CAM often lacks a strong scientific evidence-base to support the claims of efficacy for products being offered (Garrett et al. 2019, 230). Instead, the researchers found that efficacy claims are often made based on appeals to emotion, fear, and

dubious claims of scientific evidence as a means of establishing merit (237). The invocation of the antagonistic Other reminds attendees at RAADfest and members of PUI that they cannot trust that the FDA has their best interests at heart.

The recurrent narrative among the speakers and attendees at RAADfest depicts their quest for immortality as misunderstood by the general public and at risk from agencies such as the FDA. I overheard many conversations at RAADfest about how alternative modalities are being purposely blocked by regulatory authorities: “We have the tech [to cure dementia], it’s just that the FDA won’t approve the studies!” Commenting on the perils of relying on Canadian and American authorities, a pharmaceutical CEO tells the crowd in 2018: “We were taking patients and curing their cancers. But we had to go to Israel to do it.” Dr. Sandra Kaufmann, during a presentation at PUI, tells members “Metformin: doctors have told me that it’s risky to take. I’m here to tell you that they are crazy, and those of you taking [metformin] right now, are smart!” In fairness, the medical profession has tried many ways to block, control, and manage what it views as the threat posed by alternative modalities (Ernst and Fasce 2018, 149; Pigliucci and Boudry 2017, 79; Winnick 2005, 39). Immortalists understand themselves as fighting agencies like the FDA, which may not consider treatments and clinical trials offered at RAADfest or during PUI events to be evidence-based medicine. Yet the alternative treatments and cures offered are often discursively reconfigured by immortalists as being equivalent to biomedical pharmaceuticals. Many attendees maintain that there is no difference between their health regimes, including natural cures and supplements, and orthodox biomedical offerings, and both modalities are freely integrated as part of RLE health protocols. Again, this willingness to access any healing modalities has deep precedents: CAM practitioners have fought for mainstream legitimacy throughout much of their history, while

simultaneously using their outsider status to their benefit (Whorton 2002). Moreover, as Huberman (2021a) notes, for biohackers and other movements associated with transhumanism, healing, and bodily augmentation through noninstitutional methods, or what she terms “the pursuit of morphological freedom” forms part of their identity (118).

There is also a hierarchy of discourse and authority within RAADfest itself. In conversations with exhibitors, people call the other exhibitors “quacks,” before telling me about their own supplement or beauty regime. One vendor tells me that other booths sell “snake oil,” but makes sure to emphasize—with fingers making scare quotes—that her own arthritis cream only “may” work. When I ask what she means by “may,” the exhibitor answers, “We are not snake oil salesmen, but we have to be careful about our claims. The FDA won’t let us legally make big claims [about efficacy] anymore.” Adherents of CAM typically believe in the “liberty of citizens to choose the treatments they [think] best for their own bodies” (Whorton 2002, 136). Biomedical orthodoxy on the other hand, argues that only it holds the knowledge to make informed medical decisions. The medical profession relies to a large extent on control and the prestige of the ritualized patient-doctor relationship which assumes that the care offered by physicians is both necessary, based on empirical knowledge, and in the patient’s best interest (Zola 1981, 245).

The treatments and healing narratives employed at RAADfest and PUI often conform with ideologies of CAM, while integrating orthodox, biomedical models. As information is made available through global networks, and disseminated to communities and individuals, the impact of information sharing networks, both online and in-person, on individual health and healthcare decisions is important to understand. Many of these online information networks reify user’s distrust of authority, which Charlotte Ward and David Voas (2011) identify as being part of a

new paradigm of health that brings together conspiracy thinking and healthcare (104). Medical conspiracy theories are often spread and replicated within online environments, where various epistemic concerns can be translated into everyday practices and health regimens. The use of varied networks in the production, circulation, and reception of health and biomedical knowledge ties into the desire to control oneself, and acts as a direct challenge to biomedical models of care, even though biomedicine is part of many RLE regimens.

Positive Possibilities

The reliance on biomedical solutions by those at RAADfest does reflect the importance placed on the authoritative discourses of science, yet RLE forges new identities outside of the medical establishment. When one becomes sick, new identities are assigned to individuals by patients and medical professionals; one soon becomes a sick person, a survivor, actively dying, or maybe even a problematic patient (Park et al 2009, S430; Scheper-Hughes and Lock 1986). As Anne Koch (2015) writes, “suffering from a disease has widespread subjective expressions. But it enforces the feeling of belonging to those around us and the feeling of intactness of the self are disturbed. Forms of magical self-care may work here in a crucial way by restoring the patient's sense of belonging and sense of intactness” (Koch 2015, 450). RAADfest attendees and PUI members, healthy or ill, are part of a larger imagined life extension community, rather than holding “onerous citizenship” within the land of illness and aging (Sontag 1978, 1). The reshaping of identity, and medical activism, are essential elements of ethopolitics, and the biosocial configurations detailed below.

