



Viva Whenever: Suspended and Expanded Bodies in Time

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Abstract

In this paper, I investigate suspension under two guises: digital and pharmaceutical. These two versions of suspension interrogate the limits of the body to different extents. The former highlights our increasing desire and need to externalize and supplement what our physical bodies are incapable of doing – perfect, un-influenced storage capacity. The latter example illustrates the continued need for the physical body, but shows that the demands on the body are changed with age or desire to activate or suppress biological processes.

Freeze frame: introducing cryogenics as storage

Biogerontologist Aubrey de Grey supposes that anyone currently under the age of thirty should expect to live well beyond 1,000 years of age, in fact, possibly 5,000 (Young 2006, 42). The Methuselah Foundation is actively searching for ways to end aging altogether (Methuselah Foundation 2011). We would not age in the traditional sense of the word, but live healthy and youthful lives instead. Futurist Ray Kurzweil and medical doctor Terry Grossman have promoted dramatic dietary changes in addition to ingesting a daily dose of several dozen vitamins to increase one's life span while maintaining youth and vigor (Kurzweil and Grossman 2005). But what if we could live forever? Or, what if we could outrun death by coming back to life? In his lifetime, Robert Ettinger searched tirelessly for the answers to those questions. As the founder of cryogenics, Ettinger made a promise to find a solution for all those who are currently sitting in vats of liquid nitrogen waiting to be "thawed" (Ettinger 1964).

Cryogenics, in physics, simply means the study of activity at very low temperatures. Cryogenics (or cryonics), in life prolongation, means the freezing of one's (already dead) body with the intention of being reactivated at some unknown point in the future. The problem with cryogenics,

however, is that there is no solution for how we go about unfreezing the bodies in the future. The practitioners of cryogenics have all bought into (literally – freezing yourself is not cheap, after all) the promise of technological discovery. Thus, anyone who is currently frozen is waiting: waiting for a solution, waiting for the future, waiting to be “reanimated.” In suspension, just waiting.

Suspension indicates a downtime, one usually tangled with reprimand. When we were younger and more reckless, we were threatened with being suspended from school. In online forums, we must behave or our accounts will be suspended for ill behavior. In police procedural dramas on television, cops are suspended without pay for unethical actions or searches without warrants. Suspension, in the negative sense of the term, is the period of punishment between poor judgment and proper positive readjustment. Suspension, in the digital sense of the term that I discuss in this essay, is the time between saving and reopening, storage and retrieval, upload and encounter.

One of the frequently asked questions noted on the Cryonics Institute’s webpage asks, “What is cryonic suspension?” (Cryonics Institute 2010). The Institute (2010) writes of an “unchanging patient suspended in time,” and one might say that we, too – bloggers, online social network users, smartphone owners, and even casual computer users – already undergo suspension. We utilize such storage apparatuses so that, at some unidentified time in the future, we can return to our suspended files and find them exactly as we left them. We use digital storage spaces for their dependability – we want to keep our “things” intact. When a user powers up her smartphone, visits her blog, or plugs in her flash drive, she is relying upon the assumed stability of the device. We store important projects and memories on these devices with the built-in technological promise that our stored information will be suspended for future use – it is simply waiting for us to call upon it again.

The cryogenically frozen body is simply a storage apparatus, a mere device with a serialized subjectivity because it is frozen, unable to participate, unable to consume or produce. It is waiting for someone else, someone thawed, to re-activate the frozen body, to bring it back into “real life.” Because we have not developed the technology yet, the frozen bodies are suspended indefinitely. Further still, some even suggest that the entire cryogenically frozen body is unnecessary, and only single body parts, like the head, need be autonomously reanimated:

cryonic practitioners argue that “our memories, personalities and most other critical parts of our identities are in our brains” and that the retention and preservation of self may therefore be secured through the long-term maintenance of that one organ – a procedure known as neuro-suspension or neuro-preservation. (Parry 2004, 394)

In such a case, the brain is the only organ that needs resuscitating – we will find use for it by hooking up the signals or attaching it to another, more futuristically enhanced, body. But remember, we do not have the technology yet, and so we wait.

