

### 3.2.2.3.5.4.6 The other “eternal” life

The Kreutzian ideology is appropriate for the current “mode of production” of humanity (or the segment of humanity of which I am part). It is a superstructure to the way, modern humans of Western European origin, with sufficient intellect for self-cognition (self-consciousness minus illusions and superstitious beliefs) design their lives (you could call this a “mode of production”, but what is produced are not just material goods).

I am well aware of the limitations that are implied in defining my thought as superstructure. When the “modes of production” will have changed substantially in the future (a new quality arising from the accumulation of certain quantities), my philosophy, or ideology, will be in need of modifications.

One major shift in the mode of production, I can anticipate, and therefore, I can indicate how my ideology will have to change. The turning point will be the time when humans can produce what I call the other “eternal” life.

Humans at the current stage of history die of accidents or wars, or as victims of crime or victims of catastrophes. But most of all, they die of diseases.

We can avoid for decades to die of wars, accidents, crime, or catastrophes. But disease, which is but organ malfunction (whatever the etiology), will, at the current level of technology, catch up with each of us sooner or later. If we make it to 100 years, we are extremely lucky. No human has yet made it to 150 years.

I do want to emphasize this: we do not die because “time is up”. There is no internal or external chronological device that would determine how long we live. Every death, so-called “natural” or from disease, can be traced medically to certain organs not fulfilling their responsibilities within the organism.

Progress in medicine is nothing but our capability to control and ameliorate ever more physiological malfunctions, whether they are caused by pathogens, radiation, trauma, cancers, or whatever.

However, medical technologies at this stage of human development cannot keep pace with the frequency, organ malfunctions develop once we reach an advanced age, and for this reason, humans at the current stage of history die, on average, at an age between 70 and 80, and they do so typically from organ malfunction.

But humans are catching up with nature, and that we reach a capability to, in principle, avoid death by organ failure is only a question of when, not of if.

Skeptics doubt this. But skeptics 200 years ago also have doubted that we would be capable to talk real-time to people thousands of kilometers away, or view from our living rooms what happens in a war zone in another part of the world. But both telephones and television nowadays are technologies which we consider rather simple.

Could we make ourselves invisible? It's just another technological hurdle, and it is being tackled.

Cloaking device could make people invisible

<http://www.theage.com.au/news/world/science-tripping-the-light-fantastic/2006/10/20/1160851137753.html>

To repair and avoid organ failure so that some humans will normally not die of that kind of cause is not impossible in principle, though we have not yet worked out the details of how to do it. But once we have, this will be, from the perspective of dialectical materialism, the most significant transformation of quantity into quality ever.

The quantity element is every little progress in medical science (how we understand an organ, and cure the diseases that befall it). By adding ever more technologies of curing to that mosaic, we reach, at a certain stage, a point where we are so good in curing every disease in detail that overall, it becomes a realistic endeavor to totally avoid death by organ failure.

It's then when we will have arrived at an entirely new quality, the possibility of "eternal life". Of course, there still are the cosmological limitations to immortality: that our solar system will one day implode, and that the universe will one day become immobile in accordance to the second law of thermodynamics.

The Second Law of Thermodynamics

<http://www.entropylaw.com/entropy2ndl.html>

But these events are so remote that they are irrelevant for our practical lives.

However, for our practical lives, it makes a big difference whether we have to assume that we will anyway die at an age of less than 100 years, or whether we have a realistic chance to live hundreds, thousands, or tens of thousands of years.

I say: a realistic chance. There is no guarantee, certainly not for everybody. Even if organ failure can be controlled, there still will be new diseases that take their toll, and people will still die of accidents and wars, or as victims of crimes.

Nevertheless, at a time when we can, in principle, not only produce our livelihood and comfort, but also our indefinite survival, this change in the mode of production will have the most fundamental impact ever on the superstructures of human societies (their ideologies, including their morals and sexual perceptions).

The traditional peddlers of "eternal" life, all religions, will suffer the most from this shift. A large number of people will finally switch from religions and other transcendental nonsense to science and practical life extension.

