# Northumbria Research Link

# IMPOSSIBLE GIRLS AND TIN DOGS: CONSTRUCTIONS OF THE GENDERED BODY IN *DOCTOR WHO*

E V Rowson

PhD

2017

# IMPOSSIBLE GIRLS AND TIN DOGS: CONSTRUCTIONS OF THE GENDERED BODY IN *DOCTOR WHO*

## EMILY VICTORIA ROWSON

A thesis submitted in partial fulfilment

of the requirements of the

University of Northumbria at Newcastle

for the degree of

Doctor of Philosophy


Research undertaken in the

Faculty of Arts, Design and Social Sciences


October 2017

# Abstract

This thesis interrogates the various constructions of the gendered body within the rebooted *Doctor Who* (1963- ). To do this, this thesis contends that *Doctor Who* occupies something of a contradictory position with regard to gender and the body, seemingly acknowledging the need for equality and feminism as 'common sense' whilst simultaneously denying true realisation of these aims by retreat to universal (patriarchal) concepts of goodness, humanity, and benevolence. In addition to this, whilst, at present, our definitions of the gendered body appear to be becoming ever more fluid and abstract, something that is aided by the increasing encroachment of technology in our everyday lives, there remains a limit to this bodily fluidity, a limit heavily informed by recourse to the 'natural' and, therefore, the 'acceptable'. Science fiction's interest in the body is clear and well documented; science fiction landscapes are frequently populated by bodies that have been mutated, enhanced and cloned. Hence, there is scope for a mutually beneficial discourse between theoretical constructions of the body, evolving technology and science fiction narratives, a discourse that this thesis will ground within the narrative of *Doctor Who*. In doing this, this thesis will intervene within these debates by deconstructing representations of the gendered body within the rebooted *Doctor Who*, constructing a continuum of 'acceptable' bodily expressions that will offer insight into the limits of our apparent gendered bodily fluidity.

Using a methodological approach that involves textual analysis informed by social, cultural, and technological theory, this thesis begins by foregrounding the mutual areas of interest between the various theoretical concepts. From this, the thesis contains three broad thematic chapters

discussing the topics of reproduction, monstrosity and technology with the selection of these topics being attributable to them representing convergence points of interest for the given theoretical areas. These themes are then grounded and discussed within *Doctor Who*, with the programme's popularity, longevity, long form narrative structure, and political reflexivity all making it an appropriate lens for analysis. This thesis argues that these debates are ones *Doctor Who* both acknowledges and embodies, yet *Who* appears to remain hamstrung by a resort to tradition that prevents true radicalism and subversion. By using *Doctor Who* as an accessible point of reference for these potentially abstract and emotive debates, this thesis aims to question the extent to which we are now, or may ever consider ourselves, truly 'postgender'; whether our 'choices' are as freely made as they appear, or whether we remain constricted by residual patriarchal mores.

# Contents

# List of Illustrations

Figure 33. *Delete? (8:11).* From: Dark Water, *Directed by Rachel Talalay.* [DVD still]. UK: BBC/BBC Wales. (p.279)

Figure 34. Danny's mortuary chit (8:12). From: *Death in Heaven*, Directed by Rachel Talalay. [DVD still]. UK: BBC/BBC Wales. (p.281)

Figure 35. *A cyberconverted Danny (8:12).* From: *Death in Heaven*, Directed by Rachel Talalay. [DVD still]. UK: BBC/BBC Wales. (p.281)

# Declaration

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas and contributions from the work of others. Any ethical clearance for the research presented in this thesis has been approved. Approval has been sought and granted by the University Ethics Committee on 15 January 2015.

**I declare that the Word Count of this Thesis is 76647**

Name: Emily Rowson

Signature:

Date: 6th October 2017

# Acknowledgements

I would like to thank Northumbria University for this opportunity, and the training and support that has been extended to me during my time here. In particular, I would like to thank the Faculty of Arts, Design and Social Sciences for the studentship that allowed me to undertake this PhD, none of which I spent wisely. I am also extremely grateful for my supervisory team, James Leggott and Peter Hutchings, for their insight and support, and for also pushing me to do stuff I really did not want to do. A special thanks to Mary Irwin whose help and advice right from interview have pushed me to achieve more.

To my fellow PhD students, thank you for the support, the friendship, the advice and the opportunity to rant whenever it felt necessary.

To Melissa Hair, thanks for the gigs, the tattoos, and allowing me to be my true, terrible self. I genuinely feel you have made me worse (and I love it).

To Cat Mahoney, thanks for the Whovian tears, the words, and for encouraging me to sometimes try and be just a little bit better as a person.

To Gabby Smith, thanks for the initial Stockholm Syndrome, Bierrex times and the kind regards.

You losers have made these past three years the absolute best: let's keep it going.

To Laura Chandler, thanks for the care packages, the awesome surprises, the phone calls of rage, and just always, always being there. You are just the best (first and last time I'll say it, and I'll deny it from now until forever).

To Simon Douglas Walsh, thanks for the beers, the tears and a sofa to crash on: I have kept Newcastle in safe hands for you.

To Natalie Demoulpied, thanks for being an adult with a house, a car, a husband and a (soon to be) Little Demoulpied and still having time for your idiot friend and her space cats.

To Jennan Alhilfi, thank you for the memes, the cocktails and the hair encouragement. This sick undercut is all down to you.

Finally, I'd like to thank my family. To my Nanas, I have had the privilege of an education in a way that simply was not available to you, so I guess I did this because you couldn't. I hope this matches your boundless encouragement and belief in me.

To my Grandads, you both always said I'd be 'something' – I'm not sure this is what either of you expected, but I know you're still proud (if a bit bemused that this is not even a special lady PhD).

To Sarah and Stuart, thank you for not quite understanding but keeping most of your judgements to yourself.

To Moose and Padre, thank you for not listening to anyone and encouraging me to do that 'stupid' Film Studies course. This is as much the culmination of all my hard(ish) work as it is yours and I can only hope I have made you proud. I really cannot say anything more than thank you for everything.

To my idiot Brother, you're the best proof reader, word-giver, gig finder, book-recommender, article-debater, brother, and friend I could have. Christ

knows what this thesis would look like without you, and for that (and for everything) I am so glad we have got the same creepy little face.

In all, none of this would be possible without any of the people listed above and so thank you.

And really, this makes it all your fault.

# Introduction

Missy: Well, I am that mysterious adventurer in all of time and space known only as Doctor Who and these are my disposables – exposition and comic relief

Nardole: We're not functions

Missy: Darling, those were genders


Doctor: We're the most civilised civilisation in the universe; we're billions of years beyond your petty human obsession with gender and all its associated stereotypes

Bill: But you still call yourselves Time Lords?

Doctor: …yeah shut up

The above quotations come from the series ten episode 'World Enough and Time', and represent *Doctor Who* (BBC1, 1963- ) at its most self-aware: seemingly rejecting gender stereotypes by way of a 'common sense' narrative yet simultaneously failing to actually achieve this, instead resorting to tradition, legacy, and gender stereotypes whenever this appeal to 'common sense' equality fails to answer more difficult questions. It seems fitting to use these quotations to introduce this thesis as, at the time of writing, *Doctor Who* itself is entering a period of regeneration with a change in showrunner, companion, nemesis and the introduction of the first female Doctor all indicating that *Doctor Who* is once more transitioning into a new period of storytelling, a fact

appropriate for a programme entering its twelfth year[1] of broadcast. As well as providing a particularly neat interweaving of my project's research aims and recent developments within *Doctor Who* itself, this notion of transition and evolution also provides a suitable context for the thesis as a whole. Broadly speaking, this thesis aims to examine the various constructions of the gendered body within *Doctor Who* and this tension between progress and tradition, between evolving identities and lagging societal mores, becomes a recurring theme throughout all the concepts and contexts underpinning the thesis. This tension provides an interesting basis for discussion and analysis but also highlights perhaps the biggest rebuttal to claims of *Doctor Who's* radicalism, for when tension is encountered it is resolved by a retreat to broadly benevolent themes of humanity, choice, and doing 'the right thing'. This does not, however, limit the representational potential within *Doctor Who*, as how, when, and why this 'common sense' limit is imposed becomes equally important, revealing much about the limits of societal liberalism. As such using *Doctor Who*[2] as a conceptual lens, this thesis will analyse a range of gendered corporeal representations within the Whoniverse, in order to produce a continuum of gendered bodies that may be used to demonstrate the limits of 'acceptability' in relation to gendered physicality and fluidity.

To return to the above quotations, as well as taking playful jabs at *Doctor Who's* record on gender representation they also highlight the primary difficulty *Doctor Who* encounters whilst trying to reject sexism and stereotype: human obsession with gender may be 'petty' but Gallifreyans remain 'Time

---

[1] Twelfth since the 2005 reboot, it should be noted.
[2] Specifically, the 2005 reboot era of *Doctor Who*.

Lords' and so *Doctor Who's* engagement with feminism begins to resemble the common sense, choice narratives so indebted to postfeminism and neoliberalism. In this scenario, overt sexism is to be met with ridicule; it is the purview of the less sophisticated. However, it also states that to achieve parity women must simply make the 'correct' choices and enact male values and traits, thus failing to account for the structural issues that prevent women from doing so, or indeed those who do not want to achieve such a shallow level of 'equality'. Neoliberalism and postfeminism share a common use of choice and meritocracy to justify their ideologies and whilst they are most associated with the early to mid-noughties their influence is still recognisable today (Gill, 2017). For Gill, these values have taken on an 'ordinariness' (Gill, 2017:609) that give them the 'ability to speak to sense and meaning-making about gender that has become […] taken for granted' (ibid) in a manner that *Doctor Who* very much replicates. That is not to say that *Doctor Who* is entirely emblematic or in favour of postfeminist and neoliberal ideals, more that it uses similar appeals to choice and self and subsumes more difficult issues in a broad context of humanity that tends to temper more radical, subversive potential. The current societal moment is one of renewed interest in feminism, an interest that has brought with it much backlash, and one that is still indebted to neoliberal ideas of choice and self: it is this contradictory context that *Doctor Who* is reflecting and in which this thesis is placed.

Building upon this, this validation and repudiation of feminism and the unconscious bias inherent in the endorsement of universal ideals is one that is bolstered by the particular production context of *Doctor Who*. Whilst this thesis will not concern itself too greatly with the impact and influence of

industry it is interesting that many of the themes to be discussed are mirrored in the narratives surrounding *Doctor Who's* production. *Doctor Who* has been criticised both for its lack of female staff in terms of writers and directors, but also for the lack of attention given to the women who are and have been integral to the show, such as Verity Lambert, Julie Gardner and, most recently, Rachel Talalay. Discussion of authorship and production context with regard to *Doctor Who* tends to periodise the programme into distinct chunks as helmed by the, thus far, male showrunners Russell T Davies, Steven Moffatt, and the upcoming Chris Chibnall. This focus ensures that understanding of *Doctor Who's* production centres entirely on 'white, male hierarchies' (Booth, 2014:200) and means that any consideration of women's contribution to this is solely understood within the 'masculine, fraternalist and homophilic' (Conor, 2014:107) constraints of the industry. Whilst, as mentioned, industry will not be a primary concern within this thesis there is tendency to discuss 'Davies'' or 'Moffat's' eras of *Who* and therefore, unwittingly perhaps, fall into the same trap of universalism. What this demonstrates is that, despite the potential for radicalism and change that comes with the trope of regeneration, from production to content *Doctor Who* remains somewhat defined by a presumed male universalism that limits subversive ends.

Perhaps, then, this thesis is best situated in line with Sara Ahmed's figure of the feminist killjoy. For Ahmed, a killjoy is 'the one who gets in the way of other people's happiness' (Ahmed, 2010:5) but Ahmed proceeds from this to note that a feminist killjoy may be just be 'the one who is in the way – you can be in the way of whatever, if you are already perceived as being in the way. Your very arrival into a room is a reminder of histories that "get in the

way" of the occupation of that room' (ibid). This thesis is intended to challenge the assumed universal (and so masculine) histories and tendencies of *Doctor Who*, to interrogate its resort to common sense and choice, and to determine where it places the limits of acceptability in relation to gender, the body, and self. To do, this thesis will begin by outlining the theoretical contexts that form the foundations of analysis, before progressing to three broad thematic chapters considering the topics of reproduction, monstrosity and technology. Each chapter will contain case studies that examine particular facets of a given theme. There are several reasons for this structure: one is that the case studies examine issues that are perhaps not given sufficient critical and popular attention, such as infertility, despite their very real world impact on individuals. Moreover, when examining the body there is always the risk of essentialism, and so the combination of broad theoretical contexts with more detailed, individual examples of a phenomena is designed to mitigate this, thus providing both scope and depth. The chapter topics have been selected for similar reasons; they all represent convergence points of significance for the underlying concepts and are all perceived to have real world significance: how we reproduce, what we consider monstrous, and how technology may alter what we consider human are all questions that have the potential to dictate the progression and future of societal mores, standards, and prejudices. Put simply, there are parallels between emerging themes within gender studies, *Doctor Who*, and the real world moment, from 2005 onwards, that these chapters are designed to correspond and converse with. As an example, the reboot exists in a moment where reproductive rights have become increasingly centralised because abortion, surrogacy and artificial reproduction have all

become prominent political contests in the same period. *Doctor Who* is reflecting the political concerns of the public and so provides an accessible lens through which the contradictions and complexities of these topics can be analysed, discussed and deconstructed.

As such, this thesis will open with a consideration of origins, examining reproductive experiences both in their present state and in their speculative futures. Concepts of monstrosity will be considered next, with the third chapter examining how *Doctor Who* constructs particular visions of monstrosity as related to power, transgression, hybridity, and particular expressions of female identity. Finally, the fourth chapter will be concerned with specific consideration of the recurring theme of technology, contemplating what constitutes humanity, life and death in an increasingly technologized world. In doing this, an overview of perceptions of gendered bodies across a life span will be built, allowing this thesis to examine the extent to which said preconceptions may affect our lives, from start to inevitable conclusion.

There are those, however, who will consider it laughable that *Doctor Who* may be able to provide insight into our societal and personal relationships to our bodies, that it can grapple with dense philosophical theorising on the nature of said bodies and can, perhaps, provide alternate conceptions and constructions of the body. In this, *Doctor Who* is 'only' a children's programme, and therefore not something to be 'ruined' by feminists, political correctness 'gone mad' or any form of critical discourse. Moreover, even those open to discussion of popular culture, its representations, and its potential impact on society may consider *Doctor Who* unworthy of sustained academic attention, its status as 'light' family viewing precluding it from serious commentary or real

insight. This thesis, evidently, rejects this view, instead arguing that *Doctor Who* occupies a unique position in British culture and memory, capable of regeneration and cross generational appeal, that render it ideal for this form of examination. Furthermore, the recent media interest and backlash in both the casting of the first female Doctor with the announcement of Jodie Whittaker, and the first openly gay companion in the form of Bill Potts (Pearl Mackie), strengthen the assertion that *Doctor Who* is more than capable of challenging and informing societal stereotype and preconceptions.

Hence, our definitions of gender are obscuring and broadening in reality and *Doctor Who* appears to be acknowledging that its mythology must evolve to reflect changing societal mores. The depth and efficacy, however, of this acknowledgement remains to be seen: our 'human obsession with gender and all its associated stereotype' may be 'petty', but it is not immediately apparent that it is one *Doctor Who* is above.

## Chapter One: Concepts and Contexts

### 1: Contexts and Concepts

As this thesis aims to interrogate the constructions of gendered bodies within the rebooted *Doctor Who* there is a need to outline the disparate theoretical and contextual concepts that will be drawn upon. Arguably, this interrogation gains particular relevance considering the particular socio-political context of this thesis: recent years have seen the emergence of a 'new' wave of feminism, the ever increasing enmeshing of technology and everyday lives, as well as a wave of ambitious high concept science fiction television.[3] Generic heritage is significant for this thesis, as it is underpinned by the assumption that science fiction is a genre concerned with illuminating and deconstructing societal fears. This significance is further bolstered by the fact that the body has traditionally functioned as a canvas upon which to play out anxieties, its liminality and fluidity ensuring metaphorical capacity. This combination of factors grants this project capacity for insight into contemporary bodily constructions. It is contended that within the rebooted *Doctor Who* there exists a complex interrelation of contemporary debates regarding embodiment and depictions of gendered bodies, representations

---

[3] *Lost* (ABC, 2004-2010); *Battlestar Galactica* (Sci-Fi, 2004-2009); *Torchwood* (BBC3, 2006-2011); *Fringe* (Fox, 2008-2013); *Dollhouse* (Fox, 2009-2010); *Revolution* (NBC, 2012-2014); *Caprica* (Syfy, 2009-2010); *The Sarah Jane Adventures* (CBBC, 2007-2011); *Defiance* (Syfy, 2013-2015); *Terminator: The Sarah Connor Chronicles* (Fox, 2008-2009); *Orphan Black* (Space, 2013- ); *Continuum* (Showcase, 2012-2015); *American Horror Story* (FX, 2011- ); *Sense8* (Netflix, 2015-2017); *Sanctuary* (Syfy, 2008-2011); *Westworld* (HBO, 2015- ); *The OA* (Netflix, 2015-); *Black Mirror* (Channel 4, 2011- ); *Heroes* (NBC, 2006-2010); *Humans* (Channel 4, 2015- ); *Stranger Things* (Netflix, 2016- ); *Misfits* (E4, 2009-2013); Class (BBC3, 2016- ); not to mention the forthcoming new series of *Star Trek* (*Star Trek: Discovery*) and the reboot of *The X-Files* in 2016 as some examples.

that gain significance when considering generic specificity, and it is this interrelationship this thesis will analyse.

In order to achieve this, this chapter will function as a literature review, designed to summarise and draw thematic parity between the differing theoretical areas that ground this piece: contemporary feminist activism, theoretical constructions of the body, science fiction and issues of representation, as well as the expansive work on *Doctor Who* as a cultural product. To begin, an overview of the contemporary re-emergence of feminist activism, and the role of the body in this, will be given in order to provide a social and political context. From this, various theoretical constructions of the body will be discussed, and whilst this overview cannot be exhaustive, it will demonstrate the lack of certainty that exists when defining and constructing bodies, therefore destabilising the concept of a 'natural' body. Moving forwards, attention will turn to science fiction as a genre, providing a summary of its typical aesthetic and thematic concerns, as well as its particular relationship to representations of gender. Finally, existing scholarship on *Doctor Who* will be examined, with specific attention being paid to work on *Doctor Who's* political ideologies and depictions of gender, as these are deemed most significant for this thesis. From these overviews, thematic parity and connections will be established, and research questions drawn and stated. This chapter will then conclude with a methodology that will demonstrate and justify the overall structure and design of this thesis.

**1a: Contemporary Britain: A Feminist Awakening?**

Primarily, it must be acknowledged that this thesis is indebted to feminism. The reasons for this are multiple: for one theories of the body and difference are 'certainly, even if not solely indebted to feminist critiques of sex and difference' (Cregan, 2006:141), meaning that many of the theories discussed here are formed in relation to feminism, regardless of whether that response is one of affirmation or critique. Progressing from this, Britain is experiencing a feminist renaissance: 'the last decade has witnessed an increased visibility of feminist activism in the UK' (Jonsson 2014:1012), culminating in a specific moment of visibility in 2013, the arrival of the 'fourth wave of feminism':[4]

> Everywhere you looked in the summer of 2013, a fourth wave of feminism was rising in the UK, women were opening their eyes to misogyny and sexism, and shouting back against it. (Cochrane 2014:2)

Whilst the body has occupied a consistent position of importance within feminist discourse, the apparent break from the neoliberal concerns of postfeminism,[5] combined with the political and intersectional engagement definitive of contemporary feminist activism, has allowed the body to return as a site of political importance and struggle. This importance is demonstrated by the body's centrality in current feminism campaigns with issues discussed ranging from reproductive freedoms, to sex workers, and

---

[4] With the acknowledgement that 'waves' remains a contested term.
[5] The particular theoretical concerns of postfeminism will be returned to in detail in Chapter Three.

cosmetic surgery.[6] Contemporary feminism is, to a significant extent, a particularly physical affair.

Despite this centrality, its significance and impact remain ambiguous: campaigns, debate, and new visibilities for a variety of bodies have been followed by backlash, both online and legislative.[7] Moreover, the manner in which the body is invoked as a concern remains, for some, problematic. Gill maintains that contemporary feminism has failed to fully break away from the neoliberal, individualistic traits[8] of postfeminism, creating a '"cool"' (Gill, 2016:611), ultimately vapid, depoliticised form of feminism. This lack of substance is most identifiable in the more consumable brand of feminism evolved from magazine cultures. Termed 'hot feminism' (Vernon, 2015) it concerns itself with fashion and relationships, and has an undercurrent of consumerism reliant on the 'common sense' narratives so common within postfeminism. Vernon's *Hot Feminist* (2015) exemplifies this:

> Of course, I should probably say at this juncture that I have absolutely
>
> no idea how you should be a feminist. None. I don't know, and I

---

[6] The 'Repeal the 8th' Campaign with regard to abortion provision in Northern Ireland, as one example, as well as the development of artificial wombs and their significances for women. Additionally, Amnesty International's 2016 call for the decriminalisation of consensual sex work, as well as the growing prevalence of lip fillers and other such non –surgical, cosmetic procedures aimed at young women.

[7] The 'Bathroom Bill' in North Carolina for example, a law that requires transgender people to use the bathroom that correspond with the gender on their birth certificate. Additionally, Donald Trump's executive order banning international NGOs from providing abortion services or offering information about abortions if they receive US funding. Whilst the two examples given are American, traces of these views can be seen in the UK: the aforementioned 'Repeal the 8th' campaign has yet to be successful.

[8] In discussing this, Gill points to the proliferation of a particularly 'neoliberal feminism, exemplified by books such as *Lean In* (Sandberg 2013), *The Confidence Code* (Katty Kay and Claire Shipman 2014) and *Getting to 50/50* (Sharon Meers and Joanna Strober 2013)' (Gill,2016:617). These texts may, in a basic sense, invoke gender equality yet advocate a capitalist ideology that entrenches other systems of oppression (class, racialized etc). This form of feminist thinking consistently gains attention in mainstream culture, perhaps because its simplistic mantra of self-esteem as a solution to systematic inequality seems more palatable than attempts to dismantle social structures.

wouldn't begin to try to tell you. I wouldn't dare tell you, indeed, and

nor should anyone else, for the basic reason that you are YOU, which

makes you a very different kettle of feminist fish from ME, or indeed

THEM. (2015:17)

Gill dismisses such discussions as not simply 'feminism-lite but

feminism weightless' (Gill, 2016:618), lacking in any desire to be combative,

angry, or forward a position on anything. The centrality of the body in this is

obvious: the body is constructed as a site of identity that is then linked to

concepts of consumerism and commodification. Whilst discussion of beauty

and self are relevant to constructions of the body, this feminism removes

these discussions from a political context, retreating to 'choice narratives'

that elevate them beyond reproach.

This notion is intensified when considering how these ideas are

discussed in the media. There remains a persistent trend of isolationism that

reduces sexist acts to singular issues, failing to acknowledge structural

context. Gill claims such tendencies are evidenced by the 'perennial

recycling of the "is it ok to call yourself a feminist if you get married/shave

your legs/go on a diet (etc.)" style of article in which apparently feminist

credentials are held up to hand-wringing scrutiny' (Gill, 2016:615).

Furthermore, Gill points to the type of 'feminist' discussions that gain

attention in mainstream discourse, highlighting the way 'feminist media

storms arrive […] already trivialized' (ibid). Increased interest and attention

does not guarantee serious contemplation, and there remains a tendency for

the media to focus on 'light' feminist issues relating to sex, relationships and

beauty.

Hence, a burgeoning feminist awareness has led to a theoretical and practical engagement with issues of the body that is largely ambiguous and contradictory: the body and its effects are both acknowledged and repudiated. While feminist issues gain mainstream media attention, Gay questions the efficacy of this, stating:

> The call-and-response of this debate has grown tightly choreographed and tedious. A woman dares to acknowledge the gender problem. Some people say, 'yes, you're right', but do nothing to change the status quo. Some people say, 'I'm not part of the problem', and offer up some tired example as to why this is all no big deal [...] Some people say, 'give me more proof' or 'I want numbers', or 'things are so much better' or 'you are wrong' [...] Some people say, 'Enough talking about the problem. Let's talk about solutions' […] Rinse. Repeat. (2014:171)

Evidently, this return to body politics is not solely indebted to feminism, and has been aided and championed by a number of other groups and campaigns. The aim of this section has been to highlight a political and social context in which bodily and gendered identity appears to have expanded, yet it remains uncertain whether individual advances in personal expression are being matched in legislation: there remains a hierarchy of bodies.

## 2: Gendered Constructions of the Body

Progressing from this, the various theoretical constructions of the body that will be drawn upon must be outlined. Whilst this cannot be exhaustive, the

aim is to provide an overview of some of the most dominant theories of physicality and difference, providing a theoretical framework from which analysis may proceed.

To begin, as mentioned the centrality of the body to feminist theorisation cannot be denied. The reasons for this are evident: there exists an assumed 'giveness' of 'the female body as naturally weaker, more inferior, less stable than the male body' (Howson, 2004:49) that has been used in the past, and continues to be used today, 'as evidence of women's moral and intellectual inferiority' (ibid). This assumed 'weaknesses' of the female body has been related to 'biochemical processes (such as hormonal flows [and] mysterious female mental disorders (such as hysteria)' (Sheldon, 2002:15), as well as the female body's capacity to reproduce, a fact that ensures women struggle with 'legal and social orders accustomed to assuming bounded, individuated subjects' (ibid). This alignment of femininity with the body permits perception of women as irrational while men, due to their association with the mind, are endowed with capacity for abstract thinking, therefore lending themselves to dominant roles in public life. Many feminist campaigns have worked to reject claims of 'natural' subordination as well as protesting against associated objectifications and abuses. This preoccupation with the body is not unwarranted as 'historically there have been clear links between women's attempts to gain civil, political and social rights on the one hand, and renewed interest in theories that confirm women's embodiment as biologically inferior on the other' (Shilling,

2003:41).[9] Hence, women may be perceived as being more conscious of 'having/being bodies in the sense that these bodies can function as a locus of discrimination' (Sheldon, 2002:15).

Contemporary feminist theory has attempted to progress beyond essentialism, stating that a woman's experience of her body is impacted by dominant social ideology: 'the body provides a basis for construction of patriarchal social relations, these relations […] shaping the bodies of women' (Shilling, 2003:56). This approach maintains the body as a site of difference, but acknowledges the power of social relations and lived experience in shaping the body. These views may appear antithetical, but each highlight a preoccupation with the physical form and its significances. In contemporary feminism, the body, particularly the female body, is not neutral; it is a contested site of regulation and identity (Cochrane, 2014). This reversion to the body is not reductive; it is a deconstruction of the manners in which the body is socially and culturally constructed and regulated and the ramifications of this. The body is a not a certainty; it is a signifying practice (Mitchell, 2006) in a cultural field of racialized and gendered hierarchy (Braidotti, 1996).

Thus, whilst all bodies gain meaning in a gendered and racialized hierarchy, the (white) masculine body does not appear to suffer the

---

[9] Indeed, one would assume rejection of biological essentialism legitimising the subordination of women would be a universally accepted tenant of feminism: this is not the case. The late 1970s gave rise to the 'naturalistic body'; a form of essentialist feminism that championed biological difference, claiming women's roles are different but of equal worth to men's. Feminist authors were quick to deny these conceptions' revolutionary potential, the promise of 'equality' predicated on 'difference' being common to several Fascist ideologies: 'feminine virtues have been celebrated by men for thousands of years – without much evidence of gaining women any more rights or freedoms' (Kaplan and Rogers, 1990:209).

denigration or legislative control that female, and other, bodies do. The white male body enjoys a universality and perceived standard against which all other bodies are judged and generally found to be lacking: 'male norms are taken to be universal' (Davis, 1997:19), even if this norm is 'unstated' (Sheldon, 2002:14). This 'normal' idealised male body is

> […] seen as safe, stable, bounded and impermeable. It is not liable to dysfunction, and hence is not in need of constant medical control. It is strong and invulnerable, not liable to succumb to penetration by foreign bodies such toxins. It is self-contained, bounded, isolated and inviolate, not connected to other bodies. (Sheldon, 2002:24)

Despite this, the male body is also one of contradiction, represented as both 'taken-for-granted [and] biologically driven' (Hearn, 2012:309) and simultaneously constructed as a 'taken-for-granted disembodied, or least primarily ("rational") mind[s]' (ibid). This contradiction grants the male body the simultaneous capacity of assuming a 'natural' position of hierarchical dominance, whilst also allowing men to be 'seen as primary and "authoritative" conveyors (even "embodiments" or "personifications") of ideas, ideology, faith, religion, rationality, knowledge and enlightenment (in both senses)' (ibid).

Building upon this, critical theorisation of masculinity and the male body has a tendency to run parallel to discussions of nationalism, patriarchy and militarism: 'there are often slim lines between the production of male bodies for the labour force, patriarchal lineage, blood, individual "well-being" and the maintenance of a coherent, autonomous body' (Hearn, 2012:311).

This association produces imagery and a tendency for masculine physical dominance over 'lesser' bodies; whilst this is typically female bodies, this dispensability of bodies that are 'lacking' can expand to include other forms of masculinity, particularly in times of warfare.[10]

When considering bodily hierarchies, the issue of race cannot be ignored, as 'along a continuum of freedom from, and subjection to, the body of white men stood at one extreme whilst black women stood at the other' (Evans, 2002:7). For Shilling, 'racism has been characterised by repeated attempts to impute negative characteristics to the bodies and general corporeal existence of various peoples' (Shilling, 2003:52), furthering this to state this negativity is typically spread by 'dominant nations and peoples' (ibid) and used to justify 'slavery, colonisation and other forms of oppression' (Shilling, 2003:51). Women's bodies at large might be subject to oppression and discrimination, but it is also undoubtedly true that white women suffer less than women of colour do. With specific reference to the black women, Ahmed notes how 'the projection of sexuality onto the figure of the black women's bodies to be represented, in their absence, as pure, as well as policed or "protected" from the sexuality of others' (Ahmed, 2002:54).

Hence, bodies are constructed in a political and social context that has lifelong ramifications for the individual, making our apparent 'bodily obsession' understandable. Their necessity and presence aside, not all

---

[10] This brief discussion of the masculine body clearly tends toward constructions of the male body that primarily concern themselves with power and dominance. There are, of course, many variations of the masculine body that can only be understood in relation to their intersections of social division, such as class, race, or sexuality, and how these divisions are gendered and perceived as desirable. This militaristic, dominant bent is intentional, as it is an association *Doctor Who* draws upon heavily.

17

bodies are considered equal and our relationships with our bodies are complex: to dismiss a concern with the body as superficial is to ignore the extent to which bodies effect social interactions and prospects. As Sheldon notes,

> Embodiment becomes noteworthy when it impinges on us in some way – through bodily changes, physical discomfort or when particularities in one's form of embodiment – such as race, gender or physical abnormality – act as a disability in the context of particular social settings. (2002:15)

This role of societal norms, trends, and morals in the construction and comprehension of the body, and the ambivalence regarding the importance and role of the body in contemporary activism, lends the body a degree of uncertainty. There is 'an increasing awareness of the negotiable and changeable possibilities of the body' (Evans, 2002:1), which questions what constitutes a 'real' body. This, combined with the rejection of the body as 'natural', and 'trans-historical', has made it difficult to define the body as 'fixed'. This uncertainty, however, need not be negative. In a world of increasing social demands regarding appropriate physicality

> Becoming male or female is the first complex negotiation […] the nature of that resolution is then located within a particular set of expectations. (Evans, 2002:6)

Uncertainty leads to a blurring of dichotomies previously considered set, allowing this 'negotiation' to occur with fewer preconceptions, potentially permitting greater bodily autonomy and diversity.

**2a: Queer Theory**

The most obvious theoretical framework to invoke when considering bodily uncertainty and fluidity is that of queer theory, and Judith Butler's notions of performativity as related to gender, sexuality and identity. In her seminal text, *Gender Trouble* (1990), Butler states that there is nothing natural or innate with regard to gender: it is a social construct maintained for the benefit of dominant institutions. For Butler, 'there is gender identity behind the expressions of gender; [...] identity is performatively constituted by the very "expressions" that are said to be its results' (Butler, 1990:25). In this configuration, gender becomes the effect of reiterative acts that take place in a rigid social context, merging 'over time to produce the appearance of a substance, of a natural sort of being' (Butler, 1990:33). Gendered acts and gestures are learned and repeated across a lifetime, creating the semblance of an 'innate' gender identity that does not exist (Sullivan, 2003).

Butler argues that sex, gender, and desire are perceived to exist on a continuum with sex determining gender, which in turn determines desire (toward the other gender). Butler takes a Foucaldian approach, declaring that the linkage between these concepts must be broken, allowing gender and desire to become naturally occurring and fluid, as opposed to 'caused' by predetermined and immutable factors. Butler progresses from this to state that certain gender expressions have claimed a hegemonic hold that may be subverted: Butler calls for 'gender trouble', a concept that calls for the proliferation, blurring, and broadening of gender expression and, therefore, identity.

The potential of fluidity and indeterminacy is something queer theory has taken and expanded upon. Queer theory resists models of stability, focusing instead on contradictions and discrepancies between sex, gender and desire[11] with the aim of 'demonstrating the impossibility of any "natural" sexuality [and calling] into questions such apparently unproblematic terms as "man" and "woman"' (Jagose, 1996:3). This broad definition of opposition and deconstruction is one considered integral to any theorisation of queer theory itself. For David Halperin,

> Queer is by definition whatever is at odds with the normal, the legitimate, the dominant. It is an identity without an essence. 'Queer' then, demarcated not a positivity but a positionality vis-à-vis the normative […] [Queer] describes a horizon of possibility whose precise extent and heterogeneous scope cannot in principle be delimited in advance.[12] (1995:62)

Queer theories' 'semantic clout [and] its political efficacy depends on its resistance to definition' (Jagose, 1996:1) as 'the more it verges on becoming a normative academic discipline, the less queer "queer theory" can plausibly claim to be' (Halperin, 1995:113). Queer theory offers a 'zone of possibilities' (Edelman, 1994:114) within which resistance to hegemonic identity, gender, and sexuality may be configured.

---

[11] Explaining why queer theory has, institutionally at least, been more associated with lesbian and gay studies.
[12] A sentiment shared by other writers; Cherry Smith (1996), Lisa Duggan (1992) as two examples.

This endorsement of ambiguity and fluidity is not met with universal acclaim. For Steven Seidman, unless queer theory explicitly defines the politics and ethics it endeavours to promote it will be 'little more than an anarchistic social ideal, or a form of libertarianism founded on a democratic pluralist ideal' (Sullivan, 2003: 47). Moreover, there is a scepticism that the gender neutrality endorsed by queer theory is actually possible, or if 'a generic masculinity' (Jargose, 1996:3) will be implicitly invoked instead. More broadly, Walters questions the very premises of pluralism and a general invocation of dissent, declaring them 'meaningless' (Walters, 2005:8) and asking whether a move to inclusivity merely 'runs the risk of setting up another (albeit grander) opposition?' (ibid). Walter continues in this vein, interrogating the idea of gender neutrality as worthwhile, or if it is simply a vacuous abstraction:

> Is a degendered idea of sexual identity/sexual desire what we strive for? Is this just a postmodern version of a liberal pluralist 'if it feels good, do it' ethos? Also, the images/signifiers for this transcendence (of gender) are suspiciously male (why can't a woman be more like a fag?). If the phallus has been replaced by the dildo as the prime signifier of sexual transgression, of queerness, how far have we really come, so to speak? (Walters, 2005:15)

Thus, whilst a pursuit of a fluid, subversive and anti-authoritarian relationship between corporeality, identity, gender and desire might appear to be the endpoint of feminist and queer activism, it is not, apparently, that simple. Progressing from this, whilst society may, feasibly, reach a point

where it is accepted that gender is socially constructed and 'negotiated', there are those that will caveat this with affirmation sex is biological and immutable. Such assertions ensure deconstruction of binaries only ever progress so far before encountering 'fact', limiting potential and strengthening claims of 'innate' differences in capacities of men and women. These claims, however, have been questioned of late: the growing presence of intersex individuals[13] in public life and work in evolutionary biology serve to blur the categories of sex, questioning a male/female divide based on chromosomal difference. Richardson takes a historical overview of the science of sex and concludes we should reject the concept of a 'sex chromosome', arguing this has led to 'bad science, societal prejudice and widespread misunderstanding of what sex really is' (Richardson in Steadman, 2015). Ainsworth advocates the breakdown of sexual dimorphism, pointing out that the existence of sexual characteristics on a spectrum has been accepted by science for years:

> Sex [is] complicated [...] According to the simple scenario, the presence or absence of a Y chromosome is what counts [...] But doctors have long known [...] some people straddle the boundary – their sex chromosomes say one thing, but their... sexual anatomy say another[14] [...] Some researchers now say that as many as 1 person in 100 has some form of DSD. (Ainsworth, 2015).

---

[13] The supermodel Hanne Gaby Odiele for example.
[14] These conditions are known as intersex conditions, or differences/disorders of sex development (DSDs).

What this illustrates is the tendency of prejudice and preconceptions to determine what counts as 'science'. There is a perception that science exists above the constraints of society, and scientific discoveries are made in a vacuum, producing unequivocal facts. Science is produced in, and exists in, a context that dictates what form of research is produced, and provides the lens through which it is interpreted, applied or discarded. The intent is not to dismiss science as 'fake' more to highlight that 'facts' can be contingent. This is of particular significance when belief in what is 'natural' and 'correct' in reference to bodies serves to limit the rights and lives of those considered 'lesser'.[15]

Butler's work is, once more, of relevance here. For Butler, the societal demand of performativity does not simply regulate and maintain gender boundaries, but also naturalises sex. Brady and Schirato surmise Butler's position thus:

> The discursive operation of power that enacts gender norms does not do so onto a previously unmarked material body, as the materiality of that body is produced and sustained through the same discursive function of performativity (2011:47).

If it is accepted that the body cannot be understood outside of gendered discourse, it must also be accepted 'that there is no body that is not always already gendered' (Salih, 2002:74). Evidently, this does not mean the body does not exist, simply that its significances can only be understood

---

[15] Therefore, to uphold the belief that transgenderism is 'unnatural', or that women are incapable of working in certain professions or that gay couples should not have children for example.

within a wider discourse and context. Despite the logic of this, there remains a reluctance to deconstruct sexual dimorphism. For Laqueuer, the desire to maintain this model stems from the relationship between sex, gender and power, as 'sex […] is institutional; it is explicable only within the context of battles over gender and power' (Laqueuer, 1990:11). To question the 'natural' separation of the sexes would allow for other seemingly 'natural' institutions of power and hierarchy to be questioned: an intolerable possibility for those who benefit from them. Once more, Laqueuer and others are not claiming there are no biological differences between men and women; they are merely cautioning against drawing conclusions regarding the significances of these distinctions.

The issue is not the pointing out of measurable differences between bodies, but the use of these differences as evidence for claims of 'unmediated access to […] "reality"' (Sheldon, 2002:23); particularly as 'any account of sexual and gendered difference will [...] be informed by existing gendered understandings' (ibid). This dismantling of sexual and gendered binaries is not a mere quirk of academia: transgender activism is becoming increasingly visible[16] and it is estimated that 'between 0.1 and 5 per cent of the population of Earth is trans, genderqueer or intersex' (Penny, 2015). As a group they have been marginalised, ridiculed and subjected to a disproportionate amount of violence, meaning the broadening of conceptions of the sex and body carries urgent, real world significance.

---

[16] In the UK specifically, the LGBT activist group Stonewall recently announced its decision to begin campaigning to promote transgender rights (Gani, 2015) while Time magazine recently published a cover, and accompanying feature, with the headline 'The Transgender Tipping Point' (Steinmetz, 2014).

In a similar vein to the criticism mounted against queer theory, there are those who reject binary deconstruction as the most effective method for progress, contending that a broadening of gendered identity and assertion of sexual fluidity will not resolve prejudice. To Moi, the discrimination faced by minority communities is 'the fault of our social norms and ideologies concerning human sex and sexuality, not […] that […] there are only two sexes' (Moi, 2005:40). Continuing from this, Moi states that we may maintain a sexual dichotomy and avoid discrimination if we 'deny […] biological facts justify social values' (2005:43). There is a persuasive logic to this as it proposes that the creation of sexual identities outside binaries acts as a veneer of liberalism, and that new identities will remain subject to discriminatory social norms. What is required instead is a separation of biology from social norms, which will ensure that 'the question of how many sexes there are or ought to be [… [will have] no necessary ideological or political consequences whatsoever' (Moi, 2005:40).

Moi's argument is not without merit: recognition of an identity does not ensure equality, but can act as a form of appeasement.[17] What Moi fails to acknowledge however, is that the first steps toward equality are recognition and normalisation of a marginalised group. It is logical to state biology should not dictate social norms, but this provides scant practical support. How can a government legislate to protect a group if the group does not exist? Recognition leads to normalisation, and provides community, identity and protection for the individual, all of which take precedence over logical

---

[17] The passing of equal marriage rights for gay communities meaning there is no homophobia, for example.

semantics. Moi's conception requires an ideological break from the belief biology is related to identity and social positioning, something the persistence of the belief in 'innate gender roles' in the face of all evidence suggests is not presently possible.

## 2b: Techno-Bodies

If scientific advances and activism are helping to deconstruct gender and sexual binaries in the abstract, physical diversity is being aided by technological advances.[18] We live in an age where medical technology is able to fundamentally alter the appearance of bodies potentially meaning, as technology and acceptance of diversity progress simultaneously, the only limit to bodily constructions will be our imaginations. Utopian proponents of this ideal believe society is moving to a new, posthuman version of reality:

> A growing number of theorists contend […] the age of humanism is over and that we are morphing into a new 'posthumanist' condition […] the reality principle of modernity and all western culture has been irrevocably altered. Together, science and technology are undermining firm boundaries between reality/unreality, natural/artificial [...] We're becoming cyborgs. (Mitchell, 2006:109)

Evocations of utopia should be met with caution; as Best and Kellner state, whilst 'traditional sensibilities remain dominant' (Best and Kellner in Mitchell, 2006:109) the emancipatory potential of technologies remains limited. Bodies are a product of our understanding of them, meaning that if

---

[18] The obvious framework to be invoked here would be that of posthumanism, which will be covered in more detail in Chapter Four.

discourse remains controlled by patriarchal mentalities, our 'bodies cannot be as posthuman or post-gender as some […] would like to claim' (Mitchell, 2006:109).

The major obstacle with regard to the potential of new technologies is that whilst we are capable of exerting an unprecedented degree of control over our corporeality, we are also living in an era that has cast significant doubt over how we *should* control it. The more permeable the limits of the body, the less certain we are about what is 'real'. Greater capacity to control our own bodies also leaves our bodies more open to exploitation by others. Moreover, access to the technology that enables radical[19] bodily reconstructions is limited, leading to definitions of other bodies as 'lesser' and therefore open to exploitation. As science 'facilitates greater degrees of intervention into the body, it destabilises our knowledge of what bodies are, and runs ahead of our ability to make more judgements about how far science should be allowed to reconstruct the body' (Shilling, 2003:3).

Essentially, there are significant ethical and moral questions surrounding the use of technology to radically alter the body, questions lagging behind the technology prompting them. To some, 'the look and shape of the body is presented as the key source of identity'[20] (Gill, 2007:229) in contemporary society, and in our haste to congratulate ourselves on our apparent embrace of diversity,

---

[19] See methodology section for further definition and clarification of the term 'radical'.
[20] Gill is making particular reference to female bodies here, but the sentiment may be broadened.

[…] we lose sight of the ways in which we are becoming more rigorous and even proscriptive in our attitude to the body, and more inclined to suppose that the body should be a perfect […] demonstration of the virtue of efficient and perfect function. (Evans, 2002:3)

Bodily maintenance and presentation of an 'appropriate' body is a moral issue, indebted to notions of success and inner wellbeing. The body is a project that requires constant maintenance to ensure that the individual adheres to prescriptive notions of attractiveness. To transgress these boundaries carries moral connotations: to become ill, to become fat is to become a drain upon society.[21] It is not sufficient for an individual to be successful; they must also maintain an acceptable corporeality less they wish to be castigated.[22] In our current media culture, the body is 'a window the individual's interior life' (Gill, 2007:256), harking back to a primitive association between physicality and deviancy. To control one's body is to be a productive member of society: obsessive bodily maintenance is a societal duty not a personal choice.