Storage devices work similarly – we do not have the ideas to finish an article, solve a problem, or continue a thought, so we suspend these moments until the time is right (or the deadline is upon us). I suggest that we can apply the term “suspension” to the “down time” of such devices and sites like flash drives and blogs. We do not use storage devices or cryogenically freeze ourselves to be a part of the past, but rather to be propelled into the future. In this suspended moment, the frozen subjects are waiting for the future. In *Wetwares*, Richard Doyle describes the suspended patient as “alive or dead, thus ‘contain[ing]’ more than itself; as a body with an ongoing subjectivity, the cryonic body is oddly shaped, as it contains its future. It depends on the boundless need for an ongoing promise” (Doyle 2003, 68). This ongoing promise suggests a

specific concern with the future, a desire to eliminate the past that problematizes the characterizations of both the future and the present; and if we are no longer concerned with the past, our personalized control of the present then becomes the issue.

It is the “and/or” of the “alive/dead” binary that I am interested in, mostly because information technologies promote a sense of longevity that humans have not been able to experience before. We are continually reminded to be aware of our digital selves – our own personal digital “brand” – that those party pics might come back to haunt us in the future. Digital doomsayers like Viktor Mayer-Schoenberger suggest that we attach expiration dates on all stored items so that we are not accountable for our past actions, avoiding the possibility of the images returning with a vengeance later in life (Mayer-Schoenberger 2009). But we do not yet live with expiration dates on digital uploads, blog posts, or in-progress documents. They are just waiting, suspended for future unknown purposes.

Digital suspension allows individuals to regain control of personal time – we no longer have to be ready *right now*. If the moment is not right to finish that argument in a paper we are writing, we save it and come back to complete it later. “When the moment is right” is also the familiar slogan of other time controlling methods – sexual performance enhancers like Viagra® or Cialis®, allow men to swallow a pill to ready their body for sexual activity. Women, too, have control over corporeal timing. Recently, the birth control pill celebrated its fiftieth anniversary, reminding women of the control they have over their monthly menstrual cycles, or whether to have one at all. Birth control pills like Seasonique® and Lybrel® have informed women that there is “no medical need to have a period” when they are on the pill, and they can reduce their monthly period to as little as once a year.

These pharmaceuticals contribute to a personalized control of the present by allowing users to determine the time for their own sexual responsiveness. With sexual pharmaceuticals, a man can awaken his penis from suspension in the same way a woman can suspend her ovaries’ release of eggs. These examples illustrate that the body itself is no longer enough, an argument that has been forwarded by futurists, biologists, and pro-long-lifers for some time now. If we can control the body and its activity and downtime, we are already manipulating time. We do not need to wait for time traveling devices, or for the technology of cryogenics to be developed, to access a future time we want – we already have the devices and the pills to suspend and/or reactivate ourselves. Rather than relying upon the body, turning to technologies (be it pills or electronic storage devices) allows users to specify a particular utilitarian mode of the present.

In what follows, I investigate “suspension” under two guises: digital suspension and pharmaceutical suspension. These two versions of suspension interrogate the limits of the body to different extents. The former highlights our increasing desire and need to go outside of the body – to externalize and supplement what our physical bodies are incapable of providing – perfect, un-influenced storage capacity. The latter example illustrates the continued need for the physical body, but shows that the demands on the body are changed with age or with the desire to activate or suppress biological processes.

