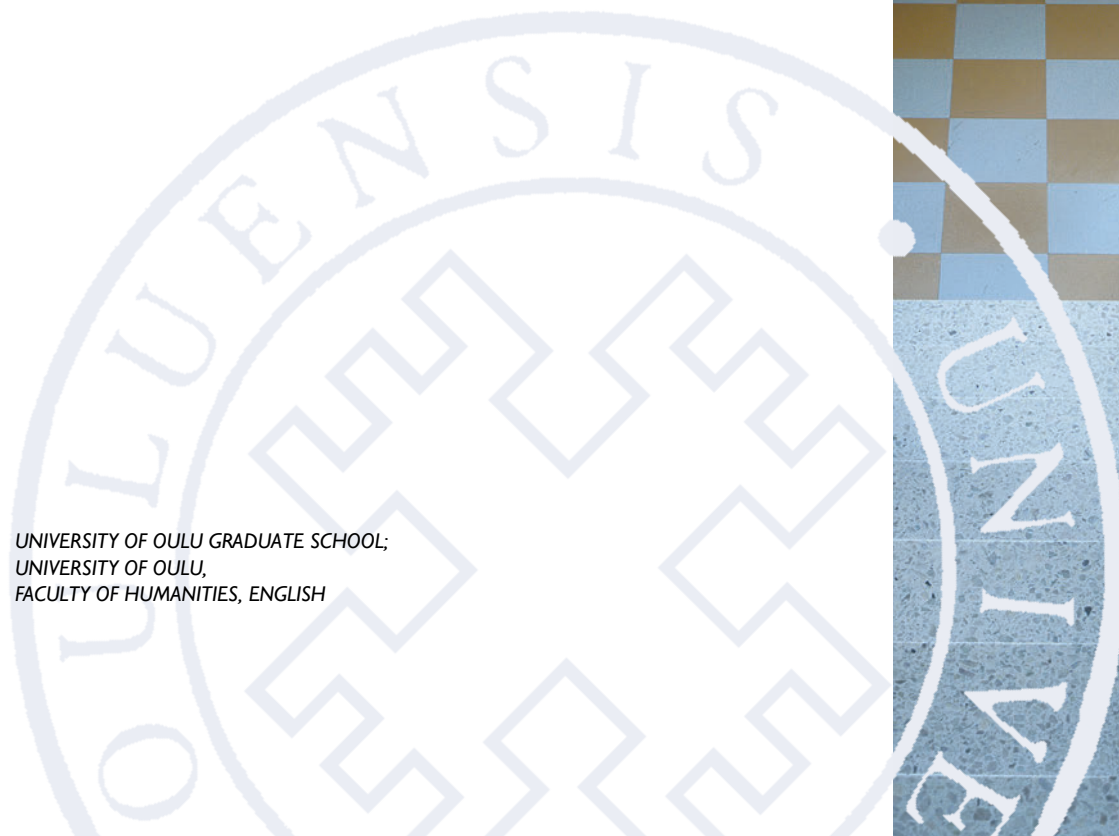*ACTA*

Leena Vuolteenaho

THE PRICE OF NO END

DOCTOR WHO, ETHICS, AND THE LIMITS OF HUMANITY

B

HUMANIORA

UNIVERSITY OF OULU GRADUATE SCHOOL;
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THE PRICE OF NO END
Doctor Who, ethics, and the limits of humanity

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Abstract

This thesis examines the views of Christian and Buddhist ethics on the transgression of the limits of humanity, specifically in the context of immortality or radical life extension. A selection of episodes and serials from the British science-fiction TV show *Doctor Who* is analysed to determine if and how the views and specific points of concern of Christian and Buddhist ethics can be seen in how the show depicts immortality. In the process, the thesis examines the possibilities of science-fiction narratives to serve as thought experiments that enable exploring the ethically problematic aspects of scenarios outside the realm of possibility at present, as well as the implications of attitudes regarding immortality on real-life efforts to extend the human lifespan.

Both Christian and Buddhist ethics are found to view immortality as an inadvisable pursuit, albeit for partly different reasons. While Christian ethics considers immortality both a cause and a consequence of moral failure, and emphasises human incapacity to control matters of life and death with the competence required, Buddhist ethics sees the pursuit of immortality as evidence of excessive attachment and as a source of eternal suffering. These views are fairly consistently reflected in the depiction of immortality in *Doctor Who* as well, both separately and intertwined.

The findings of this thesis support the use of science fiction to conduct thought experiments with which to examine the ethics of currently hypothetical scenarios resulting from advances in science and technology. Additionally, the findings suggest that attention needs to be paid to concerns regarding the ethical implications and consequences of prolongevity efforts and increasingly sophisticated life-sustaining treatments. These concerns are expressed both by Christian and Buddhist ethics and a science-fiction show with no overt religious affiliation or agenda.

Keywords: Buddhist ethics, Christian ethics, Doctor Who, ethics of health care, immortality, popular culture, religion, science fiction

Tiivistelmä

Tämä väitöskirja tarkastelee kristillisen ja buddhalaisen etiikan suhtautumista ihmisyyden rajojen ylittämiseen erityisesti kuolemattomuuden tai radikaalin elämän pitkittämisen tapauksessa. Väitöskirjassa valikoimaa brittiläisen tieteisfiktio -tv-sarja *Doctor Who*:n jaksoja analysoidaan sen määrittämiseksi, näkyvätkö kristillisen ja buddhalaisen etiikan näkemykset ja erityiset huomion kohteet sarjan tavassa kuvata kuolemattomuutta, ja mikäli näkyvät, millä tavoin. Samalla väitöskirja käsittelee tieteisfiktiotarinoiden mahdollisuuksia toimia ajatuskokeina, joiden avulla voidaan tutkia eettisesti ongelmallisia piirteitä sellaisissa tilanteissa, jotka eivät tällä hetkellä ole tosielämässä mahdollisia, sekä kuolemattomuuteen liittyvien asenteiden merkitystä tosielämän pyrkimyksille pidentää ihmisen elinikää.

Väitöskirjassa havaitaan, että sekä kristillinen että buddhalainen etiikka pitää kuolemattomuutta ei-suositeltavana pyrkimyksenä, mutta osittain eri syistä. Kristillinen etiikka näkee kuolemattomuuden sekä moraalisen rappion syynä että seurauksena, ja lisäksi painottaa ihmisen puutteellista kykyä hallita elämään ja kuolemaan liittyviä asioita niiden vaatimalla pätevyydellä, kun taas buddhalaisen etiikan näkemyksen mukaan kuolemattomuuden tavoittelu osoittaa liiallista kiintymystä ja johtaa loputtomaan kärsimykseen. Nämä näkemykset toistuvat melko säännönmukaisesti *Doctor Who*:n tavassa käsitellä kuolemattomuutta, sekä erillään että yhteydessä toisiinsa.

Väitöskirjan havainnot tukevat tieteisfiktion käyttämistä ajatuskokeissa, joilla voidaan tarkastella tieteen ja teknologian kehityksestä seuraavien, tällä hetkellä kuvitteellisten tilanteiden eettisiä näkökohtia. Lisäksi havaintojen perusteella tulisi kiinnittää huomiota huoliin, jotka liittyvät elämän pitkittämisen tavoitteluun ja kehittyvien elintoimintoja ylläpitävien hoitokeinojen eettisiin näkökohtiin ja seurauksiin. Nämä huolet näkyvät niin kristillisessä ja buddhalaisessa etiikassa kuin tieteisfiktiosarjassa, jolla ei ole ilmaistua uskonnollista kantaa tai tavoitetta.

Dedicated to the memory of my sister Anne

Acknowledgements

My parents, Anna and Olli, have supported me both in my academic pursuits and in life in general in more ways than I can count, and I am deeply grateful for everything. Special thanks to my father Olli for assistance with Figure 1.

My sisters Ulla and Pia, and their families: Samuli, Tommi, and Salli, and Hendro and Hasea. Ulla and Pia, together with my late sister Anne, are my Fellowship—the rest of my Four Yachtsmen—now and always. Thank you. Anne, I am so lucky for having known you, and I miss you every day.

Finally, I would like to thank *Doctor Who*, both everyone involved in making the show and the very character of the Doctor. Not only is *Doctor Who* a near-endless treasure trove of both research material and entertainment, but the curiosity and enthusiasm of the Doctor is also a source of inspiration for a researcher, in equal parts "Fantastic!" and "Brilliant!"

Oulu, August 2022   Leena Vuolteenaho

Abbreviations

ENL   "Enlightenment" (Clegg & Cumming, 1983)
FD   "Father's day" (Cornell & Ahearne, 2005)
HS   "Heaven sent" (Moffat & Talalay, 2015a)
MU   "Mawdryn undead" (Grimwade & Moffatt, 1983)
NIV   New International Version
SF   Science fiction
TFD   "The five Doctors" (Dicks & Moffatt, 1983)
TGWD   "The girl who died" (Mathieson et al., 2015)
TWWL   "The woman who lived" (Tregenna & Bazalgette, 2015)

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PART I: THE ETHICS OF IMMORTALITY

Structurally, this thesis is divided into two parts. In part I, I present the theoretical framework with which I examine the ethics of transgressing the limits of humanity in the form of immortality and/or radical life extension. This framework begins by presenting the TV show serving as data, *Doctor Who*, and introducing the approach used in the analysis by discussing the use of a fictional narrative to examine ethical questions; this is followed by an overview of immortality as a philosophical, practical, and ethical concept, and of the views of Christian and Buddhist ethics on immortality and/or life extension. In part II, I proceed to analyse the role and meaning of the pursuit of immortality and life extension in *Doctor Who*.

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1   Introduction

Human life is simultaneously filled with possibilities and constrained by limitations of various kinds. The limits of human capacity and pursuit come in many forms; some set unequivocal limitations on what humans can do, whereas others define what humans—or certain groups of humans—should (or should not) do.

The ultimate limit to life is, of course, death. In present-day reality, death is an unavoidable outcome. Advances in matters such as hygiene and occupational safety, as well as in medical science, have allowed humans to postpone this outcome to an extent unfathomable even a generation or two ago. Despite this, there are situations in which death cannot be avoided through human efforts; ultimately, such a situation will be faced by every human individual sooner or later.

This thesis examines the ethical implications and challenges pertaining to the human relationship with the limits of humanity. The topic is approached by observing the pursuit of and experiences with immortality and life extension as depicted in the science-fiction television programme *Doctor Who.*

The ethics of immortality is examined from the perspective of Christian and Buddhist ethics, with a particular interest in the implications of attitudes towards immortality for the ethics of medicine and end-of-life care. In addition to Christian and Buddhist ethics and the ethics of health care and medicine, the theoretical framework of this thesis utilises aspects of philosophy, narrative studies, and culture and media studies, especially concerning popular culture and television.

The thesis sets out to answer the following research questions:

1. How do Christian and Buddhist ethics view transgression of the limits of humanity in the form of the pursuit of immortality?
2. How are the aforementioned views present in the depiction of (the pursuit of) immortality in the science-fiction television programme *Doctor Who*?
3. How might the depiction of immortality in *Doctor Who* reflect the views of Christian and Buddhist ethics on efforts to achieve immortality or to radically extend the human lifespan in real life?

The approach of the thesis is qualitative. This entails a "flexible," "data-driven" orientation (as opposed to implementation of a rigid research plan from the outset); an in-depth examination of a fairly small set of cases as they occur in

their "natural" setting (as opposed to creating a controlled setting specifically for the purposes of the study); verbal interpretation and description as the primary modes of analysis; and acknowledgement, as well as acceptance, of the subjectivity of both the treatment of data and the findings garnered based on the characteristics of the researcher (Hammersley, 2013, pp. 9–14). Some aspects of this approach are discussed in more detail in 1.3 and in chapter 4.

In this thesis, I argue that the way in which the pursuit of immortality is depicted in *Doctor Who* reflects the views of both Christian and Buddhist ethics to a considerable extent, although the points of doctrine informing the stances taken by the two religions differ in some significant ways. Accordingly, the instances in which the views of each religion are prominent also differ, even though the practical end results for the characters in *Doctor Who* are often largely the same regardless of whether the emphasis is on elements particularly significant to Christianity or Buddhism. In terms of how Christian and Buddhist ethics view immortality, both appear to find it a problematic prospect.

Two major themes emerge: from the viewpoint of Christian ethics, immortality is primarily considered inadvisable because of its connection to questionable morals, due to both the morally corruptive effect of immortality and an interest in immortality suggesting moral shortcomings; for Buddhist ethics, immortality entails eternal suffering and potentially excessive attachment to the transient world. In depictions of immortality in *Doctor Who*, these attitudes are not only clearly discernible but often appear to be deeply intertwined.

Overall, one of the main arguments of my thesis is that popular fiction (especially speculative fiction) can and does convey noteworthy messages regarding significant ethical challenges faced in real life, and that the messages conveyed by them can provide hints about how society feels about these ethical issues. In addition, ethical views expressed in works of fiction, whether explicit or implicit, may affect the ethical views of the audience on these matters as well.

Thus, the influence of religious ethics can be seen in the depiction of certain actions or pursuits in works of fiction, and from there may further affect the views of the audiences of these works, even when this influence is implicit or even unintentional. I argue that this phenomenon of culturally inherited ethical traditions (such as Christian or Buddhist ethics) informing societal views of right and wrong is a constant feature in society, and as such should be taken into consideration when discussing the ethics of controversial and emotionally sensitive topics in particular.

This thesis approaches the ethical questions encountered when facing the limits of humanity from two main perspectives. First, "Immortality and morality" (chapter 5) examines the question of "right" and "wrong," or "good" and "evil," when faced with the prospect of immortality. Second, "Immortality and suffering" (chapter 6) focuses on the undesirable repercussions of postponing or completely escaping death, both for the individual human and for humanity as a whole.

The influence of Christian and Buddhist ethics on the view of immortality in *Doctor Who* was the topic of my Master's thesis (Vuolteenaho, 2013). This study builds upon the foundation of that earlier thesis, expanding on some of its core ideas and findings regarding ethics and immortality in science fiction. The primary data of the current thesis consists of a selection of televised *Doctor Who* episodes from both the "Classic" series (1963–1989) and the revived series, referred to by fans as "Nu*Who*" (2005–).

1.1 *Doctor Who* as primary data

I begin presenting the groundwork for this thesis by introducing the television programme serving as primary material, the long-running British science-fiction adventure show *Doctor Who*. In addition to presenting the premise of the show as well as some concepts relevant to this thesis, I discuss *Doctor Who* as a representative of the science fiction genre, and expound on the use of such a programme as a thought experiment, arguing that it is precisely its role as a science-fiction show that makes it particularly suitable for this type of use.

Doctor Who (Various, 1963–present) is a British science-fiction adventure programme produced by the BBC. The show premiered November 23rd, 1963, and was in continuous production from 1963 up until 1989, when it was cancelled. The run of the show from 1963 to 1989 is known among fans as "Classic *Who*." In the 1990s and early 2000s, apart from a TV movie in 1996, the show was in hibernation and existed in the form of novels, audio adventures, and other non-televised material of varying canonical[1] status. In 2005, the show was resurrected, and at the time of writing (early 2022) has been in production ever since.

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[1] In the context of literature or other cultural products, *canon* may refer either to a list of works considered sanctioned or somehow exemplary, or (especially in the case of popular fiction) to "the source contents of franchised work" as opposed to *fanon*, information not directly derived from the source contents but widely accepted by fans (Kahane, 2016). When used in reference to *Doctor Who* or similar works of fiction in this thesis, the term is used in the latter sense.

To distinguish the original run of the show from the revival after the 16-year hiatus—that is, the "old" series from the "new"—the series from 2005 onwards are often referred to by fans of the show as "Nu*Who*." Although this distinction is made between the "old" and "new" runs of the show, both are considered part of the same narrative continuum and viewed as canonical *Doctor Who*.

Over the course of nearly 60 years and over 30 seasons or series, *Doctor Who* has achieved mainstream popularity: although the ratings of the show have fluctuated, the final viewing figures for the opening episode of the revival in 2005, for example, surpassed 10 million (Kistler, 2013, p. 232). In addition, the abundance of merchandise and other paraphernalia attest to its commercial success among the wider public. At the same time, the show has long enjoyed a cult status among devoted science-fiction enthusiasts. The somewhat paradoxical situation of being simultaneously a mainstream-popular show and a cult favourite is discussed in 1.3.2. In addition to depicting adventures in time and space, the show has tackled themes and issues ranging from cloning to the ethics of warfare and from religion to the right to knowledge—and, of course, immortality.

In its essence, *Doctor Who* is about a time-travelling alien known simply as the Doctor. He[2] travels through time and space in a spaceship called the TARDIS, or "Time And Relative Dimension(s) In Space," which looks like a blue 1960s British police box on the outside but is considerably bigger, and also filled with alien technology, on the inside.

The TARDIS is capable of both flying and materialising out of thin air. In the early years of the show, the TARDIS malfunctions and takes the Doctor to random places and points in time, but later on becomes more manageable, and in the 2000s, the Doctor has generally been able to control where and when he wants to travel.

During his travels, the Doctor is almost always joined by one or more companions, as friends and allies of the Doctor who accompany him on his adventures in the TARDIS are generally referred to. Most are human and often serve as audience surrogates, asking the questions that the viewer might have and offering a relatable counterpoint to the alien Doctor. Despite the prominent role of its science-fiction features, the show itself also places its science-fiction and

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[2] As explained later on, the Doctor has the capacity to be regenerated as either male or female. However, in this thesis, for the sake of clarity and linguistic ease, the Doctor is referred to as "he," unless specifically referring to the female thirteenth Doctor. The same applies to other Time Lords who have been regenerated as both male and female; unless referring to a specific incarnation, the pronouns generally associated with the gender represented by the character most often are used.

fantasy elements next to and among "ordinary" settings and people resembling those encountered in the reality of the viewer—"familiar, but different, normal and uncanny" (Tulloch & Alvarado, 1983, p. 16). In terms of this thesis, the show's position—somewhere between the everyday and the extraordinary—makes it particularly suitable for examining ethical questions relevant to but impossible to encounter as such in present-day reality, as discussed in more detail in 1.2.4.

The Doctor's core characteristics and personality traits include scientific curiosity, a penchant for adventure, and a strong sense of justice—although he is generally a pacifist at heart, opposed to using violence, he is nonetheless ready to try and defend the good against the forces of evil in the universe. Many of his adventures begin as outings aiming to satisfy his curiosity or to share a particularly interesting location or point in time with his companions, but turn into attempts to right a wrong or to fight on the side of good.

When *Doctor Who* began in the 1960s, very little was initially explained about the Doctor, and he was portrayed as a rather mysterious instigator of whimsical adventures. Over the years, more has been gradually revealed about him: he is an alien known as a Time Lord and comes from the planet Gallifrey in the constellation of Kasterborous. It has been revealed that the Doctor attended a Time Lord academy of some sort in his youth. As an alien, the Doctor has several physiological characteristics that set him apart from humans, despite his humanoid appearance, such as having two hearts.[3]

Perhaps the most special Time Lord feature compared to humans is regeneration, a concept widely contributed to writers Kit Pedler and Gerry Davis (Cabell, 2013, p. 34). In short, regeneration in the context of *Doctor Who* refers to a Time Lord's capacity to avoid seemingly certain death by, in essence, being reborn with a new body and personality but with the memories and experiences of his or her past selves intact. This unique feature of the show, for its part, motivates the theme of this thesis.

Regeneration was originally introduced in the story "The tenth planet" (Pedler et al., 1966) as an experimental way to continue the show after the departure of the original actor portraying the Doctor, William Hartnell. There are conflicting reports about the reasons for Hartnell leaving: depending on the source, the move resulted from either the actor's failing health or desire to return

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[3] For more background, history, and general information on *Doctor Who*, see, e.g., Tulloch & Alvarado (1983, pp. 13–35); Harmes (2014, pp. xiv–xvi).

to stage acting, a mutual decision between the actor and the production team, Hartnell's excessively territorial approach to his role (Kistler, 2013, pp. 65–66), or possibly his unhappiness with the less child-oriented direction the show was taking (Cabell, 2013, p. 32). Whatever the ultimate reason, Hartnell left, apparently for reasons not dictated by the plot. However, the show had become popular, and there was therefore an incentive to keep it in production despite Hartnell's departure.

The makers of *Doctor Who* then decided to keep the show alive with a different lead. Since the Doctor had already been established as an alien with characteristics and capabilities differing from those of humans, it was seen as within the realm of possibility to give him the capacity to essentially be reborn (and, in practical terms, be replaced with another actor).

The risky decision to replace the actor playing the lead character of the popular show was accepted among fans, and became not only a way to continue the show virtually indefinitely, but also one of the most widely known features of *Doctor Who*: regeneration episodes have become a newsworthy media event generating widespread coverage and preliminary speculation regarding the next actor to play the role. In 2017, the thirteenth[4] Doctor was announced, and in a historical move, the actor chosen for the part was Jodie Whittaker, making this the first time the Doctor regenerated as a woman (Turner, 2017).

Views on *Doctor Who*'s value from an academic perspective have varied over the years. In recent years, academic interest in the show has grown (Hills, 2010b, pp. 2–3). Research regarding *Doctor Who* has been conducted from various viewpoints, including (but not limited to) the fanbase and audience of the show (Tulloch & Jenkins, 1995), transmedia strategies used in bringing *Doctor Who* and related spin-offs to the public (Perryman, 2008), the democratisation of science in the show (Orthia, 2010), and the relationship between *Doctor Who* and religion (Crome & McGrath, 2013). As the last example suggests, there is a fair amount of material in *Doctor Who* related to religion in one way or another.

Doctor Who provides plenty of material for examining the ethics of immortality for several reasons. Firstly, issues related to immortality are a mainstay in the show: not only is the Doctor's regeneration a recurring event, but

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[4] Due to the existence of some incarnations of the Doctor whose status as "proper" regenerations is unclear or contested, some sources may number the Doctor's regenerations in slightly different ways. However, in this thesis the numbering system used is the one most widely accepted and used by sources such as the BBC (e.g. BBC One, 2022), making Jodie Whittaker's Doctor the thirteenth.

there are also many examples of characters pursuing and/or attaining immortality in other ways.

Secondly, as a work of science fiction, *Doctor Who* allows for exploration of hypothetical ethical issues by depicting them as within the realm of possibility in a way that works of fiction with a setting more akin to everyday reality easily cannot (as argued in more detail later on in this chapter). Thirdly, with regard to the focus of this study—the influence of distinct ethical traditions, namely Christian and Buddhist ethics, on a single work of fiction—*Doctor Who* serves as an illustrative example, as it contains narrative features and elements more or less directly influenced by both Christianity and Buddhism. Examples of such features are introduced in 1.2.2.

Finally, using a TV show with as large and dedicated a fanbase as that of *Doctor Who* provides an opportunity to examine how ethical ideas with roots in religion can find their way into popular fiction and reach a wide audience, without there necessarily being any religious agenda on the creators' minds or any impression of having watched specifically religious content in the minds of the viewers. In this way, the view of immortality seen in *Doctor Who* serves as an example of how the consumption of popular media exposes the consumer not only to attitudes towards ethically controversial issues in general but also to views on these issues held by various religious traditions.

1.2   Science fiction as a genre of fiction and television

Doctor Who is generally classified as a science-fiction show. Like all genre definitions, that of science fiction is flexible and up to debate. Awareness of the conventions of a genre affects the reading of works seen as representative of that genre; in order to examine *Doctor Who*, it is important to recognise the show as part of the tradition of science fiction, and to understand what this tradition entails.

What is included in (and excluded from) the label of science fiction affects the kind of narratives, rules, and conventions encountered in works considered to fit under the label, and it is therefore necessary to examine the definition of the term. Before discussing science fiction as a television genre, some identifying features of the genre in general should be established.

It should be pointed out that criteria for considering a work of fiction *science fiction* may vary. According to Roberts (2000, p. 1) the genre "distinguishes its fictional worlds to one degree or another from the world in which we actually live." In works considered typical of the genre, this distinction is achieved by

using elements such as futuristic and/or extraterrestrial settings, encounters with space aliens, or time travel. As the qualifier *science* suggests, the deviation from realism generally has to do with science, or technology, not (yet) available at the time of the creation of the work in question. Indeed, Roberts (2000, pp. 5–7) suggests that science fiction differs from other forms of imaginative fiction (such as fairytales or magic realism) in that the journeys, transformations or other unrealistic events taking place within the narrative are given a (diegetically) rational, scientific, or pseudo-scientific explanation within the story itself.

However, there is a great deal of variation within the genre. Some works may feature several, if not all, of these elements. Meanwhile, others might employ genre elements in a very limited capacity or in non-traditional ways, and yet be accepted as science fiction. According to Suvin (1979/2016, p. 80), science fiction can be distinguished by "the narrative dominance or hegemony of a fictional 'novum' (novelty, innovation) validated by cognitive logic." In other words, what makes a work *science fiction* is an essential novel or innovative element of the narrative separating it from the audience's reality, in whatever form this element may appear.

As a consciously defined and delineated genre, science fiction is quite young. Bould and Vint (2011, pp. 1–2) begin their account of the history of the genre by noting that the term *science fiction* in its current meaning has only been used since the 1920s or 1930s. However, it can also be applied to works created before the term was coined and adopted into widespread use, with works such as Mary Shelley's *Frankenstein; or, the Modern Prometheus* (1818/1994) or even Thomas More's *Utopia* (1516/1973) often cited as early examples (Roberts, 2000, p. 3).

The term *science fiction* was preceded by *scientifiction*, coined in the 1910s by influential early publisher Hugo Gernsback, who later used it to refer to the material published in his pulp magazine *Amazing stories*; this portmanteau fell out of use in favour of the term used today when Gernsback lost control of the magazine in 1929, which lead to him taking to using *science fiction* for stories published in the magazines he established to rival the one that formerly belonged to him (Bould & Vint, 2011, pp. 1–2). The latter term gradually came to signify any work featuring elements associated with the genre, such as time and/or space travel, aliens, futuristic technology, and so on.

Besides *science fiction*, several alternate terms have been used to refer to more or less the same types of work (with the emphasis possibly varying somewhat). Science fiction is often abbreviated as SF; the two can usually be used interchangeably. The abbreviation *sci-fi*, on the other hand, sometimes

carries connotations different from science fiction: SF is often used to refer to more "serious" examples of the genre, whereas sci-fi signifies works of popular "lowbrow" entertainment and might be considered by some to carry somewhat pejorative undertones. (See, e.g., Broderick, 1995, pp. 3–4.) In this thesis, SF is generally used interchangeably with "science fiction," without any intended suggestion of the quality or prestige of the work discussed.

In addition, terms such as *speculative fiction* (with the emphasis on the work describing events and phenomena theoretically possible at the time of writing, as opposed to science fiction which by default features science that is fictional in the real world) and *scientific romance* (focusing on the work as a *romance*—a work of fiction with romantic deviations from strict realism—of which science is a key element) have been used in conjunction with works containing features considered typical or indicative of science fiction (Atwood, 2011, pp. 6–7; pp. 155–158).

It is difficult, then, to definitively determine what makes a work of fiction specifically *science fiction*, or how works considered to qualify are divided into subgenres. However, most sources agree that futuristic scientific developments and space travel are features commonly found in representatives of the genre.

As established above, *Doctor Who* is generally regarded as a science-fiction show. However, as Tulloch and Alvarado (1983, p. 5) point out, the show utilises a wide range of other genres as well, and name adventure, historical romance, comedy, and Gothic horror as some of these diverse genres. As a representative of the SF genre, *Doctor Who* has drawn particular influence from science fiction's Gothic horror/romance/fantasy origins, as well as the "scientific realism" of the works of H. G. Wells (Tulloch & Alvarado, 1983, pp. 113–143).[5]

The ways in which the conventions of different genres have been incorporated into *Doctor Who*'s storytelling, as well as the relative prominence of elements reminiscent of various genres, has varied throughout the history of the show, both from story to story and from one Doctor or script editor (or more recently, showrunner) to another. As Layton (2012, pp. 5–6) suggests, the incorporation of various genres and the ability to switch between them is part of the reason for the vitality (and therefore, longevity) of the show.

In addition to being regarded as a work of science fiction, *Doctor Who* has also been categorised as "telefantasy," a term used primarily in fan circles "as a

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[5] For a thorough examination of the science-fiction and fantasy features and origins of *Doctor Who*, see Tulloch & Alvarado (1983, pp. 99–143).

broad generic category to describe a wide range of fantasy, science-fiction and horror television programmes" containing "fantastic events and characters" (Johnson, 2005, p. 2) and, as Johnson discusses at length, associated with (yet distinct from) "cult television"—shows that gain a particularly devoted fan following. Indeed, *Doctor Who*'s role as a "cult" television show is discussed in more detail in 1.3.2. Although referring to *Doctor Who* as a work of science fiction is arguably sufficient for the purposes of this thesis, "telefantasy" is a useful term in discussing the position of the show as simultaneously popular among a mainstream audience and revered by a dedicated cult following, or in identifying other shows inhabiting a similar cultural niche even beyond the genre constraints of science fiction, for example.[6]

1.2.1 Science fiction as a television genre

In outlining a definition for science fiction as a genre, Bould and Vint (2011, p. 1) pose a series of potential answers to the question "What is science fiction?" One alternative is "A marketing category to be avoided if a text is to be treated as 'real' literature." Although Bould and Vint go on to state that none of the suggestions they offer is in itself the definitive answer, which is in fact much more complex, the idea persists that genre fiction is of interest to a small niche audience only, and does not qualify as "real," serious, prestigious entertainment.

The phenomenon is commonly known in literature, but can be seen in the world of television as well. In recent years, some science-fiction programmes have garnered acclaim from both fans of the genre and so-called outsider critics, with the reimagined *Battlestar Galactica* (2004–2009) a prominent example from the 2000s (see, e.g., Hughes, 2008). However, such cases are often accompanied by insistence that the programme in question is *not* "typical" science fiction, or is high-quality drama *in spite of* being a science-fiction show. While being classified as science fiction does not make it impossible for a television show to be critically acclaimed and held in high esteem, then, the high-quality elements of the show

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[6] For a detailed discussion on telefantasy, including several in-depth case studies including *Star trek*, *The X-files*, and the 1960s British spy-adventure/SF show *The prisoner*, see Johnson (2005). See also, e.g., Lynch (2022), who characterises "Quality Telefantasy" as a genre with "critical and popular appeal, fantastical world-building and realistic, gritty character drama" (p. 11) and names *Doctor Who* as an example of "'transition' stage Quality Telefantasy" (p. 186), more specifically "UK cult telefantasy" (p. 102).

taken seriously by critics are typically considered something separate from its science-fiction features. (Bould & Vint, 2011, p. 2.)

Doctor Who, too, has experienced the challenges of being considered more than merely a niche-audience space adventure that are generally faced by science fiction. Bould and Vint (2011, p. 1) refer to the concept of "bug-eyed monsters" as a hallmark of cheap lowbrow science fiction; Sydney Newman, one of the creators of *Doctor Who*, is known for having (unsuccessfully) insisted that there be no "bug-eyed monsters" in the show, presumably at least in part because such creatures would damage the show's credibility (Kistler, 2013, p. 26).

In addition, the show has faced the further expectations (or a lack thereof) levelled at fiction aimed at younger audiences: television shows, films or literature targeted at children or teens are typically not considered serious or prestigious in the manner of works for adults. The issue of status and prestige linked to both genre and target audience is discussed in more detail in 1.3.2.

In spite of the factors working against regarding *Doctor Who* as serious or substantial, the show has attained a level of credibility. This can be seen in the increased academic interest in the show discussed in 1.1. As such, while enjoying widespread popularity among viewers looking for entertainment, the show is also increasingly recognised as worthy of analytical consideration.

Regardless, *Doctor Who* remains a work of science fiction, albeit a fairly well-established and prominent one with a large and heterogeneous audience beyond the types of demographic groups stereotypically thought of as science-fiction fans. The show should therefore be examined bearing in mind that its narratives, in part, follow the logic and conventions of the science-fiction genre. This is relevant when considering the function of *Doctor Who* storylines as thought experiments, as elaborated upon in 1.2.4.

1.2.2 Religion in (science) fiction and in Doctor Who

Despite changes in the role of religion in Western societies, as organised religion has given up many of its duties in governing the practical aspects of people's daily lives,[7] religions and religious imagery continue to be present in cultural products that in themselves are not intended as religious, works of popular culture

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[7] See Habermas (2008) for a discussion on the role of religion in so-called post-secular societies in the Western world. Notably with regard to the topic of this thesis, Habermas argues among other things that the changing and in some ways diminishing role of religion in Western societies does not mean that religion has disappeared from or become irrelevant in the public and societal sphere.

included. Indeed, in the past few decades, scholarly interest across disciplines towards the relationship between religion and popular culture has increased exponentially. (See, e.g., Forbes & Mahan, 2017.)

The presence of religion, whether explicit or implicit, extends to all kinds of media. To provide just a few examples of recent works on the topic: Wilder (2017) approaches episodes of the medical-themed television programmes *Grey's anatomy* and *Call the midwife* as "religiously significant texts" with a focus on their depiction of infants with a disability diagnosis. Holdier (2021), in turn, looks at the protagonists of the animated Disney films *Frozen*, *Moana*, and *Tangled,* using a Kierkegaardian (Christian) framework, and argues that even though the films are not religious *per se*, they exemplify Kierkegaard's tripartite model of faith and discuss moral lessons and matters of faith in a way applicable to this framework.

For an example from the world of video games, de Wildt and Aupers examine the presence and significance of religion in both the *Final fantasy* series (de Wildt & Aupers, 2021) and in online forum discussions concerning both the aforementioned video game series and others (de Wildt & Aupers, 2020). As these examples show, religion has been found to appear in many forms and fulfil various roles in works of contemporary popular fiction.

Religion has long been a consistent feature in science fiction as well—at times in the form of satire, especially to critique the more "primitive" elements of religious beliefs (Woodman, 1979, p. 110), but even resulting in sincere explorations of belief systems and matters of faith (Buker, 2002, p. 90–92).[8] Attitudes towards religion vary greatly within the genre: whereas the world-view of *Star trek* is largely based upon a humanist philosophy wary of any higher power (Jindra, 2017, pp. 227–229), the science-fiction works of C.S. Lewis, for example, have a fairly openly Christian agenda (Parrinder, 1980/2003, p. 22).

Science and religion are frequently depicted as opposing or altogether separate systems. However, science fiction may feature elements from both realms, obviously preoccupied with issues regarding science to a significant extent but often featuring elements with overt or covert religious implications as well.

For example, the obsessed scientist (discussed in more detail in chapter 5) and the artificial being—referred to by Bould & Vint (2011, p. 33) as "two of SF's

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[8] For further reading, Buker (2002, pp. 91–92) also provides recommended titles on the topic of religion in science-fiction literature.

most enduring icons"—such as the characters found in Mary Shelley's *Frankenstein*, form a relationship of creator and creation, and as such parallel that between a creator-god and humanity (Bould & Vint, 2011, p. 33). Indeed, as a genre interested in achievements previously thought impossible for humans, science fiction regularly addresses the notion of humans faced with possessing godlike powers. Even when actively atheistic, science fiction often addresses the role and nature of God or gods, provides allegories of religious doctrine, offers commentary on the social effects of organised religion, and designs alternate belief systems to replace the old, established ones (Clark, 2005, p. 95).[9]

Although *Doctor Who* is not an example of deliberately faith-based media, religion can be considered present in the show in several ways, either implicitly or, on occasion, explicitly. Individual episodes including "The curse of Fenric" (Briggs & Mallett, 1989), "The God complex" (Whithouse & Hurran, 2011), and "Time of the Doctor" (Moffat & Payne, 2013) overtly feature religion (either real or fictional) and/or the concept of faith as a plot point or central theme.

In terms of a more overarching example, one notable element that can be viewed from a religious perspective is the very character of the Doctor. A reading encountered fairly often is one of the Doctor as a messianic figure. There are messianic elements intrinsic to the Doctor's nature, such as the way in which he continuously saves humanity, as well as his ability to be regenerated (arguably a form of resurrection); during the third Nu*Who* series, he performs particularly many Christlike actions, such as becoming human as well as dying and being resurrected (Cherry, 2013, p. 81). Sometimes the depiction of the Doctor as messianic is highlighted by way of visual cues; for example, Charles (2015, pp. 131–138) describes in detail the Doctor's regeneration sequence from the Seventh Doctor to the Eighth in the 1996 TV movie (Sax, 1996) as a scene of Christlike resurrection, with the Doctor emerging from a morgue wearing clothing resembling a white shroud.

In the third-series episode "Last of the Time Lords" (Davies & Teague, 2007), the Doctor is perhaps most explicitly depicted as a messianic figure, while his companion Martha, portrayed as a "believer," serves as an apostle, spreading word of the Doctor to all corners of the world. Martha's actions end up bringing humanity together and, ultimately, saving humankind. (Cherry, 2013, pp. 88–89.)

Although "Last of the Time Lords" (Davies & Teague, 2007) and other third-series episodes provide perhaps the least thinly-veiled examples of the Doctor's

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[9] See also, e.g., Porter & McLaren (1999) for a comprehensive examination of *Star trek* and religion.

messianic qualities, he also possesses many other characteristics that can be interpreted as Christlike in some way. These include his social conscience and passion for standing on the side of good, his role as simultaneously human and Other (appearing fully human on the outside but being fundamentally alien on the inside), and his propensity to serve as a sort of spiritual leader to his "disciples" (companions), as can be seen in the above example of "Martha the Apostle" (Cherry, 2013).

Charles (2015, pp. 1–6; pp. 131–134) also draws parallels between *Doctor Who*'s capacity to avoid seemingly certain death within the show by granting the Doctor the possibility of regeneration, on the one hand, and in real life by the show bringing itself "back from the dead" even after cancellation, on the other. This comparison suggests that the messianic element of resurrection is present not only in the form of plot points and character attributes, but also as a real-life property of the show itself. Although the focus of this thesis is not on the real-life conditions in which *Doctor Who* is produced, this observation by Charles is worthy of note even as an example of the various ways in which religious meaning is discerned from and/or applied to the show.

Another possible religious interpretation of the Doctor is to view him as an example of Buddhist values, such as enlightenment and compassion. The Doctor may not be fully enlightened or absolutely compassionate (as discussed in more detail in part II), but he usually displays more of these qualities than those around him, and as such is closer to reaching the status of a buddha than the average person (Larsen, 2013, p. 175). Furthermore, as a Time Lord, the Doctor's capacity to regenerate exemplifies a sort of reincarnation, which is a concept essential to Buddhism in addition to resembling the (Christian) idea of resurrection.

Combined, these features (compassion and regeneration) make the Doctor a more Buddhist figure than he would be with just the first of the two: being wiser and/or more predisposed to have compassion for others are fairly common characteristics of a heroic leading character, and yet those such as Larsen (2013) appear to view the Doctor as an example of Buddhist values in particular. The association is most likely at least not lessened by the Doctor's regenerative powers; arguably, people are more likely to read the Doctor's intelligence or compassion as Buddhist because he is also capable of reincarnation and has the wisdom and compassion of, for all intents and purposes, several lifetimes to draw upon.

For this thesis, Christian and Buddhist ethics were specifically chosen as the two religious lenses through which the depiction of immortality in *Doctor Who* is

examined. This choice is motivated not only by the prominent role of immortality in the show, but also by both the cultural context in which *Doctor Who* is produced and the history of the development of the show.

Created and produced in the United Kingdom from the 1960s onwards, the environment in which the show is made is culturally and historically Christian. Even though the creators of the show may represent a variety of religions and worldviews, the underlying influence of culturally and historically relevant religious ideas and values should not be underestimated; the meaning and role of "implicit religion" is expounded on in 1.2.5. Based on the cultural environment in which the show was created and continues to be produced, then, it appears reasonable to assume that the influence of Christian ethics may be detected in it.

As for Buddhism, the show features some remarkably Buddhist elements, some of them openly deliberate. This was especially the case in the 1970s, when the show's producer/writer Barry Letts, a practicing Buddhist at the time (see, e.g., Matsuuchi & Lozupone, 2015, p. 490), incorporated his interest in Zen Buddhist meditation into the story "Planet of the Spiders" (Sloman & Letts, 1974) in particular. ("Planet of the Spiders," as well as the influence of Buddhism seen in the story, is discussed in more detail in part II.)

Even beyond this especially salient example, the concept of regeneration in particular is in many ways reminiscent of the Buddhist idea of reincarnation, whether or not this resemblance is deliberate. Buddhism or Buddhist elements can be detected in other stories as well, Larsen (2013, p. 174) naming "Marco Polo" (Lucarotti et al., 1964), "Kinda" (Bailey & Grimwade, 1982), and "Snakedance" (Bailey & Cumming, 1983) as some noteworthy examples.[10] Because of the influence of Buddhism in the history of *Doctor Who*, examining the show for elements reminiscent of Buddhist as well as Christian ethics, in particular, can be considered a justified approach.

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[10] In the aforementioned "Kinda" (Bailey & Grimwade, 1982) and "Snakedance" (Bailey & Cumming, 1983), the antagonist in both stories is named "the Mara," clearly inspired by Māra, a Buddhist demon/god-entity regarded as a symbol of evil and destruction. As in the case of "Planet of the spiders" discussed above, the thinly (if at all) veiled references to Buddhism in these stories too are deliberate, and are acknowledged as such by the writer, Christopher Bailey; examples include references to the connection between the evil of the Mara and the elements of *samsara* such as *dukkha*. (Nichols, 2019, pp. 181–191.) (For a detailed examination of Māra as a Buddhist concept or entity, see Nichols, 2019.) Although "Kinda" and Snakedance" do not focus on immortality as such and are therefore not included in the data examined in this thesis, their use of Buddhist imagery and ideas (including ones discussed here) is worthy of note. In addition, the stories would offer ample material for further research examining the worldview and ethics of *Doctor Who* from a Buddhist perspective.

On the other hand, as a science-fiction show seeking to provide rational (at least within its diegetic universe) explanations for the seemingly supernatural, the worldview of *Doctor Who* may also be seen as an example of secular humanism. This view is discussed in great detail by Layton (2012), who states among other things (p. 6; p. 43) that the show tends to promote a secular humanist approach to ideas such as the supernatural (using science and reason to offer a rational rather than marvellous explanation for fantastic events).[11]

Several stories, such as "The face of evil" (Boucher & Roberts, 1977) and "Planet of fire" (Grimwade & Cumming, 1984), also present religion as misguided and as a tool to control people, and/or depict entities mistakenly worshipped as gods. This approach is reminiscent of the largely secular or agnostic humanist worldview of the original *Star trek* series from the 1960s in which organised religion was generally presented as superstitious, irrational, and misguided (Pearson, 1999, pp. 14–18).

While *Doctor Who* does appear to embrace principles central to secular humanism on many occasions, and often takes a critical stance towards (organised) religion, I would argue that this does not mean that the show's worldview precludes the meaningful presence of religion or spirituality, as further suggested by the existence of scholarly work such as that by Crome and McGrath (2013). However, as Layton's (2012) argument demonstrates, the worldview and values of the show can be approached from varying angles and interpreted in numerous (arguably valid) ways. In any case, the role and significance of religion in the show are certainly questions worthy of contemplation and examination.

Part II of this thesis goes into detail on the topic of *Doctor Who* and the role of Christian and/or Buddhist ethics. For now, as the overview presented above shows, suffice it to say that religious themes and imagery abound both in science fiction in general, and in *Doctor Who* in particular.

1.2.3 Television narratives as primary data

This thesis uses a fictional narrative in the form of a television show to examine ethical questions. As Hägg et al. (2009, p. 16) point out, fiction opens up new and exceptional viewpoints into the human experience (see also Mäkelä, 2009); because of the various narrative devices available to the writer (such as the use of

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[11] See Layton (2012) for an extensive examination of how *Doctor Who* can be interpreted as displaying the principles of secular humanism.

an omniscient narrator, for example) these viewpoints can often only be found in deliberately constructed narratives.

While constructed narratives can comprise events both factual and fictitious, this thesis examines ones where both the form and the content is created for the purpose of telling a story. In such cases, the narrative choices (focalisation, structure of narration, reliability of narrator, and so on) as well as the plot of the story, both specifically crafted for the occasion, may serve to deliver a specific kind of story that has the ability to impact the audience on a level both rational and emotional.

The events depicted in a constructed fictitious narrative may not correspond on all accounts with what is known about reality (as is certainly the case with science fiction, as discussed above). What it can offer instead is a coherent story, with a predetermined plot and possibly a message, either explicit or implicit, aimed at the audience. Opportunities such as these make a constructed narrative such as a television show a bountiful source of material for examination; looking into what kind of story the creators of a television show have decided to tell may offer illuminating insight into what it means to be human in the view of these creators, or what kind of things people hold (or perhaps, in the opinion of those behind the work, should hold) valuable. The properties making fictional narratives, especially science-fiction ones, suitable for the examination of ethical issues are elaborated on in 1.2.4 and in 1.2.5.

A scripted television show is written as a narrative from the beginning; the aim is to tell a story, and both each individual episode and the show as a whole has a plot of some kind. While television and cinema obviously have much in common—both make use of many of the same audiovisual methods of storytelling—as Ellis (1992, p. 1) points out, there are many key differences between the two as well, regarding matters such as forms of narration, aesthetic, and representation of people and events.

One crucial difference between television and film has to do with the very serial nature of a television show: whereas a film may constitute a standalone work of art and focus on features such as visual aspects or creating a specific atmosphere instead of telling a story as it is conventionally understood,[12] episodes in a television show are generally expected to have at least some degree of narrative cohesion between one another. As a result, television shows might be

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[12] See, e.g., Schrader (2018, pp. 1–33) for an introduction to non-narrative filmmaking and "slow cinema."

considered more narrative-oriented by nature than films (with the possible exception of series of films, which form a narrative continuum of some kind from one film to another and, in this sense, combine some of the traditional properties of films and television shows).

The narrative-oriented nature of a television show (especially in the case of a programme with as exceptionally long a history as *Doctor Who*) provides ample material for this study in the form of long-running and regularly revisited narratives regarding the prospect and ethics of immortality. Not only does it offer material for examining individual instances of characters experiencing or expressing opinions regarding immortality, but it enables observation of recurring themes and patterns in these experiences and opinions. Therefore, a television show is arguably a well-suited medium to serve as data for a study of this kind, with the genre and history of *Doctor Who* making it particularly suitable as a representative of this medium.

Television programming is often a highly culturally-bound phenomenon, and both the larger matter of a particular nation's broadcast television programming and the individual programmes it consists of are intrinsically tied to the economic, social, and political reality of the nation in question (Ellis, 1992, p. 5). As a result, examining television from the outside, as a non-native to the country of origin of the programme in question, is always challenging, since many cultural considerations familiar to any native audience member may go unnoticed in the process.

On the other hand, an outside observer has the advantage of having perhaps a more objective eye to the subject of study, which in turn may enable finding viewpoints that might not even occur to someone coming from within the sphere of influence of the television culture in question. In the case of this thesis, not being British or immersed in British television programming from a young age might allow me to make observations regarding *Doctor Who* to which a British observer might be too accustomed to consider noteworthy. (More on the author's relationship with the material in 1.3.2.)

Also worthy of note is that the reading and interpretation of television narratives has varied both over time and between schools of interpretation. One major division between ways to approach television (or, indeed, texts in general) is found in structuralist versus poststructuralist approaches to the "meaning" of the text. According to structuralism, "each element within a cultural system derives its meaning from its relationship to every other element in the system" (Seiter, 1992, p. 32) with the meaning always rooted in these elements in the

system. Since the meaning, or "'truth' of the text" (McKee, 2004, p. 212), is determined by specific elements in the cultural system, it may be considered a "fixed," identifiable entity of sorts; in other words, from a structuralist viewpoint it is possible to define and locate the "true meaning" or message of a text such as a television show.

In recent decades, the structuralist view of meanings as universally identifiable regardless of the context of the viewer or interpreter has been challenged. As a result, poststructuralism emphasises "that meaning is always situated, specific to a given context" (Seiter, 1992, p. 61), produced by the viewer's interaction with the text. Therefore, instead of seeking to identify a "correct" way to decipher the meaning or message of a text, a poststructuralist approach acknowledges that the analysis and interpretation of said text is informed and shaped by the position and subjectivities of the one(s) doing the interpreting.

To use *Doctor Who* as an example of this debate, views regarding how to interpret and "read" the show, and what the role of the audience is in this process, have changed and evolved over the years. In fact, although Tulloch and Alvarado approach the show from a structuralist perspective in their study (see, e.g., Broughton, 2008, p. 206), in their book published in the 1980s (Tulloch & Alvarado, 1983, pp. 9–10) they point out that television shows "construct different subject positions" for different sectors of their audiences, and that although the focus of media research had at their time of writing extended to the variety of readings enabled by this, the topic merits more research.

For instance, Fiske (1983/2004) examines *Doctor Who* from a structuralist perspective in order to identify its "hidden" political agenda, which he then describes as promoting capitalist values. McKee (2004), in turn, takes a poststructuralist approach, challenging the idea of identifying one single agenda as the hidden truth about the politics of *Doctor Who*. Using interviews with fans of the show, McKee demonstrates that both the politics apparently promoted in the show and its very significance or value as a political text in the first place are open to interpretation—among which, he argues, it is not possible to pinpoint a "correct" one.

Another example of differing (and at times perhaps unexpected) readings, relevant to the themes discussed in this thesis, is introduced by Tulloch and Alvarado (1983, p. 295; p. 335), according to whom a group of Buddhist university students watched the *Doctor Who* story "Kinda" (Bailey & Grimwade, 1982), and despite being familiar with the Buddhist concepts employed in the

story did not view it as particularly "Buddhist" but rather as a work of imaginative Western entertainment. As these examples show, the issue of how (or whether) texts can be interpreted "correctly" has both been given attention and deserves more in the future.

Prominent academic works on the audience of *Doctor Who* (e.g., Tulloch & Jenkins, 1995) have both acknowledged the influence of the researcher's background and position on the findings produced, and examined the multitude of possible interpretations of texts within the science-fiction genre as well as factors influencing these interpretations. Although the focus of this thesis is not on differences between the various schools of media analysis, it is worth bearing in mind that when reading texts, the interpretation arrived at may be understood either as the definitive one or as one possibility among many. As discussed in more detail later on in 1.3 and at various points in part II, the author's subjective position is acknowledged and accepted as a significant factor informing the findings of this thesis.

1.2.4 Science fiction as a thought experiment

In this thesis, the ethical implications of immortality are examined using situations impossible in real life, yet considered plausible in the context of *Doctor Who* via suspension of disbelief. Here, I argue that using science-fiction stories as thought experiments provides a useful canvas for the examination of ethical dilemmas.

Like scientific experiments in general, thought experiments consist of setting up a situation and observing what happens next. However, as the "thought" part suggests, thought experiments take place within the mind: like all experiments, they are "'what-ifs' with a purpose," but unlike empirical studies, they deal with entirely imaginary situations. (Tittle, 2016, p. x.) In other words, when conducting a thought experiment, it is not just the initial "what-if" that is conjured up in the mind; both the experiment itself and its potential outcomes as well as their implications take place in the imagination, rather than in any observable form that could be measured or repeated as such.

Thought experiments are a frequently-used argumentative device in philosophy (see, e.g., Tittle, 2016) as well as in the natural sciences (see, e.g., Brown, 1991). The idea of experimenting with hypothetical scenarios in order to say something about the real world has been around and used by philosophers since at least ancient Greece. However, the term "thought experiment" is

relatively new: the exact origins of the term are somewhat unknown, but the first use of the German term *Gedankenexperiment* in a scientific context may be attributed to Hans Christian Ørsted in the early 19th century (Roux, 2011, pp. 4–5).[13]

Famous examples of philosophical thought experiments include Frank Jackson's Mary the brilliant scientist investigating colours in a fully black-and-white room, and "The Prisoner's Dilemma," formalised by Albert W. Tucker, dealing with the difficulty of cost-benefit analysis hingeing on the decision of another self-interested person (Tittle, 2016, pp. 64–65; pp. 202–203). Among the best-known thought experiments from the field of natural science are Galileo's idea of a heavy cannon ball attached to a lighter musket ball, aiming to prove that all bodies fall at the same speed; Einstein's elevator, in which the inside observer is unable to tell whether the elevator is in acceleration or the items within it are falling; and Schrödinger's cat, simultaneously alive and dead (Brown, 1991, pp. 1–3; pp. 17–20; pp. 23–25). (For many more examples in much greater detail, see Tittle, 2016; Brown, 1991).

Although the thought experiments described above are intended to be used in the context of philosophical reasoning or scientific research, this does not need to be the case. According to McAllister (2013, p. 11) a thought experiment can be seen "as an instance of the application of imagination to construct representations of the world," while imagination constitutes the "mental capacity for conceiving entities, states of affairs, events, and phenomena that have not previously been observed."

In other words, any imaginary representation of the world could arguably be considered a thought experiment, regardless of whether the intended use of this representation is in natural science or, for instance, in a fictional story. Indeed, conceiving states of affairs not previously observed is an essential characteristic of the type of material under examination in this thesis—that is, speculative or science fiction.

As pointed out by McAllister (2013, p. 13) and discussed in much greater detail by Brown (1991, pp. 49–58; pp. 75–90), thought experiments are regarded by Platonists, who consider abstract concepts to exist independently of humans just as physical objects do, as a means for apprehending and making sense of the world using methods other than empirical data and tangible evidence. In other

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[13] For more on the historical uses of thought experiments, see Roux & Ierodiakonou (2011).

words, objects and concepts that can only be reached by the mind, or the imagination, are seen as a valuable tool for scientific purposes.

However, as Daston (1998) argues, the relationship between science and imagination has been fraught since at least the Enlightenment, with imagination seen as a deceptive force that allows for the conception of impossible, untruthful, or even morally reprehensible things; while "active imagination" was seen as subservient to will and rational reason, "passive imagination" was considered to give rise to nightmarish delusions and emotional disturbance.

Overlooking other possible moral aspects of imagination and focusing solely on its relationship with truthfulness, in the case of science fiction, the issue of "deceptive" imagination discussed by Daston (1998) is arguably not a significant problem, since there is no requirement for realism. Unlike in the natural sciences, a leap of imagination conjuring up scenarios or innovations impossible in real life is not considered deception when telling an explicitly fictional story. Consequently, it does not necessarily detract from the value of the work of science fiction in question when it comes to its merits as a narrative or as entertainment (although proponents of "hard" science fiction, focusing on strict scientific accuracy, might disagree).

While discussing the role of thought experiments in the natural sciences, McAllister (2013, pp. 12–17) presents four different perspectives to the role of imagination in science. Two of these perspectives take a rather critical view towards imagination with regard to science, and view imagination as either inferior to empirical discovery or simply an insufficient tool for transcending what the one doing the imagining is already familiar with. The other two perspectives, in turn, consider imaginative creation as a means of, or even an inseparable element of, scientific discovery—not simply as "an extension of observation as a means to construct representations of the world," but as "partly constitutive of the activity of representing the world." (McAllister, 2013, pp. 14–17.)

As the differing perspectives presented above show, defining the role or the possibilities of imagination with regard to science is not straightforward; indeed, it can be considered as either detrimental or essential to scientific discovery. The perspective viewing imagination as a means of scientific discovery proposes that science, in fact, resembles art, in that both use imagination to create something new. Seeing such a resemblance between the methods of science and art is in contrast with the attitudes held, on the one hand, by scientists mistrusting imagination because of its supposedly deceptive nature, and, on the other, by

proponents of Romanticism seeing science as a force stifling imagination. (McAllister, 2013, pp. 15–16.)

The relationship between science and imagination may also be argued to go both ways: as imagination can be said to fuel scientific discovery, so scientific discovery can also fuel creative imagination. As an example, McAllister (2013, p. 16) mentions how 17th-century discoveries made using the telescope and microscope provided inspiration for authors of the time (see also Nicolson, 1956).

This kind of relationship between science and imagination is a characteristic, even essential feature of science fiction: as can be seen in early SF publisher Gernsback's definition of *scientifiction* as "a charming romance intermingled with scientific fact and prophetic vision" (Haywood Ferreira, 2007, p. 432) in the early 20th century, and even in early science-fiction-esque works such as Mary Shelley's *Frankenstein*, scientific innovations have inspired writers throughout the existence of the genre.

Conversely, gadgets and technology first introduced as concepts in science fiction have inspired scientists to create real-life equivalents. For example, innovations often cited as at least partly inspired by those seen in *Star trek* include tablets and voice-recognition technology, while technologies resembling tricorders, holodecks, and replicators are being developed (see, e.g., Berlin, 2016; Siegel, 2017). The real-life creation of *Trek*-inspired technology is an example of the interplay of science and imagination coming full circle: real-life technological innovation inspires *Star trek* to dream up imaginary technology, which scientists then use as inspiration for further real-life innovations. In this case, imagination both feeds and is fed by science.

McComb (2013) examines the defining qualities of thought experiments based on Wittgenstein's "family resemblances": in order to count as a thought experiment, the case in question (such as a concept presented in a science-fiction television show) needs to contain "a high enough ratio of relevant family resemblances to dissimilarities" with something clearly considered a thought experiment (McComb, 2013, p. 209).

McComb goes on to define five forms of family resemblance, proposing that in order to qualify the case as a thought experiment, at least four of them need to be met while few or no dissimilarities are encountered. According to McComb (2013, pp. 209–210) the five family resemblances that the case needs to feature are:

1. A hypothetical—a scenario entertained by the audience either with no regard to or despite it not being true in the real world;
2. an imaginable—something that the audience can visualise despite it not being perceivable by the senses as such;
3. our own activity—the audience actively interpreting or reasoning about the case rather than just observing it;
4. a "proper cognitive upshot"—containing something "that is supposed to justify or clarify something distinctive and more general than itself" (McComb, 2013, p. 210); and
5. no requirement of empirical justification for the veracity or possibility of what the case is suggesting.

It could be argued that as a genre of fiction, science fiction may be especially suited for bridging the gap between science and art. As the very name of the genre suggests, works classified as science fiction make use of concepts and language borrowed from science in a work representing an art form of some kind (e.g., literature or film) virtually by definition.

As McComb (2013, pp. 217–218) points out, calling a classic fictional narrative *in its entirety* a thought experiment is debatable, since it is usually so varied and complex that it does not fulfil the criteria of "family resemblances" presented above, or presents enough dissimilarities to make its status as a thought experiment questionable in places. However, a fictional narrative may *contain* thought experiments as concepts or plot points. To use McComb's example, the novel *Sophie's choice* might not qualify as a clear-cut thought experiment in its entirety, but the titular choice depicted in the novel could very well count as one (McComb, 2013, p. 217–218). Similarly, even if an episode of *Doctor Who*, or the entire show, does not necessarily fulfil the criteria for a thought experiment, a scenario or invention presented in it certainly might.

In terms of science fiction, or more specifically, immortality-related storylines and scenarios in *Doctor Who* (i.e., the focus of this thesis) it could be argued that the above "family resemblances" suggested by McComb (2013, pp. 209–210) are met:

1. In these stories, immortality is accepted by the viewer as a fact in this context, regardless of it being feasible or not in the real world.
2. It is primarily the writer of the story who first visualises the concept that is then visualised for the viewer by the production team. However, since a concept such as achieving immortality is based on imagination and not on

any real-life event that the writer or the audience could see, it could be argued that turning such a concept into a televised story involves visualisation of an imaginable.

3. Turning the concept of immortality into a fully-fledged narrative involves not only considering the idea of life without end but actively processing and expanding on it. Again, the activity in this case mainly falls upon the writer of the story, rather than the viewer; nevertheless, active processing of the concept rather than mere passive observation of it on the viewer's part is undoubtedly involved. In addition, as McComb (2013, p. 218) suggests with regard to literary fiction as a thought experiment, the reader (or, in this case, the viewer) often reasons about the narrative under inspection and comes up with alternative outcomes and conclusions of his or her own.

4. The immortality-themed stories featured in *Doctor Who* can certainly be considered to "clarify something distinctive and more general than itself" (McComb, 2013, p. 210), as this thesis sets out to argue.

5. A science-fiction story has no obligation to justify its existence by providing empirical evidence of what is being presented as being possible in the real world.

Using the prospect of brain transplants as an example, McAllister (2013, p. 14), referring to Wilkes (1993, pp. 15–21) points out that since there is no real-life experience to guide us, "conclusions drawn from them about personal identity must be counted arbitrary." The same could be said about the topic of this thesis, immortality: since we have no way of observing the real-life effects of immortality on identity, moral character, or quality of life, any conclusions drawn or assumptions made are, at best, educated guesses ultimately based on imagination. With no way of conducting actual experiments or collecting real-life data on experiences regarding immortality, we are left with little choice but to use imaginary cases as material.

In this thesis, the focus is on depictions of immortality, either pursued or attained, especially in terms of what these depictions suggest regarding the limits of humanity and the hypothetical implications of immortality to the human experience. Viewing the examples discussed as thought experiments is arguably justified, since in the context of this thesis they serve, in Tittle's (2016, p. x) words, as "'what-ifs' with a purpose" and to quote McComb (2013, p. 210), have a "proper cognitive upshot." In this case, the "what-if" being asked, and the question "more general than itself" being answered by the fictional scenario, is

What if immortality were attainable—what would it mean in terms of ethics and our humanity?

Thought experiments can range from simple and concise to extensive and elaborate: some famous thought experiments, such as the aforementioned examples of Galileo's cannon ball or Schrödinger's cat, are high-concept ideas simply presenting the experiment that the author wishes to discuss, whereas according to McComb (2013, pp. 217–218) an entire novel might be argued to constitute a thought experiment. In terms of a morally and philosophically complex issue such as immortality, it is useful to employ a form of thought experiment more varied than a Galileo-esque scenario describing the question at hand in a few pared-down sentences.

Using *Doctor Who* as a backdrop not only offers us a number of thought experiments regarding the possibility of attaining immortality, but also provides the additional context and detail of narrative storytelling, such as characters with backgrounds, motivations, and relatable emotions. This sort of narrative science-fiction thought experiment allows us to both examine what sort of consequences immortality might have, as well as ponder *how we might feel about it* if it were an actual realistic prospect, in a way that a simpler "what-if" thought experiment might not be able to do.

1.2.5 Constructed narratives in the study of religious ethics

As established above, this thesis uses *Doctor Who* to observe the attitudes of Christian and Buddhist ethics regarding the question of immortality. As also stated previously in 1.2.2, despite displaying the influence of both Christianity and Buddhism to some extent, *Doctor Who* is not marketed as a programme with a faith-based agenda. In the following, I provide grounds for using a cultural product not specifically created for the promotion of religious views to examine ethics from a religious viewpoint.

In this thesis, attitudes towards immortality are examined on the basis of how they are depicted in a fictional television show. Examining ethical questions in a work of fiction differs somewhat from doing so based on real-life cases: as alluded to in 1.2.3, unlike events occurring in real life, fictional narratives are deliberately created for the specific purpose of telling a story, entertaining the audience, and possibly delivering a moral of some kind. The following brief discussion of the use of fictional narratives in examining the ethical views of human communities serves to support the use of both fictional stories (*Doctor*

Who episodes) and attitudes observed in the canonical texts of world religions (Christianity and Buddhism) in identifying ethical stances, as is done in this thesis later on.

The role of narratives in shaping (and, on the other hand, reflecting) ethics and morals has been examined from various starting points. As Winston (1998, p. 25) states, the human sciences view narratives as a "natural form for the human mind to apprehend reality as lived experience"; by extension, as constant elements of the human experience, morality and ethical considerations are ever-present in the narratives that human beings and communities create.

According to Bruner (1990, p. 51; cited in Winston, 1998, p. 25) who takes the idea of morals as integral to stories further, "To tell a story is inescapably to take a moral stance, even if it is a moral stance against moral stances." Accepting the view that narratives, by their very nature, entail moral stance-taking, it becomes not only justifiable but even sensible to approach the contents and influence of specific ethical doctrines and beliefs by examining the shape they take in the context of a narrative.

This way, the particular characteristics and emphases of the ethical stance under examination can be viewed in the context of a situation in which it needs to be put into practice—if only in the context of telling a story—and, therefore, as something with resonance and relevance in the lives of those exposed to the narrative. Morals and ethical matters as part of a narrative, then, become tangible and relatable in a way they might not otherwise be, and can be examined and analysed in detail and from a variety of perspectives—not unlike in the thought experiments discussed in 1.2.4.

The concept of *narrative* is extremely broad, and an enormous variety of stories and texts, both written and not, are housed underneath this umbrella term. One useful distinction concerns viewing myths and folk tales as a tradition separate from the genre of literature in the sense of novels: narratives such as myths have origins and uses differing from those associated with works of literature, namely a pre-literate, oral background and complex cultural and spiritual connotations for their cultures of origin (Winston, 1998, p. 28).

One important sense in which myths and folk tales differ from literary works such as novels is that unlike novels, they do not have an individual author or even a collective group of authors, but are rather created as a tacitly collaborative process within a community sharing a common culture (Goody, 2010, p. 46). As such, myths can (and perhaps should) be examined from starting points differing from those used to analyse the ethical stances taken and promoted in novels.

Whereas novels or other (modern, Western) narrative works can be used to consciously promote or subvert specific moral and ethical views, myths and folk tales are not similarly created by an individual with an agenda. Therefore, they reveal aspects of a culture's values and moral stances in a manner intriguing and potentially quite rewarding for studies focusing on a specific culture's views on ethical issues.

Myths and folk tales, then, can be considered useful material for examining the values and ethical stances of a culture, in part due to their unique properties differentiating them from modern, literary narratives. Since myths are a significant element in religions, providing explanations for how things came to be and why they are the way they are (Chitakure, 2016, pp. 126–127), the same usefulness could be argued to apply to narratives in religious canon in general.

Indeed, in this thesis, in addition to episodes of *Doctor Who*, texts belonging to both the Christian and Buddhist canons (containing myths with no known or certified author) are examined to gauge the views of said religions on the ethics of immortality. Therefore, works of both the "consciously created" and at least resembling the "myths and folk tales" varieties are featured.

However, when it comes to the power to communicate and influence cultural beliefs and values, the distinction between myths and modern-day narratives with a known author should not be exaggerated. It is worth bearing in mind that despite being created by individuals capable of making conscious decisions regarding the values and ethical choices that they promote, novels and other narrative creations inevitably also reflect the thinking prevalent in the surrounding culture, including ethics. In fact, the effects and prevalence of cultural beliefs and presuppositions on works of fiction is one of the central topics of this thesis. Furthermore, it is practically impossible to get a hold of a myth or a folk tale in its natural form, so to speak, without the editorial voice of the one conveying the story, such as the storyteller relating the tale to an audience or the ethnographer recording the story for posterity.

The difference between myths and folk tales on the one hand and modern literary works on the other in terms of how they communicate and reflect the values of the individual and the community at large, respectively, is then ultimately a matter of degrees. Despite these concessions, it should be acceptable to claim that myths and novels differ as types of narrative, but that both can be used as material based on which to assess a culture's views on ethical issues in some depth.

As modern works of storytelling, the episodes of *Doctor Who* used as data in this thesis can be used for this purpose as well. In addition to being a work of popular fiction, *Doctor Who* is more specifically an example of science fiction; as argued in 1.2.4, the applicability of the concept of thought experiments to the genre makes the show especially suitable for the purposes of this thesis.

While examining religious themes in non-religious contexts, in addition to the role played by overt religious faith and practices, the role of implicit religion in society should be acknowledged. As Habermas (2008) discusses at length, while in many (Western) societies religions have relinquished or lost their control of many or most of their societal duties, and the practice of faith has become an increasingly private matter, it does not necessarily follow that religion no longer has influence or relevance in said societies, whether on a political or on a personal (individual) level. Consequently, ignoring the role and significance of religion for cultures and societies as well as for the individuals within them leads to an incomplete understanding of how these cultures, societies, and individuals make sense of the world around them, as well as of their own place and duties in it.

As a topic of academic study and interest, the idea of religion being present in social and individual experiences other than those directly linked to any established religious practice or setting is a fairly new one, having only originated in the latter half of the 20th century. Although preceded by terms such as "civil religion" by Bellah and "invisible religion" by Luckmann in the 1960s, perhaps the most widespread and most thoroughly established concept denoting aspects of religion present in settings generally considered secular is "implicit religion" by Edward Bailey (Bailey, 2010).