The requirement to maintain one's body is a pressure perhaps felt more acutely by women, but it is undoubtedly exacerbated when considering race, class, and sexual orientation. For Gill, this female focus is explicable as the presentation of an acceptable body may be an aspect of identity for

---

[21] In 2016, health authorities forwarded options to deny non-life threatening surgery to obese patients and smokers. Although put on hold, the attitudes that made such a plan seem feasible or suggestible are evident.

[22] Again, this is something felt more keenly by women with the criticism and ranking of the perceived attractiveness of successful women in all fields demonstrating this - John Inverdale speculating after Marion Bartoli's was crowned new Wimbledon Women's Champion that her drive was attributable to her father telling her she was 'never going to be a looker' is a particularly obvious example.

others, but for women 'femininity is defined as bodily property […] possession of a "sexy body" […] presented as a women's key […] source of identity' (Gill, 2007:255). Acceptable femininity is based in corporeality: to be a woman is to present one's self in line with cultural expectations regarding feminine attractiveness. It may seem counterintuitive to believe that, with all the advances made, women encounter such scrutiny, but Penny suggests the two are related: 'the more powerful women become, the more [they] are taught that [their] bodies are unacceptable' (2014:617). Indeed, 'ugly is still the insult most commonly thrown at women to dismiss their power' (Penny, 2014:491). The combination of impossible beauty standards with the threat of being labelled 'unattractive' work as an effective silencing tool, barring women from the political and social sphere, cultivating 'an obsessive, wildly individualistic, destructive focus on physical minutiae' (Cochrane, 2014:15). For women, the body is a source of anxiety and shame: a chore that is being intensified by the 'opportunities' offered by new technologies.

Technology is not only affecting notions of embodiment. The internet and social media have had a profound impact on all forms of activism, enabling feminism in particular to be 'networked' (Fotopoulou, 2014:2) creating 'digital sisterhood[s]' (ibid). Online media 'increasingly form part of the communication of social movements and civil society politics' (Fotopoulou, 2014:4) encouraging 'civic engagement and political participation' (ibid). The internet as a democratising tool for feminism connects with narratives surrounding techno-utopian visions of technology, and the internet as a space that encourages 'a participatory and hence distinctly empowering ecology for the individual user' (ibid).

However, one must be sceptical that use of digital networks negates hierarchy and power structures: the democratising power of disembodiment is limited when considering the generational and income inequalities that hinder participation.

Moreover, there is, potentially, a pragmatic disconnect between internet activism and real world impact. Internet campaigns may garner attention, petitions may be signed and solidarity pledged without affecting any tangible change. Termed 'slacktivism' (Munro, 2014:25) this form of campaigning becomes divorced from commitment to social change, and instead functions as a virtual appearance of social conscience. There also exists a further disconnect between what occurs within online feminism and what is reported in wider media:

> The privileges [...] online spaces […] offer feminist activists for self-representation are not […] carried into [...] the mass media: in the latter they are often represented […] through a post-feminist tinted lens. (Darmon, 2014:701)

Darmon demonstrates this by providing analysis of several major publications' coverage of the Slut Walk campaign, illustrating how the reported aim of this protest deviated from original intentions.[23] To Darmon, this affirms the internet's limited power to effect social change: the internet provides a platform denied to women in the wider public arena, but this can

---

[23] Darmon states that media reporting of the event 'strips away the political element of the protest' (2014: 702), reducing it to a discussion of attire and the commentator's own personal relationship with the word 'slut'.

fail to translate to measurable impact. One must question if the campaigns

fostered in these spaces carry real value, or if 'they lose […] their political

and feminist edge' (Darmon, 2014:702) upon entering the physical world.

There are further potential downsides associated with disembodied

activism for women and other minorities: internet trolling may appear an

abstract threat, but recent years have seen several high profile, organised

campaigns against individuals online, using threats of sexual violence and

death to silence them.[24] Responses from the mainstream media and tech

companies themselves, such as Twitter, have been seen as weak at best by

many in the online community,[25] meaning the abuse of women online risks

becoming normalised.[26] These backlash responses have not only come from

the expected right wing trolls and media outlets: the decision of the UK to

Brexit, as well as Donald Trump winning the recent US presidential election,

have led to factions of the liberal and left wing establishment bemoaning the

rise of identity politics as responsible for the popularity of reactionary political

factions,[27] citing focus on women and minorities at the perceived expense

---

[24] Gamergate, as well as the campaigns of abuse faced by Labour's Dianne Abbott and Stella Creasy, as well as Caroline Criado Perez. See < https://www.theguardian.com/technology/2016/apr/15/online-trolling-not-taken-seriously-enough-labour-stella-creasy > ; <https://www.theguardian.com/technology/2013/jul/29/labour-mp-stella-creasy-twitter-rape-threats> and < https://www.theguardian.com/commentisfree/2014/oct/21/gamergate-angry-men-harassing-women> for more details.

[25] See <https://www.theguardian.com/technology/2014/oct/16/gamergate-abuse-feminist-new-york-times-anita-sarkeesian> and <https://www.theguardian.com/technology/2017/feb/07/twitter-abuse-harassment-crackdown>
[26] See < https://www.theguardian.com/lifeandstyle/2016/mar/08/online-harassment-of-women-at-risk-of-becoming-established-norm-study> and <https://www.theguardian.com/technology/2016/apr/12/the-dark-side-of-guardian-comments>
[27] See <https://www.theguardian.com/commentisfree/2016/dec/15/pale-stale-males-blamed-brexit-trump> and <http://www.newstatesman.com/politics/2017/02/goodbye-liberal-era>

and demonization of white men as creating resentment amenable to reactionary rhetoric.

Hence, bodies and their significances are slowly altering and broadening, but this has not been without backlash. It is an uncomfortable truth that our basic physicality influences our life in a number of ways, contributing to the lived experiences of gendered identity. Progress requires equal acknowledgement of all lived experiences of sex and gender, yet such a statement seem ambitious when considering the reluctance of governing structures to grant all bodies' acknowledgement, never mind autonomy. Technology, despite its potential, serves to further complicate our experiences of embodiment and disembodiment, simultaneously expanding possibilities for engagement and expression whilst serving harsh judgement on those who dare to do so. Our bodies, then, are in a state of flux.

**3: Science Fiction: Aesthetics and Thematics**

Progressing from this, there may be temptation to explain, or explain away, the selection of *Doctor Who* as the subject of investigation as convenient, or attributable to its longstanding status in, and as emblematic of, British television culture. Whilst this is certainly relevant, it is *Doctor Who's* position as a British *science fiction* programme that is most significant to this thesis. Science fiction is a longstanding and varied genre,[28] frequently granted the benefit of metaphor, endowing it with particular capacity for social critique. The universality of this claim may be questioned,[29] but it is this history and

---

[28] With this history spanning most media, from the visual to literature.

[29] A significant amount of science fiction narratives are basic stories of warfare against alien races and although it is arguable that these films also offer social commentary, their insight is more reactionary and so they are not counted as 'high concept', morally ambiguous

attendant expectation that makes *Doctor Who* such a valuable subject of study. Considering this, this section will provide an overview of science fiction as a historical genre, focusing on formal issues of generic categorisation and aesthetics as well as abstract thematic concerns. This section will begin by outlining some of the genre debates around science fiction, advocating a position of hybridity as most beneficial, before progressing to consider contemporary science fiction television cultures, highlighting the particular contribution of British science fiction. Finally, this section will turn to consideration of gender and the body within the genre, concluding by evidencing the links between these concerns and those within body theory.

## 3a: Science Fiction, Genre and Hybridity.

To a degree, this thesis relies on the premise that science fiction, in all its formulations, contains identifiable and consistent traits allowing for a coherent generic identity. There are, however, problems with this.[30] Genres appear timeless monoliths into which texts may be placed without discussion, but they are constantly shifting, locked in a process of re-definition: 'genres are produced by the complexly determined, socially situated positions from which they are viewed' (Bould, 2012:2). Generic categories are inherently fluid, with this fluidity potentially rendering categories endlessly permeable and therefore of no particular use. This

---

science fiction and therefore not worthy of study. *Independence Day: Resurgence* (2016, Emmerich) could be seen as an example of this.

[30] There are numerous examples of in-depth examinations of the genre debate and its significances within film and television studies. The aim here is not to provide an exhaustive recounting of said debates so much as highlight some of the key concerns and their impact upon this particular study.

thesis challenges this perspective, arguing instead that this fluidity allows for generic evolution and hybridity, creating a more sophisticated understanding of the form and function of genre and permitting analysis across genre lines, all of which have particular significance for science fiction.

In advocating for greater fluidity with regard to genre definitions and boundaries, this thesis does not wish to prevent discussion of a 'science fiction text'. It is possible to discuss what is typical of a science fiction text without dictating that this trait is essential. There are strands of science fiction that retain similarity only to themselves and remain distinct from other strands,[31] but each remain identifiable as science fiction. Additionally, a text may self-consciously style itself and take reference from predecessors within a generic canon, therefore maintaining and expanding the definition of said genre. It is not necessary to disregard notions of genre categorisation, simply that an awareness of the possibility and benefits of generic fluidity and hybridity must be appreciated.

Propensity for fluidity has particular significance for this thesis: science fiction, horror, and fantasy bear similarities and often blur together in ways that make distinction difficult. One may term them 'fantastic genres' therefore recognising that 'the fantastic is a generically unstable category' (Johnson, 2005:3) with horror and science fiction sharing particularly permeable borders. To account for this, Neale opts to term these 'non-verisimilitudinous' (Neale in Johnson, 2005:5) genres, which 'resolves the problems of delineating the boundaries between fantasy, science fiction and

---

[31] Cyberpunk for example.

horror' (Johnson, 2005:5). Instead of resorting to semantics to distinguish generic categories, this definition refers to the texts' overall lack of realism, allowing for identification of broad thematics without resorting to prescriptivism. To Johnson, non-verisimilitudinous texts share a basic narrative and aesthetic form, which ensures 'what is plausible within […] non verisimilitudinous genres […] conflicts with […] "reality". As such, all texts that represent the fantastic ask questions that push the boundaries of socio-cultural verisimilitude' (Johnson, 2005:7), imbuing these texts with 'subversive potential' (ibid).

Attempting to circumvent the more difficult constraints of genre theory with an endorsement of hybridity may appear something of a theoretical cop-out, but arguably *Doctor Who's* particular preference for generic borrowing, homage and pastiche [32] makes a hybridised view of genre a strength. Several of the case studies contained in this thesis will make conscious use of relevant theory and precedent from a variety of generic traditions, ensuring analysis is specific, and therefore more robust. It may appear odd to discuss horror cinema and abjection in relation to *Doctor Who*,[33] and whilst, admittedly the programme may lack some of the more violent and gory visual traits of horror cinema, *Who's* self-conscious styling and borrowing of this genre ensures thematic parity, legitimising comparison and inclusion. *Doctor Who* is most certainly a science fiction programme, but its tendency toward

---

[32] Several episodes are either intentional 'genre' episodes (such as 'A Town Called Mercy' which functions as a Western) or heavily indebted to other genre traditions ('Blink' and gothic fiction, for example).
[33] As one of the case studies in Chapter One does.

generic dabbling means theoretical context must be broadened out to ensure depth, cohesion, and accuracy.

## 3b: Science Fiction Television

Science fiction as a whole may be defined as political and permeable, but science fiction television has evolved these traits within a specific culture of storytelling. Despite the mid-noughties offering a hostile market reception for science fiction television programmes (SFTV), SFTV has, recently, enjoyed a renaissance, particularly on American television: 'there is […] more SF than at any time since the early days of American television programming' (Telotte, 2014:1). In spite of its consistent presence in broadcast schedules, SFTV remains dismissed children's programming; reduced to mere 'escapism' (James in Telotte, 2008:1).

Despite the perceived validity of this denigration, this televisual resurgence has been accompanied by a resurgence of the genre within academia, contributing to SFTV [34] receiving 'more intensive analysis' (Sobchack, 2004:11) than in previous years. This newfound interest has been aided by a 'shifting attitude' (Abbott, 2010:1) to cult programming more generally, moving it beyond 'the purview of […] teenage boys [to] an arena for […] a range of audiences' (ibid). This evolution in attitude has allowed science fiction, fantasy and cult programming to shift from niche to

---

[34] And film.

mainstream, increasing their marketability, their audience, and their legitimacy.[35]

This renewed interest has not, however, been uniquely positive: there remains a strain of SFTV criticism that hints at the 'exhaustion' (Booker in Telotte, 2014:2) and stagnation of SFTV. With specific reference to American science fiction produced post 9/11, Dixon claims SF entered a 'predictable' (Dixon in Geraghty, 2009:104) period, attributing this to a context that demanded safe, familiar narratives. Johnson-Smith claims SFTV generally is entering a period of crisis and uncertainty as many of science fiction's staple themes 'are now science' (Johnson-Smith in Telotte, 2014:2). There is a pervasive logic to this thought: how can a genre that relies on offering spectacular, and speculative, images of potential futures continue to invoke wonder when the iconic images of science fiction – computers, rockets, space travel – are now reality?

One could argue that the sheer amount of SFTV available rejects these claims, yet a cynic could suggest that this prevalence confirms the interchangeable nature of SFTV, reducing it to cheap, unoriginal programming. Such statements are unfairly sweeping and denigrating, and so must be questioned: perhaps claims of exhaustion and stagnation demonstrate the maturity of SFTV. Telotte takes this stance, viewing Booker and Johnson-Smith's criticisms as positive, believing they point 'more to the healthy dynamism characterising the form today than to a real problem'

---

[35] The broad appeal of programmes such as *Game of Thrones* (HBO, 2011- ) and *The Walking Dead* (AMC, 2010- ) show this.

(Telotte, 2008:7). Telotte progresses to rebut claims of exhaustion at some length:

> Human culture […] is [not] going to run out of technological challenges nor, one would hope, simply became jaundiced in the face of them. As Paul Virilio, a historian of technology notes art 'never just sleeps in front of new technologies, but deforms them and transforms them' (159) to fit our cultural needs […] SFTV […] has proven well placed to participate in that vital deformation and transformation. In the course of negotiating a balance between the speculative and the ahistorical and between the demands of narrative and its special effects impulses, science fiction has increasingly been able both to fit within the constraints of the television medium and stretch those boundaries (Telotte, 2008:7).

Whilst questions of quality remain open to interpretation, the prevalence of SFTV remains fact. The reasons for this are numerous: some relate to audience figures and economic justifications, yet Telotte points to three further reasons for this boom:

> The first […] is because we can do it; funding and technology have […] allowed for the genre's proliferation. A second is because we have to do it; science and technology […] keep getting in the way of our lives […] And a third is because we […] should do it; it makes sense and helps us make sense – of ourselves, our world, our futures (Telotte, 2014:4)

It is worth unpacking Telotte's suggestions. Firstly, it is unsurprising that SFTV is about *and* driven by technology. Pierson suggests that this link is innate, and science fiction sates a particular need: there is 'a cultural demand for the aesthetic experience of wonder' (Pierson, 2002:168), a demand 'realistic' genres cannot satisfy. Furthermore, this use of technology taps into the 'spectacular', an aspect typically thought to demonstrate science fiction's triviality. This complex relationship 'between the conceptual and the spectacular' (Bould in Telotte, 2014:83) functions as part of the genre's method of storytelling. The 'spectacular' allows access to the 'conceptual' by 'helping to achieve what Darko Suvin famously described as 'a "cognitive estrangement" or "an imaginative framework alternative" to our "empirical environment"' (Telotte, 2014:83). Within the context of SFTV, this takes recognisable elements of our world and places them in a framework that produces a paradox of simultaneous recognition and confusion.[36] This paradox allows orthodoxies and prejudices to be challenged in a more neutral environment, creating greater potential for radicalism and subversion.

Secondly, technology is a significant part of modern life, so it follows that technology is gaining greater prominence in a range of narratives. That is not to suggest that 'most of our television shows are in some way science fictional' (Telotte, 2014:7), but that our relationship with technology is both deepening and uncertain, and this tension is appearing in our media. Science fiction, and due to its increasing presence SFTV, provides the best medium in which to work through these concerns. Despite preoccupation

---

[36] Not all science fiction texts subscribe to Suvin's theory of estrangement; however, use of technology and spectacle can aid this effect.

with technology, science fiction maintains a difficult and contradictory relationship toward it. Scepticism toward technological utopias abound within science fiction:

> Americans delight in such futuristic epics as *Star Trek* and *Star Wars* […] because the human qualities of a Captain Kirk or Han Solo are […] victorious over the […] mega-systems that make their adventures possible (Bukatman, 1993:8).

Science fiction is concerned with what it means to be human, and what is human is typical organic: 'there is a utopia […] in science fiction film […] in being human […] aliens, androids, and evil computers[…]are the barbarians storming the gates of humanity' (Bukatman,1993:16).

Finally, whilst the claim we *should* examine SFTV has a 'moralising ring' (Telotte, 2014:8) to it, it stands. The issues posed by technological advancement are not going to disappear; science fiction provides the most suitable medium for examining emerging social crises to be deconstructed, analysed, and understood. SFTV's resurgence in present years could be attributable to this being unconsciously recognised; the genre's popularity relating to it possessing the properties most suited to an era characterised by upheaval and uncertainty.

## 3c: British Science Fiction Cultures

It is apparent that when speaking of 'science fiction', most commentators implicitly refer to American science fiction. This is unsurprising considering America's position as the dominant global producer of science fiction culture, affording American science fiction expansive influence in terms of generic

trends. Additionally, some consider science fiction a 'deeply American genre' (Bukatman in Geraghty, 2009:2) with the historical basis for the dominant thematic concerns of science fiction traceable through American culture in the nineteenth and early twentieth century. (Geraghty, 2009)

This dominance can be seen as a benefit to this study as it allowed, and allows, British science fiction to develop in opposition to such structures.[37] Broadly speaking, British cinema and television have yet to enjoy the sustained critical attention they deserve, and science fiction represents a particularly underexplored segment of that landmass (Hunter, 1996). The consensus is that British science fiction has 'failed to have the cultural impact of [its] US counterparts' (Feasey, 2008:56); it has been 'hamstrung at times by a reputation for being cheap, Americanised or overly dependent on established television formats and personalities' (Hochscherf and Leggott, 2011:4), and is, overall, a 'poor thing' (Hunter, 1996:6).

In spite of this, British science fiction film and television can be seen to offer some of the earliest examples of the genre, which are 'more diverse, more responsive to the cultural moment' (Hochscherf and Leggott, 2011:4) than those found in the American canon, therefore having 'more to offer than has been commonly acknowledged' (ibid). The lack of academic attention has largely been attributed to the genre's 'intermittency and lack of popular success' (ibid), while negative comparison to American science fiction remains a consistent, unfair theme. Contradictorily, much of this denigration

---

[37] This is, once more, particularly relevant to *Doctor Who* as it is frequently discussed as a uniquely British product, invested in constructing and exporting quasi-fantastical notions of contemporary nationhood, ensuring questions of 'Britishness' and 'what it means to be British' are constant, if implicit, thematic concerns.

stems from British science fiction's perceived lack of aesthetic appeal, a fact

attributable to budget available; an odd perspective when considering

reliance on CGI spectacle is also a consistent criticism of science fiction.

Lack of investment has undoubtedly affected aesthetic quality, yet it has also

produced an inherently different, to some inherently British, form of

storytelling. Economic deprivation forced British science fiction television to

become

> […] ideas lead […] on the level of plot, character and situation […] Its
>
> plots often [Functioning] as metaphors or allegories, reflecting wider
>
> social and cultural preoccupations. (Cook and Wright, 2006:3)

British SFTV developed 'within a national context of imperial decline

following World War One' (Bould, 2008:209) with this feeling of imperial

decline intensifying post World War Two where a loss of British colonies, in

addition to other events, led to uncertainty regarding Britain's global

standing. This experience 'sharply contrasts with […] U.S. [science fiction

television's ascendance]' (ibid), ensuring British SFTV forwarded

> […] a more sceptical, perhaps […] more 'realistic', view of the science
>
> fiction future […] this manifested itself by way either of ironic humour
>
> and whimsical eccentricity, or frequently […] something altogether
>
> more dark and despairing (Cook and Wright, 2006:5).

Moving forwards, the mid nineteen-nineties represented a 'British

Boom' (Vint, 2013) of science fiction literature, with this boom expanding in

the noughties to include British science fiction film and television. It is

contended that these texts share similar ideological properties and the film and television texts in particular

> […] resist the ideological tropes of their Hollywood contemporaries [Articulating] a perspective that challenges British capitulation to 'American' values of individualism and militarism (Vint, 2013:156).

For Vint, the Boom texts 'were not worthy of New Labour's interest' (Vint, 2013:157) meaning they 'became […] sites of critique […] within a particular historical conjuncture' (Luckhurst, 2003:424). This distinctive combination of autonomy and open criticism of dominant political ideology is discernible in recently produced television and film texts: they are 'openly critical of Britain's past and […] question economic inequality and other neoliberal tendencies' (Vint, 2013:157). These texts present ironic reflections on individualism, masculinity and society, epitomizing an enduring trait of British Boom science fiction: a '"Can't do Spirit"' (Butler in Vint, 2013:158). Britain is stereotypically considered a nation of cynics and pessimists; Butler states pessimism 'infuses much of British society' (ibid) with British culture at large loving 'a loser'[38] (Butler, 2003:384). Vint uses *Moon* (Jones, 2009) and *Sunshine* (Boyle, 2007) to show how this 'Can't Do Spirit' has been explicitly linked to neoliberal individualism and masculinity, challenging the assumption that self-sufficiency is desirable by revealing how 'individualism is more likely to result in isolation and depression than in "manly" self-reliance' (Vint, 2013:164). This anxiety surrounding masculinity is not only

---

[38] David Brent (Ricky Gervais) from *The Office* (BBC2, 2001-2003), Alan Partridge (Steve Coogan), *The Inbetweeners* (Channel 4, 2008-2010) and *Peep Show* (Channel 4, 2003-2016) all offering examples of this.

linked to labour, but also expanded to challenge other established generic tropes with 'standard masculine rescue fantasies' (Vint, 2013:170) ultimately being rejected.

British Boom texts also offer alternative constructions of national identity, displaying hostility to overt patriotism and other jingoistic tendencies. While Upstone argues 'post-9/11 British culture […] consumed American attitudes through imported popular culture' (Upstone in Vint, 2013:66), British science fiction film and television resisted the 'hypernationalism' (Vint, 2013:159) of its US counterparts. These texts resist the patriotism and ideological homogeneity discernible in other shows of the period:[39] embracing 'the identity of the loser' (Vint, 2013:159), cynically mocking 'such nostalgic investment in the greatness of Britain' (ibid) and rejecting imperialist rhetoric.

Consequently, what has been shown is that science fiction is a nebulous, changing, abstract genre that retains a capacity to reflect, and respond to contemporaneous societal anxieties, a capacity strengthened by its interest in spectacle and its marginal status. The popularity of science fiction, and SFTV in particular, has historically fluctuated, but it is presently enjoying an enhanced status. Whilst there are multiple reasons for this, it is partially attributable to the genre's capacity to capture the cultural moment, and central to the present moment is uncertainty. Ideologically, narratively, and aesthetically, British science fiction is perceived to stand in opposition to its American counterpart and this is attributed to a national context of decline

---

[39] Like *Spooks* (BBC1, 2002-2011).

and a lack of investment. British science fiction generally, and British SFTV specifically, can be characterised as offshoots of the larger science fiction genre, granting them particular individuality and autonomy. *Doctor Who* sits at the centre of all these concerns: a uniquely British televisual product designed for international export, it enjoys an expansive history within and impact upon the genre as a whole and, as it is the product of a public service broadcaster assumed to be watched by children, forwards moral lessons based in contemporary societal critique. Studies of *Doctor Who* within academia may have reached a point of variable quality and exhaustion, but given the above it is unsurprising it is still of considerable appeal to researchers.

**3d: Science Fiction and Gender**

Much has been made of science fiction's access to the realm of metaphor. Gender is a point of commonality for both this thesis and science fiction, but once again, much of the scholarship is concerned with constructions of femininity. As a result, discussion will begin with a summation of the genre's interest in gender before progressing to examine broader constructions of the body and its potential futures as aided by technology.

There is an enduring belief that science fiction is male dominated and orientated with regard to both fandom and content, a claim which has merit. To date, 'the heroes of the science fiction genre have been […] almost universally men' (Taylor, 2004:133), while the '"Golden Age" [of] SF […] was almost exclusively male' (Roberts, 2006:72) meaning any women involved were left 'alienated' (ibid). This male centric bias has encouraged the

45

judgement that 'science fiction has not […] been […] progressive in its depiction of women' (Innes, 1999:103). This suggests science fiction has been juvenilely enamoured with male heroes, action and adventure with women reduced to window dressing: damsels to be rescued, or prizes to be won.

This, however, would be a limited view of the genre with no consideration of the evident interest in gender and sexuality. Science fiction may have a 'reputation' for being male dominated, but this reputation disregards the consistent, if at times limited, presence of female writers and fans (Melzer, 2006) within the science fiction community. This reputation also erases the regularity and diversity of gendered and sexual identities in science fiction texts. Indeed, Atterby states gender occupies a position of such importance in the genre 'it is virtually impossible […] to take gender for granted anymore' (Atterby, 2002:6). Science fiction 'throughout its history has been fascinated by gender identities and relations' (Roberts, 2006:73), and 'nowhere is the genre's function as a barometer for contemporary attitudes better reflected than in the changing roles for women and representations of the female' (Conrad, 2011:79).

There are many reasons for gender's significance and presence in the genre. Firstly, there is the mentioned role of science fiction as a social commentator. There has been no moment in history devoid of debate with regard to gender roles and the rights of sexual minorities so it is unsurprising gender is a consistent concern. Moreover, one of the major theoretical projects undertaken by feminism is the highlighting of the social construction

of gender roles. This metaphorical potential is a 'powerful' means for 'exploring the construction of "woman"' (Lefanu, 1988:5). The encounter with alien other is a defining moment in science fiction, prompting questions of difference, of others, and of what is alien, therefore proving 'relevant to the female perspectives[40] on the old patriarchal world' (Roberts, 2006:75). As Barr points out, what is considered 'female' in a patriarchal society is already identified as alien. To Barr, women are 'alien in our world which insists to be human is to be male' (Barr, 1987:31). Consequently, alien figures can encourage identifications that provide 'empowering metaphors [allowing] critical evaluations of the theories that we rely on to explain our social realities' (Melzer, 2006:11). Melzer states reading science fiction in conjunction with feminist theories can 'foster a […] more intimate understanding of [social and gender] theories, their limits and their co-optations by dominant culture' (Melzer, 2006:1).[41] The oppression of women is omnipresent and accepted to the point of normalisation, once more granting the 'world building' capacity of science fiction unique value as it permits interrogation and visibility of oppressions denied in 'real' discourse.

Yet, not all science fiction takes advantage of radical narrative and aesthetic potential (Jowett, 2010). Whilst science fiction has the means to challenge and transcend social norms, frequently the 'demands of the genre's commodification […] compel it to inscribe itself as familiar, un-threatening, un-revolutionary' (Sobchack, 2000:145). Issues of gender, sexuality and the feminine may be consistent, but these issues have not

---

[40] And other minority identities.
[41] Evidently, the potential of this can be broadened out to include race, disability, or queer readings of science fiction narratives.

always been discussed with a view to evolving gender roles. Science fiction

texts commonly include women to dramatize the 'threats posed to ordinary

life by rampant women or feminised aliens' (Roberts, 2006:73). Powerful,

feminised aliens threaten dominant masculine ideology, but this threat is

neutralised as they are killed off before the end of the narrative, (Roberts,

2006) ensuring the continuation of a patriarchal society. This fate is not

limited to female aliens: a recent boom in female action heroines was

somewhat undermined by their untimely demises. Hamstrung by notions of

destiny, they are either too powerful to be allowed to survive (Inness, 1999;

Kungl, 2008) or experience self-loathing and doubt before committing

suicide. (Crosby, 2004)

These figures appeared in, and dominated, nineteen-nineties and

early noughties science fiction, representing a clear break with tradition.[42]

This 'break' came from the heroines' rejection of a feminised role: their

'hardbodies' offering a physical contrast to 'soft', appealing femininity, and

their roles as violent, frequently sarcastic, anti-authority outsiders aligning

them more with a traditionally 'male' role. Whilst their deaths undermine their

progressive potential, this is not the only critique levelled at them. Science

fiction action heroines[43] were, and remain, subject to intense debate: some

say they represent a feminist, emancipatory ideal, whilst others warn 'the

mere borrowing, by a female character, of […] masculine traits does not […]

lead to a representation of equality' (Cornea in Conrad, 2011:91). This

debate reoccurs every time a new action heroine emerges: 'she is still rare

---

[42] Ripley from the *Alien* franchise, and Sarah Connor from the *Terminator* franchise are the most evident examples of this.
[43] And action heroines of all genres.

enough that nearly every new heroine is treated […] as either a harbinger of ass-kicking feminism or as yet another example of how excessive violence has taken hold […] of popular culture' (Brown, 2011:6).

Controversy aside, the action heroine was relatively short lived: more contemporary twenty-first century productions have seen a 'prominence of attractive "alien" females' (Conrad, 2011:93). Cornea argues the 'heavily muscled female hero' (Cornea in Conrad, 2011:94) acts as a conduit for the 'neo conservatism of the Reagan era' (ibid), explaining their disappearance as a response to 'Clinton's "softer" presidency' (ibid).[44] To extend this argument to a post 9/11 context, science fiction cinema has remained in the relatively safe territory of 'clearly drawn, conventional ciphers for femininity' (Conrad, 2011:95), which explains *Avatar's* (Cameron, 2009) success with its 'sexualised, alien princess, clear references to Mother Nature […] icons of masculinity and corporate patriarchy' (Ibid).

Discussion of the 'progressive' nature of these representations begins to become slightly irrelevant when considering the fact that the last decade has, overall, seen the number of major roles available to women in science fiction falling. Whilst women remain visible and, occasionally, central to texts 'their importance to individual narratives has reverted to an earlier state' (Conrad, 2011:80). Stereotypical roles remain evident: 'the mother has been a constant presence in the genre and, after "love interest", is the most represented female role' (Conrad, 2011:82), with this role being used to

---

[44] It should be noted that there are significant exceptions to this trend, with Starbuck of *Battlestar Galatica*, the re-emergence of Sarah Connor in *Terminator: The Sarah Connor Chronicles* and Buffy of *Buffy the Vampire Slayer* (The WB, 1997-2003) all identifiable as noughties female action heroines.

ground the narrative in social reality. Whilst there have been attempts, via the use unconventional family setups, to challenge stereotypes, the perpetuation of this role confirms the 'special tie that women have with children [that is] no more than shared oppression' (Firestone, 1979:81). This linkage of women to motherhood implies that regardless of the new societies possible within the fantastic, women will remain defined by, and limited to, their biology.

Television may seemingly have 'been braver during the last decade, with prominent female characters' (Conrad, 2011:96), but it has yet to 'produce a classical female sf hero' (ibid).[45] Ultimately, there remains an association of women with nature and maternity, and a refusal to allow female characters to carry a narrative. If this issue remains unaddressed, the genre will continue to produce characters like '*Avatar*'s Neytiri (Zoe Saldana): tough, sexy, proficient – and supporting her man' (Conrad, 2011:98).

Building on this retreat to the 'natural', a further tactic employed by science fiction to restrict feminist potential is to ask seemingly insightful and philosophical questions about what it means to be human. These questions are typically prompted by the hero encountering an alien race or technological threat that demands evidence of humanity's right to survive. This question is swiftly answered by brief reference to our supposedly unique capacity to feel love, ensuring that what is human is embodied by our hero meaning it is almost universally male, white and heterosexual. This superficial veneer of humanism and championing of love, supresses '[questions of] gender and race by subsuming them within a common sense

---

[45] Again, with reference to the previous footnote, this point is endlessly debateable.

notion of what it is to be human' (Roberts, 2006:79). Thus, radical potential does not prevent reactionary texts: this, combined science fiction's tendency toward metaphor, frequently ensures progressive potential goes unrealised. Science fiction maintains an intrinsic interest in women and gender, but this does not guarantee feminist ideology is promoted.

### 3e: Science Fiction and the Body

Science fiction is undoubtedly fascinated with corporeality, with alien and grotesque bodies common within narratives. Bodies of science fiction are not unconstrained and do not fail to reference reality; however, they operate within a schema that differs significantly from present constrictions. These narrative devices allow for a progression from discussion of representation to one of body politics, adding considerations of commodification and worth to any claim of 'radical' representation.

When considering 'radical' potential bodies, the role of technology is paramount. For Sobchack, technology is not neutral; it is always 'lived' (Sobchack, 2004:223) meaning it is 'always historically informed by political, economic and social context, and [is] always an expression of aesthetic value' (ibid). As science fiction is indebted to 'era[s] of rapid technological difference' (Doane, 2000:110), it frequently envisions technology's impact on the creation of new bodies, ensuring the 'question of sexual difference is inevitably involved' (ibid). There remains, however, a tendency to link 'technological advances in [negative] ways to women and […] female sexuality'[46] (George, 2008:160). This regressive tendency of negative

---

[46] George is making specific reference to *Battlestar Galactica* here, but illustrates this point with historical precedent.

associations is not necessarily pessimistic; rather the range of stories detailing the relationship of the body to self is indicative of the difficulty contemporary society has reconciling identities on the edge of a potential posthuman future.

Technology may have always 'determined what counts as our […] bodies' (Telotte, 2014:93), but this effect is becoming more pronounced. As summarised previously, there are those that contend we are entering an emancipatory age of posthumanism, but temper this statement with the frank warning that the freedoms associated with new technologies will remain limited whilst the sensibilities that govern them fail to progress. Technology may offer us any body, but this tells us little about our innate bodies and the significances we already embody. Those already participating in body reconstruction programs 'find that their reconstructed bodies display […] traditional gender and race markers of beauty, strength and sexuality' (Balsamo, 1996:128). True bodily autonomy and posthuman potential is only available to privileged bodies, other bodies, 'bodies of difference [remain] sites of contestation and exploitation […] subject to increasing bio political and biomedical control'. (Wilding, 2003:23)

Vint links this negative conceptualisation to the Foucauldian concept of bio-power, asserting that we have entered a biopolitical age in which life is prone to 'political governance [which involves] steering biological life' (Vint, 2011:163). Presently, 'the speculative and the material are so entwined […] neither can be understood in isolation' (ibid), affirming science fiction's importance as a tool of critique. In this, the relationship between science fiction and technological advances deepens as it allows science fiction to

'perform an imaginative transformation of the body that can predate and […] enable its biomedical transformation' (Squier in Vint, 2011:167). Squier states that science fiction's potential to work through the complications of living in a biopolitical age remains limited as it offers 'only a grim commentary on life […] no longer fantasy, but documentary' (Squier in Vint, 2011:170). Whilst there is validity in Squier's linking of fantastical and material realities, her dismissal fails to acknowledge science fiction's potential to critique and restructure the reality it informs.

Science fiction offers unique potential to foster new, more robust understandings of the impact of twenty-first century biopolitics on our constructions and conceptions of gender and the body. The reconfiguration of gendered and sexed identities is integral to the challenge, ensuring that 'the body becomes [a] main contested territory' (Melzer, 2006:12) and site for protest. The radical, reconstructed bodies that stem from scientific advancement and underpin modern science fiction may be reclaimed as physical signifiers of the theoretical aims of feminist theory. Feminism and contemporary activism remain concerned with governmental control over bodily autonomy, exploitative labour relations, and the commodification of 'different' bodies; themes mirrored throughout contemporary science fiction. Science fiction may associate the '"grotesque" with "non-normative" others' (Bould, 2012:99) and therefore depict victory over the grotesque as 'the salvation/restoration of "natural" social relations' (ibid), but the presence of such challenges to dominant conceptions of normality offer new examples of being, and thus retain revolutionary, representational potential.

What this overview of the aesthetic and thematic qualities of science fiction has demonstrated is science fiction's ultimate role in the pursuit of more feminist, more radical, more expansive ends: to ground abstract theory and controversial challenges to social norms in an intelligible, relatable world, and offer substantive critique and workable alternatives to issues. Contemporary bodily concerns are mirrored in science fiction, with the body being the primary canvas onto which concerns are projected, ensuring science fiction provides the most suitable framework for robust interrogation of residing gender and bodily norms.

## 4: *Doctor Who*

Having established the theoretical basis for this study, what of *Doctor Who* itself? It is difficult to overstate the current popularity and success of *Doctor Who*. Having recently celebrated its fiftieth anniversary, *Doctor Who* is one of the world's longest running serial television programmes with 2005's relaunch being 'one of the most successful [...] ever seen' (Cull, 2006:67). This relaunch saw *Doctor Who* maintain a primetime Saturday evening viewing slot whilst attracting a host of new fans to an already large contingent of 'Whovians'. This success, however, is not a new phenomenon: in 1983, Tulloch and Alvorado noted the status of *Doctor Who* as 'an institution within British cultural life' (Garner, Beattie and McCormack, 2010:1). This beloved status has ensured *Doctor Who* has received endless examination and discussion, both within academia and public life, meaning attempts to surmise these debates is difficult. As such, this section will focus on the most significant debates that have arisen in academic discourse

regarding *Doctor Who*, namely nationhood and gender, in order to justify selection of *Doctor Who* as an appropriate conceptual lens.

## 4a: National Identity and Contemporary Britain

Proliferation of academic debate aside,[47] there is consensus that *Doctor Who* demonstrates a preoccupation with political critique: *Doctor Who* is 'an unexpectedly political programme' (Jones, 2010:49). As established, science fiction's tendency toward political critique does not ensure liberalism, and there is uncertainty toward *Doctor Who's* progressive credentials. Broadly speaking, classic *Doctor Who* espouses liberal humanism, a fact partially attributable to its BBC production context, but also to its basic thematic concerns: 'it celebrates exploration and inquiry, and often characterises the Doctor as a mischievous outsider [ensuring] 'an unmistakably liberal ethos' (McLaughlin, 2010:121). The use of this 'liberal ethos' has extended to critique contemporary politics intermittently,[48] yet the overall tone of this remains indeterminate.

This uncertainty stems from programme's articulation of nationhood and Britishness. Whilst the Doctor is alien

[…] his manners and adventures were deeply embedded in the stories

[...] British people told themselves about themselves [he] asserted

national values and acted out national mythology. (Cull, 2006:55)

*Doctor Who* became 'escapism' and 'directly played into Britain's strategy for coping with American power' (ibid). The character of the Doctor

---

[47] It should be acknowledged there is a significant strand *of Doctor Who* academia devoted to the investigation of fandom, but as this bears little significance to this thesis, it will be largely excluded.

[48] Kim Newman 'has identified condemnation for the premiership of Margaret Thatcher in the programme during the 1980s' (Jones, 2010: 49) as an example of a specific critique.

represented a contrast to American heroes via his embodiment of archetypal

British values: he[49] enacted national fantasies of British dominance and

heroism. Whilst, arguably, American television and film heroes of this period,

and to this day, represent the virtues of strength and weaponry classic

*Doctor Who* placed emphasis on law and order, on brains over brawn.[50] In

his adventures, the Doctor parachuted into conflicts between species;

punishing evil doers, brokering peace and ensuring history runs its course.

Consequently, some claim this superficial liberalism hides latent colonialist

fantasies and promotes the desirability of British rule through the

dissemination of British values; the assertion of British rule as universally

beneficial being regarded as dubious at best.

Thus, classic *Doctor Who* maintains a commitment to espousing

liberal humanist values, but never too ardently: it is 'conservative (with a

small "c")' (Cull, 2006:58). The reboot retains these traits, albeit in a more

nuanced form. Ideas of nationhood and patriotism remain significant, yet

several conscious changes to characterisation and narrative focus have

altered the nature of these considerations. An increase in the importance and

complexity for the companion, a new-found fallibility in the Doctor's

omnipotence, and a greater focus on emotion and intimacy have all been

noted by scholars, critics and fans, and have all served to foster greater

thematic ambiguity.

Whilst maintaining a British tone and sentiment, the rebooted series

was heavily influenced by international markets: *Doctor Who* tempered its

---

[49] And, to this point, the Doctor has always been a 'he' – the thirteenth Doctor will perhaps
encourage reconsideration of the Doctor's gendered performance.
[50] As evidenced by the TARDIS being a police telephone box.

Britishness with 'an eye to international marketability' (Cull, 2006:67) to such an extent Chapman characterises the series as 'a successful attempt to emulate "American Quality TV"' (Chapman in Hills, 2010:26). Despite this awareness of the need for international syndication, concerns of nation remain, as evidenced by the increasing use of Britain, and more generally Earth, as a setting. Wood and Miles state that the perceived shorthand of 'Yeti-in-a-loo', a concept Matt Hills describes as the belief that '*Doctor Who* is essentially about alien threats invading the familiarity of present day Earth' (Hills, 2010:117), has led to 'a monolithic, uniform conception of how to do *Doctor Who'* (Wood and Miles, 2006:165). This being despite the fact that 'beyond the 3 years of the Doctor's exile in the 1970s, only around 13 per cent of "old" stories involve extra-terrestrials trying to take over […] whereas […] more than 45% of the episodes made in 2005 and 2006 do' (Wood and Miles, 2006:169).

Admittedly, this prevalence of Earth and Britain based narratives was an attempt to add emotional poignancy (Hills, 2008), yet it brings concepts of nationhood to the fore. The reboot, whilst against 'conquest and neo-imperialism', remained cautious in dismissing 'nationalist sentiment' (Gilroy, 2010:30). Subsequently, some deny the new series represents any break with tradition, believing it maintains an alliance with 'the BBC's agenda of liberal neutrality [and] institutionalised, conservative reformism' (Bould, 2008:215). *Doctor Who* may be reluctant to actively champion British superiority; yet it supports the view 'British democracy is […] the best available system of government' (Bould, 2008:216). Whilst there may be

confusion as how to express national pride, *Doctor Who* maintains a steadfast 'optimism about modern, global Britain' (Charles, 2008:454).

Not all agree with this assertion of optimism in state, nation and a British future. For Selznick, 'this is a darker, brooding *Doctor Who'* (Selznick, 2010:81), exhibiting scepticism toward the 'ability of the nation or state to make the world better' (Selznick, 2010: 82). A focus on nationalism and a nostalgia for British power is considered damaging, leading to 'militaristic excess' (Charles, 2008:455) whilst visions of utopia hide a nightmarish underworld of 'human vivisection [and] drug trafficking' (Charles,2008:456). Building on this cynicism, there remains suspicion toward 'philanthropic fundamentalists' (ibid) and any 'claim to moral authority' (McCormack, 2011:47) made on behalf of utopian pursuits of human perfection. Britain and nationhood remain central, but this centrality should not be mistaken for endorsement: national identity is invoked simply to be rejected as a destructive force.

This pessimism is further strengthened by the reboot's characterisation of the Doctor. *Doctor Who* warns of the fallibility and ruinous consequence of blindly following a messianic leader, and whilst the Doctor has always been arrogant, this trait intensified during David Tennant's tenure. During this time, the Doctor declared himself 'Time Lord Victorius' and exempt from the immutable laws of the universe, leaving him free to rewrite history as he saw fit. Unsurprisingly, this proved both inaccurate and disastrous. The figure of the Doctor is difficult to maintain in the context of a reboot that rejects neo-imperialism: the premise of the programme demands the Doctor become involved in alien and human conflict, his privileged

58

position as a Time Lord justifying this, forcing the programme to display an 'inherent contradiction in the Doctor's belief in his right to intervene' (Gilroy, 2010:25). Perhaps this newfound fallibility is an attempt to address this contradiction. Rather than removing the Doctor's belief in his capacity to remedy all ills, the programme elects to demonstrate 'how intervention […] by this most messianic of doctors is often ruinous' (McCormack, 2011:54) allowing the Doctor to figure as a cypher for unchecked British interventionism. Adding to this, several episodes acknowledge and highlight the limit of the Doctor's powers, instead demonstrating that 'substantive political change [results] from years of dedicated work' (McCormack, 2011:55) offering a more compassionate construction of national identity, founded in community as opposed to individual exceptionalism.

If the political and national ideology of *Doctor Who* is endlessly contradictory, this is not necessarily a negative. *Doctor Who* was rebooted in a time 'in which ideological absolution [was] dominant' (Charles, 2008:452) rendering *Doctor Who's* refusal to engage with ideological certainties 'not as compromisingly liberal or pluralist, but as radically so' (ibid). *Doctor Who* may not have adopted a coherent political agenda, but it does forward a moral one. The series, and the Russell T. Davies' era in particular, consistently condemns violence, war and ideological purpose in favour of unrelenting idealism: for the modern Doctor, 'it is not ideological mastery but moral healing that we require' (Charles, 2008:462).