For the suspended patient, time becomes a complicated and tricky notion, for one who is suspended is simultaneously outside of time, waiting for another time, and bypassing time altogether. The individuals who decide to cryogenically freeze themselves understand that timeliness is a critical aspect of the entire process. One must wait for the time of death to set the process in motion; the family must then contact the cryogenic lab very quickly to prepare the body for proper cryogenic storage; the cryogenic lab must then bide its own time well by researching and testing processes to make good on the promise to all the frozen patients whose

bodies are waiting for a time to be reanimated. Each of these steps must be followed precisely in a timely fashion in order for the future possibility of reanimation to be realized.

For purposes of further illustration, let's say that Jane has decided to buy into cryogenics. She makes this decision while she is still alive, but in order to "make good" on this action, she is awaiting her death. While she is still living, she informs some people close to her about her wishes to be cryogenically frozen, and provides them with information about whom to contact at a cryogenic center once she expires. Upon death, someone close to Jane will call the cryogenic lab, and her body will then be transported and stored at freezing temperatures until the technology is developed to thaw Jane.

Jane's desire to be "reanimated" is not a desire to become someone else, but to continue with who she is, or rather who she was when she "first" died. The hope of the suspended patient is not change in the individual herself – she is anticipating change in the outside world. The downtime of suspension is the critical moment to refigure the complexity of time altogether. The suspended time of the patient is not entirely different, and definitely not disconnected, from the cryogenic researchers. The two, in fact, are symbiotically linked: the suspended patient is completely dependent on the researchers to her enable her reanimation. Let's take our example one step further and say that our imaginary suspended woman, Jane, was relatively healthy upon her death. When she is reanimated, Jane will be able to continue living a healthy lifestyle and will not, say, be riddled with cancer or disfigured from a car accident.

If Jane is our constant in this experiment, the passing time of the outside world becomes our variable. When Jane is reanimated, a significant amount of time presumably will have passed. Certainly as the years go by, we are closer to discovering the solution to cryogenics and the time lapse between freeze-and-thaw is growing smaller. But until that ultimate discovery, the suspended patients themselves are not experiencing any time passage even though the world around them is. When the patients are reanimated, they will still be at the zero point of their "second lives" – they will continue with their old lives in a new world.

While this explanation seems a bit trippy or "sci-fi," it might help to bring it back to a more practical application, especially since most of us are suspended digitally or pharmaceutically already, even if we do not use that vocabulary in recognizing it. Think of the dozens, hundreds even, of documents you have stored on a portable memory device or digitally in a cloud server (such as Google Docs). When you return to your flashdrive and open up the last saved version of your article, barring some catastrophe, the document will be exactly as it was when you last left it. The incomplete thoughts, the edits that need completion, and the theories that need teasing out have all been suspended and waiting for your return to "reanimate" them. What has changed, however, is your approach to the ideas: you may have read another book, perused an article or two, had a good night's rest, or even a second cup of coffee. The moments that have passed between saving and opening again have taken two distinct paths: you, as the variable, have encountered several changes. Many events, no matter how small or insignificant, have occurred since you last opened the document. Out of habit and sustenance, you have eaten meals, bathed, browsed online, or more dramatically learned of the death of someone or visited an old friend. Regardless, *something* has happened to you. On the other hand, nothing has happened to the suspended patient – as the constant, the document has been simply awaiting your return.

For this reason, cryogenically frozen patients are often instructed to create a "memory box," a collection of keepsakes that the patient will use to jog her memory when she is reanimated. The purpose of this "memory box" is not to bring the patient up to speed on who she is today, but it should remind her *who she was before* she was suspended. In other words, no matter how much

time has passed, the memory box will help the suspended patient to essentially “pick up” where she left off, even though the world around her has changed. Certainly, after some time the reanimated patient will assimilate into her new era, but she will first recapture herself pre-suspension before she can move forward post-suspension. In this sense the suspended subject experiences a serialized subjectivity. In order to identify herself, the cryonic patient will use that “personal archive, a bundle of information that accompanies the individual cryonic body in order to stoke the memories of the revived patient” (Doyle 2003, 71). The time between freeze-and-revival is of no importance because the body-as-storage-apparatus was suspended and simply waiting for the future. To remind her where she left off, the patient uses the personal archive. Similarly, we often reread a few paragraphs of a work in progress to remind us of where we left off before continuing to add to the document. Foreplay, too, often precedes sexual encounters to ready the body for intercourse. The surrounding world, as opposed to the patient, has changed.