Bailey defines the study of implicit religion as characterised by "commitment(s)," whether conscious or unconscious, to one or several concepts or ideas; "integrating foci" on an individual, interpersonal, societal, or universal level; and "intensive concerns with extensive effects." In the field of implicit religion, "religion" may be understood both as secular (not overtly religious) phenomena in people's lives that are in some way comparable to religion, and the (conscious or unconscious) influence of established religions in contexts other than explicitly religious ones, for example "Implicit Christianity." (Bailey, 2010.)

The impact of implicit religion can be seen in art and in popular culture as well, film and television being no exception, as already seen in the example from Holdier (2021) discussed in 1.2.2 (see also, e.g., Fatu-Tutoveanu & Pintilescu, 2012). Furthermore, as Connor (2014) argues in detail with special relevance to this thesis, science fiction in particular has the capacity to explore religious ideas

and the divine, both explicitly and implicitly. Just as society and collective ideas in general are permeated by religion and religious concepts, so are the images and narratives displayed in popular entertainment.

Not only are stories and concepts from a culturally shared religious tradition familiar to the audience, they also often address themes and questions fundamental to the human experience. Therefore, applying Christian concepts and archetypes to storytelling aimed at a culturally Christian audience, for example, may convey messages and ideas to the audience in convenient shorthand form, even if the story being told is not overtly religious in and of itself.

For example, the parables of the Prodigal Son or the Good Samaritan, the image of the Good Shepherd, and the concept of messianic sacrifice are figures and themes that the viewer is likely to be at least somewhat culturally familiar with; as a result, plotlines and characters displaying qualities reminiscent of these biblical stories and concepts are easily recognisable and comprehensible to many members of the audience.

The role of religion in science fiction in particular has been addressed in research to a considerable extent. In addition to works with a focus on religion or certain religious elements in the genre of science fiction (see, e.g., McGrath, 2011; Hrotic, 2014), research has also focused on specific works of SF and the ways in which religion features in them. For instance, books have been published discussing religion in *Star trek* (Porter & McLaren, 1999), *Star wars* (Brode & Deyneka, 2012), and especially relevant to this thesis, *Doctor Who* (Crome & McGrath, 2013). Indeed, as mentioned earlier in 1.2.2, and as Forbes (2017, p. 9) states, scholarly interest in the study of religion and popular culture has increased enormously.

In addition to the research questions laid out in the introduction to this thesis, the findings presented here contribute to research regarding the role played by religions, including religious ethics, in popular fiction and entertainment. Since both the creators and consumers of popular culture are affected by what the society they live in considers ethically acceptable, better understanding of how ethical views expressed in entertainment coincide with those guiding ethical decision-making in real life may provide a more comprehensive idea of what sort of actions are considered ethically appropriate, and for what reason.

1.3   Author's perspective and position

As is the case with all research, the role and influence of the author on the treatment of the subject matter must be taken into account. Both my research interests and theoretical framework, as well as my relationship with the research material, inevitably guide my reading of the material as well as the conclusions reached. Although my academic background is primarily in the study of English and to some extent theology, this thesis makes use of literature pertaining to a number of disciplines, perhaps most importantly (social) ethics and the ethics of health care and medicine—and not by coincidence. In addition, my prior relationship with the research material places me in a dual role that may be seen as a burden but also as an asset.

In the following, I introduce the multidisciplinary theoretical framework guiding my approach to the topic of this thesis. In addition, I disclose my personal history and relationship with the material insofar as it can be seen to play a role in the research process. Similarly to what was discussed in the context of poststructuralist approaches to television texts in 1.2.3, this thesis acknowledges and strives to make transparent the subjective position and viewpoint of the author as factors contributing to the findings garnered by this particular author, in this particular context, at this particular point in time.

Ethical discussion or debate in general is always entered into from a subjective position dictated by history, location, and circumstances; some of these elements framing one's perspective may be common to groups of people, even large communities or societies sharing a common culture in some sense. This is illustrated later on in this thesis in examples such as views on immortality reminiscent of Christianity and/or Buddhism found in tropes employed in fiction or in publicised debates regarding the right to die. Just as I cannot claim to be objective in approaching my topic or to remove myself from my subjective position—and indeed, I would argue, should not even attempt to do so—neither can anyone else.

1.3.1 Ethics of health care

The purpose of this thesis is to offer an interpretation of what the prospect of immortality means in terms of our humanity, according to *Doctor Who*. Simply learning to better comprehend the narratives being told around us adds to humanity's understanding of the world; therefore, just gaining better insight into

how science fiction reflects and influences the values and ethics of its audience would arguably be a worthwhile outcome.

However, the question of immortality is connected to real-life ethical and moral dilemmas, and the ways in which *Doctor Who* approaches the prospect of immortality may be applicable to matters of life and death in real life, albeit ones not involving aliens or regeneration technology. As such, the conclusions drawn from the material under examination may be applicable to debates regarding the pros and cons of real-life pursuits of immortality or radical life extension as well.

In the analysis of *Doctor Who* stories in chapters 5 and 6, I address the ethical implications of the actions depicted in the show. Some of these implications have relevance to the ethics of health care in terms of either medicine or nursing. To provide context for my interest in the ethics of health care, as well as its relationship with the topic of this thesis, I present a brief overview of the ethics of end-of-life care, with a particular emphasis on the role of religion on decisions concerning the end of life. The purpose of this overview is to both establish the connection between the ethical stances taken in *Doctor Who* and ethical decision-making that takes place in reality, and disclose my own position and perspective in the matter.

Questions of life and death in general are among the most ethically sensitive challenges faced by health-care professionals. The ethics of life extension and other decisions involving life and death are relevant to a number of professional groups in the field of health care; in this thesis, I am primarily concerned with the implications of life-and-death questions on the ethics of medicine and nursing.

I am focusing on the ethics of medicine, because medicine is interested in finding cures and actively healing people suffering from ailments or preventing the ailments altogether, possibly even up to and including death, and therefore faces the question of whether the pursuit of life extension or even immortality is ethically justified; and nursing, because in a real-life setting, nurses are often the ones who witness and carry out the practical procedures aiming at life extension, and thus experience its ethically challenging aspects firsthand. For my part, I can personally attest to the latter claim in particular.

Having both a Bachelor's degree in nursing and professional experience working as a registered nurse in a medical ward of a university hospital (including some experience in end-of-life care) I have a particular interest in the ethics of nursing at the end of life. Moreover, as a diaconal nurse, my degree contains diaconal and theological studies as well as those directly dealing with nursing in a health-care setting. Combining the physical with the spiritual in my studies has

allowed me to see the connections and potential for mutual contribution between the two fields on a conceptual and theoretical level.

At the same time, practical training and work experience in both clinical nursing and diaconal work has enabled me to consider the real-life implications of cultural values and the ethical limits of medicine, for example. In terms of this thesis, this additional role provides me with perspective and motivation I believe I would not have if approaching the topic solely from my background in the study of the English language and culture.

Palliative and end-of-life care is a wide and complex field encompassing a host of considerations including, but not limited to, physical, psychosocial, cultural, legal, spiritual, and ethical ones (Matzo & Sherman, 2015). The complicated nature of questions regarding life and death also makes end-of-life care an ethically demanding field by its very nature, its challenges ranging from practical treatment options to questions of principle concerning the ethics of research and outcome measurement (see, e.g., Muldrew et al., 2019; Wiegand et al., 2015; Dean & McClement, 2002; Martins Pereira & Hernández-Marrero, 2018). With factors such as advances in medical interventions, an ageing population, demands for cost cuts, and an overall growing interest in palliative care adding to these challenges even further in the future (see, e.g., Zamer & Volker, 2013; Ferrell, 2013), these ethical concerns are only expected to become more pressing.

Questions faced during end-of-life care include those involving religion and spirituality. Religion may play a part in the patient's personal experience as a resource that, some research suggests, can offer comfort, improve treatment outcomes, and add to quality of life (see, e.g., Puchalski, 2010; Pevey et al., 2009). In addition, religious beliefs, values, and practices may influence and even dictate the inclusion or omission of certain medical procedures, including life-sustaining treatment at the end of life (Zamer & Volker, 2013). In other words, religion and religious values have an impact both on the patient's subjective feelings and experiences, and on what kind of treatment the patient objectively receives.

Although most world religions share many core values, such as compassion and the sanctity of life, there are differences in how these values are interpreted based on different religious traditions in individual cases. For example, Christianity and Buddhism share an idea of the sanctity of life, and both generally reject the use of any measures that would hasten death. However, McCormick (2013, p. 217), referring to Keown, points out that a Buddhist might forgo life-sustaining treatment at the end of life because it displays excessive attachment to

life. A Christian, on the other hand, might make the same choice, but on the basis of providing the suffering person with the most compassionate care possible (Zamer & Volker, 2013, p. 400). Alternatively, either one might consider the sanctity of life to outweigh these other considerations and could therefore decide to continue with life-sustaining care instead—a decision equally based on religious values and conviction.

As the above example shows, ethical decision-making usually requires extensive case-by-case consideration, and it is therefore difficult to make hard-and-fast rules about what kind of actions a certain religion would recommend in a specific situation. Furthermore, advances in medical technology make it even less straightforward to base treatment decisions on religious scripture or doctrine, given that the treatment options that people need to consider today were completely unimaginable when the doctrine took form centuries ago (see Zamer & Volker, 2013, p. 400).

Since it was impossible hundreds or thousands of years ago to make direct statements for or against procedures that no one would have thought remotely possible at the time, people today are forced to use what their religion teaches about other things to interpret how it might feel about this particular issue. As a result, it is fully possible for adherents of the same religion to reach differing conclusions, all justified by religious doctrine, on the "right" approach to an ethically challenging situation, as demonstrated by McCormick (2013). These questions are explored in further detail in chapter 3.

Religious beliefs and values do not only affect end-of-life care in the form of the convictions and wishes of the patient. Since health-care professionals are human too, their personal ideas of right and wrong may influence the treatment options they offer or carry out, either intentionally or unintentionally, although there is a high level of diversity in the views of adherents to one religion, and even in the approaches of one individual under different circumstances (see, e.g., Cohen et al., 2008; Schweda et al., 2017).

Based on the above, it is important to understand the role of religion in shaping individual views regarding ethics, not only in order to acknowledge and respect the patient's conviction but also to ensure that certain types of treatment or care are not administered or withheld simply due to the provider's (conscious or unconscious) ideas of their moral justification.

Samanta (2013) suggests that educational initiatives aiming at increasing self-awareness regarding personal values might help professionals recognise their underlying biases and thus lessen the impact of these biases. By highlighting the

influence of Christian and Buddhist ethics on views regarding immortality, this thesis offers material that can be used in this effort. Additionally, since it is impossible to use real-life case studies in this examination, the case examples from episodes of *Doctor Who* offer an opportunity to examine some potential consequences of immortality on (fictional) individuals.

Since religion plays a significant part in people's ideas of right and wrong, research focusing on religious ethics in ethically challenging situations, such as end-of-life care, has the potential to clarify and facilitate decision-making in such situations. By looking into how a certain religion feels about an ethically challenging decision, and why it feels the way it does about it, research may be able to offer new insight into what kind of actions might be most in line with what the religion considers ethically right.

My Bachelor's thesis for my diaconal nursing degree (Vuolteenaho, 2021) examined ethical challenges faced by nurses in end-of-life care, focusing on how Christian ethics and the Christian view of humanity are reflected in the challenges experienced by nurses as well as in their thoughts on how to best resolve these challenges. The objective of the Bachelor's thesis was to increase awareness and understanding regarding the influence of culture and religion on personal and societal values and on ethical decision-making. As such, the objective of the current thesis is largely the same—shedding light on the connection between religion and ethical decision-making, particularly pertaining to matters of life and death—albeit on a scope larger and more general than just in the context of nursing or end-of-life care, and with the added objective of arguing for the use of science fiction to examine ethical questions with relevance to real life as well.

Based on the parallels between the aims of my previous work and this thesis, I argue that although the primary data (*Doctor Who*) or the topic under examination (immortality) of this thesis may not be directly tied to the ethics of health care in real life, the findings presented here are applicable to ethical decision-making in health-care settings (including end-of-life care) as well, given that they provide insight into what informs ethical views and how the ethical principles of different ethical schools of thought are translated into ideas of right and wrong in the case of real-life ethical dilemmas.

In terms of the ethics of medicine and nursing, this thesis offers insight into how Christianity and Buddhism view human attempts to live longer, or even forever. Even though on the surface, the unrealistic thought experiments used as primary data here do not reflect the situations faced by medical professionals on a daily basis, the basic questions faced by the characters in *Doctor Who* and by

real-life health-care workers working to sustain life are ultimately the same: *Should we be able to live significantly longer or to avoid death altogether? What would happen to us if we could do that? What would be the price of immortality? Who, if anyone, should have the right to live forever?* This thesis uses fictional scenarios to provide answers to these types of very real questions. By doing so, it provides the field of health care with tools to help determine whether attempts at life extension might be embraced or rejected by those adhering to a certain religious tradition or ethical framework.

In *Doctor Who*, the prospect of immortality is real, whereas in our reality, the most we can currently aim for is some degree of life extension. However, with ongoing advances in medical technology, and even research explicitly aiming at radical life extension (see, e.g., Dragojlovic, 2013) becoming better-equipped to handle ethical decision-making regarding whether to pursue a longer or indefinite lifespan may not be an altogether irrelevant preoccupation.

1.3.2 Popular culture as research material and author's role as a "scholar-fan"

Works of fiction simultaneously reflect how the culture in which they are produced sees the world, and influence the attitudes of their audience towards events taking place in the world around them. The latter is especially true for products of popular culture that are consumed by large audiences for entertainment purposes. Even if a work of fiction does not set out to deliver an explicit moral statement, the way in which it portrays characters as heroes or villains, or the type of consequences it presents for certain kinds of actions, both reveals something about the ethical views of the creators of the work (whether intentionally or not), and has the potential of influencing the views of the audience on the issues depicted in the story as well. To quote Forbes (2017, p. 5), "Put most simply, popular culture both reflects us and shapes us, and the implications of that twofold dynamic are profound."

When using a product of popular culture as research material, attention should be paid to how the nature of the product under examination affects how it is read. The reading and interpretation of a text is inevitably affected by the cultural status and role of the text, be that because of how popular or well-respected the text is, what kind of audience it has, or what kind of relationship exists between the text and the one doing the examination. In terms of *Doctor*

Who, analysing and drawing conclusions from episodes of the show may be influenced by all of these factors, whether consciously or unconsciously.

As established earlier, *Doctor Who* is a popular and influential science-fiction programme in terms of both viewing figures and cultural impact. This popularity and status as a cultural institution (especially in the United Kingdom) may influence the ways in which the show is viewed: different things might be expected from a widely watched and popular show than a cult programme known only to a select group of dedicated people, for example.[14]

In addition, the popularity and wide audience of the show is likely to influence the contents of the show to begin with: different narrative decisions may be expected of, and allowed for, a popular show broadcast on BBC One than a more "niche" show on one of the less prominent BBC channels, on a cable network, or on an online streaming service. This could mean the level of tolerance of so-called adult themes such as sex, violence, and strong language—as seen in how *Doctor Who* airs on BBC One while the less family-oriented *Torchwood* (Davies et al., 2006–2011) was initially broadcast on BBC Three (BBC Press Office, 2007)—or simply of plot and production choices with less mainstream appeal.

At the same time, related to the discussion in 1.2 of the show as "telefantasy"—a show both featuring fantastic (in this case, mainly science-fiction) elements and enjoying a dedicated fan following (see Johnson, 2005, pp. 1–3)—*Doctor Who* retains a reputation as a kind of cult show with a devoted (and often highly opinionated) fan base. The prominent role of *Doctor Who* fans, along with the views and theories espoused by them in outlets such as online discussion boards, may also affect the attitudes and conclusions drawn by the viewer while watching the show, even if unintentionally. As Hills (2010a, pp. 97–103) argues, the status of the show has vacillated between "mainstream" and "cult" over the years, its cultural role and significance also largely dependent on where the show has been watched (e.g., in or outside the United Kingdom), and goes on to suggest that it is possible for a programme such as *Doctor Who* to be both mainstream and cult at the same time.

The word *audience* can be used to refer to either mass audiences of a media product—anyone watching or following it—or, alternatively, to subcultures (such as fan cultures) sharing a link more profound than the shared viewing experience

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[14] See Tulloch & Jenkins (1995, pp. 144–172) for the role of *Doctor Who* fans in relation to the wider audience of the show.

at hand (Ross & Nightingale, 2003, p. 4). In addition, affecting the way in which a cultural product is viewed and analysed is not only its *actual* audience but also its *intended* one.

For example, *Doctor Who* was first created to serve as educational entertainment for children, and generally continues to be marketed to all ages. Even though many of the themes and storylines featured in the show, including the ones discussed in this thesis, are similar to those seen in works aimed primarily at adults, both the narrative choices made in the show because of its target audience and the viewer's preconceptions and expectations towards something perhaps thought of as a children's show may lead the observer to draw different conclusions from the immortality-themed stories seen in *Doctor Who* than from similar ones in science fiction or fantasy targeted at older audiences.

The implications of being deemed a children's show are tied to the overall hierarchy and prestige-ranking of cultural products. Just as culture in general is ranked and esteemed according to how "highbrow" or "lowbrow" it is considered (see, e.g., Meisel, 2010, pp. 3–52), so are works within a medium or even within a genre. For example, theatre and opera are traditionally considered more highbrow forms of culture than television shows, although in recent years, television has gradually gained more respectability as a medium (see, e.g., Newman & Levine, 2012). As a television genre, science fiction was long seen as targeted for children or for an otherwise niche audience, and as such, deemed to be of lesser quality or value than fiction considered "serious" (Telotte, 2008, p. 1).

Yet even between television shows in the same genre such as science fiction, an argument could be made for one being considered more "legitimate" than another, depending on factors such as the age and gender of either the target audience or the actual fan base. In sociological terms, which cultural product is deemed to exemplify "better taste" and therefore considered more worthy than another is connected to overall societal class and power struggles: as Rahkonen (2011, pp. 125–127) states, according to Pierre Bourdieu's conception of taste and power, "pop culture" is linked to lower social standing in the class system, and thus is not something worth pursuing for the dominant class. The same connection between prestige and power can be seen in how cultural interests mostly associated with women and girls, for example, are often dismissed as frivolous and unserious (see, e.g., Levine, 2015; Harris, 2004).[15]

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[15] For critical discussion on the negative attitudes towards the vampire fantasy franchise *Twilight* based on the age and gender of its primary audience, see Hawkes (2013).

Once *Doctor Who* is accepted as a science fiction/adventure show, how (or whether) it communicates political views or other ideologies depends on what sort of interpretative framework is applied. As discussed in 1.2.3, the question of whether *Doctor Who* is "political," and indeed what it means for the show to be considered political, can be answered in a variety of ways based on both the definition of "political" (e.g., traditional state-level politics, or power structures between individuals or groups in general) and whether the narrative in question is approached from a structuralist or poststructuralist viewpoint (i.e., assuming a specific "hidden truth" about the show's message, or accepting a variety of interpretations instead of a single "correct" one, respectively) (McKee, 2004). So, the show's significance as a work depicting ideological views and attitudes—including religious ones—might even be determined not by its status as a representative of the science-fiction genre or by its target audience *per se*, but rather by where (if anywhere) the "truth" of the show's message or agenda is assumed to be located.

All of the aforementioned factors—the genre, intended audience, and actual audience of *Doctor Who,* and the theoretical lens through which the show is viewed—may influence both the content of the show and the ways in which it is interpreted, by the general public as well as by researchers (including this one). This is not to say that the genre or audience of *Doctor Who* makes it a better or worse source of data than a different show would be; it is simply worth bearing in mind that depictions of immortality in a show belonging to a different genre or aimed at a different audience might differ from those seen in *Doctor Who*, or they might be read in different ways. Whether this is the case merits further research.

Finally, the way in which the observer interprets the text under observation is unavoidably influenced by the relationship between the observer and the text. A first-time viewer of *Doctor Who* will inevitably pay attention to different things, and draw different conclusions regarding their treatment or significance, than one with extensive background knowledge of the show and possibly a sentimental attachment to it as well. Although research always aims to be objective, in that claims and conclusions should be backed by evidence and guided by verifiable findings rather than subjective feelings, it is impossible for a human researcher to be one hundred percent objective.

Even the choice of topic for a thesis is a type of bias: since the researcher is interested enough in a topic to do research on it, this interest may lead to findings different from those made by someone truly approaching the topic with no previous knowledge or interest in it whatsoever. On the other hand, the interest

shown by the researcher entails familiarity with and insight into the topic not possessed by someone with no such interest in it, meaning that the "biased" view of the personally invested researcher might bring about added depth, even if the starting point of the project is not as objective as if the topic were completely new—and therefore supposedly neutral—to the researcher.

The relationship between the researcher and the topic is often especially personal if the topic in question is a work of popular culture. After all, popular culture is typically consumed for enjoyment, and so the topic may simultaneously be a source of research material and pastime entertainment.

I approach the data of my study—the televised episodes of *Doctor Who*— from the starting point of a "scholar-fan" (Hills, 2002, pp. xvii–xxxvii): while I examine the show as primary data used in academic research, employing a theoretical framework, and this academic approach is the basis of my way of looking at *Doctor Who* in this work ("scholar"), I simultaneously acknowledge that I have a personal, emotional attachment to the show that transcends rational reasoning ("fan"). As Hills states, combining the identities of "scholar" and "fan" is a balancing act, as each community has its own norms, values, and beliefs regarding what it means to be a "true" scholar or fan.

Smith (1988, p. 41, as cited in Hills, 2002, xix) defines the authority of the scholar as based on a kind of imagined subjectivity, granting authorised members of a group favoured qualities such as sound mind, proper education and overall competence, whereas those not part of the group are seen as defective, uninformed or biased. In the case of the scholar-fan, the "properly" informed group of "sound mind" that one is considered to represent is academia, and qualities respected or expected in an academic setting include rational thought, detachment, and specialist jargon.

For a "true" fan, "good" subjectivity is not overly rational. Indeed, it is predominantly self-absent—the subject cannot articulate the fan experience in rational, discursive terms, but rather describes a vague sense of profound significance—whereas "bad" subjectivity from the fan's viewpoint is "passionless, hyper-rational, intellectualising" (Hills, 2002, p. xxii). Factors of good subjectivity for a scholar, then, are in stark opposition to those for a fan: while the scholar is expected to approach the topic of research rationally and objectively, using academic language, the fan is to view the topic with passion and emotion and to become personally involved with the subject matter without rationalising or intellectualising it too much.

As an observation touching upon the overall topic of this thesis, the fan experience described by Hills (2002, p. xxii) while discussing "good" fan subjectivity is very close to how spiritual experience is often depicted. Spirituality is generally associated with the pursuit of the sacred or the meaning of life, either in the context of religion or, increasingly, as a secular or non-religious experience of the numinous (Sheldrake, 2013). Spiritual experiences offer a glimpse into something "beyond" or greater than everyday reality, and cannot be invoked by sheer will, but may be triggered by things such as religious practice, natural beauty, or music (Rankin, 2008, pp. 5–6). This is also close to Bailey's (2010) concept of "implicit religion" discussed earlier in 1.2.5.

Indeed, Hills (2002, pp. 85–97) argues that while cult fandoms are not fully analogous with religions, they do have an element of neoreligiosity in them—hence the use of "cult," a term with religious origins, when referring to fandom. This connection is especially salient in the nebulous experience of "becoming a fan," as described to the best of their ability by fans with personal experience of the same (Hills, 2002, p. xxii). The similarities to accounts of religious conversion are evident. The spiritual aspect of fandom is relevant in terms of this thesis, as it serves as an example of the role and presence of religion (or something virtually indistinguishable from religion) as an integral part of the fan experience in what, on the surface at least, appears to be a thoroughly secular context.

As Hills describes, those identifying as both scholar and fan are often looked down upon either for not being "proper" (credible or rational) academics or for not being "real" (emotionally invested) fans, and while attempting to combine these subjectivities, they must always be mindful of the context they are in, in order to present in a way suitable in that context (e.g., using different language and displaying a different level of personal attachment when speaking in a seminar room or at a fan convention) (Hills, 2002, pp. xxxiv–xxxv). The dichotomy or tension between the two bears some resemblance to that perceived by some between science and imagination as discussed in 1.2.4, where imagination is seen as deceptive and unreliable in terms of rational thinking, and science as a force with a stifling effect on imagination (McAllister, 2013, pp. 15–16).

Having personal experience of the aforementioned challenges posed by this dual identity, I acknowledge the need to make explicit both my academic interest in the portrayal of immortality in contemporary popular fiction *and* my emotional, not-necessarily-rational fondness for the adventures of the Man (or, more recently, Woman) in the Blue Box. Although a dissertation naturally follows the practices

and conventions of academic research, the background and perspective of the one conducting the research is an integral part of the finished product and should be made explicit; a "pure" non-fan scholar would in all likelihood produce different results. That said, the role of the scholar-fan in an academic context is primarily that of a scholar, and perhaps the most important role of the "fan" aspect of the identity of the scholar-fan conducting research is to keep the motivation and passion to persist with the material at hand alive.

It may appear at first glance that the two roles—that of scholar and that of fan—are antithetical and stand in each other's way. However, it is possible for the two to coexist and, as I have argued above, even contribute to one another: in terms of doing research, the simultaneous role of a fan may add insight into the material and allow one to notice things possibly missed by a less invested researcher, as well as to hold one's motivation for and interest in doing the research for longer than those of a researcher with no personal investment.

A personal attachment to one's topic of research is simultaneously a limitation and an asset. On the one hand, it may inadvertently guide towards findings and conclusions based on personal feelings or experiences, but on the other, it may also aid in approaching and examining the material in a more comprehensive manner than one would do in the case of completely unfamiliar and emotionally neutral material.

In the next chapter, I move on from the primary data and my relationship with the material, and introduce the theoretical framework employed to approach and analyse the data, including the concept of immortality as well as the views of Christian and Buddhist ethics on the transgression of the limits of human mortality. This is followed by the analysis of the data and discussion of the findings in part II.

2   Theoretical framework and approach: Immortality

In the previous chapter, the approach and method of this thesis was presented regarding the primary data (*Doctor Who*) and the use of such material in a study of this nature. In the following, the focus is on the ethical issue under examination: immortality.

This thesis examines ethical attitudes regarding actions testing the limits of humanity. The focus is on the ethical implications of immortality in *Doctor Who.* As established in the previous chapter, the show serves as an example based on which it is possible to examine the process of forming ethical views regarding the testing and transgression of the limits of the human lifespan.

The understanding provided by this examination may, in turn, be helpful in finding solutions to ethically complex problems. The aim of the approach taken in this thesis is to offer insight into the process of ethical decision-making based on a certain ethical framework (in this case, Christian and Buddhist ethics) when faced with previously not encountered or otherwise exceptionally complex ethical dilemmas.

For humanity, the sense of limits extends to more than just the finite nature of life. In fact, philosophy has long been preoccupied with the concept and nature of limits in a variety of meanings, with those such as Plato, Immanuel Kant, Martin Heidegger, and Eugenio Trías dedicating considerable time and effort to examining and discussing them.[16]

Regarding the topic of this thesis specifically, since limits to lifespan concern all human beings and also set the parameters for all other earthly pursuits, they can be considered to represent a fundamental example of the limits of humanity. Indeed, Killilea (1988) argues that the desire to avoid and deny death is related to and leads to denial of limits in a more general sense as well.

In the context of this thesis, the "limits" in "the limits of humanity" can be understood in a number of ways: as absolute limits of what is possible, as defining or descriptive limits of what counts as human, or as prescriptive limits regarding what is allowed or appropriate for humans.[17] To an extent, all of these

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[16] For a fairly comprehensive overview of the concept of limits in philosophy as approached by the aforementioned philosophers and others, see, e.g., Munar Bauza (2018, pp. 169–186).

[17] For two different perspectives on the limits of humanity in the context of human enhancement, see Harris (2010), who supports the various ways to enhance the human organism and even sees some of them as morally obligatory; and Agar (2014), who rejects radical forms of enhancement as risky in

are explored in the episodes of *Doctor Who* discussed in part II. The ways in which the show portrays the limits of humanity, as well as those who try to cross them or succeed in doing so, may be used to infer how comparable efforts might be viewed from an ethical standpoint in the real world as well as in fiction.

Generally speaking, it is the desire of any living being to continue living in the future as well. Swedene (2009, p. 7) argues that the quest for immortality, in whatever form one chooses to conceive of and pursue it, is a key driving force behind all human endeavours. The view that the goal of humanity, or indeed of any life-form, is to continue as far into the future as possible by some means is echoed by natural and evolutionary scientists as well as sociologists, philosophers, and religious thinkers (see, e.g., Petralia et al., 2014; Perach & Wisman, 2019; Belshaw, 2008; Coulter-Harris, 2016).

If staying alive is what all living beings in general strive for, it seems natural that immortality would be such a perennial dream for humanity. Indeed, the prospect of avoiding death and living forever has been a topic of intense interest for thinkers since at least the time of Plato, whose dialogues dedicate a great deal of attention to the human desire for immortality (see, e.g., Hooper, 2013).

At the same time, however, the age-old dream of immortality is accompanied by a view of immortality as a curse—a "be careful what you wish for" scenario that ends in tragedy and suffering. This pessimistic and fearful view of life without end is a mainstay in fiction, including works of popular fiction.

For example, TV Tropes, an online wiki collecting examples of plot conventions and other narrative devices used in works of fiction representing various media, lists dozens if not hundreds of examples of a trope named "Who wants to live forever?" wherein immortality is presented as the worst fate imaginable ("Who wants to live forever?", n.d.). The works mentioned range from literature to film and television, comic books, and video games, among other media, with a number of examples from mythology included as well.

What is noteworthy here is that even though the introduction text of the TV Tropes entry presents a list of (arguably compelling) reasons to be repelled by the thought of immortality, such as everlasting entrapment and torture, loneliness, and

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terms of both human identity and morality, and instead calls for moderate improvement of human abilities or attributes. Notably in terms of the topic of this thesis, Agar (2014, pp. 113–135) also argues against radical life extension due to concerns regarding the morals of both the methods and the people involved, whereas Harris (2010, pp. 59–71) considers immortality more of a side effect of increasingly effective methods of treating and curing previously terminal conditions, and not one that would warrant the abandonment of these methods.

boredom, the entry simultaneously makes a running joke out of the reader supposedly insisting on indeed *wanting* to live forever despite the mounting evidence suggesting this not to be a good idea:

> "*Who wants to live forever?*" –Put your hand down. This is not a vote.

—and later, after explaining in detail why immortality in the context of this trope amounts to torture:

> *Why is your hand still up!?* ("Who wants to live forever?", n.d.)[18]

This entry from TV Tropes suggests several things. First of all, a wiki edited by laypeople who seem to acknowledge not only the intense fascination that humanity has with immortality but also the ambivalence with which it is approached indicates that people in general, and not just those approaching the topic from a scholarly perspective, think about and take an interest in the implications of living forever, both the good and the bad.

Secondly, the sheer amount of examples from works of (largely popular) culture listed for the trope shows that the question of immortality is frequently addressed in fiction, and works of fiction therefore offer plenty of material for examining how humans depict and conceptualise immortality. This is especially relevant in terms of this thesis, since it uses a popular TV show as primary data. Indeed, at the time of writing (early 2022) the users of TV Tropes have submitted no less than twelve examples from *Doctor Who* for the entry, some of them involving several cases of characters dealing with immortality ("Who wants to live forever?", n.d.).

Additionally, the frequency with which immortality appears to be depicted in fiction can be considered notable as an example of the very pursuit of immortality. As Swedene (2009) argues, both creativity and the pursuit of fame—both of which a writer of fiction is at least potentially involved in—are established methods of seeking (objective) immortality (defined in more detail later on). In the case of the works addressing immortality featured on TV Tropes, the creators of these works have made their bid for fame-immortality by creating a work on the very topic of immortality, which makes for an interesting "meta" approach to immortality—pursuing objective immortality by writing *about* immortality—even if the writer does not necessarily think of his or her pursuit in these terms.

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[18] Incidentally, there *are* TV Tropes entries titled "Living forever is awesome" (n.d.) and "Living forever is no big deal" (n.d.) as well; however, these have only a fraction of the number of examples listed for them as there are for "Who wants to live forever?" (n.d.).

In order to discuss the depiction of immortality and the ethical attitudes regarding it expressed in *Doctor Who*, both the concept of immortality under examination and the ethical framework employed need to be established. Immortality can be defined using a number of criteria, such as whether the immortality sought is objective or subjective, whether the immortal exists within or outside of time, and so on. In addition, immortal characters may differ from one another based on whether one is inherently immortal or has the capacity to obtain immortality, or whether an immortal being is completely immune to death or will live forever unless actively killed, for example.

As for defining an ethical framework, the consequences of immortality may be interpreted in remarkably different ways depending on which ethical theory is employed. It is therefore necessary to specify which ethical theory or tradition is used to assess whether the actions or consequences depicted are deemed acceptable or unacceptable.

In this thesis, the ethics of immortality is examined from the viewpoint of Christian and Buddhist ethics. As discussed in 1.2.2, the choice of these two religions in particular is informed by both the cultural and historical influence of both of these on *Doctor Who*, and by the proliferation of elements found in the show arguably reminiscent of concepts relevant to Christianity or Buddhism, such as messianic redemption on the one hand and reincarnation/rebirth on the other.

The attitudes of both Christian and Buddhist ethics are examined in order to understand how the ethical views of different religious traditions regarding a specific issue may be based on very different underlying assumptions, even if the conclusions they reach may resemble one another. In addition, examining the ways in which both Christian and Buddhist thought can be seen in *Doctor Who*, both side by side and intertwined, demonstrates how ethical attitudes are not formed based on a single source and how the views and beliefs of different ethical schools of thought coexist and combine to inform both societal and individual ethical stances.

Since there is currently no way to attain immortality in real life, and success in any attempt does not seem imminent, no world religion obviously has a clearly expressed view based on precedent regarding the pursuit or attainment of an indefinite lifespan. For the same reason, it is not likely to be seen as a particularly

pressing matter on which to issue an official statement in the near future either.[19] Therefore, the views of Christian and Buddhist ethics regarding the ethics of immortality presented here are, for the most part, inferred from the views of Christian and Buddhist ethics overall, especially in terms of the underlying assumptions of each religion regarding life and death, humanity, and human authority.

2.1 Defining immortality

"The search of limitlessness begins with the realization of limit" (Swedene 2009, p. 5). For millennia, realising that life and all activity has a seemingly inevitable end has led humans to not only contemplate this seemingly unthinkable prospect but to also come up with various ways to avoid this fate. The methods for achieving this that are deemed realistically possible and/or morally acceptable vary according to historical and cultural context: while advances in technology have offered entirely new solutions to the problem of mortality, both objective and subjective, views regarding how appropriate it is for individuals to pursue these solutions have varied and continue to do so.

As a concept defying perhaps the most fundamental characteristic of life and the human experience—its finite nature—immortality is complicated not only as an ethical issue but as a philosophical (and a biological) one as well. As Horrobin (2006, pp. 286–289) rightly points out, strictly speaking, immortality is ultimately unattainable via measures such as prolongevity research or advances in medicine: even if the human lifespan could be extended, even indefinitely, humans would still remain at least potentially mortal due to illness, accident, natural disaster, and any number of potential outside causes. If nothing else, life would inevitably come to an end at the latest when the entire universe eventually ceases to exist (Miller, 2019).

According to this definition, a truly immortal being is completely invulnerable to death and simply cannot die. In a literal sense, then, immortality is a supernatural state of being that no living creature can attain.[20] However, as

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[19] For some views on the matter, see, e.g., Pew Research Center (2013), presenting the interpretations of religious leaders from various religious groups in the USA on how their tradition might approach radical life extension.

[20] Some have suggested distinctions for the extent to which one might be considered immortal. For example, in Fischer and Mitchell-Yellin's (2014) definition (borrowed in part from Cave, 2012), "medical immortality" would make an individual immune to death "from natural causes" (illness or deterioration), "true immortality" means complete invulnerability to death, and "robust immortality" is

Horrobin goes on to state, immortality and radical life extension are often conflated in discourse regarding longevity research, even though the two concepts are distinctly different.

In the case of this thesis, the use of *immortality* is not necessarily inaccurate in all cases when discussing the primary data as it would be when discussing real-life efforts to avoid death: the examples used here are from a work of science fiction that is not under any obligation to follow the rules of what is possible in the real world. In some cases, as in "Enlightenment" (Clegg & Cumming, 1983), the immortal beings portrayed are indeed the kind of supernatural entities completely invulnerable to death to whom Horrobin reserves the use of the term in its true sense. However, other cases in *Doctor Who* discussed in this thesis rather resemble the type of radical life extension subject to mortality pursued in the real world, and as such do not strictly speaking deal with immortality, as determined by Horrobin above.

In a similar vein, when discussing and describing immortality, Swedene (2009, pp. 9–10) characterises the life of the immortal as "indefinite," deliberately using the word to denote both "without time limit" and "imprecise/undefined." When considering immortality as a philosophical concept, both of these features are significant. Although immortality is, by definition, understood to be forever, can living on "indefinitely" really be considered to have no end? As Swedene points out, a lack of a clearly defined limit to life does not mean a lack of limit altogether; moreover, should a being attain immortality, there would only ever be evidence of that being's immortality *so far*.

In the real (non-SF) world, there is no way to see into the future, so no one can say with certainty whether this immortality will continue—and even if there were, the possibility would always remain that this being would die sometime *after* the foreseen point in time, whatever that may be. Paradoxically, the only way to determine whether a being is immortal is by observing the death of that being (in which case, it can be said with certainty that he or she was *not*); otherwise, the most that can be said is that this being appears to live on *indefinitely*.

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a situation in which one is theoretically vulnerable to death (so not technically a "true immortal") but in practical terms, just never dies. While these or similar distinctions do help categorise varieties of immortality and thus facilitate discussing them, they are difficult to define with precision (for example, in terms of defining the "natural causes" referred to in the case of medical immortality) and especially in the case of robust immortality fall more into the category of academic conceptualisation or thought experiment than realistic prospect.

With all that being said, attempts to postpone death for as long as possible are, for all intents and purposes, comparable to the pursuit of immortality in terms of testing or transgressing the limits of humanity. In addition, since radical life extension may be the closest that humanity can get to immortality, and in extreme cases could be virtually indistinguishable from the latter, discussing the two alongside each other here is arguably justified.

Since no one can be reliably said to have personal experience of immortality, the only sources of information available to those studying it are revelation (e.g., of a spiritual nature) and evidence, either of someone else's experience of revelation or of the fame-immortality of another (Swedene, 2009, p. 6). As subjective experiences or states, life and death are seen as mutually exclusive states of being. While alive, "death is physically impossible" to a human being, and a living person can never experience death as a reality firsthand (Swedene, 2009, p. 3). Therefore, there are no firsthand accounts available regarding either death or immortality—at least not in the real (non-fictional) world.

If distinctions are to be made between different varieties of immortality, the term might refer only to the future—the immortal one will never die from this moment on—or to all of time—the immortal one has always been and will always continue to be. The kind of immortality pursued (and, in fiction, sometimes attained) by humans or humanoid beings naturally tends to be the former, since life with neither beginning nor end is not an inherent characteristic of human beings.

Indeed, true eternal existence with no beginning and no end could only be achieved by temporal beings by somehow stepping outside of spacetime, which is not only unfeasible but inconceivable in the context of the laws of physics in our reality (Miller, 2019, pp. 382–383). The latter variety—existing at all times both in the past and in the future—is usually associated with deities or other superhuman creatures with godlike powers, or else is seen as a spiritual attribute that cannot be perceived by the senses, such as immortality of the soul (see, e.g., Everitt, 2010; Coulter-Harris, 2016, pp. 67–71).[21]

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[21] When speaking of a being that has always existed and will always continue to exist, it is possible to further specify whether the being is considered *everlasting*—existing within time—or *eternal*—completely timeless and not bound by the temporal order of events (see Murray & Rea, 2008, pp. 36–47). Within this dichotomy, the "eternal" beings discussed in this thesis are actually mostly *everlasting* rather than *eternal*, since they are located in time and experience events in a temporal succession, unlike true eternal beings who perpetually experience their entire limitless existence all at once. However, given that terms such as "eternal" when referring to life are commonly used to denote endless existence of the temporal variety, and are used in this sense in the episodes of *Doctor Who*

In terms of different categories of immortal beings based on how they came to be that way, examples of characters dealing with immortality in *Doctor Who* presented in part II represent both acquired and inherent immortality. For example, Ashildr from "The girl who died" (Mathieson et al., 2015)/"The woman who lived" (Tregenna & Bazalgette, 2015) exemplifies the former; the Eternal Captain Wrack from "Enlightenment" (Clegg & Cumming, 1983), the latter.

Division can also be made based on how the state is achieved—for example, whether it is a quality innate to the character, acquired unintentionally, or attained through active pursuit. As discussed at length in part II, this appears to be an important distinction to make in terms of how morally acceptable or reprehensible immortality is considered. In *Doctor Who*, whether a character deliberately attempts to live forever for personal gain of some kind, possibly committing morally reprehensible acts in the process, or attains immortality by accident and perhaps actively considers the ethical implications therein, plays a significant role in how the character and his or her state of immortality is depicted from an ethical standpoint.

Another way to classify varieties of immortality is to differentiate between immortality of the body and of the soul—a significant distinction from a religious perspective, including but not limited to Christianity. Zaleski (2000), calling the former "Alpha Immortality," associates this "everlasting longevity" with the cons typically attached to the prospect of immortality by those not in favour of radical life extension (discussed in more detail in 2.3), and refers to this kind of immortality as living "under a curse." She describes the latter, or "Beta Immortality," as "the soul's intrinsic invulnerability to death" (Zaleski, 2000, p. 39) and as the natural state of the true (spiritual) self.

Zaleski (2000, p. 39) sees Alpha immortality as an "exceptional condition" (and probably not a desirable one at that) whereas she considers Beta immortality an inherent quality of the soul, "beginningless, and beyond time" (in other words, "eternal" based on how eternity was defined above). The description of Alpha immortality used by Zaleski, then, is often similar to the kind of acquired immortality "from this point on" described above, while Beta immortality is about "eternal immortality" stretching indefinitely both backwards and forwards in time.

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discussed here as well (more on this in 2.5), "eternal" may here be used to refer to temporal beings and not just atemporal ones. Moreover, distinction of everlasting versus eternal existence in more detail is not required for the purposes of this thesis.

Zaleski (2000) then goes on to distinguish several other varieties of immortality, mostly subcategories of types of immortality of the soul, the final one being Omega immortality. This is the type of immortality taught in Christianity and Judaism, in which humans are seen as mortals "with a share in God's immortality," which humans receive as a gift from God.

The ethical significance of how and for what purpose immortality or longevity is achieved can be approached as a contributing factor to the ethics of immortality or radical life extension in real life as well. In real life, the likelihood of being inadvertently turned immortal by a time-travelling alien is admittedly significantly lower than in the world of *Doctor Who*. Nevertheless, questions of why one wants to become (or make someone else) either virtually or fully immortal, and how this is to be done, should be considered when deciding whether the pursuit of extending the human lifespan, potentially indefinitely, is morally right or wrong. The role and significance of motive is further discussed later on, especially in conjunction with Buddhism and the ethical significance of intention.

2.2   Objective and subjective immortality

Throughout history, humanity has had varying ideas about how immortality could or should be pursued or attained. The varieties of immortality envisioned over the years can be roughly divided into two groups: objective and subjective. Objective immortality refers to living on in some (possibly symbolic) capacity not involving the personal consciousness of the would-be immortal, whereas subjective immortality entails the survival of consciousness (or the "Self") and possibly of the body as well. (See, e.g., Sohn, 2019.)

As discussed by Swedene (2009), objective immortality has been pursued in a number of ways over the course of human history. These include at least genetic immortality through procreation; by passing on one's name, legacy, or inheritance to future generations; through fame and achievement hoped to outlive the individual him- or herself; or as indestructibility of matter, with the particles of the material body "recycled" to continue their existence in a different form after death.

Subjective immortality has traditionally been considered possible mainly in a religious context, as survival of the personality (or the soul) into the afterlife. However, with advances in medical science, the prospect of "cheating death indefinitely" (Swedene, 2009, p. 8) and stopping or reversing ageing through

radical prolongevity is seen by some as both increasingly attainable and worthy of pursuit.

In addition to objective and subjective immortality, it is also possible to consider a special variety of immortality consisting of reunion with the divine or with nothingness but without individual personality, as conceived in religions originating from Asia such as Hinduism or Buddhism. While this does not fit neatly into either of the aforementioned categories, it suggests some sort of spiritually significant state of being after death nonetheless.[22] In terms of this thesis, however, the examples of immortality discussed are mainly either subjective or objective in nature.

Although the pursuit of any of the aforementioned varieties may be considered an attempt to attain immortality of some kind, they are not interchangeable, whether considering the kind of immortality they lead to, the means required to reach them, or the ethical considerations involved. Swedene (2009, p. 61) offers an example of the type of immortality pursued by ancient Egyptians, who believed that in death, the *ka* (soul) leaves the body but is able to revisit it at will, provided that the body and its final repose remain as unchanged as possible.

For those adhering to this view of immortality, Swedene argues, examining or bringing attention to the earthly remains of the deceased would interfere with the pursuit of immortality, as this would make it more difficult for the soul to return to the body. For the Egyptian desiring a specific type of soul-immortality, immortalising this person by exhuming this person's remains and putting them up for display would not help in achieving precisely the kind of immortality that he or she is pursuing, although it would arguably grant them a certain type of fame-immortality. (Swedene, 2009, p. 61.)

For someone interested in objective fame-immortality, on the other hand, finding posthumous fame by having one's earthly remains discovered and made famous would be a perfectly acceptable way of finding immortality, albeit of a kind that one would never have the chance to know about personally. In other words, it may not be enough for someone striving for immortality to reach it in just any form: for one to feel as if they have gained immortality, it may be important for it to be of a specific variety.

When discussing the pursuit of or attitudes towards immortality, then, it should be specified what kind of immortality is meant, since views on both the

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[22] For an extensive discussion on both this variety of immortality and others, see Swedene (2009).

ethical acceptability and the very desirability of immortality may vary greatly depending on what type is being discussed. The examples from *Doctor Who* described in this thesis mostly have to do with subjective personal immortality, in which the aim is to ensure the continuous existence of the personal self. However, in the depictions of immortality discussed in this thesis, examples of immortality in forms other than subjective can arguably be seen as well, particularly in the case presented in "The five Doctors" (Dicks & Moffatt, 1983).

Overall, *Doctor Who* does feature examples of objective immortality as well—for example, "The deadly assassin" (Holmes & Maloney, 1976) depicts a form of objective immortality in which the mind, but not the consciousness, is uploaded into a computer-like system to benefit others with the information it contains. This is arguably portrayed as a form of immortality morally preferable to the pursuit of corporeal life without end (as discussed in detail in Lewis, 2013). The moral implications of different varieties of immortality in *Doctor Who* are elaborated on in chapter 5 of this thesis.

2.3   General ethical aspects regarding the pursuit of immortality

Before embarking on an examination of the views of Christian and Buddhist ethics on the topic, there are some general ethical questions regarding immortality that may be examined from a non-religious perspective as well as from a religious one—that is, ones concerning whether the pursuit of immortality is considered morally acceptable or not.[23] At the same time, although addressing the issues presented in the following does not necessarily require a religious point of view, they may also be approached from a Christian or Buddhist perspective, for example. Some of these issues are indeed touched upon in the examples from *Doctor Who* discussed later on in this thesis, in ways that suggest the influence of both Christian and Buddhist ethics.

A common argument against life-extending interventions is that they would with great likelihood favour the already well-off, both on a global scale and within societies, based on factors such as race and class (see, e.g., Mauron, 2002). As has been the case with other advances in medicine, life-extending therapies would likely be available to the wealthy far earlier and on a far more extensive

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[23] See, e.g., Harris (2002), who discusses numerous ethical aspects of immortality and also suggests that earthly immortality might mean the end of religion—a claim related to the topic of, but outside the scope of, this thesis.

scale than to the underprivileged. Given that the former already have an advantage over the latter in terms of life expectancy, the divide between the haves and the have-nots would widen even deeper.[24]

Although some have argued that the increased disparity in lifespan and health resulting in the availability of life-extending therapies could be prevented,[25] the issue still warrants ethical consideration. Mauron (2002) argues that the increased inequity brought about by the possibility of life extension is not unavoidable, but can and should be combatted by actively committing to securing equality between groups of people. However, since the unequal distribution of the potential benefits of life extension is a possibility—and with no precedent to go by, there being no evidence to suggest that there would be willingness to actively fight this inequity in this particular case—there are grounds for including it on the list of ethical concerns regarding life extension.

As well as exacerbated disparity, it has been suggested that increasing the human lifespan on a widespread scale might have societal effects in general, in terms of matters such as consumption behaviour and the age structure of society. Furthermore, while avoiding the ethical problem of increasing inequity, making life extension available to as many as possible might in turn heighten the impact of a longer human lifespan on society in the aforementioned ways.

Since there are no real-life experiences on the effects of widespread radical life extension to draw upon, Hainz (2014) suggests that in addition to ethicists, the discipline of ecology should study people's attitudes towards matters such as consumption and procreation in the event of gaining the ability to live for years or even decades longer than initially expected. Any indication of whether the prospect of more life ahead of them would cause people to become more frugal or to consume with less sense of restraint, and whether they would be less inclined to have children or have no change in their desire to do so (see, e.g., Cruz, 2013), would be useful in terms of predicting the effects of life extension on society, argues Hainz—and presumably in terms of preparing for these effects as well.

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[24] It should be noted that, as discussed at length in this thesis, whether or not radical life extension would ultimately be an unquestionable advantage is debatable and at least partly depends on the ethical framework of those considering it. However, since it would likely be viewed as such by those making use of it, calling better access to life-extending therapies an advantage here is justified in this context.

[25] See, e.g., Wareham (2016) who suggests that controlled provision of such interventions by health services could help avoid only the rich benefitting from them, as would likely happen if they were freely available commercially.

If, for example, some means of radical life extension became available to the general public, and the increased number of years ahead of them added to people's drive to consume while at the same time decreased their interest in having children, the effects on the structure of society in terms of both demand for and availability of workforce, among other things, would potentially be dramatic. However, since there is no precedent, the effects or their extent cannot be anticipated with much certainty. Even so, the potential consequences of life extension on a societal and economic level should be taken into account and assessed when considering the overall ethical justification of extending the lifespan of the entire population and not just the privileged minority.

Related to the above, another aspect to consider is the impact that massive changes in the structure of human societies would have on nature and the environment—that is, the rest of the world that has no say in human endeavours to surpass the currently understood limits of humanity. Since immortality is currently purely hypothetical, again, it is impossible to predict with certainty what kind of effects it would have on the environment. However, for a real-life example potentially suggestive of what might be expected, it is possible to see that the dramatic global population growth in recent decades has put a significant strain on the environment in our current reality.[26] If immortality were to primarily result in fewer people dying and nothing else, the resulting increase in population could be expected to lead to even more need for natural resources and living space as well as to increased pollution.

As stated by Hainz (2014), the overpopulation argument has been a part of the debate regarding the pros and cons of radical life extension since at least the early 1990s. In other words, the possibility has been acknowledged for quite some time. However, since methods enabling the extension of the human lifespan by a considerable number of years have not (yet) become available, no definitive answer is available to whether the introduction of such methods would indeed result in overpopulation.

As such, the possibility of problems caused by a decrease in deaths is worth taking into account when considering the ethical justification of pursuing a significantly longer life. On the other hand, if achieving immortality led to the stagnation of human population, in that there were no people dying but none being born either—a scenario quite often depicted in (science) fiction (see, e.g.,

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26 See, e.g., Searle (1995) for discussion on aspects of population growth and the strain on the environment, including religious points of view.

Clark, 1995, pp. 10–23)—it would be difficult to predict the effects of such a drastic change to the state of affairs in the natural world as it is today.

Since ecosystems tend to function based on a delicate equilibrium, alterations of any kind may cause damage both extensive and unanticipated. Examples of this can be seen in numerous cases of invasive alien species being introduced to new habitats by humans, whether deliberately or unintentionally, and having complicated, long-lasting adverse effects on the ecosystem (see, e.g., Pyšek et al., 2020). Therefore, even though it would be virtually impossible to foresee the effects of human immortality on other species and the world at large, it might be pertinent to include an environmental perspective to considerations regarding the ethics of immortality as well.

Finally, when considering the ethics of immortality, it is possible to raise the question of whether living forever would ultimately be beneficial to humanity at all, either as a species or as individuals. As discussed earlier in this chapter regarding the attitudes towards immortality reflected in the TV Tropes entry ("Who wants to live forever?", n.d.), immortality as a concept may appear to some as unambiguously desirable at first glance. However, the issues presented in this chapter show that despite the undeniable benefits of (indefinitely) extended survival for the life-form wishing to continue its existence, immortality comes with its fair share of potential problems as well.

The question of whether the changes brought about by immortality might come with adverse side effects, for example, is frequently raised in conjunction with discussion regarding prolongevity. A common argument against immortality is what Fischer and Mitchell-Yellin (2014) call the "Necessary Boredom Thesis," arguing that living forever would inevitably become boring to an intolerable degree. Since appearing in an influential essay by Williams (1973), the Necessary Boredom Thesis has become a mainstay of debates regarding the potential unwanted consequences of immortality.

There have been arguments against Williams' thesis: for example, Wisnewski (2005) suggests that the boredom of the immortal need not be a permanent state of being but can be lifted by changes in external circumstances that allow the immortal in question to find excitement in experiences again. For their part, Bortolotti and Nagasawa (2009) claim that the boredom referred to by Williams is situational rather than habitual in nature and therefore is not reason enough to make one assume one's entire (endless) life to be intolerably tedious.

In turn, arguments against Williams' claim have been disputed, with those such as Burley (2009) arguing that no plausible suggestions for pursuits capable

of warding off boredom indefinitely have been introduced into the debate. Nevertheless, the idea of immortality as tedium amounting to torture appears to be well-established and can frequently be seen in attitudes towards the pursuit of either endless or radically extended life.

Williams builds his boredom thesis on a work of fiction about a human being turned immortal—the play *The Makropulos case* (also known as *The Makropulos affair*) by Karel Čapek, first performed in 1922. Following in Čapek's footsteps, the view of immortality or a superhuman lifespan as a source of tedium can be seen in more recent works of science fiction as well. For an example relevant to this thesis, several characters seemingly struggling to cope with immortality-induced boredom also appear in *Doctor Who*, notably in "The celestial toymaker" (Hayles & Sellars, 1966), "Enlightenment" (Clegg & Cumming, 1983, discussed in further detail in part II), and "The greatest show in the galaxy" (Wyatt & Wareing, 1988–1989).

In all of the above examples from *Doctor Who*, it may be worth noting, the characters in question are presented as villains precisely due to their actions stemming from their perennial ennui. The role and significance of boredom in depictions of immortality in *Doctor Who* is examined in greater detail in chapter 6.

Some have also expressed concern that the ability to postpone or eradicate death would change the humanity of those affected, and not for the better. For example, Annas (2005, p. 37) surmises that altering human nature to a degree deemed excessive might pose a threat to the concepts of human rights and dignity, while Fukuyama (2002) warns that biotechnology used on humans, as well as the entire posthumanist (or transhumanist) project to extend the human lifespan, may threaten human dignity and result in lifespans extended in years but not improved in quality.

These arguments have been contested (see, e.g., Mauron, 2002), but since they are ultimately matters of ethical opinion, they cannot be conclusively proven or disproven. Therefore, they will undoubtedly continue to factor into debates about the cost-to-benefit ratio of life extension. In addition, the effects of immortality on the fundamental humanity of those experiencing it is a mainstay in works of (science) fiction addressing the topic, as can be seen in the examples from *Doctor Who* discussed in this thesis.

As previously stated, all of the ethical considerations suggested above can be approached without a religious framework. When assessing the ethical appropriateness of human behaviour in general, different ethical theories such as utilitarianism or deontology focus on different aspects of the matter under

examination and arrive at different conclusions based on their particular perspective (see, e.g., Filip et al., 2016). However, religious ethics—Christian and Buddhist included—are also quite capable of offering views in these matters.

In particular, the above question of whether attaining immortality would fundamentally change humanity, and whether this potential change would be for the better or for the worse, can justifiably be discussed as a matter related to religious ethics. This is because religion, along with human sciences such as psychology, generally tends to deal with questions such as what it means to be human (see, e.g., Seybold, 2017).

The question of the limits of humanity is both of interest from a religious perspective and closely connected to the prospect of surpassing the limits of the human lifespan; hence the approach and framework used to examine the limits of humanity in this thesis. Christian and Buddhist views on what immortality would mean in terms of humanity, especially for the individual directly impacted by it as well as for those around him or her, are discussed in the context of *Doctor Who* in part II.

2.4   Real-life pursuit of immortality and radical life extension: life-sustaining treatments, prolongevity, and transhumanism

As discussed earlier in 1.3.1, progress in medical science and technology in the past few decades has made the prospect of significantly postponing death (or for some, even avoiding it altogether) appear increasingly attainable. It is the commonly accepted ethical duty of health-care professionals to aim to cure people, and the ability to allow people to live longer by treating previously untreatable conditions is likely considered a positive development by most, as well as an ethically laudable one.

However, the advent of increasingly sophisticated treatment options and technologies has introduced new kinds of questions about the ethics of continuing or discontinuing life-sustaining treatments that according to Mehta et al. (2011, p. 300) include at least "artificial nutrition and hydration, mechanical ventilation, dialysis, and cardiopulmonary resuscitation." Since life-sustaining medical interventions are possible more and more often, the *ability* to postpone death in a given situation is easily seen as an *obligation* to do so (Tarzian & Schwarz, 2015, p. 34).

This sense of (ethical) duty appears to apply to life extension in general: as discussed in 2.3 regarding the potential of exacerbated disparity due to the

introduction of life-extending interventions, among the arguments against banning such interventions altogether in order to prevent inequity is that not providing treatments with such welfare-promoting properties would in and of itself be unethical. Of course, whether or not radical life extension would ultimately be a favourable outcome is up to debate, as pointed out by those such as Wareham (2016), and as discussed at length in this thesis.

The ability to postpone death by means of science and technology have led some to believe that not only should people with life-threatening conditions receive life-sustaining treatments, but people in general can and should be given the opportunity to live for as long as they possibly can. Proponents of prolongevity or transhumanism believe that extending the human lifespan, perhaps even indefinitely, is both possible and worth pursuing.

Prolongevity, as termed by historian Gerald Gruman referring to "a significant extension of average human life expectancy and/or maximum human life span without extending suffering and infirmity" (Binstock et al., 2006, p. 436), is related to the pursuit of immortality in that it also aims at challenging the limitation to humanity posed by its finite nature. The objective is, if not to get rid of this limitation altogether, then at least to push it as far back as possible.

Like life-sustaining treatments, prolongevity seems like an unlikely candidate for an ethically objectionable pursuit on the surface—on the contrary, attempts to decelerate ageing are in many ways both in line with views of actions generally considered ethically appropriate, and also similar to health-promoting measures such as the use of antibiotics or promotion of public health and sanitation that are already in use and widely accepted. However, the introduction of technologies to dramatically decelerate the ageing process carries the risk of having unwanted consequences, due to either little consideration given to these consequences or human shortcomings such as selfishness. (Post, 2004.)

Transhumanism is a movement aiming to radically modify the human organism through the use of biotransformative technologies such as genetic engineering in order to transcend the traditionally accepted limitations of humanity, a project also known as becoming "posthuman" (Porter, 2017). Although transhumanism is an umbrella term covering a variety of views and interests, the human limitations that its proponents wish to overcome may generally speaking include those related to health, intelligence, appearance, or—a topic particularly relevant to this thesis—lifespan (McNamee & Edwards, 2006). Prominent figures in the field include in the aims of transhumanism the pursuit of a maximally long lifespan along with the maintenance of a youthful physique, and

even the possibility of avoiding death altogether, among other things (Justo Domínguez, 2019).

"Transhuman" and "posthuman" are often used as synonyms. However, as Ferrando (2020, p. 2) argues, these are two distinct concepts: whereas transhumanism focuses on future transformation of humanity into posthuman beings via enhancement by making use of science and technology, posthumanism is a more philosophical or conceptual position that can be attained in the present "by embracing existence from a post-humanist, post-anthropocentric and post-dualistic perspective" (Ferrando, 2020, p. 2)—that is, by recognising the dignity of non-human persons as well as human ones, for example. (See also Ferrando, 2019.)

In this thesis, when discussing the transgression of the limits of humanity, the focus is on the arguably anthropocentric view of the posthuman attributed to transhumanism by Ferrando (2020). As Oliver (2013) points out and discusses at length, new and evolving technologies concerning life, reproduction, old age, and death inevitably come with ethical implications as well as political ones, and furthermore, the ability to apply technological interventions to the beginning and end points of human life is not the same as mastering life and death or even fully understanding what it means to be born or to die. This observation is relevant to the view of the relationship between God and scientific progress presented by Hopkins (2002) and discussed later on in this thesis.

The reminder to be mindful of the ethical aspects of (im)mortality is particularly relevant in the context of transhumanism, which—often focusing on human enhancement by means of technology—arguably runs the risk of considering the ethics of the endeavour secondary in favour of quantifiable enhancement of human attributes. As this thesis sets out to argue, the ethics of life extension or other similar pursuits is significant not only in terms of academic discussion regarding the definition of transhumanism, but also in real present-day contexts such as end-of-life decisions in health care settings.

It should nevertheless be noted that as Ferrando (2020) also points out, the term "posthuman" is used by both scholars and non-experts to refer to a wide variety of (at times even somewhat contradictory) ideas; it is therefore difficult to set definite boundaries on how the term may or should be used. This resembles the challenge of defining or discussing the concept of immortality with universally accepted precision, as discussed elsewhere in this thesis.

While posthumanism's "deconstruction of the human" outlined by Ferrando (2020, p. 2) could certainly be explored in the context of *Doctor Who* and the

various non-human persons encountered in the show, the topic is beyond the scope of this thesis and merits discussion of its own. The same can be said for the complex and multifaceted relationship between posthumanism and religion or spirituality, as well as the challenges involved in reconciling the post-anthropocentric outlook of posthumanism with the view of humanity held by religions such as Christianity or Buddhism, as also pointed out by Ferrando (2020, p. 4).[27]

Fully-fledged transhumanism (in the sense of transgression of the limits of humanity by way of human enhancement) is not a massively widespread pursuit in the scientific world at present. However, the age-old desire to extend the human lifespan combined with increasingly sophisticated medical treatment and life-support options can be seen in the day-to-day reality of medicine and health care.

Medical decisions regarding questions such as whether to continue life-sustaining treatments, or whether to discontinue procedures aiming to cure and move to palliative care, may not be a direct vote for or against the pursuit of immortality; since the case of each patient is unique, deciding to continue or discontinue life-sustaining treatment for one patient does not necessarily mean this is seen as a categorically "good" or ethically justified decision in all cases. However, with increased opportunities for life-sustaining interventions leading to the perceived obligation to use them (as referred to by Tarzian & Schwarz, 2015, above) those in the medical field may increasingly feel that to make a decision leading to anything but keeping the patient alive would be a violation of their ethical duty, given that sustaining life is possible more and more often.

With the above in mind, even though a decision such as keeping a person in a persistent vegetative state on life support may not be a direct attempt to make the person immortal, the underlying pursuit—to sustain life for as long as humanly possible—speaks to the same desire: to avoid the limit of humanity posed by death. In both cases, the aim is to delay death for as long as (medical and/or technological) interventions allow, preferably indefinitely.

Widely publicised examples of ethical debates regarding the continuation of life-sustaining treatments, such as the case of Terri Schiavo in the 1990s and early-to-mid-2000s, have proven that questions of human duty and authority over

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[27] See, e.g., Hughes (2018), who argues that in terms of world religions, the transhumanist aims regarding human enhancement may be particularly compatible with Buddhist philosophy and cosmology.

life and death evoke strong emotions and intense discussion.[28] These types of cases are likely to elicit ethical debates in the future as well, and given the increasing opportunities offered by technological advances to keep a person alive if those making the treatment decisions so choose, they may become even more frequent and complex in the day-to-day reality of medicine and health care.

On the surface, the science-fiction portrayals of immortality in *Doctor Who* presented in this thesis differ greatly from difficult life-and-death decisions faced by real-life medical professionals in a health-care setting on a daily basis. However, the ethical questions that those involved have to face and consider— *Are the motivations and/or the methods behind pursuing a longer life ethically justifiable in this case? Does immortality add to the good of the person involved, and/or to the good of others? What is the price of longevity/immortality, both in a material and a psychological sense, and is this price acceptable?*—are arguably quite similar at heart. As a result, the insight gained by examining the ethics of immortality in *Doctor Who* has the potential to offer viewpoints on how to approach ethically complex situations involving life extension in the real world as well as on television.

Views concerning ethically acceptable and unacceptable actions are closely linked to a person's overall view of humanity: ideas regarding what humans are fundamentally like, what they are capable of, and what is expected of or allowed for them to pursue affect opinions on various types of human behaviour a great deal. If people working with or for one another are unaware of or uninterested in each other's ethics and worldviews, they are bound to misunderstand each other's choices as well as the significance of these choices.

As Rauhala (1983/2005, pp. 87–90) states, when working with people, either as a researcher or as a provider of interventions meant to help, it is of the utmost importance to be aware of the view of humanity held by the parties involved. If, for example, the researcher and the person being researched have different views

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[28] Terri Schiavo was a 26-year-old American woman who fell into a persistent vegetative state following a collapse in 1990. Eventually, when it became apparent that her condition was not improving, her husband wished to take her off life support, also believing this to be his wife's will were she able to express it; however, Schiavo's parents objected to this. Several medical and legal professionals were called upon to deliver statements and appeal the orders given in the case, and Schiavo's artificial nutrition was discontinued and resumed several times, based on the moral views of the parties involved and the legal decisions that followed. In March 2005, after 15 years with no improvement in her condition, Schiavo died when her feeding tube was finally removed for the last time; an autopsy revealed massive, irreversible brain damage. The case became highly publicised, with even then-President George W. Bush eventually intervening, and Schiavo unwittingly became the face of the debate regarding the sanctity of life versus the right to die. (See Perry et al., 2005.)

of humanity, and the former is using an approach in the research that does not take into account the views of the latter, the results are not truly representative of the latter's experience of the world.

Applying Rauhala's argument presented above to life-sustaining treatments: if a patient treated in a health-care setting and his or her treatment team have differing views on life, death, and the human experience, and the members of the treatment team lack awareness of both the patient's worldview and their own, possibly unconscious, values and beliefs about matters such as the ethics of life extension, the treatment may fail to take into account what the patient believes is the right thing to do. Therefore, increased awareness of ethics and values as well as of underlying assumptions about life and reality can only help people understand each other better, even and especially under ethically challenging circumstances.

The various arguments for or against the desirability of radical life extension presented here and in 2.3 ultimately come down to whether the ethical framework of the work and the author(s) in question considers the pursuit acceptable or not. If this basic premise is not acknowledged, the work may leave a false impression of having conclusively contradicted any counterarguments. In fact, whether arguments presented by those such as Williams (1973) or Wisnewski (2005) are considered valid or compelling depends on whether one shares their view of an acceptable cost-to-benefit ratio regarding immortality, or of the very desirability or acceptability of immortality to begin with.

In order to conduct meaningful ethical debate, all participating parties should make known the underlying assumptions and values on which their argument is based. This, in turn, is only possible if the participants themselves recognise and acknowledge these assumptions and values in the first place. The concept of underlying assumptions is discussed in further detail in the next chapter.

Considering the above, those taking part in debates regarding the ethics of immortality should acknowledge and make explicit the underlying assumptions behind their argument. Otherwise, those who do not share these assumptions may find the argument unconvincing, because from the start, their idea of the very premise of the argument (e.g., whether or not what is being pursued is acceptable or worthy of pursuit) differs drastically from that of the one making it.

2.5   Notes on focus and terminology

In this thesis, the focus is on subjective immortality—a person experiencing endless or extended life (or in some cases, resurrection or reversal of death) firsthand. The examples discussed include ones of "true immortality," or beings completely unaffected by death (see Fischer & Mitchell-Yellin, 2014) as well as ones in which the individual concerned turns from mortal to immortal, or dies and is then brought back to life. In addition, some examples involve characters with merely a superhuman lifespan rather than the full ability to live forever—making them examples of radical life extension instead of immortality, strictly speaking— or cases in which the duration or potential infinity of the lifespan is not directly specified.