## 4b: *Doctor Who* and Gender

This ambiguity extends to representations of gender.[51] There is a wealth of scholarship discussing varying gendered representations within *Doctor Who*, ranging from questions of race and gender, to masculinity and heroism, to considerations of posthumanism.[52] Despite this range of interests, the majority of work concerns itself with issues of feminine representation, and does this via analysis of the role of the companion. This focus, whilst limited, is somewhat understandable: the TARDIS aside, 'the female companion is one of the few constants in a constantly changing universe of characters and situations' (Wallace, 2010:103). Despite only being established in series seven, this narrative construction of Doctor-plus-girl has remained dominant, 'being the formula (with variations) for all but three of the next nineteen [series]' (Keen, 2011:69).[53] Whilst an interest in sexuality and gender 'was never paramount' (Barron, 2010:138) in the classic era, it became a 'discernible subtext during the Davies era' (Short, 2011:176), and is a stated aim of the reboot (Amy-Chinn, 2008).

---

[51] The promotion of female characters and emotional intimacy was perhaps the most controversial of all changes made in the reboot. For some members of the production, this meant *Doctor Who* was now 'more about feelings and relationships than science fiction' (MacRury and Rustin, 2014: 2). Despite objections from the fan base, it is arguable such changes are necessary to ensure success, and this shift in focus is not unique to *Doctor Who*. The recent *Star Trek* franchise reboot demonstrated similar shifts in tone and theme (MacRury and Rustin, 2014), indicating that the masculinist traditions of science fiction are no longer viable.

[52] The two edited collections on *Doctor Who 'Ruminations, Peregrinations and Regenerations: A Critical Approach to Doctor Who'* (Hansen, 2010) and *'Impossible Worlds, Impossible Things: Cultural Perspectives on Doctor Who, Torchwood and the Sarah Jane Adventures'* (Garner, Beattie and McCormack, 2010) both provide examples of this. Additionally, Lorna Jowett's *'Dancing with the Doctor: Dimensions of Gender in the Doctor Who universe'* (2017) offers a comprehensive and extensive account of gender and the intersecting issues of race, age, and identity across the *Doctor Who* universe.

[53] This refers to the classic series but remains true up to the time of writing.

Because of this lack of interest, the role of the companion remained limited throughout the classic series. A dominant, yet dismissive, description of the role of the female companion would be she is there to

[…] ask a lot of questions […] to make the Doctor look very clever […] This description epitomises the popular view of the companion, and is aligned to writer […] Terrance Dick's understanding that the 'companion is a plot device first and foremost and a character second' (Wallace, 2010:104).

The decision to make the majority of the companions female in the classic series was intentional, as it was felt that a female presence was needed to gain female viewers' interest (Wallace, 2010); a logic both dismissive and patronising. Nevertheless, as Cull points out, the treatment of the female companions 'shifted considerably' (2001:104) over the classic series' run. Seeking to incorporate the changes in attitude as influenced by the second wave of feminism, the female companions gained autonomy, careers, and narrative importance. However, this effort to include stronger female representation and characters was hamstrung 'by a lack of real change in their relationships with the Doctor' (Britton, 2011:111). The latter companions of the classic series may have had superficial attributes of progressive femininity, but this masked a lack of substantial change in their role and relationship to the Doctor.

This pattern has, seemingly, continued. For some, the new companions demonstrate the progressive 'gender and ethnicity politics of *Doctor Who'* (Barron, 2010:43) with the companions typifying the 'text's

61

"liberal" ethos by embodying class, regional and ultimately racial diversity' (Britton, 2011:111). This reading suggests that the companions are no longer interchangeable plot devices, but have been endowed with complexity to ensure they are 'genuine foils for the Doctor' (McLaughlin, 2010:121). The evolution of the Doctor also substantiates these claims: he is no longer 'patriarchal […] constantly [flaunting] his alien superiority to his companions' (Barron, 2010:143). The Doctor may remain a 'catalyst for positive […] change' (McLaughlin, 2010:123) in his companions' lives, but companionship generally has been transformed into a 'mutually beneficial process' (Barron, 2010:147).

Inevitably, there is disagreement with such optimistic conclusions. Britton rightly asserts that there remains a 'massive imbalance of the social-geographic distribution of the companions in favour of [a] London based, [white], middle class' (Britton, 2011:111) whilst maintaining that female companions occupy a submissive role to the Doctor. They are 'placed at an emotional [and] intellectual disadvantage to the Doctor, "soft" vessels of feeling to his "hard", thoughtful agent of social improvement' (Britton, 2011:117). The female companions are strong, outspoken, opinionated and prepared to challenge the Doctor yet they are rarely triumphant in this: *Doctor Who* instead contains and erases 'their challenges to the Doctor's masculine authority' (McLaughlin, 2010:124). Their adventures do prompt the Doctor's companions into living more fulfilled, independent lives, and this should be applauded. However, none of these women overcome their discontentment with social structures through rebellion, kinship with other women, or through social and political change, but 'through the agency of the

Doctor' (Barron, 2010:147) leaving their emancipation something granted not due. Thus, whilst the Doctor's personal capacity to intervene in politics and challenge generalised inequality on a grand scale is undermined, this recognition of fallibility is not necessarily extended to his relationship with his (largely female) companions. This imbalance is perhaps inevitable in any narrative that uses a hero/sidekick structure with this imbalance being intensified within *Doctor Who* given the Doctor's canonical age and experience. An overall acknowledgement of the Doctor's flaws and incapacities is not sufficient, however, in undermining the generalised subordination of young female companions to his assumed position of power, suggesting a difficulty in expanding the role of the companion whilst this structure remains dominant.[54]

What this serves to demonstrate is that *Doctor Who* exists in a state of ambiguity: concerned with politics, authority, morality and gender roles, but struggling to forward a coherent ideology. This ambiguity is one demonstrated by the conflicting scholarship regarding, primarily, the representation of women and femininity, but also structural issues such as class, race, and sexuality. Whilst *Doctor Who* has certainly improved its representations in several areas, demonstrating a significant break with traditions of the classic series, it remains indebted to, references, and struggles to sever complete the appropriate ties with classic *Doctor Who*, resulting in a resort to stereotype defended by a level of doubt that hinders deconstruction.

---

[54] This is not to say the companions do not ever successfully challenge the Doctor, or that their relationship is always imbalanced, but that this is the dominant view of the characterisation.

**5: Conclusions and Research Questions**

Thus, hybridity, gender fluidity, the boundary between humanity and technology and the ideologies that govern their worth have all emerged as pressing concerns and points of commonality in the various theoretical works discussed. Science fiction has a role, 'whether we see that […] as explicitly "feminist"[55] or not – in exploring the ramifications of our evolving understanding of sex, gender, and the body, as well as the […] conditions under which sexed identities are lived out' (Mitchell, 2006:125). Science fiction expands present possibilities and as sex and gender become more 'science fictional' (ibid), and our reality bears greater resemblance to the future worlds of the past, an expansive, innovative science fiction becomes necessary for representation. There is scope for a mutually beneficial discourse between disparate fields:

> […] feminism, by bringing […] social conscience to the wilder […] more individualistic excesses of technophilia and by challenging the (still) masculinist foibles of mainstream sf; technocultural theory, by helping to situate feminism in relation to postmodern technology and theories of the post-human, thus bringing it up to date; and sf, by helping to test and shift the boundaries of the intelligible, the imaginable, and, therefore, the possible - with regard to technology and gender (ibid).

This work is occurring but there is room for expansion. This thesis will primarily concern itself with definitions of, and the relationships between, the

---

[55] Whilst Mitchell makes specific use of a feminist theoretical framework in her work, and to an extent feminism will be the dominant framework used in this thesis, this will be broadened to include considerations of masculinities and other bodily configurations.

material and the discursive in the construction of the body, and the capacity of science fiction to challenge dominant conceptions of the gendered and sexed body through the portrayal of ideologically resistant, indeterminate bodies. Bodies retain the power to define and delimit identity; but the nature of these definitions may be challenged and reconceptualised to new, radical ends. As such, this thesis will raise and attempt to answer six research questions:

- Investigate the varying depictions of the gendered body in *Doctor Who* during the given period, establishing the extent to which *Doctor Who* can be seen to be exploring, interacting with and reacting to contemporary discourse regarding the gendered body.

- Consider how articulations of gender in *Doctor Who* may contribute to and intervene in the fields of gender, cultural, queer and posthuman studies etc.

- Consider how *Doctor Who* may be used to conceptualise and expand upon the interrelations between the separate fields of feminism, science fiction, and posthumanist studies.

- Consider the extent to which *Doctor Who* genders technology, and the potential significances of this.

- Examine the extent to which *Doctor Who* subverts typical themes and tropes with regard to science fiction and fantasy genres.

- Consider the extent to which *Doctor Who* may be read as optimistic in its projections of potential technological futures.

**5a: Methodology**

In order to consider the above research questions, this thesis will be a conceptual study of the gendered body within the rebooted *Doctor Who* comprising of three thematic chapters each containing detailed and in-depth case studies of particular facets of the given theme. The chapter themes will be reproduction, monstrosity and technology, all which have been selected as they represent convergence points between the various theoretical frameworks as they are already subject to analysis and enquiry within them. *Doctor Who* itself is a further convergence point for these issues: a prism through which conceptual and thematic similarities may be more accurately identified, analysed, and critiqued.

With regard to the selected chapter topics, *Doctor Who's* interest in technology and monstrosity is evident even to a casual observer: the Doctor cannot be a hero without monsters to battle, and an alien hero is hardly impressive if he lacks the use of advanced technology – indeed, the TARDIS and the sonic screwdriver are not just tools but icons of the series. *Doctor Who's* interest in reproduction may be less obvious but becomes apparent from examination of science fiction history and its tendency to depict images of abject, alien pregnancies and male reproductive fantasies. A further

reason for the selection of these concepts stems from their potential for

actual, material impact on the world: questions of how we will continue as a

species, what form that continuation takes, and what we consider monstrous

are all ones that could conceivably influence future societal mores, morals

and structure.[56] Potential grandiosity of such a statement aside, this thesis

will consider these futures.

This thesis could have been structured a number of ways –

chronologically by series, by Doctor, or by showrunner – but the case study

approach was specifically selected as most appropriate. The reasons for this

are multiple: the themes selected are admittedly broad but contain distinct

and particular facets that are worthy of consideration in their own right.[57] A

case study approach lends the project both scope and focus, allowing for

broad overviews that highlight future opportunities for expansion and work,

whilst also providing detailed examples to demonstrate that the linkage

between programme and concept is not tangential and fleeting. Moreover,

*Doctor Who* is prone to ambiguity and contradiction, particularly when

considering controversial and prescient topics of public debate. A case study

approach allows for nuance, permitting a range of complementary and

contradictory perspectives on the multiple aspects of broad issues to be

analysed, allowing a more comprehensive examination to be constructed.

Furthermore, the topics covered in the various case studies have been

selected to correspond to different research questions, to expand upon

existing work, or to address a perceived lack in terms of existing scholarship.

---

[56] These topics have all also been selected because of the potential for gendered analysis, but also due to their relevance and relationship to additional structural issues.
[57] For example, the issue of infertility which is neglected in discussions of reproduction.

For example, the first case study in Chapter Two examines notions of abjection and reproduction, therefore building upon established scholarship whilst also addressing several research questions (namely one, two, and five).[58] In contrast, infertility is used as a case study precisely because it is largely lacking in discussions of reproductive politics and representation, therefore allowing this thesis to redress an overlooked, yet significant, reproductive experience. Admittedly, some of the case studies relate to the broader research questions (Chapter Three's examination of postfeminism and monstrosity for example) whilst other are more specific (Chapter Four's discussion of digital disembodied futures as an example), but what this will achieve as a whole is a more cohesive, more complete examination of the spectrum of the gendered bodies depicted in the *Doctor Who* universe. Structuring the case studies in this manner will ensure that both the macrocosms and microcosms of issues will be considered and placed in the specific and the personal; in societal and generalizable contexts.

This investigation is also aided by the episodic structure of *Doctor Who*. The predisposition of *Doctor Who* to offer an 'adventure a week' allows a range of topics to be investigated in some depth, whilst the inclusion of series long narrative arcs allows for broader pictures and trends to be established, preventing accusations of isolated examples presented without context. Considering this, the case studies will make use of both standalone

---

[58] With regard to question one, the pregnant body remains a source of unease and sanitisation within popular and cultural discourse, meaning an examination of the potential abjection of reproduction clearly engages with this issue. Moreover, this case study proposes a queer reading of the given abjection, expanding the scope of the study beyond simply gender studies. Finally, abject pregnancies are a staple of science fiction, and so examining *Doctor Who's* contribution to this trope clearly resonates with this question.

episodes as detailed examples of a particular facet of a larger theme, and more expansive narrative arcs to give a sense of scope. Whilst comparisons between series are made, potentially allowing for comparisons between showrunners, this thesis will avoid issues of authorship, particularly when considering the role of the BBC in shaping *Doctor Who* as a product; focus instead will be narrowed to characterisation and thematics.

The chapter progression of the thesis is also designed to complement and aid this endeavour. By beginning with reproduction, and therefore origins, and concluding with a consideration of the pursuit of immortality, this thesis aims to provide insight into how constructions of the gendered body, and its emerging relationship with advancing technologies, may affect us throughout all life stages.

Given the aims of the thesis, the selection of *Doctor Who* as the subject of inquiry might appear flawed: produced by the BBC, ostensibly a children's show and broadcast in a primetime family slot, radical gender theory is hardly expected. However, as noted, British science fiction has a history of subversive potential, and *Doctor Who* is no exception. It is easy to dismiss *Doctor Who* as children's entertainment, failing to take into account the programme's cross-generational appeal whilst simultaneously ignoring the capacity of 'children's' television to deal with issues. The presentation of these issues may appear cartoonish but it does not diminish the ideology supporting them. *Doctor Who's* elevated status in British cultural memory makes it the ideal subject for such an investigation as, arguably, it is the programmes that enjoy such a status that deserve scrutiny as they dictate and disseminate larger social values. Radical representation is to be

expected on the fringes, but that does not mean that it is not present, or necessary, in the mainstream. The representational potential of *Doctor Who* may be limited by industrial and social contexts that govern production, but that does not mean it deserves to be dismissed as frivolous.

Even if the above is accepted, it might still be considered farfetched to claim *Doctor Who* engages explicitly with the minutiae of dense philosophical deliberations on the nature of humanity, rather the aim is to demonstrate that many aspects of various theories and contemporary anxieties are present in *Doctor Who.* Whilst there remains a risk of overtly theorising *Doctor Who*, locating abstract, academic concepts within the programme without the terms ever actually being used by the programme itself, this is a risk of any academic work on popular culture. What is evident is that *Doctor Who* is interested in examining the fallout of an increasingly complex and technologized society, but perhaps lacks the specific vocabulary.

Building upon this, *Doctor Who* is a huge cultural product comprising of various spin offs across a variety of media. Any attempt to pay equal attention to all parts of the Whoniverse would undoubtedly produce a project with an unreasonably large scope that ultimately lacks focus, and so whilst reference may occasionally be made to the paratexts and offshoots of *Doctor Who*, this will only be as an ancillary or supporting reference. In general, this project will be limited in scope to consideration of the initial nine series of the televisual, rebooted *Doctor Who*. The tenth series is airing at the time of writing, and it is always difficult deciding when to stop considering new content when writing on a continuing series. The decision to limit analysis to the initial nine series was undertaken to give the project focus and closure:

attempting to watch, analyse, and effectively discuss episodes that were airing weekly was deemed ineffective and ultimately unhelpful, an attempt at prescience that would result in a lack of depth.

Furthermore, this thesis is designed with an awareness that discussions of representations of anything, but perhaps particularly gender, can devolve to simple statements of 'positive' or 'negative' representation. This thesis will seek to avoid this by demonstrating an awareness of a broad continuum between 'regressive' or 'progressive' constructions of gendered body, and therefore refusing to simply define various elements of *Doctor Who* as one or the other. What this thesis will seek to do is argue that *Doctor Who* is a show of ideological complexity and contradiction that allows for a range of interpretations, and it is these interpretations, and their attendant relationship and significances to one and other that this thesis will investigate. Having said this, the terms 'regressive', 'progressive', 'traditional' and 'liberal' will be used throughout the thesis to describe particular representations. Additionally, representations will at times be termed 'subversive' or 'radical'. Whilst all these terms share a broad meaning, their semantic differences remain significant. In many ways, 'progressive' can be seen as representing a logical progression of the status quo, whilst 'subversive' has reformist connotations that relate to deconstruction or inversion of 'norm' values. 'Radical' builds upon this, offering a break, rupture, or reconfiguration of dominant social values to wholly new ends. Despite definitions given, these terms remain highly subjective, and in this thesis they will be used to describe the extent to which something affirms, rejects, or reconfigures a societal, theoretical, or generic norm as outlined in

the preceding context each chapter will begin with. In all, this will allow for a spectrum of ideological positions demonstrated in *Doctor Who* to be built, from the regressive to the radical, creating a more inclusive image of the nature of gendered bodies in the Whoniverse.

In addition to this, it must be acknowledged that whilst this project aims to examine the construction of gendered bodies within *Doctor Who*, it could be argued that there is an overriding preoccupation with feminist theory within the project, a preoccupation that could become problematic, exclusionary and limited. Despite the significant amount of feminist work on the body, to solely consider one theoretical perspective would be a legitimate site of critique, and so this project will further concern itself with examining the masculine body, the queer body, and the posthuman, whilst simultaneously noting the additional impact of other social factors such as class. Whilst a complete examination of all the bodily configurations and classifications within *Doctor Who* would be very difficult to achieve, by taking an intersectional approach this thesis seeks to detail a range of bodily constructions, and the attendant stereotypes and prejudices faced by them.

By arguing for a continuum of representations, there is a risk of drawing no certain conclusions. This lack of certainty is a useful investigatory tool as it allows for nuanced and difficult readings of grand, complex, real world issues. Admittedly, this ambiguity has the potential to become too expansive, preventing any real reading of the text and reducing conclusions to discussions of 'ifs', 'perhaps' and 'maybe'. This potential aside, *Doctor Who is* a show of contradictions: universal in scope, but inherently British; capable of showing any point in time, but focused on the now; a consistently

male lead, but with an interest in gender and sexuality; a moral parable told by a flawed hero; a children's programme with cross generational appeal; a straightforward tale of heroes versus villains, but endlessly ambiguous. These are the contradictions that make *Doctor Who* such a rich source of analysis, and that this piece will investigate

Hence, despite the caveats given, this thesis will use the methods outlined above to produce a conceptual study of the gendered body with *Doctor Who.* By doing this, it aims to contribute and expand upon the occurring, if limited, intersectional work between the seemingly distinct areas of science fiction, technological studies, and theoretical constructions of the body. Many of the theories and ideas examined in this thesis could easily be dismissed as outlandish, esoteric and abstract, yet science fiction offers opportunity, not simply as a vehicle for theorisation, but as a medium in which concepts, conflicts and ethical dilemmas may be considered, evolved, and advanced. These fictional considerations can then be used as a broad context from which discussion of social and political issues could be enabled. The confluence of theoretical positions involved in this thesis provides, once again, particular opportunity for interdisciplinary investigation and, accordingly, greater insight. *Doctor Who*, with its legacy, esteemed status, and hold on cultural imagination, provides significant opportunity for unique insight into contemporary, bodily anxieties: this thesis aims to build upon that heritage, hoping to add some slight insight into the expansive, extensive Whoniverse.

# Chapter Two: Reproduction

If pregnancy's centrality to feminist literature is evident, its significance in wider culture is perhaps less so. Pregnancy has something of a chequered history on film and television, progressing from taboo and absence to inclusion in mainstream narratives, yet even these depictions retain a strain of conservativism. Pregnancy is a time of liminality, uncertainty, and flesh, and this is perhaps why so many screen depictions of pregnancy involve boundless anxiety and, ultimately, devolve into monstrosity: 'pregnancy continues to be haunted by monsters in the Western visual imagination' (Bettertron, 2006:81). It is this 'haunting' this chapter will investigate.

For Oliver, 'the pregnant body may be a screen for our fantasies and fears about ourselves' (Oliver, 2012:25), meaning it is a source of cultural and social anxiety, and therefore endowing it with a capacity for conceptualisation. Having said this, it may not immediately be evident that this is a capacity *Doctor Who* shares. Any thorough examination of reproduction would presumably require a sufficient age rating to allow frank discussions and images of sex and anatomy, a requirement *Doctor Who* evidently does not have. This focus on family viewing does not, in itself, prevent discussion of reproduction as a resort to the 'blood 'n' guts' of pregnancy is not needed; it is more a 'family focus' requires 'moral substance' (MacRury and Rustin, 2014:3), and the 'morality' of reproduction is far from absolute. That is not to say family and children oriented programming are incapable of forwarding nuanced perspectives on social issues, more reproduction is a particularly fraught and divisive topic culture is

unwilling to tackle directly, and that *Doctor Who* occupies a particularly tenuous position in terms of what it may openly forward.[59]

Yet, *Doctor Who* retains sufficient interest in reproduction that the concerns raised can be countered. *Doctor Who* may be family viewing, but the reboot demonstrated a particular focus on constructions of family, often denouncing or defeating acts of war using 'personal solutions [...] rooted in familiar or quasi-familial relationships' (Charles, 2008:462). A focus on family requires discussion, and potentially deconstruction, of what is considered a 'normal' family unit, in turn encouraging analysis of the politics of reproduction. *Doctor Who* offers multiple examples of differing family units and reproduction taking place in a variety of times and across multiple species, with the fantastical aspect of the programme elevating more controversial issues to allegory, allowing for nuanced discussion**.** This chapter will address a range of reproductive representations, beginning with pregnancy itself and deconstructing residual taboo and stereotype related to pregnancy as abjection, before turning to consider abortion. From this, speculative reproductive futures and the possibility of technologically mediated 'male mothers' will be considered, before concluding with examination of the more neglected aspects of the reproductive debate, namely infertility, loss and surrogacy, in order to widen the discussion beyond the act of pregnancy itself. Family may form the heart of *Doctor Who*, but not all families are created equal.

---

[59] In addition, much of the context for this discussion stems from work based in Hollywood cinema, not television, and spans a significant amount of genres, potentially lessening or nulling any relevance to a British science fiction television production. This may be countered once more with appeal to *Doctor Who's* tendency to cross international borders and generic hybridity

**1: Feminism and Reproduction**

Reproduction is a contradiction: objectively, it is a biological imperative; however, it carries cultural and emotional baggage meaning debate frequently devolves into entrenched ideologies. Perhaps this is attributable to reproduction's significances: it is a 'fact of life' (Rapp, 2001:470), a 'guarantee of a history' (Doane, 2000:118), and a trigger for 'anxieties about power, control [and] humanity' (Oliver, 2012:125). It is inherently ambiguous, deconstructing binaries; it is also almost exclusively the purview of women. This statement is not intentionally exclusionary: women are frequently reduced to the physical with their capacity, or desire, to have children taken as womanhood's essence. Womanhood extends beyond this; however, much of the discussion here will address reproduction as a gendered issue as the physical act of pregnancy is undertaken, *most* of the time, by a biological, self-identifying woman.[60]

There remains potential when discussing reproductive issues to fall back on reductionist definitions of women. Kristeva acknowledges this, with Oliver surmising her position thusly: 'there is no such thing as "woman", except as we use her to fight for abortion rights and the Pill' (1993:98). Perhaps controversially, Kristeva alleges feminism fails to take ownership of the maternal debate, meaning broad 'conceptions of maternity have been shaped by various discourses on maternity, all of which are limited and damaging to women' (Oliver,1993:103). In this, 'negative' connotations of

---

[60] To balance this, there will be discussion of male reproduction, and the potential for genderless reproduction, but the majority of this introductory section will focus on reproduction as a female issue.

reproduction come not from the act, but from the inadequate discourses defining the experience, including those 'existential [feminists who make] women feel guilty for wanting to have children' (Oliver, 1993:103). Western culture reduces femininity to reproduction, in the process 'abjecting' both woman and the reproductive process: Kristeva's solution is to 'reconceptualise and rearticulate the relationship between women and reproduction' (Oliver, 1993:106) redefining reproduction as a 'unique experience women can enjoy' (ibid).

Attempts to redefine motherhood remain valid, but it is unfair to state that reproduction has not continually been at the forefront of feminist activism. Women's association with body over mind ensures women's roles as 'breeders and feeders' (Rapp, 2001:467) are 'natural', ensuring 'we would have to shake the pillars of Nature Herself to seek justice' (ibid): a daunting task. This association explains why some maintain women will only gain emancipation through a rejection of motherhood: de Beauvoir 'repeatedly warns women's reproductive function limits them' (Oliver, 2012:23), preventing participation in social and political spheres. One may wish to consider this view outdated, but it retains relevance.

Whatever position one holds, Kristeva's highlighting of the prevalence of guilt and shame in reproductive discourses is correct: personal decisions, when placed in a procreative context, are held to a moral standard women must achieve in order to be a 'good' mother. To Ruhl, the dominant procreative ideology of liberal states is the 'willed pregnancy' (Ruhl, 2002:642): a form of reproduction rhetoric championing absolute responsibility for, and control over, biological function. Such expectations of

control lead, inevitably, to failure and judgement, and whilst the nature of these standards may have altered throughout the years, the subsequent judgement has endured. Currently, to act responsibly is to […] conform to [a] middleclass, educated, and scientifically oriented worldview [...] Parents are self-conscious engineers who artfully construct the optimal conditions for their children to flourish (Ruhl, 2002:656), adding a rigid class division to moral judgements of correct child rearing. Thus, women are considered responsible for controlling reproduction, yet appear to be lacking in the autonomy one would assume to be a given in such an undertaking. Societal norms create a narrative of 'correct' pregnancy, therefore creating untenable standards and judgement when women inevitably fail to reach them. The responsibility placed on women to control the very basis of nature is unfair: it is perhaps unsurprising that the 'ambivalence' of de Beauvoir holds firm.

Much of what has been discussed so far involves the issues that occur when attempting to prevent or manage pregnancy, but there remains a lack of discussion of infertility and pregnancy loss. Pregnancy loss and miscarriage are relatively common occurrences[61] and yet are subject to what Foucault terms the triple edict of modern puritanism: 'taboo, nonexistence, and silence' (Foucault in Layne,1997:291). The result of this is 'the experience of loss is denied' (Layne,1997:293), creating silence around the subject. This silence may be rationalised, as the issues framing these subjects are utilised by anti-abortionists. Abortion rights are not universal or inalienable; accordingly, it is logical to suggest that acknowledging foetal personhood and promoting discussion of miscarriage and infertility as grief

---

[61] One in four pregnancies will end in miscarriage, (Miscarriage Association, 2015).

inducing will aid anti-abortion campaigns, threatening abortion rights. Nevertheless, whilst these considerations are understandable, they are flawed. By pursuing this perspective, feminists have abandoned debate to anti-choice activists as 'to speak of pregnancy loss is to […] make oneself suspect among feminists' (Layne,1997:305).

Feminist perspectives regarding infertility are contradictory. As Sandelowski states, feminist discussion must not condemn women for wanting children as women who have children straightforwardly are not 'subject to the same feminist critique of those who try but fail' (ibid). Indeed, 'by locating women's desire for children [...] in the pronatalist imperatives of patriarchal culture [feminist critics] permit women no authentic desire or choice' (Sandelowski in Layne, 1997:305). Whilst societal pressure on women to have children exists, understanding the potential source of a need does not dispel it, and as, arguably, all desires are socially produced, regulated and maintained, a desire for children does not differ.

Thus, the reproductive field is fraught. On the one hand, there is a want to emphasise the relationship between woman and procreation, therefore gaining greater autonomy in the process, but in doing so there is a risk of affirming women as nothing more than incubators. Images of pregnancy abound in culture, and the idea of a woman having a child and maintaining an independent life is something of a given, and yet by emphasising this there emerges a model of 'correct' reproduction many women simply cannot attain. There remains an expectation on women to have children in order to give their lives meaning, and, as a result, there is still a fierce defence of women choosing to remain childless. This in turn

feeds a reluctance to discuss issues such as abortion and infertility. All this combines to create a fraught and emotionally charged debate that lacks nuance; de Beauvoir's ambivalence appearing to offer the best descriptor of the current reproductive field.

## 1a: Technology and Evolution of Choice

If the beneficial impact of technology on society is questionable, it gains particular complexity when considering reproductive technologies for, as Judy Wajcman argues, 'nowhere is the relationship between gender and technology more vigorously contest than in the sphere of human reproduction' (Wacjman in Woodward, 2000:163). As Woodward points out, this 'vigorous contest' stems from the fact that 'debates about reproductive technologies involve deeply held cultural assumptions about gender roles' (Woodward, 2000:161). Reproductive technologies demand particularly gendered assessment as, in most societies, 'women are the bearers […] and primary nurturers of children [meaning] reproductive technologies are of particular significance' (Wacjman in Woodward, 2000:163). Technological advancements promise greater choice and freedom with regard to familial set ups and divisions of labour, yet there remains a strain of traditionalism that stifles such potentials.

It may be beneficial to clarify what is meant by 'reproductive technologies'. Reproductive technologies are 'designed to intervene in the process of human reproduction' (Woodward, 2000:164) and fall into four major categories as defined by Michelle Stanworth. These categories are as follows:

The first […] group includes those concerned with fertility control – with preventing conception […] or terminating pregnancy […] A second group […] is concerned with the 'management' of labour and childbirth [Thirdly], the use of more elaborate technologies […] for monitoring foetal development in the early stages of pregnancy […] ultra sound […] The fourth […] are conceptive techniques, directed to the promotion of pregnancy through techniques for overcoming […] infertility (Stanworth in Woodward, 2000:164).

What these technologies do is challenge conceptions of motherhood, family, and the 'natural': 'facts of life' 'unravel in the face of technology that, for example, enable grandmothers to bear their own grandchildren' (Rapp, 2001:470). To Braidotti, the 'new techno-cultural context writes hybridity into our social […] sphere [challenging] notions of purity' (Braidotti in Ferreira, 2008:225) with this hybridity encouraging a deconstruction of binaries. To continue this thought to its conclusion is to question how far humanity may intervene in reproduction without 'changing a human into a different species' (Ferreira, 2008:223). Whilst the concept of species may already be 'deeply fraught' (ibid) in the scientific community, wider society still 'morally [relies] on the notion of fixed species identities' (ibid).

Variance in receptiveness to reproductive technologies may be attributed to both personal experience and structural inequalities, looking to how 'women's relationships to technology may vary across different social groups' (Johnson and Simon, 2012:263). Whatever stance is taken, there is an argument that it is a particularly 'gendered' stance: as Johnson and Smith state, 'women approach science and technology through a unique process,

reflecting gender-specific consequences' (Johnson and Simon, 2012:264).

As women's bodies will more than likely bear the brunt of these new

technologies, they hold greater personal implications for women. With this in

mind, Johnson and Simon attribute female scepticism toward reproduction

technologies to two factors: 'women are overrepresented as users rather

than producers of technology' (ibid), and 'science and medicine use models

[of women's bodies] implying failed production, waste, decay, and

breakdown' (ibid), ensuring 'it [defines] women's bodies as problematic'

(ibid).

However, to wholly condemn these technologies is to 'assume

essential universal connection between nature and reproduction' (Farquhar,

2000:215), and therefore deny the creation of 'new kinds of bodies and

relations among bodies that are expanding theories of embodied difference'

(Wilding, 2003:26). The most optimistic proponents of these technologies

propose that they may allow humanity 'conceptualise the human in a new

way' (Ferreira, 2008:231).

Moreover, rejection of these technologies renders women passive

victims as opposed to active consumers. Whilst there is a precedent of

medical and technological fields holding negative attitudes towards women,

this overarching perspective hides the fact that 'research shows that women

are not just passive victims of "male" reproductive technologies' (Petchesky,

2000:183). Women have been complicit in, and have benefited from, the

advancements of such technologies.[62]

---

[62] Although, it should be noted, not all women. Predominantly rich, white women.

Regardless, past years have proven, both in terms of public debate and legislation, more hospitable to reproductive technologies despite access to abortion and contraception becoming more limited (Farquhar, 2000). Perhaps, what is being indicated is despite the agency they allow women, these technologies are being used to foster a return to 'traditional' family values, leaving their more revolutionary potential unrealised.

Likewise, to advocate for these technologies on the basis of their socially deconstructive capacities alone runs the risk of assuming a position that fails to account for 'class divisions among women [that] are likely to result in the oppression of working-class women' (Gimenez, 1991:336). These technologies have the potential create a new form of 'social reproduction', rendering it a commodity to be purchased. Quality of, and access to, a commodity largely depends on an individual's capacity to pay. In a worst case scenario, the combination of a demand for reproductive technologies and structural economic inequality could result in '"stratified reproduction" where some women are empowered to reproduce while others are punished for having too many children' (Wilding, 2003:25), and where poor and disadvantaged women's bodies become a means to fulfil the desires of the rich and 'deserving' of children.[63]

Building on this, there is a risk of racist and colonialist leanings when espousing the benefits of reproductive technologies. Historically, there has been a precedent of cultural insensitivity from Western feminists when discussing the politics of reproduction in developing countries (Brooks,

---

[63] As dramatized in 2017's television production of *The Handmaid's Tale* (Hulu, 2017- ).

1999), and there are several ethical issues at stake with universal endorsement of technologies that will impact developing populations. Is a Western feminist that forwards this kind of view 'a late […] incarnation of the earlier eugenics movement whose rubric for a "healthier" human population could be interpreted as a version of white supremacism?' (Brooks, 1999:25) Such accusations may appear extreme yet it must be acknowledged such technologies are likely to come at the expense of others, with these 'others' being those who are economically, socially, or physically 'inferior'.

**2: Reproduction and Images**

Whilst it may be broadly accepted that media representations may impact material life,[64] this concept gains particular poignancy when considering reproduction. As Ellis West demonstrates, there are two separate, but related, issues to consider: on the one hand, 'much of what the public learns about those disciplines [science and medicine] come in the form of popular media' (2011:105), and on the other, 'the institutions of science and medicine themselves are also being shaped by mainstream representation' (ibid). This leads to a 'symbiotic relationship' (Reagan, Tomes and Treichler, 2007:2) that allows media representations to exert a significant influence on 'health-related public debates and controversies' (ibid). Whilst such bold claims must be met with caution, Susan Squier's claims fictional images of science and medicine serve an 'epistemological function' (Ellis West, 2011:105) appears to hold up to scrutiny. To Squier, the media and science work together to produce knowledge: representations of science are based in scientific fact,

---

[64] Stuart Hall terming this the 'cultural circuit' (Hall in Ellis-West, 2011:105).

but in turn 'are shaping what we know and what is possible to know' (ibid). Science may maintain a façade of objectivity that produces concrete facts, but, in this formulation, science and popular media work together in a cultural context to produce subjectivity masquerading as objectivity.

Building on this, there is a strain of feminist work that argues 'the formation of the foetus is […] the history of its visualization' (Tremain, 2006:36) with Rosalind Perchesky's work on the use of ultrasound images and their cultural purpose being the most significant. In this, Petchesky states 'dominant images and codes that mediate the material conditions of pregnancy, abortion, and so forth, determine what, exactly, women "know" about these events in their lives' (Petchesky in Ellis West, 2011:111). It is not difficult to see how narratives constructed around images of pregnancy contribute to societal concepts of pregnancy itself. Images, whether medical or recreational, impact larger cultural understanding of issues: in some instances, the overall effect of this is innocuous, but it gains particular importance when considering reproductive rights. Images can create false narratives which in turn manipulate real world debate, and, as such, it is worth interrogating how images of reproduction are used in a cultural context. With this in mind, the following section will provide a general overview of recent depictions of pregnancy on film and television, with the aim of identifying dominant trends and cultural understanding of reproduction.

**2a: Pregnancy and Hollywood**

Whilst images of pregnancy are unexceptional in contemporary Hollywood, they have not always been. Birth control's advent, and consequent reproductive freedom, made pregnancy an issue for feminist authors in the nineteen-sixties and nineteen-seventies, but Hollywood avoided the issue, instead focussing on sexual liberation. Indeed, when reproduction was a central theme, it was usually in horror films, for example in *Rosemary's Baby* (Polanski, 1968); ensuring female protagonists were aligned with the monstrous and pregnancy with the abject, articulating latent anxieties around reproductive capacities.

The nineteen-eighties and nineteen-nineties saw a shift with pregnancy beginning to feature as a central theme in mainstream film: *She's Having a Baby* (Hughes, 1988) and *Look Who's Talking* (Heckerling, 1989) for example. Responses to this shift were varied: Oliver states it was indicative of the increasing 'social acceptance of women's bodies' (2012:22), whilst others argued these films reinforced a 'motherhood ideology' (Kaplan in Ellis West, 2011:109). These films predominantly demonstrated the incompatibility of motherhood and work, yet they simultaneously advocated more family orientated roles for fathers therefore, to Kaplan, reinforcing the white, middle- class, patriarchal nuclear family's importance (ibid).

Unsurprisingly, reproduction narratives have progressed with films[65] like *Juno* (Reitman, 2007) and *Knocked Up* (Apatow, 2007) offering 'partial

---

[65] Arguably, television has offered more controversial and challenging images of parenthood in recent years, with programmes such as *Outnumbered* (BBC1, 2007-2014), *Catastrophe* (Channel 4, 2015- ) and the forthcoming *Motherland* (BBC2, 2017- ) offering less than perfect images of family life.

revisions of […] traditional narratives' (Ellis West, 2011:109); nevertheless, stereotypes have endured. Images of pregnancy and birth remain clichéd and sanitised, and do not depict the realities of either. These images of pregnancy promote a twist on traditional family values, offering visions of women 'having it all', or, at least, 'realising that having babies is more important than anything else'[66] (Oliver, 2012:25).

This conservativism is both complicated and strengthened when considering the depiction of technologically mediated reproduction with depictions generally assuming two distinct forms. On the one hand, there exists a 'reliance on technology' (Ellis West, 2011:116) to monitor a 'normal' pregnancy, progressing to a conclusion in which a 'technologically negotiated birth appears natural and inevitable' (Ellis West, 2011:118). In this instance, technology is a benevolent necessity, helping the smooth progression of pregnancy and birth.

In contrast to this, there are instances where the interference of technology in the 'natural' process of procreation takes on monstrous connotations representing a threat to the family. Films of this ilk are most commonly found in science fiction and horror genres where 'women's fertility is not only metaphorically threatening […] but also a danger that literally comes to life in the demon or alien seed' (Oliver, 2012:111). Science fiction is, at first glance, the genre that should be least invested in beginnings, given its projected futures (Doane, 2000); yet it is precisely this obsession with

---

[66] This conservativism expands when considering the reluctance of mainstream film to discuss abortion with *Grandma* (Weitz, 2015) and *Obvious Child* (Robespierre, 2014) being some of the only examples in recent years to offer a pro-choice perspective.

potential that explains its interest, as starting points inevitably influence destinations. Horror's interest in origins perhaps stem from its desire to unsettle and 'if, as Carroll maintains, we have deep seated fears of incompleteness […] then a developing foetus and the pregnant woman harbouring it become primal ciphers for this fear' (Oliver, 2012:116). These reproductive anxieties extend to include new reproductive technologies that threaten 'natural' reproduction, with the 'real baby versus the techno-pregnancy and techno-baby' (ibid) becoming a reoccurring theme. Typically, these films tend to forward a conservative response to these technologies, ultimately reassuring the viewer 'men have not become obsolete in reproduction and that the nuclear family is still the idea family' (Oliver, 2012:44).

In summation, pregnancy narratives have progressed in a seemingly superficial manner. Whilst images of pregnancy now proliferate, old fears regarding the use of technology to undermine the nuclear family, and render female autonomy and sexuality dominant remain. As Oliver states, 'we can see how these seemingly new stories repeat traditional notions about abject maternal bodies, conventional notions of family values, familiar anxieties over women's role in reproduction, and fears and miscegenation' (Oliver, 2012:2). Images are used to create a fantasy of pregnancy, and whilst Hollywood did not create this, it 'continues to feed it' (Oliver, 2012:3). There is also a residual squeamishness, a reluctance, to engage directly with the physicality and reality of pregnancy, abortion, and infertility, creating a scenario where narratives retreat to the safety of the stable, nuclear family. The pregnant body is now the 'bio-political exemplar of struggles' (Oliver,

2012:208) and therefore an apt case study. With this in mind, three case studies will be used to examine separate areas of reproduction, beginning with an examination of 'abject' pregnancies and fear of female power; futuristic 'male mothers' and, finally, a look to loss, infertility, and potential hierarchies of worth that come with technological attempts to 'fix' this.

**3: 'Women and Bugs': 'The Runaway Bride' and 'Kill the Moon'**

As mentioned, there is a precedent in horror[67] cinema of representing, both on personal and social levels, women's reproductive capacities as excessive and as posing significant risk to societal norms. The exact characterisation of this 'excess' takes several forms, but most frequently is represented by the accelerated birth rate of an alien or monstrous brood that threatens to overrun humanity.[68]

This 'acceleration' contributes to already present fears regarding a lack of control over reproduction. The monstrously reproductive women in these films signal a power that has lost all semblance of control and has therefore 'gone to the devil' (Oliver, 2012:125). This concept of control is one Barbara Creed expands upon, arguing in these films the womb itself becomes an object of horror. The womb assumes an identity and autonomy, and becomes horrific for two reasons: firstly, because of its unrelenting generative powers; and secondly, because of what said powers are used to produce (rarely a benevolent creature) (Creed, 1993). The spawn in these

---

[67] Previously discussed connections and crossover between horror and science fiction cinema allows for use of this in relation to *Doctor Who*

[68] Interestingly, this 'horror' at the prospect of multiple births is not one that is limited to the cinema; real-life multiple births are met with equal judgement and disdain. One only has to consider the equally horrified and fascinated media response to Octomom and reality-TV personality Kate Gosselin, both of whom were 'figured as monsters' (Oliver, 2012:112).

films, and by association their mothers, are not merely monstrous because of their 'slimy, inhuman grotesqueness and their bloodthirsty killing' (Oliver, 2012:37), but because of their sheer quantity. This unease is linked to the image of wombs 'spewing' (ibid) limitless offspring, and generates visions of insect-like hordes running amok. This insect imagery is particularly significant: the 'female' and her generative powers are characterised as an alien 'bug', insects already being a source of unease in culture generally, associated with dirt, disgust and all things 'gross', ensuring negative connotation. In these films, wombs are places of foreboding and threat, and hold the potential of ending humanity.[69]

Rosi Braidotti expands on this insect issue, offering a Deleuzian account of science fictions films and their tendency to associate women with insects, spiders and all things 'bugs'. Braidotti's point is that in science fiction, insects embody 'a generalised figure of liminality and in-between-ness' (2002:150) which echoes how femininity is represented. Braidotti focuses on insects, which to her have 'perfected hybridity' (ibid), as they rely on non-mammalian reproduction, namely egg-laying. To her, these insects 'feed into the most insidious anxieties about unnatural copulations and birth, especially in a "post humanist" culture obsessed with artificial reproduction' (Braidotti, 2002:158). Braidotti offers another potential explanation for the anxiety regarding the pace of these reproductions, attributing it not only to fears it renders 'natural' reproduction obsolete, but also to the possibility of transformations that take place too quickly. Oliver expands on this, stating

---

[69] The image of an endlessly generative womb is one Creed expands with her concept of the Archaic Mother.

these insects and their reproductive tendencies conjure 'anxieties about the inhuman lurking in the new reproductive technologies' (2012:138). Unease surrounding pace is not an uncommon theme in science fiction where technology is seen as progressing excessively whilst society, morality, and legislation are left struggling to understand the leaps being made. This has particular pertinence when considering reproduction: considerable advances are being made whilst discussions of the more difficult areas remain limited, if they are present at all.

In these films, the reproductive process is characterised by literal monsters emerging from endlessly generative, insectoid wombs. *Doctor Who* subscribes to much of this thinking, but also uses this motif to raise questions regarding heterosexuality, class, and abortion, problematizing attempts to dismiss these narratives as purely sexist. Two episodes are of particular relevance here; 'The Runaway Bride' and 'Kill the Moon', both offering insectoid imagery, but expanding beyond this into more abstract thematic territory.

## 3a: 'The Runaway Bride': Abject Wombs and Unhealthy Marriages

The first episode considered is 'The Runaway Bride'*,* the Christmas Special that aired prior to the third series. This episode offers complex, contradictory images of pregnancy: on the one hand, it straightforwardly articulates notions of female fecundity as outright abjection; yet it also considers class, heterosexuality, and the image of birth as inspiration that prevents a single reading.