The vitalistic emphasis and therapeutic eclecticism of alternative therapies is often criticized by scholars of religion. Lisa Sidaris offers a critical analysis of modern metanarratives

that claim to bring science and spirituality together (Sidaris 2017). Other scholars have criticized the rhetorical moves made by the proponents of unorthodox interventions that blur the boundaries of medical and religious therapies (Brown 2013). I argue that for many RAADfest attendees and PUI members, the adoption of various modalities in the quest for longevity is a political act rooted in both a sincere anticipation of good health and immortality, alongside a distrust of authority. The focus for my research participants at RAADfest is on preventing aging and age-related diseases, and most of the people I spoke with were in excellent health and focused on maintaining their health. While what Susan Sered and Amy Agigian identify as “holistic sickening” may lead individuals to blame themselves for their illness, alternative modalities also correct the “eschewal of individuality and subjectivity (“depersonalization”) in biomedicine” (McClean 2005: 630) Unlike traditional medical practitioners, who often remain distanced from those they treat, CAM practitioners often work with their patients to educate and encourage them to make changes in lifestyle and attitude, which are enforced by the feelings of relaxation and wellness certain bodily practices engender (Sered and Agigian 2008, 618). This personalized relationship, while still imbued with power dynamics between practitioner and patient, offers the possibility of greater agency for patients through a reliance on self-care and shared constructions of successful healing narratives.

Science and Spirituality

Enchantment / Disenchantment

Many of the tensions and exchanges occurring between irregular and regular practitioners in the 19th century are reflected at RAADfest and PUI, where science and religion are positioned as being opposites while sharing many discursive components. In an article about

religious narratives and artificial intelligence (AI), anthropologist Beth Singler (2017) observes that:

The odd thing about the anti-clericalism in the AI community is that religious language runs wild in its ranks, and in how the media reports on it. There are AI ‘oracles’ and technology ‘evangelists’ of a future that’s yet to come, plus plenty of loose talk about angels, gods and the apocalypse (par. 4).

Singler notes that prophetic narratives and eschatological themes are rampant in these supposedly secular spaces. Complicating matters, the opinion of many Singulatarians that human being’s evolutionary endpoint is the computational colonization of space, has parallels to contemporary belief in an omnipresent, omnipotent, and omnibenevolent, non-human entity (par. 7). Transhumanists, unlike immortalists, tend towards the desire to eliminate wetware (our fleshy biological selves) in favor of a disembodied future, which as Singler argues, is reminiscent of the gnostic rejection of the embodied and material (par. 8). Ultimately, Singler suggests, the recourse to religious language is less about finding meaning through scientific narratives, and more that in the face of the ineffable, we fall back on familiar metaphysical lexicons (par. 14).

I agree with Singler that familiar metaphors can help orient us in the world, but I argue that the metaphysical has never really disappeared from within secular spaces. Abou Farman (2013), on the other hand, argues that while the shadow of religion may haunt the secular, the secular is now a distinctive formation with its own internal notions and rules (738). Farman traces the tensions between materialist and rationalist metaphysics (Descartes’ dualism) and an increasingly secular field that sought to decouple the body and the soul (747). Science had to understand the mind without recourse to metaphysics, which brought the modern subject into the domain of the scientific gaze. By the late 19th century, departments of psychology were

commonplace in American universities as mind came to replace soul. Today, neuroscience and the cognitive study of religion are examples of a materialist epistemology that searches for causal explanations for phenomena once understood as originating from the soul (748). In this way, the secular is its own tradition, which is manifested in our social institutions and discursive formations, Farman suggests. For example, courts adjudicate personhood cases (brain death, abortion) not through recourse to the soul but through materialist understandings of the brain. The techno-scientific means of achieving immortality hoped for by cryonicists and the promise of artificial intelligence are also examples of this secular logic (741). The cryonics patients who make up my case studies in Chapter Two are assembled by secular institutions, practices and techniques that are reflected in the rules regulating dead bodies, and the discursive formations and scientific practices of the cryonics facility. The belief amongst many cryonicists that personhood is an emergent property of the brain is reflected in the popularity of neuro-cryopreservation. And so, questions of personhood, while debated by cryonicists, are nonetheless understood by our secular institutions as entirely biological and material. The demands placed on law and medicine in adjudicating such issues secularizes questions that were once the domain of the metaphysical.

