

## R&J and Cryonics: Preserving Juliet

### Outline

I've been thinking about how Shakespeare's plays are increasingly becoming required reading in medical school and in pre-med -- *King Lear* in particular has become canonical because of the way it deals with questions of ageism and care, so has *The Tempest*, with its nods to scientific ambition. *ReJ*, however, is not often a top-pick, and that's a mistake. We think it's primarily a play about forbidden love, teenage romance, impetuosity and passion, social strictures, social violence, scapegoating; as though that weren't enough to recommend it for modern pediatricians who work with sexually and socially beset teenagers! It's important to remember that, insofar as *Romeo and Juliet* is a tragedy that can't stop trying to resolve into a comedy, it's also centrally a play about attempted cures and remedies that go wrong and go wrong. Some of those cures and remedies are more obviously pharmaceutical than others (Friar Laurence's sleeping potion for Juliet, the apothecary's poison for Romeo), some are spiritual ("holy physic" of sacramental marriage), others are legal (the "remedy" of banishing Romeo), but there's clearly a sense in which the language of remedies plays across the figurative and literal boundary.

**There's a great scholarly critic, Tanya Pollard**, who has done some work on this front.

In her book on *Drugs and Early Modern Theater* [plug recommendation] Pollard proposes that the pre-modern logic of pharmacy, the idea that the same substance can be (cure/poison) depending on the dose is really THE guiding principle for *Romeo and Juliet*. If you listen closely to Friar Laurence in his opening monologue about the hidden powers of botany, you hear him articulate that logic very clearly. And if you follow Pollard, you can extrapolate the pharmakon logic to a number of different aspects or levels of the play: right, teenage passion, in the right doses, is a beautiful thing, in the wrong doses, is a tragic thing; social order and firm legal rule, in the right doses, can be a good thing, in the wrong doses, a tragic thing; pastoral mercy and compassion in the right doses, and wrong

doses, etc. So Pollard sees that logic of pharmaceutical dosage, which has some similarities to Aristotelian virtue ethics, as one of the guiding keys or overarching ethical frameworks of the play.

Where I think Pollard cuts the investigation short is on the question of time and timing with regards to these drugs and other figurative remedies. R&J is a famously fast-paced drama, with volcanic eruptions of action and emotion. But there's a tension among the different characters over how long a remedy should take. Romeo is a great example here (hence the meme in my opening slide, with Romeo jumping to conclusions and to solutions). When late in the play he decides he's going to commit suicide, he asks the apothecary for "soon-speeding gear" to kill him off as quickly as possible. When he finally does the deed and drinks the poison, he's surprised to find that the drugs actually do act quickly: "O true apothecary, thy drugs are quick." Whether that's a pleasant or unpleasant surprise depends on the actors, I suppose, but it's in obvious contrast with all that Friar Laurence, the major medical and conciliar figure of the play, has prescribed: patience, forbearance, and taking a long-term view of things. Kind of like Pollard's extended reading of the *pharmakon* in R&J, this issue of timing cuts across multiple levels of the play. We see everyone construing every problem or obstacle as an emergency and resorting to the fastest, most expedient solution: hey, I just met you, and this is crazy, but let's get married, and solve our families' dynastic strife, so call me maybe? We can see that there's a critique of using things that look like remedies without due consideration, timing, and temperance.

The best illustration of this tension, however, between the most expedient solution and the importance of slow time is Friar Laurence's sleeping potion for Juliet. **And just in case, this scene isn't fresh in everyone's minds**, I thought I would run a clip from a recent modern adaptation by the UK's National Theater. [Slide] It's a fascinating dramatic device, this so-called sleeping potion (I'll outline in a moment why I'm dubious of that phrase). It must have been a big part of the appeal of the play at the time. You can see Shakespeare diving right to the heart of ethical debates of his