91

The episode revolves around the Doctor (David Tennant) attempting to solve the mystery of Donna Noble (Catherine Tate), a woman who is not 'special' or 'important', and yet finds herself transported aboard the TARDIS. Donna's ordinariness is emphasised to the point of comedy and insult: she is not 'powerful […] connected [or] clever', making her appearance all the more unusual. It transpires Donna's husband to be, Lance (Don Gilet), is not as benevolent as one would hope of a spouse, and had been dosing her with 'huon' particles in order to provide the energy required for his ally, the Empress of the Racnoss (Sarah Parish), to hatch her children hidden at the centre of the Earth. This dosing process takes place over the course of several months before the particles achieve maturation, a process that unfolds in a similar manner to a conventional pregnancy. In this time, Donna becomes home to 'brand new particles, living particles' necessary to hatch the unborn Racnoss: she is the 'key' required to catalyse their birth. Donna's body becomes a non-consensual incubator and source of life, sold by her would-be husband to the Empress of a terrifying, alien race of gigantic spiders. The commodification of Donna's body and Lance's complicity in this act are evident and will be returned to, but for the moment attention must turn toward the most obvious representation of female abjection: The Empress.

The Empress' fertility, and the procreative imperative that drives it, are unequivocally coded as female, monstrous and excessive. Primarily, her monstrosity and abjection are demonstrated by her body (Figures 1 and 2): bulbous, red, undulating and shown initially in sharp, brief edits with a focus on her mouth and her extremities, creating an image of a creature that is all

maw and legs, an image reinforced by reference to her insatiable appetite.

She is also evidently female and aggressively sexual with it: upon observing

the Doctor, she comments that she could 'eat him all up like a snack'. The

sexual undertones of this are obvious, and used to emphasise the Empress'

various appetites, be they procreative, literal, or carnal. As such, there is

clear linkage of female sexuality, reproduction and death with the overall

imagery being of one of consumption: men are at risk of being used and

discarded in order to fulfil the biological drives of monstrous females.



Figure 1. *The Racnoss and her many eyes*
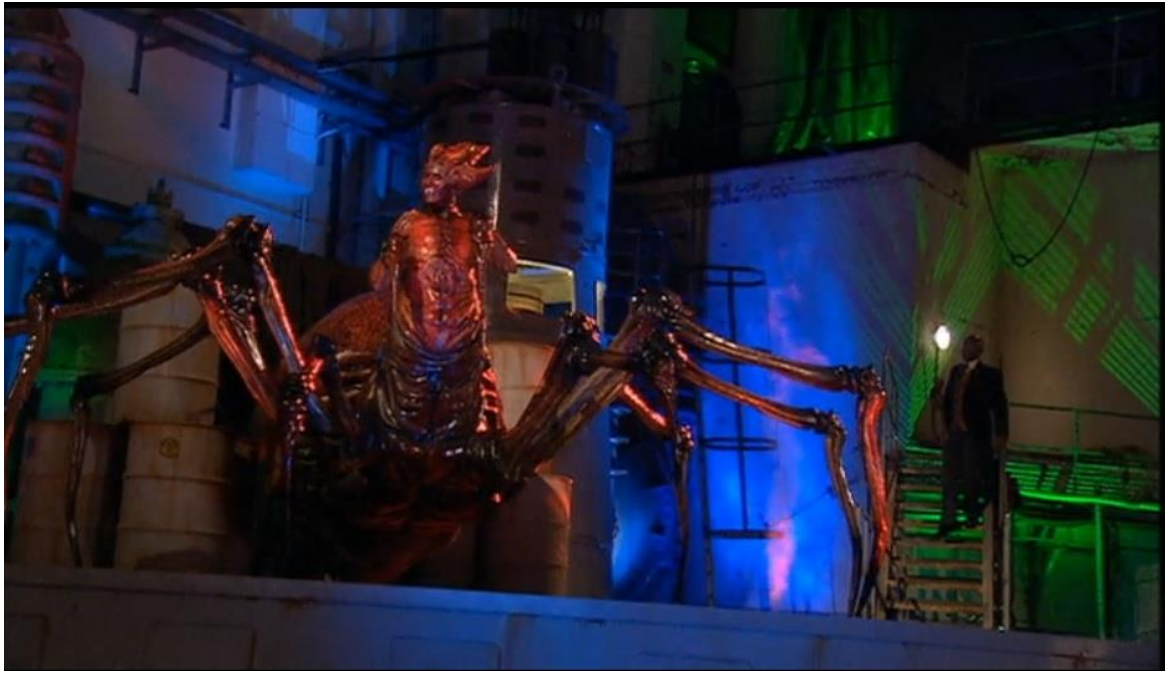
Figure 2. *The Racnoss' insectoid body*

The Empress' nest adds further credence to this: hidden beneath the Thames flood defences, it is a maze of damp, leaking tunnels cast in a harsh neon light (Figure 3), reminiscent of Creed's description of 'uncanny uterine landscape[s]' (2005:42). Whilst Creed links these environments to man's desire to assume woman's generative powers, in this instance the landscape provides a sensory and visceral reminder of the grotesque nature of the Racnoss. The imagery of the 'fertilisation' scene furthers this: access to the Racnoss nest is a large, gaping black hole in the floor, and the huon particles ooze out of Lance's body before dropping down into the hole in a liquid, shimmering mass. Lance intends to sacrifice Donna for a position of power in the new Racnoss Empire, but Donna flees, prompting the Empress to deem him a worthy surrogate. To do this, Lance is restrained by robotic, insectoid minions and forced to consume vast quantities of liquid, choking and struggling as he does so (Figure 4): at its most extreme, there is potential

here to term this scene an oral rape akin to the infamous face-hugger scene from *Alien* (Scott, 1979). Whilst such a definition may be extreme, it is undeniable Lance's body is invaded and used to achieve the Racnoss' ends: he is made to father and sustain a hostile life force with this 'sustaining' reaching a grisly conclusion when he is fed to his offspring. The Racnoss are a carnivorous race (a final, ancient taboo) with an insatiable appetite, requiring them to 'harvest the humans' and 'reduce them to meat'. They are born 'starving', rendering even their infants a source of horror and threat. Their abjection is biological, inherited and pathological: the threat they pose is significant. So far, the episode is offering an image of the end of reproductive technologies if presided over by some form of dystopian matriarchy where men are reduced to nothing more than tools to fulfil biological imperatives before being disposed of. Men become a 'human resource' as Lance glibly puns.



Figure 3. *Intrauterine tunnels beneath the Thames*

Figure 4. *Lance is force-fed*

Building on this, the depiction of the Racnoss has clear linkage with Freeland's concept of monstrous '"queen bugs"' (Freeland, 2000:70). These 'queen bugs' offer an image of reproduction in which males are only minimally necessary: they are destroyed or abandoned after having fulfilling their duty. This makes this choice of characterisation interesting, as this trope

> […] creatively explore[s] the consequences of bugs' revised sexual arrangements. Sexuality is always linked to larger issues about social frameworks […] Large scale bugs are truly frightening monsters because of their alternative social structures, communicative ability, swarm behaviour and amazing physical powers. (ibid)

96

Freeland's highlighting of the deconstructive, as well as simply destructive potential of this device, is of particular significance. Female reproduction may be embodied by an ancient, alien, spider Empress who uses human bodies as non-consensual incubators and aims to devour all of humanity in order to rebuild her race – hardly a ringing endorsement – yet, subversive undertones remain. The Empress is the sole survivor of her people and is determined to preserve her race: in order to do this, she undertakes and orchestrates a vast and complex plot, and she does this single-handedly. She displays genuine affection for her offspring: they are her 'children' and her 'babies', and their death causes her anguish. There is also scope to perceive her as potentially queer coded. She refers to Donna as her 'bride', and comments that her 'bride approaches', wording that conjures up images of a spouse awaiting their partner at the altar. Of course, such wording could simply be referencing Donna's costuming, yet the episode abounds with wedding imagery. Whilst Lance and Donna are prisoners of the Empress, she refers to them as her 'golden couple' and forces them to partake in a parody of a wedding which culminates in Lance saying 'I do'. Such an act functions as a satirical take down and mocking of a traditional, heterosexual union, a union typically seen as the foundation of, and precursor to, 'normal' reproduction. Her mocking of this may serve to further confirm the abjection of the Empress but heterosexual marriage is not depicted as a beneficial union for women. It is Donna's fiancé who betrays her and sells her body; hardly a basis for happily ever after. Moreover, the Empress uses their shared femininity to attempt to establish rapport and camaraderie between them: she elects to feed Lance to her offspring first,

97

justifying this action on the grounds he was 'quite impolite' to Donna. The Empress also comments 'these men are so funny', and whilst this is not directed specifically at Donna, it appeals to a particularly 'female' knowledge, creating a male/female divide that can, apparently, transcend species.

As should be expected, a cannibalistic, abject, potentially queer, dedicated regenerator cannot be allowed to survive. The Empress transgresses accepted bounds of femininity: her appetites are vast, and the men who serve her are to be used and disposed of. She is emblematic of a future without the need for masculinity, and as such meets an end at the hands of the Doctor. The Doctor offers to find the Racnoss their own planet. This seems reasonable until it transpires the source of the genocide of the Racnoss was the Timelords themselves, perhaps explaining the Empress' reluctance to trust the Doctor's word. The Doctor refuses to acknowledge his people's culpability in the situation, explicitly stating 'what happens next is your own doing'. The death inflicted on the Racnoss and her children is particularly cruel; her lair is flooded and burned, and her children die screaming as the Doctor stands elevated, watching in stoic silence until Donna informs him 'he can stop now'. Emotional balance is once more provided by the female whilst the Racnoss receives her punishment for disregarding the bounds of 'normal' female power and attempting to take control of her own fecundity. Self-sustaining, alien spiders that commodify and cannibalise bodies, particularly male bodies with the aim of reproduction are, obviously, abject. Her abject femininity is sanitised: both water and fire contain symbolism of rebirth and purification, a notion strengthened by the image of Donna, still in her wedding dress, functioning as the emotional

98

conscience of the Doctor: a vision of acceptable, safe, heterosexual reproduction that can only be achieved by men and women. So far, so normal. However, this is not the only birth depicted in this episode, and this sexist image of female reproduction run amok is complicated by Donna's characterisation.

To begin, Donna is coded as stereotypically feminine: seen in a wedding dress throughout the episode, she displays an almost pathological desire to get married, literally chasing and begging Lance to marry her over the course of several, comedic scenes ('I was halfway up the aisle. I've waited my whole life for this'). Her maternal instincts are paramount, and after the attack on the wedding reception she immediately comforts two children using their names and physical contact to affirm her closeness to them.[70] She functions as the conscience of the Doctor and, when in proximity with the huon particles, she quite literally glows: an image of acceptable femininity.

This resort to stereotype and hyper femininity is a further trope Freeland identifies as intended to neutralise the threat of the 'queen bugs'. These 'queen bugs' are frequently pitched against a female protagonist with '"femaleness"' (Freeland, 2000:57) remaining an issue 'right through to the end – for both the monster and the victim/heroine' (ibid).[71] In these instances, the female protagonist is a mediator, tasked with balancing and reigning in the more masculine aims of corporate science and other male protagonists,

---

[70] Her desire for children and a 'normal' life is reiterated later in the series in the episode 'Forest of the Dead' where a virtual reality shows her happily married with two children, and the end of the series that sees her married off and, presumably, fulfilled.
[71] Freeland makes particular reference to the *Alien* franchise in her analysis.

most commonly the '"good" hero who is a scientist out for knowledge [and] the "bad" hero who is a mere adventurer out for fame and money' (Freeland, 2000:72). She is the one who recognises the danger in usurping the natural order and therefore becomes an agent of justice with, as Mark Jancovich points out, her 'justice' stemming from her feminine attributes. In these films, the 'women's involvement is central to the defeat of the menace' (Jancovich in Freeland, 2000:76), yet this is only achieved by a reliance on emotional stereotypes that demand women 'humanise' the men around them. This assurance of the universal benevolence of femininity is strengthened by the inclusion of a threat towards children, an inclusion that 'assure[s] [the] audience that "normal" female reproduction and "normal" parenting will replace the abnormal methods of the queen ants' (Freeland, 2000:75). As is evident, Donna's adherence to these traits is almost absolute.

Regardless, the conscious use of class in this episode shifts focus the of villainy, encouraging conversations surrounding exploitation of 'lesser' female bodies by powerful men. Donna is portrayed as lower middle class, vacuous, and shallow. She consistently misses the 'big picture' unlike the male protagonists; she has a limited and selfish focus, preoccupied with celebrity culture, holidays and herself. The Doctor is perplexed by her; she is a temp, a secretary (a stereotypically female role), and therefore 'not important'. This is something Donna recognises and has internalised: she claims '[Lance] didn't need to bother with me'. Lance's disdain for her is palpable: 'God she's thick. Three months I've had to put up with her. A woman who can't even point to Germany on a map'. Donna's perceived lack of intelligence, of status and of class marks her as not worth of reproducing

on her own terms and therefore expendable, or to be used to further the reproduction of a more 'deserving' class and species. Moreover, Lance's use of traditional courtship and Donna's own desire for marriage is her own undoing: 'saturate the body and then […] your wedding! You're getting married! Best day of your life, walking down the aisle, your body's a battleground […] you're cooking […] the particles reach boiling point – shazzam!' Heterosexual courtship and the following reproductive expectations are a trap for a particular type of woman, to an extent undermining the assurances of the 'normality' of traditional reproduction that comes with the killing of the Racnoss.

It is not, however, only Lance who manipulates and exploits Donna's body. Whilst the huon particles function as a tracker for the Racnoss, the Doctor also does this, using her as a beacon to call the TARDIS. Whilst beneficial, it is done without consent, demonstrating a disregard for her autonomy and an attitude of 'men know best' when it comes to female physicality. Donna also accuses the Doctor of 'enjoying' her situation, despite the threat it places on her life, reducing her to a puzzle to be solved. Whilst this may reduce Donna to nothing more than a female body to be exploited, by introducing class as a concept 'The Runaway Bride' highlights the particular vulnerability of certain female bodies to commodification by even 'good' men, while also dramatizing the potential threat posed to these women by typical heterosexual structures.

So far, birth is simultaneously abject and a threat to female autonomy, but this is not the only birth seen in the episode. The Doctor takes Donna the start of the solar system, thus showing her the 'birth' of the Earth (Figure 5).

The wonder of such a scene is obvious, and causes Donna to ponder the

nature and position of humanity in such a vast universe. To this end, birth is

miraculous, a source of inspiration and a catalyst for exploration and new

discovery, a theme that is expanded upon in the next episode to be

considered, 'Kill the Moon'.



Figure 5. *Birth as wonder? Donna and the Doctor witness the birth of the Earth*

To conclude, 'The Runaway Bride' presents a confused contemplation

of pregnancy: on the one hand, autonomous female reproduction and

sexuality is associated with the abject, producing anxiety over the fecundity of women exempt from the control of men. Such fears are, to an extent, indebted to debates and advances in reproductive technologies and the growth in non-traditional, non-heterosexual family units. Such a view has evident sexist overtones and the episode appears to advocate the durability of 'normal' reproduction by the extermination of the Racnoss. However, there is also considerable attention paid to the vulnerability of women, particularly women of a certain class when it comes to male exploitation and the role of traditional, heterosexual courtship in enabling this. Whilst male ownership and commodification of women's bodies is considered reprehensible when carried out by 'bad' men such as Lance, when carried out by 'good' men such as the Doctor it is not only acceptable, but necessary. Birth, 'acceptable' birth, remains a source of wonder, but the anxiety of rapid, solely female reproduction lingers.

## 3b: 'Kill the Moon' and Abortion

This lingering anxiety is expanded in 'Kill the Moon', but this episode also contains, albeit allegorically, some interesting contributions to the abortion debate, a topic typically skirted around in film and television. The episode centres on the Doctor (Peter Capaldi), Clara (Jenna Coleman) and Clara's student, Courtney (Ellis George) arriving aboard a shuttle containing nuclear devices set to crash in to the Earth's Moon. On board they meet the shuttle's crew led by a female Captain Lundvik (Hermione Norris) who explains this is a suicide mission designed to destroy the moon. The moon's gravitation influence has altered over the past few years causing significant ecological disasters and human casualties. The Doctor reveals this particular point in

time is one of flux, and he is therefore incapable of knowing if the Moon exists in the future.

The episode continues many of the thematic and visual motifs of 'The Runaway Bride': hordes of alien spiders, an 'infestation', are the primary threat to the crew, targeting Courtney specifically, ensuring children are under threat. There are also references to cannibalism ('Something is trying to figure out how you're put together […] or how you taste'); the surface of the Moon is covered in 'lines of tectonic stress' (literal stretchmarks) and a layer of liquid, creating an image of leaky abjection. One of the crew, a male astronaut named Henry (Phil Nice), ventures out onto the Moon's surface alone; he peers into a black hole in the surface, and is attacked and killed when a spider attaches itself to his face (again, the debt to *Alien* is evident). The Moon is overrun with alien insects; it is leaking and fracturing whilst maintaining a lurking secret beneath its surface; a secret that threatens the very future of humanity.

This 'secret', as the Doctor reveals, is that the Moon is an egg and is hatching. The reveal of this is reminiscent of traditional birthing imagery as the Doctor displays a 3D image of the Moon with an alien inside: an ultrasound. This is familiar territory: monstrous, alien reproduction shown as abject and destructive complete with insect imagery, the casual killing of men, and the posing of a particular threat to children as well as the rest of humanity. And yet, there comes a tonal shift as the Doctor does not perceive it as a threat. In fact, the Doctor thinks it is 'unique […] the only one of its kind in the universe […] utterly beautiful'. The Empress, too, was the only

one of her kind in the universe; she too threatened humanity, albeit more directly, and yet this 'Moon egg' is nothing short of miraculous.

This revelation does not deter Captain Lundvik: she still believes the Moon must be destroyed. Her lack of children, and her implicit lack of compassion, are writ large throughout this exchange. The alien is consistently referred to as a baby, a child, and therefore vulnerable, whilst the Doctor resorts to manipulative imagery to warn against continuing the plan: 'The gravity of the dead baby will pull all of the little pieces back together, of course that won't be very pretty. You'd have an enormous corpse floating in the sky. You might have some very difficult conversations to have with your kids'. Whilst the Racnoss were monstrous from the start, this baby is absolved of blame despite it posing similar dangers to the Earth: in this instance, you 'can't blame a baby for kicking'.

Resolution seems far from possible, prompting the Doctor to leave the three women to make the decision. To him, 'the Earth isn't my home. The Moon isn't my Moon'. The Doctor informs the women it is 'your Moon, woman-kind. It's your choice'. The phrasing and characterisation at this point seems deliberate: the wording stems directly from the abortion debate with invocation of choice, and therefore, superficially, appears to be respectful of female autonomy. At this point, the message appears to be largely pro-choice, reminiscent of the adage of 'no uterus, no opinion'. By leaving this decision to three women, the Doctor is respecting female bodily autonomy and boundaries, and therefore recognising where his male input is not required.

The ensuing debate, however, complicates a positive reading. Lundvik refers to the alien as an 'exoparasite', using phrases reminiscent of more vociferous elements of the pro-choice debate; a choice of words negatively confirming her as a stereotypically cold, unfeeling professional woman. Her characterisation, particularly when juxtaposed with Clara's sentimental perspective, ensures the prospect of killing the alien becomes abhorrent. Clara's use of language is emotionally manipulative: 'I'm going to have be a lot more certain than that if I'm going to kill a baby'. The debate here, and the linkage to abortion debate, is obviously somewhat muddied by the fact that the 'baby' is full term; however, this language is reminiscent of pro-life rhetoric.

Once more, Freeland's writings are of particular interest. 'Women and bugs' narratives are typically an 'inverse Frankenstein, since they are about the ways of bypassing the masculine role in reproduction' (Freeland, 2000:77); they contrast various forms of femininity. In doing this, these films create a dichotomy between 'acceptable' and 'unacceptable' aspects of the feminine. Using stereotypically feminine traits, an appeal to emotion, and a female protagonist to defeat the female monster permits filmmakers to neatly sidestep accusations of sexism by use of an image of female empowerment.[72]

---

[72] Whilst gender remains relevant for Freeland with particular reference to the first two *Alien* films, what matters is not Ripley's femininity but her humanity: her traits may be stereotypically female '[…] but are nevertheless bona fide human virtues: compassion, caring, planning for a better future, and, even under some circumstances, self-sacrifice' (Freeland, 2000:83). Whilst this is true, there is a precedent of subsuming discussions of race, sexuality and gender in a larger discussion of what it means to be 'human' with what is human typically being what is white and male.

Clara represents 'acceptable' femininity, using her feminine attributes of maternal instinct and compassion to forward a 'natural' image of motherhood in contrast to the cold Lundvik. It is unlikely even this quasi-abortion debate would have been seen as acceptable if undertaken by male protagonists, so the decision to make this a female discussion can be seen as a cynical attempt to sidestep accusations of sexism.

Ultimately, Clara puts the decision out to vote, enlisting all of humanity to aid them in making the decision. Humanity decides to kill the alien, but Clara decides against this. At this point the Doctor returns, transports them to Earth and together they watch the new alien hatch whilst a new egg is laid, and all danger is comfortably averted (Figure 6). The Doctor informs Clara he knew she would make the right choice, implying there was no actual choice at all.

The birth of this alien, however, holds greater significance for humanity: after this moment, humanity 'looked out there into the blackness and it saw as something beautiful, something wonderful, that for once it didn't want to destroy'. This birth is the catalyst for human expansion into the universe and offers a wealth of opportunity and enrichment. The sentiment behind this is evident: individual's fears around birth are unfounded and birth, in all forms, is miraculous and ultimately beneficial. In this, birth becomes a universal 'good' whilst abortion becomes something misguided individuals may be saved from by an external (male) authority.

Figure 6. *A new moon and a new sense of wonder*

If left here, the narrative could easily be termed reactionary, but it is tempered somewhat by Clara's reaction to the Doctor. Whilst he reassures her he knew she would always 'make the best choice', her reaction is combative. Clara asks the Doctor 'honestly, do you have music playing in your head when you say rubbish like that?' Indeed, Clara goes further than this, labelling the Doctor 'patronising' and informing him the whole process left her feeling disrespected. Clara may have ultimately made the same decision as the Doctor, but by calling out his arrogance and his dismissal of their decision making she illuminates his lack of awareness. It is easy to forward a purely pro-life perspective when you lack investment in the situation and ultimately will not deal with the repercussions of that decision; you cannot distance yourself from a situation yet demand ultimate authority over its moral boundaries. Whilst the Doctor may claim it 'wasn't his decision to make', his actions belie the fact there was a 'right' decision to make, ensuring human autonomy, and in this instance female autonomy, remains

subject to a male ethical code. Clara reminds the Doctor of his investment in the situation ('You walk this Earth'): she wants him to accept his role in the situation, and aid her in reaching a mutual decision, not simply subject her to some morality test in which the stakes are high but ultimately rigged.

Hence, birth is miraculous; women have the veneer of autonomy but remain subjected to male moral standards. Men only give women autonomy when they do not have to accept responsibility for their role in the act, therefore placing themselves above judgement. Birth appears dichotomised: abject or miraculous. As such, depictions remain limited.

**4: 'Male Mothers' and Cautionary (Fairy) Tales**

If images of female reproduction still draw upon anxieties regarding control and the irrelevance of masculinity, images of male reproduction, or 'male mothers' do little to ease this tension. Technology offers the potential to deconstruct the gendered reproductive binary, promising a genderless future in which pregnancy is a 'human', or a technological, process. Subversive potential of this aside, there remains unease at the thought of denying women their 'unique power', or interfering in the 'natural order' of things, ensuring depictions of 'male mothers' function as cautionary tales against transgressing nature's boundaries, less you produce monsters. According to Zoe Sofia, 'in science fiction culture […] technologies are perceived as modes of reproduction [...]according to the perverse myth of fertility in which man replicates himself without the aid of women' (Sofia in Petchesky, 2000:176) with the use of the 'perverse' giving indication of how these endeavours are perceived. For Creed, male artificial creation is indicative of

'man's desire to assume woman's generative powers, to imagine himself as the source of all life' (2005:42) with this desire ensuring 'when man creates life he gives birth to monsters' (Creed, 2005:41). In these instances, men fail to assume the procreative power of women, and in the process are demonstrated to be monstrous themselves: they become 'increasingly disturbed [their] behaviour indicating a hysterical obsession, suggesting [they are] the true monster' (Creed, 2005:43).[73]

When considering male reproduction, it is impossible to dismiss the legacy of Mary Shelley's *Frankenstein* (1818)*,* and the 'Frakenstein-ian' narratives they inspired. These narratives are perceived to be morality tales in which a 'mad scientist' attempts to understand creation and in the process unleashes a murderous offspring; a succinct warning to those who wish to transgress the boundaries set by nature and/or God. Such a perspective may appear reactionary: a retreat to a 'god-fearing' rejection of technological progress that hinders development, and fosters an anti-intellectual mistrust of scientific endeavour.

However, endorsement of technologically mediated reproduction narratives, and therefore 'male mothers', becomes difficult when considering the gendered stereotypes prevalent in such narratives. In considering the 'mad', scientist, Freeland identifies the issues that define the relationship between science, medicine and gender: 'masculinity, power, control and over reaching; secrecy, experimentalism and magic' (Freeland, 2000:29).

---

[73] Whilst the potential for monstrosity is invoked as a reason to avoid such processes, assertions of romance, love, and 'real' families are also used, demonstrating strong preference for a biological family: 'for non-technologically mediated "romantic" pregnancies that deliver non-technologically mediated "romantic" babies' (Oliver, 2012:206).

Masculinity, power and control gain particular significance if one considers Bould's assertions that, in science fiction, 'it is far more common for female characters to be […] objects of […] experimentation' (Bould, 2012:47). Additionally, these creation fantasies frequently require a 'reduction in the cognitive capacity of artificial women' (Conrad, 2011:82), revealing a desire to dominate reproductive processes. Hence, male creation myths offer a further conservative view of procreation: they discourage the sharing of the procreative burden, therefore reducing women to a purely reproductive function, whilst simultaneously demonstrating the appeal of male sanitisation of a 'messy' female affair. This trope masquerades as elevating and valorising the 'uniquely female', yet remains clichéd and limiting.

Doctor Who shares many of these concerns and so forwards an alternative, if no less controlling, form of benevolent masculinity that offers potential for genderless, reproductive futures. The figure of the Doctor, and his foil the Master (John Simm), become central here; their ideologies and progeny held in contrast to each other in order to define 'good' masculinity, and therefore assert which may assume responsibility for reproduction. The mere potential for positive male reproduction is unusual, but the extent of the subversive potential remains uncertain. There is scope to see this narrative as enacting a broad veneer of humanism that hides an equally rigorous, if less violent, form of masculine control over reproduction.

## 4a: 'The Doctor's Daughter', Masculinity and Fatherhood

Even in the fantastical realm of science fiction, male reproduction rarely takes place without technological assistance. 'The Doctor's Daughter' offers

an examination of this, focusing on the larger political use of such technologies as well as the emotional fall out for individuals involved. In the episode, the Doctor, Martha (Freema Agyeman) and Donna are transported to the planet Messaline which is locked in a generations old war between the humans led by General Cobb (Nigel Terry), and an alien race, the Hath. Upon arrival, the Doctor has a DNA sample forcibly taken from which an adult daughter, Jenny (Georgia Moffett), is grown using a process described as 'progenation. Reproduction from a single organism. Means one parent is biological mother and father'. This reproductive technique, whilst developed to aid population growth, is being used to ensure an inexhaustible supply of soldiers.

In spite of the usurping of such technology for militarised ends, there is scope to read the concept as a queer one, designed to destabilise binaries. There is an argument that the reboot, particularly the series overseen by Russell T. Davies, offers a 'queer' view of the future, differing from other science fiction television that tends to 'present non-heterosexuality through (at best) a subtext or (at worst) an awkward "issue of the week"', (Coker, 2011:93). In contrast, Davies' universe 'presents a true sexual spectrum' (ibid) which produces a 'future that seems queer from our perspective' (Coker, 2011:96). Presentation of a queered future allows separation of sexuality and reproduction, destabilising societal structures that classify certain familial set ups as 'unnatural'.

Such a reading is valid: this process produces an identifiable young woman, not a monster, who we follow to personhood and independence. She is even permitted to survive the narrative, albeit after a period of self-

112

sacrifice. The episode also engages with a queer future by inverting gender roles: in our present reality, female bodies are considered vulnerable to reproductive exploitation, whilst male bodies are considered at risk from warfare. Whilst it is remarked that, on this planet, reproduction is expected of all eligible and capable individuals ('everyone gets processed') the Doctor is the only character seen undergoing the process. By inverting the expected gender binarisms of female/mother and male/solider this episode offers alternative conceptualisations of the male role in reproduction, whilst acknowledging the threat to individuation posed by military control.

The birth follows in the Hollywood tradition of sanitisation: the Doctor's arm is placed in a machine, a tissue sample is taken, and a short while later Jenny emerges, fully clothed, from behind metal doors complete with billowing smoke in a crescendo of dramatic music (Figure 7). This primal scene lacks abjection: whilst the tissue collection is shown as unpleasant, it is less invasive than other visions of technologically assisted pregnancy.[74] The Doctor does not incubate life, meaning birth and pregnancy takes place external to the male body. The Doctor's protestations stem from a lack of consent, meaning critique is levelled at the controlling forces, rather than the technology itself.

---

[74] The *Battlestar Galactica* episode 'The Farm' for example.

Figure 7. *Jenny emerges*

However, the Doctor's reaction to Jenny complicates this: he claims she is only 'technically' his daughter, an opinion that, while understandable, is at odds with his characterisation of acceptance. Such a refutation of biology as a guarantee of familial bond may appear emancipatory as it rejects eugenically defined purity but it also allows evasion of responsibility. Obviously, when taken to a logical conclusion, this becomes problematic, and there is no implication an individual must accept a child that was created without their consent, but the Doctor's rejection goes beyond this. Jenny is born a 'Generation 500' solider: she received an 'instant mental download of strategic and military protocols', and it is this, the (supposedly) pacifist Doctor takes issue with. Her birth ensures Jenny knows no alternative to being a solider, and yet she finds herself rejected on ideological and biological grounds. Throughout the series, we see the Doctor forming bonds and creating families outside of the traditional, yet this rejection of Jenny implies that whilst the biological may be overcome by some for others there remains

114

a 'biological sin' and inexpungable predisposition. To the Doctor, Jenny is a 'soldier' who 'came out of that machine'. As the episode progresses, Jenny's origins are further used against her when she questions the Doctor's authority ('Told you, nothing but a soldier'). This perspective implies that whilst Jenny may prove herself useful to the Doctor, full personhood is unachievable. Her 'biology' is faulty and therefore incapable of being 'fixed': a particularly reactionary view.

This uneasy refutation remains consistent throughout the episode and is responsible for the contradictory musings on alternative reproduction. The importance of heritage is established from the first line of dialogue: as the TARDIS veers out of control, the Doctor remarks 'I don't know where we're going but my hand is excited about it!' The Doctor is called to Messaline by Jenny, a paradox that implies shared genetic heritage retains a hold over individuals even without conscious acknowledgement. Biological relationships between generations may not be the ultimate predictor of family, but its influence is undeniable.

This significance of heritage is further affirmed by Donna's confrontation of the Doctor:

Donna: Not a natural parent, are you?

Doctor: They stole a tissue sample at gunpoint and processed it, not what I'd call natural parenting

Donna: Rubbish! My friend Nerris conceived using a turkey baster, don't bother her

Doctor: You can't extrapolate a relationship from a biological accident

115

Donna: CSA can

Doctor: Just because I share physiological traits with simian primates doesn't make me a monkey's uncle

Jenny: I am not a monkey! Or a child!

Several points of interest occur during this exchange: for one, the Doctor again refuses to accept a biological familial relationship with Jenny, and by use of the common phrase 'monkey's uncle' dehumanises her, a point exacerbated by the conversation taking place in front of Jenny. The Doctor does not temper his feelings towards her, implying she is not worth basic politeness or that her origins render her so inhuman she is incapable of emotional hurt. Moreover, Donna's use of the very human 'CSA' as reason enough for the Doctor to assume parental responsibility adds a further gendered and classed perspective. In this exchange, the Doctor is associated with a negative stereotype of lower class fathers who attempt to escape parental responsibility by denying paternity, necessitating the use external agencies to enforce parental relations. Donna's dismissal of the Doctor's complaints can be seen as stemming from a resentment of the gendered and classed division of labour that remains in childrearing, a conclusion strengthened by Donna's diagnosis of 'Dad-Shock' later in the episode:

Donna: I know that look. See it a lot round our way. Blokes with pushchairs and frowns. You've got Dad-Shock

Doctor: Dad-Shock?

116

Donna: Sudden, unexpected fatherhood. Takes a bit of getting used to.

To Donna, the Doctor's rejection of Jenny is not attributable to the mode of her birth, but is indebted to masculinity, responsibility and difficulties faced when attempting to reconcile such concepts with emotional strife. The Doctor's attitude is not moral rejection of technology or warfare, but something much more mundane. The Doctor denies he remains childless due to a desire for independence, but because he's 'been a father before', and therefore Jenny functions as a reminder of his grief: 'I just don't know if I can face that every day'. The implication is the Doctor and, extrapolating out, many men, struggle to deal with grief and emotions thus requiring the aid of women to repair relationships and maintain familial bonds; Donna assures the Doctor what he is feeling will pass because 'she'll [Jenny] help you'. Emotional labour falls to women, even if the act of reproduction is genderless.

Britton's discussion of the Doctor's masculinity adds to this. For Britton, the Doctor adheres to the 'conventional model of masculinity in screen fiction – namely the type identified […] as the "narcissistic hero"' (Britton,2011:89). Neale argues such characters exist across genres, and 'maintain their hyperbolic form of male autonomy by declining full entry into society' (ibid); as Britton points out, the Doctor's resistance to 'social integration is not only a repeated feature of the ongoing *Doctor Who* narrative, but also a part of the universe' (ibid). Whilst Jenny may not turn 'the TARDIS into a people carrier'(ibid), she would limit the Doctor's capacity to maintain this form of masculinity, introducing responsibilities incompatible

117

with a life of travelling through time and space. Jowett expands on this, maintaining that 'a reluctance to form lasting emotional attachments' (Jowett, 2017:16) is a key part of his identity as a male hero; the Doctor is not 'averse' to children, but is closer to an 'eccentric uncle' (ibid) than a father. Technology may render reproduction genderless, but whilst dominant forms of masculinity endure, childrearing remains a female task.

Additionally, whilst Donna wishes to assert Jenny's personhood she balks at the idea of procreating in such a manner. Whilst consent must be considered, Donna's horror at this is indebted to consideration of the 'natural' versus the 'artificial': 'I'm not having sons and daughters by some flipping great machine. I mean, you're not real!' Perhaps, what is being demonstrated is societal attitudes to potential for reproductive technologies and a post-gender future: whilst, in abstract, most would agree such offspring are natural and human, it is not something they would want themselves. Male mothers, and the technologies that enable them, may be broadly acceptable, but they remain a 'lesser' form of reproduction that occurs as a last resort, not as a viable alternative.

**4b: Jenny and Male Authority**

The characterisation of Jenny further adds to this. Jenny is caught between two forms of patriarchal control: the military rule of General Cobb, and the familial patriarch of the Doctor. Such a motif is common in narratives concerned with origins: 'the end of the order of patriarchy manifests itself both within the nuclear family and within the larger system of patriarchal

118

capitalism. In the latter, the corporation represents the patriarchal head' (Kimberly, 2013:113).

Initially, Jenny is aligned with the military patriarchal by virtue of her birth and her joy in being a solider. General Cobb appeals to this, attempting to gain her loyalty by stating it is 'in your blood girl, don't deny it'. In contrast, the Doctor champions free will and autonomy with both representing dichotomising perspectives on issues of personhood: one that appeals to liberal sentiments of choice, and the other hinting at biological determinism. In later scenes, the Doctor's rejection of the significance of biology becomes more hard-line as he informs Jenny despite her Time Lord physiology (she also has two hearts), she is nothing more than 'an echo' as a Time Lord is 'so much more'. To the Doctor, shared culture, history and memories creates bonds; the absence of these means biology is the only commonality. The Doctor will never accept Jenny whilst she retains her soldier identity; the Doctor only embraces Jenny as his daughter 'when she adopts his pacifist viewpoint, symbolically throwing her large gun away' (Coker, 2011:104).

Whilst a penchant for pacifism, and the image of a young woman overcoming military programming is admirable, it must be noted Jenny's personhood was only granted when she offered an 'acceptable' image of self to the Doctor. Throughout the episode, Jenny highlights similarities that exist between her and the Doctor ('you don't have a name either, are you an anomaly too?' etc); however, the shared history that she offers is not one the Doctor is prepared to acknowledge, presumably as it reflects his unsavoury traits. Jenny must conform to a moral standard set by the Doctor, undergoing changes in order to be 'granted' personhood. Again, this is an identifiable

119

trait in a range of recent science fiction narratives in which 'the essence of humanity is transposed onto […] non-human creatures; they are the ones who rebel against the dehumanising corporation and sustain […] notions of the uniquely human capacity for freedom [and] rationality' (Jackson, 2013:113). This trope allows for an examination of how the misuse of technological progress may dehumanise and threaten humanity with this threat being neutralised by the 'uniquely human' trait of free will. Jenny clearly adheres to this, rejecting her military programming and achieving independence at the narrative's close: however, her selfhood is something that is granted externally, coming from observance of a patriarchal moral code, and so remains limited.

'The Doctor's Daughter' may depict the potential of technologically aided, male reproduction, moving partially beyond definitions of family as biologically related and therefore conceptualizing a tentative postgender future. This is not uncommon in *Doctor Who*, with Coker pointing out, 'in the Doctor's world […] both friends and blood relatives can become chosen family' (Coker, 2011:105). Despite this, it must be acknowledged that biology is replaced by other conditions of belonging, creating a new hierarchy in which access to a community requires a level of knowledge, and cultural capital, in turn creating new potential for ostracism. Jenny begins her life as an abomination, and is only allowed access to family once she submits to her father's authority, a resort to masculine control. Whilst reproductive technologies are entertained, stark warning of the risk of their misuse by external corporations is offered, and it is maintained that male control is necessary in order to produce 'appropriate' personhood in keeping with

previously decided ideology. The draw of biology remains, demonstrating the disconnect between abstract notions of male reproduction, and the residual emotional reaction to something so outside of accepted norms: 'male mothers' may not guarantee monstrosity, but it is better not to take the risk.

Whilst 'The Doctor's Daughter's' examination of male reproduction is contradictory it avoids being wholly negative, which is something of an anomaly. In contrast, Russell T. Davies' Master trilogy[75] at the end of the third series subscribes to conservative visions of male reproduction with resort to monstrosity and madness. In this, the Doctor travels to the end of the universe, finding the remnants of humanity seeking a haven called Utopia whilst the universe crumbles. The Doctor aids a Professor Yana (Derek Jacobi) in his attempts to deliver the human refugees to Utopia, unaware the Professor is actually his recurring nemesis the Master, and these humans will be dispatched back to present day Earth as the murderous Toclafane. Upon his return to Earth, the Doctor discovers the Master has been elected Prime Minister of Britain and, with the aid of the Toclafane, enslaved humanity in order to reconstruct their lost civilisation. Ultimately, his plans are thwarted when the collective thoughts of humanity re-empower a severely aged and imprisoned Doctor, allowing him to defeat the Master and time to be reset.

With the premise now established, the mentioned conservativism is demonstrated in three ways: initially, via the characterisation of the Master

---

[75] Made up of the episodes 'Utopia', 'The Sound of Drums' and 'Last of the Time Lords'.

himself; the portrayal of the Toclafane; and, more broadly, the role of the family in the deconstruction of utopic visions.

## 4c: The Master, Mad Scientists and Power

To begin, the Master can be seen as representing aspects of both the mad scientist and the dystopic dictator. Goss and Riquelme state that in science fiction it is the scientist who 'replaces the ruler and the priest as wielder of power and source of wrongdoing' (Goss and Riquelme, 2007:435). In his human form, the Master assumes the role of a scientist, Professor Yana, and when he regains his Time Lord identity becomes the Prime Minister of Britain, and therefore the interconnected roles of scientist and leader become collapsed onto him, allowing him to enact his own dystopic visions without aid, heightening his threat and his villainy. His negative attributes are obvious to the point of melodrama: even when disguised as human, Professor Yana's instability is apparent; he frequently fades out of conversations, distracted by the non-diegetic sound of drumming, a motif connoting a lack of mental stability. When fully 'himself', the Master is drawn in absolute contrast to the Doctor, appearing arrogant, flamboyant and openly sexist ('You just stand there and look gorgeous'). His insanity is textually acknowledged by the programme and the character himself: whilst murdering his entire cabinet, his only response to the horrified charge he is 'insane' is a thumbs up, a jaunty emphasis of fact (Figure 8).

Figure 8. *Mutually acknowledge insanity*

As Charles points out, the Master's characterisation is deliberate, and has particular resonance for a British audience. To Charles,

> […] it seems difficult to see the Master's hypnotically charismatic
> Prime Minister as anything other than a palimpsest of the presidential
> premier Blair (2008:456).

Whilst initially applauded for his charisma and vision, current memory of Blair tends toward the negative, with the legacy of the Iraq War and instability looming large, ensuring that the Master has particular cultural resonance,[76] further grounding his flamboyance in the recognisable distress of war. It is also worth noting that in constructing a reputable and trustworthy persona from which to launch his bid for power, the Master mobilises several British, historical institutions (Cambridge University and the MOD, for

---

[76] A resonance that arguably continues, with the publication of the Chilcot Report into the Iraq War in 2016.

example) to bolster credibility. That the mere mention of such institutions, combined with his charismatic public engagement, are enough to distract the public from the lack of policy and good intent provides oblique critique of the stature and weight these institutions hold in the public imagination, despite their lack of substance.

It should be apparent by now that Simm's performance as the Master was excessive, which begs the question 'what price the social allegory if the scientist was raving from the start?' (Frayling, 2005:127). For Frayling, caricatured villains limit allegorical potential as they ensure a descent into farce; a counter argument is that this is the point of the Master. He is an archetypal villain, bordering on insanity and lacking in sympathy, ensuring any creation of his will be viewed in a similar manner. Critics argue that alternative reproduction threatens the nuclear family, and therefore society at large, and as the Master's 'children' enslave and massacre humanity, this is simply the extreme end of such a statement. The Master's threat to the family unit does not simply occur on the macro level however; his threats are direct and personally motivated as demonstrated by his capture and imprisonment of Martha's family, an act indicative of a disregard for the sanctity of the family. The Master's creations stem from violence and a desire to subjugate, ensuring they may never be anything but monstrous

**4d: The Toclafane**

It should be initially noted whilst the Toclafane are not the biological offspring of the Master, they are referred to as his children ('Down you go, kids!' 'My children, are you ready?'), and so their relationship is undoubtedly paternal.

Not only are they referred to as children, they are explicitly characterised as such. Their speech is fragmented and singsong, displaying an immaturity undercut by their joy in inflicting pain.[77] Their murderous urges are juxtaposed by their childish appeals for comfort against their primal, but broadly associated with infancy, fear of the dark. They must 'escape [...]the never ending darkness. The terrible, terrible cold', and to do this they insist they need to 'run and run and run'. This fear later revealed to be the largely universal fear of death, but when couched in language reminiscent of nightmares and fairy tales (a recurrent theme throughout the episode) it ensures the fear is seen from the perspective of, and in the parlance of, childhood. There is precedent, within television and film, of children being used as a source of horror; Kimberly Jackson states such depictions reveal latent anxieties that

> The child might actually know something not only that the adults do
> not know but also that could potentially destroy the very structure in
> which the child is tied to its parents, both biologically and socio-
> politically […] this wider trend suggests that children have become the
> figures for and harbingers of not a new humanity but something else
> that might replace it (Jackson, 2013:89).

Jackson's conclusion that such children represent a replacement for humanity is confirmed. After their introduction, the Doctor confronts the Master over the nature of the Toclafane, claiming 'there's no such thing as the Toclafane. That's just a made up name like the bogeyman'; the

---

[77] The exchange 'The lady doesn't like us' 'Silly lady' 'Dead lady' being the most succinct example of this.

Toclafane are nothing more than a Gallifreyian nightmare. In reality, the Toclafane are the result of the Utopia programme, designed to help humanity live beyond the end of the universe, and brought back at the will of the Master to aid in his enslavement of humanity.[78] Humanity 'cannibalised' itself, shedding its physical form[79] and, in the process, the intangible appeal to compassion, hope and family that Davies offers as the essence of humanity. The Toclafane are nothing more than armed, floating orbs: they have no discernible, external human features. It is not until the outer casing of a captured Toclafane is cracked open that the future of humanity is revealed: a waxy, grey, human skull sat in metal casing (Figure 9). The emotional impact of this revelation is intensified by a flashback and the repetition of a line said to Martha by a small boy in the future in which he stated in Utopia 'the sky is made of diamonds' (Figure 10). Such optimism, when spoken by a blonde, vaguely angelic, eminently human child, reveals the reality of apparently 'utopian' technological pursuits to evade the natural cycle of life, and implies even the innocent will not be exempt from its disastrous consequences.