Farman suggests that these questions are the result of tensions between materialism and rationalism, two strains of secularism, which have excluded the soul while grounding personhood beyond the body's physical container (752). Our secular institutions—medicine and law—are left to deal with large questions through secular logics only. Theories of disenchantment also account for the separation of science and metaphysical questions. Science can answer “how” questions but must leave to religion the “why” and “ought” (Farman 2012, 1079). Yet, Farman notes that the “emergence of a number of extreme technoscientific

projects—AI, Nanotechnology, Life Extension—has activated science-based cosmological visions in which humans and their "intelligence" are given a central purpose in the unfolding of the universe" (1069). Against an indifferent universe, where enchantment is excluded from the scientific method, metaphysically loaded scientism provides humans with the sense that they control the future. Singularity cosmologies and transhumanist visions of the future infuse matter with intelligence, offering a sense of purpose and meaning to the universe and our role within it. Our purpose according to many transhumanists is to give rise to other types of minds through AI and the colonization of space (Huberman 2021a, 153). This is a novel teleology according to Farman, where science is used to derive meaning from the universe, and mind is understood as an information-processing machine (Farman 2012, 1080). Is this "re-enchanting cosmology" a sign that science is being used in novel ways to offer meaning to human life, as Farman argues, or is it another example that the myth of disenchanted modernity is just that, a myth?

At issue is whether modernity is marked by "exclusion from social life of fundamental existential issues" (Giddens 1991, 156). Farman suggests that science must address metaphysical extremities in order for re-enchantment to occur in meaningful ways (1084). The "science-based cosmology" offered by Singulatarians and transhumanists is an example of the boundaries of science and the metaphysical being transgressed and reshaped according to Farman. Terasem and Bainbridge's Cosmic Order, described above, are examples of what religion scholar Lisa Sidaris identifies as mythopoeticized science, or the consecration of science (5). Consecrated science is the claim that science, and only science, can offer meaning in the modern world. While Farman suggests that Singulatarians and transhumanism are attempts at re-enchanting the universe, some scholars have suggested that any perceived ruptures between religion and science within the domains of science and medicine may be only partial (Josephson-Storm 2017; Burdett 2014a).

As theologian Michael S. Burdett argues, even within the realm of technoscience, myth making is a regular occurrence (Burdett 2014b, 131).

The reality is that metaphysical religion in the West has been infused with the promise of techno-science, just as techno-science has been, and continues to be, infused with the metaphysical. Transhumanism comes out of a long quest for technologically aided immortality. In the West, early spiritualists such as the psychologist William James and Ralph Waldo Emerson were convinced that science would provide the tools to prove the continued existence of personality post-mortem (Taylor 1999). Failed attempts at post-mortem communication only proved that the science was faulty, not that ghostly communication was not possible. According to the philosopher John Gray (2011), spiritualism is an example of scientific materialism and magical thinking colliding. Cross-correspondence between the living and dead became a way for the upper stratum of Edwardian society to cope with personal loss, secret love, and agonizing bereavement. Spiritualism as a movement was a response to Darwin's theory of evolution. What did it say about humans if something as complex as the brain were to have arisen from random mutations? A spirit world beyond our own proved to be a challenge to scientific materialism, while it was simultaneously couched in scientific language and technique. It made room for the divine and for a sense of greater purpose and direction against the fear that science would empty the universe of meaning. Humans could still be special and unique; we were crafted by the hand of God, not from within the mudpit of history. Spiritualism is one example that complicates Farman's claim that Singulatarianism and transhumanist cosmologies are novel examples of re-enchantment.

Metaphysical Healing

At a PUI meeting in 2019, a scientist was on stage presenting his research in a talk titled “Hydrogen: The Secret to Immortality?” The researcher touted the benefits of hydrogen, including, he claimed, its ability to cure Parkinson’s, among other healing qualities. He told the audience that his research was scientific, “but also theological” and that hydrogen held “spiritual benefits.” The researcher claimed that the biological effects of hydrogen might present themselves because of hydrogen’s innate role in creation. “Hydrogen is a primordial oxidant. Life was created through hydrogen. WE come from hydrogen.” Mirroring the interconnectedness of the metaphysical and scientific, he then went on to quote from the Bible as part of his authoritative claims: “As Jesus said, the first shall be the last and the last shall be first.” In this context, hydrogen is the first, and hydrogen-aided immortality the last. Alongside claims of certainty and fact, hydrogen was imbued with a lifeforce unique to itself. The researcher continued to describe how, when hydrogen was tested on lab animals to determine its healing qualities, “sometimes it increases or decreases effects. We don’t know how it knows, it must just have some innate intelligence.” And underlying an ethopolitical imperative to self-transformation through experimentation, the researcher, who was also selling a hydrogen infused water solution, told PUI members to experiment with the best time of day to ingest his product. As the event continued, Jim Strole referred to the research on hydrogen as being part of a new paradigm favoring immortalist protocols and self-experimentation. The people in the room will live forever, Jim told the crowd, “just make sure the mistakes don’t kill you first.”