period over the use of anesthesia to dull pain or knock people out during surgery and providing them a nice thought experiment: would I agree to do what Juliet is doing for love's sake or for life's sake? One of the reasons I think this play is worth considering for medical school is because in this scene and in the subsequent one, where Juliet ponders whether she should take the potion, we get to see both the physician's perspective and the patient's. From the physician's angle: how do you get someone who is ready to kill themselves on the spot out of desperation for a cure to forbear, be patient, and hit pause for a bit; and, additionally, how do you give them hope that the progress they seek might take place outside of their control or without their agency? From the patient's perspective, what intellectual violence to your agency or what desperate acts of trust do you need to be ready to make to pursue a course of remedy like this. It's a burning question for patient-physician dynamics in the context of any experimental treatment or in any kind of situation where we're facing an incurable disease and the question of "how much time do we really have?". If like some of my pre-med students at ND, though, you are keen to get your modern Medical Ethics textbook to tell you how to feel morally about Friar Laurence's prescription, or you want R&J to be a moral textbook, let me give you advance warning: you're headed for an impasse. There's so much about the whole idea of a priest prescribing soporifics to a minor without parental consent that doesn't even begin to compute with today's clinical protocols, it's just an unproductive approach for grappling with a play that was never designed to be a didactic moral lesson.

**A better way to frame the question is through the work of modern adaptation** -- so take a moment, wherever you are, and ask yourself (or post it in the chat, if you're feeling brave and interactive): if you were to direct a modern-day adaptation of Romeo and Juliet and you were trying to update the medical aspects of the play to the 21st century, how would you handle Friar Laurence and how would you handle his sleeping potion? The way I've been approaching that question is to ask whether Friar Laurence's potion is more akin to a soporific or something like anesthesia or

really whether it's more akin to cryonics. If you haven't already heard of it, cryonics is a method of preserving bodies, often deemed incurable, by using extremely low temperatures. So for the quick pedantic distinction: *cryogenics* is the technology of cold-making; *cryonics* is the medical movement that wants to keep you, literally, in the cold. **It's first major proponent, Robert Ettinger**, called it quite bluntly the Freezer Program. In his book *The Prospect of Immortality* he described it not only as a solution for individuals facing dire illnesses (like his own wife, to whom the book is lovingly dedicated) but also as a final solution for world peace (bear in mind he was writing in the 1960s): "I believe the freezer program will prove virtually a panacea, particularly in international relations – not because in itself it solves all problems, but because it *provides time* for the solution of all problems. With an unlimited future to redress the balance, everyone can put up with temporary burdens and inequities patiently, if not cheerfully, and negotiate in good will. We all have a long, long way to travel together. When tempted to some rash action, one need only say to oneself "The end is not yet, the end is not yet. The end is not yet." All measures of desperation, including nuclear war, will tend to be ruled out. The reckless are usually those with little to lose -- and there will be no more such. Everyone will have a jewel beyond price – a glittering physical hereafter on the other side of the freezer."

Cryonics, you will have gathered, operates on the narrative that if we can suspend an incurable life on ice, medical progress will advance and discover not only a cure to that disease but also – and this is the first of many flies in the ointment – a way to adequately thaw the patient and bring them back to life. Cryonics thrives on the idea that time is a remedy for all things. In case it sounds too fictional to be true, feel free to hop on a plane to Scottsdale, Arizona where Alcor Life Extension Foundation hosts somewhere between a hundred and two hundred frozen "patients" (that's their term) and invites you to sign up for their waiting-list of roughly 2,500 individuals. Ettinger's vision in the 1960s is increasingly well established. **Five years ago**, in a controversial case

that feels incredibly resonant in light of *Romeo and Juliet*, an anonymous 14 year old girl, diagnosed with terminal cancer, won a legal battle in the UK to ensure that, at her death, she would be cryonically preserved in Scottsdale. Known only as “JS,” the girl wrote a letter to the court in explanation: “ I’m only 14 years old and I don’t want to die, but I know I am going to. I think being cryo-preserved gives me a chance to be cured and woken up, even in hundreds of years’ time. 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.” There are many problematic and gruesome technical details to cryonics you may know of; but I want to narrow the scope considerably and focus on why cryonics works as a persuasive story for those, like Ettinger, like this young 14 year old, and to an extent like Juliet, who desperately love their lives and are willing, in Laurence’s words, to risk a thing like death that they might live.

