Ruminations, Peregrinations, and Regenerations
Ruminations, Peregrinations, and Regenerations: A Critical Approach to Doctor Who

Edited by

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Figure 14-1: Patterns of posting on the evening of 15th March 2005 for the 50 second trailer premier.

Figure 14-2: Patterns of posting on 26th and 27th March 2005 around the broadcast of “Rose.”

Figure 14-3: Whogasm video.
I have been a fan of *Doctor Who* since I first discovered it on Georgia Public Television with my brother Jim back in the early 80s.

There, I said it. I'm a fan.

It feels a little like I'm admitting something that I should not be admitting here.

But should that be? Is there something improper about a fascination with a pop culture artifact? And does that make it less worthy of study?

The answer, of course, is no. There are plenty of examples of popular culture being examined by the academy. And Henry Jenkins and other authors have written much of great interest about that very subject, so I do not believe it needs further defending here.

*Doctor Who*, though, is one piece of popular culture that hasn’t been examined all that much. While this book certainly is not the first of its kind, there haven’t yet been too many like it. And that somehow seems appropriate, because there are not too many television shows like *Doctor Who*.

Unlike other television serials, *Doctor Who* manages to go on and on. Since it first entered the public consciousness on November 23, 1963, as a new science fiction serial on the BBC, it has exhibited features dared by few other serials, from its controversial content, to its public ranking in the 1970s as the most violent programming produced by the BBC, to its constant re-casting of the lead role, the adventurous Doctor, whose alien biology conveniently allows for regeneration.

These controversies and innovations, along with the evolution of a complex Whoniverse of audio stories, novels, and entries in various other media (the canonicity of much of which is still in question), not only have turned the enigmatic Doctor into a cult figure but have interwoven time and history through grand adventures that address issues of human existence and the meaning of civilization. The newest edition of the series,
often differentiated from the original or “classic Who” with the tag “new Who,” continues the storyline and timeline from the original, and features the Doctor interacting with historical figures (making wry commentary on current events in the process) and exploring more deeply the dilemma of the character as a lonely traveler who will outlive any human companion who joins him or who falls in love with him.

In the fickle world of fiction television serials, any show that has lasted as long as Doctor Who is worth considering, even if only to figure out what keeps drawing people in. And any show that has lasted this long is bound to yield a wealth of possibilities for analysis. In fact, as I was creating the index for this book, I was struck by how daunting a task it was precisely because Doctor Who has forty-six years of characters, locations, and plots – some recurring and some appearing only a single time. Forty-six years of data and details about which scholars and fans can ponder, ruminate, and theorize.

The Doctor is clearly a man of science, yet his function on the show is often God-like, with occasional explicit references to him as a Christ-figure. How does the Doctor’s dual role comment on the role of science in society? In its travels through human events, what does the show say about the construction of history? What does it say about national/British identity in the new millennium?

There are so many valid questions to ask, but most of them ultimately represent our attempt, in some way or another, to come to terms with what makes the show so noteworthy to forty-six years’ worth of audiences. And as I consider what else I want or need to say with this introduction, I find myself coming back over and over to Doctor Who’s fans. They are varied and appear in every walk of life, from blue-collar prison guards to scholars in every field. Various, too, are their levels of obsession, from the casual fan who finds the unusual Time Lord amusing to the compulsive fan who must collect every piece of merchandise to the creatively zealous fan who recreates his or her favorite episodes on video with cardboard sets that remind one of the show’s own humble origins.

So, why are all of these people so engaged with this show? Is it the Doctor’s love for humanity? Or his inability to die? Perhaps it lay in his capacity to save lives in virtually every phase of human history while never really being political.

I don’t know the answer, but the question fascinates me of late. What draws us to a piece of popular culture like Doctor Who? Why do we care so deeply about the fictional adventures of an alien being that we tear up at the thought of a particular actor leaving the role? The actors – maybe on some level it is connected to those actors who become the Doctor for each
of us. Whether you first started watching *Doctor Who* when Tom Baker was interpreting Harpo Marx or when the dashing Peter Davison turned the Doctor into a romantic figure or when David Tennant stepped in to become perhaps the most popular actor to play the role, someone will always be “your Doctor.”

And, even if you’re not a fan, the question remains: what draws everyone else to *Doctor Who*?

My questions and the other areas I mentioned above are all ripe for exploration and, in fact, are currently under consideration by scholars of popular culture around the world. *Doctor Who* has long been considered “just a children’s show,” but the children of the 1960s and 70s have grown up, and the show has reinvented itself, and as a result, it must now be considered a legitimate cultural touchstone, an icon worthy of consideration, both in its content and in terms of understanding the show’s audience and its experience of the show.

The essays in this book do just that, taking on *Doctor Who* from a number of different angles, including, in Part One, the construction of the Doctor’s identity itself.

Michelle and John Cordone’s “Who is the Doctor?” starts the book out with some fundamental questions regarding how the Doctor retains his essential identity in spite of the casting changes and subsequent personality adjustments necessitated by the character’s periodic regeneration. What, they want to know, are his immutable traits? And what traits will, if they are adjusted, serve as too great a change to the character, taking him too far from his essential self?