Underpinning much of the scientific rationality within RAADfest and PUI is a metaphysical understanding of minds, bodies and the universe. While rarely talked about in non-scientific language, mind-body or mind-immortal body connections are infused with what

theologian Elaine Graham calls a “metaphysics of technoscience” (Graham 2002, 65). By replacing the notion of universal life force with epigenetics, or the power of a universal god with cellular energy, science is imbued with enchanted characteristics, resulting in what Anne Koch calls an “action-logic of magic” (Koch 2015, 432). The hydrogen researcher’s presentation was an example of an action-logic of magic where science and fact are conceptualized through an enchanted lens. Many RLE activists believe in a biological teleology, whereby goal-directedness is applied to human evolution, or a convergence of scientific naturalism and biological teleology. In other words, the question of why something operates the way it does (biological teleology) is inseparable from the question of how it operates (scientific naturalism). Taking the example of epigenetics, the how includes the turning on and off of specific gene-markers. The why describes the process by which we can control the epigenetic process through positive thinking and human touch, and the necessity of doing so. The action-logic of this teleology is that by giving enough hugs in a day, we can change our genetic composition, and move towards an anticipated immortal future. The metaphysical operates alongside techno-science at RAADfest and PUI, where a spiritual life emerges alongside clinical trials and Silicon Valley biomedical start-ups.

Farman’s example of the adjudication of personhood cases illustrates an important distinction. The courts might not rule based on notions of the soul—that is, by making explicit reference to Christian conceptions—but conservative judges do tend to rule based on Christian principles of personhood (Epstein and Posner 2021). The action-logic of magic operating among many in the RLE movement belongs to a regime of truth where the boundaries between techno-science and spirituality are not clearly defined or are purposely blurred. The body is the loci of secular, materialist regimes and practices as Farman argues, but a metaphysical logic has always haunted it. Action logics of magic, to a large extent, are part of what makes anticipatory health

regimes effective by providing explanatory models for health and illness. Put another way, the body may be articulated through secular materialist logics, but it is performed through a metaphysical, or action logic of magic.

The Future

We all live in the future to a certain extent. We make plans for dinner with friends, we imagine how our vacations may unfold, we fret about deadlines, and overthink the response a declaration of love may produce. For immortalists the future is a certainty that must be lived in the present. For most of us, however, the future exists only as an ephemeral elsewhere, a utopia in its original meaning as a no-place. In 1999, the world was preparing for the Y2K disaster. Pundits and conspiracy theorists predicted that the computer systems holding the world together would crash as the ball dropped from Times Square, ushering in a dystopian nightmare where planes would fall from the sky, nuclear missiles would launch themselves, and computer systems would become unusable (Cowan 2003). For most of us in North America, this future state, though possible, did not create actionable feelings of panic. Yet, for a minority of individuals, Y2K was going to be the end of our world. Y2K would prove the bio-luddites right or reveal itself as a sign of God's displeasure—a digital Noah's flood. These individuals were the preppers who built underground bunkers out of old shipping containers. To eliminate contingency, they armed their families, taught themselves how to hunt, how to bandage wounds, and how to forage for food. They spent thousands of dollars equipping bug-out vehicles, water filtration systems, and purchased months' worth of dehydrated food (Tapia 2003). Although Y2K came and went with no major issues, the preppers simply moved the proverbial goalposts and prepared for the next worldwide calamity with the same millenarian anticipation (Reyes and Smith 2014).