However, as already discussed in 1.3.1, in many cases the ethical implications of radical life extension resemble those of immortality to a considerable extent. Furthermore, as established in 2.1, it is often difficult to even distinguish between the two with certainty. This justifies allowing examples of both to be examined alongside one another.

The main topic of interest in this thesis is subjective immortality of the material, corporeal variety—that is, immortality in a form and state of existence resembling that of mortals, and not something like immortality of the soul, eternal life in heaven, or other forms of (metaphysical) afterlife. The purpose of this thesis is to examine the ethical implications of immortality in a fictional context and assess their significance with regard to interest in or attempts at immortality or radical longevity in real life.

These real-life pursuits are primarily concerned with extending the human lifespan and not securing an eternal afterlife for the soul, and the ethical issues and possible practical repercussions regarding the pursuit of eternal life in a spiritual sense would also likely differ from those such as the ones presented in 2.3. Accordingly, the examination of the *Doctor Who* stories selected for analysis also approaches the depictions of immortality in the data primarily from the viewpoint of what they suggest about the pursuit of subjective, material immortality. The distinction between corporeal and spiritual immortality in Christian thought is discussed in more detail in 3.1.

With that being said, both the stories under examination and *Doctor Who* in general contain themes and elements that may be—and have been—examined from a more spiritual perspective (see, e.g. Crome & McGrath, 2013; Jackson, 2020), those pertaining to immortality included (see, e.g. Charles, 2015). An

examination of what the depiction of death and immortality in *Doctor Who* might suggest about views regarding eternal life of the soul, or life after death of the spiritual variety, would merit a study of its own.

As a further note on terminology, the ethical implications of immortality (life without end, or a lifespan of indefinite duration) on the one hand and life extension on the other, as depicted in the data examined in this thesis, justify discussing examples of both alongside one another. Therefore, when discussing the concept of surpassing the limits of human mortality in a general sense, the term *immortality* may be used here to encompass the different varieties of endless or extended life depicted in the data. When discussing a specific case, the appropriate term (for example, *immortality* on the one hand and *life extension* on the other) will be used when relevant.

Unless otherwise specified, *immortality* is used interchangeably with other terms referring to a lifespan of indefinite duration, such as *life without end* or *everlasting life*. As established in this thesis, immortality is less a defined state of being than a continuum on which countless varieties of existence either endless or indefinite in duration may be found; as such, both the term *immortality* and others used in a similar meaning may refer to very different things, depending on the user and the context. This internal complexity is seen in part in the distinction made between varieties of immortality with the qualifiers "medical," "true," and "robust," used by Fischer and Mitchell-Yellin (2014) and referred to in 2.1, and abounds in literature and research regarding immortality in its various forms in general.

Considering this existing diversity in what is understood in different contexts as immortality, it seems justified to acknowledge and accept that immortality can mean many things and therefore can be referred to by a variety of terms. This is especially valid in the case of the data under examination, given that the examples of immortality from *Doctor Who* represent several different ways of delaying or circumventing death.

Regarding terms commonly used to refer to life without end, in (especially Christian) religious and theological contexts the term *eternal life* in particular is typically used to specifically refer to life that transcends death in a spiritual sense (see, e.g., O'Callaghan, 2011, pp. 149–188).[29] However, when not approached as

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[29] O'Callaghan (2011, pp. 153–155) addresses the notion that "eternal life" would appear undesirable to most if taken to mean an eternity of human life as we know it. He also refers to Pope Benedict XVI, who in his encyclical *Spe salvi* (Benedict XVI, 2007, section 10) contemplates that many people may be opposed to the Christian idea of eternal life because they associate it with the kind of immortality

a religious concept, but rather from a viewpoint including but not limited to philosophy, medicine, biology, or bioethics, *eternal life* can often be found simply referring to an indefinite or dramatically extended lifespan (see, e.g., Desnous et al., 2010; Vogt & Pahle, 2017; [30] Lopes, 2019; Lavazza & Garasic, 2020; Laakasuo et al., 2021). Furthermore, even when discussing the concept of immortality and the particular Christian understanding of eternal life in a theological context, Burley (2015) uses the formulation "immortality or eternal life" on several occasions and does not clearly distinguish between the two terms, in places seemingly conflating the two or at least blurring the distinction between them.[31]

This variation in views regarding what constitutes immortality or eternal life, or what the different varieties of existence of indefinite duration entail in practical (or even conceptual) terms, further supports the view emerging in this thesis that immortality is not one clearly defined state of being, but rather a spectrum containing numerous forms of potentially endless existence that are interpreted and categorised differently based on the particular perspectives and frames of reference being used in that situation.

As previously stated, in this thesis the focus is on subjective corporeal immortality, and as such, most references to immortality have to do with this variety, regardless of the term used. Efforts have been made to ensure that if other types of immortality (or near-immortality) are being referred to, the context makes it clear that this is the case.

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that would entail endless boredom—described much like the inevitable boredom envisioned by Williams (1973).

[30] In Norwegian, Vogt and Pahle (2017) use the term "evig liv" when referring to the eradication of death as a medical goal; in the English version of the same text, "eternal life" is used in its place, with no apparent religious connotation. This suggests that there are linguistic and perhaps cultural differences in the use of terminology regarding immortality and/or eternal life, as words denoting eternity or infinity carry different connotations in different languages and cultural contexts.

[31] Burley (2015, p. 317) also writes, "From a non-Christian standpoint, viewing one's life as eternal leaves open the possibility of other understandings, other ways of conceptualizing and enacting the ethics of eternality"—thus appearing to acknowledge the possibility of an idea of "eternal life" in contexts other than Christian.

3   Theoretical framework and approach: Ethics

In this chapter, I present the framework used in this thesis to examine immortality as an ethical question from the viewpoint of Christianity (3.1) and Buddhism (3.2). The focus is on the points of doctrine of each religion that inform its view of humanity, the relationship between humanity and the divine, and the nature of life as well as the significance of death.

This framework is constructed both by using texts canonical for each religion as source material for discerning the religion's attitude towards immortality and related questions of life and death, and by referring to literature and research pertaining to religious doctrine (i.e., systematic theology). [32] In addition to religious canon and literature on ethical theory, the framework utilises literature and research on ethics concerning ethical challenges faced in real life, especially those related to life and death, and the application of (Christian or Buddhist) ethics into practice.

The purpose of ethics is not to merely present a list informing one of the specific recommended thing to do in a given situation. Rather, the aim is to provide a framework based on which one has the ability to determine the morally acceptable solution in the situation at hand. In order to apply ethical theories into real life, being able to identify the underlying assumptions behind the theories and to assess the actions that would best support them in the current situation is of the utmost importance, since circumstances vary and the ethically appropriate approach in one situation might lead to an unreasonable amount of suffering or other kinds of harm in another.

For example, human societies generally agree that killing another person is morally reprehensible. However, the truly challenging ethical dilemmas encountered in real life are often ones in which acting in accordance to one ethical ideal leads to the kind of harm that one would also wish to avoid (e.g., Tarzian & Schwarz, 2015, p. 34).

In the above example of killing, the ethical dilemma might mean having to choose between killing a person about to murder someone else, or sparing the

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[32] Systematic theology is a term used when referring to Christian theology, and possibly not generally used in reference to Buddhism. However, as it refers to a field of theological study taking up "questions posed not only by current urgency" (such as those of interest to, for example, pastoral theology) "but also by perceived inherent connections of the faith" (Jenson, 1997, p. 22)—i.e., questions pertaining to doctrine on a conceptual level and not just with direct practical applications— I suggest the perhaps makeshift term "systematic Buddhist theology" to be applicable when referring to the source material used for this framework.

murderer's life and thus allowing them to kill another person. In order to determine the morally acceptable course of action based on the ethical framework that one aligns with (or at least, the lesser of two evils), it is probably not enough to see what the ethical school of thought in question says about killing in general, since most ethical theories would regard "killing is wrong" as the default view.

Truly establishing the morally justified approach requires understanding why killing is considered wrong according to this school of thought. Based on the reasoning behind the stance, it may be possible to determine how to act in a specific situation in order to violate the fundamental principles of one's ethical framework as little as possible.

For instance, if a religion condemns killing because no human being ever has the right or authority to take a life, killing even to save the life of another would violate the ethical view of what a person is allowed to do and would therefore not be ethically acceptable under any circumstances. In comparison, if another religion considers killing wrong because human beings have a duty to protect life, taking a life to save another might arguably be seen as an ethically justifiable solution in a difficult situation.

Although the differences in the ethical views of individuals both between and within groups should be taken into consideration as well, ethical disputes often arise when cultures have differing ideas regarding either what is considered right or wrong, or what kind of actions are deemed acceptable in order to promote what is right or to prevent what is wrong. As Johnstone (2012) argues, ethics and ethical systems are produced, honed, and upheld by the cultures, societies, and points in history in which they come about. According to this view, ethics is not an independently occurring phenomenon but a construct built on the foundation of how the surrounding culture and social reference group see the world and the role of humanity in it.

An example of underlying assumptions regarding life and humanity leading to ethical dispute can be found in the *Doctor Who* story "The Aztecs" (Lucarotti & Crockett, 1964), in which the First Doctor and his companions time-travel to 15th-century Mexico. The Doctor's companion Barbara, an English history teacher from the 1960s, sees the practice of human sacrifice as barbaric and manages to prevent a man from being sacrificed to the gods. However, after Barbara succeeds in stopping the ritual, the man chooses to jump to his death anyway, in order to fulfil the will of the gods and to gain back his honour.

In this scene, the underlying assumptions regarding human life held by Barbara and by the Aztec man are fundamentally different: while Barbara sees

protecting life as more important than adhering to religious tradition, the man does not consider his life worth living if he fails to carry out his duty to the higher power as well as to his community. Failure to communicate the underlying assumptions of each party to the other leads to both seeing the other's way of thinking as morally deficient and precludes any attempts to reconcile the two worldviews through some sort of compromise based on understanding the views of the other side.

Naturally, this example from a science-fiction programme primarily aimed at a young audience for entertainment purposes is simplistic compared to similar instances of ethical disputes in reality, and unlike real people in real life, the characters involved ultimately serve the story as representatives of views and beliefs required by the plot first and foremost. The ethical beliefs, motives, and actions of people in real life are multifaceted and complex to an extent that cannot easily be communicated via four 25-minute episodes of a science-fiction adventure show. Therefore, even though Barbara's actions are ultimately depicted as misguided (albeit well-intentioned) in the episode, it cannot be directly inferred that the same conclusions and approach that may be suggested by the story would apply in a real-life situation.

However, the phenomenon of encountering ethical disputes due to differing fundamental ideas regarding right and wrong is certainly relevant in real life. The ways in which these disputes are portrayed and solved in fictional narratives—even ones that may be less complex than real-life ones—may offer valuable insight into what kind of disputes may arise and what should be taken into account when people from different cultural and/or religious backgrounds need to cooperate in the context of ethical decision-making.

Many world religions have views resembling one another regarding actions regarded as acceptable or unacceptable: compassion and charity are widely applauded, while killing, stealing, and lying are condemned. However, the reasons provided for viewing these actions as recommended or reprehensible from a religious viewpoint may differ significantly. On the other hand, doctrines and customs that seem very different on the surface may upon closer inspection reveal similar core values contained within them.

To use an example from Swedene (2009, p. 76), cultures and religions may express similar values and views with remarkably different customs: for example, the vastly differing burial rites and customs of different religious traditions regarding how to handle the earthly remains of the deceased may all point towards the same objective of respecting the dead and ensuring them a good

passage to the afterlife. The goal of all these rites is therefore, by and large, the same, but the external means of achieving this goal differ.

It is insufficient, then, to merely observe the similarities and/or differences between religions on the surface level to determine how similar or different their worldviews or ideas of right and wrong truly are. Two religions may have a similar opinion on whether a certain action is appropriate, but arrive at this conclusion for remarkably different reasons; on the other hand, the two religions in question may have customs or practices that appear drastically different on the surface but are actually expressions of similar beliefs or values.

Superficial similarities or differences are not necessarily indicative of corresponding similarities or differences in a deeper sense. In order to fully recognise the points on which the religions agree or disagree, it is important to understand the meaning behind these surface-level actions and attitudes.

Johnstone (2012, p. 196) argues that in the case of end-of life care decisions, rather than giving the patient the choice to continue or to forgo specific treatments, ethically sustainable care is more reliably offered by inquiring about the particular issues considered valuable by the patient as well as by the patient's caregivers. In other words, rather than focusing on surface-level actions, it is important to identify the underlying values and beliefs shaping the conception of a good life (and death) held by the patient and others involved, and only start to make decisions regarding particular treatment options and procedures once this foundation has been established.

This thesis aims to offer tools for this kind of identification regarding the views of Christian and Buddhist ethics towards the pursuit of immortality: rather than merely pointing out which actions are considered acceptable or reprehensible, the aim is to form an understanding of what it is that makes Christianity and Buddhism approach immortality with a certain attitude. This, in turn, enables the examination of specific situations in which immortality is pursued with a better understanding of how Christian or Buddhist ethics would react to this specific scenario, and importantly, why.

The Christian and Buddhist approaches to immortality as an ethical question presented in this chapter serve as the framework for examining the view of immortality in *Doctor Who*. The defining characteristics (as presented in the current chapter) of each of the two religious ethics examined are used to approach the discussion of *Doctor Who* from two different angles. The views of Christian ethics, outlined in 3.1, form the basis for an examination of how *Doctor Who*

relates immortality with morality and moral character; those of Buddhist ethics, in 3.2, are utilised to explore the connection between immortality and suffering.

The theoretical framework presented here in part I is thus placed in a narrative context in part II, making it possible to observe how the ethical views of religious traditions may appear in a story addressing an ethical issue but not explicitly—or perhaps even consciously—from a religious viewpoint. These observations made on the basis of the fictional *Doctor Who* episodes may then serve as indications of ethical attitudes regarding similar or related situations in real life, in terms of both the hypothetical prospect of immortality and other (attempted) transgressions of the human limits of mortality.

This thesis approaches both Christian and Buddhist ethics in terms of what distinguishes said ethical tradition from others; in other words, the focus is on doctrine and ideas considered central to the religion in question. While there is a great deal of diversity within each faith both regarding denominations and theories for interpreting doctrine, the aim of this thesis is to examine and observe the similarities and differences between the views of two world religions; an approach looking at the core tenets of each religion in a manner inclusive in terms of denomination and school of interpretation is deemed to be best suited for this purpose. However, the abundance of denominations and interpretations within each religion is worth bearing in mind, and is indeed pointed out in the following when relevant.

Regarding terminology, I mainly follow the distinction made by Hallamaa (1994, p. 87), according to which ethics generally refers primarily to the theoretical examination of questions regarding right and wrong, whereas morals mainly involve the ways in which ethics is brought into practice. However, as is done by Hallamaa above, the two may be used almost synonymously at times, as overlap may occur depending on the context.

3.1   Christian ethics and immortality

The ethical views of a religion are inextricably tied to that religion's views on the divine, both in terms of the nature of divinity in general and the role of humanity in relation to it. These views make up the underlying assumptions of the religion's way of seeing and approaching the world, and thus form the basis of how events and actions as well as their meanings are interpreted.

Underlying assumptions are "usually tacit unless they are challenged," and "may not be shared or may not be important from the vantage of other theoretical

approaches" (Zarefsky, 2020, p. 298) so they may often go unacknowledged (or even unnoticed). Nevertheless, they are necessary for fully understanding the reasoning behind the stances taken and value-judgements made within a discipline or philosophy. This goes for both Christianity and Buddhism, with the latter discussed in 3.2.

In the context of religion, underlying assumptions regarding the nature of spiritual reality shape the ideas of right and wrong held in the context of that religion (see, e.g., Hallamaa, 1994). In the case of Christianity, humankind is considered to be created by God, specifically in God's image. Therefore, acquaintance with the Christian conception of God, as well as its view of humanity, is required in order to understand why certain things are expected of or encouraged for people to do while others are frowned upon or prohibited.

As Rudman (1997, p. 8) states, "[i]f humanity is made in the image of God, then creation provides a substantial basis for understanding human values." Assuming that the essence of humanity resembles God in some way, to understand what this essence of humanity is like—good or evil, for example—it is necessary to be familiar with what God, on whom humans are modelled, is like according to Christian thought.

As previously stated, the reason for choosing Christian ethics as one of the ethical frameworks used in this thesis is twofold. First of all, as a British programme, *Doctor Who* was created and continues to be produced in a historically predominantly Christian cultural environment. In addition to this, *Doctor Who* regularly features themes and imagery reminiscent of Christianity, such as angels, heaven and hell, and messianic redemption.

Considering that works of art and entertainment are influenced by the surrounding culture, including religion, the latter of the aforementioned reasons can in large part be seen as due to the former. Based on these factors, it is reasonable to assume that the attitudes towards immortality expressed or implied in *Doctor Who* are related to values and ideas stemming from Christianity and Christian ethics in some way.

While not explicitly formulated or presented as a unified ethical theory in the Bible, guidelines and sets of rules comprising prescriptive Christian ethics can be found in several passages of both the Old and the New Testament. These passages specifically mandate or encourage certain actions, or forbid or condemn others, so as to make apparent what kinds of actions are and are not morally appropriate. Examples of specific codes of conduct in the Bible include (but are by no means limited to) the rules presented in Leviticus (Old Testament), parables and stories

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about the life of Jesus in the Gospels, and numerous passages found in the Pauline letters (New Testament). (Gustafson, 1995, pp. 691–715.)

Some of the most influential and enduring biblical examples of explicit rules or guidelines defining laudable, acceptable, or unacceptable conduct are found in the Old Testament in the Ten Commandments (Holy Bible, New International Version [NIV], 1973/2011, Exodus 20:2–17), and in the New Testament in the Sermon on the Mount (Holy Bible, NIV, 1973/2011, Matthew 5–7), particularly the Golden Rule (Holy Bible, NIV, 1973/2011, Matthew 7:12), and the Great Commandment (Holy Bible, NIV, 1973/2011, Mark 12:28–34; Holy Bible, NIV, 1973/2011, Matthew 22:37–40). These contain both commandments and prohibitions regarding required, appropriate, and reprehensible actions, and in the case of the examples from the New Testament, place considerable emphasis on morally commendable attitudes and on love for other humans. (See, e.g., Stefon et al., 2020.)

Like religious ethics in general, Christian ethics differs from secular ethical theories in that ideas of good and evil or right and wrong always have a religious (theological) basis. Rather than being an end to itself, morality is rooted in "the creative, ordering, or redeeming work of God." (Gustafson, 1995, pp. 691–693.)[33]

Consequently, in order to determine how Christian ethics would approach a specific ethically challenging issue, particularly one with no direct biblical precedent (such as those related to modern technology that did not exist in biblical times and is therefore not discussed in the Bible) it is important to not only point to a prescriptive commandment found in the Bible that might be interpreted to be relevant to the case at hand. In addition to this, it is necessary to understand the theological significance of the issue under examination—whether it in this particular context can be considered to align or clash with the Christian understanding of the divine will and plan overall—and determine from there whether or not it can be seen as morally appropriate from the standpoint of Christian ethics.

In other words, ethical decision-making within the framework of Christian ethics requires knowledge and understanding not only of the aforementioned biblical sources prescribing morally justifiable conduct for humanity but also of the Christian view of divinity, humanity, and the relationship between the two. Indeed, systematic theology and theological ethics are closely connected, and it

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[33] For an in-depth essay on the concept and development of Christian ethics, see Gustafson (1995, pp. 691–715).

can even be argued that the distinction made between the two disciplines is contrived (Siker, 1997, pp. 3–7).[34]

The Christian view of humanity is likewise rooted in the relationship between humanity and the divine. In Christian theology (as in Western theistic thought in general) attributes associated with God include—but are not limited to—omniscience, omnipotence, perfect goodness, and moral impeccability (see, e.g., Wierenga, 1989). According to Christianity, humans are created by the perfectly good and morally impeccable God, in God's image (*imago Dei*), and are therefore created to be good. Consequently, even though free will gives humanity the possibility to act against God's will, and even though humans are prone to error and weakness due to their imperfection, the Christian view of humanity considers humans to originate from the absolutely benevolent God.

In addition to this relationship between humanity and God the Creator, another fundamental feature distinguishing the Christian view of humanity from that of other religions is the role of Jesus Christ, both as redeemer and teacher or example in terms of morally right conduct. Due to the redemptive work of Christ, a distinction is made between what Gustafson (1995, p. 705) names "revealed ceremonial laws," no longer required after redemption, and "the revealed moral law," which is still in force.[35]

Which laws belong to which of the aforementioned two categories and which should still be followed in order to fulfil the spirit of Christian ethics is somewhat subjective and up to interpretation. As a result, differing views exist regarding how to view the applicability of various prescriptive laws and rules found in the Bible.

Proponents of biblical literalism, or those advocating for a fundamentalist reading of the Bible, may argue that rules found in the Bible apply regardless of

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[34] Siker (1997) discusses the ways in which eight prominent 20th-century theological ethicists use biblical texts in their works, as well as how they interpret the authority of Scripture and how they view the relationship between Christian ethics and the Bible, among other questions. Both the findings of Siker's analysis and the very premise of his comparative approach illustrate how the role, significance, and interpretation of biblical texts is highly dependent on who is examining the texts and what theory or framework he or she is employing.

[35] According to medieval Scholastic theologian Thomas Aquinas, ceremonial and moral laws represent two different kinds of precepts of the "Old Law" of the Old Testament. Ceremonial laws have to do with practical rituals and customs, especially pertaining to worship, and are not only based on reason but are institutional in nature as well; moral laws, on the other hand, are fundamental moral precepts that "are of universal value, because they belong to the law of nature." This view of the different types of laws also entails the idea that ceremonial laws, for their part, were brought to fulfilment in the coming of Christ, whereas moral law still remains in force as it is not institutional but is based solely on reason and on natural law. (Veltri, 2009, p. 181.)

temporal or sociocultural context or circumstances. Nevertheless, establishing which among the countless rules found in the biblical canon are to be followed in all situations, or which take priority over others in case some of the rules are in conflict, is still ultimately determined through subjective interpretation. (Gustafson, 1995, pp. 691–715.)

From a theological perspective, love towards other human beings is justified by the ideas that, firstly, love comes from the benevolent God, and secondly, humankind is connected both to God and to one another as "God's children," or as a "family" of beings created by God, in God's image. For example, Søren Kierkegaard describes love towards both fellow humans and oneself as love modelled on God's love for all of creation; the love given by a human being originally comes from God and therefore "belongs neither to self [nor] neighbor" but is rather a provision granted to humans for the purpose of being shared (Reeder, 2016, p. 135).

The concepts of compassion and love for one's neighbour are not totally straightforward or unambiguous, as the meaning of love and the extent to which it applies to relationships and ethical/moral ideals in the context of Christianity can be interpreted in many ways.[36] However, when defining the fundamental elements of Christian ethics, particularly in terms of social ethics, Matthew 22:37–40 (Holy Bible, NIV, 1973/2011)—the commandment to love God above all else and one's neighbour as oneself—can be considered a succinct summary, as it defines the significance of honouring God and other human beings as well as oneself in order to act in a morally appropriate manner.

The aforementioned Matthew 22:37–40, as well as the commandment to love one's enemies (Holy Bible, NIV, 1973/2011, Matthew 5:43–45), reflects the idea that God's love for all creation should be reflected in the actions of humans, who are a part of that creation. (Rudman, 1997, pp. 265–266.) The significance of love towards one's fellow human beings (or, in the context of SF, beings comparable to humans) is also key in *Doctor Who*'s depiction of characters dealing with immortality, as seen later on in chapter 5, particularly in 5.3.

What immortality means in terms of Christianity, and what kind of immortality is valid or desirable from a Christian perspective, is not an entirely straightforward matter either. For one thing, Christianity certainly teaches the

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[36] For an in-depth examination of the definition and role of love in Christian ethics from various viewpoints, see Simmons & Sorrells (2016).

immortality of the soul: the spiritual core of a human being is eternal and survives the death of the body (as discussed in 2.1 and in 2.5).

Salvation of the immortal soul into a desirable afterlife in heaven is tied to redemption through Christ, but also to ethical conduct during one's life on earth, especially in terms of ethically acceptable treatment of others (see, e.g., Matthew 25:31–46, Holy Bible, NIV, 1973/2011). (Swedene, 2009, pp. 66–67.) As Swedene (2009, pp. 68–69) suggests, the Christian conception of immortality does not actually require the survival of the body, as the soul is capable of surviving on its own, but as it is difficult for humans to imagine an immaterial afterlife, the body gets included in what is thought to survive death.

In Christian eschatology,[37] immortality is the dominion of God. In terms of immortality of the soul, Zaleski (2000) states that although humans are vulnerable to death as it means the cessation of life on earth, it is God who restores their personal identities and memories to them after death and thus brings them back to life. Immortality (as it is understood in Christianity), then, is not an intrinsic quality of an individual human being entirely by him- or herself, but is granted and made possible for humans from the outside only. Furthermore, in the context of Christianity, it can be attained through Christ alone.

In other words, the final say on whether one's soul truly is to be immortal comes from above, so to speak, and is not a decision one can make on one's own. The idea of immortality as morally acceptable only when it is granted from the outside and not actively pursued or attained by the subject is often a significant factor in how immortality is viewed in terms of morals in *Doctor Who*, as discussed in much more detail in part II (particularly in chapter 5).

When discussing immortality from the viewpoint of Christian ethics, it is therefore important to distinguish between immortality of the soul and of the body, as the two are distinctly different (albeit related) from a theological perspective. Pursuit of immortality of the soul, or eternal life in a Christian sense, is arguably an important aspect of life as a Christian, and does not present an ethical conflict as such. Immortality of the body, however, is a different matter.

To begin with, the Christian concept of resurrection of the body as opposed to immortality of the soul, and the distinction and relationship between immortality of the body and of the soul, are complex and multifaceted questions. Views on

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[37] Eschatology, from the Greek *eschaton* ("that which comes last") (O'Callaghan, 2011, p. 4), refers to "the doctrine of all the possible conceptions of the future and the afterlife," or "the doctrine of the Last Things, the final events" (Mühling, 2015, p. 6). For an introduction to the concept of eschatology and the various ways in which it can be understood, see, e.g., Mühling (2015).

how to understand and interpret these concepts and questions differ between the Catholic and Protestant churches, for example, as well as between individual theologians (see, e.g., Huovinen, 1981, pp. 11–28). Furthermore, even the idea of resurrection of the body as a spiritual concept needs to be distinguished from immortality as it is understood in a secular (non-Christian) sense.[38]

Even though longevity is fairly consistently presented in the Bible as desirable,[39] it is also worth noting that it is also typically referred to as a blessing from God. Attempts at manipulating one's lifespan independently, then, could be interpreted as trying to achieve something that can only be granted by a higher power. The ethical implications of such an attempt can be understood in a number of ways, as discussed in further detail in 3.1.2.

Another feature of the Christian conception of what might be construed as desirable immortality is that rather than a matter of the individual soul of a single person, it is a question of unity and fellowship in God: even if immortality were attainable alone, it would not amount to much if it extended to just the individual and no one else. Again, the significance of the relationship not only between the individual human being and God but also between individual human beings, as expressed in Matthew 22:37–40 (Holy Bible, NIV, 1973/2011), becomes apparent. Indeed, Zaleski's (2000) conception of "Omega Immortality" (presented as the ideal Christian variety of immortality) exists in "the complete society created by God's love" rather than in the soul of the individual.

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[38] Martin Luther distinguishes between two different and coexisting aspects of human life: the animal or psychophysical (*vita animalis*) and the spiritual (*vita spiritualis*) (Huovinen, 1981, pp. 39–42). In terms of this distinction, the varieties of immortality mainly depicted in the data used in this thesis would primarily concern the indefinite extension of the former aspect, without necessarily taking the latter into account. According to Luther, immortality was originally—before the Fall in Genesis 3 (Holy Bible, NIV, 1973/2011)—a quality of *vita animalis* as well, but even here a transition of some kind between *vita animalis* on earth and eternal *vita spiritualis* would have been involved (Huovinen, 1981, pp. 73–102). For a thorough discussion on the Christian (Lutheran) understanding of the concept of immortality, as well as on differences among theologians and denominations in how immortality is understood, see Huovinen (1981).

[39] See, e.g., Exodus 20:12 (Holy Bible, NIV, 1973/2011): "Honor your father and your mother, so that you may live long in the land the Lord your God is giving you."; Deuteronomy 4:40 (Holy Bible, NIV, 1973/2011): "Keep his decrees and commands, which I am giving you today, so that it may go well with you and your children after you and that you may live long in the land the Lord your God gives you for all time."; 1 Kings 3:14 (Holy Bible, NIV, 1973/2011): "And if you walk in obedience to me and keep my decrees and commands as David your father did, I will give you a long life,"; Proverbs 3:1–2 (Holy Bible, NIV, 1973/2011): "My son, do not forget my teaching, but keep my commands in your heart / for they will prolong your life many years and bring you peace and prosperity." Views of immortality and longevity based on biblical passages are discussed in more detail in 3.1.1.

Additionally, Zaleski (2000, p. 41) draws a parallel between the Christian saint and the Mahayana Buddhist *bodhisattva*, both of whom altruistically wish for others to achieve the same level of spiritual fulfilment as they themselves have achieved, and may even help others attain this goal. Zaleski's comparison demonstrates that although Christian and Buddhist theology differ in many essential ways, they may at times arrive at conclusions on matters such as those pertaining to the relationship between the individual and the divine that resemble each other a great deal. This point becomes relevant in this thesis on several occasions when comparing the attitudes of Christian and Buddhist ethics towards immortality, as seen in the following chapters.

3.1.1 Attitudes towards immortality and life extension in the Bible

Since all Christian denominations recognise the authority of the Bible, it is justifiable for an examination of how Christianity approaches a specific ethical question—in the case of this thesis, the ethics of the prospect of immortality and life extension—to include an overview of biblical references to the question under examination. The following biblical passages express an attitude toward immortality and/or life extension in one way or another. The passages were located and retrieved using the searchable online Bible, Bible Gateway (https://www.biblegateway.com), and represent the NIV of the Bible (Holy Bible, NIV, 1973/2011). Viewed as a whole, these passages can be argued to provide insight into a biblical approach to ethical questions regarding lifespan and immortality.

At the same time, it should be borne in mind that the conclusions drawn from these passages may vary depending on the interpretation and the perspective of the one drawing them. Furthermore, this is not an exhaustive analysis of all references to immortality found in the Bible, but an overview presenting examples pertaining to themes relevant in terms of this thesis, most importantly whether the prospect of immortality is depicted as ethically acceptable, as well as how the roles of God and humanity with regard to immortality are presented. It should also be noted that although examples of both immortality or longevity of the body and eternal life of the soul are discussed, the focus is on how these passages might affect Christian attitudes towards the prospect of corporeal immortality—the topic of this thesis—in particular.

A reference to the duration of the human lifespan, and one of the most explicit overall, can be found in Genesis 6:3 (Holy Bible, NIV, 1973/2011): "Then

the Lord said, 'My Spirit will not contend with humans forever, for they are mortal; their days will be a hundred and twenty years.'" This fairly unambiguous passage contains several elements characteristic of biblical statements regarding mortality and lifespan, specifically in terms of God's role in the matter: the maximum length of human life is clearly defined, and the sovereign authority setting the limit is unequivocally God.

Presenting the maximum lifespan of a human being in the form of a decree of sorts explicitly dictated by God is in accordance with the general Christian conception of the relationship between God and humanity: God is omnipotent and has the power and authority to rule over humankind, even on matters as fundamental as the number of one's days. [40] Furthermore, presenting the maximum human lifespan in the form of a decree may also be considered to entail the idea that humans are not to live longer than what has been allotted to them; the implication, then, is that attempts to extend the human lifespan would be an affront to or in defiance of God.[41] As discussed later on, the "defiance" or "hubris" aspect of attempts to achieve immortality is presented or implied in the episodes of *Doctor Who* examined in this thesis on several occasions.

In the Book of Job, 14:5 (Holy Bible, NIV, 1973/2011) while addressing God, the titular Job asserts, "A person's days are determined; you have decreed the number of his months and have set limits he cannot exceed." The statement is both in keeping with the tone and thematic content of the Book of Job in general, and similar in its sentiment to Genesis 6:3 (Holy Bible, NIV, 1973/2011) above. Much like in the example from Genesis, Job's conception of God's role in the length of human life is based on the idea that, first, God has set the maximum limit of the human lifespan in general, and second, the length of the life of any individual is predetermined, also by God. Themes of God's authority and omniscience, as well as limitations set to human capacity or autonomy, are reiterated.

An abundance of references to mortality, lifespan, and potential immortality can be found in the 150 psalms contained in the Old Testament. Psalms is a

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[40] For more on the divine attributes as understood in Christianity and in Western theism more generally, see, e.g., Wierenga (1989).

[41] It is worth bearing in mind that as part of a creation myth, the story can also be read as an explanatory narrative regarding the way things are in the world. Therefore, it can alternatively be interpreted as merely taking the fact that humans appear to live for a maximum of 120 years and offering an explanation for this state of affairs—according to the worldview of the author(s) of the passage, such a limit must be due to God's will. Regardless, the Christian view concerning the matter presented in the passage is that this maximum lifespan has been set by God.

collection of texts written in the form of songs, mostly either directly addressing God or telling a third party about the acts or nature of God. The individual pieces in this collection cover a host of themes, including praising God for success, asking for protection in the face of adversity, lamenting hardships, dealing with enemies, recounting the history of the Jewish people, and so on. There are several recurring themes running throughout the collection that can arguably be examined as indicative of the overall stance taken in Psalms (as well as in the Old Testament in general) regarding ethical issues, such as immortality.

Psalm 21:4 (Holy Bible, NIV, 1973/2011) states, addressing God, "He asked you for life, and you gave it to him—length of days, for ever and ever." He (the king who puts his trust in God) is rewarded for his faith and loyalty. The Psalm goes on to describe how the good, God-fearing ruler prospers, while enemies of God are destroyed along with their successors. Life without end is presented as a reward, granted only to those who follow and respect God. Here, the way in which the statement is formulated further suggests that those worthy of a long or endless life may even request for it, and yet are not punished but rewarded with exactly what they are asking for.

Psalm 39 (Holy Bible, NIV, 1973/2011) focuses extensively on the transient nature of life, and stresses the predetermined number of a human being's days: "Show me, Lord, my life's end and the number of my days; let me know how fleeting my life is. / You have made my days a mere handbreadth; the span of my years is as nothing before you. [—-]" (Holy Bible, NIV, 1973/2011, Psalm 39:4–5.)

Expanding on the same theme, Psalm 49 stresses that the laws of life and death apply to all. Here, the message is that the number of one's days, decreed by God, cannot be added to by way of payment or bargaining: "No one can redeem the life of another or give to God a ransom for them / The ransom for a life is costly, no payment is ever enough / So that they should live on forever and not see decay." (Holy Bible, NIV, 1973/2011, Psalm 49:7–9.) The emphasis is on human inability to add to another's lifespan, while reiterating the idea that God's authority in the matter is absolute and beyond human means of persuasion such as bribery.

Psalm 139:16 (Holy Bible, NIV, 1973/2011) reads, "[—] all the days ordained for me were written in your book before one of them came to be." Once again, the underlying idea of God as the authority on matters of life and death is central: according to the psalm, and stated in no uncertain terms, God possesses the knowledge regarding the length of one's life.

Furthermore, the reference to God's "book" recording all the days ordained to a person suggests an even deeper involvement on God's part. Given that the Christian God is regarded as both all-knowing and all-powerful, the implication is that God's book is not only read but even written by God, and that God therefore has both the knowledge and the power regarding life and death.

The attitude towards immortality presented in Psalms is, overwhelmingly, that the length of human life is in God's hands, and that any extension of a natural lifespan is the work of God and God alone. In that particular context, life extension is presented as positive and desirable, in that it is attributed to God and thus depicted as a gift from a benevolent, absolutely wise higher power.

Simultaneously, the pursuit of life extension or immortality independently from God is not explicitly referred to in these examples, even as a possibility, again corroborating the view of God as the only possible authority with the power of granting life. Other avenues of life extension are not so much condemned as completely disregarded from the realm of possibility.

By consistently adhering to this view of long life as a reward from God and reiterating it on several occasions, the Book of Psalms serves as an illustrative example of the attitude towards immortality recurring throughout the Old Testament. Furthermore, it showcases many of the essential elements of the overall Christian view of immortality, perhaps most significantly the all-important authoritative role of God in all matters regarding life and death.

In Proverbs 12:28 (Holy Bible, NIV, 1973/2011), the connection between moral character and immortality is made explicit: "In the way of righteousness there is life; along that path is immortality." Although the Old Testament does not dwell on the concept of immortality, even in the form of immortality the soul (which becomes important in the New Testament), the direct use of the word "immortality" and the description of the kind of behaviour resulting in it ("the way of righteousness") suggests that the idea of immortality of some kind, as well as of who can be expected to attain it, exists in some form.

Considering the context, it can be surmised that "righteousness" refers to actions approved by God, and that the "path" along which immortality can be found is that pointed out by God. Immortality, then, is the reward for a life that pleases God; again, immortality is presented as something coming from God, to those whom God deems worthy.

As a summary of references to lifespan and immortality in the Old Testament, one of the most recurring elements encountered in its texts is the explicit attribution of human longevity or immortality to God alone. The affirmation of

God's authority is often accompanied by reminders of human powerlessness in the face of mortality, including pointed remarks stressing the futility of bargaining with God for a longer life. As such, the view of immortality seen in material found in the Old Testament fairly consistently highlights immortality exclusively as God's domain.

The (relatively few) instances suggesting the possibility to extend one's lifespan, such as Psalm 21 (Holy Bible, NIV, 1973/2011), attribute life extension directly to God rewarding faithful believers for their virtue, and therefore comply with the larger narrative of divine authority in terms of extended or endless life. The influence of this view of immortality as a matter belonging to the hands of a higher power is seen in the examples from *Doctor Who* examined in part II, particularly in chapter 5.

In the New Testament, immortality and eternal life appear relatively frequently: according to Bible Gateway, the expression "eternal life" is used 43 times, and "immortal" or "immortality" 7 times. The general attitude expressed in these passages discussing eternal or endless life in some way bears a fair deal of resemblance to that encountered in the Old Testament—not surprisingly, considering that the New Testament is built upon the foundation of the Old Testament. However, the focus here is somewhat different, and the New Testament augments the Christian attitude towards immortality in some significant ways. This is related to the distinction between immortality of the body and of the soul, discussed in chapter 2 and earlier in this chapter.

As was seen in the Old Testament, immortality is generally presented as a reward for a virtuous life. Perhaps the key difference here is the emphasis on eternal life in the sense of immortality of the soul, as opposed to longevity or immortality on earth. For example, in Matthew 25:46 (Holy Bible, NIV, 1973/2011) ("Then they will go away to eternal punishment, but the righteous to eternal life"), eternal life is posited as an alternative to eternal punishment, and as something the righteous "will go away to" after their earthly life.

The idea of immortality as a property of souls redeemed by Christ is visible in the frequency of references to immortality and eternal life in the New Testament in comparison to the Old Testament: whereas endless or extended life in the Old Testament is mainly discussed with regard to earthly longevity and the relationship between righteousness and lifespan, in the New Testament the focus is on Christ. Immortality is presented as annihilation of death and as a divine property granted to humanity by the grace of God through Christ. As 2 Timothy 1:9–10 (Holy Bible, NIV, 1973/2011) explicitly states,

[—-] This grace was given us in Christ Jesus before the beginning of time, / but it has now been revealed through the appearing of our Savior, Christ Jesus, who has destroyed death and has brought life and immortality to light through the gospel.

Many of the mentions of eternal life are found in the parables told by Jesus to his disciples. Direct references to eternal life are found in the story titled "The rich and the kingdom of God" (Holy Bible, NIV, 1973/2011, Mark 10:17–31; Holy Bible, NIV, 1973/2011, Matthew 19:16–24; Holy Bible, NIV, 1973/2011, Luke 18:18–30). In the story, a man asks Jesus what he must do in order to inherit eternal life. Jesus replies by saying first that he must follow the Ten Commandments, and then adding that he must sell everything he has and give to the poor.

Mark 10:29–30 (Holy Bible, NIV, 1973/2011) contains the following:

"Truly I tell you," Jesus replied, "no one who has left home or brothers or sisters or mother or father or children or fields for me and the gospel / will fail to receive a hundred times as much in this present age: homes, brothers, sisters, mothers, children and fields—along with persecutions—and in the age to come eternal life."

In this passage, "this present age" and "the age to come" are presented as separate, and eternal life as something pertaining to "the age to come" specifically. In the overall Christian conception of immortality, this passage supports the view of eternal life as something granted to humans from above—since eternal life is presented as something "received" in the age to come—and as the ultimate prize awaiting those worthy of it.

In the parable of the Good Samaritan (Holy Bible, NIV, 1973/2011, Luke 10:25–37), an expert in the law of the Old Testament tests Jesus by asking what he must do "to inherit eternal life" (Holy Bible, NIV, 1973/2011, Luke 10:25). Jesus answers first by saying that he will live if he follows the Greatest Commandment (as it is titled in Mark 12:28–34 [Holy Bible, NIV, 1973/2011]): "'[—] Love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind'; and, 'Love your neighbour as yourself.'" (Holy Bible, NIV, 1973/2011, Luke 10:27.) When the man presses Jesus further, asking who then is his neighbour, Jesus goes on to present the man with the parable of the Good Samaritan, a man belonging to a scorned people who nevertheless helps the victim of a violent robbery.

While respected individuals such as a priest and a Levite pass the robbed and beaten man by a wide berth, the Samaritan displays love towards his neighbour by helping him. Considering the way in which immortality factors into the story, the choice of words in "to inherit eternal life" suggests that immortality, as something inherited, is bestowed from above. This idea is familiar from the Old Testament and falls in line with the overall view of immortality depicted in the biblical examples presented earlier on.

The Gospel of John, the Gospel considered most focused on theological matters (see, e.g., Smith, 1995, p. 1) and the one most preoccupied with matters such as immortality of the soul, features several references to eternal life granted to those who believe in the Son, Jesus Christ. In fact, out of the 43 references to eternal life found in the New Testament according to Bible Gateway, a total of 17 are found in the Gospel of John. Perhaps the most well-known reference is found in John 3:16 (Holy Bible, NIV, 1973/2011): "For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life."

Similarly, in John 3:36 (Holy Bible, NIV, 1973/2011), it is stated that "Whoever believes in the Son has eternal life, but whoever rejects the Son will not see life, for God's wrath remains on them." The reference to God's wrath recalls the Old Testament view of immortality presenting longevity or immortality as rewards from God, and God's sovereign authority over who is deemed worthy of reward or punishment. John 4:36 (Holy Bible, NIV, 1973/2011) reads, "Even now the one who reaps draws a wage and harvests a crop for eternal life, so that the sower and the reaper may be glad together." Here, the reference to the sower and the reaper rejoicing together emphasises that immortality of the soul of those who believe in Christ not only serves the faithful but also pleases God.

Among mentions of eternal life in the Gospel of John, a number focus on the relationship between faith, specifically faith in Christ, and eternal life. The aforementioned John 3:16 (Holy Bible, NIV, 1973/2011) and John 3:36 (Holy Bible, NIV, 1973/2011) present eternal life as a direct consequence of faith in the Son. In John 17:3 (Holy Bible, NIV, 1973/2011) ("Now this is eternal life: that they know you, the only true God, and Jesus Christ, whom you have sent."), knowing God and Christ both is presented as the path to eternal life.

In John 6:54 (Holy Bible, NIV, 1973/2011) ("Whoever eats my flesh and drinks my blood has eternal life, and I will raise them up at the last day."), a connection is made between Holy Communion and eternal life; immortality (of the soul) can be found in this ritual established by Jesus himself. Furthermore, the

idea of bodily resurrection at a specific time is presented here—a significant element in the view of immortality presented in the New Testament.

The view of immortality in the Gospel of John might be condensed as follows: immortality is found in Christ and attained in the afterlife—according to John 6:54 (Holy Bible, NIV, 1973/2011), quite literally in the form of resurrection "at the last day"—and the alternative to eternal life is God's wrath and eternal damnation. Every soul salvaged to eternal life is a source of joy for both the Father and the Son. The role of the Gospel of John in the Christian view of immortality is to fortify the idea of faith as the path to eternal life, and to corroborate the significance of Christ with regard to immortality of the soul.

Among the examples examined here, the idea of resurrection of the body is a slight aberration from the general view towards immortality, considering that most mentions of eternal life in the New Testament present immortality in more abstract terms. If viewed as a part of the overall Christian conception of immortality, bodily resurrection can be considered the final outcome of the entire journey towards eternal life: after having embraced Christ and the commandments decreed by God, the bodies of the believers are raised to live forever.

This idea of the body as well as the soul being immortal calls to mind the Jewish conception of humanity and challenges in a noteworthy way the dualistic attitude influenced by Hellenistic thought of the body and the soul as intrinsically separate, with the body seen as less good than the soul (Martin, 2001, p. 51); since both body and soul are seen as worthy of resurrection, both are considered good in the eyes of God.[42] The view of immortality presented in the Gospel of John, then, is a continuation of what is expressed in the Old Testament, but also expands on it in that it includes more focus on how immortality is achieved and who can expect to attain it.

According to Bible Gateway, the Epistles of the New Testament contain 16 uses of the phrase "eternal life." As the role of the Epistles is to advise newly-formed Christian communities in matters pertaining to the Christian faith, the way in which eternal life is discussed gives some suggestion as to how the early church viewed the issue. For example, Romans 2:7 (Holy Bible, NIV, 1973/2011) reads, "To those who by persistence in doing good seek glory, honor and

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[42] According to O'Callaghan (2011, pp. 180–181), although the two are closely associated, resurrection of the body and eternal life are distinguishable matters in Christian thought: while the former is is a part (and indeed the culmination) of the latter, those who have faith are already in possession of eternal life during their life on earth. See also Huovinen (1981), discussed earlier in 3.1 with regard to the Lutheran interpretation of the concept of immortality in terms of Christianity.

immortality, [God] will give eternal life." This idea of eternal life as a gift from God, granted to those deemed morally worthy, is familiar from the Old Testament, and aligns with the overall biblical conception of immortality.

At several points, the Epistles underscore the significance of faith in Christ. For example, Romans 5:21 (Holy Bible, NIV, 1973/2011) speaks of "[—] eternal life through Jesus Christ our Lord"; in Romans 6:23 (Holy Bible, NIV, 1973/2011), "[—] the gift of God is eternal life in Christ Jesus our Lord"; in 1 John 5:11 (Holy Bible, NIV, 1973/2011) "[—] God has given us eternal life, and this life is in his Son"; and in Jude 1:21 (Holy Bible, NIV, 1973/2011), "keep yourselves in God's love as you wait for the mercy of our Lord Jesus Christ to bring you to eternal life." Based on these passages, immortality is something granted by God through Christ.

When the word "immortal" is used in the Epistles, it sometimes refers not to humanity but to God. For example, 1 Timothy 1:17 (Holy Bible, NIV, 1973/2011) reads, "now to the King eternal, immortal, invisible, the only God, be honor and glory for ever and ever. Amen." Similarly, in 1 Timothy 6:15–16 (Holy Bible, NIV, 1973/2011):

> [—-] God, the blessed and only Ruler, the King of kings and Lord of lords, / who alone is immortal and who lives in unapproachable light, whom no one has seen or can see. To him be honor and might forever. Amen.

As in the Old Testament, immortality here is presented as an attribute of God (as extensively discussed by Wierenga, 1989, pp. 166–201). It then follows that immortality as a human attribute is the doing of God (Holy Bible, NIV, 1973/2011, 1 Corinthians 15:54):

> When the perishable has been clothed with the imperishable, and the mortal with immortality, then the saying that is written will come true: "Death has been swallowed up in victory."

The mortal are "clothed" with immortality, presumably by God. Immortality is depicted as something granted to mortal beings at God's discretion.

In conclusion, despite the many similarities between the Old and New Testaments, the main difference between the two can be seen in the conception of immortality presented in each one: whereas the Old Testament depicts immortality as a gift from God that the Father bestows on the righteous, the New Testament places particular importance on the Son, especially on faith in Christ. In the Old Testament, longevity and immortality are mostly presented as

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corporeal prospects, whereas in the New Testament, immortality is mainly discussed in the sense of eternal life and immortality of the soul.

These are two very different forms of immortality, with crucially different implications and ethical considerations from a Christian viewpoint (see, e.g., Huovinen, 1981). However, it is worth noting how both are depicted as originating from God and being granted to humans not through their own independent efforts but by the grace of God. Therefore, even though the focus of this thesis is on corporeal immortality, the descriptions of and attitudes towards immortality of the soul and eternal life in a Christian sense found in the New Testament contribute to the argument that Christian ethics considers immortality, in whatever form, to belong to the domain of God.

3.1.2 Christian view of the roles of God and humanity

As established above, the Christian God is associated with attributes and absolute virtues such as omniscience, omnipotence, and goodness (see, e.g., Wierenga, 1989). Humankind, in turn, is considered to be the creation of God, in God's image, and therefore originates from this perfect goodness; at the same time, humanity has the capacity (and, in some ways, propensity) to act in less-than-perfect ways. Being familiar with the moral parameters set to both God and humanity is essential in order to understand Christian ethics, as it makes it possible to assess both what the absolute ideal of moral goodness is in terms of Christianity, and what level of moral impeccability can be reasonably expected of humans.

Related to the idea of surpassing the limits of humanity is the prospect of humans acquiring knowledge or skills that resemble those considered to be the exclusive property of God. The idea of God and humanity as potential rivals, or of humans "playing God" posing a credible threat to God, can be—and has been— challenged from a theological perspective. Hopkins (2002) argues that there are two strands of religious criticism targeting scientific pursuits seen as transgressions of the limits of human authority: criticism of human (scientific) ambition may be interpreted as either acknowledgement of the fundamental difference between humanity and God, or as a prescriptive warning stemming from the fear that humanity might potentially reach a point at which humans could actually rival God.

According to the first interpretation, attempts at "playing God"—while perhaps a sign of moral shortcoming—are ultimately futile because God is and

will forever remain fundamentally different from (and, in Christianity's understanding, superior to) humans. This classic "hubris criticism," as Hopkins (2002) calls it, presents excessive ambition regarding scientific or technological progress as a sign of moral failure in terms of pride, arrogance, and the like. Such misguided ambition is ultimately both morally reprehensible (due to being indicative of the aforementioned sins or vices) and futile: it does not threaten God in any way, and only ends up hurting the humans displaying their delusions of grandeur and attempting to exceed the limits of their competence.

However, in the second approach identified by Hopkins, humanity is seen as truly having the capacity to evolve to a point at which scientific and technological innovations can be used to, for all intents and purposes, take God's place when it comes to matters such as life and death. This stance, referred to by Hopkins (2002) as "Promethean criticism," implies that it is realistically possible for humans to essentially become gods, and that as a pursuit, it is "merely" morally reprehensible and against the will of God, rather than inherently futile as well.

As Hopkins explains, according to this view human attempts to take God's place are *forbidden* rather than *impossible*. This "framework of authorized limits as opposed to intrinsic ability" (Hopkins, 2002, p. 323) suggests that humanity has, or at least can potentially achieve, the ability to commit godlike acts.

As discussed above (with reference to, e.g., Wierenga, 1989), attributes associated with the Christian God include omniscience, omnipotence, perfect goodness, and moral impeccability, as well as immutability, timelessness, and eternity, among others. Although the latter attributes may not be quite universally considered divine attributes of the Christian God,[43] the Christian conception of God certainly features attributes and qualities that make the God of Christianity both distinct from and superior to human beings. For example, Henriksen (2015) among others states that the finite nature of life is a key aspect of humanity, both on the level of individual experience and in relation to the infinite God.

Since in theistic thought, the divine attributes are unique to a single God, then all other beings in existence, including human beings, are by necessity not in possession of these attributes. God's attributes, therefore, are something humans cannot possibly attain. With this in mind, the idea of humans posing a serious threat to God in terms of what they can achieve is arguably in clear conflict with the Christian view of God and humanity.

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[43] Based on factors such as the different understandings of "eternity" discussed in chapter 2 of this thesis; see also, e.g., Oppy (2014, pp. 19–25).

From the perspective of Christian ethics, then, the pursuit of immortality could be argued to fall into the category of ambitions subjected to Hopkins' (2002) "hubris criticism": it is a human attempt to exceed the limits of the human lifespan—a matter considered to be in the hands of God (see, e.g., Holy Bible, NIV, 1973/2011, Genesis 6:3; Holy Bible, NIV, 1973/2011, Job 14:5; Holy Bible, NIV, 1973/2011, Psalm 39; Holy Bible, NIV, 1973/2011, Holy Bible, New Revised Standard Version, 1989, Sirach 17:2)—and therefore beyond what humans can or should control. From a theological perspective, I argue that the issue with pursuing immortality is not that there is a risk that humans might become gods themselves, but rather that humans are intrinsically not God and are therefore incapable of handling such responsibilities with the competence required.

Within the framework described above, attempting to act like God is evidence of arrogance or thoughtlessness and reprehensible for that in and of itself but also, importantly, carries a (high) risk of undesirable consequences. This is because as something fundamentally other than (and less capable than) God, humans lack the necessary skills, understanding, and moral goodness to use technology for godlike purposes in a way that both takes into account the impact, implications, and potential repercussions of these actions, and does not use them for personal gain at the cost of other beings, whether fellow humans or the rest of creation.

In terms of immortality, it can thus be argued that Christianity is largely not in favour of the prospect of an indefinite lifespan from an ethical point of view, but not because striving to be immortal is considered to threaten God's position in some way. Instead, the issue is that attempts at "playing God" are indicative of arrogance, delusions of grandeur, and potentially, desire for personal gain and glory, all condemned in Christian ethics. As discussed in part II, the idea of immortality "falling into the wrong hands"—that is, into the possession of someone not competent and (particularly) not morally decent enough to handle it appropriately, is presented and addressed in *Doctor Who* as well.

Furthermore, human interference in fundamental issues such as those concerning life and death is considered to potentially have unforeseen and irreversible negative consequences or side effects both for the individual concerned and for others. Based on Christianity's view of humanity, "playing God" can only ever reach the level of playing—imitation or pretension—and will not lead to humankind actually taking God's place.

Although the pursuit of immortality may be argued to be in conflict with the view of Christian ethics regarding appropriate human endeavours, humanity still

has the ability to decide whether or not to follow this pursuit. In the Christian understanding of the nature of humanity, free will allows humankind to choose how to act, even when these actions go against the will of the almighty God. The paradoxical relationship between divine providence and human agency is indeed a complicated one. According to Christian thought, God's active participation in the world coexists with human freedom; the views of theologians have differed over the centuries regarding how to reconcile the two (see Jensen, 2014).[44]

On a practical level, humans are both free to and, in terms of everyday life, even forced to exert their free will and act in accordance to it in order to lead the best life possible. The need to rely on free will and to decide how to act extends to the ethical questions examined in this thesis as well: as discussed in 3.1, even if one were to rely on guidance such as the authority of the Bible or of a specific Christian thinker on ethical matters, the choice of whose authority to prioritise and which school of biblical interpretation (out of the countless in existence) to follow is still ultimately up to the individual.

In terms of life extension, it is difficult to draw a clear line between ethically acceptable interventions and ones considered excessive and reprehensible. Much more difficult still is to draw such a line that could be applied to all situations regardless of the specific circumstances at hand, as explored in further detail in the following.

3.1.3 Christian ethics and life extension in real life

The question of whether attempts at extending one's lifespan are seen as acceptable from the perspective of Christian ethics becomes complicated when trying to define such attempts in the first place. As established in 3.1.1, for Christianity it is ultimately God whose will and mercy determines the number of each individual's days.

However, most authorities on Christian doctrine would hardly condemn all human actions aiming at living longer as immoral attempts to overstep the boundaries of human jurisdiction, or to "play God," as such attempts are often referred to by those opposed to them (although as discussed above, the ethical implications of "playing God" may vary depending on what is understood by the

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[44] See Jensen (2014) for a detailed discussion of the relationship between providence and human agency, with the author himself arguing for "'strong' divine transcendence" (p. 2), in which God is understood not as *within* or *outside* of creation but as the *source* of it—both "beyond being" and immanent in the world.

term). Indeed, many established medical interventions aimed at keeping an individual alive, such as organ transplants, are generally not viewed as ethically problematic in and of themselves from the viewpoint of Christian ethics.

On the topic of transplants, it is perhaps worthy of note that the Anscombe Bioethics Centre (2014) working party report presenting a Catholic perspective on the ethics of organ transplantation addresses multiple ethical issues pertaining to various stages of the procedure, but does not appear to explicitly address the very premise of extending the individual lifespan as an ethical question, merely stating that organ and blood donation "help build a culture of life" (Anscombe Bioethics Centre, 2014, p. 1) which is implied to be a positive thing. This may suggest that the acceptability of such a pursuit in this context is seen as so self-evident that it does not even occur to the authors to state it.

However, regarding the topic of this thesis, the aforementioned report does address the question of xenotransplantation (transplantation of tissue from nonhuman animals) and of adding human genes to an animal embryo, inviting the reader to consider at what point the resulting hybrid would become more human than animal (Anscombe Bioethics Centre, pp. 34–35)—another example of an attempt to determine the limits of humanity. Based on the examples presented above, Christian ethics appears to have a hard time determining this limit with categorical certainty, but obviously feels the need to do so.

In terms of real-life decision-making regarding life and death, those identifying or viewed as advocates of Christian ethics may base their views on either the idea of life as sacred and killing as prohibited (see, e.g., Cherry, 2018)[45] or, alternatively, on the principle of showing compassion to and respecting the dignity of one's fellow human beings (see, e.g., Cagney, 2014). Based on which approach is taken, support for protection of life under any circumstances could be seen as either exemplary Christian behaviour or as failure to show love and compassion for one's neighbour in his or her specific predicament. Even though

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[45] There is some debate around the interpretation of one of the most well-known biblical prohibitions on killing, the fifth commandment (Holy Bible, NIV, 1973/2011, Exodus 20:13). Although traditionally translated into English as "Thou shalt not kill," implying that all killing is prohibited, the commandment is found in the current version of the English-language Bible (Holy Bible, NIV, 1973/2011, Exodus 20:13) in the form "You shall not murder," narrowing the prohibition to the unlawful and wilful killing of another person. However, as Bailey (2004) argues in great detail, the original Hebrew word רָצַח. used in the passage should rather continue to be translated as "kill," given that its usage in the Hebrew Bible extends to more than just the narrow definition of murder. Incidentally, the commandment continues to use the equivalent of the word "kill"—without being limited to any specific type of killing—in the first language of the author of this thesis, Finnish.

proponents of either view may justify their stance based on the Bible or otherwise on Christian tradition, the conclusions reached may therefore differ drastically.

The subjective nature of which authoritative source out of the many arguably viable alternatives available to hold as the basis of what one considers to constitute Christian ethics is even referenced in *Doctor Who*: in the episode "The witchfinders" (Wilkinson & Aprahamian, 2018) set in 17th-century England, the Thirteenth Doctor's antagonist Becka justifies witch hunts by quoting the King James Bible: "Thou shalt not suffer a witch to live." The Doctor, however, is unimpressed; she retorts by informing Becka that the quote comes from the Old Testament, but that "There's a twist in the sequel: 'Love thy neighbour'" (Wilkinson & Aprahamian, 2018).[46]

Christian attitudes towards various ethically challenging procedures also vary. For example, objections to biotechnologies and interventions related to human enhancement, genetic engineering, or cloning rooted in Christianity are fairly common (see, e.g., Jong, 2018; Pope et al., 2017), while as stated above, organ donation is usually seen as acceptable as long as the dignity of the donor is respected, even explicitly receiving approval from Pope John Paul II (Anscombe Bioethics Centre, 2014, p. 5).

It may be that the reason for life-sustaining interventions such as organ transplantations not being considered ethically problematic from the perspective of transgressing the limits of humanity is that they do not primarily aim at extending the human lifespan to a superhuman extent, or beyond the expected human lifespan. Instead, they merely set out to enable the individual to live as long as he or she would have lived without whatever medical complication leading to the need of a transplant. In other words, "fixing what is broken" compared with creation in general may not be considered as problematic as trying to "improve" living beings, particularly humans, beyond what might be encountered in the world without scientific intervention.

It should nevertheless be noted that the idea of "fixing what is broken" opens up the door for questions regarding what kind of illnesses, conditions, or variations between human individuals need to or should be fixed in the first place. Most people, Christian or not, might not have major ethical objections to treating

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[46] Becka is referring to Exodus 22:18 (King James Bible, 1769/2017), worded in the NIV as "Do not allow a sorceress to live" (Holy Bible, NIV, 1973/2011, Exodus 22:18). The Doctor's counterargument is likely a reference to the Greatest Commandment (Holy Bible, NIV, 1973/2011, Matthew 22:34–40), which in the King James Bible (1769/2017, Matthew 22:39) contains the verse "[---] Thou shalt love thy neighbour as thyself."

life-threatening or painful medical conditions. However, pursuits such as striving to rid individuals of personality traits or other qualities seen as socially undesirable or as signs of inferiority would be cause for concern from the perspective of Christian ethics, if combatting discrimination and treating every human being with dignity and respect is seen as an essential element of the mission of the Church (see White, 2017). Again, it is difficult to set a definitive limit distinguishing the ethically acceptable from the unacceptable.

With regard to curing or improving perceived defects in human beings, then, determining whether an intervention would constitute helping the person live up to his or her full potential or inappropriately tampering with God's creation would be a difficult task, and one likely to ultimately depend on subjective human judgement. This arguably applies to life extension as well, since actions intended to keep a person alive exist on a wide spectrum, with the ethical implications attached to them ranging from unproblematic to cause for heated debate.

In addition, whether a specific act is acceptable from the standpoint of Christian ethics depends on the understanding of Christian ethics being applied. For example, few would probably consider measures such as saving a person from dying in an accident, providing treatment for a curable disease, or advocating for health-promoting behaviours such as smoking cessation to be un-Christian activities or attempts to interfere with God's plan regarding the number of an individual's days. At the same time, an argument to this effect could hypothetically be made if the concept of the number of a person's days being ordained by God were applied alongside an extremely restricted idea of what is considered an appropriate use of human autonomy. Similarly, life extension, in the sense of augmenting an individual's lifespan, is a spectrum ranging from acts of health promotion or risk reduction, generally seen as ethically unproblematic, to medical and/or technological interventions sparking heated debate between representatives of different religions and worldviews as well as among adherents of the same faith.

Most ethical theories are likely to consider various actions and projects aimed at extending the individual or collective human lifespan in some way to be generally ethically acceptable; examples might include providing medical assistance, health promotion campaigns, and social justice work. Such pursuits certainly appear to be morally acceptable from the viewpoint of Christian ethics as well, given the significant role of the Church in the promotion of health and well-being in communities around the world (see, e.g., Campbell et al., 2007; Daniels & Archibald, 2011; Kotisalo & Rättyä, 2014; Hopoi & Nosa, 2020.)

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However, at some point, active efforts to keep a human being alive may cross the line from exerting human agency and free will in the world to the realm of "playing God," in the sense that humans are engaging in something for which they lack the necessary wisdom, perspective, and compassion, which in turn are only possessed by God.

Where the line between acceptable and reprehensible efforts can be found and what sort of actions fall on either side of this line is difficult to determine with certainty, even if using an established ethical system with clear ideas of right and wrong. Even when using the Bible or the works of major Christian authorities as guidelines, how this source material is interpreted in individual cases depends largely on who is doing the interpreting and from what framework or paradigm they are approaching the matter.

In the case of radical life extension or even the pursuit of immortality, little material exists explicitly on a Christian approach towards the matter as of yet, given that the issue is not currently an acute concern. Some have addressed the topic to an extent, including Mercer (2017) who compares the possibility of radical life extension through cryonics with the Christian concept of resurrection and, notably, suggests a favourable theological interpretation of the former (while nevertheless admitting that the interpretation is debatable and the very prospect of life extension through cryonics more of a thought experiment than a realistic future development). The views expressed by Mercer are fairly tentative, which can probably be said for works touching upon Christianity's attitude towards prolongevity efforts in general.

However, based on material related to Christianity and death already in existence, it may be argued that avoiding death to an excessive degree or indefinitely is not encouraged. Driedger Hesslein (2020, p. 218) quotes Lutheran theologian Marty Stortz as writing, "[Baptism] incorporates [people] into the body of Christ. Yet, that incorporation is finally complete only in death. [—] Death in the Lord is final inclusion into the body of Christ." This notion of the spiritual importance of death may be interpreted as an argument against immortality as a worthwhile Christian pursuit. [47] In the same vein, in his

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[47] However, it may be worth noting that in the Pew Research Center (2013) overview of the opinions of various religious leaders on the topic of life extension, the only responses voicing concerns over immortality preventing the faithful from entering heaven, in addition to distinguishing between the pursuit of life extension and immortality as ethically separate matters, come from representatives of Sunni Islam. None of the Christian leaders contacted for comment directly address the spiritual significance of death, although a few may refer to it indirectly by expressing opposition to the idea of living forever. This perhaps further suggests that forming a coherent opinion on Christianity's

encyclical *Spe salvi* Pope Benedict XVI quotes the Church Father Saint Ambrose as describing death not as something to be mourned "for it is the cause of mankind's salvation" (Benedict XVI, 2007, section 10).[48]

Christianity may therefore be argued to reject the pursuit of extending the human lifespan indefinitely. At the same time, Christian (as well as other religious) beliefs regarding the afterlife and the role of humanity in relation to the divine may mediate the fundamental human anxiety regarding death (Johnstone, 2012, pp. 184–185). From a Christian perspective, then, death anxiety is ameliorated by faith in meaning and continuity outlasting the death of the body, rather than by rejection of death through belief in immortality in a corporeal sense, as is arguably done by proponents of prolongevity efforts.

According to Driedger Hesslein (2020, p. 218), different people may make similar choices regarding ethical issues but for remarkably different reasons, and those reasons may give their choices entirely different meanings. For example, the choice to continue with life-sustaining treatment may be motivated either by trust or hope in God to allow the person to continue his or her life on earth, or alternatively, by a fear of death. As Driedger Hesslein states, the motivation behind the choice—trust in the first case, fear in the second—makes a remarkable difference in determining whether it reflects what one considers Christian values, even if the results (continuing with life-sustaining treatment and therefore prolonging one's life) are the same either way.

This observation regarding the significance of motive is reminiscent of the great emphasis placed on intention in Buddhist ethics, discussed in more detail in 3.2. This, in turn, supports Keown and Keown's (1995) claim that despite their obvious theological and cultural differences, world religions have a great deal more common ground especially in terms of ethics than is perhaps often acknowledged.

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relationship with the pursuit of immortality of the body has not been considered a pressing concern so far.

[48] Benedict XVI (2007, section 10) also quotes Saint Ambrose describing death as a "remedy" decreed by God to liberate humankind touched by sin from "the burden of wretchedness in unremitting labour and unbearable sorrow" that, according to Saint Ambrose, would render immortality "more of a burden than a blessing" as well; this view of life as suffering is remarkably close to the Buddhist conception of life, even though both the causes of suffering and the solutions to it suggested by the two are fundamentally different. The quotes from Saint Ambrose are also echoed to a considerable extent by some of the characters witnessing or experiencing immortality in the *Doctor Who* stories examined in part II, particularly in "Mawdryn undead" (Grimwade & Moffatt, 1983) and in "The five Doctors" (Dicks & Moffatt, 1983).

3.1.4 Interim summary

In conclusion, in order to understand Christian ethics and its conception of right and wrong—and, in this thesis, to observe its influence on attitudes towards immortality in *Doctor Who*—it is necessary to be acquainted with the underlying theological framework. As with ethical theories with a religious basis in general, Christian ideas of good and evil, morality, and what is expected and required of humans, are intrinsically tied to Christianity's view of divinity, humanity, and the relationship between these two.

In terms of Christian ethics, to "do the right thing" is to adhere to God's will as closely as is possible for humans, who are imperfect and fallible, yet ultimately created in God's image. Whether the will of God is best described in specific commandments or codes of conduct directly presented in the Bible or, according to the view of relational theology, humans are granted full agency by God to make informed decisions (Driedger Hesslein, 2020, p. 219) is up to debate; those with a fundamentalist approach may be inclined to favour the former option, whereas a more liberal or contextual framework might lead to the latter conclusion.