“Davies, Dawkins and Deus ex TARDIS: Who finds God in the Doctor?,” Dee Amy-Chinn’s contribution, considers the issue of the Doctor as a Christ-figure, as he is seen by a growing number of fans of faith, in conflict with the scientific rationalism exhibited by the character (and by executive producer and atheist Russell T. Davies). The series often makes explicit reference to the Doctor as a deity, often the only person who can save the Earth (or any other planet or society) from destruction, and religious groups are, more and more, co-opting the figure of the Doctor for purposes of religious instruction. So how do we reconcile the authorial intent represented by Davies’s statements with the abundant theological references within the series itself?

In any show about time travel, history will likely play a key role. The chapters in Part Two explore this critical area. Todd Comer’s piece, “Who needs family? I’ve got the whole world on my shoulders”: How the Doctor’s Non-Domesticity Interrupts History,” examines the show’s positioning of the Doctor as specifically not domestic, a figure whose only
home travels with him wherever he goes and who rebels against any attempt to domesticate him. And yet he is often placed in situations or in interaction with other characters whose domesticity underlines the contrast. Comer considers this rebellion against domestication through both content and formal analysis.

“Benevolent Whogemony: Doctor Who and the Transmedial Time Traveler,” by Joshua Moss, explores the notion of time travel not only as a primary narrative element of Doctor Who but also with regard to the show’s ability to time travel within its own history, a fact made possible, according to Moss, by the decades of production history, allowing it to continually renegotiate its relationship with the culture from which it emanates.

Part Three brings us to considerations of national and international identity within Doctor Who. Barbara Selznick considers these issues from the perspective of an American audience member in “Rebooting and Re-branding: The Changing Brands of Doctor Who’s Britishness,” while Matthew Jones considers the national identity of the show from a perspective within Great Britain’s borders in “Aliens of London: (Re)Reading National Identity in Doctor Who.”

Doctor Who would hardly be the same show without its many companions, those lucky few who travel with the Doctor for a time and serve as his friends and, often, as a surrogate for the audience member, providing for the Doctor a reason to explain aloud any given episode’s exposition. Part Four considers the issues raised by these companions, especially with regard to gender.


Doctor Who doesn’t exist in a fictional void, and Part 5 of the book features authors examining the show in conversation with other texts. First, Balaka Basu’s “When Worlds Continue: The Doctor’s Adventures in Fandom and Metatextuality” interrogates the show in conversation with its own fans, exploring how interaction with fans – and the fans themselves
becoming producers – has impacted the text of the show and its relationship to its fan base. Bruce Wyse’s “Cultural Circulation and Circularities in Doctor Who: Bardolatry and the Time Vortex of Intertextuality” discusses the series in conversation with none other than Shakespeare himself, specifically examining the 2007 episode “The Shakespeare Code” as “one of the most playfully intertextual of Doctor Who episodes.”

Part Six finds us turning to the fans themselves, as Douglas McNaughton observes the role of the fan audience in the regeneration of the show, in his chapter “Regeneration of a Brand: The Fan Audience and the 2005 Doctor Who Revival.” Brigid Cherry takes a sociological look at the behaviours of the Who audience in "Squee, Retcon, Fanwank and the Not-We: Computer-mediated Discourse and the Online Audience for NuWho." And Joshua Vasquez’s “The Moral Economy of Doctor Who: Forgiving Fans and the Objects of Their Devotion” is an excellent look at how fans deal with problematic elements – such as stereotyped and potentially offensive depictions of race – in a show they otherwise adore. Jeremy Sarachan looks at how fans are taking fandom to the next logical step – by repurposing the show into their own creations, in “Doctor Who Fan Videos, YouTube, and the Public Sphere.”

Finally, Part Seven of the book deals with a variety of other issues – villains, genre, philosophy, and production concerns. Andrew O’Day moves us “Towards a Definition of Satire in Doctor Who” as he looks at the occasional use of the satirical mode in both classic and new Who. James Rose contributes a fascinating examination of the nature of the Cybermen and their desire to divest themselves of humanity – skin and emotions – in “The Suffering Of The Skin: The Uncanny Nature of the Cybermen in the Russell T. Davies Era of Doctor Who.” Court Lewis’s chapter, “Interference, the Doctor, and the Good Life,” takes on the Doctor from a philosophical perspective, investigating what Doctor Who might be able to teach us as a philosophy for our lives.