Anticipation alone does not account for the future made real in the present; futures sit at the confluence of politics, culture, economics, and individual lifeworlds, which can account for anticipatory orientations. When the threat of nuclear war became a present possibility during the early second half of the 20th century, a fall-out shelter imaginary came along with it. The Norton's Atomic Shelter Corporation in 1962 marketed their product this way: "[Shelters provide] a year-round room for you to pursue your favorite hobbies ... woodwork, photography you name it! ... Or just think of it as a den to escape the wife and kids." (Mead quoted in Bishop 2019, 118). The Cold War sold a grim future to Americans, and companies like Norton's played on their emotions in the hope that fostering anticipated futures would lead to more sales. Yet an underground bunker imaginary failed to take hold in any tangible sense because for most people, nuclear holocausts were only ever ephemeral possibilities. By 1963, only two years after the family fallout shelter was popularized, over six hundred shelter firms filed for bankruptcy in the United States (118). Consumers simply did not buy into the fallout shelter as a material representation of the future, even in the face of nationalistic narratives and what cultural theorist Thomas Bishop calls the "commercialization of survival" (120). Imagining a Cold War future was not the same as knowing a Cold War future in the present, just as thinking about a post-Y2K world was different from knowing what that world would look like. Put another way, to imagine the future is to remember to hide under your desk in the event of a nuclear attack. To know or anticipate the future is to already be in your shelter before the first warning siren sounds. In order to realize physical immortality, one must live inside one's perfectly constructed body-shelter well before the warning siren of death is heard.

In *The Principle of Hope*, Ernst Bloch argues that the individual is made up of their past, present, and their future—the future being the "Not-Yet" that is nonetheless lived in the present

(Bloch 1954, 685). Utopias of the past, and utopias of the present, look to the future and see hope in the promise of surpassing human limits (682). For members of PUI, the hope is that their conduct and interior self has sufficiently collapsed the “not-yet” into the present to guarantee their immortality. These practices help create an ethical self that can belong to a community of like-minded immortalists. However, death presents immortalists with a common problem, with unique consequences. On death and hope, Bloch writes:

And then: the images of hope against death are gathered, against this hardest counterblow to utopia; death is therefore its unforgettable awakener. It is especially a circulation of that Nothing which is devoured into being by the utopian pull; there is no becoming and no victory into which the annihilation of what is bad is not actively devoured (14).

The immortal future may be certain for PUI members and many RAADfest attendees, but contingencies remain. Etiologies of illness help explain why a death occurred or why a cancer diagnosis has been given, but being part of immortalist, actively well biosocialities involves the management of contingencies in the present. Contingency is hardwired into modern technologies of life, as “the idea of susceptibility brings potential futures into the present and tries to make them the subject of calculation and the object of remedial intervention” (Rose 2007, 19).

Technologies of life generate a sense that all healthy individuals are at some level pre-symptomatic and always susceptible to invisible pathologies (19). This preventative aspect of discipline is “surveillance not of the individual but of likely occurrences of diseases, anomalies, deviant behavior to be minimized, and healthy behavior to be maximized” (Rabinow 1996, 100).

Biosociality

Nikolas Rose (2007) suggests that modern biopolitics, what he refers to as ethopolitics—that is, a politics of life that “attempts to shape the conduct of human beings by acting upon their sentiments, beliefs, and values”—is produced by several interconnected factors (27).

“Molecularization” refers to new practices of intervention that focus on cataloguing and controlling life at the molecular level. Contemporary sciences of life are no longer constrained by the domains of health and illness, rather “optimization” seeks any number of interventions that can secure our best possible future outcome. “Subjectification” refers to novel concepts of ‘biological citizenship’ that recode ideas of what human beings are, and their duties and rights in relation to their sickness. This recoding has changed how we relate to ourselves as what Rose calls “somatic individuals.” This then leads to an emergent “somatic expertise” that gives rise to novel ways of governing human conduct. The realm of biomedicine, health and illness include individuals who claim particular expertise in the management of somatic experiences such as geneticists, reproductive specialists, genetic counsellors, health and wellness gurus, among others. This all leads to “economies of vitality,” which link truth and capitalization in the search for “biovalue.” Here we see the emergence of bioeconomies and biocapital that evaluate life in terms of economic value (6-7).

Rose argues that we are experiencing a novel somatic ethics that is, “imposing obligations yet imbued with hope, oriented to the future yet demanding action in the present” (8). Ethopolitics has led to the emergence of biosocial lifeworlds where future bodies are actively created, crafted and optimized. In this context, life is transformed into a potent site of knowledges and powers beyond the clinical encounter (Rabinow 1996, 92). Paul Rabinow, whose ideas were seminal for Rose, argues that biosociality is a process and practice of knowing

nature and remaking what is considered natural through modern technique (99). Rather than furthering a nature/culture divide, biosocial configurations model nature on culture, which then allows for the creation of identities around new regimes of truth (102). An example is the remodeling of death as a thing that can be controlled, halted, and potentially reversed, and the biosocial identities that have formed around this idea. Both healthy and sick individuals can come to constitute biosocial communities, which are organized around the experience of illness, and who “form collectives to work to change the prospects faced by future people” (Roberts and Tutton 2018, 205). As aging itself has come to be reconceptualized as an illness category, biosocial groupings of activists have formed around life extension.