My ideology, emphasizing optimal sexual experience, followed by a gentle death, will also no longer be appropriate. Instead, a then appropriate ideology will focus on death avoidance first, with everything else postponed to better times (in this world, not in paradise).

This doesn't negate the relevance of optimal sexual experience. But people will, for example, be less inclined to break the law in order to

obtain sexual satisfaction, as prisoners would probably have worse access to medical technologies and may die from diseases from which people who are not imprisoned could save themselves.

As long as people think that anyway, they will be dead within a few years (as they have reason to believe today), sexual risk taking makes much more sense (“anyway, I will soon be dead”)

In a world in which immortality will be a practical option, people will likely put more emphasis on getting rich, as the best medical attention will probably be available only for those who can pay for it.

Death avoidance will likely be a puzzle of many specific medical interventions, and not a one-time event (such as drinking from a “fountain of youth” would be). It will also have little in common with what currently is associated with life extension (the sale of mostly prescription-free dietary supplements by quacks).

Because the practical immortality of the future will not only involve the prevention and cure of organ malfunction but increasingly also organ replacement by either biological or artificial parts, it is important to develop a clear understanding of the human self. In other words: who am I?

As a thought exercise, let me begin with a hypothetical replacement of many standard organs not just by transplants from other humans but by engineered devices.

Take, for example, a mechanical foot, a chemical kidney, or an electrical heart. If each of these devices were to function as well as the biological equivalents they substitute, then one would not be a different person. Clearly, I am not my foot, my kidney, or my heart.

My self is only associated with my brain, the memories that are stored in it, the thoughts it generates, and the consciousness that it affords me.

When did the self evolve? Protozoa have no self, even though they display behavior that is generated towards survival. The self is a function of the complexity of a nervous system that comes into existence as a new quality once the nervous system accumulates a sufficient quantity of related processes.

In order to develop a proper understanding of what we are, it is important not to view ourselves holistically. Instead, differentiation is what is needed.

One element of differentiation, I have already introduced in previous articles: our genes are not our tools to propagate ourselves. Rather, our genes use our organisms, including our brains, to propagate themselves, not us.

Furthermore, self-cognition makes it possible for us to differentiate our interests from the interests of our genes. These interests are not identical.

The differentiation of our selves from our bodies is another step to a proper view of what we are.

But we cannot differentiate down to the assumption that we are the thoughts and consciousness that are generated by our brains (and certainly not down to an imagined soul). Because our brains involve other elements: our sensations, our emotions, our desires, and yes, our sexual satisfaction.

For this reason, downloading our brains to computers will not preserve our selves. In fact, for the satisfaction of our selves, we do need the representation of our bodies, including all the sensations we are accustomed to: seeing with our eyes, hearing with our ears, smelling, tasting, touching, and so on.

I would even go as far as saying that our selves need to achieve certain states of happiness that are induced through certain means of conduct. Therefore, achieving a sexual orgasm through sexual intercourse is superior to electrically stimulating the orgasm center of the brain, even if both leads to an identical release of pleasure chemicals.

Replacing organs with functioning devices won't be enough. The devices must also be wired to our brains in a manner that they supply the same positive sensations as did the original organs.

That's an enormous task, and medical technology is far from being able to handle something like that on an organism-wide scale.

Therefore, even though we will one day be capable not just to transplant mechanical devices into our bodies, but, in the opposite direction, our bodies into robots that look like humans and give us the same sensations as do our bodies, we are certainly still centuries, and quite possibly even millennia, away from that particular solution.

Nevertheless, the above contemplations are important to give us an idea of our selves as opposed to what is part of our non-selves, which includes, strange as it may sound, our bodies.

I think that many people agree that in principle, it will, at a certain stage of human development, be possible to achieve practical immortality (mortality from organ failure postponed for thousands of years), but it will have little to do with the quackery of current "life extensionists", as it will be an enormously complex and complicated endeavor.

Thus, for generations to come, the modifications of my ideology which I have outlined for the eventual possibility of a practical avoidance of dying from organ failure will not be necessary for a long time, indeed.

For the meantime, what we realistically can strive for is optimal sexual experience for as long as we are alive, and after that, a gentle death.