Finally, Tom Steward, in “Author Who?: Masterplanners, Scribermen, and Script Doctors – the producers, writers, and script editors of Doctor Who,” has constructed an excellent and thoroughly researched history of the production of the show with regard to the roles of the writers and script editors who controlled the direction of it through its various eras. When we’re making interpretations and seeking to understand the impact of something like Doctor Who, it’s useful to consider the production issues that help shape any creative artifact. The creative minds behind the show – with their own agendas and issues, not to mention budgetary and other production realities – helped shape it into what it is.
That’s an awful lot of creative and analytical minds dedicated to a show that was once thought of as just a series for children. But it’s plain to see that this former children’s show has, over its forty-six (and counting) year history, engaged the minds of many a writer, researcher, and creative individual – not only the authors and fans-turned-authors represented in this book, but also the fans-turned-producers (such as Russell T. Davies himself) and even a fan-turned-Doctor, in the form of tenth Doctor David Tennant. As I said earlier, the children reared on classic *Who* are all grown up, and they are trying to make sense of the things that shaped their childhood. Some do that by emulating the show itself – pursuing film and television careers, writing science fiction, etc. – and others do it through aggressive fandom – becoming writers of fan fiction and creators of fan videos. Still others become academics, and the authors here are making sense of the popular culture around them through the absorbing and fascinating work they’ve done here.

As for me, I am honored and grateful that I have been able to work out my own childhood (and adulthood) fascinations by reading and selecting these challenging and stimulating essays about a show that has interested me since that first discovery on Georgia Public Television, and I’m especially glad that I volunteered to coordinate the *Doctor Who* area at the 2008 Film & History Conference in Chicago, where I met and enjoyed the company of a number of these scholars as we engaged in a sort of mini-*Doctor Who* conference within the larger event. I offer my thanks to Cynthia Miller, Director of Communications for Film & History, for allowing me to chair the area and for her support throughout the process; to the authors themselves, for their hard work, intelligent analysis, and patience in putting up with me; and to my wife, Sherry, for her editorial assistance while learning more about a quirky British science fiction show than she ever thought possible – or even wanted to.
PART I.

WHO IS THE DOCTOR: CONSTRUCTING AN IDENTITY
CHAPTER ONE

WHO IS THE DOCTOR?:
THE META-NARRATIVE OF DOCTOR WHO

JOHN CORDONE AND MICHELLE CORDONE

"Doctor Who"'s first episode, “An Unearthly Child,” broadcast on November 23, 1963, poses the question, “Who is the Doctor?” While this question is answered in part within the storyline of the series, scholars continue to discuss the nature of his character. This analysis has been problematized by the fact that ten different actors have played the role of the Doctor, each interpreting the character in his own way. Yet, the Doctor's character remains recognizable, in spite of these varied interpretations. Scholars discuss core traits that thread their way through each incarnation, but these traits are often discussed disjointly, without an overarching meta-narrative. We argue that these traits can be organized under the meta-narrative that the Doctor is a lord. He is a Time Lord, which makes him a member of the aristocracy, and therefore a lord in the feudal sense as well. In his studies on aristocratic rulers, scholar Jonathan Powis defined the aristocracy as “hereditary ruling groups” (Powis 1984, 1). Powis also stated that the term carries with it the association of authority and leadership (Powis 1984, 3). Lords maintain order and determine the law (Strayer 1956, 17). The role of the Time Lords, and the Doctor in particular, satisfies this definition. In the narrative, the Doctor makes decisions involving time, as a Time Lord. In the meta-narrative, the Doctor is simply a lord. His primary traits stem from this fact and are immutable, while other traits stem from the social context or the desire of the producers at the time of production and can evolve.

The Doctor's intelligence is his most distinguishing trait. It was a trait originated for historical reasons. The post-World War II era was a time of rapid scientific advancement and technological development that showcased intelligence as a valued asset. The number of discoveries from the decade leading up to the 1960's were staggering: the polio vaccine was developed, DNA was discovered, computer technology advanced with the
Univac system and the creation of programming languages, color television came into being, the integrated circuit was invented, Styrofoam and plastic wrap were produced, the hydrogen bomb and the nuclear submarine were created, and men went into space. Although the shift of the locus of control from brawn to brains had already begun with the Industrial Revolution, these new advancements required a much deeper theoretical understanding. In this environment, the British Broadcast Corporation (BBC) was struggling to compete against Independent Television Commission (ITC) for market share. The BBC needed shows that would remove its stigma of “being out of touch with popular culture” and run by a “paternalistic elite” (Leach 2009, 3-4). At the same time, it refused to produce programming that would compromise its high standard of intelligence. *Doctor Who* creator, Sydney Newman, met these criteria by envisioning a show in which the main character traveled throughout time and space in a “Wellsian time machine” in order to learn more about historical periods and solve problems through “proper science” (Newman 2005, 2). The show was to alternate between science fiction and historical drama from week to week, as opposed to being a show with the premise of fighting silly space monsters. Once Newman left the show, monsters, particularly the Daleks, became more prevalent. In fact, Dalek-mania, akin to Beatlemania, swept through Great Britain. While Newman might have argued that the show had been “dumbed down,” the Doctor himself remains intelligent. Over time, he evolves into an explorer with the heart of a crusader who fights against oppression, but tempered with the scientific mind of an engineer, who understands that his decisions could affect the very existence of civilizations. He is not merely a tinkerer, but rather a brilliant theoretician, with a firm grasp of science, who could navigate this new world of advanced technology.

Beyond the science, the Doctor’s superior intelligence also mirrors the mentality of the Cold War, which was at its apex at the time. *Doctor Who* was created in an era of tit for tat politics and mutual assured destruction. Cold and calculated decisions were continuously made that would affect all of humanity. Dispassionate, naked intellect suppressed moral reasoning as the mode of decision-making.