Looking at Chapter Two, both cryonics and MAiD are examples of ethopolitics. Assisted-dying appears to oppose the management and control of life, however as Farman notes above, bodies alive and dead are in the hands of administrators. But ethopolitics also means that matters of life and death are in the hands of the individual, and their outcomes are inscribed in the body. People who utilize MAiD after a terminal diagnosis may end up having highly medicalized, post-mortem experiences, such as autopsies, organ donation or donating their bodies for medical research. For cryonists, the future body is an organizing feature post-mortem within a longer temporal space than the body produced through MAiD. As Richard Doyle writes, “Neither alive nor dead, cryonic flesh organizes a massive discourse of maintenance and repair; even in its death, the body is becoming” (Doyle 2003, 62). Cryonics and MAiD are part of a modern remapping of the notions of life, death and personhood. People are no longer suffering from disease but are activists against it. Especially in the early days of MAiD legislation, terminal patients were vocal advocates for the practice. Their prognosis took second place to the larger goal of ensuring that they could end their lives at the moment of their

choosing. Cryonics patients are a similar grouping. Although the majority of people who sign up for cryonics do so when they are healthy, the case studies in Chapter Two illustrate the importance of medical activism, and the future-oriented practices of biosocial actors. In both cases, what is at stake is the future self, as well as access to a desired future for others.

The Actively Well

Jeff is a general laborer from the United States who came to RAADfest seeking a likeminded community. Seventy years old, and not looking a day over 60, Jeff wants to learn about the latest clinical breakthroughs to incorporate into his regimen of 30 daily supplements. Last year, after learning about a new treatment option, Jeff found a clinic willing to provide NAD⁺ (nicotinamide adenine dinucleotide) injections—meant to boost your metabolism and energy levels—on which he has spent roughly \$7000 this year. The cost also included separate injections to regulate the body’s natural age-related depletion of testosterone. “NAD⁺ makes me feel so good, it’s like getting a shot of energy, it just keeps you going” Jeff tells me. Jeff is worried about the deterioration of mind and body that comes with aging. He is pragmatic, yet hopeful that immortality will occur within his lifetime. Jeff spends a considerable amount of his income as a general laborer tweaking his body, hoping to live forever.

Rose argues that while there are certain ideas and practices that are novel to our modern form of biopolitics, emergent technologies of life like those accessed by Jeff are not unique or new to the West. As I explored in Chapter Four, Joseph Dumit (2005) introduced the notion of “actively sick” biosocial groupings of Chronic Fatigue Syndrome (CFS) sufferers. Faced with skepticism about their condition by doctors and the media, CFS sufferers have organized themselves online and in-person to offer each other support, find doctors who believe that their

condition is real, and to find regimens to reduce their symptoms. The population at RAADfest and members of PUI are relatively healthy. There are outliers, and people who are dealing with cancer diagnoses, heart conditions and poor eating habits, but for the most part, the procedures and regimens undertaken by RLE activists are preventative. I argue that the health regimens of cryonicists, the mind-body connections among PUI members, and the protocols developed and utilized by RAADfest attendees are all examples of an actively well biosociality of individuals who share similar etiologies of illness, who are expected to be activists for life extension, and who are held responsible for their own health outcomes. For the cryonicists detailed in Chapter Two, the ethos of individual responsibility extends to death and dying, though death in this case is a means to future life.

Bioeconomies

When I began my fieldwork at RAADfest in San Diego, California and with PUI in Scottsdale, Arizona in 2018, I left myself this note: “Are people fine with being constantly sold to [by guest presenters]?” This question was a misunderstanding of the role of health-based consumerism, and what the consuming of goods and services offers immortalist and transhumanist communities. The biosciences are no longer predicated solely on notions of hope. Today, expectation and anticipation inform people’s orientations toward their futures (Mykytyn 2010, 181). The promissory discourses of the biosciences are part of an ethopolitics that places responsibility for future outcomes on the individual (Petersen 2018, 192). This responsibility is linked to bioeconomies, where a vision of the future is sold to individuals through the production of material goods that are marketed as offering longevity, health and youthfulness (194). Many of the individuals I met at RAADfest and PUI were active participants in the bioeconomy rather

than passive consumers. People start their own immortality websites, they sell supplements and fitness machines, and many offer their own healing modalities within their respective communities. As part of the larger commodification of health typical of North America, where anti-aging has fast become a billion-dollar industry, RAADfest is geared towards the individual qua consumer. Commodification aligns with the way that many individuals within alternative health movements today understand the world and form ethical selves, including the use of varied techniques in the quest for health. RAADfest's affective intensities make people feel like active participants in their own future, giving them a sense that biotechnology, medicine and science are not only available to all, but can be shaped by individuals outside a clinical setting.