Serialized subjectivity: distributing the neuro-network

The notion that we must reconcile with our old selves before beginning anew (or, at minimum, beginning again) raises the question: what does it mean to add to your existing self? Such an addition to the self is reminiscent of prosthetics, but is slightly different for a few reasons. The original sense of the term “medical prosthetic” is defined as a literal addition or replacement to a malfunctioning or damaged body part (Smith and Morra 2006, 11). In posthumanist discourse, the prosthetic-as-replacement is redefined as the “prosthetic imagination,” the lens through which we see the literal and the metaphorical “extension or augmentation or enhancement” (Smith and Morra 2006, 11). Here, the suspended patient is not so much replacing the old self, but actually adding onto or extending her already existing subjectivity. The “prosthetic imagination” thus refers to the metaphorical augmentation of self via reanimation.

What is important to note at this moment is how self-subjectivity is formed over the period of suspension. In this case, subjectivity is burdened by the start-and-stop of suspension itself, causing what I call a “serialized subjectivity,” or a construction that relies on the future re-uptake of an already commenced persona. Félix Guattari endorses a similar suggestion in *Chaosmosis* when arguing that new technologies will enable, even force, individual subjectivity to be produced at different moments throughout an undefined period of time (Guattari 1995, 1-5). Guattari notes that, “One creates new modalities of subjectivity in the same way that the artist creates new forms from the palette” working towards what he calls “positive evolution,” or sum of the parts contributing to the “authentic relation with the other” (Guattari 1995, 7). The authentic relation, here, takes two forms: the relation of the suspended patient to the old self (via the memory box) and another relating the suspended patient to the new, futuristic world in front of them. The suspended patient must mediate these two separate worlds in order to continue forward. By negotiating the two worlds, the suspended patient builds onto the past by stacking the new moments of the present intended for use in the future. The production of subjectivity implies adding onto what exists already; therefore, the suspended patient continues where she left off, layering subsequent details of her subjectivity after the suspended downtime.

Put simply, an article in progress is not finished in one sitting, but requires several frustrating working hours to revise, add, and ultimately complete the final product. Each time the writer saves the document it is suspended. When the writer returns to add to the document, it is reanimated and new passages are added or old ones deleted, changing the overall shape of the argument itself. Each time the document is reopened, its material subjectivity is shifted forward. Similar to Victorian novels published in pieces, or even modern serialized television shows, the new revision builds on the previous structure to create a continually produced object. Even though we suspend an idea, we must come back to it – the return is the critical point of

suspension. If reanimation never occurs, then the suspended patient remains dead – she does not “remain suspended.” These distinctions are critical to understanding suspension as a process and not a one-time act.

Sex and the machine: Viagra and the removal of desire

To examine the issues of the body from another perspective, I now turn to modern medicine as an additional site of time control. Specifically, I will compare the aforementioned usage of externalized memory storage with modern medical advances by looking at sexual performance enhancers (SPEs), such as Viagra®, and biological suspenders, such as the birth control pill. I will argue that, for their users, these supplements are creating the possibility to manipulate time in a way that physically cannot or will not happen naturally. Similar to the constant accessibility of the external storage devices, when the user swallows a pill, SPEs and biological suspenders can ready the body for activity or suspend certain biological processes on the way to procreation. While sexual activity is a very time-oriented act, these medicines promote a timelessness of the action altogether by allowing users to decide when they want to be “active.” Rather than relying solely on the body and its potential functioning, the individual calls upon an external source to assist with the body’s abilities.