As a result of these differences in outlook, those suggesting a Christian solution to an ethical challenge may have widely differing opinions regarding what exactly that solution entails in practical terms, and could still be able to present biblical or theological justifications for all of these opinions. The justifications they use differ based on what the premise of their reasoning is: alternatives might include specific commandments or prohibitions explicitly presented in the Bible, hypothesising what Jesus might do in a similar situation, or the pursuit of fulfilling the spirit of the Golden Rule, for example.

Based on the aspects of Christian teachings and thought discussed above, immortality is arguably an ethically problematic goal for a number of reasons. First, and perhaps most importantly in terms of how immortality is depicted in *Doctor Who* (as seen in part II later on), Christianity views God as omnipotent, omniscient, and absolutely good, while humans, albeit created in the image of God, are considered fundamentally inferior to God. As fallible beings, humans can be seen as underqualified to address the reality and repercussions of immortality in a way that does not lead to misfortune, or to resist the temptation to use (the prospect of) immortality for self-serving purposes.

Related to the latter point, Christianity also gives great ethical significance to compassion and loving one's neighbour as oneself. Consequently, the general

ethical problems related to immortality discussed earlier in 2.3 could also be considered grounds for Christian ethics to approach the prospect of immortality with caution.

In addition, it could be argued that making humanity immortal in a bodily sense would at least force Christianity to reassess its understanding of how the human soul leaves the material world behind and is reunited with the divine, since death and resurrection play an important role in the Christian conception of salvation (see Driedger Hesslein, 2020, p. 218, discussed above). If such a development were viewed as an impediment to entering heaven—that is, achieving the ultimate spiritual goal—it would be plausible to argue that this might be another aspect of immortality to be regarded as problematic by Christianity.

In a study by Pope et al. (2017), Australian students with a self-reported Christian worldview were more likely than others to rely on intuitive rather than rational or emotive (compassionate) reasoning concerning biotechnology issues. The authors suggest that this may mean that the students are simply reflecting ideas that they have learned in their religious community, without considering the grounds for holding that particular position. Whether or not the suggestion of the authors of the study is accurate in this case, there is a chance in any ideological community that certain views or attitudes become so ingrained that the justification for holding these views is seldom given much thought.

In terms of ethical decision-making, however, it is important to understand the grounds on which certain actions are deemed appropriate or reprehensible, and what it is about them that potentially violates the core tenets of the ethical framework in use. With such an understanding, when the actions in question become topical in a real-life setting, it is possible to assess what the most ethically appropriate response would be under the specific circumstances and the particular context at hand.

In the case of Christian ethics, it can be said that the morally appropriate way to act is the one that best adheres to and reflects God's will. However, as demonstrated above, opinions regarding how to determine what this means in practical terms vary greatly, between Christian denominations as well as between individuals.

Given the theological significance of love, as well as the overall emphasis on compassion and fellowship in Christian teaching, the morally appropriate choice in an ethically challenging situation could arguably be the one that shows the most love and compassion for those concerned—both one's neighbour and

oneself. At the same time, as God is at the centre of Christian ethics, to act ethically right is to respect God's power and authority over humanity. Both of these aspects of Christian ethics may be detected in the depiction of the ethics of immortality in *Doctor Who*, as demonstrated in part II of this thesis.

The view of Christian ethics on immortality in *Doctor Who* examined in this thesis is based both on direct biblical passages and on the principles of Christian ethics rising from Christian doctrine regarding questions such as the properties of God and the role of humanity. This approach is taken in part to offer a comprehensive view of the various factors informing Christian ethics, without exclusively using the lens a specific interpretative framework. However, for the sake of disclosure, the author's background in examining the relationship between Christian ethics and the ethical views of nurses working in end-of-life care (Vuolteenaho, 2021), in which I argue Christian virtues such as compassion and love of neighbour to play a significant part, may lead the latter source of theological justification to gain a more prominent role in determining the view of Christian ethics in the matters under examination in this thesis as well.

3.2 Buddhist ethics and immortality

Just as with Christianity in 3.1, understanding the principles of and the reasoning behind the views of Buddhist ethics requires understanding of the Buddhist worldview and view of humanity. Both of these differ significantly from those of Christianity in many key aspects (although there are certain similarities as well). Therefore, even where the two religions take a similar stance regarding a specific question related to ideas of right and wrong, their reasons for reaching these conclusions often differ greatly. This, in turn, may affect how a specific situation is interpreted in terms of ethics, or what specific aspects of it are cause for ethical concern.

Buddhist ethics, and indeed Buddhism in general, has only been the subject of reliable study in the Western world for less than two centuries (Keown & Keown, 1995, p. 265). In recent decades, a number of academic works have aimed to present Buddhist ethics in terms understandable from the viewpoint of Western ethical theory, with Peter Harvey and Damien Keown among the most notable authors (Henry, 2013, p. 48). Even with this increase in academic material available, those born and raised in an environment culturally informed by another religion inevitably approach Buddhism as outsiders, in that they have not

absorbed the worldview and values of Buddhism in their daily life in the way that they have done with the majority religion of their cultural environment.

As discussed in 1.3.2, even when approaching a topic from an academic standpoint, a researcher's pre-existing relationship with that topic, whether through conscious interest or general exposure, cannot help but affect the observations made and the conclusions drawn from material on said topic to some extent. In the case of this thesis, I acknowledge my outsider perspective when examining and interpreting the views of Buddhist ethics and the ethical implications of Buddhist doctrine, as opposed to my lifelong cultural and personal proximity to Christianity.

When examining the question of immortality, or ethical questions related to life and death in general, one key difference between Buddhism and Christianity is that in the former, the doctrine of reincarnation plays a key role on the path towards spiritual fulfilment. Arguably, religions teaching reincarnation and rebirth believe in immortality by default, at least if immortality is understood as life on earth not (permanently) ending in death: if the one who dies is believed to be reborn after death, then clearly life is if not eternal, at least capable of surviving death. Reincarnation in Buddhism is discussed in more detail in 3.2.3, and indeed, is also an essential element in the depiction of immortality in *Doctor Who*, as seen later on in part II.

As in the case of Christianity, from the perspective of Buddhism immortality may be viewed as a spiritual concept, not just one concerning practical efforts to extend the human lifespan artificially. Consequently, it is important even here to be clear on which type of immortality is being discussed, in order to distinguish the implications of each in the context of Buddhist thought and ethics.

When it comes to immortality in a spiritual sense, at the heart of the Buddhist view regarding the fundamental nature of life is the idea of *samsara*, or the cycle of life, death, and rebirth. Although life is technically not considered infinite—there is an eventual end to *samsara* in reaching *nirvana*, or enlightenment—the cycle of reincarnation is extremely long. From a human perspective, life considered from the viewpoint of *samsara* is therefore arguably virtually endless, as the end of *samsara* is such a distant prospect that the cycle of lives to be lived through before reaching it can subjectively be considered akin to immortality.

In terms of ethical theory, Keown and Keown (1995, pp. 265–266) describe Buddhist ethics as "a teleological virtue ethic," where the law of *karma* means that all moral acts have clear effects both transitive (the impact of these acts on others) and intransitive (changes caused by the acts in the character of the subject

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him- or herself). However, the relationship between good deeds and favourable outcomes is not entirely straightforward. Both this and the concept of *karma* in general are discussed in more detail in 3.2.3.[49] Furthermore, Buddhist ethics is closely interwoven with the Buddhist conception of reality and existence, also discussed in the following.

3.2.1 Key concepts in Buddhist ethics: Four Noble Truths, the Eightfold Path, the Five Precepts

Perhaps the most essential teachings in terms of understanding both the foundations of Buddhist ethics and the Buddhist worldview in general are the so-called "Four Noble Truths." These, along with "the Eightfold Path" of virtuous and spiritually favourable conduct, both explain how Buddhism views reality and the role of humanity in it, and lay out guidelines for how to act and approach life in order to make ethically appropriate life choices and to ultimately attain spiritual fulfilment.

A religion with a history of about 2,500 years and spread into a vast geographical area, Buddhism is divided into several schools and traditions, each with its own particular features and focal points. As a result, discussing Buddhist doctrine or ethics may provide somewhat different findings depending on whether the topic is approached from the perspective of Theravāda, Mahāyāna, or Tibetan Buddhism, for example. However, the same can be said to some extent of any major religion, Christianity included. When referring to ideas specific to a particular Buddhist school, I have made an effort to indicate that this is the case. As established at the beginning of chapter 3 regarding the approach of this thesis, the focus is on central teachings and concepts shared by most Buddhist traditions.

One of the major world religions and one of the biggest and most influential "Eastern" religions, Buddhism is a religion with a long history and a multifaceted present. According to the Pew Research Center (2017), the projected number of Buddhists in the world in 2015 was over 499 million, accounting for about 7 percent of the world's population. (Christianity, in comparison, was estimated to have over 2.2 billion adherents at the same time, or about 31 percent of the global population, according to the same report.) Although an overwhelming majority of Buddhists live in Asia and in the Pacific region, there are notable populations

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[49] It should also be noted that whether Western ethical theories are entirely suitable for examining non-Western thought has been called into question; see, e.g., Barnhart (2012).

elsewhere in the world, especially in North America and in Europe (Pew Research Center, 2012).

The most important points of Buddhist doctrine in terms of ethics, particularly from the viewpoint of questions of life and death, concern the fundamental nature of life and the individual's relationship with the surrounding world as well as with the divine or the transcendent (as it is understood in Buddhist thought). As these ideas, many of them unique to Buddhism, play an essential role in the Buddhist conception of ethics, a brief overview of the most central ones is in order.

The background of Buddhist thought is rooted in the history and culture of present-day India. However, the central principles and doctrines of Buddhism as it is known to this day come specifically from the realisations and subsequent teachings of the Buddha, who lived around 500 years before Christ, slightly depending on the source; Harvey (2000, p. 3) dates the Buddha's life to the 5th century before the Common/Christian Era (BCE). The ideas of transcendence and immanence, sometimes at odds but both fundamentally aiming to achieve the same goal of liberation, are still at the heart of Buddhist thought. So is the concept of the transient body caught in a cycle of life, death, and rebirth.

On the night of the Buddha's enlightenment experience, he perceived what is known as the Four Noble Truths (Prebish & Keown, 2006, p. 38); Harvey (1990, p. 47) calls these "the Four Holy Truths." These observations regarding the human condition and liberation from what is seen as the cause of suffering in life form the core of Buddhist doctrine and contain the most fundamental elements of the Buddha's teachings in terms of the Buddhist worldview.

The Four Noble Truths can be considered the most important teachings in Buddhism (Harvey, 1990, p. 46) seeing as they contain the fundamentals of the Buddhist view on the nature of existence in condensed form, while also providing practical guidelines regarding how to lead a virtuous life. The way in which life and existence are viewed in the Four Noble Truths serves as a basis for Buddhist approaches towards matters such as proper conduct and beliefs regarding the afterlife, for example.

The Four Noble Truths are formulated in the Buddha's first sermon (Prebish & Keown, 2006, p. 38). The first of the Noble Truths is suffering (*dukkha*). In the Buddha's words:

> Birth is *dukkha*, ageing is *dukkha*, sickness is *dukkha*, death is *dukkha*; sorrow, lamentation, pain, grief and despair are *dukkha*; association with what one

dislikes is *dukkha*, separation from what one likes is *dukkha*, not to get what one wants is *dukkha*; in short, the five groups of grasping (which make up a person) are *dukkha*. (Harvey, 1990, pp. 47–48.)

In other words, virtually everything about the human condition is intrinsically tied to suffering, and this suffering is something that no living being can escape.

As can be seen from the above, suffering is understood as a multifaceted phenomenon, and applies to both the presence of unpleasant things and the absence of pleasant ones. The suffering encompassed by the term *dukkha* can be either physical or psychological, either severe pain or unpleasant inconvenience; as such, *dukkha* can be found in both unpleasant everyday experiences and tragic, inescapable life events such as grave illness or death.

Furthermore, as Buddhism teaches rebirth that happens in a near-infinite cycle, the Buddha is saying that *dukkha* is a never-ending part of not only this life but of all past and future lives as well. (Prebish & Keown, 2006, p. 45.) According to Buddhism, then, life is first and foremost characterised by the pain and negativity that accompanies all experiences, both good and bad.

The second Noble Truth is the origin of suffering: "It is this craving, giving rise to rebirth, accompanied by delight and attachment, finding delight now here, now there…" (Harvey, 1990, p. 53). In the Buddha's first sermon, alongside the formulation of the Four Noble Truths, a number of related key teachings are laid out, among them the three types of craving associated with suffering; these are craving for sensual pleasures, craving for existence, and craving for non-existence. While the first is rather self-explanatory—any pleasure experienced through the senses—the second refers to self-protection and clinging to (the idea of) the ego, and the third to the desire to distance oneself from unpleasantness. (Harvey, 1990, p. 53.)

These three types of craving are the cause of suffering intrinsic to life. Chasing them means that life will lead to disappointment and failure, either when what is craved is not attained in the first place, or when what is gained is inevitably lost again.

The third Noble Truth is the cessation of *dukkha*: "This, monks, is the Holy Truth of the cessation of *dukkha*: the utter cessation, without attachment, of that very craving, its renunciation, surrender, release, lack of pleasure in it." (Harvey, 1990, pp. 60–61.) The end of craving also means the end of suffering, and as a result, the person is released from this endless cycle.

The ultimate end result of the cessation of *dukkha* is *nirvana*. Considered "the supreme goal of the Buddhist path," *nirvana* extinguishes the three components of craving that are greed, hatred, and delusion (Prebish & Keown, 2006, p. 50), and in so doing liberates the person concerned from the ties of existence. This also means that once *nirvana* has been reached, the person experiences no more rebirths and is free from the cycle of *samsara* (Harvey, 1990, p. 61).

A distinction can be made between *nirvana* "in this life" and "final" *nirvana*, the former referring to a sort of transcendent experience resembling what the Buddha experienced at the moment of his enlightenment, and the latter to what is attained in death after having freed oneself from *samsara* and thus no longer being reborn after death (Prebish & Keown, 2006, p. 50; Harvey, 1990, pp. 61–62). In any case, *nirvana* can be considered the opposite of both suffering and existence. According to Buddhism, there is nothing (such as a personal Self or a soul) that exists after liberation from *samsara*, and therefore once *nirvana* is reached, all existence ceases for the one concerned.

The fourth and final Noble Truth is the most practical: the Path that one is to follow in order to end the suffering inherent in life.

> This, O Monks, is the Truth of the Path which leads to the cessation of suffering. It is this Noble Eightfold Path, which consists of (1) Right View, (2) Right Resolve, (3) Right Speech, (4) Right Action, (5) Right Livelihood, (6) Right Effort, (7) Right Mindfulness, (8) Right Meditation. (Prebish & Keown, 2006, p. 52.)

The first two are thought to pertain to Wisdom, the following three to Morality or moral virtue, and the last three to Meditation (Harvey, 1990, p. 68). These eight components of a virtuous life are seen as the road to the end of *dukkha*.

Right View means acceptance of the Buddha's teachings and the Four Noble Truths; *Right Resolve*, the development of right attitudes regarding craving and conduct towards others; *Right Speech*, focus on the power of the way in which one speaks; *Right Action*, abstinence from harmful actions; *Right Livelihood*, doing no harm in one's professional life; *Right Effort*, focus on positive thoughts, mindset, and meditation; *Right Mindfulness*, awareness regarding the body, feelings, mental state, and thoughts; and *Right Meditation*, focus on mind-clearing mental exercises (Prebish & Keown, 2006, pp. 52–54).

The Eightfold Path functions as a summary of what comprises ethical conduct in the view of Buddhism. Buddhist approaches to addressing ethical dilemmas are therefore directly informed by views on how to best follow the

tenets of the Eightfold Path. However, as is the case with all ethical guidelines, different opinions exist on how to fulfil the requirements of these guidelines in practice and in various real-life situations.

In addition to the guidelines presented in the Eightfold Path, there are precepts for adherents of Buddhism to follow in order to lead an ethically wholesome life and to improve oneself in terms of ethical virtue. Those most commonly followed are known as the Five Precepts (or "the five virtues"), each presented in the form of an abstention or prohibition but accompanied by a positive counterpart: *ahiṃsā* or non-injury (with the positive counterpart of compassion and kindness); avoiding theft and fraud (generosity); avoiding sexual misconduct (contentment and satisfaction with one's spouse), avoiding lying and wrong speech (honesty and trustworthiness), and abstinence from intoxicants (mindfulness). (Harvey, 2000, pp. 66–79.) In terms of this thesis, the first precept of *ahiṃsā* is particularly relevant and is discussed later on in this chapter.

3.2.2 *Buddhist view of the role and nature of humanity*

In order to comprehend the foundations of Buddhist ethics, and to compare the ethical approaches of Christianity and Buddhism, it is also necessary to have an understanding of the Buddhist conception of the role of humanity and the individual in relation to both other beings and the divine. To discuss the latter issue first, the Buddhist idea of the divine differs remarkably from that of Christianity in a number of ways. An obvious major difference between the two is that while Christianity is monotheistic and views the almighty God as crucially important in all aspects of life and existence, there is no deity in Buddhism with a comparable role.

Due to its nontheistic nature, Buddhism may be depicted as a religion which does not require belief in deities or, at times, even particular commitment to doctrines; indeed, these features are sometimes presented as the core of the appeal of Buddhism in the Western world (see, e.g., Kay, 2004, p. 5; Bayona, 2014; Sirimanne, 2018, p. 36). There are even efforts to portray Buddhism as a sort of philosophical non-religion in which ontological-existential questions such as rebirth are of little to no importance (an argument critically approached by e.g., Wallace, 2013). However, although it is true that the Buddhist view of the divine and deities differs greatly from that of Christianity, the relationship between Buddhism and deities is more complex than is sometimes thought.

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Unlike Christianity, Buddhism does not recognise a personal god, and is therefore generally described as nontheistic. However, it may be and indeed has been argued that the Buddha, as well as other buddhas, qualify as gods based on their various supernatural characteristics reminiscent of deities in other religions, and that Buddhism is therefore not as much of an aberration from how religion is typically understood as is often thought (see Pyysiäinen, 2003).

In addition, despite being nontheistic in the sense that there is no personal god seen as the creator or sustainer of the universe, Buddhism does acknowledge the existence of beings classified as gods. According to Buddhism, there are six realms of existence or rebirth into which one can be reborn. These realms are those of humans, *asuras* (demons), gods, animals, ghosts, and hell-beings. The former three are thought to be more auspicious rebirths, with more possibilities of accumulating good *karma*, while the latter three have a smaller chance of earning a fortuitous rebirth and are therefore considered less fortunate. (Prebish & Keown, 2006, pp. 14–17.)

Although gods are revered by Buddhists, they do not possess the qualities of a theistic god, such as the power to create or to rule over humans. Indeed, when thought of in Christian terms, Buddhist gods might be likened to angels or other heavenly beings who are nevertheless fundamentally different from the Christian idea of a single almighty God. (Prebish & Keown, 2006, pp. 16–17.)

Since beings considered gods in Buddhism are part of the same realms of rebirth as humans and animals, for example, and any being has the possibility to be reborn as a god if enough good *karma* has been accumulated, gods are essentially comparable to other beings—a human being has the capacity to become a god in a future lifetime, just as a god may be reborn as a human being, as an animal, or as a ghost. The difference between these gods and human beings is clearly not as absolute as that between the Christian God and humanity (as discussed in 3.1). As such, the relationship between humankind and the divine is remarkably different from that in Christianity.[50]

According to Buddhism, creation happens in a cyclical manner, over and over again, and the universe was not created by any single entity (Prebish & Keown,

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[50] With all this being said, I would argue that belief in superhuman beings with some godlike attributes is less significant in terms of a religion's worldview, ethics, and conception of the nature of reality than belief in the fundamental forces governing everything in existence, such as the law of *karma*. In this thesis, the focus is on Buddhism's understanding of matters associated with the divine in religions in general, such as existence, right and wrong, and the role of humanity in relation to the surrounding reality, rather than on the nature or role of god-entities in Buddhism.

2006, pp. 12–14). Therefore, even though gods are a part of the Buddhist cosmology, they do not occupy the role of an almighty creator that they do in theistic religions such as Christianity. The universe is seen as "sustained by natural laws" (Harvey, 1990, p. 36) and since these natural laws are seen as a sufficient explanation for why the world is the way it is, there is no need for an explanation regarding the origin or the maintenance of the universe by an all-powerful, supernatural entity.

The difference between Abrahamic religions and Buddhism with regard to creation can be seen in how in religions such as Christianity, great significance is placed on the single act of creation attributed to God (see Holy Bible, NIV, 1973/2011, Genesis 1). Conversely, there is no creator-God in Buddhism, and creation is not viewed as a one-time event that happens at a specific point in history but as something that is repeated in a cyclical fashion.

What could be considered the closest thing to a creator-God in Buddhism is Great Brahmā, who in a Sutta text is described as a high-ranking god who comes to believe himself to be the creator of all things. However, this is not really the case; in fact, Great Brahmā is ultimately established as the Buddha's inferior in wisdom. (Harvey, 1990, pp. 36–37.) Considering that the Buddha, despite his all-important role in Buddhism, is not viewed as a deity according to Buddhist doctrine, this suggests that Great Brahmā is, in fact, not an omniscient God-figure. The way in which the all-powerfulness of Great Brahmā is rebuked is revealing with regard to the Buddhist view towards gods, in that although they are recognised and held in high regard, they are not considered all-knowing or all-powerful by any means.

One of the reasons why Buddhism does not recognise a creator-God is that if there were such an entity, it would inevitably be responsible for the suffering intrinsic to existence (Harvey, 1990, p. 36). This is seen as problematic enough to suggest that there is no active creator behind the universe.

In fact, Christianity admits this as a problem regarding the idea of an almighty God as well: the issue of theodicy, attempts to explain the paradox of evil existing in a world created by a fundamentally good God (Taliaferro & Marty, 2010, p. 225), has preoccupied thinkers for centuries. However, where Christianity views theodicy as a paradox that can be reconciled with the idea that a benevolent God created the universe, Buddhism sees the conflict between the ideas of a world-creator and the creator of suffering as a single being as proof that there is no creating force that would at the same time be responsible for all things in existence, both good and bad.

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In order to understand the Buddhist view of humanity, as well as the conception of rebirth and *nirvana*, it is essential to be acquainted with how the religion views the self, or a lack thereof. The conception of identity and individual personality differs greatly from that seen in Christianity, for example, and it is therefore necessary to establish the differences between the two in order to be able to compare Christian and Buddhist views on matters pertaining to matters such as rebirth, the soul, and the prospect of immortality.

In his teachings, the Buddha separated himself from the Brahmanist idea that preceded him, also taught by some of his contemporaries, that each individual has an eternal soul (Prebish & Keown, 2006, p. 56). According to the Buddha, a person consists of five factors, or "aggregates," all contributing to the arising of suffering and therefore incapable of constituting a true Self (Harvey, 1990, p. 51). These factors are material shape or form (*rūpa*); (both physical and mental) feeling (*vedanā*); perception, cognition, and interpretation (*saññā*); mental formations or constructing activities (*sankhāra*); and consciousness (*viññāṇa*) (Harvey, 1990, pp. 49–50; Prebish & Keown, 2006, p. 57).

Although the factors described above are seen as important and are given much attention in the form of meditation and other techniques aimed at honing and developing them, it is believed that they are all transient and subject to change, and that a human being in fact consists of constantly fluctuating and renewing elements. All that is truly permanent is *nirvana*; everything in existence changes, wears down, and if living, eventually dies. (Harvey, 1990, p. 50.) As an exception to this, one thing that the Buddha did however consider permanent beyond death and rebirth is a person's moral identity (Prebish & Keown, 2006, p. 56); hence the concept of *karma* and its effects on rebirth and ultimate liberation from existence.

According to the Buddha, one should not attribute experiences or mental phenomena, such as feelings, to oneself; to do so is to falsely assume that the Self is something permanent, with the same applying to identification with one's body as well (Harvey, 1990, p. 51). Since neither mental processes nor the body are permanent, they should not be thought of as one's fundamental, true Self—and since all aspects of human life are similarly impermanent, there is no reason to think of any aspect at all as one's Self.

For the Buddha, no component of a human being could be seen as permanent and immune to change in the way that a true Self or an immortal soul would be, so for him, the idea of Self as taught by other religious traditions could be abandoned. This idea of continuation in rebirth paradoxically tied to

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impermanence in all aspects of the Self save for moral identity is seen later on in this thesis in how *Doctor Who* handles its version of reincarnation in the case of regeneration.

Despite the remarkable differences in how Buddhism and Christianity view humanity, it is possible to find similarities as well. In terms of the conception of fundamental human nature, both Buddhism and Christianity teach that humanity has "fallen from grace" (to use a term borrowed from Christianity) in a moral sense, and is therefore in the state of suffering it is today. However, the two explain this state of affairs in different ways: for Christianity, the reason is disobedience and transgression of the boundaries set by God, whereas for Buddhism, the root of the problem is desire and attachment to the transient. (Prebish & Keown, 2006, p. 14.) This difference in the framing of suffering and human misfortune is also discernible in the depiction of immortality in *Doctor Who* discussed in part II, where both of the aforementioned explanations can be detected as contributors to how the pursuit or attainment of immortality is presented.

In terms of the Buddhist view of fundamental human nature, Matsuoka (2005, pp. 59–60) argues that since "the Law" (or the Buddhist understanding of how the universe works) governing everything in existence—including humankind—is intrinsically compassionate, human beings are regarded as fundamentally good, but have the capacity to do both good and evil, meaning that they can arguably even be considered both.[51]

According to Matsuoka (2005), to do good is to actively oppose evil, and is therefore a choice that human beings can actively make. This view of humanity as capable of both good and evil but as fundamentally good is not dissimilar to the conclusion reached in Christianity, although the reasoning of *imago Dei* used in Christianity is understandably missing from that used in nontheistic Buddhism.

3.2.3 Buddhism and (life after) death

In Buddhist terms, life is intrinsically suffering, so it logically follows that living forever would entail an eternity of suffering. With this in mind, a Buddhist

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[51] Matsuoka's specific perspective is that of the Japanese Buddhist Soka Gakkai movement. However, since the teachings used as the basis of his argument, such as the transience and interconnectivity of all things and compassion and respect for life, are regarded as essential in Buddhism in general, his basic argument of human nature as fundamentally good may be acceptable to different schools of Buddhism as well.

understanding of immortality would heavily focus on the suffering attached to such a life. Moreover, the idea of an infinite (earthly) life is in conflict with the Buddhist idea of *samsara* as a pathway of sorts towards the enlightenment found in *nirvana*. If a human being is unable to die and be reborn, the cycle of life, death, and rebirth is broken, and *nirvana* cannot be reached.

On these grounds, the Buddhist view towards immortality would arguably not be altogether positive. In this way, the ultimate conclusion reached by Buddhism in the matter arguably does not differ greatly from the view of Christianity; however, due to differences in doctrine and in conception of humanity, the reasoning for its approach does differ from Christianity's on some key points.

The Buddhist conception of rebirth is more complicated than a simple linear progression of life, death, and rebirth undergone by a single permanent soul. As discussed in 3.2.2, according to Buddhist thought there is no Self as it is commonly understood: no component of a human being (with, as mentioned above, the possible exception of "moral identity," or the accumulation of *karma* over the course of rebirths) is in itself immune to death in that it would rematerialise unchanged in another life through rebirth.

The relationship between one life and the next can be likened to a fire spreading from one object to another: the two fires are neither the same nor two different fires (Becker, 1993, p. 9). This idea of a nonlinear progression towards *nirvana* through a series of rebirths both independent from and related to one another is arguably applicable to the concept of regeneration depicted in *Doctor Who* as well, as discussed in more detail in part II, particularly in 6.4.2.

There is an end to *samsara*: the cycle of rebirth eventually ends as the accumulation of good *karma* brings about *nirvana*, the cessation of both rebirth and suffering. From a human perspective, however, life in *samsara* can be considered virtually endless, as the cycle spans such an unfathomably long time: the Buddha, for example, is said to have remembered over 100,000 lives in conjunction with his spiritual awakening (Harvey, 1990, p. 32). This distinction is related to the different varieties of immortality, as well as the differences between extreme longevity and immortality in its many forms, both of which were discussed earlier in chapter 2.

Although Buddhist beliefs regarding rebirth and the cycle of birth and death are based on those prevalent in India before the time of the Buddha, there are notable elements to what the Buddha taught on the subject that make the Buddhist view on rebirth idiosyncratic and unique (Wallace, 2013, p. 93). One of the most salient features of Buddhist doctrine regarding life and existence, especially when

compared with Abrahamic religions, is the idea that life is not a one-time event, but something that is repeated a near-infinite number of times. Likewise, time is generally envisioned as circular in "Eastern" cultural contexts, compared with a linear view of time as seen in "Western" cultures (see, e.g., Gupta, 1992, pp. 191–192). As Prebish and Keown (2006, p. 12) express this, "in parts of Asia—and particularly in India—history is seen as a series of potentially infinite cycles in which similar patterns of events recur with no fixed goal or purpose."

The difference in how time is viewed in the East and in the West respectively has a profound impact on how the world, history, and existence are construed within each cultural context. The way in which Western thought generally views history as a progression from one point to the next, and in religious terms, as part of a progressive divine plan, is also connected to the difference between the view of the divine in the West and in the East.

Whereas in Abrahamic religions the God in charge of all matters is a personal entity with the capacity to form plans with a purpose, in Eastern religions such as Buddhism there is no personal God ruling over all of existence who might have such designs or steer the universe in a certain direction. Based on the differing views of the two regarding the nature of the force governing existence, it is understandable from the viewpoint of theological doctrine that Buddhism should have a view on the nature of time and history that differs from that of Christianity as well.

As history is seen as cyclical and repetitive, so is the life of all living beings. When an individual is born, the event is not unique in history: it has happened before, and it will happen again. So, the birth of a human being, for example, is not a one-time event, and neither is his or her death: the person has lived through countless lifetimes before being born, and after death, there are countless more to come. Although a person generally has no recollection of past lives, it is possible according to Buddhism to gain the ability to remember them through extensive meditation or in other exceptional circumstances (see, e.g., Appleton, 2014, pp. 157–165).

As mentioned earlier, there are several realms of rebirth into which a being may be reborn; whether one becomes a human being, an animal, or a god when reborn depends on the type of *karma*—good or bad—accumulated over previous lifetimes. The idea of rebirth plays a significant role in one's attitude towards oneself, in terms of how one should take into consideration not only this lifetime but those gone by and those to come as well.

In addition, rebirth affects the individual's relationships with other beings: as the cycle of death and rebirth is repeated over and over again, one has in all likelihood been close to some incarnation of any given being encountered in life at some point during the cycle of rebirths. Therefore, even beings and individuals that one dislikes should be approached with love and compassion. (Harvey, 1990, p. 38.) Everything and everyone in existence is connected in *samsara*. The idea of rebirth, then, plays an important role in the Buddhist conception of social ethics and the treatment of others, both human and nonhuman.

According to Buddhist thought, rebirth is contingent on neither believing in rebirth nor wanting to be reborn. It does not matter, then, whether the individual in question is Buddhist or not, and whether or not he or she feels the need to be reborn: it will happen regardless. Furthermore, rebirth is not a mechanism designed by any entity, and as such, does not exist for a specific purpose, but merely *exists*. (Harvey, 1990, pp. 37–38.)

The aim of all beings trapped in the cycle of rebirth is to break free from the cycle and to attain *nirvana*, freedom from suffering and indeed all existence, which accordingly is the ultimate goal for all Buddhists (Prebish & Keown, 2006, p. 50). *Nirvana* is "beyond the limitations of both earthly and heavenly existence" (Harvey, 1990, p. 38); it cannot be compared to any experience on earth or even in heaven, but is instead a complete cessation of suffering, desire, and sensation, sensory or otherwise. Until *nirvana* is reached, the cycle of life, death, and rebirth continues.

The significance of the idea of rebirth with regard to how life in general is viewed is profound. The near-endless nature of rebirth means that virtually nothing that happens to a person can be considered a one-time experience: even if the same thing has never happened before or will never happen again in this lifetime, it almost certainly has and/or will at some point in another.

Since life is not seen as a unique occurrence, it could be thought that as death is not the end but merely a transition between one life and the next, the idea of living each day like it were one's last might not have the same meaning as in a religion teaching that each individual only lives once and that life is a one-time experience. After all, even though life is transient and temporary, there is life waiting after death, not just in the short term but probably for a virtually endless cycle of rebirths to come.

On the other hand, as the decisions made in each lifetime have a potential effect on the fate of the next rebirth, or the ones to follow, the actions taken in one lifetime may have remarkably far-reaching consequences. Therefore, from a

Buddhist perspective, it would be necessary to think about the consequences of one's actions based on what happens not just during this lifetime but during ones to come as well.

In other words, the concept of rebirth both gives Buddhism a scope beyond the single lifetime to consider and places particular significance on actions committed during the current lifetime because of how they will affect the being in question in future lives. Here, parallels of sorts could be drawn between Buddhism and Christianity, the latter teaching that salvation in the afterlife is reserved for those who were believers during their life on earth; therefore, how one lives one's earthly life has consequences beyond death in Christianity as well.[52]

A concept central to the way in which Buddhism views rebirth is that of *karma*, a Sanskrit word meaning "action" (Prebish & Keown, 2006, p. 20). Without *karma*, there would be no continuity between rebirths, and the actions taken during one lifetime would have no repercussions beyond death. The significance of good and bad *karma* in terms of spiritual growth, as well as the Buddhist understanding of morally commendable actions and a good life, is paramount. It also plays a key role in explaining how the universe functions, how one thing leads to another, and why things happen the way they do.

Being familiar with the concept of *karma* is essential in order to fully appreciate how Buddhism views the relationship between moral actions and their consequences. The law of *karma* itself is likened to a natural law, operating of its own accord and with no underlying moral dimension as such, in that there is no consciousness behind *karma* deeming actions or their consequences "good" or "bad" (Harvey, 1990, p. 39). As a being dies and is reborn, the soul is attracted to a realm of rebirth corresponding with the *karma* that it has accumulated "as if by magnetism" (Prebish & Keown, 2006, p. 16)—that is to say, not through a conscious process of selection or reward/punishment of any kind, but following a sort of inevitable chain of cause and effect.[53]

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[52] In addition, different Christian denominations and theologians give varying levels of importance to the role of good deeds and morally virtuous living with regard to salvation (see, e.g., Vainio, 2017). Even though the ultimate role of good deeds in Christian salvation is debatable, the idea of a "good" person going to heaven is prevalent in popular thought and resembles the Buddhist notion of the accumulation of good *karma* promoting a favourable rebirth even more closely than that of Christian faith as a requirement for salvation.

[53] However, I would argue that whether an immutable force guiding all of existence and considered morally good by nature can be classified as a neutral phenomenon akin to natural laws "with no underlying moral dimension" is more a question of semantics and technical definition of a divine

Good *karma* results in a more pleasant rebirth, bad *karma* in a less fortunate one. The nature of one's actions is thought to dictate where one is reborn: for example, hatred and violence leads to hell, delusion and confusion into rebirth as an animal, and so on. (Harvey, 1990, p. 39–40.)

Bad *karma* may also result in rebirth as a human, but a less fortunate one: for example, if one's actions warrant it, one may be reborn as someone less well off financially, in poorer health, or less physically attractive. Of course, if the *karma* accumulated has been good, one has the opportunity to be reborn as something desirable, such as a better-situated human or a god. In addition to its impact on one's rebirth, it is thought that past *karma* affects things such as the social class into which one is born, one's general character and personality, one's outlook on the world, and "crucial good and bad things which happen to one." (Harvey, 1990, p. 39–40.)

Actions resulting in good or bad *karma* are always intentional and can be divided into three kinds of "root" or motivation, each with both a commendable and a reprehensible variant: non-attachment versus greed, benevolence versus hatred, and understanding versus delusion (Prebish & Keown, 2006, p. 20). In order to ensure that the next rebirth is favourable, one should always strive to act based on a commendable motivation, since this results in good *karma*. This significance given to motivation or intention behind actions is a major component of Buddhist ethics and is discussed in more detail later on, both in this chapter and in the context of *Doctor Who* in part II.

Another way to look at actions is to consider them either wholesome or unwholesome, depending on their consequences to the subject and/or to others. A wholesome action causes no harm and is "conducive" to *nirvana*, whereas an unwholesome action causes some kind of harm to the subject (for whom the harm is particularly of the spiritual variety) and/or to others (Harvey, 1990, p. 42).

Whether considering the motives or the consequences of conscious actions, Buddhism stresses the importance of focusing on traits considered virtuous, such as compassion and consideration for others. Good *karma* is thought to result in happiness, both in one's present life and in ones to follow in the form of a fortuitous rebirth (Prebish & Keown, 2006, p. 21). As such, it plays an essential

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higher power than proof of the lack of such in Buddhism. The matter is reminiscent of what Pyysiäinen (2003) addresses in the case of Buddhism and the role of buddhas as "counter-intuitive agents," but I would argue that the same difficulties regarding the application of a concept of the divine based on one tradition to another apply to classifying the Buddhist understanding of the nature of existence in general. This is of course debatable.

part in how Buddhism conceives the relationship between one's actions and one's overall happiness.

Although there is, then, a definite moral aspect to the concept of *karma*—it is deeply intertwined with matters such as moral cause and effect, right actions, and the consequences of morally commendable deeds—a good or bad rebirth is not seen as a deliberate reward or punishment for actions, given that the law of *karma* is thought of as something that merely *exists*, not as something governed by an entity with an agenda. *Karma* is "neither random—like luck—nor a system of rewards and punishments meted out by God" (Prebish & Keown, 2006, p. 20). Therefore, being reborn as something more or less fortunate than what one was in a previous lifetime is not considered a sign of active heavenly favour or a lack thereof, but a mere result of actions, whether good or bad, taken in the preceding life (Harvey, 1990, p. 39).

Karma, then, is largely determined by what one does and how one acts. Accordingly, the type of *karma* accumulated by a person is dependent on the person's individual choices and motivations, not on outside forces such as a higher power. In this sense, the law of *karma* can arguably even be seen as a somewhat individualistic concept: all humans are in charge of their own happiness, both in this life and the next, given that good or bad *karma* is only accumulated based on one's personal actions and motivations, and that these actions only have an effect on the rebirth and future lives of this particular being and no one else.

Of course, the role of good *karma* and overall virtuous living is more complex than this; if good *karma* is merely gathered for personal benefit, the motivation behind such actions is ultimately greed, and even outwardly good deeds done for reprehensible reasons would not be regarded as morally commendable (Prebish & Keown, 2006, p. 21). Therefore, even though everyone is in charge of his or her own *karmic* destiny, the accumulation of good *karma* should not take place in isolation from others, with only one's own spiritual advancement and favourable future rebirth in mind.

Furthermore, it is worth noting that *karma* being a force affecting everything in existence does not mean that it should be viewed as a form of determinism: according to the Buddha, not everything that happens is necessarily caused by *karma*, but things may also occur at random or be caused by something not dependent on one's previous actions (Prebish & Keown, 2006, p. 21). This distinction helps understand the difference between events of *karmic* significance and those brought about by other causes, although it may be difficult to determine

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which events are due to one's past actions, and which are merely cases of unrelated good or bad fortune.

Nevertheless, even though the law of *karma* affects most aspects of life and determines significant developments such as the state of one's rebirth, it should not be used as an all-encompassing explanation for everything that happens in life. According to Buddhism, sometimes things simply happen, and furthermore, there is no way of knowing whether a specific bout of good or bad luck befalling a person is due to good or bad *karma* or to mere coincidence.

Karma is an integral element of *samsara*: as long as one is caught in the cycle of rebirth, it is necessary to gather good *karma* in order to not be reborn as a being whose life would entail a particularly great deal of suffering. When desire stops, so does the accumulation of *karma*, and this leads to an end to rebirth (Prebish & Keown, 2006, pp. 34–36; p. 50). So, the aim of the Buddhist is to achieve *nirvana* in order to free oneself from the need to constantly accumulate good *karma*. As long as one is caught in the cycle of *samsara*, it is of course desirable to accumulate as much good *karma* as possible. This, in turn, can be done by adhering to the Buddhist conception of ethical conduct as closely as possible.

As mentioned earlier, after death it is possible for a Buddhist to be reborn into a realm other than earth, such as heaven or hell. Although referred to as "heaven" and "hell," the Buddhist realms of gods and other non-earthly beings differ from those found in Christianity in many ways. One of the most important differences is that in Buddhism, neither heaven nor hell is a permanent abode for any being (Prebish & Keown, 2006, p. 16)—both gods and hell-beings are simply born into the life of one, according to the *karma* accumulated by them over previous lifetimes, and will one day be reborn as something else. Although rebirth in the highest realm of heaven, "the summit of existence," is described as quite similar to *nirvana* and lasts for a virtual eternity of 84,000 eons (Harvey, 1990, p. 35), even this existence is finite and eventually ends in death and rebirth.

The Buddhist heaven, then, is at best a temporary dwelling, whereas the Christian heaven is the eternal resting place of the soul. In fact, even though being reborn in heaven is seen as an extremely pleasant outcome and one that Buddhists look forward to, it is however thought that in order to eventually reach *nirvana*, it is better to be born as a human in order to stay aware of the fact of suffering, something that gods dwelling among the joys of heaven are in danger of forgetting (Prebish & Keown, 2006, p. 18).

Therefore, temporary residence in heaven might not be helpful in terms of bringing the ultimate goal of liberation from existence closer in the same way that

life as a human being experiencing pain, loss, and suffering would be. Gods may inhabit the Buddhist heaven, but they are not permanent residents, and as established in 3.2.2, they do not rule over the cosmos like the Christian God does, for example.

Although there are parallels between the Buddhist and Christian heavens, closer to the Christian conception of heaven might actually be the Buddhist idea of *nirvana*, which unlike the Buddhist heaven is not tied to any location (and is indeed not a state of being at all but total liberation from *samsara*), in that *nirvana* is not seen as temporary or as a stage between one plane of being and another, but as a total end to existence. However, despite playing a similar role in terms of what happens after death, the two are remarkably different. Whereas in Christian thought, eternity is spent in either heaven or hell—meaning, in a specific, albeit metaphysical, place—in Buddhism, exiting the cycle of rebirth means an end to all existence, including in realms outside human experience.

Despite the central role of death as a part of the Buddhist spiritual path, death is also a practical matter in everyday reality with questions and challenges other than *samsara* and enlightenment related to it. Even though Buddhism sees life as intrinsically characterised by suffering, and death as an inevitable and necessary part of the journey towards *nirvana*, individual followers of Buddhism experience grief and anxiety when facing death just as human beings of any creed might. The same of course applies to Christians, who are not immune to grief in the face of loss and death despite the doctrine of eternal life.

For example, Kongsuwan et al. (2019) show that even though Buddhist teachings regarding impermanence and non-attachment did help the Thai Buddhist widowers interviewed for their study to come to terms with the loss of their wife due to critical illness, belief in these ideas did not make the bereaved immune to grief. Moreover, a study by Hui and Coleman (2012) found that belief in the Buddhist conception of reincarnation was not correlated with lower levels of death anxiety, with the authors suggesting that it is precisely the nature of *samsara* that makes the prospect of rebirth an unlikely source of solace. (See also, e.g., Wong et al., 2015, p. 71; Roshi, 2006.)

In a study by Wong et al. (2015) a comparison of the relationship between religiosity and death attitudes among Hong Kong Christians and Buddhists respectively revealed that a higher level of intrinsic religiosity (religion as a value in and of itself, not as a means to an unrelated end) correlated with a lower level of death anxiety, suggesting that belief in an afterlife of some kind helps relieve

the fear and anxiety related to the prospect of death and dying.[54] Despite their theological differences, Buddhism and Christianity again appear to have a fair deal in common regarding the experiences of their respective adherents.

At the same time, in the aforementioned study, Wong et al. (2015) found differences both in the anxiety-reducing role of extrinsic religiosity (religion as a tool to achieve some other personal goal) and in specific attitudes and concerns regarding death based on the teachings of the religions. This has led the authors of the study to suggest that in spite of the aforementioned common ground between the two, the unique nature of each religion, along with the effects that these unique features have on the attitudes and world-views of their adherents, should be acknowledged and not ignored.

As these examples serve to demonstrate, death is both a spiritual matter and a practical one. This may also be seen in the ways in which the challenges pertaining to immortality are addressed in the episodes of *Doctor Who* examined in part II.

3.2.4 Attitudes towards immortality and life extension in the Buddhist canon

In 3.1.1, an overview of references to immortality in the Bible was presented. Here, a similar overview is presented using canonical Buddhist text as the source material.

Comparing the approach of the Buddhist canon towards the concept or pursuit of immortality with that of Christianity is not entirely straightforward, because of the differences between what comprises canon in the context of each religion. Unlike what Christianity has in the Bible, there is no universally shared canon for all of Buddhism: different Buddhist traditions use a somewhat different set of texts, or different translations of the same texts.

The primary source of material for Buddhist attitudes towards immortality used here is *In the Buddha's words*, an anthology of the Buddha's teachings from the sacred Pāli canon, translated and edited by Bhikku Bodhi (2005), as the Pāli canon contains what is considered by many to be the closest account in existence of the Buddha's teachings.[55] This anthology features texts on a variety of topics

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[54] This finding also supports what is suggested by Johnstone (2012) with regard to the role of religion in "Terror Management," or alleviating the human experience of the fear of death.
55 For more on the Buddhist canon, see, e.g., Paramahamsa (2007, pp. 5–12).

pertinent to the Buddhist view of life, among them the view of mortality and death.

In the following, I present examples of passages relevant to the topic of this thesis, the ethics of immortality. Like in 3.1.1, the passages provided here are not an exhaustive account of references to immortality in the Pāli canon, but arguably serve as illustrative examples of how the Buddhist canon approaches the question.

Buddhist literature features a great deal of references to the transience of life, the purpose being to remind the reader of the certainty of death and to help detach the reader from earthly preoccupations (Bodhi, 2005, p. 188). This attitude is fundamentally Buddhist in nature, and remembering that life, like all things, is temporary and passing helps fix one's attention to the all-important concept of *samsara* and ultimately the final goal of *nirvana*.

Under the heading "Life is short and fleeting," In the Buddha's words reads, "Short is the life of human beings, O brahmins, limited and brief; it is full of suffering, full of tribulation" (Bodhi, 2005, p. 206). The quote goes on to say, "One should do good and live a pure life; for none who is born can escape death."

The brevity of human life is stressed several times, as is the way in which life is always filled with suffering. Life is likened to "a dew drop on the tip of a blade of grass," "a bubble appearing on the water," "a line drawn on water with a stick," and "a mountain stream, coming from afar, swiftly flowing," among other things (Bodhi, 2005, p. 206). Life is like water, in constant motion and forever changing and erasing what has been.

In a noteworthy parallel to what is seen in the Old Testament (Holy Bible, NIV, 1973/2011, Genesis 6:3), Bodhi (2005, p. 207) mentions that at one time, the human lifespan was remarkably longer than it is today—the figure 60,000 years is mentioned. Today, however, "one who lives long lives for a hundred years or a little more," which is quite close to the 120 years referred to in the Bible (as well as to the maximum human lifespan observed to date).

In addition, human life at that time only had six afflictions: "cold, heat, hunger, thirst, excrement, and urine" (Bodhi, 2005, p. 207), whereas today, life is addled with suffering in an immeasurable variety of forms. Even in this mythical past in which human life was almost infinite from the perspective of a human being with an expected lifespan of around a hundred years at most, "that teacher Araka gave to his disciples such a teaching: 'Short is the life of human beings…'" (Bodhi, 2005, p. 207).

The brevity of life, then, seems to have less to do with the actual length of a lifetime measured in years, and more with an existential sense of transience and

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letting go. Remembering that life, whether short or long, is limited in time and has an end, helps focus on the overall nature of existence as fleeting and temporary. Awareness of the brevity of life also serves as a reminder of the ever-present nature of suffering—all things, no matter how important or dear, are bound to pass and bring pain.

Looking at ways in which mortality and immortality are discussed in Buddhist literature, under the heading "Old age, illness, and death," the Buddhist view on ageing and mortality is made quite clear: "Great king, no one who is born is free from aging and death." (Bodhi, 2005, p. 26.) This goes both for those with wealth and power, and for those who have attained a higher spiritual state. It is this view of dying as both inevitable and natural that dominates the overall Buddhist approach to immortality. In addition, the significance of death as an experience common to all living beings, regardless of material or even spiritual status, is stressed. Buddhism, then, paints death as a universal experience. Ageing and death are seen to cease if birth also ceases (Bodhi, 2005, p. 68); since there is no seeming end to birth in sight, so is death also an unavoidable fact of life.[56]

The significance of ageing and death is stressed in Buddhism. Since everyone grows old and eventually dies, the pursuit of *nirvana* as the ultimate goal becomes central: this lifetime is bound to end in growing old, falling ill, and eventually dying. However, from the perspective of eternity, human beings have the opportunity to influence what happens to them as they are reborn. By living an ethically commendable life, they may affect how they are reborn and how long it takes for them to reach *nirvana*. The knowledge that they are eventually going to die helps direct their attention away from sensual pleasures and other worldly distractions, and reminds them that all things on earth are transient and temporary. (Bodhi, 2005, pp. 19–21.)

Buddhism features the concept of the so-called three divine messengers: old age, illness, and death. Encounters with these three stages of life are said to have led the Buddha to his spiritual awakening. (Bodhi, 2005, pp. 29–30; p. 426.) All three are depicted as inevitable parts of life, and negligence of these elements of the human condition leads to spiritual misfortune, most likely in the form of a less auspicious rebirth.

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[56] The question of what attaining immortality would mean to the human desire or right to bring new life into the world was discussed earlier in this thesis in 2.3; in addition to being a practical problem as well as an ethical issue not necessarily tied to a specific religious outlook, it would appear to have particular relevance in terms of Buddhism as well.

The overall view regarding death here is that dying is inevitable and a crucial part of the human condition, and that no one, regardless of wealth or status, can escape ageing and death. This is in line with the general Buddhist attitude towards death: it is considered a crucial step in the cycle of *samsara*, and no one, not even a king or an enlightened person, can avoid it. That encounters with these three messengers led to the Buddha's enlightenment shows how integral to Buddhist thought this understanding of death is. Without this insight into the inevitability of death, Buddhism might not exist in the form that it does in our world.

Accordingly, in Buddhist thought, death is seen as not something to be eradicated or conquered, but as a natural occurrence which in fact serves as a way to move closer to the ultimate liberation from suffering that is found in *nirvana*. As death serves a clear purpose in life—not only as a way to inch closer to *nirvana*, but also, when observed from the outside, as a reminder that all things are transient and that everything that lives must wither and die—it is not considered a problem to be solved, but instead something that humanity needs in order to live a spiritually full life. This is significant in terms of how Buddhism understands immortality as a spiritual concept.

The Buddhist view of mortality is similar to that held by Christianity in that death is seen as a natural, essentially inescapable occurrence. In Buddhism, much weight is given to the equalising nature of death: it befalls everyone, no matter how rich or virtuous. In the examples from Buddhist canon examined here, a lengthy lifespan is not portrayed as a gift from above like it is in the Bible—as established in 3.1.1, in the Old Testament in particular, living longer than expected is often attributed to being favoured by God.

The difference between the two religions in this respect is understandable. Unlike Christianity, Buddhism does not believe in a personal God, and therefore does not have a concept of "a gift from God" in the way that Christianity does, as there is no God-entity to grant gifts. A long life could be attributed to virtuous living during previous lives, especially if this life is relatively comfortable and not filled with excessive suffering. However, even the happiest of lives is bound to include suffering and eventually end in death; as such, even if one has managed to secure a relatively happy life by living virtuously, death is still inevitable and the cycle of *samsara* continues.

Buddhism closely links death with ageing and illness: the three divine messengers are indeed old age, illness, and death, and they are depicted as a continuum, from an aged person to one ravaged by illness and finally to a dead body. Christianity does not make this connection with such emphasis: while

mortality (or immortality) is sometimes mentioned in conjunction with longevity, there is no concept to fully parallel the Buddhist three divine messengers.

The significance of old age and illness in Buddhism is most likely due to the central nature of the idea of life as suffering that permeates Buddhist thought. Since Buddhism teaches that life in its essence is suffering, it is natural to emphasise the role of frail old age and agony-filled illness in life.

Death is an important concept in both Buddhism and Christianity, for somewhat different reasons. In Buddhism, the significance of death comes from its role in *samsara* and from enabling the one dying to be reborn and accumulate more good *karma*. It is also important as it reminds humans that everything is temporary and that all things, including human beings, have their limited time. The dynamic relationship between the transience of all things and the cyclical, repetitive nature of time and existence is constantly present and colours Buddhist thought and conception of the nature of that very existence.

The references to dying, mortality, and longevity in the Pāli canon largely stress the inevitability and ubiquitous nature of death. As everyone dies and, according to Buddhist thought, is reborn, death should be accepted as a part of life. However, the view that life does not end in death, but continues in the form of a new life brought about by the old, means that death is not seen as the end but as a mere transition between one life and the next. Again, remarkable similarities with this Buddhist view can be discerned in the concept of regeneration featured in *Doctor Who*; likewise, the idea of the constant presence of suffering can be seen in the show as well.

3.2.5 Buddhist ethics, life extension in real life, and the pursuit of immortality

Although—as established earlier—Buddhism is a nontheistic religion, the spiritual dimension of life and the human condition is acknowledged and valued. As Zaleski (2000, p. 37) states, even without believing in a substantial, permanent soul, Buddhism has no problem affirming "the reality of persons, their identity over time, or their capacity for transcendence." Therefore, even though Buddhism does not share Christianity's view of the afterlife or of a distinct identifiable part of the individual surviving death, it has the ability to recognise the possibility and significance of spirituality and of matters related to existence outside the strictly material realm.

When determining the view of Buddhist ethics on a certain issue, canonical scripture may be considered the most authoritative source, since no central authority (such as the Pope in Catholic Christianity) exists for all of Buddhism. However, as mentioned above, the canonical text used as a source may be specific to one of the various Buddhist traditions in existence, and there is no definitive codified ethics shared by all of Buddhism. (McCormick, 2013, p. 221.)

Therefore, expressing what might be considered the view of Buddhist ethics on a specific issue can only ever reflect one view among many within Buddhism. That being said, even though Buddhist traditions may emphasise different considerations or even differ to some extent in terms of their views on specific matters of doctrine or conduct, they also have enough in common to be considered part of the same religious and philosophical school of thought that can be distinguished from non-Buddhist ones.

From a Buddhist perspective, ethical decision-making regarding questions of life and death such as life-sustaining treatments or assisted dying are based on the first precept (*ahiṃsā*) that prohibits causing harm to living things, as well as the virtue of compassion and the ideal of a peaceful death (Keown, 2001). Although the ideals of not causing harm and of showing compassion are shared by many if not most belief systems, Christianity included, the reason for upholding these values in the context of Buddhism differs from that provided by other traditions. As discussed in 3.2.3, according to Buddhist doctrine compassion towards other beings is justified by the shared experience of *samsara*, and by the connections (either actual or at least possible) formed during the near-endless cycle of rebirths.

In the case of immortality or radical life extension, the same principles as those guiding ethical decision-making at the end of life can be thought to apply, but they may lead to different conclusions. When it comes to currently hypothetical scenarios such as attaining immortality, determining how an ethical principle might translate into solid ethical rules or guidelines in the real world may be difficult and up to debate. For example, since there are no real-life cases of humans successfully having become immortal, it is impossible to say with any certainty whether helping or allowing a fellow human being to live forever would be an act of compassion towards that individual, or whether it would be a case of causing harm to the person in question.

In fact, this lack of real-life precedent is precisely the reason for using examples from a science-fiction programme as the basis of my case examination in this thesis. Before examining *Doctor Who* in part II, in order to clarify Buddhist attitudes towards questions regarding life and death I will therefore

present Buddhist views on real-life issues such as life support and assisted dying. I will then discuss how, in light of these views and the principles of Buddhist ethics in general, the question of pursuing immortality might be approached.

From a philosophical-existential perspective, Buddhism views death as inevitable. This also applies to end-of-life care: rather than avoiding death, Buddhism encourages facing it with peace and purity of mind in order to facilitate a favourable rebirth (Kongsuwan & Touhy, 2009, p. 291). In general, Buddhist views on the ethics of life-sustaining treatments at the end of life are rooted in the ideals of striving for enlightenment and detachment.

As Keown (2005, p. 113) states, life extension beyond a natural human lifespan signifies both delusion (*moha*) and excessive attachment (*trsna/trishna*) by denying the reality of mortality. Holding on to life on earth by extending life to an inordinate degree (or even indefinitely) could be interpreted as a sign of extreme attachment and, as such, would not be seen as conducive to the cessation of suffering.

According to Rinpoche (1993/2002, p. 379) by prolonging the process of dying, life-sustaining treatments could lead to increased negative feelings such as anger, frustration, and grasping, making the inevitable death unpeaceful and painful. Accordingly, Kongsuwan and Touhy (2009, p. 291) suggest that from a Buddhist perspective, sickness (especially in the context of the end of life) might not be seen as something that needs to be cured, but as an inevitable consequence of the law of *karma*. In fact, in their suggested guidelines for promoting a peaceful death, especially modified for Thai Buddhists (p. 295), the authors specifically recommend not prolonging the (dying) patient's life.

In general, then, efforts to prolong life by extensive artificial means are apparently not encouraged from a Buddhist perspective. However, even when life extension is frowned upon from a religious or ethical standpoint, decisions about discontinuing or forgoing life-sustaining treatments are not easy. Whatever the religious views of those involved, death inevitably means the end of at least this particular journey on earth, and world religions generally stress the importance of cherishing and protecting life.

To resolve this dilemma as ethically satisfactorily as possible, Buddhist ethics may refer to the ideal of compassion and encourage actions that show the most compassion towards the dying person. For instance, discontinuing life-sustaining treatment such as mechanical ventilation or tube feeding may be considered ethically acceptable if done specifically with the intention of reducing suffering, even if it results in hastening death (McCormick, 2013).

Even in the case of assisted suicide or euthanasia—examples of actively hastening the death of a fellow human being, and acts generally considered reprehensible from a Buddhist perspective (see, e.g., Keown & Keown, 1995)—the precept of not causing harm is not considered by all to be an absolute prohibition. For example, Florida (1998, p. 415) argues that if done with a skillful motivation (for example, as an act of compassion), even assisting a person in dying might be considered ethically acceptable. Again, the focus of the arguments for the potential acceptability of such an act is on the intention behind it in the specific circumstances in question.

Determining whether assisting a person in committing such an irreversible act is ethically preferable in a given situation is a great responsibility requiring considerable skills in ethical decision-making. However, that Buddhism can even be argued to consider such a decision ethically justifiable suggests that in Buddhist ethics, humans are capable of having the competence and the authority to make informed decisions on matters of life and death, provided that the intentions of the decision-makers are good and not misguided. This is supported by Sirimanne's (2018, p. 34) statement about how in Buddhism, "one's destiny is in one's hands," and how the individual can cultivate the capacity to make beneficial choices.

As Keown and Keown (1995, 267) point out, what Buddhist precepts prohibit is deliberately attempting to take a life; there is, however, no requirement to go to extremes to preserve a life. Moreover, Keown (2005, p. 113) considers efforts to sustain life inadvisable from a spiritual perspective "when no cure or recovery is in sight." In other words, the precept of non-harm does not call for continuation of life-sustaining treatments when faced with a prognosis with no hope of improvement, and discontinuing this kind of treatment might not necessarily be considered a violation of the prohibition on causing harm if there is no hope of recovery, and if this act is rooted in compassion and in the intention to reduce suffering.

Since the prognosis and the circumstances of each case involving life support are unique, there is no way to dictate an all-encompassing ethically appropriate procedure or protocol for all patients receiving life-sustaining treatments or nearing the end of life. Furthermore, matters such as the prognosis or life expectancy of a terminally ill patient are exceedingly difficult to estimate with any certainty to begin with, even for a medical professional (see, e.g., Christakis & Lamont, 2000). Due to the extent of case-by-case differences and the level of

uncertainty involved, actions considered good and ethically sound in one case may be deemed completely unacceptable in another.

This idea is supported by Florida's (1998, p. 415) observation, based on the Buddha's teachings, that since all phenomenal events including those involving the body "are interrelated and co-produced," coming up with fixed principles is problematic for Buddhism. However, with the precepts discussed here in mind, it may be easier to determine in each individual case whether the line of treatment being followed displays compassion or excessive attachment, for example, and therefore whether continuing with it is ethically acceptable from a Buddhist perspective.

In determining how Buddhism approaches the ethics of life extension, another point worthy of note is the weight placed on the intention behind actions. Buddhist ethics can be considered "intentionalist ethics" (see, e.g., Schlieter, 2010) due to how much importance is given not only to *what* one does, but also to *why* one does it. Barnhart (2012, p. 30) expresses this by stating that rather than focusing on questions regarding "What should I [specifically] do?" Buddhism is more interested in "What should I care about?" (See also McCormick, 2013.)

In Buddhist ethics, intention (*cetanā*) is of the utmost importance. This is because it determines whether an action is ethically acceptable before it has even been committed, and results in appropriate *karmic* repercussions based on the motivation and state of mind of the person behind the action. (Sirimanne, 2018.)

As Sirimanne (2018, pp. 34–36) suggests, Buddhism in general considers the individual to be in charge of his or her (spiritual) destiny and salvation through means such as self-reflection, enlightened decision-making, and self-discipline, which in turn is connected to the lack of a deity responsible for salvation. The key role of the individual in his or her cosmic fate is perhaps a result of the idea of impermanence in a more general sense: since everything is transient and constantly changing, all that the individual can depend on in order to further the goal of reaching *nirvana* is him- or herself in the present moment.

The *karmic* impact of a person's actions is affected by the intentions behind them, and in Mahāyāna Buddhism in particular, actions with unfavourable results lead to less bad *karma* if these actions have arisen from compassion. Accordingly, ethically justifiable choices made at the end of life play an important role in the *karmic* merit accrued by the person. (McCormick, 2013, pp. 212–214; see also Keown, 2001.) This is not only due to the choices having ethically favourable consequences, but also based on whether the person's intentions behind these choices were good and ethically sound.

As in the case of Christianity, Buddhism has not dedicated a great deal of attention to forming an official stance on the ethics of the hypothetical prospect of immortality, although some have addressed the issue in recent years to some extent (see, e.g., Hongladarom, 2015). Again, a way to make an argument regarding the ethical acceptability of immortality is to use as a starting point what the religion in question teaches about life in general. For instance, attitudes towards life support or assisted dying could be applied to those regarding preservation of life, indefinite life extension, or total circumvention of death.

However, as discussed previously in 2.3 and 2.4, in some respects immortality and radical life extension come with their own ethical considerations distinct from questions of life and death already faced in everyday reality. It is not simply a case of "if life is thought to be good and worth protecting, more life must be even better," because the pursuit of immortality entails ethical questions on levels both individual and societal, as well as in a spiritual sense, that methods of sustaining life that are possible today do not.

In other words, even though some of the ethical questions involved are the same or similar, views on how to approach the extension or end of a natural lifespan by means currently available cannot be directly taken to reflect a stance on pursuing the kind of radical longevity that can only be achieved via active human endeavour. Accordingly, Buddhist attitudes towards protecting life are not necessarily exactly the same as those regarding immortality. Nevertheless, they may serve to provide useful indications of whether immortality is seen as an ethically appropriate pursuit or a reprehensible one to begin with.

Considering the differences between life support and radical life extension, the Buddhist precept of not causing harm or the ideal of compassion may not automatically mean that the pursuit of immortality is approved without reservation. As seen in the examples regarding Buddhist views on life extension, even sustaining life may not be seen as ethically unproblematic or recommended in all situations; in the case of immortality, the problematic aspects of life support are greatly augmented and possibly accompanied by issues unique to the prospect of life wholly without end, as discussed in chapter 2.

Perhaps the core of the argument that the pursuit of immortality is frowned upon or rejected by Buddhism lies in the precept of non-attachment. Immortality on earth, in one body, is arguably in conflict with the Buddhist conception of life as a cycle of birth, relinquishing life in death, and rebirth.

As McCormick (2013, p. 217) points out while discussing the implications of life-sustaining treatments, keeping a person alive artificially via methods such as

mechanical ventilation may prevent the person from moving on to the next phase of their life and making use of the *karma* accumulated during their existence so far. Becoming immortal would render the person stagnant from a *karmic* perspective, with no opportunity to be reincarnated or, consequently, to move closer to *nirvana*. This idea is discernible in some of the depictions of immortality from *Doctor Who* examined in part II.

In the Pew Research Center (2013, pp. 2–3) report on the views of religious leaders regarding radical life extension, the two representatives of Buddhism reached for comment view the prospect of an extended lifespan in a mostly favourable light. The justification used by them is that a longer life offers more opportunities to accumulate good *karma*; however, one of the two respondents also expresses concerns over the possibility of the converse, that is, an extended lifespan enabling a person living "a nonvirtuous life" to commit a greater number of reprehensible deeds and therefore to accumulate more bad *karma*.

To defend the benefits of a longer lifespan, one of the arguments used is that having more time allows one to gain more wisdom necessary for moving closer to *nirvana*, including "realizing the ephemeral nature of existence and the illusory nature of the self" (Pew Research Center, 2013, pp. 2–3). What is not addressed in the above argument, however, is the apparent contradiction in promoting an attitude seemingly encouraging attachment to the transient mortal illusion of the Self as a way to liberate oneself from it. Even if the intention were to use radical longevity to gain more wisdom and accumulate good *karma*, choosing to actively extend one's lifespan for whatever reason would still amount to attachment to life, which is indisputably a negative trait in Buddhist terms.

It could be argued that trying to promote something considered desirable and ethically acceptable by means of something seen as ethically reprehensible could be seen as justified were the matter approached using a strictly teleological framework (i.e., "The ends justify the means"); in fact, an example of this is arguably seen in the *Doctor Who* episode "Heaven sent" (Moffat & Talalay, 2015a) discussed in part II, in which the Doctor chooses to essentially be reborn over and over again in order to liberate himself from the cycle of rebirth. However, the aforementioned Pew Research Center (2013, pp. 2–3) report does not refer to or address the problematic or paradoxical aspects of the desire to live longer in order to better understand the transience of life.

Instead, it could potentially be argued that measures leading to immortality or extreme longevity might be more acceptable from a Buddhist viewpoint if they were so widely available that opting for them would require little active decision-

making—a situation perhaps comparable to the present-day use of vaccinations or other health-promoting measures that are often widely available and fairly easily accessible to the public, and have contributed to extending the average human lifespan. After all, the intention behind actions is all-important.

It should be noted that some may challenge the suggestion that getting vaccinated requires little decision-making on the individual's part: the debate on vaccine mandates and freedom of choice that gained particular traction during the COVID-19 pandemic from 2020 onwards but can be traced back to at least the 1880s (see, e.g., Colgrove & Samuel, 2022) involves differing views and interpretations concerning active choice and intention with regard to this form of health-promoting measure. While worthy of investigation in and of itself, this issue is nevertheless beyond the scope of this thesis.

From the perspective of intention, it is not necessarily radical longevity itself that Buddhism finds problematic, but rather the choice to actively pursue longevity and postpone death, as well as the motivation behind this choice (see, e.g., Hongladarom, 2015). This attitude may also be detected in the way in which *Doctor Who* depicts characters as morally upright or corrupt based in part on whether they have actively decided to become immortal; more on this in part II.

While discussing the Buddhist attitude towards suicide, Sirimanne (2018, p. 38) suggests that taking one's life is ultimately a futile act, since the intention behind it (craving for non-existence) is considered unskillful. Therefore, the law of *karma* dictates that the desire to relinquish one's life would simply perpetuate the cycle of rebirth and therefore prolong the very suffering that the subject is presumably trying to escape.

Although desire for life without end and desire for death involve completely opposite varieties of craving (craving for existence in the case of immortality, and for non-existence in the case of suicide), an irony similar to that seen in taking one's life can be argued to apply to the pursuit of immortality. The very desire to extend one's lifespan and to avoid the pain involved in the human experience (in this case, the pain of letting go) perpetuates existence, and by extension, even the suffering that one wishes to escape.