---

[78] A paradox solved, unsurprisingly, by a paradox machine.
[79] Implying a link between the body and humanity that will be expanded upon in the next chapter.
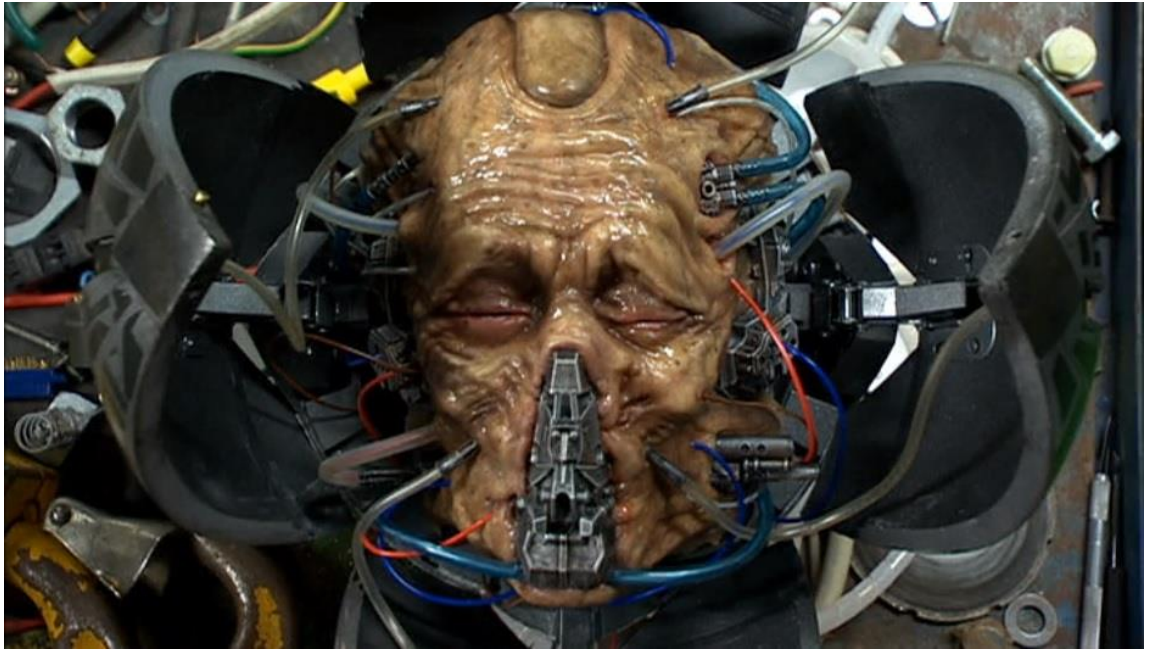
Figure 9. *The Toclafane*



Figure 10. *The child of Utopia*

The intentional naming of the Toclafane and their childish characterisation allows for several observations to be made. Primarily, there is the residual fear that the use of technology to defy natural processes will not result in 'children', but something altogether more horrific. The Toclafane

can be seen as representing a progression of Jenny: the vulnerability of the human form and the potential for individuation completely removed, leaving a weaponised human.[80] References to bogeymen and fairy tales have obvious connotations of humanity being its own worst nightmare, or indeed the creator of its own nightmares, through its desire to transgress established bounds. At this point, an ideological and political critique may be found as appeals to a childlike fear of death is shown to be capable of duping humanity into following unscrupulous leaders, even if what they promise is unachievable or unadvisable. Interestingly, Martha is also referred to as a child in these episodes ('A child, walking the Earth, giving you hope'), and therefore is juxtaposed with the Toclanfane: she represents an acceptable form of resilience and survival when faced with extinction; she epitomises humanity.[81] The episodes implore a return to the universal concepts of prayer, hope and humanity, and whilst this is achieved with the aid of technology in the form of the Archangel network, the overall sentiment is a return to a simpler time of innocuous goodwill.

**4e: Family and Visions of Utopia.**

Finally, the notion of utopia itself is criticised in these episodes. This is not the first appearance of such a critique and there are several episodes

---

[80] Such as those other, classic *Doctor Who* villains the Cybermen.

[81] Endowing Martha, and therefore black femininity, with the 'essence' of humanity could be seen as a positive here, however Jowett states this is undermined by the programme's consistent devaluing of non-white characters. For Jowett 'this tendency to undervalue non-white characters can […] be traced across Martha's character arc' (Jowett, 2017:71), with this storyline being particularly negative, as it 'can be read as reinforcing her role as a devalued companion who services the Doctor while receiving neither praise nor acknowledgement of her sacrifice and heroism' (Jowett, 2017:74). Jowett adds this negative representation may be expanded to Martha's entire family, as 'Dodson notes that "To underline the racial imagery [in 'Last of the Time Lords'], Martha's entire family of successful professionals are reduced to literal slaves of an abusive master" (2013, p. 32), presenting another unfortunate image of potentially positive black characters' (ibid).

dedicated to demonstrating how the future may not be so bright after all ('Gridlock', for example). This tendency is indebted to the overall anti-totalitarian streak of *Doctor Who*, but of particular interest is how the family is used to destabilise utopic visions. For Charles, *Doctor Who's* position on pursuit of utopia can be summarised thus: '*Doctor Who* counters […] monstrosity by acknowledging that one side's Utopia is the other's dystopia, and that the only possible outcome of either form of fundamentalism is total and endless war' (Charles, 2008:457).

By taking a pluralist stance, *Doctor Who* rejects utopia in favour of 'a slow process of ameliorative transformation on a modest, profoundly human scale' (Charles, 2008:458) and, as a result, easy solutions like the progenation machine are shown to be destructive whereas projects that focus on memory, community and shared experience are shown to be desirable. In keeping with this, 'the program's storylines have come to focus on the reconstruction of the Doctor's companions' relationships, a phenomenon that Bould calls "the drive to reunite the nuclear family"' (Charles, 2008:459). The capacity of familial bonds to undermine totalitarian utopias is not only recognised within *Doctor Who*,[82] with Jameson stating that 'the family itself [...] threatens the geometrical Utopian diamond' (Jameson in Charles, 2008:459).

*Doctor Who* rejects the pursuit of abstract visions of perfection in favour of community building on a human scale, and therefore offers a

---

[82] Charles discusses the historical precedent of this at some length in his article 'War Without End?: Utopia, the family and the post-9/11 World in Russell T. Davies's "Doctor Who"' *Science Fiction Studies*, Vol. 35, No. 3, pp. 450 -465.

sceptical perspective of apparently philanthropic individuals and their pursuits to evade the natural rhythm of human life. Charles sees this as a 'yearning for traditional family values in an era of social collapse' (Charles, 2008:458); a retrospective longing to return to a time of stability and certainty. Such times, evidently, do not exist and therefore *Doctor Who* can be seen to be offering a conservative, but not reactionary, image of reproduction; one based in an appeal to 'family values' and grounded in a broad appeal to emotion. This view is countered to a certain extent by the consistent presence and affirmation of 'chosen families' that are shown as equally viable, committed and loving as biological families. Despite this, there remains a certain, perhaps unintentional, underlying suspicion of anything that goes against the 'natural' order; alternative methods of reproduction, therefore, become relegated to something 'lesser': not objectionable in their own right, but not quite equal.

## 5: Desirability, Infertility, and Loss

If previous discussion has shown a latent tendency toward conservativism, *Doctor Who's* consideration of pregnancy loss, infertility, and notions of worth can be seen as standing in contrast with this. The overall narrative arc of the fifth series, as well as the initial part of the sixth, is dedicated to examining the familial relations and of Amy (Karen Gillan), Rory (Arthur Darvill), and their child, River Song (Alex Kingston). The family setup is, as is perhaps to be expected of a time travelling science fiction programme, unconventional; but *Doctor Who* grounds its complex narrative arc in human themes of loss, infertility, and female uncertainties regarding procreational pressure. This section concerns itself with Amy's character development from young woman

through motherhood and beyond, establishing whether the intricacies and emotional weight of such issues are dealt with requisite complexity.

In addition to this a related, if not immediately obvious, underlying theme will be considered: 'desirable' motherhood. Where there is infertility, there are alternative methods of reproduction; however, these processes are fraught with concepts of 'correct' parenthood, a notion steeped in prejudice, in turn raising questions of commodification and exploitation. Hence, whilst this section will begin with Amy, the episode 'Partners in Crime' will be used to provide an alternative, but complementary, perspective on this debate.

Despite criticisms levelled at her characterisation Amy remains, broadly speaking, an autonomous female character with this independence becoming a primary source of contention in her relationship with Rory. Amy's independence is not only demonstrated by her personality, but also her lack of close familial connections, a characterisation which contrasts sharply with previous companions who are all depicted as having close, if fraught, familial bonds. Amy's family is entirely invisible during her first series, and largely tokenistic for the rest; indeed, the only significant relationship she is seen as having outside of the Doctor is Rory. These two relationships define Amy's time as companion and she is frequently caught between craving adventures with the Doctor and conforming to a familial, middle class life with Rory. This theme is recurrent, but is of such overt significance an entire episode was dedicated to it in the fifth series, aptly titled 'Amy's Choice'.

## 5a: 'Amy's Choice'

In this the Doctor, Amy and Rory find themselves travelling between two realities, falling asleep in one and waking in another. One reality finds Amy and Rory married and living in the quiet village of Upper Leadworth having stopped travelling with the Doctor five years previously. However, not all is peaceful as Amy is heavily pregnant, and they are being pursued by an alien race known as the Eknodine who have disguised themselves as elderly residents of the village. In the other reality, they are stranded in a powerless TARDIS drifting toward a freezing star and facing a slow death. An apparition who calls himself the Dream Lord (Toby Jones) informs them that one of the realities is fake, and they much decide which reality is the 'dream reality' and kill themselves in it in order to return to actual reality. If they choose incorrectly, they will be killed in both.

Amy's unease and ambivalence[83] regarding her pregnancy is indicated immediately: before being aware of the Dream Lord's task, she describes her pregnant state as a 'nightmare' due to the sheer physicality of it ('I was huge! I was as big as a boat!'). The episode sets up direct competition between the Doctor and Rory, ('Are we disagreeing or competing?') with the Doctor quick to point out Upper Leadworth is almost uniquely Rory's fantasy: 'your dream wife, your dream job,[84] probably your dream baby […] maybe this is your dream'. Rory rejects this, stating the dream is 'Amy's too', whilst seeking affirmation from Amy herself, affirmation

---

[83] Amy may be consistently uncertain about her future, but Rory is never shown to experience this doubt, as 'he is consistently presented as desiring and enjoying a stable family life of domesticity'(Jowett,2017:44).

[84] Rory is a doctor here, not a nurse, a notably 'feminised' role.

she gives, albeit hastily, and not convincingly. The conflict here is also one between youth and maturity with Amy's crisis being one arguably the majority of twenty somethings go through as they attempt to put off the inevitability of ageing: unfortunately, as Rory states, 'we have to grow up eventually'.

Amy does, by the end of the episode, 'grow up'. Rory is killed defending her from the Eknodine, and she refuses to accept a reality without him (Figure 11). She chooses a life of conformity and maturity, albeit one cloaked in personal justifications of love and commitment: 'I honestly didn't know until right now, I just want him'. In choosing Rory, Amy also implicitly chooses the life foreshadowed in Upper Leadworth, a life that represents, for her, significantly more threat than middle class tedium. Upper Leadworth is represented as idyllic; and rural idylls, as with utopias previously, are represented as threating spaces, fraught with dangers women are particularly vulnerable to. As Flynn argues, 'the idyll legitimate[s] certain gendered power relations; women's proper place […] deemed to be a safe "interior"' (Flynn, 2013:196), meaning 'Amy must abdicate key aspects of her identity and forgo her original aspirations' (Flynn, 2013:202). The idyll, however, compliments Rory and affirms his masculinity, allowing him the opportunity to sacrifice himself, thus complying with 'a tenant of military masculinity' (Flynn, 2013:201). Flynn elaborates, stating 'the development of Amy and Rory's love story complies with the gendered ideology of the rural idyll' (ibid), yet acknowledging the apparent contradiction in that 'we are ultimately led to fear the village' (ibid). The idyll, and therefore traditional family life, represents a frightening loss of autonomy and reversion to

133

restrictive gender roles, yet this is the life Amy, freely, chooses. *Doctor Who* may recognise the threat of the idyll for women, but cannot reject it outright.



Figure 11. *Amy's Choice*

Whilst *Doctor Who* acknowledges and elucidates Amy's uncertainty regarding a loss of autonomy, by having Amy make her choice, and choose Rory, the narrative implies such concerns are frivolities of youth to be overcome. It also leads to the conclusion that there is a correct, mature answer eventually all women must make. This creates a narrative structure in which these notions are not issues to be discussed, but questions to be answered. *Doctor Who* does not always conform to an 'issue of the week' structure creating an imbalance when it does so on such gendered issues.

To progress, the fifth series sees Amy reconcile her anxieties regarding Rory, marrying him in the series finale, before announcing she is pregnant in the first episode of the sixth series ('The Impossible Astronaut'), forming a significant arc within the series. Amy's pregnancy proceeds

relatively normally until the sixth episode, 'The Almost People': in this episode, Amy appears to go into labour, but has been replaced by a 'Ganger',[85] whilst her real self is being held prisoner by the sinister Madame Kovarian (Frances Barber). Her real body has been controlling the Ganger, and so she was unaware of her imprisonment. The next episode, 'A Good Man Goes to War', sees Rory and The Doctor assemble an army to rescue Amy and her new-born daughter, Melody, only to discover Melody has also been replaced by a Ganger leading Amy to presume the real Melody lost. Issues of autonomy, control, and commodification are obviously prominent in this arc, but this section will proceed with an examination of loss.

The opening scenes of 'A Good Man Goes to War' establish a contrast that continues throughout the episode, namely the wonder of childbirth with the horror of its hijacking by external forces. There are various, warmly lit shots of different parts of the baby, her hands and feet, the parts usually marvelled at by strangers and new parents ('they're so small and perfect'); Amy is clad in a white gown, peaceful, telling her new-born a story, an image of domestic bliss until the content of the story is heard. In a voice over, Amy tells her daughter, and therefore the audience, that she wishes she 'could tell [her] that [she's] loved. That [she'll] be safe and cared for and protected'. However, Amy concedes, 'this isn't the time for lies', and tells Melody that she (Melody) is going to be 'very, very brave'. The reason bravery is required is revealed as the shot widens to unveil the black clad, eye patch wearing Madame Kovarian flanked by soldiers. Their harsh

---

[85] A doppelgänger made of a self-replicating liquid known as 'The Flesh'.

costuming jars within the scene, contrasting with the white walls and warm

lighting, marking their intrusion into this familial moment all the more

aggressive (Figure 12). Amy's first loss of Melody is experienced here as she

begs for her child's life as she is taken from her. Her cries are met with

indifference from all but one of the soldiers, a woman, creating a sense of

this loss being a particularly female experience, relatable through a shared

capacity for child bearing.



Figure 12. *Amy and Melody*

Amy experiences yet another loss in this episode. After the battle has

been won Melody is revealed to be a Ganger, and dissolves while swaddled

in Amy's arms (Figure 13). The horror is apparent: a child dissolving, Amy's anguished screams for Rory, and her frantic clawing of the swaddling cloth, attempting to find a recognisable piece of her child to hang on to. If the loss of a child were not traumatising enough, the theft of the child, and the dissolution of the body, add to the subsequent grief. Amy physically experiences Melody's death, yet the child remains alive, creating a form of purgatory, inducing grief but maintaining hope. If the loss of a child is rarely spoken of in society, *Doctor Who* takes great pains to show the physical and emotional toll this takes on a parent with Amy progressing from hysterics to a silent, numb grief, refusing comfort from the Doctor.



Figure 13. *Amy's grief*

The final scenes of the episode reveal the true identity of Melody Pond as River Song. Whilst providing some comfort to Amy and Rory, they implore the Doctor to find their daughter and return her to them. Whilst 'A Good Man Goes to War' vividly dramatizes a parent's grief at the loss of a child, the next episode 'Let's Kill Hitler' resolutely resolves it. The Doctor returns to Rory and Amy having failed in his task to retrieve Melody. Their meeting, however, is cut short by the arrival of Rory and Amy's childhood friend, Mels (Nina Toussaint-White): Mels has stolen a car and is being pursued by the police and produces a gun; she demands a trip in the TARDIS during which she plans to kill Hitler. In spite of the title, the episode is more concerned with Mels' relationship with Amy and Rory. A flashback montage reveals they have known each other since childhood with Mels consistently being a troublemaker and Amy consistently bailing her out of trouble (Figure 14). Amy and Rory display clear and well-founded exasperation with their wayward friend, chiding her with rhetorical questions such as 'why can't you just act like a person?' Amy and Mels' relationship in particular is significant and intimate as evidenced by the revelation that Amy named Melody after Mels. This revelation is further complicated later in the episode when Mels is shot and regenerates into River Song meaning River was, in fact, named after herself. If Amy and Rory's relationship with Mels seemed overtly parental it is because that was the intention; River informs them it took her 'years to find [them]', and that they 'got to raise me after all!' This explanation seems unsatisfactory, particularly when coupled with the Doctor's that assertion they must let River go ('But we have to let her make her own way now. We have too much fore knowledge'); it creates an image

of loss that again may be rectified and remedied. Amy and Rory may have assumed responsibility for Mels, but the relationship between a parent and child is wholly different from any relationship between peers.



Figure 14. *Parental responsibility? Amy and Mels throughout their childhood*

This trend of briefly engaging with, before conveniently resolving, the more complex issues is continued with the closure offered to the abuse suffered by Amy at the hands of Madame Kovarian. 'The Wedding of River Song' sees Madame Kovarian as Amy's prisoner, and Amy left to decide her fate. Madame Kovarian believes this to be a forgone conclusion: 'But you'll still save me though. Because he would, and you'd never do anything to disappoint your precious Doctor'; yet Amy enacts a revenge fantasy, leaving

Madame Kovarian screaming in pain and, presumably, facing her death. Several points are worth mentioning here: firstly, Amy's parting shot is that 'River Song didn't get it all from you, sweetie' again harking back to, and affirming, the significance of genetic heritage. Secondly, River was raised to be a weapon, raising questions, in a manner similar to Jenny, regarding autonomy, personhood and the potential for monstrosity emerging from interference with what is deemed natural. Amy's violence against Madame Kovarian may appear momentarily satisfactory, but rings hollow when considering the precedent of women being permitted to be violent only when protecting their children, whilst also failing to account for the other occasions Amy's bodily autonomy has been violated. Flynn expands on this, stating:

> First she is a site for storage. The Weeping Angels 'climb inside' her eyes […]in a process that leads the Doctor to describe her as a machine from which he must 'pull the plug' […] Second, Amy is a site for retrieval. Her memories are ransacked […] The centrality of her memories to ending or saving the world might constitute a position of power, but in neither situation is Amy aware that her memories have been drawn upon. In both cases the retrieval processes are thus more fruitfully read as an example of cultural and gendered erasure: her contribution is made invisible (Flynn, 2013:206).

Throughout these series, Amy experiences significant bodily and emotional trauma, and whilst consideration of concepts of loss, of female uncertainty or rejection of pregnancy are commendable, the overall structure of these episodes prove frustrating. The capacity to unpack and deconstruct

these issues within a forty-five-minute timeframe is limited, but providing concrete resolutions encourages feelings of closure that feel lacking.

## 5b: Infertility

Nevertheless, *Doctor Who* does progress beyond this to consider another, rarely discussed, aspect of reproduction: infertility. Again, this is presented as a closed discussion, taking place over the course of one episode, but its presence alone justifies examination.

The narrative of the episode 'The Asylum of the Daleks' is of little relevance here; suffice to state Rory and Amy divorce before being flung back together to help the Doctor carry out a mission. It transpires the events of 'A Good Man Goes to War' have left Amy infertile, leading her to divorce Rory, therefore allowing Rory the opportunity to fulfil his desire for a family with another woman ('I didn't kick you out. I gave you up'). This conflict between Rory and Amy forms much of the backdrop for the episode: it is mentioned in passing, but is not openly discussed until reaching a point of emotional crescendo during a perilous moment. Such structuring is of particular significance: infertility is a personal, under discussed issue, and as such rarely brought up in open dialogue. By leaving it as an undercurrent, as opposed to the central concern of the episode, *Doctor Who* mirrors overall societal discourse regarding infertility including the emotional outbursts, half started conversations, and silence.

There are frequent references to Amy and Rory as a 'problem', to be 'fixed', ('Oh look, he's frowning now. Something's wrong with Amy and Rory

and who's going to fix it?') something Amy reacts to with particular disdain and vehemence ('And fix Amy and Rory's marriage' 'Right, I'm counting three lost causes'). Amy oscillates between anger and resignation in this episode: contemptuous of any attempts of reconciliation and seemingly accepting of her new-found isolation. She informs the Doctor this not a problem he can 'fix like you fix your bow tie': it is simply 'life. Just life'. Amy's martyrdom at giving up her relationship with Rory, her internalised self-hatred, and belief her infertility discounts her from love may appear particularly regressive, especially when considering her previously fiercely independent and resilient characterisation. There is a tendency within culture to use motherhood, or desire for a child, as a way to limit or 'humanise' female characters. A female character may be as ambitious, aggressive or independent as her male counterparts, but eventually she will be struck by 'baby hunger' at which point she will soften, enter into a traditional family unit and realise this was what she craved all along. This tendency is frustrating: it equates motherhood with femininity on such a basic level it ensures any deviation or physical incapacity to become a mother is seen as a personal failure, rendering some women 'lesser'. Feminism has long fought for a woman's right not to be defined by her capacity, or desire, to have children, and whilst the stigma regarding childless women remains such characterisations will grate. Yet, this form of entrenched binarism between women who 'conform' to raising children and those who do not serves to limit debate. It creates a silence around issues such as infertility and loss more regressive and aggressive voices fill, leaving the individuals who suffer through these traumas with little support. In creating and perpetuating this binarism these

discussions ensure women like Amy, independent, feisty women, are not women who should, or do, want children: 'mothers' become a particular type of woman.[86]

Moreover, particular attention must be paid to the circumstances that caused Amy's infertility. Her infertility was the direct result of her imprisonment and violation, by both individuals and organisations, in order to produce a child that they could manipulate to their own ends. In this, the critique is not of Amy and her infertility, but of the organisations who maintain a belief that an individual woman's reproductive capacity is theirs to legislate, commodify, and control. Amy was targeted and victimised because of her status as a woman, and whilst there remains a societal linkage between fertility and femininity, it is perhaps realistic Amy retains a sense of grief regarding her infertility. The opening scenes of the episode sees Amy at a fashion shoot. The 'female' connotations of this are obvious, as modelling is still typically considered to be a largely female and vacuous domain. This is certainly an attitude Rory displays, dismissing her work as merely 'pouting at a camera'. This choice of profession may be seen as a way of reclaiming a female identity and retreating to a 'female', and therefore safe, space. The sexist overtones of Rory's dismissal are obvious, and there is scope here to expand upon the societal standards expected of women. Amy is left in a difficult position: unable to conform to societal expectations and become a mother she is left to assume another female role for which she receives denigration. She is unable to articulate her grief at her trauma and infertility

---

[86] Perhaps, what is needed is a broadening of the definition and depiction of motherhood, so it does not become a justification for violence, or a device to 'soften' a tough female character.

143

and therefore becomes isolated. There is a danger of biological essentialism here, of absolute association of fertility with femininity, and there is a valid reading of Amy merely being reduced to a female caricature whose sole source of identity is her capacity to raise a family. However, there is also potential to see the various contexts given for her grief and discern a societal critique, both of state interference in female bodies, and also of societal standards that make women feel like failures when they are unable to meet them. Motherhood does not define womanhood; but it is equally possible to be a multifaceted woman and a mother.

As is to be expected, there is a happy ending. There is an open discussion between Rory and Amy regarding her infertility which leads to their reconciliation. Again, resolution in one conversation may feel brief and unsatisfying, but the confirmation of both Amy's grief and her worth of love is a positive. Following on from the pattern established earlier, this issue is not raised again, but after the Pond's departure from the TARDIS, a mini episode 'P.S'. was released which confirms Amy and Rory adopted a child, offering something of a break from the biological family. The impact and worth of such depictions when occurring away from the main series is questionable, and there remains a risk of seeing adoption as somehow second best, an option only if biological children are not possible. *Doctor Who* may tread a tentative path when discussing infertility and loss, and resort to all-encompassing declarations of love when debate becomes too fraught, but it does attempt to unpick the muddled societal and emotional pressures associated with these discussions. Still, it remains true that open acknowledgement of infertility and loss is preferable to silence and reticence.

**5c: Desirability and Britain's 'Fat' Problem**

There is a further, underlying concept to be considered in these discussions of loss and infertility, and that is desirability. Amy was targeted, at least partially, due to her proximity to the Doctor, the impact the TARDIS had on the physiology of her child, and partly because she possessed a range of attributes that are desirable in a mother producing a child for a set purpose. Concepts of 'desirability' are mentioned frequently when considering issues of surrogacy and or other resolutions for infertility with the logical fear being certain 'desirable' traits will be sought after, creating a hierarchy that panders to the worst tendencies of eugenics. *Doctor Who* examines the alternative outcome of this; of 'undesirables' being used as disposable hosts of superior offspring. 'Partners in Crime' is a consciously humorous and light-hearted episode, yet it is still notable for its satire of weight loss industries and the related demonization of the overweight.

'Partners in Crime' sees the Doctor and Donna separately investigating the shady Adipose Industries, a company offering the 'Twenty-first century way to lose weight. No exercise, no diet plan, no pain, just a lifelong freedom from fat'. This method involves individuals becoming incubators for an alien race known as the Adipose who metabolise fat to make children, but can also use skeletons and organs, leading to the untimely death of the host. The satire here is not subtle: the use of those deemed 'lesser' due to their physicality by corporations who simultaneously stoke and promise to cure physical insecurities. The notion of 'fatness' as a societal and moral concern has increased in recent years with concepts of

health becoming primarily associated with aesthetics as opposed to fitness. However, 'Partners in Crime' recognises obesity as a national problem, describing Britain as a 'beautifully fat country', one presumably renowned galaxies over.

The public face of Adipose Industries is Miss Foster (Sarah Lancashire) (Figure 15), a slim, blonde woman who epitomises the middle class tendency to attempt to disseminate 'better lives and values' to those socially below them. This particular characterisation also ensures she has an investment in championing the power of positive thinking, dismissing valid criticism as jealousy and negativity ('Oh Penny, if cynicism burnt up calories we'd all be thin as rakes') whilst commodifying bodies and insecurities. She is the acceptable face of self-improvement and, in this instance, alternative forms of reproduction. The implicit critique of a white, middle class woman using the bodies of those deemed lesser is difficult to miss, and reflects legitimate critiques of fertility industries as endorsing racialized and gendered hierarchies of worth. Continuing from this, the reproduction depicted in this episode once more denies gendered binarisms: both a male and a female Adipose client are seen, but it is the female who is killed on screen. The male Adipose client is prim and middle class, not a stereotypical client of a weight loss service. Stacey Campbell (Jessica Gunning) in contrast is young, colourful, and flamboyant, using her new found confidence and weight loss to dump her current boyfriend. Perhaps her perceived, vanity and narcissism ensure her death is more 'deserved' than that of the male client, implying there remains a gendered stigma in relation to both weight loss and reproduction. Stacey's death serves to undercut the generally upbeat and

comedic tone of the episode; the initially humorous, if rather crass, noises

coming from her stomach soon giving way to horror as her stomach extends

grotesquely, she begs for her life and collapses into nothingness (Figure 16).

The impact of this juxtaposition reminds the audience that regardless of the

press conferences, the promotions, and the smiling faces these companies

trade in bodies and reduce organs to economics, sometimes with disastrous

consequences. Moreover, 'quick fixes' are once again objects of suspicion,

hiding more sinister ulterior motives. Finally, the episode acknowledges such

practices are illegal ('Seeding a level five planet is against intergalactic law'),

suggesting government oversight is not sufficient to prevent the rich from

taking advantage of the vulnerable.



Figure 15. *Miss Foster and Adipose Industries*

Figure 16. *An Adipose victim*

Thus, *Doctor Who* provides something of an inconsistent treatment of loss, infertility and desirability. Whilst quick to acknowledge the trauma of such issues, it is equally swift to offer resolution, a fact that seems odd when considering the programme's general rejection of 'quick', technological fixes. *Doctor Who* takes great pains to outline the risks faced by women from religious and governmental institutions, with these threats primarily being based on either their reproductive capacities or 'female' issues such as weight loss and self-image. It also recognises how various concepts of desirability impact women differently, but maintains such standards offer

148

equal potential for harm across social spectrums. Concepts of genetics and biological family remain difficult to dismiss entirely, but alternative family set ups are depicted, albeit off screen. The programme is also seemingly quick to present female uncertainty regarding children as something of a quirk of youth, a particularly traditional attitude that seems somewhat regressive. On the whole, grounding these discussions in the lifespan of one female character, Amy, is the main strength here as it provides context for the issues within a progression of maturity, aiding a more cohesive and comprehensive depiction of a woman's reproductive life. Regardless, the desire to provide a happy ending and construct a happy family ultimately limits the depictions, adding a strain of traditionalism that prevents radicalism.

## 6: Conclusions: Postgender Dystopias?

*Doctor Who* mirrors Hollywood and broader culture's uneasy relationship with pregnancy and reproduction with issues of control, technology, and an endorsement of the 'natural' family emerging as dominant trends. Female controlled reproduction, in which men are a resource to be used, is still negatively associated with abjection and insectoid imagery, enacting both latent and new anxieties regarding the potential of reproductive technologies. The issue of control is central here: whilst the destructive effects of corporate and militarised control over reproduction and reproductive technologies is effectively demonstrated, not to mention the damage inflicted if this capacity falls into the 'wrong [male] hands', there remains an affirmation of benevolent, masculine control, predominantly in the figure of the Doctor.

Choice narratives figure heavily in both reproductive debates generally and *Doctor Who* specifically, however this can frequently function as a smoke screen, with the 'right' choice being a return to traditional gender roles and submitting to male authority, even if that authority is the Doctor. Both Amy and Clara are shown to deliberate and then make the 'correct' choice; Jenny is only recognised as the Doctor's daughter when she chooses to follow his moral code. That is not to say that these are not valid or 'good' choices, simply that a resort to choice is frequently used, particularly when voiced by female characters, to forward traditionalism whilst eliding accusations of sexism.

There remains a suspicion of, and general unease towards, technologically mediated families: when it comes to issues of family it would appear that 'natural' is best. This is not entirely negative; there are instances when this rejection of 'quick fixes' allows for representation of social change necessitating community and cooperation as opposed to the intervention of a messianic leader[87] such as the Doctor himself. When combined with a rejection of utopia this allows for these narratives to be grounded in a discernible, imperfect reality, allowing for greater ambiguity whilst affirming the desirability of 'mundane' humanity.

Building upon this, validation of alternative, reconstructed, non-biological family units runs throughout *Doctor Who* generally,[88] and they are

---

[87] The series four episode 'Planet of the Ood' is a good example of this, as highlighted by Una McCormack in 'He's not the Messiah: undermining political and religious authority in New *Doctor Who*' but can also be seen more generally in the turning of utopic visions in dystopic nightmares.
[88] Amy and Rory's adoption, Rose's single mother, Martha's divorced parents, as well as the Doctor and his companions representing a family unit.

not valued as lesser, allowing for a broadening of definitions of family, tapping into wider social trends regarding the deconstruction of the nuclear family. Further to that, genuine textual consideration of the emotional impact of both loss and infertility are rare and needed; if the structure and audience demographic of *Doctor Who* force easy resolution that is perhaps indicative of a failing of wider culture to appropriately address these issues as opposed to a shortcoming of the show itself. 'Partners in Crime' may have made extensive use of the comedy potential of both David Tennant and Catherine Tate in its takedown of the weight loss industry, and subsequent portrayal of exploitation of 'lesser' bodies in surrogacy but, once more, the accessibility of a satire does not negate its critique.

Thus, despite consideration of the more controversial aspects of reproduction, and particular attention to the contradictions and emotions involved in their reality, *Doctor Who* fails to escape its basic conservativism and resort to tradition. Perhaps, this is the issue with broad appeal; the liberal centre tends more toward broad affirmations of humanity which, while compassionate, fail to offer more subversive alternatives.

# Chapter Three: *Doctor Who* and Monsters

It would be difficult to overstate the centrality of the monster to the longevity, success, and hold on cultural memory *Doctor Who* enjoys: generations of children spending Saturday evenings hidden behind a sofa, whilst the Dalek remains one of the most recognisable figures in British culture, transcending strict fan appreciation to hold wider appeal. Monstrosity is a particularly subjective and abstract term to attempt to define, and whilst monstrosity is undoubtedly attributed to deep character flaws, it is rare for this not to be accompanied by a physical indicator of deviance. The monsters of *Doctor Who* must be equal parts horrifying and visually intimidating; think the eerie, uncanny quality of the identical Cybermen, or the previously met, insectoid, abject Racnoss. The centrality of the monster to *Doctor Who* narratives ensures any exhaustive consideration and cataloguing of Whovian monstrosity is beyond the scope of this thesis; instead, this chapter concerns itself with examination of two, particularly gendered, particularly female expressions of monstrosity. If much discussion of female monsters is psychoanalytically inflicted this is something this chapter aims to avoid, instead focusing on notions of hybridity, authenticity, power and control, to demonstrate how female monstrosity is linked to concepts of patriarchal power and transgression. To this end, this chapter will begin by examining the concept of hybridity using the figures of Clara, Donna, and Me (Maisie Williams) in relation to notions of power and authority. From this, there will be a close reading of a particular form of female monstrosity, namely postfeminism, beauty and consumerism, using the figure of Lady Cassandra

(Zoe Wanamaker). The Doctor may frequently find himself with a monster problem, but the question remains, do the monsters have a gender problem?

## 1: Monsters, Reboots, and Global Marketing

Aside from their dramatic purposes, the monsters of *Doctor Who* have significant importance in terms of their marketability and their capacity to aid reboot and regeneration. *Doctor Who's* monsters are an integral part of its, now global, brand. Britton expands on their particular purpose, commenting:

> 'Monsters' were from the first among the brand values […] delineated
> by the new series' original brand manager, Ian Grutchfield. It is
> therefore hardly surprising that new monsters should occupy so
> central a position in the web of paratexts […] less surprising is that the
> timely reinvention of traditional enemies has been such a theme in
> publicity narratives […] Beyond the 'toyetic' potential of new Daleks
> and Cybermen, the reinvention of signature designs transmutes the
> past into the present, affirming the wholeness of *Doctor Who* as a self-
> continuous, distinctive and instantly recognisable brand, and hence
> perpetuating the currency of key elements. In other words, each new
> redesign reinforces both the brand's historical coherence and its on-
> going vitality (2013:51)

Britton goes on to detail the different approaches undertaken by showrunners in updating the monsters of the classic period. According to Britton, Davies advocated a respect and reference to heritage, retaining classic physical features but also encouraging a 'focus on character […] monsters' accoutrements might change, but prime indicators of "personality"

were to remain unaltered' (Britton, 2013:47). Conversely, Steven Moffatt avoided 'intoning earnestly about the necessity of honouring the legacy of the classic series' (Britton, 2013:49), instead encouraging a focus on 'cool', an intent that serves to erode 'any sense of portentousness' (ibid).

Such a focus on 'cool-ness' may appear slightly gauche: a blatant attempt to appeal to a wide youth audience that could threaten the integrity and legacy of the show. Whilst a valid concern, an accusation of this kind fails to acknowledge the 'three decades of the British press' affectionate but nonetheless pejorative teasing about "Blue Peter monsters" and "wobbly sets"' (Britton, 2013:45). Moreover, this process of reinvention serves a double function: allowing showrunners to pay their dues to the classic series, whilst simultaneously distancing themselves from it, thus transforming sources of embarrassment into marketable assets.

If external to the narrative *Doctor Who's* monsters serve as a marketable brand, their function within the narrative is vastly different. At their most basic, they represent a foil for the Doctor, typically demonstrating a 'narrow behaviour' (Sleight, 2012:2) against which humanity can demonstrate superiority. They are a morality tale, and often their warnings are linked to societal anxieties of a particular era. Whilst at their worst these monsters are nothing more than a caricature of a universally acknowledgeable ill or flaw, arguably the rebooted series has attempted

introduce greater ambiguity within both their monsters and their heroes, offering new scope to challenge standards of normality and monstrosity.[89]

## 2: Monstrosity and the Body

Evidently, a degree of stylisation is required to make a monster successful both in terms of marketability and narrative threat. However, the relationship between the body and expressions of monstrosity is deeper than this. To assert a degree of physicality in the expression of monstrosity is to understand a society that endorses a 'normal' body as an expression of personal morality, order, and certainty. The 'normal' body is a site of societal expression: 'the traditional understanding of the "normal body" as a legible and significant structure' (Wright, 2013:48). However, pursuit of a 'normal', societally inscribed body must be caveated with an understanding such a body is pure artifice, and, as a result, unattainable. Monsters form a counterpart to the order of the 'normal' body, and visibly manifest '[a] threatening relationship of difference to the norms we construct to order our world' (Kirk, 2009:7). The transgressive and threatening power of the monster stems from its oppositional, symbolic affront to normative societal structures. Monsters are often, but not necessarily, visually excessive: hybrids of the bizarre, the conflicting, and the extreme. In the course of his

---

[89] Matt Hills, in *Triumph of a Time Lord*, offers an in-depth analysis of monsters within the rebooted *Doctor Who*. In this, he argues that while the series includes '"progressive" horror, depicting monstrosity as a narrative puzzle and […] seeking to explain monsters rather that demonising them' (Hills, 2010:140) the efficacy has been limited by the 'perceived need to include visually spectacular monsters' (ibid). This is limited further by narrative tensions between the need for 'progressive representations of the Doctor' (ibid) and 'reactionary narrative closures' (ibid), meaning the responsibility for eliminating a monstrous threat is left to 'secondary characters' (ibid).

lectures on the abnormal, Foucault describes the historical trajectory of this in greater detail, stating:

> From the middle ages to the eighteenth century […] the monster is essentially a mixture. It is a mixture of two kingdoms […] the mixture of two species […] It is the mixture of two sexes […] It is a mixture of life and death […] Finally, it is a mixture of forms […] the transgression of natural limits (Foucault in Wright, 2013:48).

If the monstrous body may be understood as metaphor for the cultural body, the role of gender in this must be considered. As Combe and Boyle state 'if gendered behaviour is a matter of performativity […] then taken together, these two identity positions – monster and man – offer a panoramic window into the workings of human society' (Combe and Boyle, 2013:3). Whilst making specific reference here to masculinity and monstrosity, this point may be extended to cover gendered embodiment and monstrosity, particularly when considering the extent to which 'other' bodies are already stigmatising within societal discourse.

As monstrosity and embodiment share a complementary relationship, it follows science fiction cinema and television, with their focus on the visual spectacle, offer particular insight. This insight is further complimented by the body of work known as 'Monster Theory' in cinema and television studies. Much of the work here, inevitably, stems from the horror genre, but as issues of genre have been addressed previously, this drawing on disparate areas is further strengthened by Carroll's comments on science fiction. For Carroll, science fiction is best conceptualised not as tales of 'grand themes like

alternate societies or alternate technologies' (Carroll, 1981:7), but as 'monster films' (ibid). The nature of monstrosity may be alien as opposed to undead, but it does not alter the fact that the encounter with the 'Other' forms the climax of many science fiction narratives.

## 3: Monster Theory and Horror Cinema

The question of what precisely makes a figure or film 'monstrous' or 'horrifying' is perhaps an endlessly subjective one. For Robin Wood, horror films function as 'collective nightmares' (Wood, 2003:70), with the monsters within these narratives representing the 'return of the repressed' (Wood, 2003:69); embodiments of all which society wishes to reject. In this, the monster becomes 'Other', that which cannot be admitted or accepted and so much be rejected by projection onto another. Wood provides examples of specific forms of 'otherness' as embodied by the monster: sexual and class difference, minority ethnic groups, ideological and political challenge, and any deviation from a heterosexual sexual norm. Monsters become broad societal nightmares that hold the potential to transcend cultural and temporal boundaries whilst retaining their monstrous significance. Other theorists have followed Wood's lead, addressing 'the notion of the monster as "Other" in the horror film, often with a queer, feminist, or phenomenological inflection' (Dudenhoeffer, 2014:2).

There is opposition to this, with criticism falling into three broad categories. Initially, there are those critics, such as Stephen Prince, who reduces such speculation to the level of 'unresolved childhood trauma' (Prince, 1996:79) citing such conclusions as unscientific. Alternatively, other

critics label such approaches as reductive, disregarding individual autonomy in favour of the unconscious or 'free standing internal mechanisms' (Turvey, 2004:79). Finally, there are those critics whom forward the accusation of false ahistoricism: Jonathan Lake Crane argues the monsters of horror films have 'been turned into tokens of universal, unchanging, and, ultimately, undifferentiable archetypes' (Crane,1994:39).

The criticism of ahistoricism is one of relevance here as Cohen in his pertinent 'Seven Theses' of monster culture states: 'the monster is born only at this metaphoric crossroads, as an embodiment of a certain cultural moment – of a time, a feeling, and a place' (Cohen,1996:4). In this, the monster becomes a not a representation of universal fears,[90] but emblematic of a particular societal, cultural, and temporal moment: they proliferate 'in times of crisis' (Kirk, 2009:8). *Doctor Who's* most famous adversaries, the Daleks, demonstrate this; their history shows ample evidence of revision, evolution, and nods to specific eras of production. Whilst such changes are evidently aesthetic and economic, it also permits specific social relevance: a cultural marker of specific anxieties. Monsters therefore function as a 'dark-side representation of cultural values' (Hughes, 2009:98)

Progressing from this, a further tenant of Cohen's 'Seven Theses' is the monster always evades an ultimate demise; for Cohen, 'no monster tastes of death but once' (Cohen,1996:5). There is scope to interpret this comment literally, highlighting the tendency for horror and science fiction franchises to recycle, resurrect and regurgitate popular monsters for profit,

---

[90] Whilst acknowledging that there is a certain universality to some fears.

but also in the manner in which monstrous figures reappear in various cultures. This is not to be mistaken for an endorsement of 'collective nightmares', as 'each time the grave opens and the unquiet slumberer strides forth […] the message proclaimed is transformed by the air that gives its speaker new life' (Cohen, 1996:19). If monsters do not simply function as 'collective nightmares', perhaps Bellin's classification of them as 'dominant social fantasies, alternate yet intimate realities that serve definite and deniable function within the historical/cultural grounds' (Bellin, 2005:8) is more useful. In this configuration,

> […] the real of the fantasy film […] represents the culture's real in a particularly emphatic, if ironic sense: for a social real according to which certain individuals […] pose monstrous threats to the norm, is […] a fantasy (ibid).

Bellin's conclusion unveils the power of such potentials in so far as they villainise communities and individuals who stand in contrast to social norms.

A further reason for the enduring capacity of the monstrous is its inherent liminality: 'the monster […] refuses easy categorisation' (Cohen,1996:6). Monsters reject inclusion in logical and systematic structures. This is what gives the monster its power, as a 'form suspended between forms that threatens to smash distinctions' (ibid) the monster rejects the rational. In doing so, the monster does not merely reset 'normality' as neutral, it highlights power imbalances, hierarchies and exclusions carried out by dominant social classes in the name of 'normality'. Monsters do not

simply demonstrate their own monstrosity; they reveal the hidden monstrosity masquerading within polite society.

Monsters therefore express difference with this 'difference' typically being coded as sexual, gendered, raced and classed difference. For a monster to be effective, however, its presentation of difference must be sufficiently horrific to engender threat as opposed to wonder. Carroll's notion of 'art horror', in which he distinguishes between forms of horror, lends itself here. For Carroll, art horror relates specifically to the emotional response created by contact with the monster as opposed to the horror produced by something akin to the threat of nuclear warfare. Emotional response comes from the monster's capacity to 'violate' (Carroll, 1990:34) societal norms; a seemingly accurate definition until one considers figures such as superheroes who also tend to be unnatural but are not met with the same fear and hostility. Carroll builds on this, stating monstrosity does not only stem from transgression, but requires the presence of disgust, or something similar, to assure appropriate emotional reaction. A monstrous being must be a 'compound of danger and disgust' (Carroll,1990:52), and whilst not all monsters meet such stringent standards, the inclusion of an emotional, affective response to monstrosity is one *Doctor Who* makes particular use of.