So back to the question of a modern adaptation, and whether Laurence’s drug is more like an anaesthetic/soporific or more like cryonics. I grant you that neither one is a good fit: Anesthesia is of limited duration, induces unawareness and painlessness but does not suspend life or living functions like pulse. Cryonics, on the other hand, is of undefined duration, suspends animate life & consciousness, presumes that cure will be discovered eventually by someone somewhere but it makes no plans or promises to promote that cause or find that cure (and also as currently practiced, though not as originally envisaged, it is more akin to a very, very cold funeral - in the US and UK, you have to be legally dead to undergo cryonic preservation). So there are aspects of Friar Laurence’s drug that jive with both anesthesia and cryonics, and that is part of what makes it so interesting and different from a “sleeping potion.” As you heard Laurence tell Juliet in the clip, you will have no pulse, no breath, no vital warmth, your whole body will be “deprived of supple government” it will grow stiff and stark and cold in the “borrow’d likeness of shrunk death,” and we’re going to stick you in what is functionally a 15th century equivalent of the freezer, namely the family mausoleum

and crypt, for 42 hours. The analogy to cryonics goes so far as to tie Ettinger's geopolitical aspirations for world peace to Laurence's hopes for reconciliation in Verona; if the priest can reunite the couple, he may yet successfully transmit to the Montagues and Capulets what Ettinger calls the real panacea, namely "the long, slow view of history." It's no coincidence, I think, that the first time the play invokes anything like Laurence's remedy of a death that isn't death, or a sleep that isn't sleep, is in Romeo's words of agony about the inter-familial violence he sees in Verona: "Why, then, o brawling love, o loving hate, O anything of nothing first create! *...sick health! Still-waking sleep*, that is not what it is." With a mouth full of very literary, very Petrarchan paradoxes, Romeo's words are tinged with that signature cryonic contradiction, of a still-waking sleep, a sick health, that is not what it is. So in brief, if I had my will and could direct an adaptation, I would try cryonics; I'm curious in the Q&A to hear what you think of that choice and what alternatives I should be choosing.

To see the other side of the patient-physician equation, Juliet's role and perspective, it helps to visit moments in the play shortly before and after this potion scene. You might recall that at the start of Act IV, we encounter a grieving Juliet whose parents are desperate to remedy her melancholy, which they presume is for her dead cousin Tybalt. They decide to cheer her up by betrothing her to a different man, the County Paris, not knowing that she's already betrothed to Romeo, who killed Tybalt in a brawl. She has found no way to delay these new nuptials, which would sinfully overwrite her previous marriage and damn her twice-over. She has found no comfort in the pragmatism of her trusted nurse, who counsels her to "think you are happy in this second match / ... your first [Romeo] is dead; or t'were as good he were." The nurse's solution, of course, is not only pragmatic, it's literary: it's taken from Shakespeare's other play, *Troilus and Criseyde*. But it's clearly not the literary solution that Juliet prefers. Rather than become as faithless as Criseyde (as the proverb used to go), Juliet, who we know is well-read in romance, holds out the possibility of self-slaughter as a more legitimate solution: "If all else fail, myself have power to die." We know she has used the

threat of suicide before against her mother when she pleads for a delay to the second marriage “for a month, a week / Or if you do not, make the bridal bed / In that dim monument where Tybalt lies.” What we don’t know as yet is how ready she is to take that threat seriously. Lady Capulet her mother hears in her child’s threat nothing more than a teenager’s desperate stratagem, born of over-much reading: her cold response “Do as thou wilt, for I have done with thee,” is not an encouragement to suicide; it signifies the resourcelessness of a mother who resorts to the tried and true methods of Capulet parenting: “Stay in your room, don’t talk to anyone.” It is an understandable response given how exaggerated the tone of romance literature rings in Juliet’s language; it is, however, yet another misapplied remedy. **When Juliet arrives at Friar Laurence’s cell in act IV** scene 2, the threat of suicide is far more effective partly because the friar knows and feels the extremity of Juliet’s passions – “Juliet,” he says, “I already know thy grief / It strains me past the compass of my wits” – and partly also because she puts herself and him at knife’s point:

“Tell me not friar, that thou hear’st of this,  
Unless thou tell me how I may prevent it;  
If, in thy wisdom, thou canst give no help,  
Do thou but call my resolution wise,  
And with this knife I’ll help it presently.

You’ll notice that Juliet plays her cards well this time, applying pressure wherever she can on Friar Laurence’s age and wisdom, his long-experienced time, the commission of his years, but also forcing his hand by making him risk being complicit in act of spiritual despair that she would commit “presently.” Suicide being one of the greatest offenses one could commit against God in medieval Christian Europe, Juliet knows that, more so than any other character, he’s predisposed to propose any solution rather than let her commit suicide or sinfully re-marry. Ettinger, incidentally, proposes in his book that Christian ethicists operating under similar terms as Laurence’s will have no choice but to join his cryonic bandwagon in time, since letting people die natural deaths, when they could have

resort to the freezer, is to effectively condemn them to suicide. Juliet seems to borrow a similar logic here.

The other place in Act IV where we might see literature and literary conventions conditioning the bioethical dilemma into which Juliet plunges herself and Friar Laurence is the parody of *ars moriendi*, or the art of dying in Scene 3. **[Clip]** I'm happy to talk about this more in Q&A, it's a fascinating scene where the spiritual resources that the Catholic Church developed to help the numberless grieving persons in the wake of the 1340 epidemic of bubonic plague get twisted around very interestingly. We see Juliet reviewing her life and her decisions in total solitude, struggling with various doubts about Friar Laurence's intentions and ethical compass, wondering if he perhaps has given her not a remedy but a poison so as to escape clerical dishonor; she finds herself wondering if Romeo might come too soon (which he indeed does); and she works up to such a frenzy that she even sees or hallucinates her cousin Tybalt's ghost. The parody of the *ars moriendi* tradition, where you were invited to really think through your faith in God, in the Church's sacraments as remedies, in the promise of an afterlife, and to consider the wonderful lives of family members and friends who had preceded you in death, only leads Juliet to rush her final decision and drink the potion. I'm struck by the potential implications of this scene for medical practitioners, like Lydia Dugdale, who are trying to resurrect the *ars moriendi* tradition for the 21st century explicitly as a counterbalance to technological solutions like cryonics, and I'm curious what Juliet can teach us about the psychic, emotional, and spiritual strain that patients undergo when deliberating on whether they should adopt an experimental treatment.

## CONCLUSION

So in closing, and just to heighten the stakes for introducing R&J to the medical humanities curriculum, I want to highlight that the play was evoked in some recent popular journalism surrounding an elderly couples' euthanasia or suicide pact; now, admittedly news venues like "the



Sun” are not where I like to get my Shakespeare readings or my medical ethics, but it’s a popular news source and it speaks to a popular understanding not only of the play but also of the ways amorous “teenage” passion can be used to condone or smoothe over serious ethical dilemmas. For me, this is a truly dangerous misconstrual, plain and simple, and it misses the real ethical depth of the play in preference for a reading that’s superficially about individual love rather than about social forces in conflict over appropriate courses of remedy. As the debate over euthanasia or medically assisted suicide increases in the US and as the debate over cryonics increases across the world, RJ deserves to be reconsidered more seriously as a prescient work that reveals that maybe it’s not really technological innovations like cryogenics and cryonics that open up new ethical quandaries, maybe it’s deeply culturally embedded narratives like Romeo and Juliet that ceaselessly re-invent themselves in new modern adaptations.