It would now be impossible to conceive of the Doctor without his superior intelligence. It has become the nucleus of his character. This is important because his intelligence is fundamental to the program, not merely as a reflection of the time in which it was created, but as the power that backs his birthright as a lord. We argue that *Doctor Who* is based upon an aristocratic framework derived from the British feudal system. Under the feudal framework, land was the primary resource of the
aristocracy. The material value of land carried with it “potent non-economic associations of prestige and authority” (Powis 1984, 25). In *Doctor Who*, time supersedes land as the primary resource of the aristocracy, thus the title Time Lord. Instead of maintaining control of their domain through brute force by raising armies, Time Lords maintain control of their domain through the machinations of their superior intelligence. The Time Lords' birthright is their intelligence. It is what empowers them, and grants them the right of leadership. Powis argued that “sheer force was hardly adequate, and if nobles lacked the wit to rule, there were no doubt others ready to replace them” (Powis 1984, 46). Leadership under feudalism is associated with “wisdom, prudence, and a wide general knowledge” (Powis 1984, 46). *Doctor Who* updates the notion of lord to conform to the modern technological world, replacing the hereditary lines of land ownership with the hereditary lineage of superior intelligence. The ruling elite is transformed from wise landlord to brilliant technocrat.

Using feudalism as the framework for *Doctor Who* contrasted it with American science fiction, which generally relied upon a space western motif to reflect the American idealization of exploring new frontiers and rugged individualism. The creators of *Doctor Who*, being British, developed a show with a character who, although ostensibly an alien, is clearly British. And, while the first Doctor was not formally defined as a lord, it is easy to understand why, based on his bearing and behavior, this characterization was formalized during the time of the second Doctor. His British sensibility is integral to his being a lord, so much so, that in the 1996 *Doctor Who* movie, which was produced by Americans for a predominantly American audience, the Doctor was still British. The movie goes so far as to have a character ask him if he is British, to which the Doctor replies, “Yes, I suppose I am.” Although every other lead role, including the Master, was played by an American actor, the Doctor was played by British actor Paul McGann and the character maintained his British sensibility. In the new series, which is produced for a joint British/American audience, the Doctor also remains British. In order to continue the feudal framework that his character relies on, he must maintain that British sensibility.

One of the primary aspects of his lordliness is his sense of entitlement. The Time Lords are aristocrats, and that gives them the birthright to wield power and authority as they see fit. As a lord, specifically a Time Lord, the Doctor was born with the “distinctive, innate power of command” (Powis 1984, 22). His entitlement goes even deeper when one considers the original meaning of the term “aristocracy” as defined by the Greeks: “rule
by the best” (Powis 1984, 6). The Doctor understands his birthright as a Time Lord, but viewers can also see in his character a belief that he is the best. As he says to Professor Kettlewell in the 1975 episode “Robot,” “You may be a doctor, but I am the Doctor. The definite article, you might say.” He expects the rights and privileges due his station. This includes the right of unrestricted access. Given that he has the ability to travel, not only anywhere in the universe, but also to any era in time, this does not seem to be an unreasonable expectation. The Doctor is not bound by the laws or rules of others. When he wants access to places and things, he simply takes it, without permission. Even when there is a clear barrier, such as a lock to prevent access, he uses his sonic screwdriver to unlock it. Because of this sense of entitlement, he becomes indignant when someone tries to deny him access. In “The Five Doctors,” Troughton's Doctor becomes angry when he is denied access to Colonel Crichton's office. When told he is not allowed to enter, the Doctor exclaims, “Not allowed? Me? I'm allowed everywhere!” This sense of entitlement is often read as simple non-conformity. The June 1979, issue of Starlog, described the Doctor as a “blatant non-conforming individualist.” However, as a lord, the Doctor does not need to conform to the rules and regulations of those beneath his station.

This sense of entitlement extends beyond his freedom of travel and access. He believes that it is his right to not only make unencumbered decisions for himself, but to also make decisions that affect the lives of others, sometimes even entire civilizations. The Doctor is not a time keeper, a time merchant, or even a policeman of time. He is a lord, and he has the final word in all matters. During 1950's Conference on Feudalism at Princeton University, Joseph R. Strayer summed up the role when he said, “The feudal lord is not merely one of a group of men who influence the government; he is the government in his own area” (Strayer 1950, 18). The Doctor illustrates his absolute authority, which his companion, Donna Noble, challenges in the episode, “The Fires of Pompeii.”

DONNA NOBLE. What time does Vesuvius erupt? When's it due?
THE DOCTOR. It's 79 A.D. 23rd of August; which makes Volcano day...tomorrow.
DONNA NOBLE. Plenty of time. We can get everyone out, easy.
THE DOCTOR. Yeah, except we're not going to.
THE DOCTOR. Not this time. Pompeii is a fixed point in history. What happens, happens. There's no stopping it.
DONNA NOBLE, Says who?
THE DOCTOR. Says me.
DONNA NOBLE. What, and you're in charge?
THE DOCTOR. TARDIS, Time Lord...yeah!