The other side this potentially depressing configuration is the opportunity these figures offer for subversive reinterpretation and reclamation. Whilst the othering of 'non-normative' bodies can evidently create a discourse that normalises the rejection and subjugation of different cultural bodies, they also reveal the artifice governing normative cultural bodies: 'monsters are a double edged sword […] functioning both to enforce

and undermine the subject being formed' (Combe and Boyle, 2013:19). This is strengthened by the categorisation of Combe and Boyle of monsters into two forms: monsters found, and monsters made. Whilst, as the authors note, viewers 'hope to slip monsters made over into the category of monsters found thereby avoiding culpability for our actions' (Combe and Boyle, 2013:3), monsters are rarely created 'ex nihilo' (Cohen,1996:12). Monsters are created through the merging of elements taken from socially marginalised groups that are then represented as threatening and destructive. However, this process of creation reveals the contingency of 'othering' as everything that has been created could also have been created otherwise. This process of making monsters is one Combe and Boyle explicitly link to the process of forming gendered identities, stating 'similar to the construction of gender, then, monstrosity frequently is produced by a circular process of believing is seeing followed by seeing is believing' (Combe and Boyle, 2013:20). In this, the authors draw extensively on Judith Butler's theory of gender performativity ensuring that monstrosity, far from being an inherent and timeless quality, becomes something constructed and ascribed onto bodies by a process that normalises some at the expense of others.

However, whilst monsters do hold the potential to demonstrate the artifice of societal bounds, they also serve to reinforce them. They represent the limits of societal normality with the threat of transgression being an altercation with the monster, or becoming a monstrous figure oneself. Once more, this is of particular relevance for women and minorities as 'feminine and cultural others are monstrous enough by themselves in patriarchal

society' (Cohen,1996:15): these bodies are already monstrous, ensuring further transgression runs the risk of doubling their deviancy. This careful maintenance of boundaries marks the tipping point between entertainment and discomfort; when the monster turns from mere demarcation of boundaries to rejection of them unease is generated.

**3a: Feminine Monstrosity**

Hence, the recognition that monstrosity and gender share particular resonances is hardly a novel perspective. There have been several, seminal, pieces of work on the construction of female monstrosity, the most notable perhaps being Barbara's Creed's *The Monstrous-Feminine*. In this, Creed notes the horror film is 'populated by female monsters' (Creed,1993:1), yet there remains a scarcity of work that focuses on 'the representations of woman-as-monster. Instead, emphasis has been on woman as victim of (mainly male) monster' (ibid), this being despite 'all human societies [having] a conception of the monstrous feminine' (ibid). As the previous discussion of reproduction noted, much of what is considered monstrous around femininity on film and television is closely linked to reproductive capacity and, at a more basic level, physicality. This construction of female monstrosity is one Creed's analysis compliments as her central argument proposes the monstrosity of women in horror films relates to their metaphoric capacity to castrate: their sexuality is coded as threatening and monstrous. Various responses and alternate conceptions of female monstrosity have occurred over the years, and whilst the heavy debt this theory owes to psychoanalytical frameworks offers its own weaknesses, Creed's theory remains relevant for its focus on a uniquely feminine form of monstrosity.

162

More specifically, by using the term 'monstrous-feminine' Creed wished to avoid the implied 'reversal of male monster' (Creed,1993:3) that typified previous scholarship, and encourage an examination of the specifically feminine qualities of certain monsters.[91]

With the exception of Creed, examinations of feminine monstrosity tend to fail to tell us what exactly makes a female monster. Briefel attempts this, citing masochism and menstruation as two of the most evident examples of gendered difference in conceptions of monstrosity. For Briefel, 'male monsters wound themselves before turning to violence, female monsters menstruate. Violence in the horror film is often initiated by the female monster getting her period' (Briefel, 2005:21). Female monsters most certainly do engage in masochistic acts but for Briefel this aggression does not stem from a place of agency, rather it is attributable to 'coercion from an outside force or as a way of terminating her monstrosity' (Briefel, 2005:21). Female monsters, as a rule, tend to only assert control over masochism as a final attempt to vanquish monstrosity.[92] Whilst acknowledging the subversive

---

[91] The call for a particularly female centric reading of the monster is one bolstered by the dismissal, or simple sexism plaguing previous accounts of female monstrosity. For example, the article 'Monster and Victim: Women in the Horror Film' by Gerard Lenne offers a standard perspective on female monsters claiming such depictions are universally offensive, as 'is [it] not reasonable that woman, who, in life, is both mother and lover should be represented by characters that convey the feeling of a sheltering peace?' (Lenne,1979:35): the sexism of this being blatant. This sexism is something other scholars have demonstrated: James Hogan, in his examination of the sexual features of horror film, dismisses horror films with a central female monster as 'obvious and childish' (Hogan, 1986:19), whilst other scholars, such as Neale, state the monster may be read as a physical embodiment of the male fear of castration (Neal,1980). There have been challenges to this, with Susan Lurie arguing that the 'castrated woman' is a male fantasy designed to sooth anxieties regarding female sexual power (Lurie, 1981). Linda Williams builds on this, drawing a potentially subversive 'affinity between monster and woman' (Williams,1984:89), in the sense both are in possession of bodies which larger patriarchal structures find disturbing.

[92] Ripley in *Alien 3* (Fincher, 1992) and *Carrie* (De Palma, 1976) being pertinent examples of this

potential of this trend, Briefel ultimately argues that the strict binarisms demarcating male monstrosity from female enforces a rigid conservatism:

> These essentializing constructions of monstrosity mitigate the films'
> more revolutionary play with gender and identity categories. They
> work to reassure audiences that the terrors they are witnessing on
> screen are containable, that they will not uproot deep-seated beliefs
> about gender and violence (2005: 25).

Hence, much of the work on female monstrosity has focused on a tradition of sexualisation in which power is rooted in sexuality. The hangover from psychoanalysis looms large here, but for some the power of the modern female monster lies not in her sexuality, but in the 'way we expect her to be helpless and vulnerable' (Monnet, 2015:152). The power and use of the uncanny for dramatic effect is evident here, but what is also present is an at least partial inversion of traditional sexist stereotypes, using an audience's assumptions against them in order to develop new figures and forms of female monstrosity.

In essence, monsters permeate humanity and society: we may never truly vanquish them, and they return to pose direct challenges to dominant perceptions of the world. For Cohen, their ability to question is all the more powerful from having risen from a position of 'Other':

> These monsters ask us how we perceive the world, and how we have
> misrepresented what we have attempted to place. They ask us to re-
> evaluate our cultural assumptions about race, gender, sexuality, our

perception of difference, our tolerance towards its expression. They

ask us why we have created them (1996:20).

The sheer amount of monstrosity in *Doctor Who*, and the various

configurations of monstrosity given above, ensures a need to narrow the

focus investigation here for fear of resorting to grand statements. To that

end, two complementary, albeit vastly difference, constructions of

monstrosity in *Doctor Who* have been selected; the rather broad term

hybridity, and a more specific, particularly postfeminist configuration of

monstrosity as related to beauty. These topics share a common linkage of

what denotes and delineates an 'acceptable' form of femininity: each are

indebted to hierarchical power structures, each involve a discussion of

'authenticity', and each serve to demonise the women who partake in them.

They both necessitate a consideration of the nature of boundaries,

autonomy, self, yet *Doctor Who* conspires to, at least partially, deny female

characters the self-transformation and power promised by such concepts. In

the Whoniverse, neither women nor monsters know their place.

## 4: Hybridity and Monstrosity

If much previous work on, and conceptions of, female monstrosity have

privileged a reading based in sexuality and sexual difference, the following

analysis of female monstrosity within *Doctor Who* differs from this precedent

significantly. The reading will focus on the companions Clara and Donna as

variations on a central theme of hybridity: whilst evidently not monstrous to

begin with, the argument follows that these characters become monstrous

when they transgress accepted, gendered, boundaries and take on power

that the narrative informs us is not theirs to take. Their deviation is not sexual but related to power structures and societal hierarchy. Their hybridity aids their societal transgression, whilst 'othering' them further, ensuring they may no longer be defined as truly 'human' but occupy a liminal position between set states. Clara and Donna's transition from companion to 'Other' shares several other key tropes: their aforementioned hybrid state; a focus on fear and threat; and an invocation of destiny that further serves to mark them out as exceptional. Shared traits do not ensure a shared fate, however: Donna's departure at the end of series four may be read as a regressive, standard, vanquishing of the monster with the view to re-establishing normality, whilst arguably the series nine narrative arc involving Clara and The Hybrid may be seen as an inversion, and retelling of the series four finale, offering a decidedly more optimistic and permissive reading of monstrous, female, states.

Foucault's comments on the relationship between embodiment and monstrosity previously foreground the significant relationship between monstrosity and hybridity. Hybrids are almost always monstrous, or at least ambiguous, figures, with this monstrous ambiguity becoming linked to the feminine. Hybrids typically emerge and proliferate at times of unease and expansion and, as is becoming a recurrent theme, are consistently associated with technological evolution; as Balsamo states, 'the possibilities of human hybrids have fuelled our cultural imagination as the Western world moved through industrial and technological phases of development' (Balsamo, 2000:149). Whilst the term appears to have developed from the early seventeenth century Latin 'hybridia' (meaning a cross breed animal),

the word now carries several connotations which Gonzalez offers as thus; 'a person or group of person reflecting the interaction of two unlikely cultures, traditions, etc; anything derived from heterogeneous sources or composed of elements of different or incongruous kinds' (2000:67). Such a broad definition could prevent effective insight, but the mere existence of the term serves to define and imply its opposite: a non-hybrid state, 'a pure state, a pure species, a pure race' (ibid). Purity implies legitimacy, and as a result 'the visual representation of a hybrid […] thus becomes a test site for the possible ways of being in the world' (Gonzalez, 2000:68). As the male (and white male at that) has so often been used as a definition and visual representation of the entirety of humanity, it is not difficult to see the common linkage between femininity and hybridity: both are defined as other against a standard which their existence threatens to undermine. The existence of hybrids therefore creates a dual image: one of illegitimacy and one of purity, with the latter becoming either the norm or desirable. Hybridity, as with monstrosity, threatens to reveal the fragility of this norm.

**4a: Donna and Power**

The image of the hybrid is one of transgression, one that demands deeper consideration of societal standards that up this point have been taken as given: a 'correct', universal standard that is simply so. Hybrids are unsettling. Donna Noble represents the first 'hybrid' and her presence throughout the series is certainly disruptive and unsettling. Over the course of the final three episodes ('Turn Left', 'The Stolen Earth' and 'Journeys End') of series four Donna saves the universe (dying in the process); comes back; learns she is 'the most important woman in the universe'; becomes 'The Doctor-Donna', a

167

human with a Time Lord brain; saves the universe again, before having her mind forcibly wiped and being relegated back to the less than glamorous role of a temp in Chiswick, undoing a series worth of character development. Sydney Duncan and Andy Duncan in their article 'How Donna Noble Saved the Multiverse (and Had to Pay for It)' offer an extensive analysis of the use of the amnesia trope in this arc as well as its particularly gendered connotations as related to power. Despite broad agreement with the conclusions in this article, the aim here is to expand on these observations, both by considering of the use of fate or destiny as an additional 'othering' trope, as well as the retelling of this story line in series nine.

Duncan and Duncan preface their argument by acknowledging that Donna's demise can simply be read as 'another variant of the multi-fold tragedies that seem to befall all Time Lords and all those who attempt to help the Doctor' (Duncan and Duncan, 2011:81) before dismissing this conclusion, instead stating 'a more troubling and specific reading of Donna's fate is that of a warning sign […] female companions who presume equality with the Doctor pose a metacrisis solvable only be something close to death' (ibid). In this formulation, Donna becomes monstrous when she assumes a position of power and parity with the Doctor, an act which he, in his ultimate authority, rejects. Whilst wrapped up in notions of care and protection, Donna, in her 'Doctor-Donna' state, poses a threat to the Doctor and therefore must be contained. This containment is justified by resorting to a science fictionally updated form of biological essentialism: Donna's human, but specifically female, body cannot cope with the metacrisis and her new found capacities will cause her death. Whilst this logic is presumably

applicable to all human bodies, the only example given is that of a female body: the episode insists 'that the Doctor-Donna's mere existence is impossible' (Duncan and Duncan, 2011:89).[93]

The use of amnesia is a relatively common generic trope in science fiction, and is usually used in relation to the heroic protagonist. As John Clute states, 'the amnesia of the protagonist will frequently conceal his true nature' (Clute, 1997:25), and whilst this technique is sometimes used as a form of protection, 'relieving characters of terrible knowledge that could break their minds' (Langford, 1997:637), Clute argues that amnesia generally represents a trauma that the protagonist overcomes. If one accepts Clute's definition of amnesia as a form of bondage that must be overcome, Donna's predicament presents a gendered double standard, for, as Duncan and Duncan point out, 'she doesn't even realise her bondage exists, so no heroic struggle or tragic acceptance is even possible' (Duncan and Duncan, 2011:82). Donna's amnesia, then, reverts to Langford's other configuration of memory wipes, 'as a condescending, paternal trope' (Duncan and Duncan, 2011:91).

If Donna's amnesia cannot be attributed to a stage of her heroic development, the question of power must be returned to. Donna's power as the Doctor-Donna is unequivocal: 'Donna truly takes command, consciously employing her newfound knowledge to save the multiverse' (Duncan and Duncan, 2011:82). The narrative, however, goes further than permitting Donna to take control of the specific situation: her superiority to the Doctor is stressed and emphasised, particularly in the following dialogue:

---

[93] Whilst the Metacrisis- Doctor even gets a consolatory Rose Tyler.

169

Donna: You two are just Time Lords, dumbos. Lacking that little bit of human, that little bit of gut instinct that comes hand in hand with planet Earth. I could think of ideas you two couldn't think of in a million years. The universe has been waiting for me

Duncan and Duncan dismiss the 'human biological metacrisis' explanation given for Donna's enforced amnesia 'as hastily explained even by the standards of *Doctor Who'* (Duncan and Duncan, 2011:83), justifying this dismissal with reference to the status of series four as 'the most carefully constructed, most written series of *Doctor Who* to date' (ibid). If this assertion is accepted the notion of power becomes all the more relevant: as the Doctor Donna, Donna wields power equal to, or in excess of, the Doctor himself, raising doubts about whether 'the Doctor's forcible ejection of the Doctor Donna from his own […] world was entirely against his will' (Duncan and Duncan, 2011:89).

Donna's identity as Time Lord/Human hybrid and the status and power such an identity demands tips her from potential hero into the monstrous. Up to this point, Donna can be seen as exemplifying the female science fiction hero protagonist as described by Barr, combining 'loving, nurturing, and comforting with restlessness, anger, and fierceness' (Barr, 1987:71). Donna transgresses beyond her appointed role of female science fiction protagonist and in the process is relegated to a Mulveyian cinematic female, 'tied to her place as bearer of meaning, not maker of meaning' (Mulvey, 1975:6). By making claims to power and political authority so easily claimed by the Doctor (particularly in this, messianically inclined incarnation), Donna becomes something other, something that simply, biologically 'cannot

be' and therefore she is undone. Normality is aggressively re-established with Donna being denied even the personal luxury of retaining the personal growth gained in her adventures with the Doctor. This gendered double standard is further strengthened when considering this is not the first time a companion's memory has been wiped. Patrick Troughton's Doctor and his companions Zoe (Wendy Padbury) and Jamie (Frazer Hines) have their memories wiped, but this is 'presented as a judicial sentence, a calculated, wilful act of punishment and Time-Lord self- protection' (Duncan and Duncan, 2011:90). The question of what was truly being 'protected' with this act remains open to interrogation.

There is a potential defence of this arc; that her hybridity and transgression should not be read as a form of monstrosity punished in order to reaffirm societal order, but as an example of tragic heroism. The departure of the tenth Doctor sees Donna (presumably) happily married, and thanks to his gifting her grandfather Wilf (Bernard Cribbins) a winning lottery ticket, financially secure: a reward for her heroism, and the 'prize' of a conventional, happy life. A defining characteristic[94] of the reboot was its greater emphasis on emotional depth and realism, something the classic period, and indeed much science fiction, was deemed to lack. Nevertheless, whilst the addition of greater emotional resonance has benefited the complexity of Doctor, there is a risk of slipping from 'emotional truth' to 'emotional cliché' with women withstanding the worst of this. In his discussion of Sarah Jane, Antony Keen draws parallels between Sarah Jane and Donna, detailing flaws in their narrative treatment:

---

[94] See Chapter One.

But what is the emotional truth Davies wants to convey? That the Doctor inevitably emotionally devastates those women he travels with? Or that the career woman who seems to have it all in her twenties will inevitably find herself wishing for a husband and a child by her fifties? […] 'emotional truth' can slip into stereotype and cliché (Keen, 2011:78).

The Doctor's impact on those he encounters has been a recurring theme throughout *Doctor Who's* history, a question specifically posed to the Doctor by Davros in 'Journeys End': 'How many have died in your name?' A flashback montage reveals that out of sixteen deaths, twelve of them were women, indicating that female characters bear the brunt of this 'emotional truth'. Female roles are still very clearly defined in *Doctor Who,* and transgression beyond accepted bounds does not end well.

**4b: Destiny, Fate and Being 'The Chosen One'**

Continuing from Duncan and Duncan's argument, there is a further element that expands Donna's process of 'othering' and that is the role of fate and destiny. Ideas of destiny, fate, and being the 'chosen one' are common in many forms of culture; most generally, the trope is used as narrative short hand to justify propelling a seemingly ordinary 'hero' from their mundane life into a world of life or death decisions. It also encourages identification between character and audience, giving the impression this could happen to anyone one of us. Donna is a prime example: despite her repeated insistence of her normality, her identity as 'just a temp from Chiswick', she turns out to be, briefly, 'the most important woman in the whole wide universe', a universal, if juvenile, fantasy.

However, when used in relation to female characters, this trope takes on regressive connotations. Marking a female hero out as the 'chosen one' can serve to reinforce the inverse of this fantasy. Rather than saying 'you can do this', invocation of fate serves to differentiate this one, extraordinary woman, from all other women. It provides reassurance this woman is an anomaly as opposed to the norm, neutralising the threat she poses to dominant societal structures.[95] Fate may render these women heroes, but it also isolates them, and this isolation makes them vulnerable. This loner status separates female characters from the larger community of women, denying them access to any potential political power or social change prompted by a feminist collective: despite the actions of a heroic woman, the status quo prevails.

Furthermore, this element of mysticism strips female characters of their autonomy: they are selected for their missions by forces beyond human comprehension, therefore explaining, and explaining away, complex women. They are permitted access to power and knowledge for a select purpose, their power subsumed for the greater good or bent to the will of the ephemeral powers of the universe and so their actions stem from another's agency: they become pawns to be used and discarded. What occurs, then, is a dual process of 'othering'. Initially, female characters are elevated from mundanity to heroism by virtue of being divinely selected for a specific purpose: they are not like 'other women'. From this, these women accept a mantle of power, but cannot maintain it: if they do not relinquish their power

---

[95] In addition, if that were not sufficient reassurance, these female characters are typically killed off before the end of the narrative, lest they prove 'too' dangerous (Inness, 1999, Crosby, 2004).

voluntarily, they are presumed to be too threatening and killed off or, in a particularly draconian twist, they reject their status as hero and commit suicide (Crosby, 2004). Female heroes occupy a tenuous position in that they are granted power, however if they attempt to exert control over said power they transgress established societal bounds and become the very threat they were tasked to vanquish: and so a female monster is born.

Fate and destiny loom large in Donna's arc. In 'Turn Left', whilst visiting a market on an alien planet, Donna becomes separated from the Doctor and convinced to have her fortune read. The fortune-teller (Chipo Chung) encourages Donna to recall the day she met the Doctor; whilst on a car journey, Donna and her mother argue about which direction to turn: Donna wishes to turn left and take a job at H.C. Clements where she first meets the Doctor in 'The Runaway Bride', whilst her mother encourages her to turn right. The potential of their meeting being destined is first introduced here: Donna remarks she did not consciously decide to turn left, she 'just did', implying a level of passivity and acquiescence. The fortune-teller offers Donna the chance to change her decision and turn right, which Donna does. As she does this, a 'time beetle' attaches itself to Donna's back, creating an alternate universe in which she and the Doctor never meet. As a result, the Doctor dies and all their exploits throughout the fourth series are undone, culminating in the threat of the apocalypse.

Initially, the alternate reality appears to benefit Donna: she has a good job; she has money, and an active social life; however, it is not long before this happy life is shown to be unstable, and Donna begins to be met with unease and suspicion. This is first shown during a pub scene that

174

supposedly takes place at the same time as the episode 'The Runaway Bride'. Without Donna there to aid him, the Doctor dies beneath the Thames tidal barrier, and the Racnoss mother-ship attacks London. Despite all this, the largest source of discomfort in the scene is Donna herself. Her friend Alice (Natalie Walter) keeps staring at Donna's back, obviously disturbed and uncomfortable, prompting Donna to question, 'Why'd you keep looking at my shoulder? Oh don't tell me you're getting all spooky again'. The 'again' here could be indicative of Alice having a predilection for the occult, dismissing her concerns as fantasy, but could also demonstrate that Donna typically encounters and encourages a sense of unease amongst her peers. This sense of unease is compounded by the presence of insect like chittering as background noise, hinting at the beetle stuck to Donna's back, but also conjuring a general image of insects designed to imbue Donna with a sense of discomfort.[96] This linkage of Donna with a reaction of horror serves to cast doubt upon her as a character, separating her out from the community and giving her liminal status as something 'not quite right'. This effect is compounded when it is shown this reaction is not limited to family and friends, but it is a reaction 'people in the street, strangers' also have. This level of general, societal exclusion implies Donna provokes an almost primal reaction from the overall community, one of threat and suspicion. The fact the threat she poses is not readily identifiable only intensifies the anxiety she provokes.

---

[96] The representational significances of insect and abjection having been covered in the previous chapter.

Later in the episode, Rose Tyler appears, determined to convince

Donna of her importance and her necessity to resetting the alternate

universe. Despite her assertions of normality, Rose informs Donna she'll

accept her role in this 'in around three weeks', something Donna does,

demonstrating again that her role as hero is something she takes little active

agency in. In order to undo the alternate reality, Rose takes Donna back to

the moment she turns right and gives her the opportunity to change the

future. The only way Donna can achieve this is by stepping in front of a lorry,

dying, but in the process, causing a traffic jam that prompts her alternate self

to turn left, restoring the 'correct' timeline. Donna's acceptance of her fate

comes with a chance to see what is on her back. This reveal takes place in

front of large mirrors, complete with sharp edits and harsh lighting to

ultimately reveal a huge cockroach type creature attached to Donna's back

(Figure 17): the parasite/host imagery, along with the multiple reflections, all

create a generalised feel of the uncanny as related to doubling, bodily

boundaries, and insects. It would be simple at this point to assume that the

social shunning and suspicion Donna has experienced thus far stems from

the beetle on her back as opposed to anything innate to her: it is certainly a

perspective Donna herself subscribes to, describing herself as merely a

'host' and not special in her own right. This, however, is denied by both Rose

in this scene ('We're getting separate readings from you, and they've always

been there, since the day you were born') and the narrative itself. Once back

in the 'correct' reality, the Doctor remarks the time beetle is a quirk used by

'the Trickster's brigade' that typically changes people's lives in insignificant

ways, 'but not you Donna Noble. Oh no! With you, whole big alternate

universe'. Moreover, even without the beetle Donna inspires terror: the fortune-teller flees from her, in awe that she was 'so strong', before questioning 'What are you? What will you be?' hinting at a transgression and monstrosity that is yet to occur.



Figure 17. *An uncanny Donna sees herself*

This question of 'what' will Donna become is answered in the series four finale, 'The Stolen Earth' and 'Journeys End'. In this, the Doctor and Donna return to Earth to investigate Rose Tyler's warning from the end of 'Turn Left'. Shortly after their arrival, the Earth is transported outside of its spatial location and is lost. The Doctor contacts the Shadow Proclamation, a

galaxy wide police force; to enlist their aid in locating Earth, and in the process discovers that twenty-six other planets have also been removed from their correct time and place. Whilst all this is occurring, the Daleks, led by their creator Davros and the Supreme Dalek, invade and subjugate Earth, and, expectedly, plan to destroy it. At the risk of oversimplification, the Doctor relocates Earth and, with the aid of several companions from throughout the series, attempts to defeat the occupying Dalek forces. In the process, the Doctor is shot and begins to regenerate, but halts full regeneration by siphoning off the remaining energy into the spare hand he has aboard the TARDIS. This becomes significant as this is the excess energy that Donna unleashes, prompting the creation of the Metacrisis Doctor and the Doctor-Donna. With her newfound knowledge, the Doctor-Donna defeats the Daleks, saves the world, and as established, has her mind wiped.

This transformation into a hybrid state is hinted at throughout the episode. Whilst visiting the Shadow Proclamation, Donna meets a woman who reacts to her with undisguised horror and fear, informing Donna she is 'something new'. Additionally, Donna's demise is foreshadowed, both in this encounter ('God save you') and Dalek Caan's, a uniquely prophetic Dalek, assertion of the inevitability of 'everlasting death for the most faithful companion'. Whilst initially seen as the mere ramblings of a mad Dalek, Dalek Caan's outbursts throughout the episode all appear to relate to Donna. He speaks of a 'fire […] coming. The endless flames' and whilst this may be related to the bomb detonated by the Metacrisis Doctor, its significance for Donna is not to be disregarded. A playful reading of this sees the fire imagery relating to Donna's notably ginger hair, but it also speaks of

elevation to a level of myth and deity that Donna's legacy achieves: people in

far off worlds will sing songs of Donna Noble. Moreover, the dual nature of

fire as a symbolic force is unavoidable here: on the one hand purifying, on

the other an incredibly destructive force. Once more, the notions of

boundaries and potential for transgression are introduced with the threat of

'endless flames' suggesting a more pessimistic reading to be accurate. This

undermining of Donna's autonomy is strengthened by the revelation Dalek

Caan ensured events progressed in the given way, something he does in

order to fulfil the prophecy of the end of the Daleks.[97] During a conversation

with Donna, replete with flashbacks emphasising the unlikelihood of their

exploits, the Doctor claims, 'we were always heading for this'. Donna directly

invokes fate, claiming 'but you're talking about destiny, and there's no such

thing'. Whilst phrased as a statement, it is asked as a question, and it is a

question that ultimately goes unanswered. This lack of rejection of the

mystical appears at odds with the championing of a scientific, rationalist

perspective that so defines this particular era of *Doctor Who*, ensuring that a

ruling power of destiny is portrayed as real.

Whilst for 'one moment, one shining moment, she [Donna] was the

most important women in the whole wide world', this was not destined to last.

All of the given prophecies are proven accurate, including the 'death' of the

most faithful companion. Post mind wipe, Donna regresses to the immature

woman we meet in 'The Runaway Bride' with these negative traits being

demonstrated in a particularly gendered manner ('Susie wouldn't lie would

she, except if it was about calories!'). Donna finds herself subsumed to the

---

[97] Although this is something he himself denies, instead citing the unswayable force of fate.

whim of mad Daleks and unexplained mythical forces, is given untold,

'horrifying' powers only to have them, and all personal development,

unceremoniously stripped from her: the knowledge of her lasting,

'acceptable' myth living on being offered as a compensatory gesture. The

monster is slain, and normality restored.

**5: The Hybrid**

If Donna's hybrid status causes her to transgress hierarchies and become a

monstrous threat that must be neutralised, series nine and its overall

narrative arc concerning The Hybrid offers a reconfiguration of this storyline.

The Hybrid arc spans the entire series, but predominantly involves the

characters of the Doctor, Clara and Ashildr/Me and is sufficiently reminiscent

of Donna's arc to be read as a retelling, whilst ultimately managing to

transcend the more regressive trappings of series four. This focus on

hybridity is not limited to the central narrative arc, and series nine as a whole

finds itself replete with hybrids in terms of both content and structure. The

series seems to contain an almost disproportionate amount of two part

episodes with these episodes typically containing at least one hybrid figure.

An example of this is the series opener, 'The Magicians

Apprentice/The Witch's Familiar', which also sees the introduction of 'The

Hybrid' as a major narrative concern. Davros (Julian Bleach) interrogates the

Doctor regarding 'a prophecy […] on your own world […] it spoke of a hybrid

creature. Two warrior races forged together to create a warrior greater than

either'. This introduction to The Hybrid noted, the episode then contains

numerous other examples of hybridity, with Clara briefly becoming a quasi

Dalek and the Doctor regenerating the surrounding Daleks using Time Lord

energy, creating a superior race. Davros believes he has tricked the Doctor into performing the latter act, although it transpires the Doctor's actions were premeditated and prove fatal to the renewed Daleks, hinting at the lifespan of other hybrids encountered in the series.[98]

The identity and nature of the prophesised Hybrid is not revealed until the end of the series, although the character of Ashildr/Me, who is turned into an immortal hybrid via the use of alien technology in 'The Girl Who Died', is initially offered as the most obvious candidate. Her uncanny immortality and villainous leanings certainly marks Me out as monstrous, yet it is the Doctor and Clara who are revealed to be two halves of The Hybrid. Me and Clara each represent a particularly gendered approach to hybridity and monstrosity, sharing a liminal, uncanny state and an invocation of fate that they each manage to transcend. Each eschew the reestablishment of normality that would be presumed to stem from their deaths, and instead are allowed to thrive and survive, offering an optimistic retelling of Donna's end.

### 5a: Me and Immortality

Me's first encounter with the Doctor involves invocations of mystery, death, and resurrection. Her character is introduced in 'The Girl Who Died', in which the Doctor helps a Viking village defeat a warrior race known as the Mire. Me, who at this point is referred to by her original name Ashildr, is singled out as significant: as the Doctor and Clara enter the Viking village, she and he share intense, prolonged eye contact sufficiently noticeable it prompts Clara

---

[98] This is not the only two-part episode with hybridity as theme in this series. The episodes 'The Girl Who Died' and 'The Woman Who Lived' both contain two hybrid creatures in the form of Ashildr/Me and Sam Smith, whilst 'The Zygon Invasion' and 'The Zygon Inversion' are filled with body swapping, doubling and, most obviously, the dual Zygon/Human reappearance of Osgood.

to ask if the Doctor knows her (he claims he has 'never seen her before in my life'). Her positioning as special is further confirmed later in the episode as it transpires she believes she brings 'bad luck', whilst she also plays a central role, and gives her life, in defeating the Mire. Mysticism is denied, however, in a particularly '*Doctor Who*-esque' fashion. The Doctor denies the fantastical potential of premonition, dismissing it as 'merely remembering in the wrong direction'. The use of a logic of time travel serves to enforce a rationality on events, removing the impact of destiny and therefore allowing agency.

Progressing from this, despite beginning the episode by reaffirming the rules and boundaries of time travel to Clara, the Doctor ends up disregarding all rules in order to resurrect Ashildr. He brings Ashildr back to life using Mire technology, in the process making her functionally immortal and, in the words of Clara, a 'hybrid'. Initially, this narrative serves to affirm the monstrosity of both hybridity and immortality. 'The Girl Who Died' ends with a montage of Ashildr not ageing, but with time progressing around her, whilst she grows jaded. The next appearance of Ashildr, now renamed Me, in 'The Woman Who Lived' enforces this theme. Me is now a highwayman; bereft of morality, nihilistic, devoid of compassion for the sanctity of human life, and whilst her past losses allow her to maintain a sense of sympathy, she is very much shown as monstrous. The Doctor questions the loss of her moral compass, and whilst the episode sees them part on relativity cordial terms, her appearance in the background of a photo in the present day marks her as an impending threat. This threat is realised in 'Face the Raven' in which Me's scheming to imprison and deliver the Doctor to the Time Lords

results in the death of Clara, as well as the imprisonment and torture of the Doctor for around 4 billion years. Thus, Me may not be 'The' Hybrid, but she is 'A' Hybrid, and a particularly monstrous one at that. She sets herself up as a foe to the Doctor, challenging his supreme authority and once again reaching for power precedent states is not hers to take. Yet, despite this, the narrative allows her not only to survive, but, in the end, endows her with knowledge beyond that of the Doctor, inverting traditional power hierarchies and placing her in a position of insight from which the Doctor must take note and guidance.

This inversion takes places in the final scenes of the series finale, 'Hell Bent'. The episode sees the Doctor escape from his imprisonment within the Confession Dial[99] and return to Gallifrey. President Rassilon (Donald Sumpter) had ordered this imprisonment in an attempt to force the Doctor to reveal the identity of the prophesised Hybrid. These prophecies stem from the Matrix, a computer system that acts as a repository for dead Time Lord consciousness and has therefore gained a presumed level of sentience and premonition: even the advanced Time Lords, it would appear, cannot resist the lure of prophecy and destiny. These prophecies predict a creature that 'will one day stand in the ruins of Gallifrey. It will unravel the web of time and destroy a billion, billion hearts to heal its own'. The Doctor declares he must consult Clara regarding The Hybrid, and therefore convinces the Time Lords to use an 'extraction chamber' that will remove Clara from her timeline the instant before her death, suspending her biological processes in a time loop, keeping her alive, but with no pulse and

---

[99] Where he was sent after his capture by Me and given to the Time Lords.

no capacity to age: both dead and alive, hovering between certain states in a liminal place of neither. This act is supposedly temporary, but the Doctor kills a General[100] (Ken Bones) and flees with Clara to the Cloisters (the home of the Matrix). There, he retells a story of the one Time Lord who escaped the Cloisters and fled upon hearing the prophecy of The Hybrid, a story Clara recognises as autobiographical. A further escape occurs, and the Doctor attempts to take Clara far enough away from Gallifrey to rupture the time loop and restart her heartbeat, altering the past and preventing her death, despite the threat to time and the universe that this risks. After this fails, he takes her to the end of the Universe, moments before it is due to collapse, again with the hope of preventing her death and restarting her heart. Here, the Doctor meets Me, and it is she who finally challenges his perceived right to assert ultimate control over his companion's lives, whilst also revealing his own monstrous nature. She rejects his attempts to label her The Hybrid, instead proposing

> Me: What if the hybrid wasn't one person, but two? A
> dangerous combination of a passionate and powerful Time
> Lord, and a young woman so very similar to him? Companions
> who are willing to push each other to extremes?

The Doctor and Clara's shared monstrosity stems from a place of companionship, love, and co-dependence, the lengths they are willing to go to protect each other: The Doctor is 'willing to risk all of time and space because [he misses] her'. Whilst painstaking in its dedication to depicting the destructive power of grief, the episode resists falling into the same narrative

---

[100] Admittedly a General who can regenerate.

trap as found with Donna, and refuses to condone the Doctor's acts, despite acknowledging they stem from a place of affection and love. The Doctor believes he can wipe Clara's memory and return her to Earth, her amnesiac mind making her impossible for the Time Lords to locate and return to her death. Me calls for the Doctor to allow Clara to define herself, and take ownership of her own life and death, stating, 'she died for who she was and who she loved. She fell where she stood. It was sad. And it was beautiful. And it's over. We have no right to change who she was'. Arguably, the Doctor spends his entire existence attempting to mould and change those around him, and so to see him challenged on his protective, but no less patronising and controlling, tendencies is refreshing.

Unbeknownst to the Doctor, Clara has heard his exchange with Me, and challenges his presumed right to override her choices and acts:

> Clara: What were you doing to me?
>
> Doctor: I was trying to keep you safe
>
> Clara: I never asked you for that, ever. These have been the best years of my life. And they are mine. Tomorrow is promised to no-one, Doctor, but I insist upon my past. I am entitled to that. It's mine.

Male protectionism is frequently invoked as a way to justify excluding women from narrative acts of heroism, a form of stealth sexism masquerading as chivalry that ultimately denies women any autonomy. It sets up a hierarchy that places women below men, regardless of the good intentions behind such acts. 'Hell Bent' rejects this, and in the process skewers the Doctor's presumed superiority over Clara, leading to a moment

of legitimate equality between them. The Doctor realises and accepts his own monstrosity: 'Look how far I went, for fear of losing you' and concedes that 'one of us has to go'. Both take hold of the neural block (Figure 18), both therefore risking having their memories wiped, and make that final sacrifice 'like we've done everything else: Together'. The Doctor is the one to take the punishment, and, in his final moments of clarity, takes full responsibility for the threat he posed, stating, 'I went too far. I broke all my own rules. I became The Hybrid. This is right, I accept it' for once the Doctor bears the brunt of his actions, not his female companions.



Figure 18. *The Doctor and Clara say goodbye*

It must be acknowledged that the Doctor is hardly painted as infallible throughout the series. As mentioned, the figure of the Doctor has been read as a cipher for altering notions of masculinity and heroism, reaffirming or challenging 'dominant images of the male hero' (Green, 2010:3). To others, he is also emblematic of the 'He-Man' protagonist Joanna Russ argues populates science fiction. In this configuration,

> He does exactly what he pleases, everywhere and at all times. He is absolutely self-sufficient. He depends on nobody, for this would be a weakness. Toward woman he is possessive, protective and patronising; to men he gives orders [...] In short, he is an alien monster (Russ in Duncan and Duncan, 2011:92).

Whilst McCormack sees the series mounting a 'double critique on the Doctor's claims to both political and religious authority' (McCormack, 2011:52), making specific reference to the tenth Doctor's tenure and the Christian symbolism present within, this Doctor does not have his moment of introspection and reliance until just before his regeneration. His newfound fallibility is both realised and forgotten within a moment, particularly when considering the overt humour of the eleventh Doctor's first appearance. The twelfth Doctor, in contrast, is forced to recognise, face, and live with his own monstrosity.

The Doctor may accept responsibility for the monstrosity of The Hybrid, but both Clara and Me are still monstrous in their own right. Stuck between life and death, they are reminiscent of a zombie or a vampire. They are both uncanny, liminal, powerful beings who have defied the powers of the Time Lords, and the universe itself, to stake claim to their existence and

personhood; precedent states they must be killed off, allowing normality to be restored. However, whilst the narrative confirms Clara's death is a fixed point in time and therefore must occur, she informs Me she will return to Gallifrey 'the long way round' with the final shot of the series being the Doctor's and Clara and Me's TARDIS's crossing in space, offering an optimistic image of the two immortals travelling together, feasibly, for an eternity.

As aforementioned, the ninth series was replete with hybrids, but this ultimate championing of duality is most overtly examined in the depictions of grief and death in the final episode. Me asserts that Clara's death was both 'sad, and beautiful', and it is this dualism that the Doctor is ultimately forced to accept. Whilst evidently functioning as an assertion of the inevitability of death, this acknowledgement of duality and hybridity extends to characterisation. The Doctor, Clara, and Me all become monsters; yet they are allowed to transcend the fates apparently destined to them (The Hybrid prophecy does not actually come to pass), and therefore assert a more complex sense of personhood and identity that allows them to accept both their heroism and monstrosity. If Donna can be read as a relegation of a powerful woman to a more acceptable, subservient role, necessitated by biological essentialism, 'emotional truth', and an invocation of fate and destiny as a means to preclude critique, series nine offers an alternative vision of hybridity. It acknowledges the potential threat to normality, but grants the protagonists the benefit of autonomy in order to articulate new normalities and potentials. If the Davies' era uses 'emotional truth' as narrative justification, series nine seeks the monstrosity in emotion, therefore

extending concepts of monstrosity from something gained from challenging

societal hierarchy to something inherent in all, granting monstrous dualism to

all: we are all hybrids, in the end, but that does not mean that we all have to

be monsters.

**6: Lady Cassandra, Makeovers and Postfeminism**

Whilst Donna, Me, and Clara may not have been 'monstrous' in a traditional

sense – no horns, scales, or talons – they assumed a position of power that

threatened normality and male authority. Considering this, the introduction of

Lady Cassandra as a major villain in the initial series of the reboot seems a

misstep: what could be terrifying about a narcissistic, stretched out piece of

skin – a 'bitchy trampoline' to use the show's parlance – with a penchant for

cosmetics and all things materialistic? Surely, such a laughable creature is

hardly emblematic, or worthy, of the title of a *Doctor Who* monster?

Despite the comedy of Lady Cassandra, she offers an example of a

specifically feminine form of villainy that differs from female monsters found

within science fiction and horror with their usual preoccupation with sexual

difference, menstruation and female taboo. The premise here is *Doctor Who,*

via Lady Cassandra, engages with and offers a monstrous, specifically

postfeminist, conceptualisation of the relationship between beauty, body and

self, with this preoccupation being maintained and promoted through

makeover reality television.[101] The role of reality television is significant as

---

[101] The term 'makeover reality television' is vague and broad (Ouellette and Hay, 2008), and thus capable of including fashion transformation programmes and home renovation programmes amongst others. However, the idea of a 'makeover' and the inclusion of a positive transformation narrative is particularly prevalent in that which Ouellette and Hay term 'life intervention' (2008) programming; programming designed to give individuals the resources required to overcome lifestyle issues. Again, this term can relate to a variety of

Lady Cassandra appears in the first two series of *Doctor Who,* and is therefore positioned in a particular societal moment: arguably, a heyday of reality television and during a peak in discussions of postfeminism.[102] Hence, this case study argues *Doctor Who* personifies, villainises and ultimately neutralises the relationship between postfeminism, reality television, and body image. It achieves this by contrasting the figures of Lady Cassandra and Rose Tyler with Rose's working class femininity being constructed as a source of authenticity and humanity that neutralises the 'monstrosity' of Cassandra.

## 6a: Gender, Postfeminism, and Plastic surgery

Lady Cassandra's flat appearance is not, as might be expected, attributed to thousands of years of human evolution and alien influence, but a more contemporary fixation with plastic surgery. Much has been written regarding the symbiotic relationship between postfeminist concerns with beauty, the body, and the neoliberal tendencies of reality television,[103] and these are

---

issues, but this article makes specific reference to programming dedicated to helping resolve perceived beauty issues and their attendant repercussions.

[102] Whilst reality television has existed almost since the inception of television, and is still present in TV schedules, it is arguable the early to mid-noughties was a particular pinnacle for reality television in terms of popularity and broad cultural interest. Several notable moments occurred in this time: in 2001, the category of Outstanding Reality Program was added to the Emmy Awards with a further category of Outstanding Reality Competition added in 2003 in order to acknowledge the range of reality programming. To continue in an American context, it was within this time period *American Idol* (Fox, 2002 – 2016) achieved the all-time longest winning streak in Nielsen ratings based on number of consecutive seasons. The UK was not immune to this zeitgeist: *Big Brother* (Channel 4, 2000 -) launched in July 2000 achieving ratings success, and generating considerable controversy: in 2002, viewership peaked at a then record 9.9 million. Viewer voting records were also broken with 8.5 million votes being cast in the finale of that year. The early to mid-2000s saw the launch of two television channels specifically devoted to reality television: Zone Reality in the UK (2002-2009) and Fox Reality in the USA (2005-2010).

[103] See Ouellette Laurie (2014) *A Companion to Reality Television.* Malden: Wiley for several comprehensive accounts of this relationship. Also Banet-Weiser, Sarah and Portwood-Stacer, Laura (2006) '"I just want to be me again!": Beauty Pageants, Reality Television and

concerns *Doctor Who* engages with, most notably in in the initial two series.

The politics of reality television are, perhaps unsubtlety, examined in the

series one episode 'Bad Wolf', whilst the character of Lady Cassandra

personifies a postfeminist obsession with self, youth, and beauty. Taken

separately, these two issues may seem to be general commentary on the

zeitgeist societal issues of the period, but together they offer a more pointed

engagement with, and critique of, a particularly postfeminist media context: a

'monster' that overwhelmingly, albeit not exclusively, impacts women.

This isolated focus on a postfeminist inspired monstrosity may appear

limited, but there are several reasons for this context. Firstly, some

clarification of the term is required: postfeminism remains a contested term

with several different significances, but suffice to say that it is being used to

denote a particular feminist sensibility that simultaneously acknowledges and

refutes the politicised advances of the second wave of feminism, whilst

advocating neoliberal individuation, and a focus on bodily beauty. In this

configuration, the body becomes a site of identification requiring

maintenance and surveillance, usually hidden under a veneer of 'pampering'

or 'me time'. Of particular significance to a postfeminist sensibility is the need

to internalise, and therefore hide, the labour required with such maintenance,

in turn serving to depoliticise feminist concerns, collapsing them onto the

individual. Feminism may be enjoying a mainstream resurgence presently,

---

Postfeminism'. *Feminist Theory* 7(2):255 – 272 provides an in-depth examination of this relationship with specific reference to the programme *The Swan* (2004-2004), while Davis Kathy (2003) *Dubious Inequalities Embodied Difference: Cultural Studies on Cosmetic Surgery.* New York: Rowman and Littlefield, details women's relationship to cosmetic surgery more generally, but with some insight into how culture, and therefore television, shapes said relationship.

but the argument here is this 'monster' of postfeminism is a specific one that exists in a particular temporal and societal context.[104] If feminism can be seen as enjoying a more politically engaged, intersectional, and media based resurgence, the period in which the given episodes aired are firmly within a postfeminist era. Seminal academic analysis of postfeminism as a coherent concept were published within this period (McRobbie, 2009; Tasker and Negra, 2007; Gill, 2007), and in this instance *Doctor Who* can be seen as conversing directly with the core principles of a postfeminist movement. Given the above definition, the abundance of makeover and reality television in the mid noughties, and the concern of the impact such an impossible focus on beauty could have on young women, it is apparent *Doctor Who* personifies, villainises, and offers consistent critique of, not only postfeminist values, but also the context of neoliberalism that encourages their appeal, and explains their resilience in the face of changing social values.