Since capitalism structures "the conditions of possibility of [scientific] experience" (Foucault 1977, xix), the movement to defeat aging and death depends on the willingness of RLE activists to perform labor and support a growing bioeconomy. Leaving aside the bioethical dilemmas of immortality, until death is no longer a problem, the beneficiaries of activist's biomedical and emotional labor, remain an open question. As biomedicine and CAM continue to meet the needs of consumers interested in health, alongside those seeking the elimination of disease, immortal bodies participate in a growing bioeconomy in exchange for incremental health gains. However, *cui bono* in the bioeconomy? With regards to immortality, I argue that affective states cannot be disassociated from the capitalistic enterprises they create and sustain. Physical immortality is realized through the creation of an Other—in this case death and the FDA—and by using the affective state of anticipation to sell the promise of positive health outcomes, and eventual immortality. Adherents are told directly and indirectly that only immortal bodies in the present can anticipate an immortal future. Affective labor is a motivating

demand for adherents to perform actual labor on themselves, within their communities, and through labor that supports the anti-aging bioeconomy.

Alan Petersen (2018) focuses on the ageism and myth-making present in the marketing of anti-aging products. The promise being sold is often absent disconfirming evidence and can play on our fears and anxieties about aging (199). However, the focus on bioeconomies risks ignoring the possibility that the quest for immortality does something for individuals in earnest. For RLE activists, even incremental changes in health and longevity outcomes are worth the expense and time. Sarah Lamb (2018) examines the notions of healthy and successful aging as belonging to moral projects in the West. Like discourses among PUI members, marketers, health-based movements, academic gerontology, and state-sanctioned narratives oblige individuals to maintain their health and vitality no matter their age (264). Discourses around old age are not constituted by biopolitical and medical discourses alone, rather:

layers of culture, society, medicine, political economy, and lived experience come together to give meaning to the body, self, and aging, simultaneously spurring and spurred by broader questions about moral personhood and what we wish out of the life course (265).

Aging is shaped as much by socially-culturally situated people as it is by medical discourse and marketing agencies. In the desire to control health outcomes, people end up constructing pathologized and medicalised bodies that exist within and beyond the clinical gaze.

Bioeconomies and shared lifestyle are essential elements of biosocial configurations. Part of being a member of an activist community against death means buying products and supporting companies oriented towards the future. In the field of health generally, people are urged to become active consumers of medical services and products (Rose 2007, 4). Consuming goods and services is understood as an opportunity to change your inner experiences through

outward displays and healthy regimens, and “enhancement technologies become tools in the quest for self-fulfillment by ensuring that the quality of my inner experience equals that of the people I admire and envy” (Elliott 2003, 127). Within immortalist circles health and consumption are obligatory, hence the notion that death and disease are moral failings, where the diseased or dead individual is understood to have failed to adopt an “active, informed, positive, and prudent relation to the future” (Rose 2007, 25). The individual responsibility engendered at RAADfest and PUI are not unique, because as Nikolas Rose suggests, the onus on individuals to orient themselves and their practices toward the future is common to many facets of liberal democracies (26). Bioeconomies have become a primary means for individuals to assert themselves as moral citizens through different forms of enhancement technologies and consumer goods.

Conclusion

Everyone and everything in the radical life extension movement is always in motion. Information, medicine, and the body all move. Charts and graphs map out the past and present with an eye toward the future. Living long enough to live forever points to idealized, overdetermined but never foreclosed futures. Anticipation functions in these futures by attempting to control for future contingencies in the present. Yet how do we make sense of failure if a certain future is only possible in the present? What do we do with the possibility of accidents, or if a promising new stem cell technology is exposed as a fraud? My sense is that these contingencies are only ever made real when they happen. In other words, if a stem cell treatment fails, you absorb that information and move forward. Contingencies expose us to the possibility that life is not always in our control. And while contingencies are accepted as part of

life, it is in how you handle the contingencies that immortal bodies are maintained.