This exchange with Donna not only illustrates the Doctor's firm belief that he should be obeyed without question, but also shows that his decisions are neither arbitrary, nor self-serving. While he does have rights as a lord, he also has responsibilities and obligations. He believes it is his responsibility to preserve the greater good, and he has taken on the obligation to protect the human race. As he explains in the 1967 episode “The Moonbase,” “There are some corners of the universe which have bred the most terrible things. Things that act against everything we believe in. They must be fought!” He can be likened to a feudal lord repelling invaders and settling disputes within his domain. But, unlike a feudal lord, he is not vying for dominance in his struggles, but rather, trying to restore order. As Tulloch and Alvarado stated, “The narratives of Doctor Who are invariably about ‘slavery,’ but the narrative struggle is always for the restoration of 'balance', where each kind has its natural place” (Tulloch and Alvarado 1983, 80).

In “The Masque of Mandragora,” the Doctor states that it is “part of a Time Lord's job to insist on justice for all species.” However, his actions often contradict this statement, because he is not able to provide justice for all. He has the ability to travel throughout time and systematically eradicate all forms of oppression, but he does not. Instead, he specifically fights to end oppression and behaviors that threaten the time line. Above all else, the sanctity of the time line must be preserved, even if that means allowing oppression to survive.

In the episode “Remembrance of the Daleks,” the Doctor sits at a bar drinking a cup of tea, pondering a world without sugar. He wonders what would happen if he went back in time and changed people's tastes so they did not crave sweetness. How would the world be different? The barman responds that if no one had ever used sugar, then his great-grandfather would not have been kidnapped, chained up, and sold into slavery to cut sugar cane. He exclaims, “I'd be an African!” The Doctor muses,

Every great decision creates ripples, like a huge boulder dropped in a lake. The ripples merge, rebound off the banks in unforeseeable ways. The heavier the decision, the larger the waves, the more uncertain the consequences.

Although the Doctor contemplates how different the world would be if he removed humans’ desire for sugar, and therefore the slave labor required to harvest it, in the end, he does not change it. He fights slavery and
oppression, but not if it will change the past. As he says in the episode entitled “The Aztecs,” “You can't rewrite history. Not one line!”

The Doctor grapples with intentionally changing time when he agrees, for the greater good, to go to the planet Skaro and exterminate the Daleks at the dawn of their creation in the 1975 episode, “The Genesis of the Daleks.”

SARAH JANE SMITH. Well, what are you waiting for?
The Doctor. Just touch these two strands together, and the Daleks are finished. Have I that right?
SARAH JANE SMITH. To destroy the Daleks, you can't doubt it!
The Doctor. But I do! You see, some things could be better with the Daleks. Many future worlds will become allies just because of their fear of the Daleks.
SARAH JANE SMITH. But, it, it isn't like that!
The Doctor. But the final responsibility is mine, and mine alone. Listen, if someone who knew the future pointed out a child to you, and told you that that child would grow up totally evil...to be a ruthless dictator who would destroy millions of lives, could you then kill that child?
SARAH JANE SMITH. We're talking about the Daleks, the most evil creatures ever invented. You must destroy them. You must complete your mission for the Time Lords.
The Doctor. Do I have the right? To simply touch one wire against the other, and that's it, the Daleks cease to exist? Hundreds of millions of people, thousands of generations, can live without fear, in peace, and never even know the word Dalek.
SARAH JANE SMITH. Then why wait? If it was a disease or some sort of bacteria you were destroying, you wouldn't hesitate.
The Doctor. But if I kill, wipe out a whole intelligent life form, then I become like them. I'd be no better than the Daleks.
SARAH JANE SMITH. Think of all the suffering there'll be if you don't do it!

The Doctor is spared from having to make the decision, but this incident gives viewers insight into both the moral and ethical sides of the Doctor. Had he been forced to make the decision, it seems likely that he would not have killed the Daleks because, in spite of the good that it would have brought to untold millions, his moral side balked at committing genocide, and his ethical side recoiled from changing the time line. The Doctor believes the time line to be so sacrosanct that he would not have manipulated it, even to eradicate the Daleks, who, in the Doctor Who storyline, are the most evil force in the universe.

While the Doctor may despise the Daleks, he has an affinity for humans. He builds an easy camaraderie with them, even referring to “the indomitable human race” as his favorite species in the 1975 episode “The
Ark in Space.” However, referring to them as a “favorite species” shows that he does not think of them as equals. Like the lords of old, who would protect their serfs from outside invasion, but also expect servitude from them, the Doctor has taken on the obligation to protect the human race from harm, but in return, he also expects that he has the right to use members of the human race as he sees fit, often to violent ends.