When the objective is corporeal immortality, the underlying assumption is that the life ahead is indeed worth living. "We know what life is like, most of us like life, we want it to continue, and if possible, we would prefer that our lives improve. These stances towards life and its quality lead to a desire for immortality." (Swedene, 2009, p. 7.) But what if this is not the case? If the life ahead cannot be expected to improve, or even to remain tolerable, whether

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continuing it indefinitely is a worthwhile aim may become debatable. The Buddhist view of suffering may be seen as calling into question this underlying assumption of more life automatically being better, at least to some extent. Examples of immortality translating into endless suffering in (fictional) individual cases can be seen in several of the depictions of immortality seen in *Doctor Who*, and are the main focus of chapter 6.

3.2.6 Interim summary

According to Keown (1998, pp. 400–405), from the perspective of Buddhist ethics the non-harming precept of *ahiṃsā* makes the inviolability of life a moral absolute with no exceptions. However, he further argues that while it is wrong to deny *life*, it is equally wrong from a Buddhist perspective to deny *death*; that is, deliberately seeking or hastening death is not deemed appropriate, but neither is refusal to accept the reality of death. As an example of the latter, Keown specifically mentions the preservation of life "at all costs" by means of medical intervention.

This attitude towards life-sustaining procedures, especially when implemented against the dying person's will, is also seen in Rinpoche's (1993/2002, pp. 378–380) approval of discontinuing artificial life-support measures. It further reflects the views of Buddhism on the nature of life, the role of death, and the significance of intention in a more general sense as well.

From a spiritual perspective, immortality could be seen as a counterproductive aim in Buddhism, as it may arguably both impede progress towards *nirvana* in a practical sense (by making rebirth impossible) and promote the spiritually unfavourable attitude of attachment on a psychological/emotional level. As such, the consequences of immortality for the individual would be both spiritual/intangible (negative *karma*, or the inability to accumulate positive *karma*, which in turn hinders the individual from reaching spiritual fulfilment), and practical/material (prolongation of *dukkha*, or the countless forms of suffering encountered during life on earth).

On these grounds, from the viewpoint of Buddhist ethics immortality as a pursuit is arguably problematic. At the very least, Buddhist teachings on the nature of life and existence offer ample grounds on which the desirability of such an aim may be called into question. In this sense, the view of Buddhism on the ethics of immortality does not differ drastically from that of Christianity, at least in terms of the ultimate conclusion reached by each religion.

If the prospect of attaining immortality were a realistic possibility, it could be argued that Buddhist views on matters such as life extension and death acceptance could be extended to actively seeking immortality—especially if the price of immortality, whether material or spiritual, were deemed disproportionately high for either the subject or for others. Therefore, Buddhist views regarding the ethical acceptability of life extension can be applied to examining the depiction of immortality in *Doctor Who* from a Buddhist perspective and vice versa.

3.3   Summary and concluding remarks

It would appear that both Christian and Buddhist ethics arguably question the benefits of living forever. However, the theological reasons for their attitudes, and by extension the worldviews and views of humanity underlying their approaches, are remarkably different.

In terms of Christian ethics, immortality can be considered a questionable goal because of the view of fundamental matters of life and death being the domain of the almighty God. This in turn makes fallible human beings underqualified to address the consequences of attaining this goal, some of which might be totally unforeseen for the decidedly non-omniscient humankind.

Furthermore, the Christian focus on the ethical significance of compassion and on loving one's neighbour as oneself means that the ethical problems related to the pursuit of immortality laid out in 2.3 would also be cause for concern from the perspective of Christian ethics. This concern is tied to the one mentioned above regarding human inferiority compared to God, in that being neither absolutely good nor morally impeccable, humans may pursue immortality for personal gain or by using methods that harm others.

Finally, due to the eschatological importance of death and resurrection, the removal of death from the human experience would make it necessary to reconsider how the body living forever would affect the soul moving on to heaven. Therefore, it can be argued that Christianity's problems with the ethical appropriateness of immortality concern:

1. the (inferior) role of humanity in relation to (the authority of) God,
2. the potential harm to one's fellow humans (as well as the rest of creation), and to one's morality, resulting from immortality, and
3. the possibility of earthly immortality keeping the soul bound to earth and apart from God.

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In the case of Buddhism, some of the most significant issues with immortality have to do with the importance of non-attachment. By actively holding on to life for much longer than the expected human lifespan, the human being in question arguably does not embrace non-attachment and therefore does not follow the basic tenets of Buddhism. As such, the person would presumably not accumulate good *karma*—and furthermore, would not see the accumulation of *karma* turn into a rebirth in any case, given that there would be no rebirth awaiting an immortal being.

The implications of pursuing an endless life differ for the two religions as well: for Buddhism, perhaps the most remarkable counterargument to the desirability of immortality is the overall Buddhist conception of life as suffering, implying that life without end would necessarily entail endless suffering. In addition, Buddhist objections to the pursuit of immortality could include the intention behind such a pursuit: by making a conscious effort to live forever, one not only commits an act displaying attachment and potentially leading to suffering, but also bases this act on a spiritually unskillful intention (as opposed to accidentally committing a harmful act).

As such, the pursuit of immortality could be considered inadvisable from a Buddhist perspective both because of its practical implications and as a concept in the first place. The main points of Buddhist thought supporting this argument are:

1. the fundamental spiritual role of non-attachment,
2. the conception of life as suffering, and
3. the significance given to intention behind actions.

As argued at length in this chapter, there are considerable similarities in the conclusions drawn by Christian and Buddhist ethics regarding the acceptability of immortality: mainly, both appear to view it as an inadvisable pursuit. As a result, a story depicting the pursuit of an extended or indefinite lifespan in ways reflecting the views of either ethical tradition would be likely to present this pursuit as somewhat reprehensible, misguided, and/or unsuccessful.

However, the reasons for the two religions to approach immortality with caution are different. Therefore, the depiction of characters pursuing immortality and of the consequences both for these characters themselves and for others would presumably also differ, based on whether the approach used in the story more closely resembled that of Christianity (i.e., fallible humans engaging in pursuits too complex and volatile for them to control) or Buddhism (i.e., excessive attachment to the impermanent leading to eternal suffering).

In part II of this thesis, I proceed to demonstrate how the attitudes of Christian and Buddhist ethics can be seen in cases in which immortality is pursued (and possibly attained) in *Doctor Who*. Building upon the groundwork laid here in part I, I examine the significance of the treatment of immortality and those associated with it in the context of the aforementioned science-fiction programme used as data, and offer suggestions as to what the attitudes displayed in *Doctor Who* might reveal about related pursuits in real life.

PART II: THE PURSUIT OF IMMORTALITY IN *DOCTOR WHO*

In part II of this thesis, I approach the views of Christian and Buddhist ethics towards the prospect of immortality by presenting cases in which immortality is either a possibility or an established fact. As discussed at length in part I, in present-day reality there is no way to attain immortality, so no real-life case studies can be used to assess how the actions and motives of those involved, as well as the consequences that both they themselves and others face, are viewed by Christian or Buddhist ethics.

However, as has also been discussed, the ethics of hypothetical scenarios can be and have been examined by using thought experiments in which a situation either improbable or fully impossible in real life can be taken as a given. As further established in the previous part, it may be deemed justifiable to consider a work of science fiction, or parts of that work, a thought experiment of sorts within which characters can be portrayed dealing with circumstances, phenomena, and choices that are never encountered in reality (see 1.2.4).

Using a science-fiction narrative as a thought experiment regarding ethics, it is possible to evaluate the events depicted using the laws and parameters of what is possible set by the thought experiment and not by the real-life laws of physics. In other words, it is possible to examine the ethical implications of actions by individuals attempting to attain, or who have already attained, immortality, by looking at episodes of a SF programme in which immortality is not only plausible but actually feasible.

This thesis does just that by examining cases of characters faced with (the prospect of) immortality in *Doctor Who*. The actions, motives and attitudes displayed by the characters involved, as well as the consequences and implications of immortality depicted or insinuated, are assessed in light of the views of Christian and Buddhist ethics laid out in part I.

The analysis of examples from *Doctor Who* is divided into two chapters. The first, "Immortality and morality" (chapter 5), focuses on cases in which the pursuit or attainment of immortality distinctly reflects upon the moral character of those involved. Out of Christian and Buddhist ethics, I argue that these cases are more representative of the view of Christian ethics regarding the limits of humanity as ordained by a higher authority.

The second, "Immortality and suffering" (chapter 6), focuses on the consequences of immortality, both material and mental/emotional, particularly for

those actively pursuing it or otherwise forced to grapple with it. I argue that these cases in turn more clearly reflect the views of Buddhism, touching upon the fundamental nature of existence and the consequences of excessive attachment.

Although the two parts mainly focus on the elements of Christian and Buddhist ethics respectively, I also argue that in several of the examples examined, the influence of both can be seen. In fact, the two ethical traditions may often be found to reach similar conclusions regarding the ethics of transgressing the limits of humanity, albeit based on significantly different points of doctrine.

As such, the ways in which the cases from the show simultaneously echo the approach of both Christian and Buddhist ethics may suggest that Christian and Buddhist ethics have similar views regarding certain aspects of the pursuit of immortality. However, it may also be that the two take issue with different aspects of the actions depicted, despite agreeing in broad strokes on whether the pursuit of immortality is seen as ethically acceptable or reprehensible.

For example, while both Christianity and Buddhism may object to the idea of actively attempting to make oneself immortal, according to the framework of the two religions' views presented in part I Christianity might primarily consider this an act of hubris and of overstepping one's authority, whereas Buddhism might object to the excessive attachment implied by such a pursuit. Therefore, a closer examination of what is particularly troublesome from the perspective of each ethical tradition may help shed light on what aspects of the pursuit of radical life extension in real life might be especially challenging in terms of either Christian or Buddhist ethics, and what kind of motivations for such a pursuit might be more or less acceptable from the perspective of each.

4　Presentation of the data

At the time of writing (early 2022) the *Doctor Who* catalogue consists of over 800 televised episodes produced over nearly 60 years; several online sources (e.g., Slater, 2021) state that prior to the start of series 13 of the revived Nu*Who* in 2021, a total of 862 episodes had aired. Since defying death and testing the limits of the lifespan of mortals is a recurring theme in the show, there is an abundance of material relevant to the study at hand, and both the sheer volume and the thematic variety of the material make it unfeasible, as well as unproductive, to try and identify and discuss every case of immortality being addressed in some way over the course of the show. Therefore, the episodes and characters discussed have been selected based on their applicability in terms of the topic and the research questions.

It should be noted that the applicability of the episodes included here is ultimately a subjective assessment made by the author; another author might decide to use a somewhat different set of episodes and consequently reach somewhat different conclusions based on them. While this should be acknowledged, it is also worth noting that this is inevitably a feature of qualitative descriptive analysis to some extent (see Hammersley, 2013, p. 13).

Furthermore, since the approach of the study is qualitative, the intention of this study is not to provide statistical evidence of how often immortality is addressed in *Doctor Who*, or what percentage of cases in which it is discussed presents it in a certain light. For further exploration of the topic, a list of *Doctor Who* episodes considered suggested viewing by this author in terms of the themes examined in this thesis—immortality, radical life extension, deliberate prevention or reversal of certain death by artificial means—is provided as an appendix (Appendix 1).

As stated above, the focus of this study is not on how many times or at what intervals a certain topic or scenario is addressed, but rather on cases relevant in terms of the research questions, even if they are isolated events. As de Wildt and Aupers (2021, pp. 7–10) state in their discussion of religious figures appearing in video games, indexically pointing out references to religious figures in works of popular culture is merely indicative of religion being represented; the authors argue that it is also necessary to examine the mediating function of the religious figures in question—that is, to strive to understand their role and meaning—and not simply observe that they are there.

The above could be said to apply to this thesis as well; while merely observing how often immortality is discussed would serve as an indication of how much interest there is in the topic, the aim here is not just to look at how often immortality is depicted but what the instances of it being depicted mean. However, where relevant, the frequency of the appearance of a certain type of character or situation, for example, may be discussed to some extent as well.

The main focus of this thesis is on a selection of *Doctor Who* episodes (or stories/serials consisting of multiple episodes) chosen for their relevance in terms of the topic. These episodes serve as cases based on which the ethics of immortality may be examined.

The episodes mainly discussed are, in order from oldest to newest, "Mawdryn undead" (MU) (Grimwade & Moffatt, 1983), "Enlightenment" (ENL) (Clegg & Cumming, 1983), "The five Doctors" (TFD) (Dicks & Moffatt, 1983), "Father's day" (FD) (Cornell & Ahearne, 2005), "The girl who died" (TGWD) (Mathieson et al., 2015)/"The woman who lived" (TWWL) (Tregenna & Bazalgette, 2015), and "Heaven sent" (HS) (Moffatt & Talalay, 2015a). All of these focus on immortality, rebirth, or artificially averting death in some way, and Christian and/or Buddhist elements can arguably be detected in each. In part II, these stories comprising the core data are referred to using the abbreviations provided above.

These stories have been selected based on the qualitative variety of depictions of immortality and immortal characters found in them. The characters featured include both heroes and villains, both deliberately and accidentally immortal ones (as well as ones who are inherently immortal), both ones who eventually die and ones who remain immortal, and both humans and aliens. Therefore, even though other immortality-themed stories could plausibly be included in the data in addition to or instead of the stories examined here, the data selected for this thesis arguably display the view of immortality presented in *Doctor Who* in a multifaceted manner.

The fact that the stories deemed by this author to contain material relevant to this study mostly date to one of two years—1983 and 2015—is coincidental and not in itself a factor influencing the inclusion of said stories. Whether there is an underlying cultural or societal explanation as to why the story arcs of the show focused especially heavily on immortality during these particular points in time is a question with potential for further examination, but nevertheless one beyond the scope of this study.

On a related note, it is worth mentioning that TFD is both the twentieth anniversary special of the show and a story prominently displaying some of the ethically questionable aspects of immortality discussed in this thesis; the same can be said for the tenth anniversary special, "The three Doctors" (Baker et al., 1972–1973), in which the antagonist, the Time Lord Omega, has been trapped in an antimatter universe for millennia and, driven insane by his prolonged entrapment, is now seeking revenge on those whom he sees as responsible. This recurring simultaneous celebration of the show's longevity, on the one hand, and depiction of immortality as a morally corruptive force and/or a curse, on the other, is perhaps related to the ambivalent approach to the prospect of immortality in general, discussed at the beginning of chapter 2.

Much like other real-life factors stemming from *Doctor Who*'s nature as a television show that impact the stories told within it (such as the concept of regeneration as a solution to a real-life problem regarding actor availability), the relationship between narratives involving immortality and the real-life production circumstances in which these narratives are produced, for example, would be a worthwhile topic for a future study with a heavier focus on *Doctor Who* as a work of television in particular.[57] A more detailed examination is, however, beyond the scope of this thesis.

It is worth mentioning that—as discussed in more detail in 7.3—although the pursuit of immortality or life extension appears to have become an increasingly common plot element over time, there are stories dating back to the early years of the show addressing the issue. Some prominent examples referred to briefly in this thesis include "The celestial toymaker" (Hayles & Sellars, 1966)—featuring an immortal, morally reprehensible antagonist—and "The tenth planet" (Pedler et al., 1966)—in which the Doctor regenerates for the first time and is thus established as at least superhuman in terms of mortality.

Either of the aforementioned stories could justifiably be included in the core data of this thesis. However, both the relationship between immortality and faulty morals and the concept of regeneration (both for the Time Lords as a species and in the case of the Doctor in particular) are discussed in stories that the author of this thesis had already considered for inclusion at the beginning of this project, such as TFD. Immortality in both "The celestial toymaker" and "The tenth planet" could potentially be examined in more detail in the future, either from the

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[57] See Charles (2015) for discussion on the interplay between *Doctor Who*'s "immortality" as a television show and immortality as a theme within the narrative.

viewpoint of how immortality was depicted in the early years of *Doctor Who* (possibly comparing and contrasting this with the depiction of immortality in more recent episodes) or in terms of how regeneration or the Doctor's relationship with his own longevity has evolved over the course of the show. In fact, the latter topic has already been addressed to an extent by at least Charles (2015, pp. 53–63).

In order to determine the limits of the material used in this thesis out of a vast catalogue of episodes that continues to expand, and because (unlike the Doctor in the show) I myself unfortunately do not have the capacity to travel forward in time, the episodes eligible for examination included all episodes up to Series 13 (and the accompanying New Year's Day special) of the revival, which aired in 2021–2022, and no further. Any episodes containing elements particularly relevant for this thesis released after this will have to be examined at a later time.

The stories comprising the core data used in the thesis were selected after Series 9 of Nu*Who* had aired (late 2015/early 2016) with no further additions made after that point. However, since the qualitative method used in the thesis entails, among other things, a "flexible," "data-driven" approach (Hammersley, 2013, pp. 9–14), the option to add to the data and/or to examine supplementary examples from outside the core data was left open until the final stages of the analysis. In all, the material out of which the overall data to be examined were selected spans well over fifty years; the earliest episode in the core data (MU, February 1983) was released over 30 years before the most recent (HS, November 2015).

As noted above, it is possible to find stories even older than this—including ones made as early as in the 1960s—that address (im)mortality in one way or another. However, the small sample of stories presented here, selected for examination based on one individual author's estimation of relevance and the ability to illustrate various aspects of the ethics of immortality, should demonstrate that this is not a one-off issue in *Doctor Who,* but rather a recurring theme throughout the show.

In addition to individual episodes and stories addressing immortality, particular attention is given to the character of the Doctor and the species of the Time Lords in general. Not only do Time Lords intrinsically have a lifespan considerably longer than any human being would naturally have, but for reasons discussed in more detail in the following chapters, the main character of the show might even be considered virtually immortal.

The challenges and dilemmas faced by these characters in terms of the ethics of immortality just by virtue of existing are addressed in the show on a regular basis, both directly and indirectly. Therefore, the longevity and/or immortality of Time Lords as presented throughout the show is discussed in addition to specific cases depicted in the episodes comprising the core data.

Although the aforementioned episodes serve as the primary cases used in this thesis to study the ethical implications of immortality, this recurring theme appears throughout the show and is addressed in a manner relevant to the topic of this thesis in other episodes as well. Accordingly, episodes other than those mentioned above addressing or expanding on the issues under examination are also discussed to some extent. Especially in the case of the Doctor's experience with immortality as a Time Lord, stories both within and outside the data presented above are used to present various examples of how the topic has been addressed over the course of the show.

It should be noted that the *Doctor Who* canon is abundant in terms of both volume and complexity: in addition to the hundreds of televised episodes in existence, there is a wealth of *Doctor Who* material in other formats as well, such as novelisations and original novels, audio plays, comic stories, and video games. There have even been several spin-off television shows, including *Torchwood* (Davies et al., 2006–2011) and *The Sarah Jane adventures* (Davies et al., 2007–2011), both of which accompanied the main show in the 2000s.

Although not the focus of this study, these works contain ample material for study and examination as well. *Torchwood*, for example, would lend itself to a study of its own, or a comparative study juxtaposing the ways in which immortality is addressed in, for example, *Doctor Who* and one of the spin-off shows. Nevertheless, since there is a degree of overlap between the main show and the spin-offs, some events from *Torchwood* are discussed in this thesis where relevant.

Furthermore, due to the abundance and complexity of the *Doctor Who* canon, observations regarding a character's experience with immortality may not reflect the character's entire arc over the course of the whole show and all the material published in various media, since the examination here merely presents examples from the show and not a comprehensive account. However, examples have not been deliberately omitted due to not complying with the findings from the core data, either. Again, the objective is not to provide a complete list and account of cases involving immortality in the show, but to discuss the topic of Christian and

Buddhist attitudes towards immortality based on examples of cases depicted in *Doctor Who*.

The analysis of episodes is followed by discussion regarding the potential implications of the attitudes observed in *Doctor Who* with regard to the ethics of hypothetical immortality in real life. Based on what is seen in the show, what might be particularly ethically problematic about striving for immortality in the real world? How would the motivations and the consequences involved affect attitudes towards it, and would the outlook be different based on whether the issue were approached from a Christian viewpoint or a Buddhist one? I offer answers to these questions based on what was argued regarding Christian and Buddhist views towards immortality in part I.

In addition to immortality in itself, attitudes regarding life extension in its many forms and degrees are also connected to views on treatment decisions and ethical decision-making at the end of life—to whether or not prolonging life is desirable or acceptable. Therefore, I also address the potential implications of attitudes towards immortality on those towards currently more feasible methods of life extension and life-sustaining treatments. Finally, I suggest ideas and perspectives for further research to expand on the questions examined in this thesis.

In chapters 5 and 6 (as well as elsewhere in this thesis where applicable) any direct quotes from *Doctor Who* are from the episode discussed, all listed in the references. In addition to the audio tracks of the televised episodes themselves, a supplementary resource used to further ensure the accuracy of the quotes was the fan-operated website Chakoteya (www.chakoteya.net) which at the time of writing (March 2022) hosted full transcripts to all televised episodes of *Doctor Who* to date. This website, as well as other mainly fan-maintained online resources such as the TARDIS fan wiki (tardis.fandom.com) and TV Tropes (tvtropes.org), also served as reference aids in the process of locating episodes and cross-referencing details of the at times impressively complicated *Doctor Who* lore. I am grateful to all the people who have contributed to these sites.

4.1   The core data and other *Doctor Who* stories involving immortality

The stories forming the core data are listed in Table 1 below, along with the character(s) mainly discussed from each episode. In addition, the species of each

character is provided, as well as the incarnation of the Doctor featured in the episode (out of the 13 Doctors having appeared in the show so far).

The species of the character is mentioned because of its possible relevance in terms of how the character's (pursuit of) immortality is depicted and treated; as the following two chapters demonstrate, the expectations and outcomes related to immortality may differ based on whether the character in question is originally a mortal human or an inherently immortal (or virtually immortal) alien. Knowledge of who the "reigning" Doctor is in each episode is relevant especially with regard to the discussion of the Doctor's own relationship with his apparent immortality in 6.4.2 in particular.

Table 1. *Doctor Who* stories comprising the core data.

Story	Abbreviation	Year	Immortal character(s)	Species of immortal character(s)	Other characters	Incarnation of Doctor
"Mawdryn undead"	MU	1983	Mawdryn	Unspecified alien	Tegan, Nyssa, Turlough, Brigadier Lethbridge-Stewart, the Black Guardian	5th
"Enlightenment"	ENL	1983	Captain Wrack, Captain Striker, Mr Marriner	Eternal	Tegan, Turlough	5th
"The five doctors"	TFD	1983	Borusa, the Master	Time Lord	Rassilon, the Castellan	5th[1]
"Father's day"	FD	2005	Pete Tyler	Human	Rose Tyler, the Reapers	9th
"The girl who died" / "The woman who lived"	TGWD / TWWL	2015	Ashildr/Me	Human	Clara, the Mire, Sam Swift	12th
"Heaven sent"	HS	2015	The Doctor	Time Lord	The Veil	12th

[1] Special reunion episode with other Doctors present as well.

As seen in Table 1, some of the characters under examination—as well as other characters that may be mentioned over the course of the next chapters—are aliens and not human. Therefore, referring to these characters or their attributes using terms such as "human," "superhuman," or similar is not, strictly speaking, accurate.

However, the characters examined usually resemble humans, not only in appearance but, more importantly, in how they act and feel, and what sort of behaviour or ethical decision-making is expected of them. Moreover, especially in the case of main characters such as the Doctor and his close allies, they are presumably presented as characters with whom the (human) audience can identify, or whose actions and motivations they can at least understand.

As such, I argue that even when not human, the characters discussed here are presented as stand-ins for humans, only provided with thought-experiment-esque (see 1.2.4) attributes with which the audience can gauge how humans would act and react should they attain the capacity to travel through time or to regenerate, for example. Therefore, even when discussing non-human characters such as Time Lords, I may use terms such as "human" or "superhuman" as if these characters represented humanity—which, in terms of storytelling, they arguably do.

In addition to synopses of the stories forming the core data in 4.2, a list of televised *Doctor Who* stories with a focus on immortality or radical artificial life extension suggested by the author as further viewing (Appendix 1) is provided; some of these stories are discussed in the following chapters to some extent. This list features episodes from the beginning of the show (1963) up until Series 13 and the accompanying New Year's special of the revival (January 1, 2022). The list does not include episodes from spin-off shows (such as *Torchwood* or *The Sarah Jane adventures*, although some examples from *Torchwood* are discussed in chapter 6) or supplementary episodes outside the regular programme (e.g., web-exclusive mini-episodes or specials produced for charities such as Comic Relief).

The list provided in Appendix 1 is by no means comprehensive. As established in this thesis, immortality as a concept is resistant to precise definition; likewise, it is difficult to draw a definite line between life extension in the sense of prolongevity and other types of medical intervention that save lives or improve chances of survival. The limits of mortality are further blurred in the science-fiction world of *Doctor Who* by the realistic possibility of phenomena such as

time travel, cloning, and alternate dimensions, which sometimes result in situations that may or may not be considered immortality or life extension.

In addition, given that the protagonist of the show is immortal to an extent, immortality is at least implicitly present in basically all *Doctor Who* episodes; the same could be argued for any episode featuring the Cybermen, the Doctor's antagonists who have replaced most of their humanoid bodies with cybernetic parts to ensure their survival. Therefore, even though the list includes some stories featuring the Doctor discussing his immortality, or beings such as the Cybermen, other appearances by these or similar characters may feature elements that could arguably be included as well.

With that being said, Appendix 1 consists of *Doctor Who* stories depicting or discussing immortality or life extension with a degree of substantiality comparable to the episodes examined in part II of this thesis. While this assessment is of course subjective and instances in which immortality plays a part in one way or another may be found in other episodes as well, the list serves as an introductory guide to depictions of immortality in *Doctor Who*.

4.2 Synopses of the stories comprising the core data

The analysis in chapters 5 and 6 mainly focuses on six stories (some of them consisting of multiple episodes).[58] Here, these episodes are listed in order from oldest to newest. In addition, a brief synopsis of the plot is provided, with an emphasis on the elements pertaining to immortality or life extension that are the topic of this thesis. For the sake of clarity, in the following episode introductions the name of each story is provided alongside the abbreviation used to refer to the story in the following chapters.

"Mawdryn undead" (MU)

MU, an adventure in four parts, features the Fifth Doctor and his travelling companions, the human Tegan and the humanoid alien Nyssa, who arrive at an

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[58] Both MU and ENL are serials consisting of multiple episodes that are nevertheless all part of one serial and one coherent story; therefore, individual episodes of these stories are simply referred to as MU or as ENL, respectively. While two separate episodes, in terms of depiction of immortality TGWD and TWWL are essentially one story in two parts; accordingly, they are introduced here alongside one another. However, when discussing TGWD and TWWL in the following chapters, reference is made to each of the two episodes separately.

English public school in 1983, and due to various circumstances, also end up in the same location in 1977. They encounter an unfamiliar spaceship, and later, a mysterious alien whom Tegan and Nyssa initially mistake for the Doctor and whose motives remain unclear for much of the story.

Eventually, the Doctor and his friends learn that the alien is a scientist called Mawdryn, and that the spaceship belongs to him and seven of his colleagues. Mawdryn reveals to the Doctor that about three thousand years ago, he and his comrades stole a "metamorphic symbiosis regenerator" from the Doctor's home planet of Gallifrey and modified this machine, with the intention of turning themselves immortal.

However, what they have caused instead is "a perpetual mutation," causing the bodies of the group of scientists to age and deteriorate forever, without being able to die. In effect, the scientists are actually prisoners on the ship, having been exiled there by the elders of their planet due to their condition. Once every seventy years, they are granted the opportunity to land on a planet in search of release from their "endless torment," but so far they have been unsuccessful, and have grown desperate to end their suffering by regaining the ability to die.

Mawdryn plans to harness the energy of the Doctor's remaining eight regenerations and use it to make himself and his fellows mortal again—in effect, killing them. For the Doctor, losing all of his potential to regenerate in the future would mean the end of him as a Time Lord, and would also reduce his remaining lifespan to a fraction of what it would naturally be. The Doctor initially refuses to help, but as Mawdryn's plan requires the Doctor to relinquish his regenerative power willingly, he uses emotional blackmail to coerce the Doctor to cooperate when it becomes apparent that Tegan and Nyssa may be facing a fate like that of the scientists.

Reluctantly, the Doctor agrees to cooperate in order to save his friends, but at the last minute, the Doctor's old human friend and ally, Brigadier Lethbridge-Stewart (also present on the spaceship) inadvertently causes a short circuit ("in the time differential," according to the Doctor). As a result, the blast of energy required by the aliens comes from the Doctor's TARDIS and not from the Doctor, meaning both that the Doctor remains a Time Lord with his remaining regenerations intact and that Mawdryn and the other scientists are finally able to die. The story ends with the death of the aliens, which somewhat upsets Tegan, but not so much the Doctor, who assures her that "death was all they wanted."

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ENL is a four-part story featuring the Fifth Doctor and his two companions, the human Tegan and the humanoid alien Turlough. The Doctor and his friends come across a spaceship race in which representatives of an alien species called Eternals compete using interstellar vessels resembling Earth ships from different time periods.

The Eternals are humanoid in appearance, but possess qualities that set them apart from humans in significant ways, such as telepathy and—importantly from the viewpoint of this thesis—immortality. Specifically, they are beings that "exist outside of time" and as such, cannot be wiped out from existence at any specific point in time; this means that they are essentially indestructible. However, only the captain and the most high-ranking members of the crew of each spaceship are Eternals. The rest of the crew comprise humans from Earth—or as mortals are known among Eternals, "Ephemerals."

One of the Eternals is attempting to win the race through sabotage, and manages to eliminate much of the competition by destroying several of their rival ships before being found out by the Doctor and his friends. The saboteur is revealed to be Captain Wrack, an Eternal in charge of a spaceship made to resemble a pirate ship. Wrack is willing to resort to any means in order to secure the prize of the competition, the "Enlightenment" of the title. According to her, by gaining access to Enlightenment, "everything conceived in time, from the beginning to the end, will be clear to me," and the knowledge and power contained in Enlightenment will allow her to "create and destroy as I wish" (Clegg & Cumming, 1983).

Ultimately, Wrack's plans are thwarted by the Doctor, as the Doctor stops her from blowing up the Eternal Striker's ship and succeeds in ejecting her from her ship into space. As an Eternal, this does not harm her, but does cause her to be transferred back to her home and eliminates her from the race. Therefore, she fails to attain Enlightenment. The Doctor is offered the chance to claim the prize for himself, but he declines, saying that he is "not ready" for it.

In addition to the main plot, the story features a subplot involving a recurring villain called the Black Guardian, a mysterious and powerful figure who has persuaded Turlough to help him eliminate the Doctor, against whom the Black Guardian bears a grudge. Gradually, Turlough comes to realise that he does not want to harm the Doctor. At the end of the story, he is offered a priceless diamond presented as "Enlightenment" by the Black Guardian and his counterpart, the

White Guardian, in exchange for the Doctor. However, Turlough chooses to side with the Doctor and declines the diamond, and the Black Guardian is temporarily defeated. When Turlough's friends say that he gave up Enlightenment to save the Doctor, the Doctor points out that "Enlightenment was not the diamond—Enlightenment was the choice" (Clegg & Cumming, 1983) that Turlough made.

"The five Doctors" (TFD)

TFD is the 20th anniversary episode of *Doctor Who*. As such, numerous nods to past episodes and seasons are featured, most notably the inclusion of all five Doctors in the role up to that point.[59] In the episode, the different incarnations of the Doctor—along with other characters from the Doctor's past—are snatched from their own timelines and transported to the Doctor's home planet of Gallifrey by a mysterious force for reasons initially unknown.

The Doctors eventually learn that they have been brought to Gallifrey by Borusa, Lord President of Gallifrey and a Time Lord like the Doctor. It is revealed that Borusa, previously depicted as a "good" character, has become convinced that Gallifrey cannot survive without him as its leader.

Although Time Lords inherently have a superhuman lifespan, Borusa is not content with the capacity to regenerate a limited number of times and instead wants to achieve immortality in order to secure himself the position of "President Eternal." In order to achieve this, he has essentially kidnapped the Doctors and uses them against their will (and initially, even against their knowledge) to gain access to the Tomb of Rassilon, one of the founders of the Time Lord society, that according to legend holds the secret to immortality.

As the Tomb of Rassilon is eventually reached, Borusa encounters an image of Rassilon who asks him whether he truly wants to become immortal, to which he says yes without hesitation. By this time, the First Doctor has realised what Rassilon's promise of immortality really means, and therefore does not stop Borusa.

Indeed, it is revealed that Rassilon has set the promise of immortality as a trap to lure in anyone interested in such a prospect, since in his view, anyone who desires such a thing is dangerous and should be identified and rendered harmless. Rassilon's supposed promise of immortality actually turns Borusa into a statue

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[59] However, the First Doctor is played by a different actor because the original actor had passed away, and the Fourth Doctor is only minimally featured due to behind-the-scenes circumstances.

made of stone, and he joins a line of other statues, all would-be-immortal Time Lords who have experienced the same fate over the years.

"Father's day" (FD)

In FD, the Ninth Doctor and his human companion Rose travel to London in 1987, at Rose's request, to see Rose's father who died when she was a baby. Knowing that her father was killed by a hit-and-run driver and died alone, Rose wants to go and visit the moment of his death so that she can be there for him when he dies. The Doctor senses trouble, but agrees to take her.

When the two arrive and witness the collision, Rose is unable to go to her father, and he dies alone. At Rose's insistence, she and the Doctor travel back to the same moment to try again, but this time Rose impulsively runs up to her father and pushes him from the approaching car's way, saving his life. Rose's father, Pete Tyler, is now alive, even though he has been established in Rose and the Doctor's future as having died on this day. The Doctor is increasingly concerned.

Soon, it is revealed that the Doctor is right to be worried: mysterious, alien-like creatures start to appear out of nowhere, devouring ordinary people. Learning about this, the Doctor, Rose, and Pete, attending the wedding of Rose's parents' friends, seek shelter from the creatures in a church. The Doctor explains that by saving her father, Rose has created a paradox: a person who should be dead is now alive. According to the Doctor, "time's been damaged," and the alien creatures (unnamed in the episode, but called "Reapers" in promotional material) have arrived "to sterilise the wound" by destroying the damaged point in time. All the while, the car that was supposed to hit and kill Pete keeps materialising out of thin air on the road outside, playing out the moment of the collision over and over.

Eventually, the creatures make it inside the church. Talking to Rose and the Doctor, Pete has realised both that Rose is his infant daughter, now grown up, and that he himself was supposed to be killed in the collision that Rose prevented. In order to save the people gathered in the church, the Doctor volunteers to be consumed by the creature and disappears.

Understanding now that this is all happening because he was not killed earlier, Pete willingly runs in front of the car once again appearing out of thin air, and is killed. As a result, the alien creatures disappear, and all the people devoured by them return, everyone but the Doctor with no recollection of the events. Before

Pete dies, however, Rose goes to him (now with the Doctor's permission), and holds her father in his last moments.

In the future, Pete is once again dead, and the damage caused to time has been mended; however, the details of Pete's death have changed. In this version of history, the driver of the car that killed him stopped after the collision and is viewed sympathetically. Rose's mother also tells her of a mysterious girl who was said to have been there to hold Pete's hand when he died but was never found afterwards.

"The girl who died" (TGWD) & "The woman who lived" (TWWL)

TGWD and TWWL form one story divided into two episodes. In TGWD, the Twelfth Doctor and his human companion Clara arrive at a Viking village targeted by the Mire, an alien species notorious for being deadly warriors. The Mire abduct and kill the warriors of the village, draining them of their adrenaline and testosterone and consuming it in order to absorb the warriors' power.

One of the surviving villagers is Ashildr, a sensitive and imaginative young girl who says that she is considered strange by the other Vikings and feels like something of an outsider in her community, but nevertheless loves and is loved by the villagers very much. After losing many loved ones during the abduction, Ashildr swears revenge on the Mire in a fit of emotion, unthinkingly declaring war on them. With no fighters left in the village, the Doctor and Clara stay to help the village prepare for the Mire attack.

Eventually, the Doctor devises a plan to defeat the Mire: with the help of alien projection technology, Ashildr conjures up an image of a monster that the Mire believe is real, and all the Mire except for the leader escape via teleportation. Having recorded the incident, the Doctor threatens to expose the Mire as cowards, thus ruining their reputation, unless they leave the village unharmed. Finally, even the leader is teleported away, and to preserve their reputation, the Mire leave without incident.

While celebrating their victory, the Doctor, Clara, and the villagers discover to their shock that creating the projection of the monster has "used [Ashildr] up like a battery" (Mathieson et al., 2015) resulting in heart failure and leaving her dead. Refusing to accept this, the Doctor uses an item of salvaged Mire technology, a medical repair chip, to resurrect Ashildr. He explains that the chip will keep repairing Ashildr, rendering her immortal barring accidents. He also leaves her with a second similar chip to give to whomever she wants.

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As the Doctor and Clara leave the Viking village, the Doctor is left pondering whether turning Ashildr immortal was right, in terms of both violating the laws of time travel (that generally stipulate non-interference) and uncertainty of what it might do to her. The episode ends with a shot of Ashildr, with the seasons changing and years passing by around her. At first, she is smiling, but when her face is shown again after presumably countless years have passed, her smile has faded.

In TWWL, the Twelfth Doctor travels to Cromwell-era England in pursuit of an alien artefact that he has detected with a scanner, and is reunited with Ashildr, centuries after their initial encounter. Having assumed the identity of a wealthy noblewoman, with a secret double identity as a masked outlaw known as "the Knightmare," Ashildr has abandoned (and forgotten) her old name, and now goes by "Me."[60] She explains her choice of name by saying that all her other names died along with those who used them, and all that she is now is "singular— unattached—alone" (Tregenna & Bazalgette, 2015).

Over the centuries, Me has had time to practice and hone many skills to near-perfection, and despite not being invulnerable to accidents, she is now virtually unbeatable in terms of skill and experience. She repeatedly asks the Doctor to take her with him when he leaves, but he refuses.

The Doctor learns that he and Me are after the same alien artefact, an amulet that opens a portal to "another reality"—Me for the purpose of leaving Earth and travelling the galaxy, as she believes that she has seen everything that Earth has to offer. She is working with an alien from the same world as the amulet to open the portal.

Me then reveals to the Doctor's horror that opening the portal requires a death, and she is therefore planning on sacrificing one of the humans close to her. When the Doctor protests, she dismisses his objections by arguing that human lives are short enough to be of no consequence anyway. The Doctor is shocked at the change in Ashildr/Me's outlook, but she responds by saying that this is what the Doctor has made of her by making her immortal.

Me decides on opening the portal using the death of Sam Swift the Quick, a fellow robber sentenced to hang. When the sentence is not carried out, she uses the amulet on him anyway, killing him and opening the portal. It is then revealed

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[60] When referring to the character in the following chapters, the names "Ashildr" and "Me" are both used, either separately or together, depending on whether the discussion concerns the character before or after becoming immortal specifically or as a character in general.

that the alien supposedly collaborating with her has been deceiving her and has actually required her help to open the portal in order to enable an invasion from his home world.

Horrified at this turn of events, Me realises that she does care about the well-being of the mortals around her after all. With the help of the Doctor, she manages to send the aliens back and close the portal. She then uses the second immortality chip given by the Doctor to resurrect Sam Swift; the Doctor is uncertain whether it is powerful enough to render him immortal too or if it simply brings him back to life.

At the end of the episode, Me/Ashildr appears to have regained some of her old affection and concern for other people. She decides to assume the role of "the patron saint of the Doctor's leftovers" (Tregenna & Bazalgette, 2015), looking after those the Doctor encounters and presumably striving to make sure that they do not suffer like she has.

"Heaven sent" (HS)

HS begins with the Twelfth Doctor gaining consciousness inside a teleport device, trapped alone in a mysterious castle surrounded by water and filled with skulls. Reeling from the self-sacrificial death of his human companion Clara in the previous episode "Face the raven" (Dollard & Molotnikov, 2015), the Doctor discovers that while he is the only living person in the castle, he is not entirely alone: a terrifying entity is roaming the hallways, with the appearance of a fly-infested dead body wrapped in veils (referred to as "the Veil" in promotional material, though unnamed in the episode itself). Being touched by the creature means death.

Ultimately, the Doctor discovers a route of escape from the castle: a doorway sealed shut with 20 feet of azbantium, a substance that according to the Doctor is "four hundred times harder than diamond" (Moffat & Talalay, 2015a). As he punches the ultra-durable wall, the Veil reaches and grabs him. As a Time Lord, instead of dying instantly the fatally wounded Doctor has time to drag himself across the castle and into the room with the teleport device.

He now learns the horrifying truth: the only way for him to survive is to recreate himself using a copy of him found in the teleporter's hard drive. This, in turn, can only be done by providing the device with sufficient energy, which can only be found by burning his own dying body for fuel. Furthermore, this is not the first time that this has happened: he also learns that he has in fact already spent

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7,000 years in the castle, solving the same mystery over and over again, but the memory of his past deaths and rebirths is erased every time he is replicated.

Each time a new copy of the Doctor is generated, he begins anew, with no recollection of the experiences of the previous iteration of him in the castle. As he powers up the teleport device, his damaged body burns, leaving behind a skull: all of the skulls in the castle and in the bottom of the body of water surrounding it are, in fact, his. Not long after, a new Doctor emerges from the teleporter, with no recollection of the previous events, and goes through the entire process again, only to be followed by another copy.

Seven thousand years eventually turn into millions, even billions of years. Every time, the Doctor punches the azbantium wall, never making a dent discernible at that moment, but, in an accumulative manner, extremely slowly chipping away at the wall standing between him and freedom.

Finally, after billions of years of death and rebirth, the Doctor breaks through the wall and finds himself on his home planet of Gallifrey. The castle, it is revealed, has been a part of the Doctor's "Confession Dial," a Time Lord device meant to be used by its owner before his or her (final) death to reflect on and make peace with his or her life in order to let go of it. However, in this case, the Doctor's Dial has been used by other Time Lords in an attempt to extract a specific confession out of the Doctor.

5   Immortality and morality

As argued in 3.1, the approach of Christian ethics towards the pursuit of immortality is fundamentally tied to Christianity's conception of the limits of human authority and capacity, which in turn is tied to the view of the relationship between humanity and the higher power (God). Exceeding the limits of humanity—essentially "playing God"—is frowned upon, as the power and wisdom of God are seen as absolute, and as something fundamentally out of human reach (see, e.g., Hopkins, 2002; Wierenga, 1989).

Even if humankind were to gain the practical means to turn godlike actions into reality, particularly those involving the creation, continuation, or destruction of life, humans are considered inherently lacking in their ability to act absolutely wisely, justly, and with compassion, whereas the Christian God is thought to embody all positive attributes in their purest form (see, e.g., Wierenga, 1989). Therefore in terms of the Christian understanding of humanity, compared to God, human beings are arguably underqualified by default to make fundamental life-and-death decisions.

Within the framework described above, those pursuing immortality are, at best, dealing with matters that they are not competent to handle. This does not necessarily mean that the motivations behind striving for an indefinite lifespan are always nefarious: it is also possible for attempts to achieve immortality to be depicted as good intentions gone horribly awry.

Examples of both scenarios can be seen in the *Doctor Who* episodes under examination. For example, MU and TFD depict cases of pursuing immortality for morally reprehensible reasons, whereas in FD and TGWD the character in question evades certain death and/or becomes immortal because another well-meaning character wants to help them out of love or compassion.

The motivation in either of the last two cases is not a morally reprehensible one such as greed, revenge, or lust for power, for example. Nevertheless, given that ruling over life and death can be considered beyond human competence in the context of Christian ethics, attempts to eradicate or reverse death may be seen as ill-advised, even if not as ill-intentioned *per se*. This is also seen in the aforementioned stories FD and TGWD/TWWL, as discussed in detail in this chapter and the next.

Based on the above, immortality is not exclusively associated with morally decrepit characters in *Doctor Who*. However, the *active pursuit* of immortality in particular is remarkably often portrayed as a preoccupation of villains.

Immortality as a goal for the morally corrupt is a recurring theme not only in *Doctor Who* but in fiction in general. For example, the idea of searching for "the fountain of youth" as a "cure" for ageing is not only a real-life topic of interest (both historically and, in some ways, to this day)[61] but also an enduring trope in works of fiction. Fictional characters looking for artificial ways to radically extend their lifespan are often required to commit morally objectionable acts to achieve their goal and have no reservations about doing so.[62]

In SF, the pursuit of immortality is often tied to scientific hubris and the idea of humans wrongfully dealing with forces they neither fully understand nor control, as seen in the trope of the "mad scientist" discussed by those such as Stiles (2009), as well as in the examples from *Doctor Who* discussed in 5.2. This trope is arguably likewise reminiscent of Christianity's understanding of human authority and competence regarding matters thought to be the domain of God.

As suggested by Hopkins (2002) and discussed in 3.1, Christianity's critical approach towards attempts to transgress the limits of humanity are ultimately based not in the fear that such attempts might actually succeed and turn humans into gods, but rather in the idea that these attempts bring out the morally reprehensible qualities of those involved—and also have the potential of leading to disaster. The portrayal of characters actively pursuing immortality in *Doctor Who* appears to follow the same principles: in the examples from the show discussed in the following, both of these aspects are depicted and addressed, albeit not overtly in the context of Christianity (or for the most part, any overt religious context, for that matter).

In the following, a selection of examples from *Doctor Who* is examined and discussed in order to clarify how the connection between immortality and moral corruption or shortcoming appears in the show. Of particular interest are the motivations presented in the stories for pursuing immortality in the first place; perception of immortality within the show (and possibly, by association, by the audience); the effects of immortality, both on those directly concerned and on those affected by proxy; and the outcome and repercussions of pursuing or

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[61] See Young et al. (2010) for an examination of false claims regarding extreme longevity, including ones concerning the "Fountain of Youth Myth."

[62] For a representative example from the world of science fiction, the *Babylon 5* episode "Deathwalker" (DiTillio & Green, 1994) features a villain who has developed an elixir that brings rejuvenation and immortality but requires a life to be taken to be produced; she is eventually defeated. Prominent examples from fairly recent works of popular culture include the respective villains in the first Harry Potter novel, *Harry Potter and the philosopher's stone* (Rowling, 1997), and the film *Pirates of the Caribbean: On stranger tides* (Marshall, 2011).

attaining immortality. In addition, since the perspective is that of religious ethics, the role of a higher power or authority figure in the stories is examined as well.

As argued earlier, the view of the pursuit of immortality as a sign of moral shortcoming may be considered largely representative of the view of Christian ethics; consequently, the depictions of various brushes with immortality presented in the following examples are examined primarily from the viewpoint of Christian ethics. However, as established in chapter 3, the ethical views of world religions, Christianity and Buddhism included, often have more in common than is acknowledged, even if the views are based on different underlying assumptions and points of doctrine. Accordingly, the themes relevant to Christian ethics discussed in the following may—and, on several occasions, arguably do—contain elements reminiscent of Buddhist thought and ethics as well.

In some cases, the view of immortality and its effects presented in a story reflects the views of both Christian and Buddhist ethics alongside or intertwined with one another. This can be seen especially in stories establishing a connection between the suffering accompanying immortality and the defective morals of those experiencing it, such as MU and TWWL. The coexistence of views reminiscent of Christian and Buddhist ethics in the data is discussed both in this chapter and the next, particularly in 6.5.

The *Doctor Who* stories comprising the core data most extensively discussed in this chapter are MU, ENL, TFD, FD, and TWWL. In addition to the data, examples are presented from other *Doctor Who* episodes as well, especially concerning the role of morality in immortality as exemplified in the character of the Doctor.

As the examples under examination demonstrate, the connection between immortality and immorality can be seen in the depiction of a wide variety of characters—from inherently immortal aliens to (initially) ordinary humans, and from those presented as villains from the start to those whose moral failings stem from the introduction of immortality. Even the mostly heroic protagonist of the show serves as an example on occasion. A closer look at the recurring features and differences between these depictions offers a fairly comprehensive idea of exactly *what* about the pursuit of immortality is deemed a sign of moral failure, as well as *why* immortal characters may exhibit morally objectionable behaviour and attitudes.

In this chapter, attention is on the morality of immortality and those who seek it. In part I, the argument that Christian ethics views immortality as an ethically problematic pursuit was based on three points:

1. the (inferior) role of humanity, with respect to God and God's authority;
2. the potential harm caused by immortality to one's fellow humans and/or to the rest of creation, as well as to one's morals; and
3. immortality of the body potentially keeping the soul apart from God.

In this chapter, the depiction of immortality in *Doctor Who* is examined with these considerations in mind. In the following, the ways in which and the extent to which these points are reflected in the depiction of immortality in *Doctor Who* is examined, with the main focus on how the views of Christian ethics may be detected. However, as argued in the following, the views of Christian and Buddhist ethics on the question of immortality often overlap and become intertwined, further suggesting that the views of the two religions in the matter have considerable common ground and potential to contribute to one another.

The main focus of examination in this chapter is on the relationship between immortality and the morals of those who come into contact with it. However, since this aspect of immortality was established in part I to pertain to Christian ethics in particular, some other themes of particular relevance to Christian ethics, such as the role of a higher power figure in depictions of immortality, are discussed as well. One of the main objectives of this thesis is to provide insight into how Christian ethics approaches immortality; in order to do this in a comprehensive manner, a variety of factors contributing to how the issue is depicted in *Doctor Who* are examined.

5.1 Who is affected by immortality?

In *Doctor Who*, villains facing immortality in one way or another are encountered on a fairly regular basis. Stories depicting such situations have a number of recurring themes, and in the majority of cases, the attitudes towards immortality conveyed in them are consistent with those of Christian ethics based on the points discussed in 3.1. The repercussions of immortality as well as the attitudes faced by the characters concerned vary based on a number of factors, such as what the morals of the character are like prior to attaining immortality, how they achieve immortality, and how they act once they have attained it.

The first matter to establish is what kind of characters experience immortality firsthand in the data, with particular focus on their morals both before and after

becoming immortal: whether they are depicted as "good" or as "evil,"[63] and how this relates to their pursuit and/or experience of immortality. The ethical implications and considerations particularly relevant to each case are then elaborated upon in this chapter and the next.

5.1.1 Characters pursuing or experiencing immortality

The Eternal Captain Wrack in ENL, is—like the Doctor and other Time Lords— an inherently immortal alien. However, unlike Time Lords, the Eternals are not merely immortal but (as the name suggests) eternal: they exist outside of time and are therefore completely independent from it.[64] As such, here the ethical aspects of immortality are not related to the *pursuit* of an extended or indefinite lifespan, but instead have to do with the effect of life without end on a character's attitudes and behaviour overall.

In the case of ENL, Wrack is presented as a villain as soon as she is introduced. Moreover, even though she is portrayed as particularly ruthless even for an Eternal and as exceptionally willing to act in morally reprehensible ways, all Eternals appearing in ENL are depicted as uninterested in—or incapable of— empathy and compassion, and see no moral problem with activities such as sabotage or foul play. The immortal beings of the story, then, are portrayed as villains by their very nature, and as discussed in detail later on, this appears to be inextricably tied to their immortality.

Like in ENL, in both MU and TFD the one pursuing and/or experiencing immortality is the villain of the story. The more unambiguous example of a villain in pursuit of immortality is seen in TFD, where the character in question— Borusa—is a high-ranking Time Lord who is therefore at least near-immortal to begin with.

As a Time Lord, at the beginning of the story Borusa is already virtually immortal (in the same way that the Doctor is, in that he has the ability to regenerate), and his quest for Rassilon's secret of immortality is in fact rooted in

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[63] In this and the following chapter (as well as in this thesis overall), terms such as "good," "evil," "right," and "wrong" used in quotation marks refer to people or things deemed as such within a specific ethical framework (e.g., Christian or Buddhist ethics) or in terms of whether a character is depicted as a hero or a villain in a fictional narrative. The intention is not to make value judgements about whether the person or thing discussed is objectively good or evil, however one were to determine that.

[64] See Murray and Rea (2008, pp. 36–47) for discussion on the difference between *everlasting* (existing within time) and *eternal* (existing outside of and independent from time).

the desire to become *even more* immortal. By way of explanation, he tells the Doctor that since he considers his work as president impossible to finish even in the span of his remaining regenerations, he feels the need to make himself immortal in order to rule forever.

Both Borusa's attitudes (lust for power and delusions of grandeur) and actions (kidnapping the various incarnations of the Doctor; framing—and causing the death of—an innocent Time Lord, the Castellan, to hide his own crime) make it obvious that he is the villain of TFD. Moreover, importantly in terms of the topic of this thesis, his behaviour identifying him as a villain is connected to his desire to live forever: his perceived need to rule forever compels him to commit reprehensible acts.

Another case of a character portrayed as a villain in pursuit of immortality is Mawdryn in MU. However, unlike Borusa in TFD, prior to artificially turning himself immortal he does not have the capacity to regenerate or to otherwise delay or circumvent death; although his original life expectancy is not specified, he is presumably mortal in the way of humans. Therefore, the premise of Mawdryn's (ill-fated) attempt to attain immortality is fairly applicable to humans striving to live forever. Yet, even though Mawdryn serves as the villain of MU for most of the story, his circumstances and motivations arguably make him less of a clear-cut villain than Borusa in TFD; the reasons for this are discussed in detail in 6.5.

As a departure from the villains pursuing immortality in TFD and MU, in both FD and TGWD the one directly affected is not actively involved with (or initially, even aware of) becoming immortal. In FD, Pete Tyler's death—an established fact in the future from where the Doctor and Rose arrive—is reversed by his daughter Rose when she, unable to merely watch her father die, intervenes and saves his life. In TGWD, Ashildr is accidentally killed while taking part in a plan devised by the Doctor to save her village; as an act of compassion apparently mixed with guilt, the Doctor uses alien technology to resurrect her, making her immortal in the process.

In both of the above cases, the character in question is "good" in terms of moral alignment. However, in FD Pete remains morally "good" throughout the story, whereas in TWWL the effects of the immortality granted to Ashildr in TGWD cause her morals to become impaired enough to (temporarily) make her exhibit villain-like behaviour. The difference between the approach to immortality between the villains in MU and TFD on the one hand, and FD and TGWD on the

other, as well as between FD and TGWD/TWWL specifically, is examined in more detail later on in this chapter.

In HS, it is the Doctor himself who experiences immortality in the form of a near-endless loop of death and resurrection. In this case, the one dealing with immortality is the mainly heroic protagonist of the show, and therefore a "good" character in moral terms virtually by default.

It is not just villains, then, but "good" characters too—even the main hero—who deal with immortality. However, as evidenced in 5.3.2 and 6.4.2 in particular, the Doctor also displays some morally dubious attitudes and behaviour at times, and what is significant in terms of this thesis, these morally dubious moments are sometimes directly related to his immortal status.

As a Time Lord, the Doctor is near-immortal to begin with, and through the process of regeneration has prior experience with one form of resurrection or rebirth. However, unlike regeneration for a Time Lord, what he experiences in HS is not a natural part of life for him but the result of interference by (malevolent) outside forces. Moreover, a regular Time Lord regeneration is basically the beginning of a new life (albeit with the memories and experiences of previous lifetimes intact), whereas the time loop in HS is just a repetition of the same events over and over.

Therefore, even though the Doctor arguably experiences a level of immortality simply by virtue of being a Time Lord (and one with an extended cycle of regenerations at that, as discussed in more detail later on) the events of HS present a special case worthy of examination on its own. With that being said, the Doctor's regular experience of immortality as a Time Lord is discussed in more detail from the viewpoint of morality in 5.3.2, and with regard to suffering in 6.4.2.

As this brief overview of the types of character experiencing immortality in the data demonstrates, the depictions of immortality in *Doctor Who* discussed in this thesis clearly vary in terms of who—human or alien, active subject or unwitting recipient, hero or villain—crosses or attempts to cross the limits of humanity. Likewise, the ethical implications of immortality vary based on several factors as well.

One of these factors is obviously the overall moral alignment of the character concerned: as seen above, in three out of the six narratives comprising the core data (ENL, MU, and TFD) the one pursuing or in possession of immortality is presented as the antagonist of the story and, for the most part, as a villain. However, the connection between immortality and defective morality is more

complex than a simple correlation between becoming immortal and serving the role of a villain; this chapter examines some facets of this connection in detail.

5.1.2 Varieties of immortality in terms of morality

As stated above, whether becoming immortal is considered morally incriminating for a character depends on a number of factors, including the overall moral alignment of the character (i.e., whether he or she is considered a villain based on attitudes and actions beyond those involving immortality) and how immortality is achieved (discussed in more detail in 5.2). Another factor to consider is the type of immortality in question: the treatment of characters may differ based on what variety and degree of immortality they represent.

Varieties of immortality may include those such as subjective or objective (see, e.g., Sohn, 2019), whereas degrees of immortality may be determined based on whether the character in question is fully eternal and independent of time, vulnerable to death but capable of resurrection, immortal unless killed with violence, or simply in possession of an indefinite lifespan that may or may not be endless; see the discussion on the varieties of immortality in 2.1.

In terms of the varieties of immortality, the Eternals encountered in ENL differ from most immortal beings encountered in *Doctor Who*. Perhaps most significantly, the Eternals, who function in "the endless wastes of eternity," are explicitly stated in the story to "exist outside of time" (Clegg & Cumming, 1983). With reference to the distinction between definitions such as *everlasting* and *eternal* (Murray & Rea, 2008, pp. 36–47) discussed in 2.1, this suggests that the Eternals are, indeed, eternal rather than "merely" immortal: they do not exist for any specified length of time—even for *all* of time—but instead represent a state of existence completely *separate from* time.

Based on the resemblance of the Eternals' form of existence outside of time to both Murray and Rea's (2008, pp. 36–47) definition of *eternal* and Wierenga's (1989) description of God's timelessness, the Eternals can even be likened to the Christian God in this respect—although, as discussed in 5.6, the similarities between the Eternals and the Christian God do not go much further than this. Ephemerals, on the other hand, are beings who exist in time, for a limited amount of time.

In addition to the Eternals, ENL features another (virtually) immortal character: the Doctor. Whether the Doctor is also considered an Ephemeral is somewhat unclear—one of the Eternals, Captain Striker (in charge of an

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Edwardian racing yacht), explicitly remarks that the Doctor is "a time dweller" but not an Ephemeral, while other Eternals, especially Captain Wrack, repeatedly refer to the Doctor as an Ephemeral in a derogatory manner.

Based on the variety and degree of immortality he represents, the Doctor would likely be considered an Ephemeral, albeit one with a lifespan more flexible than that of humans: although he is capable of regeneration and therefore has a considerably lengthy lifespan extending beyond the limit of death (and one that, as the show has proven, can be extended even further—perhaps indefinitely—via the addition of regeneration cycles), he is neither invulnerable nor inherently in possession of an infinite number of chances to regenerate. However, as a Time Lord with the capacity to travel through time and space, he does not live within the constraints of time to the extent that humans generally do, for example.

The Doctor's case brings to mind Swedene's (2009, pp. 9–10) suggestion that endless life be described as "indefinite" in duration, since the term refers to both lack of time limit and imprecise definition. Moreover, the difficulty of determining the degree of the Doctor's (or indeed, virtually any immortal character's) immortality with any precision demonstrates that, as also suggested by the many varieties of immortality identified by both Swedene and others, immortality is not one specific state of being but rather a continuum or an umbrella term covering an array of states, each of which comes with its own defining characteristics and particularly pressing ethical considerations.

As seen in the data used in this thesis featuring examples of different types of immortality, the type of immortality in question may affect the actions of the character involved or the attitude of the show towards his or her immortal state. In this case, whether or not the Doctor is considered an Ephemeral is potentially a significant distinction in terms of how his moral capabilities and obligations are viewed: the Eternals in ENL are portrayed as villains but also as basically incapable of changing because their immorality is deeply and inherently tied to their immortality.

Conversely, Ephemerals (presumably even ones who attain immortality) might be considered better able to empathise with other Ephemerals or see the consequences of their own actions for others due to their experiences regarding the finitude of life. Morally objectionable behaviour on their part might therefore, in a sense, be seen as more incriminating than for Eternals, who are essentially unable to understand the concept of death at all, having nothing comparable in their own existence. At the same time, as stated above, whether the Doctor is

considered an Ephemeral or not within the show is unclear, serving as further evidence of immortality as a continuum that resists precise definitions.

In addition to the distinction between eternal and ephemeral beings, one can be drawn between subjective and objective immortality. As discussed in 2.2 (with reference to, e.g., Sohn, 2019) objective immortality refers to continued existence after death in some form, possibly a symbolic one, that does not involve the personal consciousness, while subjective immortality involves the consciousness (and potentially even the body) surviving death.

Also in 2.2, it was discussed how Lewis (2013) argues that in the *Doctor Who* story "The deadly assassin" (Holmes & Maloney, 1976), the objective immortality achieved by uploading one's mind (but not one's consciousness) into the computer-like Matrix in order to benefit others with one's knowledge is presented as a form of immortality morally superior to subjective immortality (i.e., life without end). According to Lewis, this is why Time Lords have a limited subjective lifespan but may attain objective immortality in the Matrix.

Indeed, it does appear that the depictions of subjective immortality in the data examined in this thesis are presented as ethically and/or morally objectionable: those who pursue immortality and display signs of moral corruption, or grant immortality to another and accidentally cause a disaster, deal with subjective immortality in particular. The difference in the morality of subjective versus objective immortality is arguably highlighted in TFD, where Borusa is prevented by Rassilon from attaining subjective immortality by being turned into a statue— in other words, being granted a form of objective fame-immortality by way of having oneself immortalised for posteriority (see, e.g., Swedene, 2009, pp. 29–44).

It may be suggested, then, that the pursuit of *objective* immortality would not necessarily be viewed as a sign of moral failure in the same way or to the same extent that the pursuit of *subjective* immortality is. As a result, Borusa's ultimate fate can be interpreted not only as an example of irony or poetic justice but also as a genuine morally acceptable (or at least preferable) route to immortality—at least one definition of it—in the world of *Doctor Who*.

As further evidence of the wide spectrum of ways to transgress the limits of mortality in *Doctor Who*, the case of FD differs from those seen in the other examples examined here, in that immortality is never the stated goal of any of the characters in the episode, nor is it specified whether Pete is capable of dying in ways other than being hit by the car originally supposed to have killed him. However, in terms of the topic of interest of this thesis—transgression of the limits of humanity, specifically in the context of mortality—Pete's case in FD

resembles that of Ashildr in TGWD, for example: someone supposed to have died is given an extension to his or her lifespan. Therefore, it arguably serves as another example of testing (or overstepping) the limits of humanity.

In terms of the degree of immortality seen in FD, supposing that Pete were still vulnerable to death in the way of ordinary mortals after being rescued by Rose, the fact that Rose is able to prevent his death *once* by means of time travel invites the question of whether it would be possible to do this an indefinite number of times. In other words, if Pete were to die a second time, would it hypothetically be possible to simply travel back in time and repeat the process?

In the context of FD (and, apparently, in the world of *Doctor Who*), this appears not to be an option: when the Doctor tries to travel out of 1987 after Pete has been rescued, he finds that the interior of his TARDIS is missing, preventing him from leaving. The paradox caused by Pete's survival both seals the time travellers in the "wounded" moment in time and attracts the Reapers, who arrive to "sterilise" the wound—in other words, to erase the moment from existence. The rules of time travel (discussed in more detail in 5.2)—in this case, in the form of absolute rules regarding what is possible—preclude the possibility of saving a person over and over.

As a bid for immortality, attempting to reverse death by means of time travel therefore appears to be both futile and disastrous—not unlike the human attempts at "playing God" referred to by Hopkins (2002) while discussing "hubris criticism." The reasons for this in the case of FD are tied to *Doctor Who*'s conception of "the rules of time travel," also relevant from the perspective of this thesis and discussed in more detail in 5.2.

As demonstrated in chapter 2 while discussing the varieties of immortality, and further evidenced by this brief overview within the context of *Doctor Who*, immortality is not just one state of being but rather a spectrum or a continuum containing various forms and degrees of indefinite lifespan. The ethical implications of immortality, as well as attitudes towards it as a prospect, also differ based on what is meant by immortality. As seen in the following, these differences in the ethically problematic aspects of immortality and attitudes towards those who come face to face with it vary within the data examined, with the variety of immortality depicted as one possible factor out of many contributing to this variation.

5.2   How is immortality achieved?

The stories examined here depict a variety of cases in which immortality is pursued and/or experienced. One of the ways in which these stories differ is how immortality is achieved: in some cases, it is the result of active pursuit, whereas in others, it is granted from the outside, without any input from the one directly impacted. The ethical implications of different avenues to immortality differ as well. How characters in the stories under examination become immortal, and whether the character is portrayed as "good" or as "evil" overall, sheds light on how *Doctor Who* views the relationship between immortality and the morals of those involved.

Mawdryn in MU gains immortality through dishonesty, specifically by stealing the Time Lords' regenerator. His failure to attain his desired goal, and instead being burdened with a form of immortality amounting to torture, can be seen as partly self-inflicted due to the methods he employs: since the regenerator does not belong to him, he is not familiar enough with it to operate it successfully. Although Mawdryn blames the Time Lords for not providing him with the information required to operate the machine properly, it is ultimately he who is responsible for the decision to use it without proper authorisation.

The tragic consequences of Mawdryn's decision can be interpreted as an example of "hubris criticism" (Hopkins, 2002): Mawdryn's attempt to "play Time Lord" is both indicative of arrogance and self-delusion (in that he believes himself capable of attaining his desired goal of immortality by using the Time Lords' machine) and doomed to fail, since he is fundamentally *not* a Time Lord and is therefore unable to operate as if he were one. Therefore, his moral shortcomings prior to attaining immortality include not only willingness to resort to crime in order to attain his goal, but also arrogance and delusions of grandeur clouding his judgement regarding the limits of his competence and the consequences of his actions.

In MU, immortality being achieved via technology and the outcome being presented as a curse rather than a blessing reflects the aforementioned "hubris criticism" regarding humankind pursuing goals beyond their competence, often with disastrous results. It is also a common feature in fiction, particularly SF, frequently in the form of the "mad scientist" trope, concerning the connection between genius and insanity, and (importantly in terms of this thesis) of intellectual superiority at the cost of moral competence (see, e.g., Stiles, 2009).

Besides MU, *Doctor Who* features numerous other characters exemplifying the "mad scientist" trope in some way, some of whom are specifically preoccupied with longevity or immortality. For example, "The brain of Morbius" (Bland & Barry, 1976) involves a scientist named Solon attempting to resurrect the dead Time Lord criminal Morbius by transplanting his brain into a body constructed of harvested body parts. The scientist tries to kill the Fourth Doctor and use his head to house the brain of Morbius, but ultimately both the scientist and the evil resurrected Morbius are thwarted and destroyed.

To offer another example, in "The Lazarus experiment" (Greenhorn & Clark, 2007) a scientist named Professor Lazarus sets out to create a device that rejuvenates humans and potentially makes them immortal as well, and experiments on himself; the Tenth Doctor questions whether Lazarus is able to control his invention or understands its repercussions. Indeed, the rejuvenated Lazarus turns into a mutant that requires the life energy of other humans to survive, and so kills several people for sustenance before finally falling to his death and reverting to his original human form.

In both of the aforementioned stories, the character pursuing immortality displays arrogance and disregard for morals and consequences, is identified as a villain by the Doctor (and presumably, by the audience as well) and not only fails to attain his goal but meets an end that may be interpreted as punishment. This portrayal is consistent with that seen in TFD and, to an extent, MU.

Portraying these characters who pursue longevity or immortality both as "mad scientists" and as villains who ultimately fail to achieve their goal and meet an end resembling punishment follows the attitude towards active pursuit of immortality seen in *Doctor Who* overall. Interest in immortality is likely a sign of arrogance and moral failure, as well as a project destined to fail and potentially result in punishment.[65]

In TFD, Borusa's pursuit of immortality contains elements of what was discussed regarding the concepts of "playing God" and "hubris criticism" (Hopkins, 2002) in 3.1.2. Borusa's desire for immortality is rooted in his belief in his own irreplaceability as Lord President. In other words, he believes immortality a suitable and even necessary pursuit for himself in particular because of arrogance, vanity, and/or megalomania.

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[65] At the same time, Orthia (2011) argues that many depictions of scientists in *Doctor Who*, including Solon in "The brain of Morbius," actually *challenge* rather than reinforce the "mad scientist trope," which suggests that the relationship between scientific curiosity or ambition and morality in *Doctor Who* (and, indeed, in real life) is in fact complex, nuanced, and open to interpretation.