Whilst the term postfeminist may be contested, Gill offers a summary of its varying significances:

> In some accounts, it is used to signal an epistemological break within feminism – a move to a kind of theorising influenced by post structuralism, postmodernism and post-colonial theory. Secondly, it may be used to index a historical shift, a move into a new period after feminism and thus characterised by different problems and concerns.

---

[104] Although it must be acknowledged that there are convincing arguments that affirm the continued influence of postfeminism on contemporary feminist thought. See Gill Rosalind (2016) Post-postfeminism? New Feminist Visibilities in Postfeminist times. *Feminist Media Studies* 16 (4): 610 – 630.

Finally, it is deployed by some writers to indicate a political or normative position that it antithetical to feminism – in this sense the 'post' suggests a reaction against feminism. (2007:250)

Progressing from this, a definition of a 'postfeminist media culture' is offered. This culture is one that entangles notions of the self with bodily physicality: 'the female body […]is […] a window to […] interior life' (Gill, 2007:256); consequently, a neoliberal focus on individualism and consumerism is introduced to maintain bodily appearance, and therefore a cohesive sense of self. Extrapolating out from this, the body becomes a source of power and femininity whilst requiring constant surveillance and consumer spending to adhere to restrictive beauty standards.

Hence, consumer spending in the form of beauty treatments and, in more extreme circumstances, cosmetic surgery, are lauded as examples of women utilising their economic and personal autonomy to construct the body they desire, an assessment that fails to acknowledge the societal pressures that would encourage elective surgery, or the commercial interests that benefit from this trend. Moreover, advocates of surgery as a tool for self-esteem and personal freedom rarely address the fact such 'freedom' tends to result in the pursuit of a universal, classed and raced, standard of beauty. This construction of a postfeminist media culture rests on two premises: primarily, that postfeminism 'constructs an articulation or suture between feminist and anti-feminist ideas' (Gill, 2007:27). In turn, this is effected 'entirely through a grammar of individualism that fits perfectly with neoliberalism' (Gill, 2007:27). These are the premises, along with an

obsession with makeover television paradigms, *Doctor Who* can be seen as examining.

**6b: Women and Plastic Surgery: Exploitation or Autonomy?**

There is credence in the thought that the rise in makeovers and surgery is a postfeminist act. In this configuration, postfeminism is a direct response to the perceived flaws of second wave feminism. As Bolotin points out, in one of the initial pieces linking postfeminist attitudes to fashion, for many young women second wave feminists were 'icy monsters' who had 'let themselves go physically' (1982), ensuring an apparent lack of beauty became a point of repudiation against second wave feminism. Whilst the use of style, attractiveness and fashion in the rejection of second wave politics could conceivably be correlated with a hostile environment for feminism such a view would not account for the 'makeover's ideological opportunism […] that it equally claims the rhetoric of feminism' (Weber, 2009:25). Most media exposes people to images of impossible bodily 'perfection' which, when combined with consumerism and the need to demonstrate cultural and economic capital through a perfect body, makes the popularity of makeovers and surgery as unsurprising.

However, the negative aspects of such practices are obvious as are the financial and physical risks that come with cosmetic surgery. As Morgan points out, 'what appears at first glance to be instance of choice turn out to be instance of conformity' (Morgan, 1991:36), with the women who undergo surgery doing so to adhere to societally designated beauty norms. Two further implications of this turn to surgery are of particular relevance: one,

that such a turn reduces the body to a commodifiable material to be exploited; and two, that the apparent independence of surgery requires the (medical, professional) judgement of others.

There have been attempts to launch a feminist defence, or explanation, of the appeal of cosmetic surgery that extends beyond vanity and narcissism. As Morgan reminds us, in a society in thrall to the pursuit of beauty, 'choosing an artificial […] designed creation of youthful beauty may […] be necessary to an individual woman's material, economic, and social survival' (Morgan, 1991:43). Moreover, many women who opt for cosmetic procedures are not doing so to attain beauty; they do so 'in order to avoid social stigma or punishment' (Morgan, 2010:364). Normality, not beauty, is the aim.

Hence, the relationship between women and their bodies is complex and inherently personal. Despite this, recently there has been a normalisation of surgery as an option to correct perceived physical flaws, therefore improving mental wellbeing. This is where reality television becomes relevant: many claim makeover and reality television endorse this individuated pursuit of beauty, particularly across raced, gendered, and classed lines. As Banet-Weiser and Portwood-Stacer surmise:

Reality television contributes to this ideology through its relentless focus on individual pleasure and choice, and through the explicit suggestion that accessing choices and individual pleasures is enabled by consumerism (Banet-Weiser and Portwood-Stacer, 2006:260).

Banet-Weiser and Portwood-Stacer further discuss the relationship between postfeminism and the media that constructs a form of feminism indebted to transformation narratives, the body, and quasi-empowerment; one legitimised within a makeover reality television context. These narratives endorse personal journeys of resilience and surmounting impossible odds, but they fail to acknowledge the pressures of conforming to a 'particular (white, middle-class, heterosexual) norm of femininity' (Banet-Weiser and Portwood-Stacer, 2006:264). These shows disavow structural issues that may have led to the participants' situation, creating what Rockler has termed a 'therapeutic rhetoric [that] discourages citizens from contextualising their personal problems within structural power dynamics' (Rockler, 2006:247), instead urging participants to '"fix themselves" in order to better function in the system' (ibid).

What reality television and makeover programmes offer is the 'pot of gold at the end of a traumatic rainbow' (Weber, 2014:369). However, to attain this, an individual must 'submit fully to the disciplinary regime of the makeover itself' (Weber, 2014:369). The negative connotations of this cynical formulation are obvious, and it is ridiculous to state that the only obstacle to success is an effective beauty regime

Ambiguity and ethical intricacies of plastic surgery aside, the importance society places on physical attractiveness ensures the pursuit and attainment of a level of this will reap benefits. Whilst it is unlikely to remedy significant emotional issues, the adherence to standards of beauty could improve an individual's perceived status in wider society. In turn, this persuasive rhetoric is endorsed in the multiple 'success' stories told and sold

on reality television: in this sense, reality television can be considered a product uniquely invested in a postfeminist sensibility.

**6c: 'It's to die for!':** *Doctor Who* **and Reality Television**

It might be assumed a Saturday night entertainment programme would not interact with dense feminist writing on surgery, self, and reality television, yet *Doctor Who* makes these concepts central plot points. *Doctor Who* may only make a monster out of reality television once, but the judgement it passes is sufficiently firm that further examination is unnecessary. The episode 'Bad Wolf' sees The Doctor (Christopher Eccleston), Rose, and Captain Jack Harkness (John Barrowman) separated, their memories partially wiped, and placed in futuristic versions of twenty first century television programmes: The Doctor in the *Big Brother* (2004 –) house, Rose on *The Weakest Link* (BBC1, 2000 – 2012), and Jack on a version of *What Not to Wear* (BBC2, 2001 – 2007*).* All three programmes are hosted by robot versions of their human counterparts and are considerably more deadly: the prize for winning is not cash but your life; the losers are vaporised. *Doctor Who's* critique of reality television may be unsubtle, and is at least partially tongue in cheek, but its villainisation of reality television's tropes, standards, and morals is apparent: this episode demonstrates the extreme end of the literalised threat of reality television. In this televised dystopia, life is reduced to entertainment, with contestants encouraged to scheme, plot, and sacrifice their cast mates to secure their survival; self-interest is paramount.

The broad linkage between this valorised selfishness and the neoliberal tendencies described above is obvious, but the episode also offers

a more pointed example of the postfeminist monster in this televised future. Captain Jack Harkness awakes to find himself under the scrutiny of Trinny and Susannah-esque robots. The parallels to Trinny and Susannah's infamous *What Not to Wear* are obvious: the robots are voiced by Trinny Woodall and Susannah Constantine, and named Trine-E and Zu-Zana. The scene is humorous, and there initially appears to be little threat from the robots, but this levity hides a sinister core. One of robots – Trine-E - observes 'lantern jaws are so last year' – a flippant remark, but indicative of the erosion of boundaries between fashion and self. Moreover, when one considers programmes such as *The Swan* (2004 -) in which two people compete to have the best makeover, a process that uses fitness trainers, fashion advisors, and plastic surgeons as routine, this scene is not so futuristic; body parts are fast becoming detachable accessories.

Presently, the extent of the robots' vision is revealed as they discuss surgery options: 'Oh, let's have a little bit more ambition…Something […] cutting edge'. This comment is accompanied by one of the robots removing her humanoid hand to reveal a chainsaw and a trolley filled with surgical implements (Figure 19) and power tools, a reminder of the violence of surgery. This reminder is strengthened by the affirmation 'nothing is too extreme! It's to die for!' This is in part reference to the mortal threat posed to contestants in these programmes, but simultaneously functions as a reminder that in our reality people do die in the pursuit of 'perfection' via cosmetic surgery. With normalisation comes indifference, and a reluctance to engage with the trauma, physicality, and risk inherent with surgery.

Figure 19. *'It's to die for'*

Later in the episode, it transpires the people of Earth are forcibly

housebound by the presence of an environmental disaster named 'The Great

Atlantic Smog Storm', thus explaining the demand for such extreme and

constant programming. The Doctor reacts to this with disdain, stating with

some disbelief: 'so the population just sits there? Half the world's too fat,

half's too thin and you lot just watch telly'. The interesting aspect of this rant

is its direct implication of the viewer: as mentioned, 'Bad Wolf' was aired at a

particularly popular time for reality television programming. This

programming, however, was not limited to low budget, guilty pleasure

viewing: *What Not to Wear* was twice BAFTA nominated, and presenters

Trinny and Susannah won a Royal Television Society Award for Best Factual

Presenters. The use of 'you lot' in the Doctor's disparagement of reality

television culture allows the critique to be expanded to include the viewers of

this episode, constructing a meta consideration of the impact our passive

viewing has on the lives of those involved in such programming. The

199

arrogance of this critique coming from a Time Lord, someone therefore

distinct, and by implication superior, is undercut by the Doctor's question of

whether '[you've] got that programme where three people live with a bear?'

Even the Doctor is not above the lure of potentially terrible – both in

televisual quality and its implication of societal standards – reality television.

*Doctor Who* is clear on this point: we are all complicit and culpable in the

exploitation of people for entertainment purposes.[105]

**6d: Cassandra, Rose and Authenticity**

Building on this deconstruction of reality television values, *Doctor Who* offers

a more direct critique of postfeminism via the personification of its principles

in the villainous Lady Cassandra. Lady Cassandra first appears in the

episode 'The End of the World' in which the Doctor takes Rose to witness the

end of Earth. During their time on the viewing platform, several technical

malfunctions occur, leading to accusations of a saboteur. Ultimately, Lady

Cassandra is discovered to be the culprit, her plan being to initially hold the

gathered elites for ransom before instead deciding to kill them and generate

profit from their companies to finance her surgical expenses. The Doctor and

Rose foil her plans, and she appears to die at the episode's end, although

she reappears in series two.

---

[105] It should be noted that this point that Russell T Davies has, on several occasions, stated his dislike of 'snobbery' when it comes to certain television genres. ('One of the things that annoys me is that snobbishness about television, reality TV in particular. When I have that conversation with people, I have to sit there and painstakingly explain to them that I don't love it ironically, that I really genuinely find it enlightening and fascinating and maddening and beautiful' (Independent, 2006)). This does not, however, undermine the critique of the values endorsed by reality television as the episode emphasises the complicity and enjoyment of the audience in these spectacles. It is eminently possible to enjoy a programme or style or programming whilst asking difficult or uncomfortable questions with regard to the type of enjoyment being experienced.

As the brevity of the plot summary indicates, 'The End of the World' is a straightforward affair, but it does manage to invert postfeminist constructions of class, worth and authenticity. Class is raised as an issue from the outset with the Doctor informing Rose they are at a party for the 'great and the good' before clarifying 'and by the great and the good, I mean the rich'. Such a neat rebuttal illuminates how societal standards conflate financial success with moral standing and worth, with this false correlation developing to become a defining difference between Lady Cassandra and Rose. To backtrack slightly, Lady Cassandra's introduction to both Rose and the audience demonstrates many of the traits that will ultimately villainise her and lead to her apparent death. Lady Cassandra is the 'last remaining human', but her appearance - a completely flat piece of skin, stretched in a frame, eyes and mouth centralised and tiny - is hardly humanoid. The audience's presumed reaction to Lady Cassandra is mirrored by Rose and the Doctor with the former staring in shock, and the latter openly laughing (Figure 20). Cassandra, however, is completely oblivious to the 'unnaturalness' of her appearance, presuming their shock is akin to awe:

> Cassandra: Oh come now, come now, don't stare. I know it's shocking isn't it – I've had my chin completely taken away and look at the difference! Look how thin I am! Thin and dainty. I don't look a day over 2000.

Figure 20. *Cassandra's entrance*

Cassandra is positioned as disconnected from anything the audience recognises as human, whilst voicing contemporaneous societal concerns: her vain delusion, her obsession with thinness, and her focus on retaining a youthful appearance. Cassandra's voice is also of interest: she is voiced by Zoe Wanamaker and is styled as being upper middle class, characterising the postfeminist obsession with attaining a middle or upper class standard of beauty

Other insights into Lady Cassandra's character are offered in this scene: her joking reference to many husbands ('or was that my third

husband?') implies promiscuity, whilst her tearful climax requires the use of false tears, implying a falsity in body is mirrored by a falsity in self. In essence, Cassandra is a vacuous, vain, murderous *female* character who is to be met with varying degrees of pity and horror.

Cassandra's plan to profit off the deaths of the visitors adds a critique of the role of capitalism in such pursuits as well as the human cost for those considered 'lesser' in a society predicated on such standards. Interestingly, this point raises the notion of labour and maintenance, usually required by postfeminist standards to be kept hidden: *Doctor Who* purposely shows the work required in pursuing such abstract notions of beauty. Cassandra's plan is an example, but her consistent demand of 'moisturise me', whilst played for laughs, hints at her frailty and her dependence on products to survive.

Cassandra is the epitome of a substance-less, vain female.[106] Whilst viewers may doubt her human credentials, Cassandra claims to be the 'Last Human' and in doing so is shown to have nothing but contempt for those she considers impure, the racist overtones of this being transparent: 'I am the last pure human. The others…mingled. Oh they call themselves new humans, and proto humans and digi-humans, even "humanish" but you know what I call them? Mongrels'. Thus, whilst Cassandra is quick to discount the humanity of others, she is emerging as a horrifying posthuman[107] nightmare. Cassandra may not be an obvious vision of the posthuman but she is a human figure who has been modified by technological procedures to

---

[106] Whilst it is mentioned she is born male this is a throwaway remark never returned to or expanded upon. Cassandra identifies, is identified, and is stylised as a human female.
[107] This concept will be expanded on in the next chapter.

203

represent a next stage of 'humanity' with the desirability of this stage remaining undecided. As such, Lady Cassandra is the conclusion of a cultural obsession with beauty and cosmetic procedures. Her single-minded pursuit of beauty, her disregard for others, her reliance on capitalism, and her snobbery mark her out as a specifically postfeminist monster. *Doctor Who* is contemptuous of this, and strives to expose her monstrosity. If Lady Cassandra represents a middle class, postfeminist obsession with beauty and self-improvement, *Doctor Who* uses Rose and her working class identity as a foil to Cassandra's 'fakeness', offering an overall critique of makeover paradigms and a societal obsession with the correction of 'lesser bodies'.

Rose's authenticity is stressed in numerous ways: firstly, by her role as companion, which is traditionally the audience's point of identification; and by her working class accent, her job as a shop assistant, and her home on a London housing estate. In this episode, interspecies class solidarity is demonstrated as, at the end of a conversation with an alien plumber, Rose is thanked for giving the plumber 'permission to talk. Not many people are that considerate'. Cassandra might make a genetic claim to human purity, but Rose's humanity is shown to be rooted in compassion, and is therefore more authentic. Rose also actively challenges Cassandra's assertions of purity by asking her 'how many operations [she's] had', implying the existence of a natural humanity that exists outside of aesthetics, which Rose herself possesses. Rose strengthens her denial of Cassandra's humanity, stating:

Rose: You're not human! You've had it all nipped and tucked and flattened till there's nothing left. Anything human got chucked in the bin. You're just skin Cassandra. Lipstick and skin

204

before concluding 'It's better to die than be like you – a bitchy trampoline'. The message here is clear: a female obsession with money and beauty is a vision of monstrosity that seeks to destroy what is human and authentic. Humanity exists in abstract notions of community and compassion, whilst a selfish pursuit of what is surface is inherently inhuman and invalidating. What is also apparent is the unapologetic championing of humanity versus the technologically mediated: the 'new' humans have occurred through a process of 'natural' evolution that involved integration into alien communities whereas Cassandra and her ilk embody an individualistic pursuit of self that comes at the cost of personal humanity. In this scenario, technology is configured as an expression of neoliberal identity, and so stands in conflict with expressions of 'organic', by which one means benevolent, community centred, humanity. As with those other villains, the Cybermen, *Doctor Who* forwards that which Bartlett and Byers term a 'critical posthumanism' (Bartlett and Byers, 2003:29) in which 'advances' of humanity adhere to a notion of purity that disavows all that is actually human.

This championing of an 'authentic' humanity is, as it is embodied by Rose, an 'authentic' femininity that has hallmarks of a progressive and revolutionary ideal, a retreat from superficiality, corporations, and a return to wholesome 'normality'. Whilst this conflation generally leads to the elevation of a masculine identity, *Doctor Who* elects to construct Rose as the 'authentic' identity, therefore casting this rivalry as a dramatization of periodic and ideological shifts within feminism itself with Rose embodying a new, post-postfeminist sensibility. However, there is also reactionary potential, as by the constructing an 'authentic' femininity it passes judgement on other

femininities that do not subscribe to its standards, thus replicating the hierarchy imposed by a postfeminist discourse with alternate markers of womanhood. Moreover, this construction of monstrosity serves to link notions of commodification, materialism, and femininity in a manner that follows socialist tendencies to lay the blame for capitalism and neoliberalism on a feminine desire for consumption. In an example that may not appear obvious, Robinson details how the rebellious tone of *Fight Club* (1999) may be read 'as a fight against feminization [that] not only relies on and perpetuates a stable, transhistorical idea of gender difference, but also imagines contemporary social realities as serving the needs of women at the expense of men' (Robinson, 2011:2). *Doctor Who* does not go as far as *Fight Club* in its defence of an authentic masculinity against the feminising forces of commodification, but it unquestionably feminises the destructive forces of capitalism therefore ensuring a rebellion against these forces becomes a rebellion against women

The most pertinent example from Robinson's dissection of *Fight Club* is her analysis of the scene in which The Narrator (Edward Norton) and Tyler (Brad Pitt) break into a liposuction clinic and steal human fat to produce their high end soap which they then sell back to presumably the same, or at least similar, women. At first, this scheme appears to function as a 'clever exposure of the ironies of consumer culture' (Robinson, 2011:8), however this defence does not stand up as

[…] this is not just 'human' fat, it's women's fat [...] The joke here depends on the audience's acceptance of the premise that body-conscious, self-

206

indulgent, fake women embody the ills of a consumer culture drunk on 'self-improvement' and deserve to be duped (ibid).

The parallels with *Doctor Who* are apparent: Cassandra embodies the harmful nature of consumer culture, and that Cassandra's death stems from her reliance on cosmetic products is seen as poetic justice. Cassandra's death is justified and celebrated in a manner that fails to acknowledge the complicity we share in a capitalist market. *Doctor Who* may emphasise our culpability in the popularity of reality television but it constructs a dichotomy around consumerism, defining Cassandra and her ilk as consumers, whilst Rose, and by extension the audience, is somehow external to and, implicitly, above such frivolities. No particular reason is given for Rose's capacity to transcend such trappings, save perhaps her 'ordinary' background, and in doing so *Doctor Who* can be seen as replicating those postfeminist standards it has repudiated: ignoring societal pressures, context, and collapsing failings onto the individual, identifiable and dismissible as 'them'.

The above themes of labour and worth are continued in Lady Cassandra's final appearance in the episode 'New Earth'. In this episode, the Doctor (David Tennant) and Rose travel to New Earth, a human home world built after the destruction of the original Earth in 'The End of the World'. Once there, the Doctor and Rose visit a hospital run by the Sisters of Plenitude, a half alien race of cat-like nuns, and discover their miraculous healing record is attributable to their illegal experimentation on purposely grown humans. This cruelty is justified by one of the sisters as being 'for the greater good'; yet this 'noble' stance is undercut by the fact the patients introduced are wealthy, and generally overbearing with it, once more introducing a class

based critique of worth. Additionally, the humans used for experimentation are shown as hideous, filthy, and grotesque: covered in boils and growths, and referred to only as 'the flesh'; they have been completely depersonalised, stripped of even an acknowledgement of humanity.

In the middle of this, it is revealed Lady Cassandra did not die, and is living in the basement of the hospital accompanied by a loyal servant, Chip (Sean Gallagher), waiting for an appropriately 'pure' host to graft her consciousness into (a 'psychograft'), therefore assuming control of their body. The first pure body is Rose's, although after taking control of her body it becomes apparent this is only a temporary measure, and that despite her human 'purity', Rose is too low class to accommodate Cassandra's consciousness, ('Oh my god! I'm a chav!') implying that class distinctions are robust enough to transcend a eugenics based construction of purity. Throughout the episode, Cassandra flits between bodies, cementing her depiction as completely lacking substance or any 'real' sense of self, whilst also forwarding a critique of the cost of surgery to those with bodies considered 'lesser'. She is accused of stealing Rose' body and, as Rose is constructed as lower class, this becomes is an image of the exploitation and commodification for the frivolous benefit of an elite minority.

The human test subjects offer a complementary narrative to Lady Cassandra, and it is through this *Doctor Who* begins the process of humanising Cassandra. The human test subjects are initially perceived as single-minded threats, aiming solely to contaminate the 'normal' population. They display the shambling, outstretched gait commonly associated with zombies, and so the audience are easily, if lazily, given to viewing them as

208

one-dimensional monsters. Cassandra is forced to 'psychograft' into one of

the test subjects to facilitate an escape, and thus experiences their

consciousness. They are not mindless killers; simply desperately humans:

'inside their heads, they're so alone. They keep reaching out to just hold us.

All their lives and they've never been touched', a point at which the Doctor

holds his hand out to Cassandra, mimicking 'the flesh's' attempts at

psychical intimacy. In this, Cassandra's endless pursuit of beauty is shown to

be a compensatory act: individualism has robbed people of community and

is, literally, turning them into monsters. The fact the cure for the human test

subjects requires physical contact, a hug (Figure 21), confirms this.

Cassandra's monstrosity stems from her individualistic pursuits of a beauty

standard that encourages competition, establishes hierarchies of worth, and

creates an identity based solely in the aesthetic, thus isolating individuals

and depriving them from gaining a 'true' humanity in compassion and

community.



Figure 21. *The Doctor's cure*

**6e: Postfeminist Disorders and 'De-Monstering'**

Thus, it would be accurate to term the narcissism and isolation expressed by Cassandra as a disorder and, as Cassandra personifies postfeminist values, that postfeminism encourages disorders. In this, the societal pressures placed on women become internalised, explaining the rise in destructive behaviours such as self-harm, anorexia and binge drinking. These standards, and their attendant disorders, are not merely expected by society but normalised: diets and binge drinking are not causes for concern, but an accepted part of the female experience. McRobbie expands on this, stating:

> […] these disorders are more social than ever. Indeed, if it is the case that the anorexic girl is frequently embroiled in her own family dynamics, and is also tending to be a girl who is seeking approval […] her disorder is still at least a mark of her femininity [suggesting] that these disorders come to be a way of freshly demarcating the boundaries of sexual difference. These girls may well be unwell, they may sometimes try to end their own lives, but at least they are surely normal girls in this respect [...] Can we talk about 'post feminist disorders'? (McRobbie, 2009:95).

Attempting to attain an acceptable feminine identity in contemporary society makes women and girls ill, but dominant forces endeavour to normalise these postfeminist attributes, thus preventing ideological critique and the potential for resistance. Cassandra is a perfect example of this: her isolation, her obsessions, and her surgery are so extreme they could be construed as forms of self-harm, yet they are defining aspects of her personality, and are normalised.

A solution, however, is offered to these 'postfeminist disorders'. Both *Doctor Who* and McRobbie argue these disorders cannot be overcome alone, and 'treatments' must begin with a return to, and rebuilding of, communities:

[…] she must […] re-enter the world not as an ego bolstered with self-esteem but one as who understands her dependency on others (McRobbie, 2009:117).

Despite this, and despite Cassandra's humanisation, *Doctor Who* denies Cassandra re-entry into the community. After curing the human test subjects the Doctor declines to offer Cassandra a reprieve, stating she has 'lived long enough'. At this point, Cassandra has grafted into the, now failing, body of Chip, and has accepted her fate: 'You're right Doctor, it's time to die, and that's good'. Cassandra must accept her monstrosity and the inevitable death sentence it entails to gain access to humanity. This newfound humanity aside Cassandra, and the values she embodies, have no place in this new society; postfeminist sensibilities deserve acknowledgement, but not to the extent of justification, and for effective progress to be made old standards must be expelled. Cassandra may be a sympathetic postfeminist monster, but she is a monster nonetheless, and monsters rarely survive a narrative. This expulsion of this monster, however, does not necessarily function as a reassertion of normative societal values, but instead offers the potential of a more hopeful collective future. The use of 'potential' here should be noted: whilst overall community is championed through this storyline, *Doctor Who* fails to eradicate a strain of elitist individualism that assumes societal pressures can be overcome through force of will.

In a final act of kindness, The Doctor transports Cassandra, in her Chip form, back to a moment identified earlier in the episode as the 'last time someone told me I was beautiful'. In typical *Doctor Who* form, time travel allows the final plot twist of Cassandra being the one to tell herself she was beautiful before dying in her own arms. There is potential to read this as a championing of self-sufficiency, but this is overtly cynical. Instead it could be argued, particularly as the young Cassandra is unaware of the identity of her older counterpart, what is being demonstrated is our connectedness and the capacity of a stranger to indelibly impact another's life, turning this death into a call for casual compassion as opposed to cruelty. Cassandra's final acceptance of her death, her new found desire for community and kindness, and therefore her rejection of the postfeminist trappings and aspirations of perfection and beauty, allows Cassandra to die a truly 'human' death.[108]

## 6f: *Doctor Who* and the New, Humanist, Community

*Doctor Who's* personification and denial of the monster of postfeminism, and its accomplice reality television, is apparent. Where it perhaps becomes ambiguous is in its explanations of, and solutions to, this issue. These episodes undoubtedly link femininity with a damaging form of consumerism, and advocate societal cohesion as a potential solution; however, they fail to acknowledge the societal contexts that created Cassandra. The construction

---

[108] It should be noted although the discussion here situates these particular postfeminist concerns within a specific time, postfeminist concerns regarding self-maintenance and beauty have not disappeared, they have merely evolved. The popularity of 'wellness' and 'self-love' is perhaps the clearest indication that we have not progressed beyond a neoliberal pursuit of self. 'Wellness' may not carry the narcissistic connotations of pursuit of aesthetic beauty, masquerading as an enlightened pursuit of holistic health and wellbeing, yet it still relies on neoliberal, individually oriented, principles. See Cederström Carl and Spicer Andre (2015) *The Wellness Syndrome.* UK: Polity Press.

of authenticity in Rose appears appealing until it becomes apparent this authenticity is uncertain and defined by that which it is not. Cassandra's late repentance is not enough to save her, and whilst it may function as a rejection of postfeminist values, it is overly simplistic in its assumption such prevailing norms can be overcome if one has sufficient personal willpower. This is perhaps where the message becomes the most confused: the solution to this individualism is community, but this community is predicated on a shared capacity to be more than a mere cultural dupe, therefore reinforcing a dichotomous hierarchy based on individual strength of mind and intellectual snobbery. The Doctor vanquishes monsters; but these narratives suggest compassion and community, not violence, is what these monsters require. It is unusual for *Doctor Who* in particular, and science fiction generally, to offer such a clear critique of specific values without retreat to metaphor with the emphasis on empathy doing much to ease lingering dissatisfaction of the regressive linking of women and commodification, as well as the optimistic appeal to community as a solution to societal ills. The intersecting influences of autonomy, ethics, and power have muddied the waters of postfeminism, beauty, plastic surgery; perhaps it is understandable in the face of such complexity *Doctor Who* maintains a steadfast appeal to the power of humanity.[109] The postfeminist, capitalist future *Doctor Who*

---

[109] There is potential here to extrapolate out from these conclusions: *Doctor Who*, a science fiction programme, can be seen as making a specific form of media and its attendant, or assumed, ideologies monstrous; namely postfeminism and its links to reality television and makeover programming. Such assumption of a moral high ground and passing of judgement is not uncommon for science fiction; the genre is inherently concerned with societal allegory, and allegory is rarely without judgement. However, in doing so the programme falls into the same trap as The Doctor does in the episodes: in passing this judgement, *Doctor Who* assumes a potentially unwarranted position of authority based on uncertain definitions of intellectualism, a position that becomes ever more insecure when considering that, historically, accusations of shallow, vapid programming that only appeals to an immature or uncultured audience have been tabled against science fiction generally (Telotte, 2008), and

conjures is undoubtedly grim, but for once the slaying of the monsters offers scant comfort, security, or normality.

## 7: Conclusions

It is becoming apparent that women within the *Doctor Who* universe are stuck in something of a double bind; they may neither be too powerful, nor too feminine, but most achieve a form of authenticity that is only defined by that which it is not. Whilst attempts were made in the selection of case studies to avoid more psychoanalytically inflicted visions of female monstrosity the abjection attributed to the hyper feminine Racnoss discussed in the previous chapter demonstrates this is also a form of demonization *Doctor Who* engages with. Critique and focus on the specific pressures placed on women by the duel powers of neoliberalism and postfeminism is welcome and well placed, particularly when considering these pressures still exist, albeit in updated media forms, but loses impact with a broad retreat to an undefined authenticity and humanism. Female characters are denied the right to assert their own power and personhood, and instead are placed back within a traditional domestic setting deemed more 'appropriate' for their feminine sensibility, less she become too powerful and therefore monstrous. This denial of autonomy is strengthened by invocation of fate and destiny, denying female community and subsuming individuality in broad assertions of mystical, unknowable forces.

---

*Doctor Who* particularly. Reinforcing a genre hierarchy thusly introduces a level of snobbery to the critique offered, potentially undermining its efficacy.

Monstrous women, then, are those who are 'too much'; too powerful, too knowledgeable, too ambitious and, particularly, those who use these traits to reject societal (male) definitions of propriety. These is potential, however, that this tendency to punish and monsterise female characters for assuming 'male' traits is beginning to change. Whilst previous incarnations of the Doctor have acknowledged the damage of their messianic meddling in their female companion's lives, Peter Capaldi's iteration is perhaps the first to admit, apologise for, and rectify his attempts to deny Clara her agency, establishing both his fallibility and Clara's personhood, despite her now monstrous liminality and hybridity. This ending also offers the potential for a monstrous female community, in contrast to the isolation of Donna, Rose and Lady Cassandra, Clara and Me are permitted to continue their adventures together, complete with Time Lord knowledge and technology, therefore achieving a degree of parity with the Doctor himself. This is example is limited, however, by its rarity: monstrous women in the Whoniverse do not tend to get second chances.

# Chapter Four: Technology, Identity and Humanity

Technology has emerged as a recurring theme thus far with technology exacerbating pre-existing issues and fears; nowhere is this felt more keenly than when considering issues of identity and self. It is said society is at a critical moment where technology exerts such influence over humanity it is capable of profoundly altering what it signifies; that we are entering a moment of posthumanism. Reactions to this declaration are varied, but what is becoming ever more apparent is that our technological advances are outstripping our ethical considerations, breeding anxiety. This anxiety intensifies when considering notions of self as one's idea of self is so uncertain: is selfhood a form of pure consciousness that may be maintained regardless of medium, or is a level of physical embodiment required?

At first, it may appear the advancement of technology is the antithesis to embodiment. Many emerging technologies promise to aid individuals overcome the 'trap' of a physical body: to transcend physicality and become free, whilst simultaneously achieving immortality, with mortality being the worst failing of the physical self. In this configuration the body is, at best, an irrelevance and, at worst, a limitation to be overcome. This form of thinking subscribes to a Cartesian notion of self in that personhood is pure consciousness and rationality and empathy are hallmarks of humanity. This appears to be something of a contradiction, as emotional intelligence is so frequently associated with femininity and, within mind/body dualisms, the body is also aligned with the female. Technology may well be feminised, but the 'humanity' constructed in opposition to it requires stereotypically feminine attributes to achieve authenticity. Already the contradictions of such

216

theorisations are beginning to pile up. The body, and all its female

associations, is an obstacle to be surmounted, but in order to retain one's

humanity one must maintain feminine attributes. It should not be a surprise to

learn *Doctor Who* occupies a contradictory position on matters of

embodiment, humanity, gender and technology, sometimes all within one

episode

Technology is essential to *Doctor Who*: the Doctor's position as a

technologically mediated, reliant and enhanced being means technology

emerges as a theme in almost every episode, making a study of every

ideological position offered impossible. As a result, this chapter aims to

deconstruct *Doctor Who's* numerous positions on the intersections of gender

and technology using concepts of identity and immortality as case studies.

This will be achieved by identifying where and how *Doctor Who* locates

humanity: to what extent is humanity associated with femininity, or with more

liberal humanist abstractions related to concepts such as individuality and

justice. *Doctor Who* does attempt to ground benevolent humanity and

technology in a broad appeal to emotion, potentially forwarding a 'feminised'

gaze as most desirable, however the efficacy of this remains uncertain.

Moreover, the elevation of feminised emotion as most effective for

management of technology must be questioned, as such a formulation could

be perceived as a resort stereotype in which emotional labour remains a

female responsibility. To achieve this, this chapter will begin with

consideration of *Doctor Who's* more general position on the relationship

between body and self before moving on to examine masculinity,

militarisation and cyborgs, leading to consideration of those most obviously

217

posthuman figures, the Cybermen. From this, disembodiment and 'feminised technology' will be analysed, posing the question of whether 'digital salvation' is possible. Finally, this chapter will conclude with a case study of the final two episodes of series nine, 'Dark Water' and 'Death in Heaven', in which the thus far identified themes will be drawn together and deconstructed.

## 1: Posthumanisms

When discussing the relationship between the body and technology the most obvious framework to invoke is that of posthumanism. The posthuman, transhumanism, and posthumanism are related and contested terms and so brief definitions must be offered. There is a tendency to use 'posthuman' as a generic term to include posthumanism, transhumanism and other related fields with the most significant blurring of theoretical nuance occurring between posthumanism and transhumanism. The reasons for this are multiple: for one, they each came to prominence during the late eighties and early nineties (Ferrando, 2013) and they share a conception of the human body as a flexible, non-fixed condition. Moreover, transhumanist theorisation includes within it in a specific definition of the posthuman in that emerging technologies will permit transformations of the human body so radical, they become 'posthuman'. In this, the posthuman becomes the endpoint of transhumanism: 'a posthuman is a new, hybrid species of future human modified by advanced technology' (LaGrandeur, 2015:112). This definition, whilst logical, is not exhaustive and is highly reductive.[110]

---

[110] Many configurations of transhumanism advocate self-improvement and enhancement, therefore championing individualism without engaging with structural difference. It fails to acknowledge how the term and definition 'human' is not a historical certainty, with humanity and personhood being denied to different minority groups across history, therefore offering a

Posthumanism and transhumanism each share a common interest in the transformative powers of technology and their primary differences stem from their structural engagement with this concept. For LaGrandeur

> […] post-humanism […] it is primarily an academic preoccupation that recognizes that the idea of the humanist subject is being undermined by trends in emerging sciences and postmodern shifts in self-awareness. This undermining of the humanist subject leads […] to a dilemma about how to think of ourselves and our position in the universe […] Posthumanism is an intellectual framework that […] springs from the rapid technological change of the past few decades, but it also owes much to postmodern and poststructuralist philosophies. (LaGrandeur, 2015:112)

Posthumanism attempts to avoid technological essentialism by refusing to define technology as either

> the 'other' to be feared and to rebel against (in a sort of neoluddite attitude), nor does it sustain the almost divine characteristics which some transhumanists attribute to it (Ferrando, 2013:28).

Instead, 'technology is a trait of the human outfit' (ibid). Subsequently, posthumanism has been defined as a 'post-anthropocentric and post-dualistic' (Ferrando, 2014:3) way of thinking, one that is 'constantly opening

---

'one fit' form of humanity that is lacking. Moreover, by seeing technology as the route to self-improvement and salvation, this position fails to account for the swathes of the population without access to said technologies, ensuring transhumanism is a deeply classist movement. Furthermore, as N. Katherine Hayles points out in her seminal work on the posthuman, the futures promised by transhumanists depends upon a decontextualized and disembodied construction of information that she consistently refutes.

possibilities and does not comply with hierarchical ways of thinking' (ibid). Such optimistic projections of potential futures in which humanity enjoys a symbiotic and positive relationship with technology can be seen in the work of theorists such as Donna Haraway.

## 1a: Feminist Technological Futures

The particular benefit of new technological tools to feminists was discussed previously, but this potential is not limited to opening up new spheres of discussion and activism. As the feminine is aligned with the physical, it is perhaps unsurprising some see the capacity to transcend the flesh as an opportunity as opposed to a cause for concern. Feminist scholars have long discussed the potential for cyberspace to free women from the constraints of the gendered body, a potential that increases significantly when considering the raced and queer body:

> Of all the media and machines to have emerged in the late twentieth century, the Net has been taken to epitomise the shape of this new distributed, non-linear world […] Access to a terminal is also access to resources which were once restricted to those with the right face, accent, race, sex none of which now need to be declared (Plant, 1997:46).

Thomas goes as far as to dismiss latent anxieties surrounding the potentials of disembodied existence, dictating any 'corporeality itself [is] increasingly regarded as obsolete […] discarded in favour of virtual identities and online existences' (Thomas, 2015:64). The hyperbole of this statement is

evident, but what is apparent is that virtual technologies and cyberspace offer the *potential* for radically different expressions of identity.

Visions of the future do not always retreat to an embodied/disembodied dichotomy. The cyborg is frequently invoked as an image of an embodied technological future, although this is not without its own anxieties. Despite this, Donna Haraway's *A Cyborg Manifesto* (1991) offers a seminal call for optimism with regard to the potential of the cyborg body. In this, Haraway employs the figure of a gendered cyborg which she terms a 'hybrid of machine and organism' (Haraway, 1991:149) offering 'an ironic political myth' (ibid) which combines socialism, feminism and postmodernism to declare the cyborg a metaphor for identity's political role,as well as a new technology reality. Haraway is 'making an argument for the cyborg as a fiction mapping our social and bodily reality and as an imaginative resource suggesting […] fruitful couplings' (Haraway, 1991:150). The Cyborg represents fluid political and physical boundaries, and, due to its external orientation to society, may demonstrate the artifice behind what is considered 'natural'.[111] Haraway's cyborg offers a liberatory metaphor for the potential to transgress strict boundary identities: 'rather than being bound in traditionally defined bodies, Haraway's cyborgs are […] technology that is "nothing but signals"; they "are ether, quintessence"' (Stevenson, 2007:87).

This capacity to traverse traditional boundaries, and represent the merger of technology, nature, and civilisation, grants Haraway's cyborgs the ability to negate contexts: 'the cyborg incarnation is outside of salvation

---

[111] This is where Haraway clashes with more radical feminist factions as her critique of the 'natural' denies the existence of 'natural' self.

221

history' (Haraway, 1991:150). This serves to strengthen the cyborg's emancipatory potential: it facilitates a move beyond confining 'dualistic epistemologies' (Mitchell, 2006:113) of the post Enlightenment world. The Cyborg does not reconcile binarisms by constructing tenuous equality between 'separate and allegedly antithetical subject positions (male/female for example)' (ibid) – the cyborg allows for a move beyond oppositional positions.[112]

Haraway's utopian future has yet to transpire, and it is unlikely that technological advances alone will lead to equality within society. Moreover, Haraway may claim the cyborg exists 'without history', yet Francis dictates the cyborg 'is not without a cultural context or heritage, which […] delimits its meaning potential' (Francis in Mitchell, 2006:114). It is impossible to view an object as distinct from the context that produced it as larger narratives confer meaning. Thus, it becomes 'erroneous to claim […] the cyborg is […] either feminist or anti-feminist; what must be attended to is the overarching context and the mode of its use or (re)presentation' (ibid).

## 2: Cyborgs and Science Fiction

This 'representation' most commonly occurs within cinematic and televisual science fiction. At best, science fiction offers cautious optimism regarding technology's revolutionary potential, preferring to champion an image of human controlled technology, with what is 'human' typically being white and male. Haraway pictured the cyborg as allowing progression beyond

---

[112] Whilst Haraway denies the Cyborg represents post-gender ideals ('I have no patience with the term "post-gender"' (Haraway, 2004:328)), the use of the Cyborg as emblematic of this ideal remains valid.

gendered binarisms to a point of hybridity, yet the cyborgs of science fiction deny this potential, instead resorting to hyper-masculine and hyper-feminine embodied futures. The alien, and therefore alien technology, is frequently aligned with the female making it a source of unease. This leads to, according to Springer, 'a misogynistic tradition […] of associating technology with women's bodies to represent the threat of unleashed female sexuality' (Springer in George, 2008:164). By eliminating a technological threat, science fiction neatly vanquishes a female threat, allowing the white male hero, the Captain Kirk's and Han Solo's, to epitomise the best of humanity

Hence, if technological masculinity uses strength and weaponry[113] to subjugate humanity, 'the artificial woman often utilises seduction, passion, and lust to lure victims' (Dinello, 2005:46). Generally, female cyborgs mirror their real life contemporaries in that they are typically relegated to 'domestic servants and sexual slaves' (Dinello, 2005:77), explaining why female cyborgs have been criticised for resorting to stereotype and objectification. The inconsistency of excluding women from accessing, influencing and interacting with, yet metaphorically aligning them with, technology has a long history in science fiction with one of the earliest examples being the seminal *Metropolis* (Lang, 1927). The female body in this is both a technological object and a damaging force, therefore necessitating control. Anxiety regarding the technical is displaced onto the feminine (Huyssen, 1986), therefore demonstrating that definitions of humanity remain gendered, 'othering' woman as both nature and technology. In this, feminised

---

[113] A point that is explored and will be returned to later in specific relation to *Doctor Who.*

technology is both susceptible to male domination and a threat to a patriarchal order (Huyssen, 1986)

Female cyborgs are not simply coded by their sexuality; frequently they are given heightened sensitivity and a capacity for care,[114] a narrative tool one might cynically suggest is used to 'balance' the threatening figure of a powerful female cyborg (Koistinen, 2015). This is not the only time a 'female' capacity is drawn upon to control malevolent technology as 'women in robot stories are frequently tasked with humanising evil technology' (Dinello, 2005:78). Dinello acknowledges the 'cringe-worthy sentimentality' (Dinello, 2005:80) of this, but maintains the that 'belief that technology is essentially neutral and can be controlled by nice people, especially women' (ibid) is a recurrent trait within science fiction

The relationship between humanity, femininity and technology warrants further examination, particularly given women's usual role in a narrative as the emotional or moral centre.[115] Emotions, despite their feminine connotations, are used within narratives to differentiate the human from the machine, or to humanise 'robotic' or technologically enhanced characters,[116] thus rendering a capacity for empathy as the defining point of humanity. The emotions required in narratives to moderate the machine are stereotypically feminine: empathy, compassion, and a desire to nurture, yet

---

[114] Such as Eve from *Wall-E* (Stanton, 2008) or Samantha (Scarlett Johansson) from *Her* (Jonze, 2013) or Dolores (Evan Rachel Wood) from *Westworld* (HBO, 2016 -).
[115] Not to mention the fact that women are still most likely to be responsible for the emotional labour of both domestic and work place environments.
[116] Data in *Star Trek: The Next Generation* (First-Run Syndication, 1987–1994) and Seven of Nine in *Star Trek: Voyager* (UPN, 1995–2001) are notable examples of this, with *Star Trek: The Next Generation* also providing the ultimate in emotionless, standardised cyborg villainy with the Borg.

emotions occupy a contradictory position in Western culture. It is common to see emotion as inferior to rationality due to its tendency toward impulse, and therefore requiring control and logic. In contrast, an aptitude for emotional intelligence can signify 'individuality, spirituality and virtue, and the emotional female is considered as the ideal human being' (Koistinen, 2015:60). This conclusion can be read as positive: how often are 'female' attributes elevated to the defining essence of humanity? Koistinen subscribes to such a view in her reading of the reimagined *Bionic Woman* (NBC, 2007 – 2007), arguing it allows for a feminised, technologically mediated, vision of a future humanity:

> […] the independent and emotional bionic woman becomes a representative of not only legitimate femininity but legitimate humanity as well – even though she is, too, part machine. She has both the individuality of the Cartesian subject and the 'feminine' emotional capacity emphasised by the contesting tradition (ibid).