Ironically, the Doctor's pacifism is a trait that is often mentioned in the literature. In the 1979 episode “The Horns of Nimon,” The Doctor states, “Have you noticed how people's intellectual curiosity declines sharply the moment they start waving guns about?” One can easily understand that someone whose identity is based upon his intelligence would see fighting as foolish, and beneath him. In the episode “Doctor Who and the Silurians,” from 1970, UNIT Brigadier, Sir Alistair Gordon Lethbridge-Stewart blew up the Silurian base, unnecessarily annihilating the population. The Doctor is saddened, ashamed, and repulsed by the Brigadier's actions. For the first time in the series, the Doctor distances himself from humanity's violence and “small-mindedness” (Newman 2005, 68). Yet, the Doctor's aversion to violence does not ring true. When it is not necessary to fulfill his obligations, he abhors violence. However, he has committed horrific acts of violence when he deems it absolutely necessary. As a lord, though, he likes to keep his hands clean by avoiding work that is beneath his station. Unlike the lords of old, it is not manual labor that he is concerned with, but rather tasks that he finds morally objectionable, such as fighting or killing. Whenever possible, he uses others, including his companions, to do his dirty work. Scholars Joseph R. Strayer and Rushton Coulborn stated that, “feudal lords have usually, perhaps always, been supported by the labor of their peasants...” (Coulborn and Strayer 1956, 7). Yet, the Doctor uses his companions to commit violent acts. It is hard to understand how, for someone who allegedly tries to outwit his enemies, he allows situations to devolve into violence with such frightening regularity, until one understands that the Doctor ultimately places people in situations where they commit violence by proxy, on his behalf. By fighting for their survival, they advance his goals, and free him from having to do the dirty work himself. Davros pointed out the hypocrisy of the Doctor's pacifism in the episode “Journey's End” when he says to him, “The man who abhors violence, but this is the truth: you take ordinary people and fashion them into weapons... How many have died in your name?”

Given the Doctor's responsibility to protect time, and his necessary, but often callous treatment of humans, one can easily understand why he does not form intimate relationships with them. His aloof and asexual bearing,
like his intelligence, was initially derived from the circumstances present at the time of the show's creation. While his intelligence and detachment mirror the mentality of Cold War intelligence, he was originally desexualized because the show was produced for children. The first Doctor, William Hartnell, explicitly forbade “sex and swearing” (Leach 2009, 34). Peter Davison explained that the golden rule was that there would not be any “hanky-panky” and confessed that he did not believe that children would like to see kissing on the show (Haining, 1984, 230). However, in an interview with the Daily Star in May of 1982, Davison stated that he often received suggestions from fans that he should become romantically involved with one of his female traveling companions. Rejecting that idea, he asserted that, “The audience – especially the children – has to believe that men and women can be close friends sharing a home without sex.” This meant that each actor had a responsibility to maintain the strict morals (Haining, 1984, 230).

Yet, the Doctor presumably had a past romantic liaison that led to offspring, since the first Doctor traveled with his granddaughter, Susan. Of course, that is assuming that Time Lords reproduce sexually. The paradox of the Doctor as asexual, yet having a granddaughter, stems from the fact that, at that time, it would have been unseemly for an elderly gentleman to travel with a young girl to whom he was not related. In an ironic twist, by trying to remove sexual undercurrents, the producers created a situation that required a sexual past. Once Susan left the show, his intimate past is not mentioned until the tenth Doctor said “I was a dad once” in the 2006 episode “Fear Her.”

Susan's character presents an inconsistency, not only by showing that the Doctor had a romantic past, but also because she married a human. When Carol Ann Ford, the actress who played Susan, decided to leave, the writers had to find an acceptable way to write her out of the show. A new actress could not take over the role, because the producers had not yet invented regeneration as a means of transferring a character to a new actor. Killing her off would have been disturbing to the children watching, and, as a young woman in the early 1960’s, she could not be left by the Doctor to live independently. In the case of Susan Foreman, the producers had little choice but to marry her off, so her character marries a human. Of course, at the time, that was not a problem, because much like regeneration, the Doctor's origins had not yet been established. Although the viewers know that he is an alien, it is not established that he is a Time Lord from Gallifrey until after the Doctor regenerates for the first time. Once Ford had left the show and the Doctor's lineage is determined, the idea of humans and Time Lords becoming romantically involved is dropped, until
the 1996 movie, when the Doctor mentions that his father had been a Time Lord, and his mother had been human. Assuming the biological absurdity of cross species breeding could be explained, this mixed parentage is something that had never been mentioned before, but seemed to be a plot contrivance used to explain the Doctor's romantic attraction to heart surgeon Grace Holloway.

A Doctor with romantic feelings was a clear deviation from the original program. Although he always travels with companions, often young women, there are never romantic attractions between the Doctor and his companions. In early seasons, the Doctor's companions look upon him as a father figure, rather than a potential love interest. To make it perfectly clear that he is a paternal figure, the women often dress and behave like children, rather than adults (Newman 2005, 47). From 1963 until the present, views on female sexuality have changed dramatically. It is no longer taboo for a young unmarried woman to be sexual. Rose Tyler and Martha Jones, companions of the ninth and tenth Doctors, do not see the Doctor as a father figure, but rather as an object of their desire.