The use of SPEs to reverse the effects of erectile dysfunction also proves that our bodies are imperfect. Birth control pills, too, allow women to decide if and when they wish to menstruate or try to conceive. What pharmaceutical suspension promotes is the ability to decide and control the reanimation and suspension of the body. This form of control cannot happen naturally. Youth and age can determine the body’s responsiveness to sexual stimuli, but the effects of nature must be controlled by pharmaceuticals. Using pharmaceutical interventions, we can resist the diminishing effects of our body’s ability to react, or act upon a personal desire to remain reproductively inactive.

SPEs bring the penis back to life; and for couples facing erectile dysfunction, this is an action that was seemingly impossible before “the little blue pill.” The failing body becomes restored through SPEs because one can control the body’s reaction to sexual arousal. Usage, then, is no longer the issue – sexual performance is instead renewable and indefatigable, at least as long as the pills are available. Therefore, by simply taking one of these supplements, an individual can create time, expand time, or even dismiss time altogether. If digital storage spaces are extensions of the body in a specific time-oriented way, SPEs and biological suspenders, too, extend the body by similar means. Likewise, since external memory is equated with stable recollection, one can access the same ideas repeatedly at any point in time. Therefore, drugs such as Viagra® can be used to create a uniform potential for sex. Simply by taking a pill, the user can avoid relying upon the body and the possibility that an erection will not occur. Rather, one can use these SPEs to ensure that the body functions in the way one desires. Further, if one no longer has to wonder whether the body will react to arousal, then possibility is no longer an issue. Users know where they can go to “access an erection,” so suspension, here, refers to a user’s unflinching reaction to the pills. There is no lack, since there is no desire for something one cannot achieve. Sexual enhancement drugs erase the desire to become sexually “active” – what these pills create is the space for sexual arousal, something that cannot happen (as easily) without the drug. Therefore, users and partners no longer need to rely upon the body to be “active,” as one can be active (or inactive) whenever one chooses.

Conclusion...or just the beginning?: replacement, mor(e)tality, and suspension

Although media philosopher Vilém Flusser insists that external memory – and I will extend his

argument to SPEs, too – are solely simulations of bodily functions, performance artist Stelarc views this argument quite differently (Flusser 1990). As Stelarc acknowledges in “Prosthetics, Robotics and Remote Existence: Postevolutionary Strategies,” “evolution ends when technology invades the body” (Stelarc 1991, 591-95). Arguing for the need to begin thinking about our future selves, Stelarc suggests that we should replace parts of the body as they fail, rather than temporarily repairing the body with modern medicine. Through his proposed method, the body will eventually become obsolete and ultimately will be composed of interchangeable and upgrade-able parts. When the memory fails to perform, one has externalized memory devices; when flaccidity becomes an issue, one can turn to Viagra®; when monthly menstruation becomes annoying, there’s Lybrel®:

The body need no longer be *repaired* but simply have parts *replaced*. Extending life no longer means “existing” but rather being “operational.” Bodies need not age or deteriorate; they would not run down or even fatigue; they would *stall* then *start* – possessing both the potential for renewal and reactivation. (Stelarc 1991, 593)

When a suspended body is restarted, it functions the same as before it stalled; because the body is becoming replaceable, one would never lose the power of memory, say, or the ability to have an erection. With digital and pharmaceutical suspension, these corporeal capabilities are forever repeatable.

Richard Doyle reminds us that, “The cryonics patient is promised a self that will persist even through the sudden avalanche of identity called ‘awakening.’ I am still I. [...] If identity is a set of becomings, it is only in becoming-frozen that becoming itself is frozen.” If we view cryonics as an action to replace death, we can look to digital and pharmaceutical suspension to provide a similar guarantee (Doyle 2003, 66). Just as “cryonics is a promise,” (65), the body in suspension, too, risks the possibility of never being reanimated. After all, the return to the suspended patient is the pivotal moment for suspension, digital and bodily. We must revive the dead in order to move forward.

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