Borusa's very interest in immortality is therefore indicative of his moral shortcomings. This is further evidenced by the measures to which he is willing to go in order to achieve his goal. These include not only kidnapping the Doctors and many of their allies from the past and exposing them to mortal peril but also framing the Castellan, an innocent member of the High Council of Gallifrey, for his own actions, leading to the death of the Castellan. Borusa, then, both desires immortality for morally reprehensible reasons and displays even more morally reprehensible behaviour while pursuing it.

Another aspect of how immortality is achieved with regard to how it is viewed in terms of ethics is tied to whether or not transgressing the limits of humanity is seen as "legal" or permissible within the show. From this viewpoint, an issue pertaining to the limits of humanity in terms of both capacity and authority, of particular relevance to the form of immortality (or transgression of the limits of humanity) seen in FD, is the question of what Rose in FD calls "the laws of time"—the rules of what time travellers can and cannot do, referred to earlier in 5.1.2.

The mechanics of time travel, as well as the seemingly inevitable paradoxes involved, are a topic of interest both for SF writers and for real-life physicists (see, e.g., Jaffe, 2013). In *Doctor Who*, particularly in the case of Time Lords, the "laws" or "rules" of time travel concern not only what is *possible* for a time traveller, but also what is *right* or *allowed* for him or her to do. The "laws" in question here are therefore both descriptive (laying out the parameters of what is objectively possible) and prescriptive (decreeing morally acceptable or appropriate conduct for a time traveller, even though it is possible for him or her to act otherwise as well). Since Time Lords apparently have a role in upholding "the laws of time"—in FD, the Doctor states that preventing temporal accidents such as the wound in time caused by Pete's survival was traditionally the responsibility of Time Lords—the Doctor should be both aware of these laws and invested in abiding by them.

The idea of "the rules of time travel" concerning morally appropriate actions and set by an (unknown) authority can be considered an ethical code that has similarities with the principles of Christian ethics, in that the limits of morally "right" actions are determined for humanity by a higher power, and while humans have the capacity to decide whether or not to adhere to these limits, not abiding by them may have undesirable consequences. In FD, Pete Tyler escapes the constraints of mortality precisely due to Rose's violation of these limits.

According to the Doctor, "The whole world's different" because "There's a man alive in the world who wasn't alive before" (Cornell & Ahearne, 2005). This monumental change is Rose's doing, and as such she can be considered the *de facto* "higher power" of the episode. The role of such higher authority figures in how (the pursuit of) immortality is depicted in *Doctor Who* is examined in more detail in 5.6.

As the examples presented above demonstrate, how immortality is achieved in *Doctor Who* frequently correlates closely with how the morality of the character(s) involved is viewed (as examined in greater detail in 5.3). In general terms, those who actively and deliberately strive for immortality, especially for themselves, are portrayed as villains—both due to their actions pertaining to immortality and overall. This can be seen in TFD and, to a fair extent, in MU (even though as discussed in more detail later on, Mawdryn's status as a villain is arguably somewhat more complex than Borusa's).

On the other hand, those who become immortal without pursuing or even knowingly accepting it, or who grant immortality to another with good intentions—for example, in order to save the life of a loved one—are less likely to be depicted as villains, as evidenced by Pete and Rose Tyler in FD, and Ashildr and the Doctor in TGWD (although the consequences of such a well-meaning act may still be catastrophic, as in the case of the arrival of the Reapers in FD).

Similarly to what was seen in the case of Buddhist ethics in 3.2, intention matters: for example, whether the act of resurrecting someone or turning them immortal is seen as a misguided act of compassion committed by an ultimately "good" character, or as the immoral act of a villain, depends on the intention behind the act. Therefore, Rose in FD and the Doctor in TGWD are not portrayed as villains due to bringing Pete and Ashildr respectively back to life, whereas in several episodes of *Doctor Who*, resurrection (or the illusion thereof) is portrayed as unequivocally immoral because of the motivations of those involved.

For example, in "The unquiet dead" (Gatiss & Lyn, 2005) an alien species possesses human corpses, giving an appearance of bringing them back to life, in order to take over the world; in "Death in heaven" (Moffat & Talalay, 2014) recurring antagonists the Cybermen resurrect dead humans to turn them into Cybermen as part of a plan to (again) take over the world; and in "The timeless children" (Chibnall & Stone, 2020) the Doctor's nemesis the Master turns the corpses of dead Time Lords into a race of Cybermen capable of regeneration and therefore supposedly indestructible, this time in order to take over the universe.

In the aforementioned three cases, there is no question of whether reversing death and/or granting immortality is morally acceptable. It is not simply *how* immortality is achieved, then, that determines whether it is considered morally reprehensible and/or indicative of a villain: while attaining immortality for oneself via active pursuit is presented as such, turning someone else immortal is not necessarily seen as innocuous either, if the intentions behind the act are nefarious. Furthermore, as previously stated, even in cases such as FD or TGWD/TWWL where involvement with immortality is not depicted as a sign of personal moral failure, *Doctor Who* appears to present the very prospect of immortality as an ethically dubious pursuit, given that in both cases the repercussions are ultimately harmful.

5.3   The morals of immortals

In *Doctor Who*, moral deficiency related to immortality can be seen as either cause or effect: in some cases, an already morally corrupt character sets out to pursue immortality and this pursuit is depicted as indication of moral failure, while in others, it is becoming immortal that has a detrimental effect on the character's morals. On some occasions, especially in MU, immortality is both caused by immorality and serves to encourage the character involved to go to further morally reprehensible measures.

The effects of immortality leading to a decline in moral character, at least to some extent, can be seen in Captain Wrack in ENL, in Me in TWWL, in some ways in Mawdryn in MU and, possibly, in the Doctor himself on occasion, particularly in "The waters of Mars" (Davies et al., 2009). Immortality is presented as the result of morally objectionable attitudes and actions particularly in MU and in TFD.

5.3.1 The effects of immortality on morals

The morals of characters experiencing immortality may be assessed either based on their overall sense of morality, seen in both attitudes and actions, or more specifically in their approach towards (the prospect of) immortality. One of the most distinct examples of immorality as a companion of immortality is seen in ENL.

Regardless of the Doctor's status as an Ephemeral (discussed in 5.1.2) humans are unequivocally seen as such by the Eternals. Due to their powers and

independence from the limitations of time, the Eternal Captain Striker calls the Eternals "superior beings" compared to Ephemerals. As a result, the Eternals feel entitled to use the Ephemerals for their own purposes as they see fit.

In the case of the spaceship race depicted in the story, the human crew of each ship have been kidnapped and are now being mind-controlled in order to make them help the Eternals in the race without question. While Captain Striker assures the Doctor that the Eternals "use [the Ephemerals] kindly," they are definitely being used without their consent, which is not seen as problematic by the Eternals because of the supposed superiority of the latter.

Although Striker insists that the Ephemerals are being used "kindly," this can be considered questionable at best onboard Striker's own ship, where the human crew have been kidnapped from their homes to serve as workforce and are coerced to put themselves in danger in order to help Striker win the race. Onboard the other ship featured in the story, Captain Wrack's pirate ship, there is even less of a pretence of treating the Ephemerals well.

Captain Wrack is considered terrifying and ruthless, even by the other Eternals, and she has next to no regard for the well-being or even life of the humans around her. Indeed, as Wrack's sabotage causes several of her competitors' spaceships to explode over the course of the race, the human crew of each ship die. The Eternals onboard the destroyed ships, on the other hand, are merely transferred back home unscathed, given that they cannot be harmed; the only real consequence for them is that they are out of the race and thus out of the competition to win the grand prize of Enlightenment.

As the villain of the story, Wrack's cruel and uncaring attitude is unsurprising: as the Doctor's antagonist, she is expected to represent a morality in stark contrast to the Doctor's. Accordingly, she is portrayed as a particularly ruthless representative of her species, even in the eyes of her fellow Eternals. However, even the other Eternals, such as Captain Striker, consider Ephemerals unimportant as anything but workforce and see them as completely expendable, due to their short lifespan and (perceived) overall inferiority.

Striker's Eternal first mate, Marriner, is actually surprised when he hears that the Doctor's friend Tegan is concerned about the safety of the human crew—the thought of what happens to the humans as the ship they are on explodes seems to have not even occurred to him. The Doctor, by contrast, strongly objects to the Eternals' treatment of their crew, stating that the Ephemerals are "real," "living, breathing, flesh and blood" (Clegg & Cumming, 1983); this does nothing to change the outlook of the Eternals.

The attitudes of the Eternals towards mortals are consistent with the connection made between the pursuit of immortality and moral shortcoming in the context of Christian ethics in 3.1.2. The Eternals are a special case among the examples from *Doctor Who* examined in this thesis: unlike the others, they are not shown to pursue immortality or receive it from the outside but are instead inherently eternal. In this case, then, immortality is not the *result* of immorality; however, it appears to be the *cause*.

Due to being both immortal and indestructible, and being unaffected by the passage of time, the Eternals view the lives of Ephemerals as so fleeting that they are completely inconsequential. As a result, the suffering or loss of life experienced by Ephemerals does not matter to Eternals, and the death of the human crew of an exploding ship is seen as a somewhat lamentable mishap at best (by Striker) and as of no consequence whatsoever at worst (by Wrack).

As further proof of the moral shortcomings of Eternals, Captain Striker informs the Doctor as they learn of a possible saboteur among the contestants that sabotage is not actually against the rules of the race, but is merely considered bad sportsmanship as it detracts from the experience. The moral deficiency of the Eternals therefore extends to acceptance of dishonesty as well as disregard for human life. This is further supported by the Eternals' all-consuming preoccupation with being entertained: the race for Enlightenment is primarily "a diversion," and Wrack mainly desires the prize of Enlightenment because she believes that "the wisdom which knows all things" (Clegg & Cumming, 1983) can best be used to provide herself with supreme amusement.

Lack of regard for the safety or life of a living being—as well as self-centred desire for amusement overriding any concern for the well-being of others—is considered immoral in most religions, certainly in Christian ethics (as the discussion in 3.1 shows). As it is their eternal existence specifically that makes the Eternals so callous in their attitudes towards non-Eternals, it can then be said that in ENL, immortality is depicted as the root of what Christian ethics would view as immorality.

The morally reprehensible stances represented by the Eternals include at least cruelty and/or disregard for life and well-being, dishonesty, cheating, arrogance, and vanity. The latter can even be tied to a sense of hubris displayed by the Eternals in believing themselves so superior to Ephemerals that they are completely caught off-guard when the Doctor and his friends manage to stop Wrack from reaching her goal of Enlightenment. This may be considered a variation on Hopkins' (2002) "hubris criticism," according to which attempts to

"play God" are both signs of moral shortcoming and destined to fail from the start. The Eternals' quest for Enlightenment is based on their self-delusion of being worthy of such a prize, and as they are clearly not, their efforts to attain it are ultimately in vain.

In addition to their deep boredom and lack of imagination, the Eternals in ENL also appear to be emotionally lacking. As Striker's first mate Marriner expresses fascination with Tegan and her "life, energy, excitement," the bewildered Tegan inquires if he is in love with her, to which he replies: "Love? What is love? I want existence" (Clegg & Cumming, 1983). The Eternals are able to read Ephemerals' thoughts and perceive their feelings, but are themselves incapable of the same kind of emotion. The lack of capacity to love or to feel affection may be seen as further evidence of the Eternals' moral deficiency.

Especially in terms of Christian ethics, love is considered an essential virtue and an important element in the relationship between not only the individual and God but also between individual humans (e.g., Reeder, 2016, p. 135; Rudman, 1997, pp. 265–266). Without love, the Eternals are fundamentally incapable of truly being "good" (see also Holy Bible, NIV, 1973/2011, 1 Corinthians 13).[66]

The inability to feel or even understand love can be considered further evidence of the moral inferiority of the Eternals compared with the Ephemerals. Furthermore, in ENL, a contrast is shown between the morality of the Eternals and the Ephemerals regarding the safety, well-being, and lives of other living beings: unlike the Eternals, the Ephemeral members of the ships' crews, as well as the Doctor and his friends, care about and are willing to protect the well-being of others. In this sense, albeit considered inferior by the immortal Eternals, the mortal Ephemerals are depicted as morally superior.

Unlike some other characters, such as Borusa in TFD or Mawdryn (before the events of the story) in MU, the Eternals in ENL never pursue immortality; as inherently immortal beings, there is no need for them to do so. Therefore, in the case of ENL it is not the pursuit of, or even particular interest in, immortality that points towards moral shortcomings on their part. Here, deficient morality is in fact an *effect* of immortality, not the *cause* of pursuing it.

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[66] In light of the plot of ENL, of particular relevance is 1 Corinthians 13:2 (Holy Bible, NIV, 1973/2011): "If I have the gift of prophecy and can fathom all mysteries and all knowledge, and if I have a faith that can move mountains, but do not have love, I am nothing." Even if Captain Wrack or one of her fellow Eternals were to obtain Enlightenment, the wisdom and power granted by it would ultimately amount to nothing of value because of their incapacity to feel or understand love.

The implication of how the Eternals are depicted is that in addition to corrupting those deliberately pursuing it, immortality might corrupt *anyone* affected by it, whether or not they are actively trying to attain it. The consequences of experiencing immortality firsthand seen in ENL—infinite boredom and a (false) sense of superiority with regard to mortals—are presented as capable of turning the person affected selfish, callous, and cruel. Immortality is not just a sign of immorality in the present moment: it is also a warning sign of moral failure in the future.

Although the case of Ashildr in TGWD/TWWL differs from that of Captain Wrack in ENL in that Ashildr is originally a mortal human who then becomes immortal, there are similarities between how experiencing immortality seems to affect the two. Compared with the sensitive Ashildr who loves her village and its people in TGWD, Me in (most of) TWWL is uncaring, callous, and mainly concerned with furthering her own interests.

The change in Ashildr/Me's attitude is explicitly attributed to the centuries of immortality she has experienced at this point, along with all the suffering it entails (examined in further detail in chapter 6). The paths to immortality are different in the two cases, but both present the experience of immortality as the cause of moral failure, even though neither character has attained or desired immortality for morally reprehensible reasons.

A further similarity between ENL and TWWL is seen in the immortal characters' experience of life: both are motivated by a constant sense of boredom, which is depicted as a direct consequence of their immortality. Furthermore, both of the characters seek to alleviate their boredom by engaging in risky, morally reprehensible diversions (the spaceship race involving sabotage, reckless risk-taking, and the death of crew members seen as expendable in ENL; highway robbery and other outlaw activities in TWWL).

The idea of immortality ultimately becoming unbearably boring, familiar from the "Necessary Boredom Thesis" (Williams, 1973; Fischer & Mitchell-Yellin, 2014), coupled with the idea of immortality having a detrimental effect on morals seen and suggested in *Doctor Who* on several occasions (even in the depiction of the Doctor himself, discussed in more detail in 5.3.2 and in 6.4.2), results in a view of immortal beings ultimately driven to extreme measures, with no regard for the consequences for others. Their objective is simply to try and cope with the boredom that will eventually become intense enough to amount to torture.

The boredom associated with immortality is presented as a twofold problem. On the one hand, it drives the one experiencing it to act in morally reprehensible ways, or at least lowers the threshold to do so (immortality linked with immorality, an idea more connected to Christian ethics) but on the other it is depicted as a source of enormous mental and emotional suffering (immortality linked with eternal suffering, reminiscent of Buddhist thought, discussed in more detail in chapter 6).

The immorality exhibited by immortals both in ENL and in TWWL can be considered to be, if not solely caused, then at least amplified by the undesirable consequences of immortality. In this way, these depictions of immortal characters experiencing all-powerful boredom and seeking respite from it reflect views of the effects of immortality consistent with both Christian and Buddhist ethics, although the two focus on different aspects of the matter—the former more on moral shortcomings, the latter on suffering.

In MU, the contrast in the moral character of the "evil" Mawdryn and his associates on one side, and the "good" Doctor and his friends on the other, highlights the connection between immortality and moral failure even further. While Mawdryn is suggested to be a character with deficient morals both before and after attaining immortality (of his own accord in the former case, and largely due to the negative effects of immortality in the latter), the Doctor and his friends are portrayed as both uninterested in immortality for themselves and far more morally upstanding than Mawdryn. Even when Tegan and Nyssa become unsure about whether Mawdryn, pretending to be the Doctor, really is their Time Lord friend, they try to help him in his weakened condition, thus exhibiting charity and compassion towards him.

For his part, the Doctor initially refuses to help the scientists in their efforts to die, stating, "Sometimes, you have to live with the consequences of your actions" (Grimwade & Moffatt, 1983). However, once it becomes apparent that even Tegan and Nyssa's well-being is under threat unless he complies, he agrees to provide Mawdryn with the regenerative energy he requires, and therefore proves himself prepared to put his own safety and future at risk for the sake of his friends.

The willingness of the main characters to help others, and even to put themselves in harm's way to do so, suggests that the characters not in pursuit of immortality in MU are the morally superior ones. The situation resembles that seen in ENL, in which Ephemerals are portrayed as caring and willing to help others in need, whereas the Eternals, while superior in power and abilities in many ways, appear to be completely lacking in compassion or altruism (or really,

virtually any moral decency). The association between immortality, either as a pursuit or as an established quality, and faulty morals appears to be fairly consistent in *Doctor Who*, and even applies to some extent to characters portrayed as morally "good"—even to the Doctor himself, as seen later in 5.3.2 and in 6.5.

In TFD, Borusa is revealed to be the villain of the story precisely due to his desire for immortality. Although previously portrayed as a character mainly on the Doctor's side, it becomes apparent in TFD that his conviction that he alone is fit to rule Gallifrey has corrupted him to the point of becoming a villain. His moral failure, then, is intertwined with his desire to attain immortality. Unlike in ENL, here the prospect of immortality (rather than experiencing it firsthand) is enough to corrupt, or to bring out a character's latent immorality.

The connection between immortality and reprehensible morals is further supported by Rassilon's question to the First Doctor about whether Borusa "deserves the immortality he seeks" (Dicks & Moffatt, 1983), to which the Doctor replies in the affirmative and Borusa does not disagree, suggesting that he feels the same. Such a sense of entitlement regarding a prospect as monumental as immortality can be linked to the concept of "hubris criticism" (Hopkins, 2002): attempts at "playing God" primarily showcase the arrogance and pride of the one doing the playing, instead of presenting a real threat that these attempts might succeed. Borusa displays these sorts of attitudes in the story even prior to his choice to accept immortality: his very motivation for pursuing this goal is his belief that he alone is fit to rule Gallifrey for all eternity.

As an act comparable to those falling under Hopkins' (2002) "hubris criticism," Borusa accepting Rassilon's offer of immortality is therefore both a sign of his lacking morals and destined to fail. The Doctor, on the other hand, rejects the prospect of immortality out of hand, to which Rassilon reacts by saying that the Doctor has "chosen wisely," suggesting by implication that the pursuit of immortality is seen as the opposite of a wise choice.

This is consistent with the idea of immortality as subject to "hubris criticism"—displaying vanity, arrogance, and self-delusion can hardly be considered "wise"—but can also be interpreted as an idea reminiscent of a Buddhist worldview, in that clinging to the illusion of permanence by refusing to accept the transience of life would certainly be seen as unwise in a Buddhist context. Whether viewed from a Christian perspective or a Buddhist one, the acceptability and ethical implications of both Borusa's choice and the Doctor's are largely in line with the ethical views of each religion.

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Borusa is not the only character in TFD interested in the prospect of life extension: the story also involves the Master, the Doctor's old enemy and fellow Time Lord. Described by Borusa as "one of the most evil and corrupt beings this Time Lord race has ever produced" (Dicks & Moffatt, 1983), with no objection from any other member of the Time Lord High Council to this description, the Master is clearly considered a villain in the world of *Doctor Who*. However, as Borusa needs the Master in order to achieve his goal of immortality, he persuades the latter to participate by promising him a new cycle of regenerations—essentially, thirteen more reincarnations, which is a significant extension to his lifespan.

In this particular episode, the Master is ultimately revealed to be more of a pawn in Borusa's game than the true villain. Regardless, he displays morally reprehensible behaviour throughout the story, ultimately threatening the Doctor's life in order to claim immortality for himself.

As with Borusa, the example of the Master shows that those tempted by the thought of immortality or a radically extended lifespan are morally corrupt to begin with, and in their pursuit of this goal are likely to become even more so. Immortality not only corrupts but also attracts the already corrupt. This is again reminiscent of "hubris criticism" (Hopkins, 2002), discussed in 3.1.2—excessive ambition regarding human pursuits to obtain godlike qualities is seen as a sign of vices such as arrogance, pride, and vanity. Pursuits founded on such morally reprehensible grounds serve to corrupt the one involved even further. In Christian terms, sin begets more sin.

The way in which the Master, an established villain, immediately agrees to help Borusa without question at the offer of a new cycle of regenerations is in stark contrast to the way in which an extension to the Doctor's lifespan is introduced in "The time of the Doctor" (Moffat & Payne, 2013), discussed in more detail in 5.3.2. Instead of pursuing or asking for additional regenerations, the Doctor receives them as a favour or reward without any real input from him.

As the contrast between the two demonstrates, in *Doctor Who* it is primarily villains that wish to and are willing to deliberately extend their lifespan, either radically or indefinitely. By contrast, a hero or a morally "good" character might also experience life extension, but granted by someone else and not as a result of active pursuit or even desire for it.

The idea of immortality as a state considered desirable by villains is further reinforced by the two characters in TFD coveting it being Borusa and the Doctor's nemesis, the Master. The way in which Borusa and the Master are

immediately drawn to the prospect of immortality, whereas the Doctor rejects the offer, serves to corroborate the link between desire for immortality and moral deficiency.

Although the Doctor's refusal would certainly be understandable regardless of his moral standards after he has seen Borusa's fate of being turned to stone, neither he nor his allies are portrayed as particularly interested in becoming immortal at any point in the story. Immortality is therefore depicted as a pursuit mainly of interest to those with questionable morals to begin with.

Not all of the examples in the data present a direct correlation between facing immortality and exhibiting deficient morals: notably, in FD, Pete Tyler starts out as a "good" character (albeit one with human flaws) and remains one throughout the story. What sets Pete apart from some of the other examples examined is that he willingly relinquishes his extended life, and indeed does so in order to undo the damage to time caused by his contrived survival.

Pete's self-sacrificial death to save others is indicative of his moral merit; with regard to the topic of this thesis, it also associates rejection of immortality or artificial extension of lifespan with moral decency. The same can be observed to some extent in how Mawdryn in MU is viewed more sympathetically by the end of the story than might be expected for a character portrayed as a villain throughout: his acceptance of mortality is an integral part of why the Doctor and his friends express a level of understanding and sympathy towards him by the conclusion of MU.

Based on the depiction of the morals of immortal characters in the data, there are both those whose desire for immortality is rooted in questionable morals (MU, TFD) and those whose morals become corrupted by the effects of immortality (ENL, TWWL, MU to an extent). Either way, seeking or otherwise coming into contact with immortality appears to contain a risk of revealing the character involved to be either a villain or a villain in the making.

5.3.2 The Doctor's morals and immortality

A special case among the *Doctor Who* cast of characters is, of course, the Doctor himself. As the protagonist of the show, and moreover, one consistently (although, as discussed in the following, not fully unambiguously) portrayed as "good" and heroic, certain expectations are set regarding both his actions and his motivations. He cannot easily be depicted as one actively pursuing immortality—that is,

behaving like a *Doctor Who* villain would—without compromising both his status as a hero and his fundamental character traits.

On the other hand, the Doctor's immortality, or at least extreme longevity, is an established mainstay in the show, both within the mythology of the *Doctor Who* universe (according to which Time Lords are able to regenerate) and as a way to keep the show alive once the actor currently portraying the Doctor steps down. As a result, depiction of the Doctor's immortality requires striking a fine balance between acknowledging the morally detrimental effects of an indefinite lifespan—as appears to be the usual stance of the show towards the issue—and keeping the Doctor's moral integrity and status as a "good" protagonist intact.

According to the general attitude towards immortality presented in the show and discussed in this chapter, as a virtually immortal being the Doctor should either be corrupted by his practically unlimited lifespan and become evil, or else voluntarily reject immortality and become a mortal being with a regular life expectancy, or even die. Neither of the first two alternatives is particularly viable from an overall narrative perspective: having the protagonist become evil would fundamentally alter the nature of the show, as would taking away the Doctor's superhuman lifespan, which has become one of the character's most recognisable qualities, especially in the form of regeneration.

The third solution to the Doctor's ethically problematic immortality— permanently killing him—would effectively mean the end of the show as it has been known to date. While this could perhaps be considered a feasible option narrative-wise once the show finally ends, *Doctor Who* is unlikely to eliminate the titular Doctor as long as the show is in production.

The show has occasionally hinted at the solutions mentioned above. For example, in "The waters of Mars" (Davies et al., 2009), the Tenth Doctor briefly pronounces himself "Time Lord Victorious," deeming himself uninhibited by rules and nearly omnipotent, apparently largely due to his longevity, before the self-sacrificial death of a disapproving human makes him realise how far he has strayed from his moral path.

In "The end of time, part 2" (Davies & Lyn, 2010) in which the Tenth Doctor regenerates and becomes the Eleventh, the Tenth Doctor spends some time berating his human friend for inadvertently precipitating this regeneration. He even voices the opinion that the death (and regeneration) of this particular incarnation is a much greater loss than the (permanent) death of a mortal being would be, even of one considered a friend by the Doctor.

Ultimately, even the Doctor himself comes to acknowledge the way in which his extreme longevity causes him to lose sight of his moral compass. In "The waters of Mars" (Davies et al., 2009) the suicide of the woman saved by the Doctor who disapproves of him proclaiming himself "Time Lord Victorious" appears to shock the Doctor into reassessing his view of himself, prompting him to say: "I've gone too far. Is this it? My death? Is it time?" (Davies et al., 2009). While the remark is also related to a wider story arc in the series, the association made by the Doctor between his faltering sense of morality and the possibility that he, a virtually immortal being, is nearing the limits of his lifespan, is consistent with the connection between immortality and moral failure seen throughout the show.

Towards the end of his rant in "The end of time, part 2" (Davies & Lyn, 2010) the Doctor remarks, "I've lived too long," again possibly recognising the effect that his longevity is having on his values and approach towards other (mortal) beings. In the same episode, he explicitly states: "It's not that I'm an innocent. I've taken lives. I got worse, I got clever! Manipulated people into taking their own. Sometimes, I think a Time Lord lives too long…." (Davies & Lyn, 2010.) His comments display considerable awareness regarding both his faltering morals and the role of immortality on them.

The attitude initially expressed by the Tenth Doctor in the aforementioned examples resembles that of Captain Wrack in ENL (a villain) and Me in TWWL (while not a villain, a character with morally reprehensible traits, especially when the Doctor first encounters her); some resemblance with Borusa's inflated sense of self in TFD may also be detected. However, the Doctor's fundamental moral character appears to win out in the end, and instead of being corrupted by immortality like the characters in ENL and TFD, he manages to stay on the side of "good."

Regarding the prospect of removing the Doctor's immortality, the Doctor regularly refers to his lengthy lifespan, often voicing his anguish, and occasionally—as in the above example from "The end of time, part 2" (Davies & Lyn, 2010)—ponders whether he has already lived "too long," or even if he should stop taking advantage of his capacity to live longer than almost anyone in his acquaintance. It is this approach to longevity that characterises the depiction of immortality in the context of the Doctor's existence in a pronounced manner (with a heavy emphasis on the suffering that accompanies immortality, elaborated on in 6.4.2).

Whereas villains seldom acknowledge the negative effects of immortality, especially ones affecting those around them, those depicted as "good" generally do (as seen later on in 5.4). While the Doctor's friends and allies also usually recognise the unfavourable consequences of life without end, as the main character the Doctor is generally granted a greater level of self-awareness and introspection than other characters.

In terms of the aforementioned paradox of the immortality of the hero despite the show generally depicting the prospect of immortality as a sign and/or cause of moral depravity, the Doctor's conscious acknowledgement of the "wrongness" of living as long as he does, as well as the suffering caused to him by his indefinite lifespan time after time, could be interpreted as a punishment of sorts for his longevity, albeit not one deliberately administered. On the other hand, his self-awareness regarding the psychological and moral effects of immortality, paired with his fundamental moral compass, could be seen as a chance for him to atone for what is otherwise depicted as an inappropriate quality for a hero—partly by paying for his longevity by enduring its negative consequences, partly by using his "extra" time to help others and to contribute to the universe in a positive way.

The Doctor's relationship with his own mortality is a recurring theme in the show, and the way in which he views his ability to avoid death reflects the stance taken by the show in general. In the episode "The time of the Doctor" (Moffat & Payne, 2013) the issue of the Doctor's impending thirteenth regeneration is addressed—in principle, a Time Lord can only have 13 incarnations, and due to various circumstances, at this point the Eleventh Doctor is supposed to have used up all of his regenerations. Nearing what he believes to be his final death, the Doctor is granted an extension to his nearly-exhausted cycle of 13 regenerations by the rulers of Gallifrey at the request of his friend Clara, meaning the possibility of (at least) another 13 reincarnations.

As discussed in 1.1, from a practical (non-diegetic) perspective the decision to give the Doctor the chance to regenerate a virtually unlimited number of times is understandable. In order to continue the show after the departure of the actor portraying the First Doctor, the writers introduced the concept of regeneration as a novel way to replace the actor but not the character. Later, when the Doctor's supposedly final regeneration was drawing near, it became necessary for the makers of the show to devise a solution to surpass the limited number of regenerations established early on in the show.

At the same time, as also discussed above, the show has fairly consistently presented the pursuit of immortality as immoral and reprehensible. Having the

protagonist intentionally violate the established moral code would be in conflict with the implicit value system of the show, and would mean either the hero committing an act more befitting a villain, or the show disregarding its own views regarding right and wrong.

By granting the Doctor an extension to his lifespan as a favour or reward of sorts presented from the outside, and not as something he actively pursues, the show maintains its stance on the pursuit of immortality as something primarily associated with villains and characters with questionable morals. The Doctor is allowed an extension to his lifespan, without either becoming a villain or compromising the conception of right and wrong that has been well established in the show at this point.

Other instances of "good" characters rejecting immortality are found in the show as well: for example, in addition to Pete Tyler in FD willingly sacrificing himself in order to repair the damage to time, in "Let's kill Hitler" (Moffat & Senior, 2011) River Song—a friend and ally to the Doctor who is also, for all intents and purposes, part Time Lord—sacrifices her remaining regenerations in order to save the Doctor, thus voluntarily relinquishing her Time Lord variety of immortality. Even though not all "good" characters make such a choice (Ashildr/Me in TWWL being one example) the characters that do are viewed in a morally favourable light due to their decision.

Another example of the Doctor displaying morally reprehensible behaviour, this time even directly affecting his lifespan, is seen in "Planet of the Spiders" (Sloman & Letts, 1974). The plot of the Third Doctor's final story revolves around a crystal from a planet called Metebelis 3, and the superintelligent giant spiders that rule the planet. With the help of the crystal, one of the spiders of Metebelis 3 plans to take over the universe.

It is eventually revealed that even the Doctor has succumbed to greed by effectively stealing the "crystal of power" coveted by the spiders from Metebelis 3, and the entire ordeal depicted in the story can be considered the result of his morally reprehensible act of theft. The story's conclusion is framed as the Doctor atoning for his crime: although he eventually manages to thwart the spiders' evil plan, he sustains such injuries that at the end of the story, he dies (although being a Time Lord, he promptly regenerates). The moral code of the show, then, applies to both villains and heroes, and even the Doctor is both capable of exhibiting morally objectionable behaviour and held accountable for his actions.

As the depiction of the Doctor's sense of morality shows, even the protagonist of *Doctor Who* is not immune to the detrimental effects of

immortality apparently considered fairly inevitable in the show. Notably, many of the Doctor's more objectionable attitudes and actions are to some extent a consequence of the prolonged suffering directly resulting from immortality—an experience shared by other characters in the stories under examination, and discussed in more detail in 6.5. The way in which immortality comes with negative consequences, even for someone like the Doctor who is both generally morally upstanding and at least theoretically prepared for having an indefinite lifespan due to being a Time Lord, is consistent with the overall view of the show regarding immortality as risky, morally dubious, and at worst, disastrous both for those directly affected and for those around them.

5.4   View of immortality and morality within *Doctor Who*

Fictional narratives have many ways to convey whether specific events or actions are supposed to be interpreted as ethically or morally undesirable or unacceptable. One such way is to have characters within the narrative explicitly express this in their attitudes towards the event or act in question: as suggested on several occasions in this chapter and the next, the attitudes and opinions expressed by characters (especially the main characters) in *Doctor Who* can often be seen as reflective of the way in which the audience is expected to react to the events depicted.

In the following, *Doctor Who*'s view of immortality as an ethical question is examined from the viewpoint of characters observing or experiencing it within the show. In a manner similar to how immortality is implicitly depicted in *Doctor Who*, the views of immortality explicitly expressed within the show are, by and large, consistent with those of Christian ethics to a considerable extent. The active pursuit of immortality is seen as immoral, and the harmful consequences of dealing with immortality without the proper competence or consideration are recognised. Under particular examination are, on the one hand, depictions of villains pursuing immortality in MU and TFD, and, on the other, the portrayal of characters having become immortal due to the actions of others in FD and TWWL.

In MU, the Doctor refers to Mawdryn's sorry fate as a deteriorating immortal unable to die as the result of Mawdryn's "criminal ambition." The Doctor recognises the illicit origins of Mawdryn's immortality, and despite seeming to sympathise with the latter's suffering, considers it the result of Mawdryn's morally objectionable actions and therefore ultimately his own fault.

Here, the Doctor's view of immortality as immoral is largely due to how and why Mawdryn has pursued it: "criminal ambition" can encompass both the criminal act of stealing the regenerator and the hubristic ambition of wanting to become immortal in the first place. The kind of immortality presented in MU, and the methods used to attain it, are therefore explicitly identified as morally reprehensible within the story, as well as implicitly depicted as such through Mawdryn's actions.

In TFD, immortality is clearly viewed as a sign of moral corruption within the show. This is evidenced by the reveal of Rassilon's "promise of immortality" actually being a trap to lure in those interested in such a prospect (who are therefore automatically assumed to be villains). Rassilon, then, apparently equates interest in immortality with moral deficiency.

Furthermore, the Doctor makes the same association, which is evident in the First Doctor's actions and dialogue during and after Borusa's apparent attainment of immortality. As Borusa reaches Rassilon's tomb and comes face to face with the image of Rassilon asking whether Borusa "deserves" immortality, the First Doctor asserts, somewhat to the confusion of others present, that he does indeed.

As the truth of what Rassilon's promise of immortality actually entails dawns upon the rest of the Doctor's allies, it is revealed that the First Doctor has realised what the inscription in Rassilon's tomb regarding immortality—"To lose is to win, and he who wins shall lose" (Dicks & Moffatt, 1983)—means in terms of reaching this goal.

In the First Doctor's own words, he understood "that immortality was a curse, not a blessing" (Dicks & Moffatt, 1983), and that is why he asserted to Rassilon that Borusa deserved to "win" the supposed reward of immortality. Later, Rassilon asks the Doctor whether he himself would like to become immortal, to which the Doctor immediately answers in the negative, further signalling that immortality may be a desirable goal for villains but not for heroes.

As a departure from MU and TFD—in which immortality is viewed in a predominantly negative and morally reprehensible light—in FD, the benefits of the form of immortality depicted in the story are recognised. Rose, in particular, is understandably happy about her father being alive, and even the Doctor, who has misgivings about Rose preventing Pete's death from the start, tries to find a way to resolve the situation with the Reapers while allowing Pete to stay alive. However, the price of Pete's survival is ultimately deemed too high, and even Rose eventually accepts this, as difficult as it is for her to lose her father again.

Circumventing death is initially seen by Rose as desirable, but once its negative side effects become apparent, she comes to terms with the necessity of rejecting immortality. Pete's death itself may not be viewed as a happy outcome within the story, but it is seen by those involved as the lesser of two evils, compared with the destruction of their timeline and everyone in it by the Reapers.

In TWWL, the idea of immortality linked with immorality can clearly be seen, both indirectly in the actions and attitudes of the immortal Me and in the ways in which others (particularly the Doctor) perceive her immortality. When the Doctor, disturbed to see that Ashildr's love and concern for others has been replaced by Me's lack of regard for the well-being of mortals, tells her that this is not what she is like, she replies by saying: "This is exactly what I'm like. This is what you made of me" (Tregenna & Bazalgette, 2015).

Throughout the episode, Me repeatedly expresses the view that the Doctor is responsible for the shift in her sense of morality, specifically because he has made her immortal. The Doctor also recognises immortality as the reason for the change in her sense of morality, saying: "I didn't know that your heart would rust because I kept it beating" (Tregenna & Bazalgette, 2015). He says that when making Ashildr immortal, he was only thinking of saving her life, but failed to consider that her "conscience would need renewing" too, or "that the well of human kindness would run dry" (Tregenna & Bazalgette, 2015) if her life were to be extended.

The above sentiment expressed by the Doctor is reminiscent of the view of immortality of the body as different from (and inferior to) immortality of the soul, presented by Zaleski (2000). The former, or "Alpha Immortality," is mainly just a way to keep the body alive and according to Zaleski ultimately amounts to eternal torture, whereas the latter, "Omega Immortality," is what religions such as Christianity consider the aim and ideal (i.e., eternal life in the spiritual sense). In terms of Zaleski's classification of varieties of immortality, what Me receives is closest to Alpha Immortality, and in TWWL, the Doctor makes it clear (both to her and to the audience) that both she and her moral compass have experienced the negative effects associated with it.

The idea expressed in TWWL that (corporeal) immortality is undesirable from an ethical perspective, both for the one directly concerned and for others, is therefore consistent with the view of Christian ethics as presented by Zaleski above. Me appears to acknowledge this as well, stating that she is "not brave enough to die" or "to let go of this wretched life" (Tregenna & Bazalgette, 2015), even though she seems to consider death or letting go of life the right thing to do.

The Doctor, too, recognises immortality of the body as insufficient from an ethical perspective, as his comment in TWWL about Ashildr's heart rusting because he kept it beating reveals. Without the moral component of humanity—in Christian terms, the soul—life extension is not seen as ethically sustainable, and accordingly, the consequences of such life extension are undesirable.

The views regarding immortality expressed by characters within the *Doctor Who* stories under examination are consistent with the overall observations made from the data: immortality is associated with moral failure, in terms of both an interest in immortality signalling faulty morals (MU, TFD) and the experience of immortality having a corrosive effect on morals (TWWL). Even though the potential of immortality to do good is also recognised (FD, TWWL) the harm caused by it is seen in at least FD to outweigh the good, as substantial as the good may be.

5.5   Outcome and repercussions of immortality

In terms of fictional storytelling, attitudes regarding the ethical and moral acceptability of actions depicted may be inferred from the consequences of these actions. For example, if certain types of behaviour are consistently portrayed as ending in disaster, it is reasonable to claim that the narrative presents said behaviour as at least inadvisable, or depending on the context, even as ethically objectionable.

In the following, the focus is on the consequences of immortality in the data under examination, including both the outcome of the pursuit of immortality (when applicable) and the repercussions of attaining it, both for the one directly concerned and for others potentially affected. The aim is to shed further light on the ethical desirability of immortality by examining what immortality leads to and how those responsible are treated.

In MU, TFD, and FD, the *status quo* is eventually reinstated and the immortal character either dies or at least loses the immortal status attained in the story. However, this is not the case in all depictions of immortality. In ENL, the Eternals remain eternal; at the end of TWWL, Ashildr is still immortal (and goes on to reappear in the show later on); and of course, the immortal character in HS—the Doctor—continues to experience both the advantages and the downsides of his additional regeneration cycles, although he is eventually able to end the particular cycle of death and rebirth depicted in the episode.

It appears, then, that stories involving immortality do not follow a strict narrative pattern presenting immortality in a certain ethical light with a similar outcome every time. Just as there are many forms of immortality depicted in the data, there are many different circumstances under which immortality is encountered, and these circumstances lead to a variety of outcomes based on a number of factors, discussed in the following.

MU presents the outcome of the story as a bittersweet happy ending of sorts. In the end, the burst of energy transferred from the Doctor's TARDIS allows all of the alien scientists to die, with Mawdryn delivering his final words: "It is finished, Doctor. Can this be death?" (Grimwade & Moffatt, 1983). The tone of his words is hopeful rather than fearful; having spent the entire story in search of a way to die, he now faces it with a sense of awe. Even despite Mawdryn serving as the story's antagonist, the death of him and his comrades visibly upsets Tegan. However, the Doctor reminds her that this was actually the desired outcome for Mawdryn's group all along.

Mawdryn's death in MU in some ways resembles an "ideal" death from the viewpoint of both Christianity and Buddhism, in that the dying person both accepts the reality and inevitability of death and faces it calmly.[67] Due to the spiritual significance of death in Christianity discussed in 3.1.3 on the one hand (see, e.g., Driedger Hesslein 2020, p. 218) and the Buddhist idea of excessive life extension displaying the spiritually undesirable attitudes of delusion and attachment covered in 3.2.5 (see, e.g., Keown, 2005, p. 113), this outcome might be interpreted as favourable from a spiritual perspective in general, whether viewed through the lens of Christian or Buddhist ethics.

As established on several occasions in part I (see, e.g., Keown & Keown, 1995; Wong et al., 2015) despite their differences in theology and worldview, Christian and Buddhist ethics often arrive at similar conclusions regarding whether specific actions are considered "good" or "bad." Here, the views of the two regarding a "good" approach to death resemble one another, and how Mawdryn eventually faces his long-awaited death could be seen as appropriate by both.

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67 It may further be noted that Mawdryn's dying words, "It is finished," are also the last words of the crucified Jesus in the Gospel of John (Holy Bible, NIV, 1973/2011, John 19:30). While Mawdryn's death is certainly not a messianic one, this biblical death-scene reference used during another death scene—whether intentionally or not—at least reinforces the argument that the implicit presence of religion (Bailey, 2010), namely Christianity, can be perceived in a work of fiction produced in a culturally Christian environment, as is the case with *Doctor Who*.

Especially in terms of Buddhist ethics, a peaceful death is highly desirable, as it is thought to promote a favourable rebirth (see, e.g., Kongsuwan & Chaipetch, 2011, p. 329; Barham, 2003, pp. 249–250). To switch to a Buddhist perspective, then, Mawdryn's death would provide him with some good *karma*, helping to offset the considerable bad *karma* he has undoubtedly accumulated with his prior actions. Furthermore, returning to being mortal also makes the question of accumulating good *karma* relevant again, as making progress towards *nirvana* in the cycle of samsara is arguably impossible without the possibility of death (and subsequent rebirth).

The *karmic* significance of a "good death" in the context of Buddhism makes the conclusion of MU a particularly agreeable ending from the perspective of Buddhist ethics. In this story, the death of the character pursuing immortality is not presented as deliberate punishment for his transgression, as it is in TFD. Instead, the way in which the attempt to live forever ultimately ends in the death of those involved in the attempt, without anybody deliberately sentencing them to death or executing them, is arguably reminiscent of the Buddhist conception of *karma* (see, e.g., Prebish & Keown, 2006, pp. 16–20) in that Mawdryn's fate can be seen as simply a fitting consequence of his actions and not as formal punishment decreed by a conscious higher authority.

This sense of actions leading to the outcome that they deserve, without any deliberate outside intervention, is even suggested by the Doctor in MU, in response to Nyssa, who feels bad for leaving the suffering scientists to their eternal torment: "Sometimes you have to live with the consequences of your actions" (Grimwade & Moffatt, 1983). It may therefore be argued that in this sense, the attitude towards immortality in MU may contain more elements reminiscent of Buddhist than Christian ethics, even though the influence of the latter may be discerned as well.

In TFD, Borusa's wish to become immortal eventually comes true, but as with Mawdryn in MU, the outcome is nothing like what he had in mind: in Borusa's case, he is turned to stone and forced to an indefinite existence as a statue. As discussed in 5.1.2, wishing to become immortal and then being turned into a statue can be seen as an example of irony or poetic justice: the statue-Borusa will presumably outlive (so to speak) his peers and perhaps even serve as a testament to his life's work, thus granting him a level of fame-immortality (see, e.g., Swedene, 2009, pp. 29–44) but of course, spending the rest of his existence as an immobile stone figure is not at all what he wanted to attain.

Borusa's specific kind of failure to achieve his desired form of immortality can be construed both as representative of "hubris criticism" (Hopkins, 2002) and as a case of transgression of the limits of what is appropriate for mortals being met with punishment by a higher power (Rassilon). Both interpretations reflect ideas familiar from Christian ethics, namely fundamental human fallibility and insufficiency regarding matters belonging to the domain of God, and the absolute authority of God on matters of right and wrong.

TFD has parallels with MU in that the outcome of both is essentially a villain attaining immortality only to find it completely different from what he had in mind, and ultimately losing any kind of subjective immortality he might have possessed—either through death (MU) or through being turned into a statue (TFD). However, in the outcome of TFD the role of a higher power in denying the prospect of immortality is more pronounced than in MU, although as discussed later on in 5.6, something similar is present in MU as well.

As such, the outcome of TFD—Borusa being deemed unfit for subjective immortality and receiving a form of punishment for pursuing it—is consistent with the view of Christian ethics that both considers humans to be lacking in competence to govern fundamental matters of life and death, and sees the authority of God in these matters as absolute. If MU above reflected Buddhist values to a higher extent than it did Christian ones, then, the reverse could be considered true for TFD. The aforementioned role of a higher power in both TFD and in the other depictions of immortality is discussed in more detail in 5.6.

In TGWD/TWWL, neither the one responsible for immortality nor the one affected dies or receives any explicit punishment. As a morally (mostly) "good" character, the Doctor sees his error in saving Ashildr's life but not her humanity: as early as at the end of TGWD, shortly after resurrecting Ashildr, he already questions this impulsive decision and worries that it might have unwanted consequences. At the same time, he is conflicted: as he states multiple times, he was compelled to save Ashildr because he felt she deserved to live, presumably both because he felt at least partly responsible for her death and because the Doctor generally values life and strives to protect it.

The situation faced in TGWD can be considered ethically problematic from the perspective of Christian ethics as well. As seen in TWWL, saving Ashildr's life by granting her immortality undeniably has some ethically undesirable consequences; at the same time, as discussed in 1.3.1 and in 3.1.3, cherishing and protecting life are seen as ethically commendable aims, as is striving to undo the harm caused to others (which is what the Doctor intends to do by saving Ashildr).

Some parallels could be seen with real-life cases of end-of-life care in which a choice needs to be made between discontinuing life support (resulting in the death of the patient but the cessation of other kinds of harm caused to him or her) or continuing with it (in which case, the life of the patient is preserved but other kinds of ethically unwanted effects persist). In such real-life cases, the negative consequences associated with continuing life support are typically related to prolonged suffering rather than detrimental effects on the morals of the patient; however, the premise—a choice between preserving life or reducing other kinds of harm—is essentially the same.

The choice made by the Doctor in TGWD (to save Ashildr's life by resurrecting her) could be justified from the standpoint of Christian ethics, considering both the value of life and the importance of love for one's neighbour in Christian thought (see, e.g., Rudman, 1997, pp. 265–266). However, the ethically unwanted effects of the Doctor's choice are also clearly discernible from a Christian perspective, as is the idea of the limits of human competence when it comes to acts affecting life and death, for example—again bringing to mind Hopkins' (2002) "hubris criticism" regarding human efforts to control matters considered to belong to the domain of God.

Therefore, the depiction of immortality in TGWD/TWWL echoes the attitudes of Christian ethics. In both cases, an association is established between immortality and immorality or otherwise ethically unwanted effects, but at the same time the ethical dilemma involved in a choice between immortality and death is acknowledged.

As previously mentioned, in the case of TWWL neither the one experiencing immortality (Me/Ashildr) nor the one responsible for it (the Doctor) are directly punished for immortality at the conclusion of the story. Although there are negative consequences (the Doctor's remorse for causing Ashildr's heart to rust, Me's heartbreak and loss of human compassion, the near-disastrous alien invasion caused by Me's lack of regard for human suffering) neither of the two is sentenced to death or eternal imprisonment, for example.

The reason why the consequences for these characters (or for someone like Rose in FD) differ from those faced by villains such as Mawdryn in MU or Borusa in TFD may be that the intentions of the latter regarding immortality are ethically objectionable to begin with. By contrast, it appears here that immortality is not as punishable when it is granted by one character to another out of love, compassion, and/or a desire to help. This in turn is connected to the Christian idea of the ethical importance of love (see, e.g., Rudman, 1997, pp. 265–266; pp. 275–

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278) but also to the idea of Buddhist ethics of the central role of intention as a signifier of the *karmic* impact of actions (see, e.g., Sirimanne, 2018).

In the data under examination, great significance is placed overall on intention in terms of how the actions of various characters are depicted and interpreted in the show. Whether their intentions are presented as "good" or as "bad" affects whether they are portrayed as villains and how (or if) they are punished for their transgressions, such as their attempt to live forever.

Whether the repercussions of immortality are framed as justified or as excessive torment bestowed upon an innocent victim depends largely on the character's intentions (if any) behind attaining immortality in the first place. The role of intention in how suffering is depicted, including in cases in which the character's actions are presented as immoral and as worthy of punishment, is discussed in the next chapter, particularly in 6.1 and in 6.5.

The consequences faced by those affected by immortality reflect the views of Christian ethics to a considerable degree, and to an extent, those of Buddhist ethics as well. Those actively pursuing immortality for immoral reasons are punished or at least deprived of immortality, whereas those experiencing it involuntarily may not receive punishment but are forced to endure its undesirable consequences nevertheless.

In determining the moral character of those responsible for immortality, intention is highly important: if the intentions are good and morally sound, the character is less likely to face consequences construed as punishment than one whose intentions are objectionable from the viewpoint of (Christian) ethics. In all, these views are largely consistent with the overall view of the ethics of immortality seen in this chapter.

5.6 Role of higher power or authority

As established in 3.1, Christianity considers matters of life and death, including the length of an individual's lifespan, the domain of God. Assuming that one's lifespan is determined by an active, conscious higher power, immortality would also be granted at the discretion of said higher power—in the context of Christianity, God. With this premise as a starting point, for a mortal human to become immortal of their own accord would be either impossible or, if somehow possible, a transgression of the limits set to what is acceptable or appropriate for humans, whether an intentional one or not.

Even though *Doctor Who* does not explicitly adhere to any specific religious worldview or feature a specific entity or entities analogous to the Christian God, many stories feature characters who serve a role comparable to that of a higher power in some sense. It would appear that in the case of immortality, the role of higher power in *Doctor Who* is often (but not always) given to aliens that are somehow superhuman—quite frequently, this means Time Lords. In some cases, as in TFD and in "The three Doctors" (Baker et al., 1972–1973), the Time Lord "higher power" is actually a somewhat mythical Time Lord with some godlike, or at least superhuman, attributes (Rassilon in the former case, Omega in the latter).

However, it is evident from their portrayal that these characters serving as substitute gods are just that: fallible beings who can arguably be viewed as stand-ins for God in specific scenarios only. Therefore, depictions of the role of higher power or authority in the data can be examined either as analogies where the parties involved represent the roles of God and humanity when dealing with the prospect of immortality, or alternatively as evidence of the ways in which beings who are *not* God lack the competence required for serving as arbiters of life and death.

Examples of immortality granted by or received from a higher authority of some kind are found in MU, TFD, FD, and TGWD. In addition, in HS the cycle of death and rebirth experienced by the Doctor is the result of the actions of a higher power of sorts—Lord President of the Time Lords who has imprisoned the Doctor (revealed later in fact to be Rassilon, who functioned as the higher power in TFD, now serving as the villain of the story). Even in ENL, the Black Guardian threatens to condemn Turlough "to everlasting life." In other words, in all of the stories examined there is at least the suggestion of a higher power capable of granting or denying immortality involved.

As seen in the following, the Christianity-informed concept of immortality as a matter belonging in the hands of a higher power is affirmed in a fairly consistent fashion. At the same time, the aforementioned idea of the fundamental difference between God and other beings as supreme authorities (and especially the inferiority of the latter) is clearly conveyed in many of the cases as well.

As mentioned in 5.2, the higher power in MU are arguably the Time Lords from whom Mawdryn steals the regenerator. Their role as authorities on matters of life and death is seen in that they possess the means to attain immortality. Mawdryn gains access to the regenerator without permission from the higher power, modifies and uses the machine without fully understanding what will happen, and when disaster ensues, blames the higher power, claiming that his

suffering could have been prevented if the Time Lords had assisted him in using the regenerator properly.

Representing humanity in this scenario, Mawdryn embodies the essence of "hubris criticism" (Hopkins, 2002): he showcases his own arrogance by attempting to control matters beyond his competence, and this attempt ends in failure. Here, immortality is clearly the domain of a higher power (Time Lords), and Mawdryn's hubristic pursuit is virtually doomed to fail.

As established in this chapter, in terms of Christian and Buddhist undertones in situations depicted in the show, attitudes towards immortality as the pursuit of *Doctor Who* villains are arguably often Christian in tone. This is demonstrated in TFD, in which the villain Borusa attempts to achieve immortality in order to stay in power forever but is punished by being turned to stone by the godlike Rassilon. This narrative—a villain pursues immortality for morally reprehensible reasons and is stopped and punished by a higher power—echoes some of the views regarding immortality seen in Christian ethics, according to which immortality is the domain of God, not of human beings, and that decisions regarding the lifespan of a mortal individual ultimately belong to God.

As one of the founders of their society, Rassilon is a rather mythical figure from Time Lord history. Accordingly, he does possess superhuman (as well as super-Time Lord) qualities reminiscent of entities that might be regarded as gods, one example being the power to grant immortality—or at least, to turn living beings into stone—as seen in the story. In fact, he could in some ways be compared to the Buddhist conception of gods discussed in 3.2.2, in that he is clearly superior to ordinary mortal beings in certain aspects even though he is not a unique almighty being.

However, Rassilon is not depicted as omniscient or omnipotent, and certainly not as absolutely benevolent, as seen in many subsequent stories in which he serves as the antagonist, such as "The end of time" (Davies & Lyn, 2009–2010) and "Hell bent" (Moffat & Talalay, 2015b) (where he is revealed to be responsible for the Doctor's torment seen in HS as well). In addition, although very powerful, he is not unbeatable, and the Doctor does in fact defeat him in stories such as the aforementioned "Hell bent." The same can be said about Omega, who likewise becomes a morally reprehensible antagonist and is also defeated by the Doctor both in "The three Doctors" (Baker et al., 1972–1973) and in subsequent appearances.

As a highly powerful Time Lord with many special skills and powers but also a variety of shortcomings, Rassilon is superior to ordinary Time Lords and

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humans in many respects. However, he is certainly not analogous to the Christian God, whose attributes are both absolute and clearly distinct from those of mortal beings (see, e.g., Wierenga, 1989). The same could be argued for the Eternals in ENL, who in some ways (especially in terms of their "eternal" nature) resemble the Christian God, but due to their imperfections and their moral failings in particular are obviously different from and inferior to how God is understood in Christianity to be.

An argument could perhaps be made that in terms of figures in real-life religions, the Eternals represent a class of beings more akin to the gods in Greek mythology, for example (or indeed, in Buddhism; see, e.g., Prebish & Keown, 2006, pp. 14–17) in that they are in possession of some superhuman qualities— most significantly, immortality—but are not omnipotent, and certainly not absolutely good or benevolent. The depiction of the immortality of such godlike yet fallible beings is consistent with the view of immortality as an ethical issue from the viewpoint of Christian ethics presented in this chapter, given that the argument here is that the authority and competence to deal with immortality belongs to God alone.

At the same time, Rassilon is the only character in TFD depicted with the power both to promise immortality and to grant it, or at least a version of it. He is also presented as the arbiter of who, if anyone, is worthy of immortality, and what should be done with those coveting it. Rassilon can therefore be considered a higher power of sorts in the story: it is he who is in charge of immortality, not the one who comes to him in search of it.

Considering the outcome of Borusa's quest for immortality with Rassilon seen as a superhuman authority figure, the influence of the Christian view of immortality can again be seen: the decision regarding the length of a person's lifespan is ultimately made by a higher power, not the person hoping for immortality him- or herself. Furthermore, attempts to disregard the authority of the higher power in the matter and exceed the limits of appropriate human pursuits are unsuccessful. In addition, Borusa's attempt in TFD is met with a form of punishment from above, as to Borusa's horror, Rassilon turns him into a statue.

As the Christian God is seen as a personal entity capable of purpose-driven action, the idea of immoral deeds being met with active divine punishment exists in Christian thought. By contrast, as discussed in 3.2.2, Buddhism does not recognise the idea of a personal god and therefore does not hold the same idea of conscious divine punishment.

The law of *karma* might lead to unpleasant consequences *resembling* the kind of punishment experienced by *Doctor Who* villains pursuing immortality, but since *karma* is not a personal entity acting with an agenda, misfortune met due to negative *karma* is not a deliberately administered punishment as much as the inevitable result of unwholesome actions in the cosmic chain of cause and effect (see, e.g., Prebish & Keown, 2006, p. 16). Therefore, even though Borusa's pursuit of immortality in TFD can be considered objectionable from the viewpoint of both Christianity and Buddhism, the idea of being actively punished by a higher power for attempting to become immortal is more reminiscent of Christian than Buddhist thought.

The approach towards immortality in TFD, then, contains elements of not only Christian but also Buddhist ethics. Even though the two focus on different aspects of the pursuit of immortality—the former on the moral appropriateness of defying the limits of humanity, the latter on the spiritual and *karmic* repercussions of such an act—both ultimately reinforce the same conclusion: desire for an indefinite lifespan is not viewed favourably from an ethical standpoint, nor can an attempt to fulfil this desire be expected to succeed.

In TFD, a higher power (in this case, Rassilon) decrees that the pursuit of immortality is an act punishable by indefinite existence as a statue. This specific approach is more reminiscent of Christian than Buddhist ethics, as the latter's idea of the moral force in the universe—the law of *karma*—does not involve a personal entity handing out deliberate judgement. However, the outcome reached by Christian and Buddhist ethics in the matter is largely the same, regardless of whether the final outcome is depicted as punishment or merely as a consequence of Borusa's actions.

In FD, the role of higher power responsible for reversing Pete Tyler's death is filled by his daughter Rose, for all intents and purposes an ordinary human being. Almost from the beginning of FD, the Doctor appears to sense trouble at the thought of Rose visiting her dead father at a time when he is still alive. Once Rose saves Pete from the collision, the Doctor is even more upset. He justifies his anger at Rose by saying that she has saved her father (and thus meddled with time) without knowing what she is doing, or considering—or even acknowledging the possibility of—the repercussions of such an act. However, as seen in TGWD, in which the Doctor himself serves as the higher power in charge of granting immortality to Ashildr, even he may not be as competent as he appears to think; this is returned to in 6.3.

The so-called antagonists of the story, the Reapers, are not portrayed as a deliberate punishment based on a value judgement of some kind: their objective as stated by the Doctor is to repair the damage to time caused by Pete's survival. The Doctor likens them to bacteria drawn to a wound, implying that they are some sort of amoral agents rather than ones held morally accountable for their actions like humans would be. Therefore, FD does not directly communicate a sense of "punishment from above" for transgressing the limits of humanity, as a story more directly reflective of the approach of Christian ethics regarding this issue (such as TFD) might be argued to do.

However, the attitude towards this transgression (rejecting it) as well as its repercussions (disaster both for those involved and for innocent bystanders) are both similar to what might be expected from an approach based on Christian ethics, as is the conclusion of the story (the character impacted by the transgression becoming mortal again and finally dying). In this sense, the storyline of FD is largely consistent with the view of immortality seen in stories such as TFD, although the latter is more directly reflective of the "higher authority" idea reminiscent of Christian ethics.

As discussed in 5.2, the concept of the "rules" or "laws" of time travel presented in FD may be interpreted as suggestive of a higher power in charge of what is allowed or morally acceptable for a time traveller, even though *Doctor Who* has not introduced any specific entity filling such a role. The disaster that ensues from the violation of "the laws of time" seen in FD, as well as the ultimate failure to extend Pete's lifespan by more than a few hours, displays *Doctor Who*'s stance on transgression of the limits of appropriate human authority.

The language of "law" used when referring to the parameters by which time travellers are supposed to operate can be interpreted as a suggestion that these parameters are set by a higher authority of some kind, and also that not adhering to them, or "breaking the law," can be seen as a morally reprehensible act. As a result, even though the Reapers themselves in FD appear to be drawn to "sterilise the wound" in time out of instinct rather than based on a conscious decision, their appearance can be interpreted as punishment or retribution for violating the laws of time.

Regarding the case of Pete Tyler in FD, having what is morally appropriate and inappropriate be decreed from above, humanity having the freedom to choose whether to do what is "right," and some sort of divine retribution ensuing from doing what is "wrong," are all ideas in some way familiar from Christian ethics, which is premised on the authority of God. Furthermore, the way in which Rose's

attempt to extend her father's lifespan is ultimately unsuccessful can be considered consistent with the Christian idea of God (and not humans) being in charge of the number of one's days, as discussed in 3.1, particularly in 3.1.1 (see, e.g., Holy Bible, NIV, 1973/2011, Psalm 39; Holy Bible, NIV, 1973/2011, Psalm 139).

The depiction of immortality in HS also suggests a connection between immortality and punishment administered by a higher authority. In this case, the Doctor's prolonged existence is not pursued by him for its own sake, and he in fact wishes to relinquish it as soon as possible.

In terms of intention, the Doctor's actions regarding extending his lifespan can arguably be considered somewhat justifiable for a protagonist in the ethical framework of *Doctor Who*, since he is not pursuing immortality for personal gain, in order to cause harm to others, or even out of any initial personal desire to do so. Instead, his captivity and the ensuing cycle of death and rebirth are a direct result of the deliberate actions of a conscious entity: the unseen Time Lord ruler of Gallifrey. Moreover, the entity responsible for the Doctor's suffering via immortality may be considered superhuman (even compared to the Doctor)[68] which is consistent with what was suggested earlier about the role of higher power often being given to aliens with superhuman powers in *Doctor Who*.

Based on the positions and power dynamic of the parties involved, the Doctor's captivity in the Confession Dial can be seen as a punishment administered by a higher power—certainly in terms of the suffering it entails. However, the depiction of immortality as punishment in HS differs from that seen in stories such as TFD: in the former, the Doctor is not punished *for the pursuit of* immortality but can rather be seen as being punished *with* immortality. Furthermore, the higher power of the episode (the Time Lord ruler) is definitely not omniscient or absolutely benevolent, but instead has several human shortcomings, not least of all in terms of morality, and cannot therefore be considered an absolute infallible authority comparable to the Christian God.

Additionally, as discussed in more detail in chapter 6, the Doctor ultimately decides to perpetuate the cycle of death and rebirth himself (in order to break through the azbantium wall). Immortality is therefore not merely bestowed upon

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[68] Previously in *Doctor Who*, Gallifrey was proclaimed destroyed at the beginning of the revived series in 2005. It has later been revealed that the planet was not destroyed but disappeared, and its location and existential status have since varied over the course of the show. As such, Time Lords excluding the Doctor have been pronounced dead and have at this point arguably become mythical figures of sorts.

him by a higher power, but is actively perpetuated by his own actions, and indeed enables him to ultimately free himself from this cycle.

As a result, HS does not directly reinforce the idea of "hubris criticism," or of immortality exceeding the limits of appropriate human pursuits. However, immortality as it is presented in the episode can be considered both undesirable and a form of punishment in and of itself, as well as a matter controlled by a higher authority after a fashion, all of which are views reminiscent of Christian ethics (as argued in 3.1).

The depiction of immortality in HS, especially in terms of the role of a higher power, can therefore be regarded to resemble both the approach seen in TFD and that of Christian ethics to some extent. Furthermore, the inclusion of a higher authority (a concept relevant to Christian ethics) as the force ultimately behind the Doctor's experience that, as elaborated upon in chapter 6, resembles *samsara* (a Buddhist concept) can again be seen as an example of how *Doctor Who*'s views of ethical behaviour represent an amalgamation of ideas and concepts from several different traditions and philosophies.

Once again, this suggests that the ethics and worldview that *Doctor Who* adheres to and communicates to its viewers are not based on one single ethical theory or cultural tradition, but rather reflect the beliefs and assumptions of several. Furthermore, as discussed in chapter 3, these theories and traditions may despite their differences have a significant degree of common ground as well, in terms of ideas of what is ethically acceptable or unacceptable.

In the data under examination, immortality is depicted in one way or another as something governed by an entity other than, and often with more power than, the person pursuing or experiencing immortality. This can be seen to reflect the view of Christian ethics considering immortality the domain of a higher power.

However, in the data the characters serving as the higher power with regard to immortality in each case are inferior to the Christian conception of God, in that none of the characters in question are depicted as omnipotent or absolutely benevolent, for example. Perhaps due to this, in most cases immortality still leads to some kind of disaster or tragedy despite being granted by an authority above the recipient.

The authorities depicted in these examples, while more powerful than ordinary humans, are still not powerful, wise, or morally impeccable enough to grant immortality without overwhelmingly negative consequences; this is evidenced by what kind of misfortune results from immortality in these stories. Therefore, the view of immortality presented in the data examined echoes the

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views of Christian ethics in *both* depicting immortality as a matter belonging in the hands of a higher power *and* asserting that humans lack the competence required to handle matters as momentous as immortality without disaster ensuing.

5.7   Concluding remarks

As seen in the stories discussed in this chapter, the data provides several examples of immortality correlating with deficient or corrupted morals in some way. The causal relationship between the two may go either way: either immortality is a result of nefarious actions committed by a character already presented as a villain, or immortality attained regardless of means begins to have a detrimental effect on an initially "good" character's morals. Examples of the latter case are discussed in further detail in 6.5, where the role of suffering both as an intrinsic element of an indefinite or endless lifespan and as a force with a corrosive effect on morals is brought into particular focus.

In MU and TFD, immortality is depicted as an immoral pursuit lucrative to those classified as villains even prior to attaining and experiencing immortality. Furthermore, for these morally decrepit characters the quest for immortality ends in failure and/or consequences that may be construed as punishment.

FD and TGWD present immortality as a misguided or poorly thought-out pursuit with undesirable consequences. Even though the one becoming immortal does not actively seek out to become so, and the intentions of the one responsible for his or her immortality are good *per se*, immortality is seen as an ethically questionable prospect, given that it leads to misfortune in one form or another. ENL serves to highlight the morally corruptive effects of immortality, depicting inherently immortal characters as basically incapable of fathoming the concept of right and wrong precisely due to being immortal.

In the beginning of this chapter, three issues with immortality from the perspective of Christian ethics were identified:

1. humankind's inferiority, compared with God and God's authority;
2. potential of harm to others as well as to one's morals; and
3. inability of the soul to enter heaven.

The ethically objectionable aspects of immortality depicted in *Doctor Who* touch upon these issues in many ways. Many of the stories contain elements of "hubris criticism" (Hopkins, 2002) according to which attempts to commit godlike acts

are both indicative of morally reprehensible attitudes such as arrogance and pride, and are destined to fail.

Related to this, the cases examined reflect concerns over the characters involved lacking the competence to manage something as momentous and complex as immortality, which might potentially lead to unforeseen disaster, both for those involved and for innocent bystanders. Indeed, these concerns are clearly justified in MU, FD, and TGWD/TWWL, where the one responsible for immortality fails to consider the full consequences, which then turn out to be more or less tragic or catastrophic.

Furthermore, the role of a higher power (as opposed to the character experiencing immortality) as the arbiter of immortality seen or inferred in some way in the data is reminiscent of Christianity's view of matters of life and death as the domain of God. This is further supported by the way in which these fallible stand-ins for God may ultimately be shown to be incompetent to hand out immortality without some kind of catastrophic consequences.

Finally, as suggested in 5.5, the way in which Mawdryn's death in MU is presented as a happy ending of sorts may be interpreted as reflective of the view that the removal of death prevents one from moving on in a spiritual sense. In Christian terms, this would mean keeping the soul bound to earth and away from heaven; in Buddhist terms, impeding progress on the path of *samsara* towards *nirvana*.

Therefore, it can be concluded that the view of the relationship between immortality and immorality in *Doctor Who* reflects the views of Christian ethics to a considerable extent. At the same time, views reminiscent of Buddhist ethics may be detected as well, serving as further proof of both the interwoven nature of the ethical influences informing the values of the worldview of *Doctor Who*, and the many similarities of the ethical stances of world religions despite their differences.