The new series, with Martha, and especially Rose, leverages the Doctor's asexuality as a source of tension to drive the storyline. In “Doomsday,” Rose tells the Doctor that she loved him, and he seems to be on the verge of telling her that he loves her too, but the dimensional breach between them closed before he replies, separating them. The next scene shows him with a tear rolling down his face. It is unclear whether the Doctor is crying because he did not tell Rose that he loved her, or because he could not return her feelings of love.

Martha too falls in love with the Doctor, but eventually has to stop traveling with him when she realizes that he will never return her love. In 2008's “Partners in Crime” the Doctor tells Donna that, “the last time, with Martha, it got complicated. And that was all my fault. I just want a mate.” Although both Martha and Rose are beautiful and intelligent women, the Doctor does not enter into romances with either of them. He simply wants a traveling companion.

He does, however, develop a kind of schoolboy crush on Madame de Pompadour in 2006's “The Girl in the Fireplace” when he triumphantly announces, “I'm the Doctor and I just snogged Madame de Pompadour!” She is not titled royalty, but as the mistress of Louis XV she is a highly influential member of the aristocracy. Although the Doctor is still vastly superior simply by dint of her being human and him being a Time Lord, in terms of the meta-narrative, they at least have the commonality of being upper class aristocrats.
Even so, the Doctor does not become romantically involved with her either. If the Doctor was a conventional character in a conventional series, the writers would have more leeway to add romantic elements. Clearly, even back in Peter Davison's tenure, viewers were interested in seeing romantic elements added to the show. As the times change, passionate romance is becoming more commonplace, and maybe even expected, on the BBC. The romantic tensions between the Doctor and humans seen in the new series mark it as a different program from the much more sterile original series. Romance as a plot element brings the show to a broader audience, rather than making it a show for children, like the original series. Adding romantic tension to Doctor Who changes the show, but does not weaken it. However, the Doctor himself must not give in to the romantic tensions.

His lack of intimacy with humans is not merely a relic of the past. It is an immutable characteristic that stems from the fact that he is a Time Lord. Although he looks human, he is an alien. The writers could easily eschew romance in their story lines by focusing on the Doctor as non-human and therefore, unencumbered by human sexual desires (Leach 2009, 17). In the episode “City of Death,” Tom Baker's Doctor says to Countess Scarlioni, “Ah. Well, you're a beautiful woman, probably...” and when Peter Davison's Doctor is told that his companion is a very beautiful woman in the episode “Enlightenment,” he responds, “Is she?” Whether the Doctor has sexual desires comparable to his human companions is almost irrelevant, however, when one considers his life span compared with the life span of a human. In the episode “School Reunion,” the Doctor tells Rose that he regenerates instead of aging, while humans “wither and die.” He explains that while she could spend the rest of her life with him, he would outlive her by centuries, so he could not spend the rest of his life with her. From a narrative standpoint, a cross species pairing does not make sense on biological grounds.

The staggering intelligence gap between the Doctor and a human would be another deterrent to romance. Not only does the Doctor have superior intelligence, but he has had centuries of development that have included numerous regenerations and experiences that humans would find inconceivable. In the 2008 season finale, “Journey's End,” Donna inadvertently acquires the Doctor's knowledge, and becomes a partial Time Lord. The Doctor has to immediately remove his knowledge from her mind. Furthermore, he has to completely purge any memories of himself and their travels together because, bearing the capacity of his mind has so damaged hers, that any return to these memories would kill her.
His superior intelligence puts the Doctor into the position of mentor and protector of the human race. He can be viewed as a sort of father figure who protects his children, so that in a moral light, a relationship with one of them may be considered incestuous. But beyond that, he could not abandon his responsibilities in favor of “true love.” This is illustrated in the episode “Journey's End,” when a series of events creates a second, half human Doctor. At the end of the episode, the true Doctor leaves Rose with the inferior, half human Doctor to “live happily ever after.” The true Doctor would not be able to live such a life without abandoning his responsibilities, therefore compromising his integrity and abdicating his lordliness.

The possibility of the Doctor compromising his integrity is the strongest argument against romance with a human. As a lord, he has a duty to protect the time line, at all costs. Sometimes that means letting people suffer, or even die, in order to maintain time. If he were romantically involved, he would not be able to adhere to that commitment, as illustrated by his interaction with River Song. River is introduced in the two episode storyline “Silence in the Library” and “Forest of the Dead.” She implies that she has a future relationship with the Doctor. Although the Doctor had not yet met her, River proves that the two have some sort of close, personal relationship in the future, by showing him the sonic screwdriver that he had given her, and by whispering his name into his ear. The Doctor responds that there was only one time that he would, or could, tell someone his name. This ambiguous statement leads many viewers to surmise that he is referring to marriage. The writers reinforced this assumption by having another character chastise River and the Doctor for “squabbling like an old married couple.” By the end of the episode, the Doctor is ready to sacrifice himself in order to save the people in the library. River refuses to allow him to die and denies her the future they would have together. Her impending sacrifice causes the Doctor to cry out, “Time can be rewritten!” This is antithetical to Hartnell's Doctor stating, “You can't rewrite history. Not one line!” The Doctor is willing to reject his most basic principle to save a potential love interest. This is not an evolution of the Doctor's character, but rather a refutation of his most fundamental belief.