Contingencies are also productive and positive in so far as they reveal what is working and what is not. For example, PUI member Alexandra tells me that although she eats well, takes plenty of supplements, and thinks like an immortal, she is not immune to the flu. Illness is simply an opportunity to re-evaluate her life and mental state—you reorient the contingency and move forward, unless of course, the mistakes kill you first.

Future-making involves many actors. At face value the RLE movement seems to be an odd comingling of spiritualities of life and modern biosciences. RAADfest presenters include former television stars (Suzanne Somers), Singulatarians (Ray Kurzweil), Start-up founders (Dave Asprey), biogerontologists (Aubrey de Grey), and the event is run by People Unlimited members. Yet within the realm of anti-aging biosociality, or radical life extension activism, these are not strange bedfellows. RAADfest and PUI reflect an orientation toward the future, and the promise of anti-aging futures where integrative therapies, faith in technology, and biomedical models converge in the quest to secure life and fight against death. In today's ethopolitical realm, questions over life and death are no longer adjudicated solely by the State. The body remains the focus of a clinical gaze, but biological citizenship places demands on the individual in the control and management of health and illness beyond the clinical encounter. Ethopolitics is one explanatory method for understanding the appeal of RLE, and why communities like PUI exist. PUI and other health-based communities and NSSMs are forceful articulations of common etiologies and new technologies of life. The call to "live long enough to live forever," and the idea that "every death is a suicide," are examples of the "self-techniques by which human beings should judge and act upon themselves to make themselves better than they are" (Rose 2007, 27).

Investigating the future as present fact through contingency may help explain why people remain within communities after the failure of prophecy—especially important given the long-standing and problematic discourse on the topic of brainwashing common to the fields of sociology and psychology (Stein 2012; Lifton 2000; Zablocki 1997). Failure to make it to an immortal future has different consequences, but in immortalist discourses, the blame is largely framed in the same way: “every death is a suicide.” It is easy to dismiss the notion that individuals are to blame for disease and death, just as it is easy to dismiss the consumerist ethos of immortalist lifeworlds. Of course, many people completely dismiss claims of physical immortality. Yet in my time with these diverse communities, I have come to understand them as composed of individuals with a deep need and desire for various kinds of healing, coupled with an intense confidence in human potential.

Ahead by a Century

Transhumanism and radical life extension are attempts to address profound questions regarding the human condition. Transhumanists and immortalists envision a future that is fundamentally altered through the curing of aging and disease. Today the will to master death finds its expression in the obsession with fitness and health in the Western world, an obsession centered on the hope of health and longevity. Yet this fixation comes with its own anxiety, as people can do the right things, and nevertheless die. Despite the possibility of failure, and the anxiety it may provoke, there continues to be a clear connection between the ideal of perfect bodies and immortal selves, which is often expressed at the intersections of anticipation, health and technological progress.

The study of the future is in many ways the study of utopia. Philosopher Jean-Luc Nancy (2012) argues that a utopia is but a mere representation. The search for utopia, he argues, always has a “trace of the impossible” (2012, 6). Yet, the ideal that is sought but never found is an inherent feature of any utopia: “Despite the fact that the ideal city is unrealizable, it is nonetheless this very city—its idea, its image—that we must resolutely oppose to the real city” (6). Immortalist ideologies in some ways share this utopian spirit, a spirit that looks to the future despite the past and seeks to overturn the current order of things. But insofar as a utopia is a no-place, a representation of what is desirable but what is ultimately unobtainable, I diverge from Nancy’s model of futurity. If the present is organized around and by the future, I argue that utopia can be made real and attainable for those seeking it. That vision of the future inscribed in the immortal body and mind—including its fault lines—is what I am interested in mapping.

My dissertation highlights an emergent immortalist biosociality, where interconnected ethopolitical factors shape human conduct in the present in order to bring about a desired future. The call-to-action to “live long enough to live forever” is a demand placed on RLE activists—and a demand they place on themselves—for different forms of labor made real through the temporal and teleoaffective state of anticipation. The affective labor of members, including the bioeconomies they support, are collective attempts at moving toward a threshold of radical alterity, materialized in the immortal body. In this sense, immortal futures are always in the process of being written and created in the present; they are embodied in the habits and routines of individuals and groups and are also performed in public spaces. Immortality becomes its own cultural construct, complete with its own emotional registers, habits, practices, embodiments and performances. In other words, affective and embodied actions in the present bring about a future already inscribed in the body.

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