As suggested on several occasions in this chapter, the morally corruptive effects of the prospect or the experience of immortality are often either directly or indirectly tied to the suffering that according to Buddhist ethics (and based on the data examined here, to the worldview of *Doctor Who*) is arguably an inevitable element of life, particularly life without end. In the next chapter, the focus is on immortality and suffering: the role of suffering in the experience of those who become or try to become immortal, both the material and spiritual implications of immortality, and the ethical desirability of immortality based on the role and extent of the suffering involved.

6   Immortality and suffering

After focusing on the morality of those pursuing or experiencing immortality in the previous chapter, the other aspect of immortality examined in this thesis is the link between immortality and suffering. In the case of immortality as a concept tied to moral failure, the main concern is that the one pursuing or having attained immortality may cause harm to others, not just to him- or herself (although harm is often eventually caused to the immortal as well, as already seen in the previous chapter). When examining immortality as a source of suffering, the primary victim of the unwanted effects of living forever is the very person pursuing immortality him- or herself.

If the connection between the pursuit of immortality and dubious morals can arguably be interpreted to reflect the views of Christian ethics to a considerable extent, the idea of endless life as endless suffering can be argued to represent a more Buddhist outlook on the matter. As discussed in 3.2, one of the most fundamental doctrines regarding the Buddhist worldview is the idea that life is, inherently, suffering. It would then logically follow that living forever equals suffering without end.

From a Buddhist perspective, immortality may be seen as a problematic aim precisely because actively attempting to cling to life and consequently prolonging suffering indefinitely appears to be counterproductive from the perspective of enlightenment (as well as of subjective well-being). From the viewpoint of ethics, the pursuit of immortality is also in conflict with the idea of non-attachment presented in the Four Noble Truths (Harvey, 1990, p. 53), and since the ethical guidelines of Buddhism laid out in the Eightfold Path specifically serve the purpose of liberating those following them from the suffering of *samsara* (Prebish & Keown, 2006, p. 52), the desire for immortality could be considered to be in conflict with these ethical guidelines as well.

In *Doctor Who*, the idea of immortality as a source of suffering is either discussed or hinted at on several occasions. As with immortality and morals discussed in the previous chapter, there are certain recurring themes and patterns in the way in which the theme of suffering is presented as well. Based on the examples discussed in the following, it can be argued that the view of immortality as endless suffering presented in the show has significant similarities with the view of life found in Buddhist thought in general.

As in the case of immortality and immorality, the significance of intention is often paramount: although immortality may be associated with suffering even if

the intentions of those involved are not ethically reprehensible *per se*, differences can be seen in how the suffering or the one suffering is portrayed—for example, whether the suffering is justified or whether the one suffering deserves sympathy. The importance of intention is again familiar from Buddhist ethics, as discussed in 3.2.5.

In some cases, the themes of immortality linked to moral corruption on the one hand and immortality as the source of suffering on the other are intertwined and addressed within the same story. For example, even though in Buddhism there is no personal higher power in the way that there is in Christianity, the *Doctor Who* stories with an arguably Buddhist outlook on immortality discussed here occasionally suggest a sense of retribution from a higher authority as well. In case the character suffering due to immortality has actively pursued such a state, the suffering that ensues may be presented not only as an inevitable consequence of immortality by also as a sort of punishment for pursuing it. A particularly prominent example of this is seen in MU, discussed in detail in 6.5.

The stories examined in this thesis with the heaviest focus on immortality as suffering are MU, TWWL, and HS; however, elements pertaining to the theme can also be detected in the rest of the data. In addition, further examples of immortality and suffering are found in other episodes of *Doctor Who* (as well as its spin-off shows); in order to illustrate how the topic is addressed in the show overall (especially in the case of the Doctor's experience as a Time Lord throughout the show), some examples from episodes outside the core data are provided as well.

As in the case of the previous chapter with respect to Christian ethics, although the focus of this chapter is on suffering, some other aspects of immortality relevant to Buddhist ethics introduced in 3.2 are discussed as well, such as the relationship between reincarnation and spiritual progress, and the significance of non-attachment. Since these elements are deeply interwoven in the Buddhist conception of life and humanity (and therefore are all related to the idea of life as suffering), examining them in detail offers further insight into how various aspects of Buddhist thought are discernible in the stories under examination. The purpose is to offer a comprehensive overview of how elements from Buddhist ethics, primarily but not exclusively suffering, influence the view of life and humanity presented in *Doctor Who* and therefore contribute to how immortality is viewed and depicted in the show.

6.1 Who suffers and why

In the stories under examination, immortality is usually accompanied by suffering in some form. To determine *Doctor Who*'s view regarding the consequences and desirability of immortality, a look at what kind of characters are affected and for what reason is in order. First, the focus is on the role and moral alignment of the character—that is, whether he or she is the (primarily "good") protagonist, an ally to the protagonist, or an ("evil") antagonist. The fundamental root cause of suffering in each of the cases examined here is further delved into in 6.3.

In MU, Mawdryn is portrayed as a villain and as the Doctor's antagonist for most of the story. His immortality is the result of his own active pursuit, and he has attained immortality deliberately and voluntarily (by ethically reprehensible means in the form of theft, at that). His suffering is therefore caused by his own immoral actions. However, once the true nature of the immortality he has attained dawns upon him, and he experiences the suffering it entails, he naturally no longer desires it and now remains immortal against his will.

By the end of the story, Mawdryn's status as a villain is no longer as clearly established as at the beginning, in that it becomes apparent that his actions are not motivated by the desire to harm the Doctor (or others in general): he wants to force the Doctor to give up his remaining regenerations specifically for the purpose of ending the suffering endured by Mawdryn and the other scientists for millennia at this point. Furthermore, the Doctor and his friends have seen and noted Mawdryn's suffering to be quite extreme.

Accordingly, even despite his reprehensible actions concerning both how he attains immortality in the first place and how he goes about trying to reverse it, his ordeal is ultimately viewed with some sympathy by the protagonist and his friends (and potentially, by extension, by the audience too). The way in which Mawdryn's story intertwines the immorality and suffering associated with immortality in *Doctor Who* is elaborated upon in 6.5.

In TGWD/TWWL, Ashildr/Me could ultimately be considered a friend and ally to the Doctor (although as discussed in chapter 5, her moral alignment and relation to the Doctor are somewhat ambiguous and fluctuating at times). In TGWD, Ashildr being resurrected and becoming immortal are not presented as the result of her actions or wishes. She does not pursue immortality or express any desire to attain it. Instead, it is the Doctor who decides to bring her back—an act, he tells Clara later, he committed in a fit of emotional turmoil, and not following rational consideration.

Ashildr's role in becoming immortal is significant in terms of how she is viewed from an ethical standpoint. In depictions of immortality in *Doctor Who*, characters actively pursuing immortality are more likely to be portrayed as villains even prior to becoming immortal, and to ultimately face some form of punishment for their actions (see, e.g., Mawdryn in MU; Borusa and the Master in TFD). Since she has not actively tried to or even expressed any wish to become immortal at any point, she does not fall into this category.

Ashildr, who is shown to have a well-functioning moral compass before experiencing immortality, does not become immortal of her own volition; in fact, she is not even able to consent to it, since it is granted to her while she is dead. Perhaps related to this, she is not presented as a villain after becoming immortal either, even though some of her actions and attitudes after having experienced immortality for some time are considered reprehensible by the Doctor (as well as by both Christian and Buddhist ethics).

This suggests the significance of intention, an idea especially important in Buddhist ethics (see, e.g., Sirimanne, 2018). Even though immortality has some obvious morally detrimental effects on Ashildr/Me and is therefore a development of questionable value from the viewpoint of ethics, it is viewed as less reprehensible when unintentional or accidental rather than actively pursued.

In Ashildr's case, even the intentions of the one responsible for her immortality—the Doctor—can be considered good: he feels Ashildr deserves to live and, also feeling guilty for his role in her death, wants to compensate for the damage he feels he has done to this innocent girl. Even though the Doctor's actions are portrayed as rash and misguided (as even he himself acknowledges), they are at least based on the morally laudable ideas of compassion and atonement.

The intentions of those involved being morally acceptable may therefore be related to the way in which Ashildr/Me is, even after attaining and maintaining immortality, portrayed as a "good" character, albeit with some morally ambiguous traits (that are by and large associated with being immortal, as discussed in more detail in 6.5). Even though Me remains immortal at the end of TWWL, she does not face any deliberate punishment for it (although her suffering is not brought to an end) or become a villain. Intention matters, both in Buddhist ethics and, evidently, in the world of *Doctor Who*.

There are other cases of characters made immortal without their knowledge but with good intentions. For example, Pete Tyler in FD avoids his essentially predestined death (in that it is established in the future as definitely having

occurred) due to the well-meaning actions of his daughter. In another Ninth Doctor episode, "The parting of the ways" (Davies & Ahearne, 2005), the Doctor's friend and ally, Captain Jack Harkness, is killed and then brought back to life, again by the Doctor's human friend Rose (Pete's daughter from FD) who temporarily has superhuman powers.

Not only is Jack resurrected but he has also become immortal, in the sense that he cannot be killed permanently: even though he can (and repeatedly does) still die, he almost immediately comes back to life with his memories intact every time he does. Although being immortal leads to extensive suffering, particularly of the physical variety (as discussed in more detail in 6.2), Jack's immortality is not his own doing, nor do the motivations behind him attaining it appear to be ethically objectionable—a situation that in this sense resembles that seen in FD and in TGWD. Like in the aforementioned stories, he is also regarded as "good" even after becoming immortal.

In HS, the immortal being who experiences suffering is the Doctor himself. As the protagonist, he is considered morally "good" (albeit with moments of displaying morally reprehensible traits and attitudes, as discussed in chapter 5). Furthermore, his immortality (both while trapped in the Confession Dial and as a Time Lord in general) is involuntary, in that it is not the result of his deliberate efforts to attain it.

As mentioned in 5.6, in the case of HS, the Doctor *does* actively perpetuate his near-endless existence: instead of quietly accepting death after being touched by the Veil, he expends considerable effort to bring a new version of himself to life by using his dying body for fuel to create a new version of himself. However, the purpose of forcing himself to go through the ordeal again and again is ultimately to free himself from the Dial—that is, to put an end to this form of immortality, and not to extend his lifespan indefinitely for its own sake.

In a way, the Doctor's actions and the intentions behind them lead to a problem similar to the one pointed out when discussing the Buddhist defence of the pursuit of extreme life extension in the Pew Research Center (2013, pp. 2–3) report in 3.2.5: extending one's lifespan in order to cultivate non-attachment can be seen as a contradiction in terms. However, in the Doctor's case, liberating himself from the cycle is his express goal rather than simply a potential beneficial side effect; as such, the intention behind his resolution to keep resurrecting himself for the purpose of ending the cycle of rebirth could potentially be justified from the viewpoint of non-attachment as a fundamental value.

In terms of the origin of the Doctor's suffering in the episode, the form of immortality he experiences (a near-endless cycle of death and resurrection) is not his doing to begin with, but rather the work of (malevolent) outside forces. This, too, might make it more plausible to argue that his intentions are ethically acceptable or at least not directly objectionable, since these intentions never appear to include the active pursuit of immortality for the sake of excessive attachment to life, or a desire to profit from his extended lifespan in some morally reprehensible way.

The Buddhist leaders reached for comment in the Pew Research Center (2013, pp. 2–3) report consider an extended lifespan potentially beneficial from a spiritual viewpoint as they argue that it allows the individual more time to pursue enlightenment. It may, however, be called to question how desirable an indefinitely long lifespan would actually be from a Buddhist perspective, given that it would seem to be in direct conflict with the principle of non-attachment.

HS appears to answer this question by suggesting that it is not a radically extended (single) lifespan that offers the individual more opportunities to seek wisdom and evolve spiritually, but rather the process of being reborn; the removal of death (and subsequent rebirth) would make breaking the azbantium wall impossible for the Doctor. Arguably, HS therefore reflects two essential aspects of the Buddhist approach to life and death: first, that endless life would equal endless suffering; and second, that death (and rebirth) is an integral part of the journey towards the cessation of suffering.

The Doctor's ultimate liberation from the Confession Dial in HS is not completely analogous to the Buddhist attainment of *nirvana*: rather than facing the cessation of all existence and experience, the Doctor is back to his former—still at least near-immortal—self, and is still driven by attachment to the people and ideas important to him. However, he does manage to liberate himself from the endless suffering inherent in entrapment in the Dial. He returns from a being condemned to a virtually infinite existence filled with extreme suffering and death to one with "merely" an indefinite lifespan that, while certainly not devoid of suffering (as discussed in detail in 6.4.2), is nowhere near the torture of what he goes through countless times in HS.

Based on the above, even though the Doctor's suffering and liberation in HS does not follow a strictly Buddhist path in terms of how release from *samsara* is construed, the parallels between the Doctor's repetitive torment and the Buddhist cycle of rebirth make it possible to argue that the view of immortality presented in

HS resembles that of Buddhist ethics. Both consider life without end an eternity of suffering, and both view liberation from this prospect as the ultimate goal.

As mentioned above, the immortality that the Doctor experiences in HS differs from what is customary for him; as a Time Lord, he is already accustomed to both extreme longevity and rebirth, but in this episode, he is caught in a particular kind of cycle forcing him to repeat the same gruesome death and the same actions and events over and over again. The torment portrayed in HS is far more extreme than what he ordinarily faces as a consequence of his inherent longevity. However, the Doctor's relationship with his form of immortality is one characterised by suffering even outside the Confession Dial depicted in HS. The suffering experienced by the Doctor as a Time Lord in general is discussed in detail in 6.4.2.

It appears that immortality leads to suffering in *Doctor Who* regardless of whether the character is depicted as "good" or as "evil," or whether the character's immortality is his or her own doing. Thus, those who suffer include Ashildr/Me (TWWL) and the Doctor (HS) (mostly "good" and unintentionally immortal) as well as Mawdryn (MU) and the sentient statue Borusa (TFD) (at least somewhat "evil" and intentionally immortal). Even Captain Wrack in ENL (a villain, but an inherently, i.e., unintentionally, immortal one) experiences suffering in the form of agonising boredom, as discussed in more detail in 6.2. Suffering seems to be a fairly constant companion of immortality; however, as elaborated on in the following, the ways in which the suffering of different types of characters is framed varies, especially based on the intentions involved.

6.2   Varieties of suffering

The suffering associated with immortality in *Doctor Who* takes many forms and affects different aspects of the human experience. In the examples examined here, the suffering depicted may be physical (affecting the body), mental (causing anguish regarding the individual's psychological state and well-being), emotional (related to heartbreak and loss of loved ones), or often, a combination of the three.

Out of the episodes under examination, MU delivers perhaps the most candid depiction of endless life as endless suffering—possibly rivalled by HS, discussed above and again later on (although the immortality arguably pursued in the latter story as well as the circumstances around it are quite different from those in MU). Mawdryn's exact motivations for wishing to become immortal are not specified in the story. It can plausibly be assumed to be simply a case of the general desire of

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lifeforms to survive for as long as possible. In the words of Swedene (2009, p. 7): "We know what life is like, most of us like life, we want it to continue, and if possible, we would prefer that our lives improve." Coupled with Mawdryn's capacity (and ambition) as a scientist to potentially fulfil this desire, this then leads to the theft and modification of the Time Lords' regenerator.

With this premise in mind, Mawdryn's initial intention is presumably to both eradicate the limits of his lifespan and to make the quality of the endless life ahead of him as high as possible. However, as quickly becomes apparent, he has succeeded only in the former goal, and failed rather spectacularly in the latter.

Mawdryn's suffering depicted in MU is directly tied to immortality: it is the result of the "perpetual mutation" caused by the regenerator. Although Mawdryn blames the Time Lords for this, arguing that the Time Lords "abandoned" the scientists to their fate when they could have provided the information to prevent the mutation from happening, the Doctor deems the group's condition "the result of [their] own criminal ambition" (Grimwade & Moffatt, 1983). This view of the attempt to exceed the limits of mortality ending in misery reflects the spirit of Hopkins' (2002) "hubris criticism," according to which the attempt was doomed to fail from the start because the goal is beyond the capacity of the ones pursuing it.

The ensuing disaster being the fault of the ones behind the attempt reflects the idea of the law of *karma* in Buddhist ethics, in which actions attract suitable consequences based on how morally "good" or "bad" they are (e.g., Harvey, 1990, p. 39; Prebish & Keown, 2006, p. 16). In addition, the Doctor's view of Mawdryn's personal responsibility for his predicament due to his immoral actions is consistent with the Buddhist idea of one being in charge of one's destiny (Sirimanne, 2018, p. 34) due to the importance of *karma*, rather than the judgement of an external higher authority, in determining one's cosmic fate.

Mawdryn's suffering depicted in MU is primarily physical in nature. As he explains to the Doctor, the mutation induced by the regenerator means that he and his fellow scientists are in a perpetual state of (corporeal) degeneration but are forever unable to die. This can be seen in his physical state: when the protagonists first encounter him, his body appears to be badly burned, and he is in visible agony. Later on, he is shown to have parts of his skull missing, leaving his brain visible. In other words, his state of bodily degeneration is severe, and presumably very painful as well.

Although the regenerative power of the TARDIS improves Mawdryn's condition somewhat during the events of the story, the restorative effect is limited

and the degeneration process cannot be stopped. Therefore, for him, endless life truly is endless torment.

Mawdryn's experience with immortality can be seen to represent the Buddhist conception of life in general, only taken to an extreme: in Buddhism, the three divine messengers encountered by the Buddha—old age, illness, and death—are seen as unavoidable (Bodhi, 2005, pp. 29–30), and with the eradication of the last of these, the first two are a never-ending feature of life. Even before the onset of old age or of any specific illness, Buddhism views life in general as permeated and characterised by suffering (Harvey, 1990, pp. 47–48); life without end would inevitably mean an eternity of such suffering.

In MU, while exploring Mawdryn's spaceship before having any knowledge of its inhabitants, Nyssa notes that everything on the opulent-looking ship "is designed for pleasure." Although not elaborated on in the story, this detail is consistent with the endless suffering discussed above as an element reminiscent of Buddhist thought: according to Buddhism, even though craving for sensual pleasures is one of the sources of suffering inherent to life (Harvey, 1990, p. 53), such pleasures may serve as an attempt to distract oneself from the experience of suffering.

However, these pleasures are ultimately counterproductive in this aim as they only serve to reinforce attachment to the transient world and therefore heighten suffering even further. In fact, even the Buddha himself initially tried to escape the reality of suffering in hedonism, and then in ascetic self-denial, before concluding that the Middle Way is the preferable one (e.g., Prebish & Keown, 2006, pp. 30–35).

Neither the Buddha nor Mawdryn find escape from suffering in pleasure; in MU, it is the reintroduction of mortality and the arrival of death alone that can end Mawdryn's torment. This view of trying to alleviate suffering with pleasurable distractions but only freeing oneself from it through truly practicing non-attachment towards life and the material world is in line with Buddhist ethics regarding the "right" approach to existence and mortality.

In HS, the idea of endless suffering is applied to the protagonist. The Doctor is forced to punch the ultra-durable azbantium wall, be caught by the Veil, crawl through the castle with his last remaining strength, and then willingly allow his body to be burned in order to fuel the teleporter over and over again.

Not only is each of the Doctor's individual experiences in the castle in and of itself filled with extreme agony, both physical and mental, culminating in a gruesome death—he is also forced to repeat the process innumerable times. Either

fate alone could be deemed "worse than death"; combined, the extent of the Doctor's suffering is near-unfathomable. As such, the episode's depiction of the Doctor's cycle of life, death, and rebirth, only to face the same (agony-filled) life again and again, can be seen as a grotesque rendition of the Buddhist conception of life as suffering and of the cycle of *samsara*.[69]

The way in which each of the Doctor's new incarnations comes into being via the self-sacrificial death of his predecessor echoes the idea of death being less the end of life than the transition from one life to another. By actively enabling the new incarnation to materialise by serving as fuel for the teleporter, the Doctor provides a fairly literal depiction of how according to Buddhism, the reincarnated soul is not transplanted from one body to the next, but the new incarnation is brought into existence by the one preceding it—as illustrated by the comparison of a fire spreading from one object to another (Becker, 1993, p. 9).

Another case of immortality as the cause of extreme physical suffering can be seen in the experience of Jack Harkness, mentioned in 6.1. After being made immortal by Rose in "The parting of the ways" (Davies & Ahearne, 2005), Jack proceeds to go through the process of death and resurrection countless times, and his experiences of dying are often excruciating: in the episode "Exit wounds" (Chibnall & Way, 2008) of the spin-off show *Torchwood*, he is buried alive and remains so, dying and being resurrected over and over again, for nearly two millennia, before finally being found and rescued.

Also in *Torchwood*, in the episode "Dead man walking" (Jones & Goddard, 2008) the human character Owen is resurrected—this time by Jack—after being

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[69] With its repetitive structure and the depiction of the main character reliving the same stretch of time over and over again, HS may be viewed as a nightmarish variation on the film *Groundhog day* (Ramis, 1993). In the film, the main character inexplicably finds himself living the same day over and over again until, after finally showing himself capable of personal and spiritual growth, he equally inexplicably wakes up to the next day (Deacy, 2016, pp. 61–62). In both HS and in the film, the main character is caught in a repetitive cycle against his will and spends a virtual eternity in its grip, but is eventually able to break free, due at least partly to experiences and insight gained during his captivity in the time loop. The comparison of HS to *Groundhog day* is appropriate even in that the film is often interpreted as a sort of depiction of *samsara*, to the extent that it has been referred to as "perhaps the best example of a 'non-Buddhist Buddhist movie'" (Whalen-Bridge, 2014, p. 4). In other words, *Groundhog day* was not devised or written as a Buddhist film—in fact, screenwriter Danny Rubin has even explicitly stated, "When I wrote *Groundhog day* I wasn't trying to write a Buddhist movie" (Rubin, 2014, p. x)—and yet is viewed as a notable representation of an idea central to Buddhist doctrine. On the other hand, the film has been discussed as representative of Christian theology as well (Deacy, 2016, pp. 61–68). Seeing Christian and Buddhist concepts and ethics presented and intertwined in works of popular culture depicting immortality in some way does not appear to be limited to *Doctor Who*.

shot dead; although he gains back his consciousness and is able to move about and interact with others, he is no longer able to digest food or drink, breathe, or heal after being wounded, among other things. His undead "life" is portrayed as a pale imitation of actual life, and his inability to enjoy regular human experiences severely depresses him. Finally in the aforementioned episode "Exit wounds" (Chibnall & Way, 2008) he dies for good.

Even though the depiction of immortality in *Torchwood* would merit a study of its own, the show is set in the same universe as *Doctor Who* and can therefore serve to provide further examples outside the core data for forming an overall idea of how the world of *Doctor Who* approaches immortality. In the above examples, the depiction of immortality as a source of endless suffering—an idea familiar from Buddhist thought—is similar to that seen in MU and in HS.

In ENL, immortality is associated with suffering in at least two senses. First, even though being immortal does not result in any physical agony for Captain Wrack (as it does for Mawdryn in MU, for example), the overwhelming sense of boredom that seems to constantly accompany her appears to be unpleasant enough to amount to a form of torture. In order to alleviate it, both she and the other Eternals are willing to go to virtually any lengths. The Eternals' experience of overwhelming boredom resembles that envisioned by, for example, Williams (1973) regarding the prospect of endless life.

Second, in addition to mental agony, ENL makes direct reference to endless life as punishment. The Doctor's companion Turlough, who is still at this time secretly working for the Black Guardian to destroy the Doctor but is already questioning his alliance, tells the Black Guardian that he is unable (or unwilling) to kill the Doctor. Enraged, the Black Guardian replies, "Then I condemn you to everlasting life" (Clegg & Cumming, 1983), proclaiming that Turlough will never leave the Eternals' ship.

Ultimately, the Black Guardian fails to carry out his threat; however, presenting the prospect of everlasting life as condemnation, and having Turlough react to this prospect accordingly, clearly indicates that becoming immortal and spending eternity among the Eternals is expected (and, on the part of the Black Guardian, intended) to cause suffering. Even though it is unspecified exactly what about everlasting life would result in suffering in this case (perhaps eternal entrapment on the ship, the onset of boredom like that experienced by the Eternals, or something else), the connection between immortality and suffering is again reinforced.

In addition to the pursuit of immortality being depicted as a sign of immorality and as an act worthy of punishment, TFD reinforces the idea of endless life as endless suffering. As Borusa is turned to stone by Rassilon, he—as well as the line of statue-Time Lords who have experienced the same fate before him—are briefly shown as living statues of sorts, completely petrified except for their eyes that dart around with looks of terror and anguish. This suggests that, at least momentarily, the victims of Rassilon's "secret of immortality" are conscious and aware of their state, but are unable to do anything about it.

Although the form of suffering here is different from what is depicted in MU, where the character himself explicitly expresses that everlasting life is torment, the reactions of the petrified Time Lords suggest that the experience amounts to just that for those concerned. Again, the Buddhist idea of suffering as an intrinsic part of life, and therefore an endless feature of endless life—as discussed at length in 3.2—is brought to mind.

TWWL presents another example of immortality as a source of endless suffering, this time of the mental and emotional variety. The episode differs from others such as MU and HS (and possibly TFD), as well as the experience of Jack Harkness in *Torchwood*, in that while the aforementioned focus on physical suffering (in the form of the body deteriorating without the ability to die, repeated death and resurrection, or eternal entrapment), the suffering in TWWL is primarily emotional in nature. However, as discussed later, Me's constant feeling of boredom can also be construed as a form of mental suffering akin to that experienced by Captain Wrack in ENL.

Ashildr is portrayed in TGWD as someone with strong emotional bonds to her family and other members of her community. In TWWL, the Doctor says to Me that outliving all of her loved ones must have been difficult, to which Me replies that it has been "hell." The Doctor learns through Me's diaries that she has lost everyone she has loved over the years, including the love of her life and, most painfully of all, her children. By the time that the Doctor encounters her, she has vowed never to have any more children, because the pain of losing them is near-unbearable.[70] In addition, she is no longer interested in the company of mortals,

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[70] As Neumaier-Dargyay (1995, p. 147) points out, childbirth has great spiritual significance in Buddhism, since the act of being born is a remarkable manifestation of desire (on the child's part, the desire to exist; on the parents' part, sexual desire and/or the desire to procreate). Additionally, Neumaier-Dargyay (1995) names the role of gender in suffering—especially in terms of childbirth—as well as gender stereotyping and expectations regarding the definition of compassion and understanding of the Self, as further examples of issues in Buddhism (with particular relevance to the topic of this thesis) on which gender should be taken into account. The role of gender in ethical

because in her words, "They're like smoke, they blow away in a moment" (Tregenna & Bazalgette, 2015).

Me is visibly in deep agony over losing first her birth family and the members of her village community, then those she has encountered and become close with over the years and centuries, and even her own children. The idea of loss as a source of suffering is integral to Buddhist thought, as seen in the concept of *dukkha*: all human existence is profoundly interwoven with suffering, and one of the contexts in which it manifests itself is in "separation from what one likes" (Harvey, 1990, p. 48).

This kind of separation is certainly associated with the loss of loved ones. As an immortal being in a world of mortals, such experiences are a constant occurrence for Me. Her attempts to avoid this suffering by not becoming close with anyone at all lead to loneliness and isolation, which in itself is another form of suffering (and also has a detrimental effect on her sense of morality, as discussed in 6.5).

Me's comment in TWWL about mortals who are "like smoke" and "blow away in a moment" can be interpreted as disdain for beings she considers her inferiors based on the brevity of their lifespan. However, it can also be seen as a lamentation over the fleeting nature of human life, which clearly causes her a great deal of pain because she is forced to observe it claim the people close to her over and over again.

The comparison of people to smoke that blows away resembles those in the Buddhist Pāli canon featured in 3.2.4, likening life to dew drops in the grass or bubbles on water (Bodhi, 2005, p. 206). Me's outlook on mortal life, then, contains noteworthy Buddhist elements in that it both recognises life as short and fleeting, and considers this fleeting nature of life as a source of remarkable suffering.

In TWWL, what makes Me's experience of the suffering inherent to life different from that of mortals is that for her, the pain of letting go only concerns the lives of others, not her own. While being immortal and perpetually self-healing could be argued to eliminate some major sources of suffering (namely,

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matters is also recognised in Christian ethics (see, e.g., Daggers, 2012) as well as in the field of bioethics (see, e.g., Wolf, 1996). Ashildr/Me's character arc from a mortal girl to an immortal woman who faces both human experiences such as love, heartbreak, childbirth, motherhood, and loss of her children, and the advantages as well as the suffering related to immortality, has a great deal of potential for further research regarding the ethical implications of gender on questions related to immortality or radical life extension.

illness and death), it becomes apparent in the episode that these qualities are also causes of extreme emotional pain, especially and importantly in terms of the duration of the pain.

Although the immortal Me does not have to confront the reality of her own body deteriorating or the limits of her own lifespan, unlike mortals she is forced to face these experiences in other people an infinite number of times. In this way, immortality may eliminate some forms of suffering but augment others.

A further consequence of immortality, perhaps not as blatantly agonising for the individual as those discussed above but perceived as undesirable and harmful nonetheless, is the stagnation considered to result from it. The removal of the limits of mortality, and the ensuing lack of motivation to strive for improvement, is presented as destructive for human progress and growth. This idea is familiar from some of the concerns regarding the consequences of immortality presented in 2.3, including endless life potentially leading to a decreased interest in or capacity for procreation (see, e.g., Clark, 1995, pp. 10–23; Cruz, 2013), and the "Necessary Boredom Thesis" associating immortality with inevitable endless tedium (Fischer & Mitchell-Yellin, 2014; Williams, 1973).

In ENL, the Eternals are depicted as superior to Ephemerals in a number of ways (not least of all in their own view); however, they are simultaneously portrayed as inferior to them in some crucial respects. Besides their constant sense of boredom, perhaps their biggest weakness—and Captain Wrack's ultimate downfall in the story—is their lack of creativity and imagination. Early on in the story, the Doctor observes that the Eternals are "parasites" who "feed on living minds" and "use them as blueprints" (Clegg & Cumming, 1983) for whatever they want to do.

The absence of imagination makes the Eternals essentially incapable of invention and creation on their own. This is depicted not only as their weakness as the Doctor's adversaries but as a component in their perpetual sense of discontent—and therefore a contributing factor in the considerable suffering caused by boredom.

In general, even in everyday reality, the sense of being stuck and unable to move on or to make progress in one's endeavours can be considered a frustrating experience. An eternity of being aware of the need and desire to learn something new or to make progress but forever being unable to do so would presumably result in frustration amounting to torture akin to that related to endless boredom. As such, the incapacity to innovate or grow could be considered another variety of endless suffering caused by endless life—this time collective (in that it touches

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the entire species of the Eternals and hinders them from achieving their goals) as well as individual in nature.[71]

Besides ENL, immortality has been equated to stagnation in *Doctor Who* on other occasions as well. For example, in "The brain of Morbius" (Bland & Barry, 1976) the Doctor encounters an alien cult called the Sisterhood of Karn who are immortal by virtue of a substance that they manufacture called the Elixir of Life. The Doctor criticises them for their use of the Elixir, calling immortality a "trap" that leads to "no progress" and those affected remaining unchanged forever. He even tells Maren, the leader of the Sisterhood of Karn: "Death is the price we pay for progress, you know." Eventually, Maren forgoes the Elixir (and immortality) and dies, saying: "Perhaps the Doctor was right. There should be an end." (Bland & Barry, 1976.)

The idea of the stagnation of immortality expressed in the above examples, including the lack of creativity and imagination of the Eternals in ENL, could be considered reminiscent of the Buddhist idea of excessive attachment as a hindrance to spiritual progress. Whether endless life is seen to impede the progress of the individual or of humankind in the material world (*Doctor Who*) or in a spiritual or metaphysical sense (Buddhism), the view on the effect (and therefore desirability) of immortality is largely critical in both cases. In addition, as can be seen in the case of ENL in particular, the incapacity to change or to innovate contributes to the mental suffering brought about by immortality.

Whether physical, mental, or emotional (or a combination of these), suffering accompanies and is augmented by immortality in ENL, MU, TWWL, HS, and to an extent, TFD, as well as in the additional examples presented above. The theme of emotional suffering in particular is also a constant in the Doctor's relationship with his own form of immortality (as examined in more detail in 6.4.2). The recurrence of the theme suggests that *Doctor Who*'s view of endless life as endless suffering is fairly consistent with the Buddhist conception of the

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[71] It is perhaps worthy of note that according to Ng et al. (2006), in traditional Chinese medicine what is thought to be the closest counterpart to the Western clinical syndrome of depression is *yu* syndrome, or "stagnation" syndrome. This may manifest itself in ways similar to depression but fundamentally differs from it in that it is specifically caused by stagnated *qi* (life energy) as well as stagnated emotions. It appears that at least in some traditions, stagnation is recognised as a real-life ailment and cause of suffering. Notably in terms of this thesis, one of the underlying causes of stagnation syndrome identified in the aforementioned study is "overattachment," a term that the authors admit to having borrowed from Buddhist thought. Even though the context of the study is that of traditional Chinese medicine and not of Buddhist ethics, the parallels with the worldview of the latter are apparent.

fundamental nature of life, and the attitude towards the desirability of immortality is largely the same between the two as well: to extend life indefinitely is to also prolong suffering indefinitely.

6.3   The cause of suffering resulting from immortality

Chapter 6 as a whole focuses on suffering as a result of immortality. Therefore, the cause of suffering in the cases examined might at first glance appear to be fairly obvious: the desire or attainment of immortality. However, as stated a number of times in the previous chapters, the purpose of this thesis is not to simply point out *how Doctor Who*—or, inferring from that, Christian or Buddhist ethics—views the pursuit of immortality (for example, "It leads to suffering"), but also, and perhaps more importantly, to examine *why* it is viewed in a certain way.

That is, the aim here is to identify *why* the pursuit of immortality results in suffering: what in the character's actions or motivations, or in the circumstances leading to immortality, turns immortality into a source of pain, whether physical or emotional (or both)? In addition, the reason why the character's suffering persists differs between the examples: in some, it is presented as the consequence of a specific choice or act that has repercussions into the future regardless of the character's subsequent actions, whereas in others, it is an unavoidable result of immortality regardless of the circumstances or actions leading up to it.

An essential factor contributing to suffering, particularly the persistence of suffering, both in *Doctor Who* and in Buddhist thought is attachment. According to the Second Noble/Holy Truth of Buddhism, suffering is a result of craving, whether for experiences through the senses, for existence, or for the cessation of suffering (Harvey, 1990, p. 53). The desire to attain or possess something is what causes suffering, and as long as this desire continues, so does suffering. An examination of the data reveals that the Buddhism-based idea of the suffering related to immortality as a consequence or symptom of excessive attachment and unwillingness to let go is seen in *Doctor Who* on numerous occasions. However, as the following examples show, other contributing factors may be identified as well, often alongside excessive attachment.

In MU, immortality is the result of dishonesty, since it is attained through the use of a stolen device. Since the means used are ethically reprehensible, the suffering that ensues can be interpreted as punitive, either in the form of deliberate punishment (by the elders of Mawdryn's planet who banished the scientists to live in exile on their ship), or as a sort of *karmic* retribution not

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administered by any conscious entity but attracted by Mawdryn's previous immoral actions "as if by magnetism" (Prebish & Keown, 2006, p. 16).

A similar case is seen in TFD, in which Borusa's pursuit of immortality has ethically objectionable motivations and he is punished accordingly (the punishment this time explicitly administered by a higher authority, Rassilon). Moreover, in TFD the motivation behind pursuing immortality in the first place (arrogance and lust for power) is explicitly presented as ethically unacceptable; while Mawdryn's initial motivation is not directly stated in MU, the Doctor refers to his "criminal ambition" and is not challenged, so it is plausible to suggest that his case is somewhat similar to Borusa's.

In TFD, both Borusa's ultimate failure in attaining his desired form of immortality and the reason why this form of immortality is condemned in the story as morally objectionable, while the Time Lord ability to regenerate is not, can be seen as related to excessive attachment. When learning of Borusa's plan to gain Rassilon's secret of immortality, the Doctor exclaims, "Oh, that's impossible, even for a Time Lord." Borusa negates this and assures him that Rassilon had achieved "true" immortality, meaning that he "cannot die" (Dicks & Moffatt, 1983). The difference between Time Lord "immortality" (that is theoretically limited but, as repeatedly seen in the show, can be extended seemingly indefinitely) and Rassilon's supposed "secret of immortality" is that the former requires death and letting go in the form of regeneration, but the latter does not.

Borusa wishes to rule forever precisely in his current regeneration, which could be seen as a form of excessive attachment not present (at least to the same degree) in regeneration, which inevitably involves giving up one incarnation and essentially being reborn. Not being satisfied with "regular" Time Lord longevity (which, it should be said, is itself a source of suffering, as seen in the experiences of the Doctor discussed in this chapter) leads to Borusa being turned into stone and potentially spending an eternity in sentient petrification. It also leads him to display behaviour denoting him as a villain, and from a Buddhist perspective, therefore presumably burdens him with considerable negative *karma* as well—although in his petrified state, he has little use for it anyway in terms of any possible future rebirths.

In MU, Mawdryn and the other alien scientists are suffering as a consequence of their initial desire to become like Time Lords, and their failed attempt to achieve this goal. However, during the events of the story, they are actively working to reverse the effects of their failure (albeit by using ethically reprehensible methods) and eventually succeed in doing so. Therefore, even

though excessive attachment to the idea of life is the underlying cause of Mawdryn's suffering as well, the suffering is not perpetuated due to him actively reinforcing this attachment but rather as an unforeseen long-term consequence of his initial intentions and actions.

Ashildr in TGWD becomes immortal due to the well-intentioned actions of the Doctor, who pities the girl for unwittingly sacrificing herself to save others, and apparently feels partly responsible for her death as well. However, as stated in 6.1, the Doctor himself admits that his decision to bring Ashildr back to life and make her immortal was not a rational one, and he almost immediately expresses concerns over the potential repercussions.

In FD, the Ninth Doctor is upset with Rose for saving her father's life and thus causing damage to time, because as he tells Rose, unlike her (and presumably other humans) *he* knows what he is doing when saving lives while time-travelling. However, in TGWD it appears that the Doctor is not an infallible authority on matters of life and death either. It could be said that the underlying root cause of Ashildr's immortality, and therefore of her suffering as well, is the Doctor's well-meaning but ultimately poorly thought-out effort to reverse her death and thus to transgress the limits of humanity. In other words, as discussed in 3.1.2, beings trying to control matters too complex for their level of competence and foresight regarding the repercussions of their actions may cause unforeseen evil.

In HS, the Doctor's suffering can be approached from two perspectives. First, the reason for why the Doctor is trapped in the near-endless loop of the Confession Dial is that the other Time Lords have imprisoned him there in order to extract a confession out of him. While being antagonised by his fellow Time Lords (regardless of whether it is justified or not) could be argued to partly result from the Doctor's own life choices, the originating cause of the Doctor's suffering is ultimately the active (malevolent) interference of an outside force. Unlike Mawdryn in MU, the Doctor has not brought his suffering upon himself by committing any deliberate act, but as the result of being trapped in the Dial, is forced to endure it nonetheless.

However, a second way to view the Doctor's torment in HS is to consider it as the result of a repeated active choice on his part to die and be reborn. As discussed in 6.1, the reason for the Doctor expending extreme effort to recreate himself over and over again is that this is the only way for him to ever be able to break the incredibly durable azbantium wall, and thus to liberate himself from his imprisonment. Therefore, on the one hand, the cause of his suffering is the ill

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intent of the Time Lords who have trapped him, but, on the other, it is his own doing and therefore arguably a result of attachment to life, albeit (as also discussed in 6.1) for the express purpose of ending his entrapment in the nightmarish cycle of life, death, and rebirth.

In TGWD/TWWL, the primary cause of Ashildr/Me's immortality is the Doctor's impulsive decision to resurrect her, and as discussed earlier, she has no active part in becoming immortal. However, in TWWL the suffering experienced by Me again appears to be the consequence of the immortal's attachment to life and reluctance to let go. Me's diary entry concerning the loss of her children reads: "And yet, still, still I am not brave enough to die, to let go of this wretched life. I will endure [—]" (Tregenna & Bazalgette, 2015). Even despite extreme emotional suffering, much of which she herself recognises as a direct consequence of immortality, Me is unwilling or unable to relinquish her endless life voluntarily, even though unlike Mawdryn in MU, she is theoretically able to do so.

Me's dilemma in TWWL bears some resemblance to the TV Tropes entry "Who wants to live forever?" (n.d.) introduced in chapter 2, in which the imagined audience member insists on wanting to live forever in spite of being offered a number of reasons to (perhaps justifiably) think otherwise. In Me's case, even experiencing these reasons firsthand rather than merely hearing about them is not enough for her to renounce immortality, a state of being that leads to ordeals that she describes as "hell." From a Buddhist perspective, Me's dilemma can be seen as representative of both the difficulty of letting go, and the necessity of doing so in order to liberate oneself from suffering.

Again, the particular aspect of mortality and immortality addressed in TWWL, significant in Buddhism in particular, is the question of attachment and of letting go. As discussed in the above, the spiritual importance of non-attachment in Buddhism is paramount. At the same time, Buddhism acknowledges that letting go is not easy for humans; otherwise, such emphasis would not need to be given in Buddhist teachings to the importance of non-attachment and to ways to cultivate it. Accordingly, non-attachment and letting go can be interpreted in TWWL both as recommended and desirable from an ethical perspective (as well as from a human one) and simultaneously as something too difficult for the character in question to put into practice.

In HS, the continuation of the Doctor's suffering is also perpetuated by his active decision to reject (permanent) death and to bring himself back to experience the same torment again and again. In other words, his immortality could be seen as a consequence of excessive attachment to life as well, as his

torment could potentially be brought to an end by not using his dying body to create a replica of himself—although it may be called to question whether permanent death would be allowed for the Doctor in the Confession Dial, given that it is used for the specific purpose of not killing him but extracting information out of him. Supposing that the Doctor is in fact free to choose whether to live or to die, suffering could even here arguably be considered to some extent to be a consequence of attachment to life and reluctance to let go of it, albeit for reasons very different from those expressed by Me in TWWL.

From a Buddhist viewpoint, the overarching theme regarding the cause of suffering here is arguably attachment, particularly excessive and in some ways unreasonable attachment to life. According to Buddhist thought, letting go (or non-attachment) is an essential element on the path of spiritual growth and development (see, e.g., Prebish & Keown, 2006, p. 20). Immortality naturally makes it impossible to practice non-attachment towards life. In Buddhist terms, this could be considered ethically problematic as it hinders one from reaching *nirvana*: as suggested by McCormick (2013) in the context of life-sustaining treatments in end-of-life care, being attached to corporeal life might prevent one from moving on (and therefore, from leaving the cycle of *samsara*).

Although the circumstances in the cases discussed above differ, the view of suffering accompanying immortality is fairly consistent: it is caused and/or perpetuated by attachment, and/or by inadequate understanding and competence in terms of determining whether immortality is more beneficial than harmful or what kind of harm it may potentially cause. As established in chapter 3, the former view is reminiscent of Buddhist ethics, whereas the latter more closely resembles the outlook of Christian ethics. In either case, suffering is depicted as a consequence of immortality, which is therefore presented as an undesirable prospect for the one directly affected by it.

6.4   View of suffering caused by immortality within *Doctor Who*

The connection between immortality and suffering in *Doctor Who* is perceived not only by the viewer of the show paying attention to it, but also by characters within the show. As seen in the cases discussed in this chapter, many of the characters experiencing immortality explicitly refer to their state as one filled with suffering: for example, Mawdryn in MU speaks of "the agony of perpetuity" (Grimwade & Moffatt, 1983), while Me in TWWL describes the experience of watching her loved ones die as "hell."

The character with perhaps the most experience of immortality, and therefore likely with the most thoughts to offer on the topic as well, is the Doctor himself. This chapter focuses on how characters in the stories under examination view and understand the suffering associated with immortality. In 6.4.2, particular attention is paid to how the Doctor sees his existence as a virtually immortal being, both in the episodes comprising the core data and at various points in the show in general.

6.4.1 View of immortality by immortals and by others

Many of the characters who experience immortality firsthand explicitly acknowledge the suffering it entails and often even recognise what in particular makes the experience so agonising. For Mawdryn in MU, the suffering is primarily physical, whereas for Me in TWWL, it is the emotional agony and heartbreak that she finds difficult to endure.

In other cases, the immortal character may openly acknowledge the suffering that the show depicts as caused by immortality, but does not explicitly connect the two or express particular resentment towards immortality. This is the case of the Eternals in ENL: although they repeatedly discuss the deep boredom and feeling of emptiness fuelled by their immortality, they do not express interest in relinquishing it (with the possible exception of the Eternal Marriner, who appears to admire the human Tegan and crave her level of "existence" enough to possibly wish to become human, i.e., mortal, as well).

In MU, the Doctor and his friends witness Mawdryn's suffering from the outside and consider it a horrifying fate. When Mawdryn finally dies, the Doctor's human friend Tegan appears upset, but the Doctor is more matter-of-fact about the situation, assuring her that this was the desired outcome for the scientists from their own perspective. Even though there is a level of sadness in the reactions of the protagonists (suggesting that Mawdryn is not considered fully an antagonist by the end of the story) the preeminent feeling appears to be one of a happy ending for the victims of a bid for immortality gone awry. The case of Mawdryn's immortality combines the question of suffering to that of effect on moral character in ways that can be discerned in other cases of immortality in *Doctor Who* as well; this is discussed in more detail in 6.5.

In TWWL, Me views her existence as an immortal being as a form of imprisonment. In her own words: "You didn't save my life, Doctor. You trapped me inside it" (Tregenna & Bazalgette, 2015). She also identifies the emotional pain of losing her loved ones as the primary source of her suffering.

As discussed in 6.3, Me's perceived entrapment in immortality is originally the Doctor's doing, but persists due to her own inability to "let go of this wretched life" (Tregenna & Bazalgette, 2015). Therefore, Me identifies her suffering *both* as an unfair affliction bestowed upon her by an outside force *and* as the result of her own perceived lack of bravery. Either way, she recognises the suffering as something that inevitably accompanies life, particularly relationships, as an immortal being. Again, endless life is viewed and depicted as endless suffering.

In some cases, others' views of a character's immortality may themselves be considered a potential source of additional suffering. An example can be seen in the way in which the Tenth Doctor views the immortal Jack Harkness in "Utopia" (Davies & Harper, 2007). Even though the Doctor and Jack are and remain friends, the Doctor admits to considering the immortal Jack something of an abomination, a being that should not exist—a stance consistent with the overall attitude towards immortality expressed by the Doctor (and, by extension, by the show). The experience of being perceived as profoundly "wrong" and as something that is not supposed to exist by one's friends and loved ones can be seen as a source of major emotional suffering.

Whether regarding immortality experienced firsthand or observed from the outside, the views expressed by characters within the world of *Doctor Who* are consistent with the overall attitude towards immortality presented in the show. On many occasions, the characters make the connection between immortality and suffering as well, even if they are incapable of alleviating or removing the suffering. Having characters identify both the suffering that accompanies immortality and immortality as the cause of this suffering suggests that, regardless of whether the makers of *Doctor Who* share this view of immortality, the idea of suffering as an inherent part of life without end is at least acknowledged when portraying immortality in the show.

6.4.2 The Doctor: The Time Lord experience of suffering

As an immortal (or virtually immortal) being, the Doctor differs from the other characters examined here both as the protagonist of the show and due to his particular qualities as a Time Lord. The former feature (the Doctor's role as the protagonist) is both the non-diegetic reason for his immortality—since the concept of regeneration was mainly introduced in order to keep the show in production despite the departure of the original lead actor for reasons beyond the

writers' control—and a factor affecting how his radical longevity and the ways in which his lifespan is extended are treated from an ethical standpoint. As discussed in 5.3.2, unlike in the case of many other characters pursuing or experiencing immortality, depicting the protagonist as a villain or as a morally decrepit character is problematic from a storytelling perspective; the latter point is elaborated on in 6.5.

The second feature (the Doctor being a Time Lord) influences the Doctor's approach to immortality in a number of ways. Unlike the Eternals in ENL, the Doctor is not invulnerable to death, and goes through the process of death and rebirth (regeneration) on a regular basis; unlike Mawdryn in MU or Borusa in TFD, he does not pursue immortality, but is instead inherently capable of regeneration; and unlike Ashildr in TGWD or Pete Tyler in FD, his resurrection from the dead does not come as a surprise to him, nor is it an act of kindness bestowed upon him by someone else but an acknowledged and expected part of Time Lord existence.

The focus is now on the Doctor's role as an immortal being capable of regeneration, and the suffering accompanying the Time Lord experience. Examples are found both in the stories comprising the core data, especially in the form of views and attitudes expressed by the Doctor either to his mortal friends or to the immortal characters examined in the previous chapters, and in other episodes of *Doctor Who* in which the Doctor discusses or is depicted coping with his immortality.

As a member of a species for whom regeneration and extreme longevity or virtual immortality are facts of life, the Doctor has both witnessed the experiences of other Time Lords and lived his entire life throughout many regenerations as one. Therefore, he has both firsthand and secondhand insight into what immortality entails, including the suffering accompanying it.

In a sense, being familiar with the reality of immortality prepares the Doctor for outliving his loved ones; in this way, he is theoretically better equipped to face the pain of recurring loss than someone like Ashildr/Me in TGWD/TWWL, who has no notion of immortality before suddenly experiencing it firsthand. On the other hand, being aware of the suffering that is sure to follow from emotional connection with anything or anyone mortal and transient is in and of itself a cause of suffering for the Doctor, even before the transient object of affection in question is lost.

The way in which the Doctor's experience of immortality as suffering is depicted in the show has many elements suggesting the influence of Buddhism,

not least of all in terms of the parallels between the Doctor's capacity to regenerate and the Buddhist idea of reincarnation, as well as in the idea of suffering caused by attachment to the transient. The Doctor recognises the inescapable pain of always outliving his loved ones and watching them grow old and die: in "School reunion" (Whithouse & Hawes, 2006) he calls it "The curse of the Time Lords." The Doctor appears to acknowledge both the connection between immortality and suffering, and the form of suffering inherent in his kind of immortality (manifesting itself primarily as emotional pain).

The suffering experienced by the Doctor particularly due to being a Time Lord is addressed in some of the core data used in this thesis. For example, in FD the Doctor tells two humans that even despite all the travels and adventures he has experienced, he has never had the kind of life or the ordinary experiences that they have had, implying that these are both impossible for him and something he wishes he could have. In TWWL, he tells Me that those like the two of them (immortal beings) "go on too long" and as a result, "forget what matters"—that is, the value of life.

To offer a further example of the Time Lord approach to death and immortality, the resemblance between the Doctor's attitude towards his variety of immortality and Buddhist thought is made explicit in the Third Doctor story "Planet of the Spiders" (Sloman & Letts, 1974) that is even set in a Tibetan meditation centre in England. The story features numerous nods to Buddhist thought and practice throughout. In the story, the mysterious character Cho-Je talks of "the world of *samsara*." He also speaks of how a man's true self is "no self," and his true mind is "no mind." As discussed in 3.2, *samsara*—the cycle of life, death, and rebirth—is an essential Buddhist concept; the idea of no-Self, likewise.

At one point, Cho-Je muses, "The old man must die, and the new man will discover to his inexpressible joy that he has never existed" (Sloman & Letts, 1974). This is a hint at the true character of Cho-Je himself—at the end of the story, he is revealed to be not an actual person but a projection of the Doctor's old teacher, who is portrayed as a wise teacher-figure, and who regenerates and becomes Cho-Je in the end—but also an expression of the Buddhist conception of death as an inevitable part of life and of the transient nature of all existence.

At the end of "Planet of the spiders" the Doctor undergoes regeneration. He returns to his friends, and with the last remains of his strength, says goodbye to his human friend Sarah Jane. As she cries and implores him not to die, the Doctor gently admonishes her for grieving, saying, "A tear, Sarah Jane?" and suggests

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that "while there's life, there's… [hope]" (Sloman & Letts, 1974). With these words, he appears to die.

The Doctor's unspoken but implied reference to hope can be interpreted as an allusion to Christian thought. The concept of hope is central to Christianity—as 1 Corinthians 13:13 (Holy Bible, NIV, 1973/2011) states: "And now these three remain: faith, hope and love." By reminding Sarah Jane of hope in the face of an inevitable-seeming farewell, the Doctor appears to express a sentiment similar to the Christian idea of the hope of reunion in the afterlife.

The story ends with the Third Doctor regenerating and morphing into the Fourth. The Doctor's friend and ally Brigadier Lethbridge-Stewart reacts to the Doctor's regeneration by saying, "Here we go again," as he has already been acquainted with the Doctor's second and third reincarnations. This idea of the repetition of rebirth is consistent with the Buddhist view of the nature of life that stresses the role of *samsara* and the inevitability of both death and rebirth.

The Doctor's apparent death in "Planet of the Spiders" (Sloman & Letts, 1974) features elements reminiscent of both Buddhism and Christianity; so do the attitudes regarding immortality and rebirth expressed in the story both by the Doctor, by those around him, and by Cho-Je, to varying degrees. The concept of regeneration, as previously discussed, features elements that resemble the Buddhist idea of reincarnation: the Doctor sheds his old self and becomes a new individual, but each time the new regeneration carries with him (or her) the old Doctor's lived experiences, as the Buddhist reincarnation carries the *karma* accumulated during previous lives.

At the same time, his regeneration in "Planet of the spiders" is portrayed as punishment for his crime of stealing the crystal from Metebelis 3 (as discussed in 5.3.2) which brings to mind the Christian concept of atonement for sins by death, as even pointed out in an online review of the story (Kyle, 2016). As such, "Planet of the Spiders" uses both Buddhist and Christian imagery and language to depict the Doctor's regeneration and existence as a Time Lord, and the Doctor appears to acknowledge the necessity of both letting go of his transient material form and atoning for his morally reprehensible actions.

As a further example of how the Doctor views himself and his immortal status, in "The end of time, part 2" (Davies & Lyn, 2010) the Tenth Doctor's regeneration into the Eleventh results from the Doctor saving a human friend and sacrificing himself in the process. As he realises that his friend has unwittingly become trapped and that the only way to save the man is to sacrifice his own current incarnation, the Doctor goes into a fit of anger, ranting about how unfair it

is that he, an important being with much left to contribute, has to relinquish one of his lives in order to save someone "not remotely important."

Again, the Doctor eventually appears to realise the meaning of his words, and again, expresses this by stating: "I've lived too long." Like in the example from "The waters of Mars" (Davies et al., 2009) discussed in 5.3.2, the Doctor himself associates his morally questionable attitude with his considerable longevity, which is again consistent with the overall attitude of the show.

Even following this introspective realisation, "The end of time, part 2" (Davies & Lyn, 2010) concludes with the Doctor, just before his regeneration, pleadingly saying: "I don't want to go." Although the process of regeneration is presumably an agonising experience (as it in practical terms involves the death of the Time Lord's current body), most of the Doctor's incarnations—including the previous one, the Ninth—appear to accept regeneration and the physical and mental transformation it entails as facts of Time Lord existence.

From a Buddhist perspective, the Tenth Doctor's "I don't want to go" in the face of his inevitable death and rebirth could be seen as a sign of excessive attachment. Compared with the acceptance with which the Ninth Doctor faces his impending regeneration in "The Parting of the ways" (Davies & Ahearne, 2005) (also involving self-sacrifice in order to save a human friend), the Tenth Doctor's attitude may be interpreted as regression in spiritual terms: going from his ninth incarnation to the tenth, the Doctor appears to have grown less capable of practicing non-attachment.

However, by the time of the Doctor's next regeneration (from the Eleventh to the Twelfth) in "The time of the Doctor" (Moffat & Payne, 2013), he appears to welcome change as necessary, while pledging not to forget his current incarnation's life that is about to end:

> We all change, when you think about it. We're all different people all through our lives. And that's okay, that's good, you've got to keep moving, so long as you remember all the people that you used to be. (Moffat & Payne, 2013.)

As seen in greater detail in episodes focusing more on the Doctor's attitudes towards his own extreme longevity, Buddhist undertones can even be seen in the way in which the relationship between the various reincarnations of the Doctor is depicted in TFD. When the Fifth Doctor senses that something is wrong with his other incarnations elsewhere in time, he explains to his companions that "a man is the sum of his memories—a Time Lord even more so" (Dicks & Moffatt, 1983).

Even though the various Doctors are, for all intents and purposes, their own individuals, with distinct personalities and physical appearances, and are even capable of interacting with each other in some special cases such as the circumstances in TFD, they are still essentially the same person reborn. Each of the Doctor's incarnations contributes something to the total of his being.

The way in which the Doctor's ability to regenerate and his reincarnations are seen as essential aspects of him (as seen in stories in which either his past incarnations or his ability to regenerate are under threat, such as TFD in the former case and MU in the latter) could be compared to the Buddhist conception of humanity, in which *samsara* is an integral and unavoidable part of the human experience. Even though unlike the Doctor, humans do not ordinarily recall their past lives (although Buddhism considers this possible through advanced meditation or in other special circumstances; see, e.g., Appleton, 2014, pp. 157–165), the effects of *karma* accumulated during past lives, with repercussions on both this life and the ones to come (e.g., Prebish & Keown, 2006, p. 21), means that from a Buddhist perspective, any person could arguably be called "a sum of his [or her] memories" (in the form of past lives) as well.

In TFD, with reference to one of his past selves—the First Doctor—the Fifth Doctor also remarks that "Fortunately, one mellows with age" (Dicks & Moffatt, 1983). To be sure, that the Fifth Doctor is more agreeable and less abrasive than the somewhat cantankerous First Doctor can be seen as a sign of "mellowing with age," considering that by his fifth incarnation the Doctor has lived for longer than during his first.

However, despite being older in absolute terms, the Fifth Doctor is simultaneously much younger in terms of his physical form, and much more youthful, than the First Doctor. Therefore, it is regeneration (or death and rebirth) that determines whether one is getting older and wiser, not how youthful or aged one is (as age is generally perceived in real life). This could be considered to resemble the Buddhist view of *samsara* as progress towards *nirvana*: the longer one has gone through the cycle, the closer one is to enlightenment, and therefore, the more progress one has made in terms of personal (spiritual) growth.

Nevertheless, as discussed in 3.2.3, according to Buddhist thought the path towards *nirvana* is not one of linear progress, and each rebirth should not be expected to be a direct improvement on the previous one. Such is the case in *Doctor Who* as well: even though each one is older than the ones before in terms of life and lived experience, the Doctor's regenerations do not necessarily

translate into improvement in terms of personal or spiritual growth in comparison with their immediate predecessors.

Actions and attitudes that might be considered signs of moral or spiritual regression are exhibited by several of the Doctor's incarnations on numerous occasions. For example, the Sixth Doctor is arguably a great deal more verbally antagonistic towards his friends than his direct predecessor, and even physically assaults one of his travelling companions (albeit in something of a state of confusion) in "The twin dilemma" (Steven & Moffatt, 1984); the Ninth Doctor often expresses condescension and derision towards humans, whom he refers to as "stupid apes" in stories such as FD; and as discussed above, the Tenth Doctor is occasionally even more open than the Ninth about his sense of superiority compared with ordinary mortals, or even with other Time Lords.

However, as discussed in 1.1, the Doctor's fundamental personality traits and characteristics that transcend regenerations include curiosity, a sense of justice, and a desire to defend the good in the universe; even though some of his reincarnations appear at first to display more moral ambiguity or less empathy towards "inferior" beings than their predecessors, his fundamental sense of morality and empathy remain components of his innermost Self, such as it is.

The relationship between the Doctor's various incarnations, as well as the way in which regeneration is portrayed as a pathway to potential personal growth and development (but not to guaranteed linear improvement), has parallels with the Buddhist idea of reincarnation. According to Buddhist thought, a human being consists of five factors or aggregates, including physical form and cognition, and while these aggregates constitute an individual as he or she appears in the world, they are ultimately transient and impermanent (Harvey, 1990, pp. 49–51). In the Doctor's rebirth through regeneration, it could be said that these aggregates are reassembled, resulting in a person distinctly different from the preceding one.

Although Time Lords maintain a more substantial connection with their past incarnations than humans do according to Buddhist thought (given that the former are able to recall their past lives), the various Doctors consist of aggregates so different from one another that they could arguably almost be treated as separate individuals. This is further supported by stories such as TFD, "The three Doctors" (Baker et al., 1972–1973), "The two Doctors" (Holmes & Moffatt, 1985), or "The day of the Doctor" (Moffat & Hurran, 2013), in which two or more Doctors interact with one another: their exchanges involve the same kinds of misunderstandings, personality clashes, and bickering that may be seen in encounters between completely distinct individual characters as well.

In "The end of time, part 2" (Davies & Lyn, 2010), the Tenth Doctor is reluctant to regenerate; this reluctance appears to be associated with morally undesirable traits such as arrogance, disdain for perceived inferiors, and attachment to the transient. The Doctor's views regarding his significance compared with other beings, or the prospect of regeneration, suggest that regeneration (or reincarnation) is important in terms of gaining wisdom and honing desirable character traits, even if one is not fully successful all of the time.

Therefore, *Doctor Who*'s approach to the protagonist's relationship with death and immortality suggests that even though regeneration renders the Doctor functionally immortal, the event of regeneration (comparable to death and rebirth in Buddhist terms) is important in terms of personal development and (spiritual) growth. By allowing the Doctor to use the experience and wisdom gained by living through several lifetimes, it enables personal growth and improvement in a way that a single lifetime, even one of superhuman length, would not be able to do.

In terms of immortality and suffering, a particularly poignant example of the Doctor facing the reality of near-endless life as a Time Lord can be found in the episode "The wedding of River Song" (Moffat & Webb, 2011). In the episode, the Eleventh Doctor refuses to accept his apparent impending death and the reminder from another character that "Time catches up with us all." However, his hubristic attitude is shattered and he is forced into acceptance of his supposed death when he learns that a particularly old and trusted friend of his, Brigadier Lethbridge-Stewart (who appears in many of the stories discussed in this thesis) has passed away in a nursing home. Even if the Doctor himself were able to evade death, like Me in TWWL he is not immune to it: all of his mortal friends will eventually grow old and die, leaving him to forever try and cope with the loss.

Of course, the Eleventh Doctor's apparent acceptance of time's power over him and of the impermanence of all things does not actually culminate in his death; as a Time Lord (and as the protagonist), he has the capacity to survive where ordinary mortals would not. However, his reaction to his loss and his willingness to accept death as a result of it showcases his view of immortality as "the curse of the Time Lords" (Whithouse & Hawes, 2006) while also reflecting the views of Buddhism regarding the inextricable link between life, attachment, and suffering.

Discussing grief and loss in the context of Buddhism, Roshi (2006, p. 261) quotes the Zen Buddhist nun Rengetsu: "The impermanence of this floating world I feel over and over. It is hardest to be the one left behind." The sentiment

expressed in this quotation would be entirely in-character for the Doctor, who states in TGWD, "Immortality isn't living forever. That's not what it feels like. Immortality is everybody else dying" (Mathieson et al., 2015). The suffering caused by immortality stems from the inevitable loss of impermanent things and (especially) people that one is attached to, with no end in sight to the formation and loss of these attachments.

The line from TGWD quoted above is spoken by the Twelfth Doctor, whose overall outlook on life appears to echo Buddhist values in a number of ways. For example, in his final appearance in "Twice upon a time" (Moffat & Talalay, 2017) he stresses the importance of kindness: "Remember, hate is always foolish, and love is always wise. Always try to be nice, but never fail to be kind."

Even though kindness and compassion are some of the Doctor's more fundamental character traits persisting across regenerations (as discussed in 1.1), the way in which the Twelfth Doctor explicitly emphasises their importance further strengthens the Buddhist elements that might be associated with this particular incarnation.[72] The Buddhist undertones of the Doctor's overall outlook on life are consistent with the view of endless life as endless suffering informed by Buddhist thought expressed by the Doctor when considering his experience of the indefinite lifespan of a Time Lord.

6.5   The relationship between suffering and moral deficiency

This entire chapter examines the connection between immortality and suffering; in the previous chapter, the focus was on faulty morals in the context of immortality. Bringing these two themes together, another issue revisited a number of times in *Doctor Who* is the experience of immortality-as-suffering leading to immortality-as-immorality.

In examples of this, a character initially depicted as "good," or at least as not fully "evil," is subjected to excessive and protracted suffering due to immortality. As either an explicit or an implicitly suggested consequence of this suffering, the character then begins to display attitudes or actions more befitting a villain, often in the form of an arrogant or callous attitude towards the suffering or even lives of

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[72] At the same time, kindness and compassion are also essential Christian virtues, as discussed in 3.1—again demonstrating both that Christian and Buddhist ethics have a fair amount of common ground, and that the ethical views expressed in *Doctor Who* contain elements reminiscent of both, sometimes at the same time.

mortals, or a belief that the character and his or her rights are more important than other people or the rights of others.

Examples of an individual's experience of suffering having a detrimental effect on his or her morals reflect the Buddhist view of endless life as endless suffering interwoven with the Christian idea of immortality as a sign of potentially harmful hubristic ambition. In these cases, one leads to the other, or the two augment each other.

In ENL, the depiction of immortality primarily focuses on the morally corruptive effects of living forever. However, the story also touches upon some of the undesirable aspects of immortality discussed in 2.3. Perhaps most importantly, as already touched upon in 6.2, the issue of immortality and boredom—familiar as an argument against the desirability of immortality and as grounds for the "Necessary Boredom Thesis" (Fischer & Mitchell-Yellin, 2014; Williams, 1973)—is explored.

The motivation for virtually all of the Eternals' actions, including participation in the spaceship race and the desire for Enlightenment, is their boredom and their constant need to be entertained. Rather than the experience of a single individual, this boredom is depicted as a sentiment common to Eternals in ENL: while making a risky move in a bid to get ahead in the race, Captain Striker dismisses the concerns of the protagonists by stating that "This is the sort of excitement that makes eternity bearable" (Clegg & Cumming, 1983), while Captain Wrack explains that Enlightenment provides the one in possession of it with whatever they desire, and what she desires above all else is "to be amused." The depiction of Eternals suggests that to be one of them is, as if by default, to be deeply bored and in constant need of entertainment.

The Eternals in ENL embody the idea of boredom brought about by immortality. Even despite their superhuman powers and their absolute immunity to death or injury, they are deeply unsatisfied with their existence and feel an endless need to find diversion. This all-encompassing need, combined with their perceived superiority to other beings due to their own invulnerability and independence from time, means that the Eternals see no problem with resorting to sabotage or other forms of dishonesty, or even with using Ephemerals as involuntary, disposable playthings, for the sake of amusement.

As seen in ENL, the Eternals' risk-taking during the spaceship race leads to the death of Ephemerals *en masse* on several occasions, and this appears to be of minimal concern to the former. For the Eternals, then, the boredom brought about

by immortality is both a source of (emotional) torment and, consequently, a force corroding their morals even further.

MU establishes a direct connection between *both* immortality and immorality *and* immorality and suffering. Accordingly, elements of both Christian and Buddhist ethics can be detected in the way in which it presents the pursuit of immortality as well as its consequences. Features of the ethical views of the two religions may be found connected and intertwined: the negative impact of immortality on Mawdryn's morals is tied to the suffering inherent in endless life, for example.

The way in which Christian and Buddhist elements can be found combined with one another in MU suggests that the implicit moral compass guiding the sense of right and wrong as conceived in *Doctor Who* appears to draw from a variety of sources, rather than basing itself solely on, for example, a Christian understanding of ethics. In addition, the connections made between different aspects of immortality particularly relevant to Christian ethics on the one hand and Buddhist ethics on the other may be considered indicative of there being more similarities in the ethical views of world religions than is at times acknowledged, as suggested by Keown and Keown (1995) and discussed in chapter 3.

In MU, moral deficiency factors into Mawdryn's relationship with immortality as both cause and effect. Mawdryn's immortality is the result of his theft of the Time Lords' regenerator. Although his exact motives for wanting to become immortal are not specified, it appears that his morals were questionable even before attaining immortality, given that he was willing to resort to theft in order to reach his goal. Immortality is portrayed as a pursuit for villains, as seen in TFD as well; this is again reminiscent of the "hubris criticism" directed at human efforts to commit godlike acts (Hopkins, 2002).

The desire to transgress the limits of mortality and in that sense, essentially, to reach God's level, is both indicative of moral failings such as arrogance and pride, and an effort doomed to fail since it is beyond human ability and competence. The latter point becomes apparent in MU when the modifications made to the stolen machine by Mawdryn and his comrades turn the immortality granted by it into "endless torment," and nothing like the kind of immortality they have presumably had in mind.