The traits mentioned thus far are the immutable aspects of the Doctor. As discussed, it can be seen how they fit into the meta-narrative, and either are in support of, or arise from, the fact that the Doctor is a lord. The Doctor also has other traits that change over time. As social norms change, and different actors portray him, the Doctor evolves. In this way, the actor can interpret the character, and the producers and writers can keep him
relevant in a changing world. However, these mutable traits are secondary characteristics and, in order to maintain the Doctor's integrity, they must not supersede his primary characteristics. These traits do not specifically stem from the Doctor's lordliness, and can manifest themselves differently in each incarnation. Some of these traits have disappeared altogether, without affecting the continuity of the character.

One such trait is the Doctor's quirkiness. Scholars Tulloch and Jenkins stated, "there is a 'different,' 'eccentric' and 'idiotic' side to the Doctor which is inflected differently in different eras of the show..." (Tulloch and Jenkins 1992, 126). Although the actual idiosyncrasies vary from Doctor to Doctor, they tend to counteract the stuffiness the Doctor would have if the actor played the character straight, as a lord. For example, there are the comic antics that Patrick Troughton borrows from Charlie Chaplin, or those that Tom Baker borrows from Harpo Marx. The quirks are usually used for comic effect, by foiling some aspect of the authority that underpins the Doctor's lordliness. To foil his intelligence, he is sometimes put into the cliché of the absent minded professor, presenting him as someone who is theoretically brilliant, but who misses the obvious. In “The Invasion of Time,” the Doctor looks at his palm and declares, “I know this TARDIS like the back of my hand.” His companion, Leela, has to turn his hand over, so that he is indeed looking at the back of his hand. Of course, some of his blunders are much more serious, as in 2005’s episode “Aliens of London” when he uses the TARDIS to return his companion Rose to her home 12 hours after he picked her up. Unfortunately, he miscalculates, and Rose has actually been away for 12 months, rather than 12 hours, leaving her friends and family on Earth frantically searching for her during that one year span.

Another cliché used in the series to foil his intelligence is that of an eccentric genius. The most well known quirk in this regard, and the one that fans and scholars comment on most often, is the Doctor's attire. For all of his intelligence, the Doctor cannot pick appropriate clothing that will help him to blend in with his surroundings. His attire identifies him as the “other,” someone who is different. However, instead of standing out by dressing as an aristocrat, the Doctor wears outfits that make him look ridiculous. At the sight of Colin Baker's bizarre outfit, one would not take him seriously. At the narrative level, this quirk foils his authority. His dress is a barrier that he must overcome. At the meta-narrative level, he is above the rules of attire. He cannot be bothered with societal norms, because he does not need to be.

Another characteristic that defines the earlier incarnations of the Doctor is his rebelliousness. In early story lines, the Time Lords refuse to
intervene in the lives of lesser beings. Contrary to their wishes, the Doctor rebels against them, and is considered a renegade Time Lord, because of his self-imposed obligation to protect and restore the time line. As the series progresses, however, the Time Lords follow the Doctor's lead, and also begins to police the time line (Newman 2005, 27). It is especially difficult to see him as a rebel after the Doctor holds the office of president of the Time Lords in “The Invasion of Time”. In the new series, this aspect of his character is no longer relevant, especially when he believes he is the only Time Lord left. This rebellious characteristic seems to have mirrored the rebelliousness of the 1960's, and then faded away with the end of that era.

Other traits that may change are the Doctor's gender and race. Although there are several female Time Lords, including Romana, the Rani, and Susan Foreman, the Doctor never regenerates into a woman. He has always been male, but masculinity is not a prerequisite. Executive producer, Russell T. Davies, stated in the December 18, 2008 *The Daily Telegraph* that he had lobbied for Welsh actress Catherine Zeta Jones to become the eleventh Doctor. He said, "Signing her up would make television history because women have been relegated to the role of the Doctor's companion since the BBC One sci-fi show began in 1963.” This same article also listed Billie Piper, the actress who plays Rose Tyler, as a potential candidate for the role. In the 1980's, Joanna Lumley was considered for the role, causing *Daily Express* reporter David Wigg to say, “After all, there is no reason why the Doctor should always be a man” (Haining, 1984, 240).

In the early days of *Doctor Who*, changing the character's gender would have been extremely controversial. Even into the 1980's, fans would have perceived such a change as a feminist statement. However, the rigid moral code differentiating gender roles has eroded, so that it is now possible for a mainstream audience to accept a strong, authoritative female character, without the associated identity politics of past decades. Fans embraced Starbuck as a woman in the re-imagined *Battlestar Galactica* series, without questioning her authority, and they would likely accept a female Doctor as well. The show could tackle historical issues with a brilliant female leader, and explore new romantic tensions to see how the other characters would react to her. The only caveat to having a female Doctor would be that the change in gender did not affect her superiority and lordliness. The focus would have to be on the character as “the Doctor” not on “a woman as the Doctor.”

Similarly, the Doctor's race could change. Obviously, the character's race is set as a Time Lord. However, the race of the actor portraying the