The immorality aspect of Mawdryn's relationship with immortality is also seen in MU in how the torment caused by the regenerator compels Mawdryn to further reprehensible actions. After more than 3,000 years of suffering, "the agony

of perpetuity" has become unbearable, and in order to end this pain, Mawdryn is willing to coerce the Doctor into relinquishing his remaining regenerations for the sake of helping Mawdryn and his fellows. The situation resembles that seen in TFD: sin (theft and misguided ambition) results in more sin (disregard for the well-being of others). The view of immortality presented here is similar to that of Christian ethics, particularly in terms of the association between an interest in living forever and questionable morals, to a significant degree.

However, Mawdryn's morally reprehensible actions after attaining immortality in MU differ from those committed prior to it in terms of motive. As mentioned above, the specific reasons for Mawdryn wanting to become immortal are not addressed in the story, but based on Mawdryn's unethical conduct at the beginning of the story and the Doctor's uncontested comment about his "criminal ambition," as well as on the motivations of other immortality-seeking villains in *Doctor Who* (e.g., Borusa and the Master in TFD), they can reasonably be assumed to involve personal gain or possibly misuse of power. In other words, before becoming immortal Mawdryn's could be considered typical of a character depicted as "evil."

Based on the information provided about Mawdryn's actions leading up to him attaining immortality, as well as on the approach of Christian ethics towards the pursuit of immortality discussed in 3.1.2, Mawdryn's ultimate failure and demise is unsurprising, given that he is portrayed as a morally corrupt character to begin with. At the same time, all of Mawdryn's morally objectionable actions and attitudes depicted in the story have to do with immortality: nothing is said about whether he had committed criminal acts apart from the theft of the regenerator prior to becoming immortal.

This, for its part, speaks for the view of immortality as not only a lucrative prospect for those with villainous tendencies to begin with, but—in a manner somewhat similar to the One Ring in J.R.R. Tolkien's *The lord of the rings* (1954–1955/1995)[73]—as a morally corruptive force even on those who would not have displayed villain-like behaviour otherwise. Similar examples are seen in the morally reprehensible behaviour or attitudes displayed by Me in TWWL and even the Doctor on occasion.

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[73] See Robertson (2009) for more on how characters in *The lord of the rings* react to the prospect of possessing the power of the Ring—not dissimilar to how Borusa views the power of immortality in TFD, for example. It is perhaps worthy of particular note from the perspective of this thesis that as Robertson discusses, one of the effects of the corruptively powerful Ring is extreme life extension.

By contrast, the driving force behind Mawdryn's undertakings depicted towards the end of MU is not so much an intrinsic desire to profit or to hurt others, but rather the intolerable, prolonged suffering caused by his attempt to live forever. Therefore, even though he serves as the Doctor's antagonist, and even though his actions (attempting to enlist the help of the Doctor and his friends through dishonesty and extortion, and demanding that the Doctor yield his regenerative power despite the significant harm it would cause to him) are morally objectionable, the intention behind them (to end the suffering resulting from his own morally corrupt actions) is not as unequivocally so as that behind stealing the regenerator earlier on.

Furthermore, it could be argued that Mawdryn in MU may not even view robbing the Doctor of his remaining regenerations as a harmful act at this point in his (immortal) life. Explaining that the Doctor has finally agreed to help them, Mawdryn says: "Soon he will be a Time Lord no longer. That is his reward for compassion" (Grimwade & Moffatt, 1983). The comment about "his reward for compassion" could be taken as sarcasm, but it could also be interpreted as expressing Mawdryn's genuine sentiments.

For Mawdryn, immortality has brought only endless suffering. It is plausible that from his point of view, turning the Doctor from a functionally immortal being to one with the life expectancy of an average human being would truly feel like a reward or an act of mercy, regardless of whether the Doctor himself agreed (although considering the suffering he experiences due to being a Time Lord, as discussed in 6.4.2, he might plausibly feel conflicted about the prospect as well). While this might not be morally exemplary behaviour, the intention behind Mawdryn's actions seen in the story, after he has experienced immortality for millennia, is at least not completely evil or self-serving.

Especially in the context of Buddhist ethics, the intention behind actions is an important factor in determining whether the actions are morally "right" or "wrong" (e.g., Sirimanne, 2018; Schlieter, 2010). From this perspective, the change in the driving force behind Mawdryn's actions is significant as it informs how he is to be viewed as a character.

Indeed, even as the antagonist of the story, he is ultimately viewed with much more sympathy by the Doctor and his friends (and, possibly, by the audience as well) than most of the antagonists in the show. Tegan and Nyssa express compassion for the scientists because of their torment, even though it is essentially self-inflicted; when initially refusing to help the scientists die, the Doctor appears regretful to condemn them to their fate; and Mawdryn's ultimate

death is not presented as the hero's victory over the villains, but rather as a bittersweet happy ending for Mawdryn.

By the end of the story, Mawdryn is driven in his actions by the desire to reverse his and his comrades' immortality, and thereby to essentially undo the damage caused by interference with matters of life and death beyond his level of competence. It appears, then, that seeing (and experiencing firsthand) the unwanted consequences of immortality has forced Mawdryn to see the hubristic nature of his efforts and compelled him to try and return matters to their original state—to the way they were before the regenerator was stolen and modified.

The hubris associated with attempting to surpass the limits of humanity, and the ultimate futility of such pursuits (Hopkins, 2002) appears to have become clear to Mawdryn, whose actions in the story can be seen as an effort, albeit a rather inelegant one, to rectify the harm he has done. Mawdryn may not be the most morally upstanding character, but in the events depicted in the story, his intentions in particular are not completely beyond justification.

Ashildr/Me in TGWD/TWWL is an illustrative example of the morally deleterious effects of immortality on humans. When she is first introduced in TGWD, Ashildr is described by others as someone with a somewhat overactive conscience, perhaps bordering on the obsessive, as she is prone to blaming herself for others' misfortune even when it does not appear reasonable to do so. Additionally, she expresses love and affinity towards her family and the people close to her, and even though she is clearly afraid, she is willing to risk her life in order to help save the village.

In other words, before becoming immortal, Ashildr is depicted as someone who both has a clear sense of right and wrong (as well as the desire to do what she believes is right), and who is capable of emotion and compassion. In this sense, she resembles the Ephemerals in ENL: despite their obvious shortcomings compared to the Eternals in terms of power and longevity, they too are portrayed as caring, creative, and willing to protect and help others even at a significant cost to their own physical well-being. Indeed, the Ashildr encountered at the beginning of TGWD is, in effect, an Ephemeral, as she is an ordinary human being with an ordinary human lifespan—which would likely be short even compared to that of humans in present-day reality, considering the increase in life expectancy since the time of Vikings in which Ashildr is depicted as living.

In TGWD, Ashildr's affinity for her village and its people even touches the Doctor, who—as a virtually immortal individual mostly travelling with mortals—lacks this sense of belonging and (lasting) emotional connection. Another feature

reminiscent of the depiction of the Ephemerals is Ashildr's creativity and imagination, which, much like in ENL, ultimately secures the village's victory over the aliens, whose immortality status is unspecified, but who however pose in the story as Norse gods—that is, immortal beings.

However, while the mortal Ashildr is portrayed as superior to beings more powerful than her in some respects (even including the Doctor), she is undeniably weaker in other ways, as demonstrated by her accidental death. However, after being resurrected and turned immortal by the Doctor, both her strengths and her weaknesses change drastically. As she becomes what the Doctor describes as "functionally immortal" (that is, immortal barring accidents, presumably meaning unless killed with some sort of violence), she naturally becomes superior to mortals in terms of longevity. Furthermore, as she explains in TWWL, having unlimited time to hone any skill means that she is able to become essentially invincible at anything—serving as a potential example of Fischer and Mitchell-Yellin's (2014) "robust immortality," in which one can theoretically die, but in practical terms, never does.

At the same time, the sense of superiority compared to mortals, together with the pain associated with inevitably losing all of her loved ones, gradually makes her reluctant to form emotional connections to others and less and less concerned with the well-being of mortals, whose lifespans she views as too short to matter. Both her aforementioned assets and shortcomings are reminiscent of the Eternals in ENL: while stronger and more capable than humans in many ways, they too are portrayed as uncaring and incapable of or uninterested in empathy. Additionally, in both ENL and TWWL, these shortcomings are associated with being immortal: both Captain Wrack's and Me's disdain for ordinary humans stems from their view of the lifespan of the latter being short enough to be insignificant.

As discussed in chapter 5 and in 6.4.2, the Doctor displays some signs of faltering morals on occasion, which is particularly evident in "The waters of Mars" (Davies et al., 2009). In the episode, the Tenth Doctor declares himself above the rules of how much interference is allowed for a time traveller, and saves the life of a woman who is supposed to die. The woman that he has rescued finds the Doctor's actions and attitude abhorrent, and ends up taking her own life, which appears to force the Doctor into reassessing his attitude. The Doctor's view of his own superiority, that appears to be based at least partly in his near-immortality as a Time Lord, bears some resemblance to Me's dismissal of the importance of ordinary human lives.

In the examples discussed above, the character in question is redeemed in a moral sense by the end of the story, at least to an extent. Despite having served as the antagonist throughout the story, by the end of MU Mawdryn is no longer portrayed as the Doctor's antagonist and is arguably even depicted as a character worthy of some sympathy and compassion. Me/Ashildr in TWWL decides to use her immortality to do good, appointing herself "the patron saint of the Doctor's leftovers" (Tregenna & Bazalgette, 2015) who looks after those whose lives have been changed by coming into contact with the Doctor. She may remain somewhat morally ambiguous, but is not portrayed as a villain. Finally, as the protagonist of the show, once the consequences of his actions force the Doctor in "The waters of Mars" (Davies et al., 2009) to acknowledge the fallacy of his idea of "Time Lord Victorious," he reverts to being "good" (even though he, too, displays some moral ambiguity from time to time).

In terms of the attitude towards the pursuit of immortality in *Doctor Who*, the redemption of Ashildr and the Doctor in their respective stories is worthy of note, since both remain immortal at the resolution of the stories in question. Considering the view of immortality in the show overall, this may be attributed to the ways in which the characters in question have attained immortality in the first place.

As a Time Lord, the Doctor inherently has a superhuman lifespan, and additionally—in the episode "The time of the Doctor" (Moffat & Payne, 2013)— is granted an extension to his cycle of regenerations as a gift from Time Lord authorities without actively pursuing it or even asking for it himself. Ashildr in TGWD, in turn, becomes immortal as a result of the Doctor's actions meant to save her life—again, without pursuing or asking for immortality herself.

That both the Doctor and Ashildr are immortal for reasons beyond their control and not due to active efforts to attain such a state may be considered a mitigating factor in what being immortal suggests about their morals. This is plausible especially given that in the examples from *Doctor Who* examined here, a desire to become immortal is generally associated with selfishness and arrogance, and consequently leads to failure (and possibly punishment as well).

Since neither of the aforementioned characters are immortal because of any stated or even implied desire to become so, they are not treated as villains based on their immortality either. However, both the Doctor and Ashildr still face the effects of immortality in the form of suffering—here, the suffering is framed less as punishment (unlike in stories like MU or TFD) but rather as an inevitable consequence of living forever. Even though experiencing immortality does not

always indicate or forebode moral failure or transition into the "villain" category, the suffering it entails appears to be essentially unavoidable.

As demonstrated by the examples discussed here, the ideas of immortality as the consequence and/or cause of moral deficiency on the one hand and as suffering without end on the other are not only both discernible in depictions of immortality in *Doctor Who*, but are often presented as issues that are connected and contribute to one another. In addition, the examples discussed show that the ways in which moral shortcomings and suffering relate to each other, and what the repercussions are for the character concerned, depend on several factors related to the pursuit of immortality in both Christian and Buddhist ethics, such as whether the character actively pursues immortality, or what the intentions behind his or her actions are.

Again, both immortality and its ethical implications are presented as complex questions, and how those coming face to face with immortality are perceived within the show or depicted to its viewers varies based on several factors related to both the circumstances surrounding immortality and the individual qualities of those involved. However, the overall view emerging from the connection made between the moral shortcomings and suffering accompanying immortality further suggests that in the ethical worldview of *Doctor Who*, immortality is neither recommended nor desirable.

6.6   Concluding remarks

As the examples discussed in this chapter indicate, the connection between immortality and suffering is well-established in *Doctor Who*, both as a theme explicitly discussed by the characters and as a phenomenon influencing the attitudes and actions of those affected by immortality. The suffering inherent in immortality takes many forms in the show, and in several cases, more than one of these forms is present.

In stories such as MU and HS, the torment is graphically physical, whereas in TWWL and in the Doctor's experience throughout the show, the pain primarily appears in the form of emotional agony, heartbreak, and the loss of loved ones. Even the extreme boredom experienced by immortal characters in ENL and TWWL can be seen as a source of suffering, both for the ones experiencing it firsthand and for those who fall victim to the bored immortal beings trying to alleviate their tedium by taking risks, with no regard for how many innocent bystanders lose their lives as a result.

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The way in which suffering is depicted as inextricably linked with immortality echoes the Buddhist view of life as suffering caused by attachment. Many of the examples discussed above make the connection between the three—(endless) life, suffering, and attachment—fairly explicit, especially when depicting the inevitable loss of loved ones experienced by immortal beings. The depiction of suffering is also reminiscent of Buddhist thought in that suffering is not always framed as a punishment or as a corrective measure deliberately administered or implemented by a higher power (as is the case in some examples discussed in chapter 5), but as an inevitable consequence of living forever.

In addition to depicting the suffering that appears to be inherent in immortality, some of the stories examined—particularly MU and TWWL—depict the moral shortcoming or deterioration discussed in chapter 5 as something closely related to this suffering, either as cause or as effect (or both). Cases in which different approaches to immortality are fused and combined provide examples of how different ethical views coexist both in the cultural environment in which individuals live and in the minds of those individuals themselves. This further supports the notion that the ethical views and ideas of right and wrong both presented in outlets such as popular fiction and held by the people exposed to these outlets consist of elements originating from a variety of sources.

Therefore, being aware of and familiar with different ethical theories and traditions is beneficial in terms of understanding what sort of ideas of good and evil are implied in content presented in various media and what kind of underlying assumptions inform these ideas. This, in turn, is helpful in placing views of right and wrong offered in media and other popular discourse in the context of one's overall ethical views and beliefs.

In 3.3, three ethical issues were identified that appear to be particularly relevant to the view of Buddhist ethics on immortality:

1. the spiritual significance of non-attachment,
2. the fundamental nature of life as suffering, and
3. the pivotal role of intention behind actions.

As seen in this chapter, these appear to be present in the depiction of immortality in *Doctor Who* as well, often interwoven with and contributing to one another.

To offer some examples, excessive attachment to life is discernible, and also the cause of suffering, in the experiences of the immortal Mawdryn in MU and Me in TWWL. Both of these characters, as well as the Doctor in HS and Captain Wrack in ENL, experience some form of suffering as a direct consequence of

immortality. Finally, the intentions behind pursuing immortality or bestowing it upon another play a role in why characters such as Pete Tyler in FD, Ashildr/Me in TGWD/TWWL, and the Doctor in HS are not depicted as villains despite experiencing immortality, and why Mawdryn is viewed more sympathetically by the end of MU than Borusa in TFD, for example.

The views and attitudes regarding immortality discernible in the examples above are fairly consistent with the views of Buddhism regarding life and immortality discussed in 3.2. Therefore, it may be suggested that the depiction of immortal characters in *Doctor Who* experiencing basically unavoidable suffering as a result of their endless life, and potentially damaging their moral compass in the process, reflects a view of immortality as undesirable *both* because it leads to (sometimes near-unbearable) suffering *and* because it may lead to moral corruption, which in turn both causes harm to others and damages the one directly impacted in a spiritual sense—in Buddhist terms, in the form of bad *karma*.

In conclusion, the examples discussed in this chapter suggest a view of transgressing the limits of human mortality as generally negative and detrimental. In this case, this is not because such a transgression violates the authority of a higher power and/or exceeds the competence of the subject (as was the case in the examples in chapter 5) but rather because the consequences of radically extending the human lifespan are inherently seen as undesirable and harmful for the one concerned.

7 Conclusions and discussion

In part I, this thesis set out to provide answers to the following research questions:

1. How do Christian and Buddhist ethics view transgression of the limits of humanity in the form of the pursuit of immortality?
2. How are the aforementioned views present in the depiction of (the pursuit of) immortality in the science-fiction television programme *Doctor Who*?
3. How might the depiction of immortality in *Doctor Who* reflect the views of Christian and Buddhist ethics on efforts to achieve immortality or to radically extend the human lifespan in real life?

Questions 1 and 2 have been extensively addressed, first in part I and then in chapters 5 and 6 in part II; in the process of answering these questions, potential answers to question 3 have emerged. In the following, observations and conclusions regarding these three questions are presented one by one. Finally, suggestions for further research are provided, along with some concluding remarks.

7.1 Approach to immortality in Christian and Buddhist ethics

In chapter 3, the views of both Christian and Buddhist ethics on the prospect of immortality were explored, based on the worldviews and underlying assumptions shaping the ethical stances of the two religions. To summarise the conclusions reached, both Christian and Buddhist ethics can be said to find transgression of the limits of humanity in the form of subjective corporeal immortality a problematic aim, albeit for partly different reasons.

In the case of Christian ethics, issue is taken particularly with the active pursuit of immortality. This is in large part due to Christianity's conception of God's ultimate authority over fundamental matters of life and death and, related to this, to human fallibility as a cause for potential disaster when attempting to control matters beyond the limits of human competence.

In addition, an interest in immortality—a matter considered the domain of God—may be interpreted as hubristic, and therefore as a sign of moral shortcoming on the part of the would-be immortal. Thirdly, immortality is arguably an ethically inadvisable pursuit from the perspective of Christian ethics due to the spiritual significance of death, in terms of whether immortality of the

body and potentially endless life on earth would impede the immortal soul attaining ultimate spiritual fulfilment in heaven.

For Buddhist ethics, many of the problematic aspects of immortality have to do with the view of life as suffering: based on this premise, life without end would inevitably entail endless suffering. As such, immortality would arguably be an undesirable prospect, and granting immortality to another—in effect condemning them to endless suffering in the process—might be viewed as particularly ill-advised from an ethical perspective.

An important related point of Buddhist doctrine supporting the view of immortality as an inadvisable pursuit concerns how Buddhism values non-attachment towards all things transient, including life itself. Attempts to live forever may be interpreted as excessive attachment to the material world, to the (illusion of the) Self, or to anything transient encountered or experienced in life.

Practicing non-attachment in the form of accepting death (that is then followed by rebirth) is also essential in terms of making spiritual progress towards the ultimate goal of *nirvana*. This idea bears some resemblance to the suggestion presented above regarding Christianity viewing immortality on earth as an impediment to attaining the Christian ideal of eternal life in its entirety.

Finally, due to the importance given to intention behind actions in Buddhism, immortality can arguably be viewed as inadvisable. This is not only because of its material consequences, but also based on the potentially objectionable intentions behind pursuing it, such as attaching oneself to the transient world, gaining personal power, or promoting inequality between groups of people in the form of lifespan discrepancies.

Overall, the reasons to consider immortality an ethically questionable pursuit from the perspective of Christian ethics arguably have more to do with immortality serving as an indication of or catalyst for failure in the morals of the person pursuing immortality and as a cause of unforeseen catastrophe in the hands of humans lacking the required competence. Meanwhile, Buddhist ethics focuses more on how it is ethically inadvisable to pursue a goal such as immortality that both impedes spiritual progress and is inevitably accompanied by suffering.

However, this division is not clear-cut. Considering the great significance given to intention in Buddhist ethics, an interest in immortality may be seen as indicative of unwholesome intentions and therefore as a sign of personal moral failure, resembling the stance of Christian ethics described above. On the other hand, the potential unwanted consequences brought about by immortality in the view of Christian ethics may entail various kinds of suffering, both for the one

pursuing immortality and for others, and this in turn resembles the view of Buddhist ethics seeing life without end as suffering without end.

The similarities and overlap between the views of Christian and Buddhist ethics identified over the course of this study suggest that despite their differences, these two world religions have considerable common ground regarding fundamental ideas of right and wrong. This common ground is reflected here in their views concerning the prospect of immortality, but is undoubtedly relevant to other ethical questions as well.

Although Christian and/or Buddhist views regarding transgressing the limits of the human lifespan have previously been examined to some extent (see, e.g., Pew Research Center, 2013; Henriksen, 2015; Hongladarom, 2015; Mercer, 2017) much of the material addressing the issue is tentative and preliminary. This is presumably due to there currently being no technologies available that would make radical life extension, let alone immortality, a realistic possibility.

However, as established in both part I and part II, neither immortality nor life extension are easily defined pursuits or states of being, but rather exist on a spectrum. While it may not be possible at present to extend the maximum human lifespan by decades or centuries, or to postpone death indefinitely, medical interventions and new technologies may already allow a person to significantly surpass his or her individual life expectancy or to evade death where death previously would have been certain. In this way, transgressing the limits of human mortality may already be considered a reality to an extent, and advances in medicine and technology will continue to increase the extent to which this is possible.

With the above in mind, a need exists for theoretical frameworks with which to approach the ethics of the pursuit of immortality, regardless of whether this pursuit leads to "true" immortality (however that may be defined) or to some "lesser" transgression of the limits of mortality. In examining the issue of immortality in light of concepts essential to the worldview and ethics of Christianity and Buddhism respectively, this thesis adds to the discussion not only by arguing that both find immortality an ethically dubious pursuit but also by pointing out *what specifically* about Christian or Buddhist thought makes it so. This in turn may be helpful in attempting to identify and perhaps find solutions to the ethically problematic aspects of emerging innovations intended to extend the human lifespan, in a way that takes into consideration the views of different ethical traditions.

7.2 Approach to immortality in *Doctor Who*

As discussed in part I, particularly in 1.2.4, science fiction can arguably function as a backdrop for thought experiments exploring aspects of situations or problems purely hypothetical in real life as if they were possible or actually happening. In the case of this thesis, *Doctor Who* serves to provide insight into the prospect of immortality: whether the pursuit is worthwhile in the first place, what an interest in immortality suggests about the motivations and morals of those involved, and what kind of consequences there might be to pursuing and/or attaining immortality. The examination of how immortality is depicted in *Doctor Who*, based on the theoretical framework regarding the views of Christian and Buddhist ethics in the matter (outlined in chapter 3 and summarised above), shows recurring themes and attitudes related to specific types of characters pursuing immortality, and to certain kinds of motivations or methods involved in this pursuit.

As argued in 3.1, the theme of an interest in immortality as indicative of a villain is reminiscent of a view, familiar from Christian ethics, that active attempts at living forever are ultimately a sign of human arrogance. In addition, these attempts are likely to be based on ethically reprehensible motivations, with a high likelihood of tragic consequences both for the subject and for innocent bystanders.

As the examples of MU and TFD in particular demonstrate, those actively pursuing immortality may be considered morally flawed precisely because of their desire to live forever. Although they are likely to fail in their ultimate pursuit, the consequences (such as the bodily deterioration experienced by Mawdryn and his fellow scientists in MU) are highly undesirable.

Even in cases where immortality is granted to another for ethically justifiable reasons *per se*, such as FD and TGWD/TWWL, the repercussions are both unanticipated and at least near-catastrophic. The association between immortality and faulty morals, as well as the idea of immortality containing a risk of leading to harmful results for innocent bystanders, is even seen in ENL, where being inherently immortal is depicted as inextricably tied to moral deficiency.

In 3.2, the significance of suffering in Buddhist ethics and worldview was established. An examination of the data from the viewpoint of immortality and suffering in chapter 6 demonstrates the inevitability and endlessness of suffering as a part of life without end, particularly in ENL, MU, TWWL, and HS. Those experiencing immortality firsthand almost always face suffering in either physical, mental, or emotional form, often in more than one of the three.

Moreover, on several occasions immortality is acknowledged as the direct cause of suffering by those experiencing it, and possibly by those around them as well. The suffering connected to immortality is also presented as the cause of deteriorating morals, in that those experiencing excessive long-term suffering are depicted as driven to morally reprehensible acts to end or alleviate their torment (ENL, MU, TWWL).

In several cases, the suffering that accompanies immortality in *Doctor Who* is presented as a consequence of a reluctance or inability to "let go" of life. For example, in TWWL, Me recognises that her suffering persists precisely because she chooses to go on living. Mawdryn's suffering in MU is caused by a mutation making it impossible for him to die, and only ends when he manages to make himself mortal again. In HS, the Doctor's suffering continues because he chooses to relive the same series of events over and over again (albeit with the express goal of breaking this cycle). In this way, the suffering apparently inherent in immortality is depicted as a consequence of excessive attachment—also a concept familiar from Buddhist thought.

Even though the connection between immortality and suffering is not depicted as necessarily indicative of moral deficiency on the part of the immortal, immortality itself appears to be an ethically objectionable pursuit, given that it almost inevitably has undesirable consequences. This is seen in cases in which immortality (and therefore even endless suffering) is granted to someone not asking for it (FD, TGWD/TWWL): even though the intentions are good, the act still results in suffering for the immortal and/or for innocent bystanders. Therefore *Doctor Who* does not inextricably associate the suffering that accompanies immortality with the characters involved being villains; however, immortality itself is quite consistently presented as ethically inadvisable.

Another recurring theme in the depiction of immortality in *Doctor Who* is that obtaining or being granted immortality or an escape from death typically comes with unwanted, and often unforeseen, adverse effects. Whether in the form of the perpetual bodily suffering of the alien scientists in MU, the "wound in time" that threatens to destroy the damaged timeline in FD, or the deterioration of Ashildr's sense of right and wrong in TGWD/TWWL, attempts to transgress the limits of the human (or humanoid) lifespan lead to personal harm or general disaster that those involved usually cannot fix by means other than undoing the transgression altogether, provided that it is possible to do so.

This ties into both the Christian idea of "hubris criticism" (Hopkins, 2002) in that those involved lack the competence and wisdom to anticipate or prevent the

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damage. At the same time, it reflects the Buddhist idea of endless life as inevitable endless suffering, in that the consequences typically involve suffering for most or all of those involved.

To illustrate the differences in how immortality as an ethical question is approached in the data, in Table 2, the stories forming the core data are scored according to how each reflects the views discussed above. Each story is assessed based on whether three observations regarding the views of Christian and Buddhist ethics respectively (as presented in chapter 3) of particular relevance to the data discussed are represented in the story. This gives each story an overall score of how many of the ethical issues discussed in this thesis are featured in some way.

The first three aspects based on which the stories are scored are ones pertaining to Christian ethics:

I   whether the means used to achieve immortality are morally reprehensible;
II whether the pursuit and/or attainment of immortality has disastrous consequences for others; and
III whether the character concerned is generally depicted as a villain or as worthy of punishment in the story.[74]

The last three are of particular relevance to Buddhist ethics:

IV whether immortality suggests excessive attachment, or impedes (spiritual) growth or the capacity to move on;
V   whether immortality causes suffering to the one directly experiencing it; and
VI whether the intentions behind pursuing or attaining immortality are morally reprehensible.

Table 2. Depiction of various aspects of immortality in the data.

Story	I	II	III		IV	V	VI	Total
MU	2	2	1		2	2	2	**11**
ENL	0	2	2		1	2	0	**7**
TFD	2	2	1		0	2	2	**9**

[74] While established as a significant aspect of the view of Christian ethics on immortality, the (actual or implied) presence of a higher power related to immortality was omitted from Table 2 as redundant, since as discussed in 5.6, something like this could arguably be detected in all of the stories under examination (the Time Lords in MU; the Black Guardian in ENL; Rassilon in TFD; Rose Tyler in FD; the Doctor in TGWD; and the Time Lords who imprisoned the Doctor in HS). In its place, the depiction of the character as a villain or as worthy of punishment was included, as it arguably concerns related themes of appropriate pursuits and authority.

Story	I	II	III	IV	V	VI	Total
FD	0	2	0	1	0	0	**3**
TGWD/TWWL	0	2	0	2	2	0	**6**
HS	1	0	0	1	2	1	**5**

0 = no / not specified, 1 = somewhat, 2 = yes

Even though the themes included in Table 2 are arguably justified by the discussion featured in this thesis, it should be acknowledged that the choice of themes to include is ultimately subjective. Likewise, the assessment of how clearly the various ethical aspects of immortality are represented in each case is, of course, inevitably subjective to an extent. In particular, rating a specific issue as *Somewhat* depicted is a matter of interpretation. The cases in which this judgement has been made are justified as follows, based on the observations made in chapters 5 and 6.

Cases rated as Somewhat

– In MU, Mawdryn serves as the antagonist, but as discussed at length in chapters 5 and 6, his status as a villain is somewhat debatable, especially towards the end of the story. In addition, the villainous behaviour depicted is directly tied to immortality—first his pursuit of it, then finding a way to end it.

– In ENL, immortality is not explicitly associated with attachment, but could arguably be considered to impede the (spiritual) growth or development of the Eternals since it makes them incapable of innovation or creativity and keeps them in a state of stagnation, unable to evolve or proceed.

– Borusa in TFD is unambiguously a villain, but in the story basically all of his villainous behaviour is tied to his desire for immortality. He is therefore not portrayed as an overall villain who then develops an interest in immortality as well, but rather as someone who becomes corrupted specifically by the prospect of immortality, and whose morally objectionable actions are due to and concerned with the pursuit of immortality in particular.

– In FD, immortality is again not explicitly tied to attachment, but could be construed as impeding Pete's ability to evolve or move on: preventing his death effectively destroys all chances for new life pursuits by damaging the timeline, and the car supposed to have killed him keeps reappearing in order to set the timeline right. This suggests that Pete's life's journey has been

disrupted, and he is stuck with no way to proceed until he finally allows the car to hit him.

–   Finally, in HS, the Doctor's means of attaining immortality are not immoral *per se* (albeit highly undesirable) but the conduct and intentions of those placing him in the Confession Dial certainly are; the Doctor's intentions behind breaking out from the castle are partly rooted in the desire for revenge for his imprisonment; and while his goal is to free himself from the cycle of rebirth, his active decision to die and be reborn over and over again could arguably be interpreted as attachment to life.

In addition, many of the themes included in Table 2 have relevance for both Christian and Buddhist ethics; this in itself supports the observation made on several occasions in this thesis that the two often reach similar conclusions regarding ethical issues, despite arriving at them for different reasons. Due to these similarities, receiving a higher score for themes pertaining to one of the religions does not necessarily mean that the views of the other are not represented. In fact, both may take issue with the same aspect of immortality, albeit based on different points of doctrine.

The partly subjective nature of the assessment regarding whether certain aspects of immortality are reflected in the data, and to what extent, provides further evidence of how the concept of immortality in general is multifaceted and difficult to define with precision. With that being said, the overall score received by each story in Table 2 serves as indication of how many of the ethically problematic aspects of immortality can be found in each of the stories under examination, and whether they highlight issues particularly relevant to Christian or Buddhist ethics.

In Figure 1, the score received by each story is presented as a point on a graph. The horizontal X axis represents whether the story receives more points for ethical issues pertaining to Christian ethics (more concerned with the immorality aspect of immortality) or Buddhist ethics (more preoccupied with immortality and suffering), while the vertical Y axis shows the overall score received by the story—that is, how "ethically problematic" the case of immortality is overall, according to the ethical views of the show.
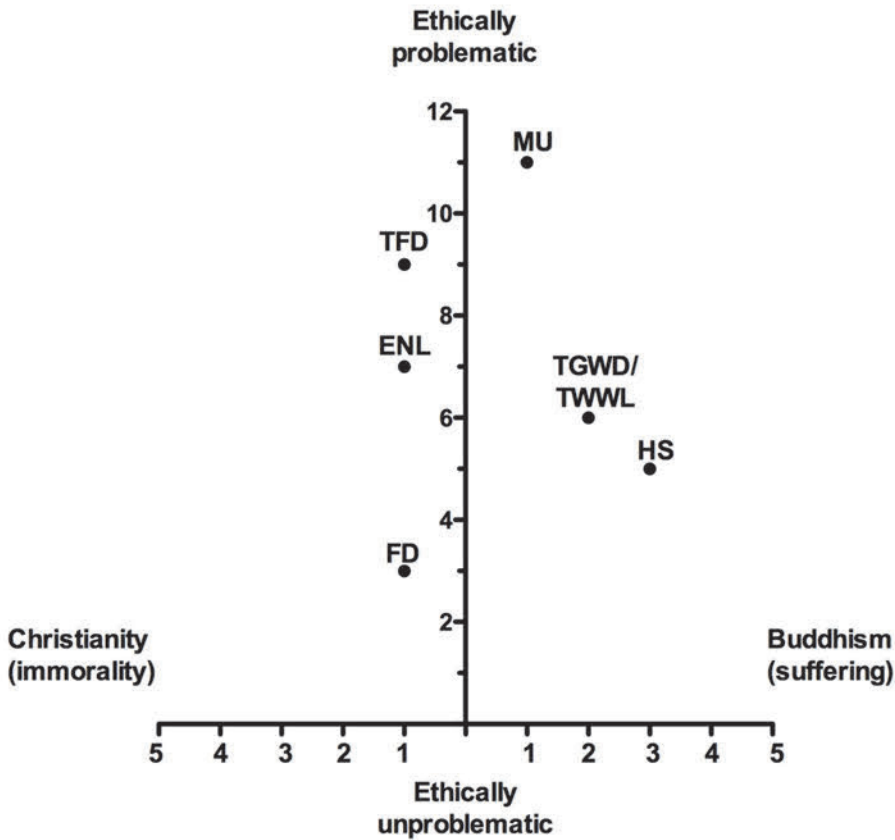
Fig. 1. How the data depict immortality as ethically problematic/unproblematic and highlight the views of Christianity/Buddhism.

As can be seen in Figure 1, the three stories receiving the highest overall score, indicating their depictions of immortality to be the most "ethically problematic"—or at least featuring the most aspects of immortality that are considered problematic by Christian or Buddhist ethics (from highest to lowest: MU, TFD, ENL)—are the ones in which the character pursuing and/or experiencing immortality is depicted as a villain. In MU and TFD, he also actively pursues immortality; in ENL, this is unnecessary since the Eternals are eternal by default, but their immorality is explicitly linked to their inherent immortality.

By contrast, the three stories with the lowest overall score (from lowest to highest: FD, HS, TGWD/TWWL) are ones in which immortality is mainly or completely bestowed upon the character from the outside and not as the result of active endeavour on the part of the immortal. In addition, none of the characters in question in these stories serve as antagonists or are depicted as villains.

This suggests that in *Doctor Who*, immortality is particularly objectionable from an ethical perspective when it is actively pursued. Such a pursuit appears to contain a strong likelihood of the character in question being morally corrupt and having morally reprehensible intentions. Even if not pursued (as is the case in ENL) immortality appears to be particularly problematic from an ethical perspective in *Doctor Who* when combined with faulty morals in general.

In terms of the extent to which the stories under examination reflect the views of Christian and/or Buddhist ethics, the stories with the heaviest focus on Christian elements are TFD and ENL (in which the character in question is a villain and is defeated or punished for his or her actions in some way) as well as FD (in which the evasion of death results in disaster for innocent bystanders). The one scoring the highest for themes relevant to Buddhist ethics is HS (in which immortality is associated with suffering and entrapment for the one directly impacted).

As seen in chapter 3, these ideas—moral inadequacy and overstepping the boundaries of human authority for Christianity, suffering and impediment to spiritual progress for Buddhism—are prominently featured in the views of the religious traditions in question when it comes to the prospect of immortality. They appear to play a fairly significant role in the attitudes towards immortality expressed in *Doctor Who* as well.

Despite emphasising either Christian or Buddhist views regarding immortality, Table 2 shows that all six stories feature at least some elements from *both* Christian *and* Buddhist ethics, and as can be seen from Figure 1, the stories generally fall quite close to the middle point between Christian and Buddhist elements. This further supports the conclusion that the implicit code of ethics followed in *Doctor Who* consists of elements and attitudes from more than one ethical tradition—based on this examination, these include the views of at least Christian and Buddhist ethics, but other influences could potentially be identified as well.

Since the study employed a qualitative approach, the variety in the depictions of immortality featured in the data provided ample material for examination and discussion. However, it should be borne in mind that the findings presented here

are primarily based on data comprising six stories—a fairly small sample, especially considering that the catalogue of televised *Doctor Who* episodes consists of several hundred stories.

Indeed, depictions of immortality and/or transgression of the limits of mortality seen in the show over the years are both numerous and heterogeneous, and may in some cases even reflect views differing from the overall stance of the show. One notable example outside the data used in this thesis may be found in "The Doctor dances" (Moffat & Hawes, 2005) where the human child Jamie is resurrected with alien technology, but the story ends before any possible negative consequences are shown or discussed.

Considering how long *Doctor Who* has been in production and how many people have been involved in making it, it is understandable and perhaps even inevitable that the plot, mythology, and worldview display some inconsistencies over the course of the show. Nevertheless, as discussed in chapters 5 and 6, the attitudes towards immortality expressed and implied in the data are reflected in depictions of immortality in *Doctor Who* throughout the show more as a rule than as an exception; therefore, the conclusions from the data may be considered largely (if not absolutely) representative of the view of immortality in the show overall. A systematic closer look at examples from *Doctor Who* that deviate from the overall depiction of immortality established in this thesis might reveal elements or attitudes that such examples have in common, and is a worthwhile topic for further examination.

Of course, thought experiments regarding immortality are not the same as authentic cases of an individual becoming immortal: since the scenario is deliberately devised and scripted, it naturally does not reflect the real-life consequences of immortality on either those directly affected or the surrounding world. On the other hand, precisely *because* these immortality-themed thought experiments are deliberately scripted, they provide insight into the views and attitudes—whether conscious or unconscious—of those writing the scripts, and by extension, of the cultural environment in which they live. *Doctor Who* may not be able to provide real-life documentation of what immortality does to a human being, but it can and does reveal a great deal about what the culture in which it is produced believes it *might* do.

When considered in terms of the real world, the way in which immortality is depicted in *Doctor Who* suggests concerns regarding the pursuit of radical life extension or life without end with reasoning stemming from views expressed in both Christian and Buddhist ethics. The concerns of each tradition focus on

specific aspects of the pursuit of immortality. These may manifest themselves differently in *Doctor Who*'s world of aliens and time travel than in real-life health-care settings, but at their core, the ethically challenging or worrisome questions attached to immortality in reality are similar to those seen in fiction.

A further conclusion is that in (science) fiction, the pursuit of immortality is frequently if not predominantly associated with immorality and/or various kinds of suffering. This is indicated by the data comprised of *Doctor Who* episodes examined in this thesis, but even by examples from other works of fiction, ranging from myths and folk tales to the boredom experienced by Elina Makropulos in *The Makropulos case* and the wealth of examples listed in the TV Tropes entry for "Who wants to live forever?" (n.d.) discussed in chapter 2. In other words, in addition to a fascination with the idea of everlasting life (as evidenced by how often the topic is broached in fiction) there appear to be deeply-rooted concerns in the cultural consciousness regarding the consequences of attaining such a goal.

As efforts are made to extend the human lifespan even further, it may be pertinent to acknowledge the concerns consistently expressed by storytellers (concerns that are, presumably, at least partly informed by the culture and values by which these storytellers are surrounded) and at least consider why these efforts are so frequently depicted as ethically questionable or as producing undesirable results. This point is discussed further in 7.3.

One more observation that may be made based on the examination of the data is how the perceived influences of Christian and Buddhist ethics in *Doctor Who* coexist and even overlap. For example, MU reflects *both* the Christianity-informed view of immortality as a hubristic pursuit doomed to fail *and* the Buddhist concept of immortality as eternal suffering. Moreover, the two elements are deeply interwoven, as Mawdryn's morally reprehensible pursuit of immortality is the direct cause of his suffering, which in turn compels him to commit further morally objectionable acts.

The Time Lord ability to regenerate is strongly reminiscent of the Buddhist conception of reincarnation. At the same time, depicting the villainous Master as prepared to actively extend his lifespan while the heroic Doctor receives additional opportunities for regeneration without asking for them also reflects the Christianity-informed idea of immortality as a lucrative prospect and object of active pursuit specifically for the morally corrupt.

The ways in which the implicit ethical code of *Doctor Who*—manifesting itself in the depiction of immortality—reflects views and attitudes from more than

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one religious tradition simultaneously supports the argument that ethical views (whether held by individual people or displayed by fictional narratives) do not come from one source but combine ideas of various origins. In stories such as MU and TWWL, both Christian and Buddhist views can be seen, and values or ideas from the two traditions coexist. This has some similarities to the observations made by de Wildt and Aupers (2021) regarding "the flattening of religious cultural heritage" and allowing various religious figures or traditions to coexist in video games.

Seeing elements and ethical views from several traditions interwoven in works of popular culture that are secular in principle, such as *Doctor Who* or *Final fantasy* (the example used by de Wildt and Aupers in the aforementioned study), also suggests that people may not always be aware of where their ethical views and attitudes come from, because they might consume this content without actively thinking of it as containing religious elements. At the same time, they are constantly exposed to these attitudes from the content that they consume, which might influence their ethical views regarding issues such as immortality to more closely resemble those of Christian and Buddhist ethics, for example. Further research on whether similarities are found between the ethical views implicit in works of entertainment such as *Doctor Who* and those held by their audiences might shed more light on this relationship.

7.3   The ethics of immortality and radical life extension in real life

The specifics of feared real-life repercussions of immortality may differ from those seen in *Doctor Who* (in which they include turning into a statue, damaging the space-time continuum, and innocent mortals dying after being used as expendable pawns in a spaceship race). However, the underlying concerns regarding matters such as whether the motivations of those interested in extending the human lifespan are benevolent, or whether those wishing to turn humans immortal are equipped (or inclined) to address the possible negative consequences of achieving this goal, are very similar to ones directed at the real-life prospect of immortality, as seen in the discussion regarding ethical concerns in 2.3 and in chapter 3.

As can be seen in 2.3, numerous concerns regarding the repercussions of extreme life extension or immortality have been voiced in conjunction with discussion of prolongevity. Depicting the active pursuit of immortality as indicative of a villain, and presenting the final outcome as a tragedy for everyone

in general and/or failure (and punishment) for the subject specifically, suggests that similar fears may be attached to the prospect of immortality in real life as well. The fears expressed in *Doctor Who* are arguably applicable to real-life efforts to extend the human lifespan (either radically or indefinitely), including whether those interested in immortality would have morally tenable motives or an interest to solve any problems potentially arising from attaining immortality, as well as whether the benefits of immortality could be considered to outweigh the cost or harm.

Although surpassing the limits of human mortality has been a feature in *Doctor Who* since at least the introduction of the concept of regeneration in "The tenth planet" (Pedler et al., 1966), the examples introduced in this thesis seem to suggest an increasing interest in the theme as a plot element over time. The episodes forming the core of the data examined here are from 1983 onwards; in the 2000s in particular, episodes depicting characters pursuing or attaining life extension or immortality, often by means of advanced (alien) technology, appear quite numerous.

Even though (as established in chapter 1) the overall approach of this thesis is not quantitative, for the sake of comparison it may be noted that the attached list of *Doctor Who* stories involving immortality (Appendix 1) contains 32 episodes from the "Nu*Who*" era (2005–) in which a character can be considered to face or address life extension or immortality as a plot point in some way (Table 4). Meanwhile, only 17 such stories are included in the list from the "Classic *Who*" era (1963–1989) (Table 3) despite the two eras having roughly an equal number of stories (155 for "Classic *Who*," 142 for "Nu*Who*").[75]

Out of the stories made prior to 1980, only eight examples are included, compared to 18 made in 2010 or later. Presuming that the apparently growing interest in exploring the possibility of immortality in SF reflects growing interest in the issue in general, it seems reasonable to suggest that the findings of this thesis regarding the ethics of immortality respond to a topical need.

It could be suggested that an apparent increase in interest regarding stories depicting immortality or superhuman longevity, often addressing the (ethically) problematic aspects involved, might be connected to the advances in medicine and technology making these prospects appear more attainable than ever in reality. Such concerns are related to those regarding the dangers of scientific progress in general, and may be detected in a wide variety of contexts.

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[75] Based on information on the Doctor Who *TV* website (BBC Studios, n.d.) in early 2022.

For example, in the episode "Arachnids in the UK" (Chibnall & Aprahamian, 2018) human interference with the longevity of spiders for the purposes of reaping benefit from their special characteristics causes the spiders to grow massively larger than would be natural, and they eventually start attacking humans. Again, the attempt to elongate lifespan for human benefit (albeit in this case, not one's own) has consequences both unexpected and undesirable and, ultimately, leads to disaster.

This worry contains elements of the "hubris criticism" discussed by Hopkins (2002), especially in terms of humankind's inability to responsibly and competently handle matters such as the length of a living being's lifespan. Furthermore, it ultimately reflects the same fears discernible in the unanticipated suffering experienced by Mawdryn in MU and by Me in TWWL after becoming immortal, as discussed in the previous chapters.

Due to its growing relevance in the real world (as can already be seen in the ever more efficient forms of life-sustaining treatments available) the thought of potentially being able to delay or avoid death, along with the ethical and philosophical problems that this might entail, may increasingly preoccupy people. This, in turn, may manifest itself as explorations through the medium of fiction of what immortality might mean for our humanity. Accordingly, it may be pertinent to pay attention to what these explorations—such as the examples from *Doctor Who* examined here—communicate regarding the ethics of immortality, and what the findings of such examinations might say about the ethical aspects that perhaps should be taken into account when making efforts to extend the human lifespan in reality.

This thesis demonstrates that the depiction of immortality in the particular work of fiction under examination (*Doctor Who*) reflects the views of at least two major real-life religions (Christianity and Buddhism) in the matter. As such, the views expressed in *Doctor Who* may be considered applicable to real-life discussions regarding the ethics of immortality and life extension.

As established in 1.3.1, arguments regarding the ethics of immortality are in many ways related to those regarding radical life extension. Additionally, as discussed on several occasions in the previous chapters, this examination of immortality in *Doctor Who* suggests that immortality is a spectrum or a continuum rather than a precisely defined state of being, and although different forms or degrees of immortality may be accompanied by somewhat different ethical concerns, all of the examples of subjective immortality examined in this thesis are ultimately depicted as inadvisable pursuits. Attitudes towards

immortality and radical life extension may therefore arguably be extended to apply to medically-assisted life extension in general, and may thus be considered applicable in part to questions of life and death, such as those encountered in medicine and health care.

In chapter 5, a connection between immortality and immorality in the examples from *Doctor Who* was established: either the prospect of immortality serves as motivation for immoral behaviour, or experiencing immortality causes a character's ideas of right and wrong to become distorted. In the real world, concerns regarding the morality of immortality and those pursuing it may be connected to those discussed in 2.3, particularly pertaining to using life-extending therapies for personal gain or for otherwise morally reprehensible purposes (e.g., accumulating personal wealth or power, deliberately promoting inequality by creating or exacerbating lifespan discrepancies) or to the potential undesirable consequences that humans may not have the competence or inclination to prevent, solve, or even foresee (such as changes to socioeconomic structures, overpopulation, or other kinds of societal or ecological disaster).

There has already been some research focusing on the morals of those interested in or willing to use technologies aiming to expand or transgress the limits of humanity as they are currently understood: for example, see Laakasuo et al. (2021) who suggest that antisocial tendencies, particularly Machiavellianism, are positively correlated with approval of mind upload technology, which is seen by some as a potential path to immortality. Both the findings and the very existence of such research reveal that the connection between an interest in immortality and moral shortcoming is an existing concern.

In addition, fears of the prospect of immortality blurring the sense of right and wrong may apply to situations in which decisions regarding life-sustaining treatments are made in health-care settings. Even if the intentions of those involved are good per se, if the pursuit of immortality is seen as tied to lacking morals the desire to prevent death at all costs may be feared to result in other kinds of harm. These might include ignoring either the ethical acceptability of the methods involved or the amount of suffering caused to the patient.

Possible examples from present-day reality may be seen in the issues of organ trafficking and transplant tourism (i.e., purchasing organs from living donors for the purpose of transplantation), which are already recognised as major ethical concerns related to the increasing demand for potentially life-saving organ transplants (see, e.g., Danovitch et al., 2013; Corfee, 2016). Another example is

found in the ethically problematic aspects of rejuvenation therapies such as young plasma transfusion, discussed by Lavazza and Garasic (2020).

Further advances in technology and the arrival of new medical interventions may bring about new ethical dilemmas, either ones resembling the aforementioned or ones of a nature never encountered before. In such cases, being acquainted with and understanding the beliefs and values shaping both one's own sense of right and wrong and that of others involved is essential in determining whether the ethical price of a potentially endless life may be considered acceptable or too high.

Chapter 6 focused on the connection between immortality and suffering. The latter was depicted as a fairly constant companion of the former, whether in the form of physical pain, mental agony manifesting itself as boredom and a lack of purpose, or the emotional anguish of heartbreak, loneliness, and the loss of loved ones. These concerns are quite easily translated into real-life situations in which extending the human lifespan may postpone the ethical harm of allowing a person to die, but exacerbates the suffering experienced by that person in the process. As previously stated, such situations may be encountered in health care when continuing with life-sustaining treatments leads to unreasonable levels of suffering, both physical and otherwise.

The frequency with which *Doctor Who* addresses the various kinds of suffering endured by the immortal precisely because of their immortality may reflect concerns regarding the role of suffering in real-life attempts to postpone or prevent death. The focus on mental and emotional suffering in particular may reflect fears that in the case of real-life efforts to extend the human lifespan, these forms of suffering that are difficult to measure (or perhaps even perceive from the outside) may be ignored, and that those experiencing them may therefore be forced to suffer alone and unnoticed. On the other hand, even physical suffering is often hard to assess or measure, and many of those receiving life-sustaining treatments are unable to communicate whether they are in pain (see, e.g., Klein et al., 2010; Brorson et al., 2014), so even the possibility of physical suffering going unnoticed should be taken into account.

In other words, these apparent concerns have some basis in real-life observations. The consistent depiction of immortality as eternal suffering seen in *Doctor Who* may reflect a more general concern over transgression of the limits of the human lifespan as a potential source of suffering with no end in sight.

Seeing immortality so deeply interwoven with immorality on the one hand and with suffering on the other in *Doctor Who* suggests the possibility that similar

concerns accompany attempts to extend the human lifespan in reality as well, given both that the writers of the show address the theme on a regular basis and that the viewers are then exposed to these ideas over and over. The fairly consistent depiction of immortality as an ethically questionable goal that both reveals moral deficiency and leads to ethically undesirable harm may be taken as indication that such attitudes might reside in the minds of both those producing and those consuming *Doctor Who* as well, whether consciously or not.

Ultimately, all decisions are ethical ones; as a result, there is a need to be conscious of the ethical framework behind these decisions, not just on a surface level (i.e., which ethical theory one nominally adheres to) but even in terms of what kind of values and worldviews the framework used subscribes to and promotes. This applies to religious ethics as well: since world religions are often divided into numerous denominations and have adherents numbered in the millions or even billions, ideas of what constitutes "Christian" ethics or "Buddhist" ethics, for example, may vary widely. In order to establish the opinion of a certain ethical school of thought on a specific issue, especially one with no direct historical precedent, it is therefore necessary to consider the fundamental underlying assumptions held by the school of thought in question in order to apply them to the issue at hand.

When discussing the ethical aspects of questions involving life and death, including but not limited to end-of-life decisions, it is important to take the cultural beliefs of those involved into serious consideration. This is because the ultimate beliefs that make up a cultural worldview provide people with a sense of significance, continuity, and control, especially in the face of the terror-inducing fact of the finitude of life (see Johnstone, 2012).

Tarzian and Schwarz (2015, pp. 35–36) highlight the importance of *values clarification*—active self-reflection during which the attitudes and beliefs held valuable and motivating one's actions are identified and reflected upon. As argued in this thesis, one element contributing to one's values that should be identified and reflected upon is the influence of the ethical attitudes of the surrounding culture, and one's own views regarding these attitudes.

In addition to arguing for the importance of recognising the role of religious ideas and beliefs in views on ethically challenging issues in general, this thesis provides frameworks with which to consider the approach of Christian and Buddhist ethics towards the prospect of immortality. These same or similar frameworks could be used to examine the views of said religions on other ethically challenging issues as well, given that they introduce some fundamental

ideas and beliefs held by the two regarding the role, nature, capabilities, and limitations of humanity.

In MU, the so-called happy ending that is Mawdryn being able to die can be achieved without harming the Doctor: in the story, the short-circuit in the time differential caused by Brigadier Lethbridge-Stewart is a total perfectly timed coincidence, and apparently not even the Doctor knows beforehand that his TARDIS could be used instead of his regenerations to provide the energy to allow the scientists to die. Being able to provide such a satisfactory outcome for all parties concerned is a privilege enjoyed by fictional narratives, but not so much by real life.

In reality, ethical problem-solving rarely allows for solutions this agreeable to everyone involved. If the case of immortality presented in MU were transferred into reality, and real-life human efforts to radically extend the human lifespan or to make humans immortal resulted in extended suffering (as, it can be argued, life-support technology and interventions are already capable of doing in the present to some degree), it would be an insufficient solution to the suffering caused to simply wait and hope for some *deus ex machina* to put an end to the torment without anyone involved needing to make any ethically uncomfortable decisions.

In order to prevent finding oneself in a situation like that seen in MU, in which transgressing the limits of humanity has resulted in unacceptable suffering and the solution to correct the situation is ethically undesirable as well, the best course of action from the viewpoint of both Christian and Buddhist ethics would arguably be to not attempt to transgress these limits in the first place. However, since active progress is constantly made in longevity research and life-sustaining treatments, instead of waiting for a fortuitous "happy ending" such as the one presented in MU it might be more advisable to develop tools for ethical decision-making, so that the ethically problematic implications and/or consequences of immortality can be identified and actively attended to when encountered. These tools are precisely what this thesis, for its part, strives to provide.

7.4   Suggestions for further research

As suggested above, the apparent increase in depictions of life extension by means of technology in *Doctor Who* may be interpreted as an increase in interest in (and perhaps concerns with) the prospect of such real-life pursuits becoming successful in the future. This thesis provides frameworks with which to assess the

approach of Christian and Buddhist ethics to cases in which the limits of human mortality are tested or transgressed, and employs these frameworks to examine and point out some ethically challenging aspects found in encounters with immortality depicted in *Doctor Who.*

Given the growing number of increasingly complex situations where decisions regarding life-sustaining treatments need to be made in health-care settings, the necessity of further research on the topic is not merely rooted in an academic interest in the ethics of immortality as a philosophical question, but also in a real-life need for tools with which to facilitate informed ethical decision-making. Although the findings of this study provide possible answers to the research questions posed at the start, many avenues for further research remain. Some have been suggested over the course of this thesis; the following are some of the ones that I consider to have the most potential to yield illuminating results.

First, a similar examination might provide different insight if the relationship of the author with the primary data (*Doctor Who*), framework (Christian and/or Buddhist ethics), or field of application (medicine and health care) differed from those of this author. Likewise, an otherwise similar examination could be conducted using different primary data, for example a different SF programme or another work of (popular) fiction, in order to establish whether the influence of Christian and/or Buddhist ethics is as clearly discernible there as it appears to be in *Doctor Who*. The examination could also use a religion or religions other than Christianity and/or Buddhism as a starting point, in order to establish the attitude of the religion(s) in question towards immortality, and then to determine whether this approach is reflected in the primary data.

This thesis examined the limits of humanity using immortality as the focal point. A SF show such as *Doctor Who* would offer material for explorations of the ethical aspects of other kinds of limits with parallels in the real world as well, such as cybernetics and replacement of body parts with artificial ones, or the relationship between humans and robots or artificial intelligence.

While the Christian and Buddhist points of doctrine raised in this thesis might also be useful in examining these other types of limits of humanity, further relevant points of doctrine might emerge to shed light on how Christian and Buddhist ethics view the Cybermen's project to replace their humanoid bodies with artificial parts, or the various super-intelligent computers encountered by the Doctor during his travels, for example. Some work addressing these or similar topics exists (see, e.g., Dubois, 2014), but the abundance of material provided by the show offers opportunities for further examination.

Other potential topics of research pertaining to the limits of humanity in *Doctor Who* might be the Time Lord capacity to regenerate and the implications of this capacity to personal identity, as well as the role of gender in transgressing the limits of humanity (either in the context of immortality or in some other form). Both of these are touched upon in this thesis to some extent, but are worthy of further attention in their own right.

In terms of further research not focusing on popular culture, the role of Christian and/or Buddhist ethics in the ethics of real-life longevity research or end-of-life decisions is a topic with significant potential to add to discussions regarding bioethics or the ethics of medicine and/or health care. Different ethical traditions vary in their views on the ethical acceptability of various practices and decisions as well as in how they justify these views.

Even in the case of a specific ethical tradition, such as Christian ethics, views on how to interpret Christian doctrine and underlying assumptions in practice vary widely: for example, as seen in 3.1.3, views on continuing with life support based on Christian values may be centred around either the prohibition on killing (see, e.g., Cherry, 2018) or compassionate treatment of one's neighbour (see, e.g., Cagney, 2014), potentially leading to very different conclusions. Therefore, to say that one's views are based on Christian ethics, it is necessary to first define (both to oneself and to others) what is meant by "Christian ethics" in this case and which points of doctrine are prioritised.

The ways in which the views of Christian ethics are reflected in end-of-life care was the topic of my Bachelor's thesis for my nursing degree (Vuolteenaho, 2021). The findings of both that and the current thesis highlight the need to acknowledge and identify the underlying assumptions of one's ethical framework, and also provide some tools for doing so in the case of Christian (and in the current thesis, Buddhist) ethics. However, much remains to be said about how ethical theories based on religious doctrine and a religious worldview are translated into highly complex cases of ethical decision-making in real-life situations, and how Christian ethics, for example, approaches ethical issues regarding life and death that may not be topical in present-day reality but might become so in the future.

Additionally, both this thesis and the aforementioned one (Vuolteenaho, 2021) argue that in order to understand why a specific religion approaches certain ethical questions like it does, as well as to hypothesise how it would approach issues with no clear historical precedent, it is essential to be acquainted with the underlying assumptions of said religion, especially in terms of its view of

humanity. This includes views on the basic nature, rights, and responsibilities of humankind, as well as the role of humans (both collectively and as individuals) in relation to both the rest of the world and the higher power as conceived in the context of that religious tradition. Relatively little literature focusing specifically on the view of humanity held by different traditions appears to exist; more material on the topic might facilitate both defining ethical attitudes regarding specific issues within one ethical tradition and comparing and contrasting the views of several traditions whose underlying assumptions differ from one another.

Finally, this thesis examined how Christian and Buddhist ethics approach immortality; however, how religious doctrine approaches an ethical issue in theory is sometimes different from how adherents of that religion feel about or approach it in practice. Therefore, it might be illuminating to look into whether the views of Christian and Buddhist ethics regarding immortality are shared by individuals practicing Christianity or Buddhism. A survey among self-identified Christians and/or Buddhists might provide insight into whether the views of individual adherents reflect those of religious doctrine. Additionally, a similar survey among *Doctor Who* viewers might offer indication regarding whether the approach towards immortality seen in the show reflects (or perhaps influences) the views of its audience.

Jackson (2020) looks at conversations among panel discussion groups regarding episodes of *Doctor Who* and notes that, while not immediately theological, the data gathered from the participants are theologically significant and serve as material for examining if and how popular culture is used in (theological or religious) meaning-making. This observation is consistent with the findings of this thesis regarding the contents of the show itself. Jackson's method and approach or similar could be applied to examine the views of the audience of *Doctor Who* on specific ethical questions such as immortality, or whether the views of the audience are theologically significant from the viewpoint of religions other than Christianity as well.

As these suggestions demonstrate, much remains to be explored regarding the ethics of immortality and the limits of humanity. However, despite the need to delve into the topic further, the findings of this thesis can hopefully respond to this need to an extent. An outline of the relevant points of doctrine to consider when assessing the ethical approach of Christianity or Buddhism to a challenging situation, be it hypothetical or real, can help in deciding if one's ethical framework (e.g., that provided by one's religious denomination) finds the decision being made to be acceptable, and then if one's personal ethical views

align with those of the larger framework. Whether the one facing or transgressing the limits of humanity, and contemplating the price of a life potentially with no end, is a Time Lord travelling through time and space or a recipient of life-sustaining treatments in the real world, it is essential that those involved acknowledge the need to consider and determine their sense of the limits of right and wrong as well.

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Appendix

Appendix 1. Doctor Who *stories involving immortality or life extension: Suggested viewing.*

Table 3. Classic *Who* (17 stories in total)

Story	Year	Season, serial	Writer	Director	Immortal (species)	Incarnation of the Doctor
"The celestial toymaker"	1966	S03, S06	Brian Hayles; Donald Tosh (uncredited)	Bill Sellars	The Toymaker (unspecified alien)	1st
"The tenth planet"	1966	S04, S02	Kit Pedler (episodes 1–2); Kit Pedler & Gerry Davis (episodes 3–4)	Derek Martinus	Cybermen (aliens); the Doctor (Time Lord)	1st; 2nd [1]
"The three Doctors"	1972–1973	S10, S01	Bob Baker & Dave Martin	Lennie Mayne	Omega (Time Lord)	3rd [2]
"Planet of the spiders"	1974	S11, S05	Robert Sloman & Barry Letts (uncredited)	Barry Letts	The Doctor, Cho-Je (Time Lords)	3rd; 4th [3]
"The brain of Morbius"	1976	S13, S05	"Robin Bland" (Terrance Dicks, rewritten by Robert Holmes)	Christopher Barry	Morbius (Time Lord)	4th
"The deadly assassin"	1976	S14, S03	Robert Holmes	David Maloney	The Doctor, the Master (Time Lords)	4th [4]
"Underworld"	1978	S15, S05	Bob Baker & Dave Martin	Norman Stewart	The Minyans (aliens)	4th
"The pirate planet"	1978	S16, S02	Douglas Adams	Pennant Roberts	Queen Xanxia (alien)	4th
"State of decay"	1980	S18, S04	Terrance Dicks	Peter Moffatt	The Three Who Rules (mutated humans)	4th
"The keeper of Traken"	1981	S18, S06	Johnny Byrne	John Black	The Master (Time Lord)	4th
"Mawdryn undead"	1983	S20, S03	Peter Grimwade	Peter Moffatt	Mawdryn (alien)	5th

Story	Year	Season, serial	Writer	Director	Immortal (species)	Incarnation of the Doctor
"Enlightenment"	1983	S20, S05	Barbara Clegg	Fiona Cumming	Captain Wrack, Captain Striker, Mr Marriner (Eternal, aliens)	5th
"The five Doctors"	1983	S20 special	Terrance Dicks	Peter Moffatt	Borusa, the Master (Time Lords)	5th 5
"The caves of Androzani"	1984	S21, S06	Robert Holmes	Graeme Harper	People of Androzani Major (human)	5th; 6th 6
"Mindwarp"	1985	S23, S02	Philip Martin	Ron Jones	Kiv (Mentor, alien)	6th
"The greatest show in the galaxy"	1988–1989	S25, S04	Stephen Wyatt	Alan Wareing	The Gods of Ragnarok (ancient beings)	7th
"The curse of Fenric"	1989	S26, S03	Ian Briggs	Nicholas Mallett	Fenric (ancient being), Haemovores (aliens)	7th

1 3 6 Regeneration story

4 Also features an example of objective immortality in the Matrix, a network where the information in a Time Lord's mind can be uploaded.

2 5 Special episode with appearances by previous Doctors as well.

Table 4. Nu*Who* (32 stories in total)

Story	Year	Series, episode	Writer	Director	Immortal (species)	Incarnation of the Doctor
"The end of the world"	2005	S01, E02	Russell T. Davies	Euros Lyn	Lady Cassandra (human)	9th
"The unquiet dead"	2005	S01, E03	Mark Gatiss	Euros Lyn	The Gelth (aliens)	9th
"Father's day"	2005	S01, E08	Paul Cornell	Joe Ahearne	Pete Tyler (human)	9th
"The empty child"/"The Doctor dances"	2005	S01, E09/10	Steven Moffat	James Hawes	Jamie (human)	9th
"The parting of the ways"	2005	S01, E13	Russell T. Davies	Joe Ahearne	Captain Jack Harkness (human)	9th; 10th 1

Story	Year	Season, serial	Writer	Director	Immortal (species)	Incarnation of the Doctor
"New Earth"	2006	S02, E01	Russell T. Davies	James Hawes	Lady Cassandra (human)	10th
"School reunion"	2006	S02, E03	Toby Whithouse	James Hawes	The Doctor (Time Lord)	10th
"Rise of the Cybermen"/"The age of steel"	2006	S02, E05/06	Tom MacRae	Graeme Harper	John Lumic (human)	10th
"Love & monsters"	2006	S02, E10	Russell T. Davies	Dan Zeff	Ursula Blake (human)	10th
"The Lazarus experiment"	2007	S03, E06	Stephen Greenhorn	Richard Clark	Professor Lazarus (human)	10th
"Human nature"/"The family of blood"	2007	S03, E08/09	Paul Cornell	Charles Palmer	The Family of Blood (unspecified aliens)	10th
"Utopia"	2007	S03, E11	Russell T. Davies	Graeme Harper	Captain Jack Harkness (human)	10th
"Silence in the library"/"Forest of the dead"	2008	S04, E08/09	Steven Moffat	Euros Lyn	Charlotte Abigail Lux (human)	10th
"The waters of Mars"	2009	S04/05 special	Russell T. Davies& Phil Ford	Graeme Harper	The Doctor (Time Lord), Adelaide Brooke (human)	10th
"The end of time" (parts 1 & 2)	2009–2010	S04/05 specials	Russell T. Davies	Euros Lyn	The Doctor (Time Lord)	10th; 11th [2]
"The big bang"	2010	S05, E13	Steven Moffat	Toby Haynes	Rory Williams (human/Auton)	11th
"Let's kill Hitler"	2011	S06, E08	Steven Moffat	Richard Senior	River Song (human/Time Lord)	11th
"The God complex"	2011	S06, E11	Toby Whithouse	Nick Hurran	The Minotaur (alien)	11th
"The wedding of River Song"	2011	S06, E13	Steven Moffat	Jeremy Webb	The Doctor (Time Lord)	11th
"The bells of	2013	S07, E06	Steven	Colm	Clara Oswald	11th

Story	Year	Season, serial	Writer	Director	Immortal (species)	Incarnation of the Doctor
Saint John"			Moffat	McCarthy	(human)	
"The time of the Doctor"	2013	S07 special	Steven Moffat	Jamie Payne	The Doctor (Time Lord)	11th; 12th [3]
"Dark water"/"Death in heaven"	2014	S08, E11/12	Steven Moffat	Rachel Talalay	Danny Pink (human)	12th
"The girl who died"/"The woman who lived"	2015	S09, E05/06	Jamie Matheson & Steven Moffat (TGWD) / Catherine Tregenna (TWWL)	Ed Bazalgette	Ashildr (human)	12th
"Heaven sent"	2015	S09, E11	Steven Moffat	Rachel Talalay	The Doctor (Time Lord)	12th
"Hell bent"	2015	S09, E12	Steven Moffat	Rachel Talalay	Clara Oswald, Me (human)	12th
"Knock"	2017	S10, E04	Mike Bartlett	Bill Anderson	Eliza (human)	12th
"World enough and time"	2017	S10, E11	Steven Moffat	Rachel Talalay	Bill Potts (human)	12th
"Twice upon a time"	2017	S10 special	Steven Moffat	Rachel Talalay	The Doctor (Time Lord)	12th [4]
"Arachnids in the UK"	2018	S11, E04	Chris Chibnall	Sallie Aprahamian	Genetically modified spiders	13th
"The witchfinders"	2018	S11, E08	Joy Wilkinson	Sallie Aprahamian	The Morax (alien)	13th
"Can you hear me?"	2020	S12, E07	Charlene James & Chris Chibnall	Emma Sullivan	Zellin, Rakaya (Eternals)[5]	13th
"The timeless children"	2020	S12, E10	Chris Chibnall	Jamie Magnus Stone	The Doctor, Time Lords; Cybermen	13th

[1][2][3] Regeneration story

[4] Regeneration story; features an appearance by the First Doctor as well.

[5] Not stated in the episode, but confirmed in the short story *The guide to the dark times* (Lang, 2020) ("Can you hear me? [TV Story]", n.d.).

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