The articulation of the connection between humanity, emotion and gender via the figure of a female cyborg permits the valorisation of an ideal form of 'feminised humanity'. Despite this, there remains doubt as to the potential of this: whilst it promotes a feminised gaze, it still restricts female expression to an 'acceptable' form of femininity. Emotional female cyborgs, or the women responsible for 'humanising' technology, are frequently depicted in opposition to a violent, aggressive female who violates accepted expression of femininity. This in turn enforces a gendered hierarchy of appropriate behaviour in which the pinnacle of femininity is a compassionate,

emotional woman: not a negative in and of itself, but hardly progressive or radical.[117]

## 2a: Disembodiment and Masculine Privilege

Hyper-gendered cyborgs within popular culture are not the only challenges to a positive, technological future, with N. Katherine Hayles offering a measured and dubious account of the potential identities available in a posthuman future. Emerging partly as a response to Hans Moravec's *Mind Children: The Future of Robot and Human Intelligence (*1988), a work that set out Moravec's vision of a future in which human consciousness may be fully downloaded into a computer without any loss of self, Hayles' reply is one refutation. Hayles' rejects the technophilic privileging of data above embodiment with its attendant 'fantasies of unlimited power and disembodied immortality' (Hayles, 1991:6) as a fallacy that, even if possible, would break bonds between emotion, experience, and embodiment. Hayles' calls for cooperation between humanity and intelligent machinery, leading to the creation of posthuman beings who

> […] depend upon their embodied experiences and upon their
> interaction with their complex and shifting environments to define a
> subjectivity that extends through their bodies and out into the larger
> world […] They are […] not independent of their worlds of flesh and of

---

[117] If the technological females of science fiction are reduced to stereotype, their real world counterparts share a similar fate. Emerging artificial intelligences are frequently coded and designed to resemble a human female, and their roles are not quite so noble: they are designed to provide care, organisation and sexual gratification, all without complaint or reciprocation. Technology is not only feminised when associated with domesticity, but it also painted as an emasculating force when placed into traditionally masculine spheres such as industry. Increased automation within these industries has led to accusation of depersonalisation and feminisation, with unemployment and the presumed emasculating effects of this being attributed to feminising technology.

experience, but inextricably bound to them and defined by them (Stevenson, 2007:88).

By championing the requirement of embodiment, Hayles condemns the notion of an autonomous identity that remains impervious to embodiment or situation in a social environment. A focus on pure consciousness as the location of itself is evidently indebted to the legacy of Cartesian dualism and its 'misogynistic heritage' (Vint, 2007:104). Vint expands on this, stating:

> The ability to construct the body as passé is a position available only to those privileged to think of their (white, male, straight, non-working class) bodies as the norm. This option does not exist […] for those whose lives continue to be structured by racist, sexist, homophobic, and other body based discourses of discrimination. (2007:9)

In spite of this, as a society we appear to cling to a sense of self that demands a 'true' essence. The fact that Western culture remains attached to a disembodied sense of self has consequence for how our relationship with technology will evolve yet, 'the idea of transcending human existence while still remaining "the same" is clearly a fantasy' (Vint, 2007:10)

Additionally, the question of how truly revolutionary disembodied lives could be remains uncertain. Advocates state the capacity to occupy multiple identities online will allow for an increased fluidity in identities, encouraging empathy and understanding of the experiences of those who differ from us. For Allucquère Rosanne Stone 'in cyber space the transgendered body is the natural body' (1995, 181) but Vint counters this, claiming such technology and experiences 'merely [offer] the chance to experience that gender through

227

one's own ideological assumptions about it' (Vint, 2007:106). Identity experimentation in cyberspace may simply serve to reinforce gender roles as individuals will develop gendered identities based on their own notions of acceptability in turn validating identities that are more conservative. Moreover, as Wajcman points out there is evidence 'that many more men adopt a female persona than vice versa, and this may be another way for men to assert their domination over female bodies' (Wajcman, 2000:459). Minorities and women are the most likely to benefit from virtual identities, their physical embodiment being a source of prejudice and inopportunity, and yet their presence in cyberspace is lacking. Rather depressingly, Plant surmises the primary problem with unqualified optimism in the power of technology to deconstruct dominant societal values as 'technologies are only ever intended to maintain or improve the status quo, and certainly not to revolutionise the cultures into which they are introduced' (Plant, 1997:38).

Moreover, disembodiment maintains an uneasy relationship with white masculinity. Western culture imbues white masculinity with the power of universality to the detriment of other identities. Disembodiment necessitates a lack of embodied subjectivity, meaning it also functions as a source of anxiety for white masculinity as this embodiment is the 'natural standard' to which others are held. Rehling speculates this anxiety has been exacerbated by an increasing interest and focus on identity politics within societal discourse[118] (Rehling, 2009), becoming recognisable in popular culture by the

---

[118] Rehling makes specific reference here to a US context, but is applicable to a Britain also.

[…] documented emergence of 'the white male as victim' figure, whereby straight white men, both on and off screen, proclaim themselves to be America's newest marginalized group, having fallen victim primarily to feminism and affirmative action policies[119] (Rehling, 2009:182).

To Rehling, this observation is strengthened by the tendency to use a hypernormative white heterosexual masculinity 'to explore anxieties about the depthless, vacuous, postmodern subject' (ibid) most commonly found in cyberpunk or cyberfantasy narratives. In these narrative disembodied cyberspace is the domain of white men, while 'women and people of color [sic] often stand in for the Baudrillardian "real"' (ibid). This valorisation of minority bodies as a source of authenticity is undercut when these narratives conclude with the white male figure transcending and mastering technology. Negative connotations of these narrative closures aside, what is evident is that this level of anxiety 'is some indication of the threat that virtual culture poses to traditional configurations of white male mastery' (Rehling, 2009:191).

## 2b: Techno-Futures?

Hence, a purely technological future of multiple, disembodied identities relies on a false universalism and fails to account for the lived realities of any individual whose physicality is not the default white, straight, male. In contrast, a technophobic championing of 'real' bodies assumes a capacity to

---

[119] *Fight Club* (Fincher, 1999), *First Blood* (Kotcheff, 1982) and *Falling Down* (Schumacher, 1993) are offered as examples.

define what constitutes as 'real', creating opportunity for dismissal of any that differ from a version of 'reality'. The potential for a future lies in:

> […] a version of the posthuman that embraces the possibilities of information technologies without being seduced by fantasies of unlimited power and disembodied immortality, that recognises and celebrates finitude as a condition of human being, and that understands human life as embedded in a material world of great complexity, one on which we depend for our continued survival (Hayles, 1999:5).

We appear incapable of escaping gendered and racialized boundaries when imagining new machine identities, and tend to conclude that the deepest desire of any technologically mediated life is to become recognisably and traditionally human: hardly a vision of posthuman utopia. Such limitations notwithstanding, persistent thematic preoccupations have emerged; the uneasy relationship between masculinity, technology and embodiment, as well as the curious and contradictory relationship between emotion, humanity, and technology, which functions as both a celebration and limitation of feminine identities. *Doctor Who* engages with these themes with, most notably, the relationship between emotion, the feminine, and the human. To this end, this chapter will examine the prevailing ideological position *Doctor Who* holds on technology, using the interrelated concerns of identity and immortality to establish what the show defines as 'human'.

## 3: Masculinity, Military and Technology

The relationship between masculinity and technology within *Doctor Who* is significant and requires consideration as it endeavours to reject traditional

and toxic forms of militarised masculinity, if only to endorse an equally traditional, if less toxic, construction of masculinity: a figure this chapter will term an 'honourable cyborg soldier'. Before this, it is worth examining the more general musings *Doctor Who* offers on the location of self, an opportunity particularly unique to *Doctor Who* due to the capacity of the Doctor to regenerate.

### 3a: Regeneration and Selfhood

Initially, *Doctor Who* seems to subscribe to a Cartesian sense of self as the Doctor, few quirks aside, appears to maintain a stable selfhood across regenerations. Accordingly, regeneration becomes a part of life, a trick used for survival: the body and physical self bears little relationship to the *real* self, a purely abstract essence. However, there have been occasions when it is suggested that this is not the case; in 'The End of Time' when David Tennant's Doctor is facing his demise, Wilfred Mott offers the potential for regeneration as a comfort, denying the Doctor's 'death' as akin to a human death. The Doctor refutes this, stating he 'can still die. If I'm killed before regeneration then I'm still dead. Even then, even if I change, it feels like I'm dying. Everything I am dies. Some new man goes sauntering away and I'm dead'; suddenly the relationship between abstract and physical selves appears more complex than previously suggested. This significance is explored further Peter Capaldi's first full episode as the Doctor, 'Deep Breath'. 'Deep Breath' expands and questions the positioning of self in two ways: one by contrasting Clara with Madame Vastra (Neve McIntosh), and

the Doctor with the Half-Face man (Peter Ferdinando),[120] a repair droid who cannibalises human bodies in order to repair themselves. The importance of contrasting a 'human'[121] identity with a technological one is noteworthy, as it serves to emphasise the proximity between humanity and technology, but also due to the importance it then places on embodiment to coherent sense of self.

'Deep Breath' begins with a dinosaur materialising in Victorian London and spitting the TARDIS onto the banks of the Thames where a newly regenerated Doctor and Clara are found by the Paternoster gang. The Doctor is clearly distressed and disorientated, failing to recognise his friends, and presenting a danger to himself. Whilst other incarnations of the Doctor have shown some discomfort or physical lack after regeneration,[122] this is the first time that the process is shown as both a physical and mental trauma, one that requires a process of recovery. Whilst much of this discomfort is played for physical comedy, the Doctor's unease with his new physical form allows the episode to expand on the mythology of regeneration and self, in turn offering some reflection on the importance of embodiment. Initially, Clara is shown to be uncertain of the Doctor in his new form: she admits to struggling to adapt to the new Doctor, particularly because of his aged appearance. This difficulty is further emphasised due to the nature of Clara's relationship with Matt Smith's previous incarnation of the Doctor as they largely functioned as a romantic couple. Clara's struggles are played out

---

[120] First seen in 'The Girl in the Fireplace'.
[121] The Doctor may be an alien but he appears physically human, and is evidently not so alien as to be impossible for the audience to identify with.
[122] David Tennant's Doctor spent much of his first post-regeneration episode, 'The Christmas Invasion' in a comatose state.

across several conversations between herself, Jenny (Catrin Stewart) and Madame Vastra. Jenny and Madame Vastra's status as a married couple allow for similarities and parallels to be drawn between their relationships, seemingly advocating disregard for the physical and instead emphasising the importance of an abstract, essential self. Jenny attempts to reassure Clara the Doctor is still the same, asserting 'it's still him mam, you saw him change'. This process of change is something Clara clings to, questioning Jenny's love for Vastra if she were to suddenly become 'different'. In response, Jenny denies simply 'liking' Vastra, instead declaring she loves her, before glibly challenging the question of difference by pointing out Madame Vastra is a lizard.[123] This dismissal of the physical difference lends itself to a reading of embodiment as an irrelevance with a focus on the importance of the body as something only for shallow individuals.

The benefits of a primarily family oriented show promoting abstract qualities over physical attributes as the basis for any form of strong romantic relationship are obvious and admirable, yet the show does not retreat from the impact of the physical on an individual's status within society. Madame Vastra is shown as being intensely aware of her physical form: her queer, alien body casts her as doubly deviant, twice abstracting her from the 'norm' and she is therefore denied the privilege of dismissing the physical. She likens the Doctor assuming a youthful appearance to her use of the veil in public, claiming they both do it 'to be accepted', and thus reveals Clara's crisis over the Doctor's aged appearance as something only available to her

---

[123] It is common for science fiction narratives to displace queer relationships onto alien bodies in order to explore questions of sexual difference in a neutral context.

by her white, attractive, 'passing' body. To be, in Vastra's eyes, so thoughtlessly cruel as to question the future of a relationship with someone simply because their physical self-differs from an arbitrary societal standard is something only available to those who are not used to having their bodies defined as aberrant. Vastra refuses to be shamed by her physical form, denying her veil is worn 'as a courtesy, but as a judgement on the quality of their hearts', permitting the simultaneous acknowledgement of the impact, but a dismissal of a focus, on the body as the sole source of identity. She continues from this to hint the Doctor's aged regeneration is, at least in part, because the strength of his relationship with Clara meant he 'trusted her' and so 'the veil lifted', also implying that regeneration, far from being a random process, is heavily influenced by emotions and current relationships. What *Doctor Who* is proposing is a complex enmeshed self where the abstract self is linked to the physical, where a dismissal of the physical is only available to those who by virtue of 'passing' are unaware of its significance, and where emotions have a recognisable impact on self.

The influence of emotion and memory are something expanded on by the interactions between the Doctor and the Half Face Man. Whilst supposedly recuperating, the Doctor escapes and is found wandering, half mad, questioning why he has regenerated this particular face. Whatever the specifics of the process, it appears largely to be a subconscious one ('I never know where they come from, they just appear') and yet is loaded with emotional resonance ('Like I'm trying to tell myself something'). In the episode 'Fires of Pompeii', Donna begs the Doctor to save 'just one person' after he refuses to prevent the disaster with the character he saves being

Capaldi's. As well as functioning as a tidy resolution of Capaldi's previous appearance in *Doctor Who* canon, this serves to emphasise Madame Vastra's observation that regenerations are emotionally influenced, and that the link between sentimentality, memory, flesh and self is complex

Whilst the details of the regenerations are being pondered, a criminal conspiracy is, inevitably, discovered: there have been nine spontaneous combustions across London in recent weeks.[124] These combustions are revealed as covers devised by repair droids to hide their crimes of organ harvesting. Despite the assumed audience recognition of these villains, as well as the verbal cues that hint at their earlier appearance ('Droids harvesting spare parts – that rings a bell'), the Doctor appears incapable of recalling their previous meeting, emphasising the role of memory and knowledge in the concretisation of self.[125] The Doctor is uncertain of who he is, with this uncertainty stemming from his new physical self, his inability to recognise his friends, and his flawed memory, granting the physical and the abstract equal significance for the formulation of identity.

The Doctor's and Clara's investigations lead them to the lair of the repair droids and their first meeting with the Half Face Man. During this, Clara attacks the Half Face Man's plans with the question 'is there any real you left, what's the point?' This is a curious inversion; generally, it is a human character, enhanced via technological means, who has their new self attacked and denied the marker of 'real'. By taking human parts, the droids

---

[124] Including the dinosaur.
[125] Again, something the Doctor emphasised to his daughter Jenny in 'The Doctor's Daughter'.

have made themselves too human, implying a respect for technology as an entity in its own right. This respect for technology in itself is seen in the Doctor's first meeting with these droids during which he marvels at their beauty. There is a recognition here of the potential for technological races to have full access to personhood, even if that personhood is, and must remain, distinct from humanity.[126]

These similarities and contradictions are directly acknowledged in the final confrontation between the Doctor and the Half Face Man. During this, the Doctor continues to attack the Half Face Man's lack of coherent sense of self due to his ever-changing physical form:

> Doctor: You are a broom. Question. You take a broom, you replace the handle, and then later you replace the brush, and you do that over and over again. Is it still the same broom? Answer? No, of course it isn't. But you can still sweep the floor. Which is not strictly relevant, skip that last part. You have replaced every piece of yourself, mechanical and organic, time and time again. There's not a trace of the original you left. You probably can't even remember where you got that face from.

At this point, the Doctor holds up a silver plate to the Half Face Man, thus emphasising his final point (Figure 22), but the camera positions means that both the Doctor and the audience see his own reflection. The parallels between cannibalising the bodies of others and the taking of their faces for regeneration are obvious, and so both the audience and the Doctor are

---

[126] With this, of course, having anti-technology aspects, as it denies a future with technology.

236

forced question whether the character on screen is truly the Doctor, as we recognise him, at all. This simultaneous questioning of identity establishes parity between biological and technological life, but the final question remains unanswered. The Half Face Man maintains he cannot commit suicide and the Doctor cannot allow him to live due to the threat he poses to humanity, this being despite the Doctor's repeated refusal to murder and commit personal violence.[127] The Half Face man falls to his death with the conditions surrounding this remaining unclear; however, the Doctor's reaction is a break in the fourth wall (Figure 23), thus implicating the audience and forcing the question of how well we truly know the Doctor at this point.



Figure 22. *The Doctor's reflection*

---

[127] Even if impersonal violence and genocide have been committed by the Doctor.

Figure 23. *The fourth wall break*

At the close of the episode, this ambivalence is resolved for Clara.

She receives a call from Matt Smith's incarnation of the Doctor when he is

close to his own death imploring her to 'help me' and stating 'he's more

afraid' than she is. The Doctor affirms this, claiming she looks 'at [him] and

can't see me, do you have any idea what that's like?' Once more, this is a

neat reversal of roles; Martha Jones' relationship with the Doctor was one of

unrecognised affection.[128] Clara finally accepts this 'new' Doctor, asking him

if he wants to 'get coffee? Or chips' a further throwback to the ninth Doctor's

first meeting with Rose. As such, the episode becomes a consideration of the

interplay of the physical, memory, and emotion in the construction of self.

Despite advocating a level of permanency of abstract self, the physical

---

[128] This unrequited affection being demonstrated most obviously in the episode 'The Sound of Drums'. In this episode the Doctor describes how the perception field around the TARDIS works, stating 'It just shifts your perception a tiny little bit. Doesn't make us invisible, just unnoticed. Oh, I know what it's like. It's like, it's like when you fancy someone and they don't even know you exist. That's what it's like'. As the Doctor walks away, Captain Jack and Martha share a knowing glance, prompting Jack to state 'You too, huh?' In this scene, it is Clara who cannot 'see' the Doctor.

remains significant, and there remains a reluctance to view technologically mediated masculinity as anything other than destructive. All of these thematic concerns, but primarily the interplay of masculinity and technology, are examined in other episodes that allow for the construction of a redeemable male cyborg, specifically a military figure. These constructions demand a return to a traditional form of masculinity as a source of protection and responsibility in order to control and contain their technologically enhanced bodies, and are what this chapter will consider next.

## 3b: 'Honourable Cyborg Soldier's: 'A Town Called Mercy' and 'The Mummy on the Orient Express'

*Doctor Who* tends to err on the side of conservativism when depicting cyborgs: 'the cyborgs of *Doctor Who,* however, appear fairly consistently as figures of horror, representing boundaries that are not "crossed" but violently breached' (Calvert, 2017:20)

Whilst female cyborgs are feminised by rampant sexuality, male cyborgs tend toward the hypermasculine with militarised, corporate undertones to their violence. Whilst cyborgs have an enduring presence throughout cinematic history, the science fiction cinema of the late nineteen-eighties and early nineteen-nineties was a heyday of masculinised cyborg bodies. For Rehling, 'most cinematic cyborgs have been hypermasculine, epitomized by the Aryan-looking, muscle-bound Arnold Schwarzenegger in *The Terminator*'[129] (Rehling, 2009:181), affirming that sexual and racial

---

[129] Other examples include *Robocop* (Verhoeven, 1987), *RoboCop 2* (Kershner, 1990), *RoboCop 3* (Dekker, 1993), *Hardware* (Stanley, 1990), *Cyborg* (Pyun, 1989), *Nemesis* (Pyun, 1992), *Universal Soldier* (Emmerich, 1992), *Terminator 2* (Cameron, 1991).

difference is inevitably raised when examining technologically mediated bodies. Several potential explanations for this excessive masculinity have been offered. Samantha Holland proposes that excessively gendered bodies are necessary when dealing with the 'loss' of a human body as represented by the cyborg, 'where such a loss implies the loss of the gendered distinctions that are essential to maintaining the patriarchal order' (Holland, 1995:159). Claudia Springer imbues these masculinised symbols with a sense of nostalgia, defining them as images of 'externally forceful masculine machinery' (1996:111). As technologies offer us ever more opportunities to expand our definitions of gender, the cultural response appears to be to strengthen these boundaries, and retreat to excessive, and therefore certain, gendered bodies.

The masculine techno-body is therefore most commonly recognised as a weapon, a body of violence that inevitably has militaristic, and on occasion, fascistic overtones. An additional level of anxiety is added when considering the militaristic and corporate funding typical of these figures, 'ensuring life threatening and profit making developments without regard to ethical or human consequences' (Dinello, 2005:6). Male cyborgs are constructed as a weapon, designed for a militaristic or corporate body, and used for their own ends. This blending of militarism and capitalism and, on occasion, fascism, is something *Doctor Who* heavily draws upon, with the figure of a soldier cyborg reoccurring throughout the series.

*Doctor Who* does not, look too kindly on men[130] who use technology to wage war or forward their own eugenically influenced ideas of the 'perfect' society. They are staple villains: the Daleks, John Lumic and his Cybermen, the Master, and the Toclafane. Despite this, *Doctor Who* does allow for possible positive constructions of technologically enhanced masculinity in the form of the cyborg soldier. This particular figure appears in both 'A Town Called Mercy' and 'The Mummy on the Orient Express', and in the form of Danny Pink (Samuel Anderson). Whilst Danny Pink will be returned to later in this chapter, attention will now turn to the listed episodes to analyse how redemption is offered through traditional male roles, how large scale corporations and capitalism are villainised, and how male bodies are uniquely exploitable with relation to technologically advanced warfare.

In 'A Town Called Mercy', Amy, Rory and the Doctor arrive at a small frontier town in America, 'Mercy', that appears to be powered by electricity prematurely. The Town Marshall, Isaac (Ben Browder), informs them the town is being held hostage by an alien cyborg known as 'The Gunslinger' (Andrew Brooke) who request they hand over 'the doctor'. This is not 'our' Doctor, but a humanoid alien hiding in the town who introduces himself as Kahler-Jex (Adrian Scarborough) who crashed to Earth ten years previously, and, in return for the town saving his life, has provided them with advanced technology. The Doctor promises to rescue the town from The Gunslinger, but in doing so discovers Jex is a top level scientist whose home world had devolved into civil war, prompting his team to recruit soldiers for 'special training' before experimenting on them, turning them into a race of super

---

[130] Or indeed, males of various alien species.

soldiers. These soldiers were then forced to kill hundreds, effectively ending the war through slaughter. The Gunslinger is one of these experiments and is seeking revenge on those that created him. The Doctor plots to allow Jex to escape, but Jex elects to commit suicide, offering repentance and allowing The Gunslinger peace from his pursuit of revenge. As the Doctor and his companions leave, The Gunslinger remains watching over 'Mercy' as an immortal protector: the town's 'own special angel' (Figure 24).

Several of the ideas outlined above are evident here; primarily, there is strong condemnation of warfare and those who wage it from afar. The Gunslinger is portrayed as a victim just as clearly as those he was forced to kill. Jex refers to himself as a 'war hero' whilst in the same sentence reducing The Gunslinger to nothing more than 'a weapon', clearly demonstrating the depersonalisation suffered by – predominantly, and in this episode exclusively – male bodies in increasingly machine dominated wars. When viewing the footage of the experimentation, the Doctor sits in stunned silence as the audible and violent screams of those involved dominate the audio track. The scene strives to emphasise the violence of this experimentation with the scarred and disfigured body of The Gunslinger standing as testament to the cruelty of it. The episode rejects masculine fantasies of 'curing' warfare through the creation of advanced life forms, highlighting the arrogance of those with such ambitions as well as the cost to those deemed disposable in such pursuits.

Progressing from this, Jex and The Gunslinger are contrasted in order to construct positive and negative images of masculinity. Jex is consistently shown as weak, cowardly, and incapable of accepting responsibility for his

actions: he claims he merely wanted to 'bring peace' and seeing himself as a morally compromised victim. In contrast, The Gunslinger is aware of his crimes, believing his newly modulated physical form prevents him from ever re-entering society; he plans to commit suicide, allowing him to remove a final threat from the universe and accept responsibility for his killing. These traits – responsibility, honour, and self-sacrifice – become the defining requirements of a positive masculinity. Jex is granted some redemption in the final act, but only by accepting responsibility for the lives he took as well as assuming responsibility for ending the war: his suicide ends 'the war for [him] too' by preventing The Gunslinger from taking a final life.

The body of The Gunslinger, however, with its hybridisation of masculinity, weaponry and technology remains a threat to the peace gained at the close of the narrative. Despite the episode highlighting his refusal to harm those he considers innocents, his existence is born from warfare and is therefore incompatible with the society he has just helped restore. The solution *Doctor Who* offers is a return to a traditional, respectable position of male power: he becomes the town's protector. Whilst his cyborg body still prevents effective integration into society, he may achieve a level of acceptability by assuming the positive masculine mantle of protector. While male scientists and governments may achieve redemption through self-sacrifice, *Doctor Who* creates space for an 'honourable cyborg soldier', so

long as this figure nobly accepts his rejection from society and his new, rigidly masculine role.[131]



Figure 24. *The Gunslinger*

This particular vulnerability of male bodies to exploitation by government and corporate organisations during warfare is something 'The Mummy on the Orient Express' furthers. In this, the Doctor and Clara take a journey aboard a futuristic replica of the Orient Express that flies in space. Whilst on board, various passengers mysteriously die, supposedly victims of a supernatural being known as The Foretold (Jamie Hill) (Figure 25) who kills his victims precisely sixty-six seconds after first appearing. The Foretold is 'immortal, unstoppable, unkillable': the perfect weapon. The Doctor remarks that the train appears oddly full of passengers who offer varying forms of

---

[131] There is also an implicit class element here - the experimentation on a presumably lower class soldier's body by upper class elites – scientists, government officials, those who do not participate in active warfare.

expertise to anyone wishing to study The Foretold, with this being proved correct. The train is a lab overseen by the malevolent on-board computer Gus (John Sessions),[132] and the remaining passengers are informed they are tasked with capturing The Foretold with any loss of life dismissed as nothing more than a cost/efficacy exercise.

Emotions and memory have thus far been highlighted as of particular importance for the human experience within *Doctor Who*, and this focus allows for a further vulnerability of militarised male bodies to be examined. The Doctor discovers The Foretold does not select his victims randomly; he selects the weakest of the group with this 'weakness' extended to cover emotional distress. One of the train's crew, Captain Quell (David Bamber), admits to the Doctor to suffering from Post-Traumatic Stress Disorder he attributes to his survivor's guilt; he did not die in the war as the rest of his platoon did, and this leads to him succumbing to the Foretold. Soldiers are not merely victims during active service, and their particular vulnerability will haunt them throughout their civilian lives: the emotional scars of warfare are, to *Doctor Who*, as real as the physical.[133]

This focus on emotion as a cause of pain is something the Doctor uses to his advantage, taking the grief from another passenger in order to ensure he is the next victim of The Foretold. He had previously deduced that The Foretold is some form of technologically mediated being, with this technology being both how it has survived for millennia, and how it kills its

---

[132] Who is stylistically and thematically indebted to the ultimate in evil artificial sentience, Hal from *2001: A Space Odyssey*.
[133] With the Doctor's own, continual guilt from his actions during the Time War also confirming this.

victims.[134] The Doctor notices something visible underneath the bandages, 'a scroll' or, upon closer inspection, 'a tattered piece of cloth attached to a length of wood that you would kill for'. The Foretold is identified as 'a soldier, wounded in a forgotten war, thousands of years ago', with the real tragedy being what was done to him: 'they've worked on you, haven't they son? They've filled you full of kit. And all that tech inside you, it just won't let you die, will it? It won't let the war end. It won't let you stop until the war is over'. As with The Gunslinger, The Foretold is presented as a victim, seeking relief and reprieve from eternal warfare, enslaved to impersonal forces that would use his body as a weapon. The Doctor frees The Foretold, simply by surrendering, and the physical body of the mummy crumbles, leaving a pile of cogs and metal within the bandages. Incredulous, a passenger points to this and asks, 'we were fighting that?' to which the Doctor replies 'so was he', establishing the Foretold as victim to a technology that denied him humanity, freedom, and death.

---

[134] It drains energy from them.

Figure 25. *The Foretold*

Thus, *Doctor Who* highlights the vulnerability of male bodies to technological hijacking during times of warfare, whilst acknowledging the potentially positive forms of technological mediated masculinity available to cyborg soldiers. This figure of the solider will be returned to later in the chapter, but for now *Doctor Who* appears to be returning to science fiction tradition, by allowing cyborg bodies only if they adhere to strict gender binaries and standards.

**4: Cybermen and Visions of a Posthuman Future**

Considerations of the relationship between technology and self within the Whoniverse would remain incomplete without at least some examination of those most obviously posthuman figures, the Cybermen. The Cybermen were consistent figures within the classic series, and despite their mythology receiving some reinvention in the reboot, they remain emblematic of the thematic concerns of depersonalisation, technology, and paranoia. This

section will focus on the initial reintroduction of the Cybermen with the contention being that although, once more, *Doctor Who* offers a complicated contemplation of the significance of embodiment; it villainises a masculine high jacking of technology for messianic ends. To achieve this, *Doctor Who* depicts women as the almost sole victims of these ambitions, resorting to stereotypical sentimentality to dramatize the threat posed. The depiction of women as mothers, wives, and daughters within these episodes serves to imply that traditional family units, and therefore traditional societal set ups, are most at risk from these technologies, granting these deliberations a conservative bent. These episodes still limit women's roles to narrative catalysts or emotional touchpoints; their deaths more tragic due to their feminised roles. Before turning to these specific concerns, it must be acknowledged that there already exists a considerable body of work on the the Cybermen, and so an overview of their significances will be offered first.

## 4a: Cybermen Origins

In spite of the tweaking of their origins within the reboot, the Cybermen remain indebted to *Doctor Who's* 'unofficial science advisor' (Chapman, 2013:61) Kit Pedler. For Pedler,

> […] the Cybermen were a manifestation of […] 'dehumanising medicine' […] Such creatures [Pedler] reasoned would be motivated by pure logic coupled with the overriding desire to survive. They would sacrifice their entire bodies and their minds in the quest for immortality. (Rose, 2008:289)

This paranoia regarding 'authentic' humanity, boundaries, and the quest for immortality are all still present within the contemporary Cybermen. For Calvert, the construction of these beings plays on anxieties concerning boundaries, as it 'involves a rupture between inside and outside: the human brain taken out of, and separated from, its organic body' (Calvert, 2017:25). If fears surrounding invasion are commonly associated with nineteen-fifty's science fiction these are fears *Doctor Who* updates, creating new relevancies for contemporary audiences. This harkening back to nineteen-fifty's science fiction's preoccupations is something Rose highlights

> [It is] a narrative trope that dominates the Russell T. Davies era of *Doctor Who*. The invasions that take place throughout the series occur on either a grand scale [...] where land mass is sought […] or on a more singular and intimate levels as the bodies of individuals are invaded (Rose, 2010:284).

From this, Rose draws parity between *Doctor Who* and perhaps the ultimate example of the paranoid invasion film, Don Siegel's *Invasion of the Body Snatchers* (1956). Whilst the threats of conformity and a lack of emotional capacity are retained in *Doctor Who's* updating of the tropes, these threats are no longer due to the rise of Communism nor consumerist conformity: technology itself is now the source of anxiety.

The Cybermen's desire for immortality, as outlined in Pedler's original vision, remains a key characteristic in their new incarnation. The reboot sees the Cybermen created by John Lumic (Roger Lloyd-Pack) in an attempt to prevent his death, and in the process eradicate death all together. While this

may appear noble, such messianic pretentions rarely end well within *Doctor Who* and Lumic's are no exception. Lumic is motivated by fear of his own death not, however, the death of his body: for Lumic, it is the death of his brain, the source of his creativity, intelligence, and life that is intolerable. This belief in the centrality of the brain is evidenced several times within these episodes specifically as the 'upgrades' involve the transplant of a human brain into a metal exoskeleton. It would appear *Doctor Who* is placing 'greater "emphasis on the brain" than the classic series' (Green and Willmott, 2013:57), establishing a brain/body dichotomy.[135]

Thus, *Doctor Who* can be seen as updating tropes from bygone eras of science fiction to alert the audience to the proximity of a posthuman era, allowing for varying images of what this future might entail. *Doctor Who* appears to be arguing that 'ordinary' humanity is most at risk from these futures, and while an appeal for the 'normal' can be inclusive, imbuing all of humanity with value, what actually occurs is a valorisation of traditional family units and roles.

**4b: 'Rise of the Cybermen' and 'Age of Steel'**

Whilst variations on these themes are seen in the majority of the Cybermen's appearances across the series, they are most articulately evidenced in their first reappearance in the episodes 'Rise of the Cybermen' and 'Age of Steel'. In these, the Doctor and his companions, Rose and Mickey (Noel Clarke),

---

[135] However, as Calvert notes this simple brain/body dichotomy is confused by Lumic himself, as well as various other cyborgs in the series who manage to overcome their programming (Danny Pink, Oswin, Yvonne Hartman as some examples). Lumic's fear at his 'upgrade' and his assertion he will only do so 'with his last breath' suggests 'he would much rather remain in his own imperfect body[counteracting] his previous declaration which privileges the brain' (Calvert, 2017:29).

find themselves stranded on a technologically advanced parallel Earth. This technological advancement is thanks to the endeavours of Lumic's 'Cybus Industries' with the Cybermen being the pinnacle of such advancements.

Lumic's villainy is in keeping with the 'male mothers' seen in Chapter Two, and as such is related to concepts of arrogance, control, and the usurping of nature.[136] Lumic expresses his envy of the 'privilege' of the Cyberman having 'skin of metal, [and] a body that will never age or die'. Arguably, the majority of technological interference in the human body is to correct perceived flaws, and to deny any intervention is to retreat to a form of neo-ludditism that is unhelpful. Lumic's desire to cure his illnesses and extend his lifespan is understandable, something even the Doctor terms 'so very human', but his methods are questionable. Lumic petitions the President of Great Britain (Don Warrington) for permission for his cyber upgrade and when he is refused on ethical grounds he simply disregards any objections, betraying the impotency of government in the face of powerful, capitalist industries. The human population wear 'earpods' through which they receive a 'daily download' of information straight into the brain, an image of human passivity in the face of technology. The relationship between human consumerism, passivity, and corporate greed is shown to be the perfect storm in which 'bad' technology may flourish, typically if these industries are led by rich men with tyrannical ambitions. Entitlement demands the reduction of elements to mere data, stripping personhood down to 'worth': Lumic's experimentation on the homeless population of this London demonstrates this. The role of capitalism is further acknowledged as during his pitch Lumic

---

[136] The initial 'birth' scene of a Cyberman is full of Frankenstein-ian imagery and reference.

251

references the 'copyrighted chemicals' in which the human brain may be placed. Clearly, 'philanthropic' desires to rid humanity of suffering does not preclude profit. Lumic rejects any governance by 'human' laws, insisting on his right to be 'governed by greater laws […] the right to survive'. This superficial assertion of human rights is undercut by the conversions scenes where the cost of Lumic's appealing declaration of his right to govern his self is shown by the dying screams of those forcibly upgraded.

Whilst all bodies are vulnerable to Lumic's ambitions, female bodies are particularly victimised. The most narratively powerful deaths are all female: Mrs Moore (Helen Griffin)[137] dies while aiding the Doctor fight a Cyberman, the face of the 'reject stock' to be 'incinerated' is a young Asian woman, adding race to discussions of 'worth', while Sally Phelan, a woman who has undergone cyber conversion but regains her emotional capacity, allows the audience to witness the horror of this fate. Phelan's death is perhaps most impactful, and for Calvert this attributable to gender. This scene is

> […] in part horrific because it emphasises the un-gendering of the human body once it is transformed into a cyberbody, at the same time the horror is enhanced – for the characters, certainly – because they discover that 'it was a woman' (Calvert, 2017:29).

Phelan's death occurs when the Doctor and Mrs Moore incapacitate a Cyberman and remove its (her) emotional inhibitor with the Doctor remarking that 'it's still got a human brain, imagine it's reaction if it could see itself'. For

---

[137] The tech expert of the rebel group The Preachers, a further demonstration of the potential for 'positive' technology when governed by femininity.

Mrs Moore, this piece of technology removes 'the one thing that makes them human' demarcating emotionality, and specifically feminised emotionality, as the core of humanity. This feminised emotionality is demonstrated in several ways; one is the evident shock of Mrs Moore at the prospect of a female Cyberman, implying that uniform rationality is more comfortably received when attached to male bodies.[138] Secondly, Phelan reveals that it is her wedding night, positioning her in a traditional role of wife-to-be; placing the source of humanity in traditional family set ups and gender roles. Phelan's death is somehow more effective because of this: technology is seen as an attack on 'good, wholesome' feminine humanity by messianic men. This image is further compounded by Rose and Pete Tyler's (Shaun Dingwall) failed attempts to rescue a cyberconverted Jackie Tyler (Camille Coduri), her comments that 'once I was Jacqueline Tyler' functioning as a rejection of both herself, but also her roles as a wife and mother.

This emphasis on emotions as the core of humanity is something the Doctor advocates as 'he consistently refers to people who have been converted to Cybermen as "dead" […] He also reacts badly to the suggestion that becoming emotionless […] might be a good thing' (Green and Willmott, 2013:58). For the Doctor, 'People! Ordinary, stupid people' are the epitome of humanity, a fact affirmed by the episodes allowing 'Mickey the Idiot' (Figure 26) to be the hero.[139] Lumic's Cybermen are defeated by their

---

[138] Evidently the 'male' appearances of the Cyberman adds to the dissonance experienced by Mrs Moore, whilst also confirming that a male body is seen the default body of humanity.
[139] Once more, this seemingly positive championing of universality is undermined by considerations of race. Whilst Mickey may be championed as representing the 'ordinary' people, and functioning as 'a potentially positive representation […] in practice the narrative undermines this and presents him instead, as the Doctor calls him, as "an idiot". (Jowett, 2017:69).

emotional inhibitors being taken offline, by them gaining their 'souls' back, and therefore going insane at the sight of their newly posthuman bodies. A championing of emotion, empathy, and the 'ordinary' as the source of humanity is somewhat refreshing, challenging masculinist views of violence and conquest, but *Doctor Who* retreats to stereotype in order to display these traits. Women are a source of humanity but also disproportionately victimised by male controlled technology, a morality tale with some veracity, but ultimately a rejection of technology as beneficial. This male control of technology has particular pertinence as there is scope to argue that *Doctor Who* forwards an image of female controlled technology as benevolent and progressive, an idea examined in the next section.



Figure 26. *The face of 'ordinary humanity'*

## 5: Digital Salvation?

If the Cybermen represent a nightmarish vision of an embodied posthuman future, the issue of disembodiment remains. Futuristic visions of humanity

are just as commonly disembodied as they are a technologically advanced 'upgrade' of the human body. *Doctor Who* is wary of the apparent utopia offered by disembodiment, but does not completely discount the potential merits of such a life, instigating a hierarchy of 'real' lived experiences. Disembodied technological futures are, however, only positive when embodied as, or controlled by, women; male dominated disembodiment remains a source of threat. These related themes of positive, feminised technology and the potential life offered by disembodiment are examined across three episodes in particular: the episodes 'The Silence in the Library' and the 'Forest of the Dead' as well as 'The Doctor's Wife'. 'The Silence in the Library' and 'Forest of the Dead' offer an uncanny image of the potential lives and deaths available in a future where disembodiment has become common. Disembodiment however remains a 'half-life', confirming a fully embodied, physical existence as the epitome of lived experience.

'Silence in the Library' and 'Forest of the Dead' unfold their narratives by cutting between two, apparently equally 'real', worlds further complicating the embodiment/disembodiment debate. This is established from the episode opening as it begins with a young girl (Eve Newton) receiving a house call from her doctor, a Dr Moon (Colin Salmon). She tells him of her library, something she believes to be in her imagination and which she travels around by 'wishing'. She becomes distressed when she discovers someone is in her library, at which point Donna and the Doctor burst into her room. The narrative then cuts to the Doctor and Donna arriving at a planet sized book repository simply known as The Library, which they find deserted despite the computer stating The Library is crawling with millions of non-

human creatures. The Doctor and Donna search out an information node (Figure 26) and Donna is distressed to find that the information points have human faces attached to them, this distress intensifying when discovering they were donated after the individual's death. The Doctor dismisses her concern, claiming that in the fifty-first century 'that's basically donating a park bench'. Whilst this remark could be designed to highlight Donna's ignorance, it could be argued that Donna's distance from technology allows her to objectively asses these practices, demonstrating their particular cruelty. The companion is traditionally seen as the point of audience identification, a notion compounded by Donna demonstrating the greatest amount of empathy in these episodes, ensuring she represents the voice of humanity.



Figure 27. *An information node*

The information node tells Donna and the Doctor to 'run for god sake, run', whilst emphasising the need to 'count the shadows. If you want to live for god's sake count the shadows'. At this point, predictably, the lights begin

to go out, prompting the Doctor and Donna to burst into an office, mirroring the way we saw them apparently burst into the little girl's room in previous scenes. It is revealed that, from the Doctor's perspective at least, the 'little girl' is a floating wooden security orb, apparently removing any form of sentience from her. This is undermined by the fact the girl appears to 'hear' the sounds of the sonic screwdriver, and reacts in pain in both realities: the little girl is seen screaming in pain, whilst the words 'No! Stop it!' appear on the screen of the orb (Figure 28). The Doctor comments, 'it's alive!', therefore granting selfhood. The Library operating system, known as CAL,[140] appears to be connected to the mind of the young girl, meaning that any attempt to access the Library's computers directly impacts her world, for example causing books to fly off the shelves.

---

[140] A further nod to *2001: A Space Odyssey*.

Figure 28. *The girl in distress*

At this point in the narrative, what constitutes reality is uncertain. As an audience, we are certain that the world of the Doctor and Donna is the 'real' one narratively speaking, the one in which their adventures take place. It would be easy to dismiss the world of the girl as some 'unreal' techno dimension if it were not for the demonstrable impact 'our' world has on hers. Moreover, the use of a little girl as the face of this disembodied world ensures that it is difficult to dismiss her distress as nothing, as a series of codes and figures, as it is designed to provoke an emotional reaction in the audience. *Doctor Who* is advocating a symbiotic relationship between

technology and reality in which events in either can have impact on the other. A technological life may not be granted the same worth and value as a 'real life', but it does not follow that our experiences in cyberspace are irrelevant. *Doctor Who* therefore suggests individuals proceed into cyberspace with caution as disembodied actions can have ramifications beyond their designated zone.

After finding the security orb, the Doctor and Donna find themselves joined by a team of explorers led by archaeologist River Song and bankrolled by Strackman Lux (Steve Pemberton), the grandson of the original builder of The Library. They are here to discover why the Library sealed itself one hundred years ago, at which point all visitors to the Library disappeared, despite the library computers stating '4022' saved. The Doctor reveals they are surrounded by creatures known as Vashta Nerada. He terms them 'piranhas of the air' and demonstrates their capacity for violence by throwing a chicken drumstick into shadows and watching it become bare bone. Even in the fifty-first century, the loss of flesh remains the ultimate nightmare.

Once again, a woman is the first victim of these monsters. One member of the expedition is an attractive, but ditzy, young woman called Miss Evangelista (Talulah Riley). She is scorned and derided by other members of the expedition. Only Donna comforts her, an act attributable to her own experiences of being a laughing stock. Empathy, then, is valued over intellect. Miss Evangelista is killed by the Vashta Nerada, and upon discovering her body, the Doctor and Donna learn the team are wearing a communication device that 'can hold the impression of a living consciousness after death'. This is not considered a form of life as she is

nothing more than 'brainwaves' now, a 'data ghost', 'a footprint on the beach [with] the tide coming in'. These assurances aside, it is presented as a horrifically cruel demise. Miss Evangelista is distressed, confused, and seeks comfort from Donna, the 'nice woman'. She is unaware of her own death, asking Donna to 'help her' but not to 'tell the others, as they'll only laugh'. This mortal concern feels insignificant when compared to her actual situation, but has tremendous emotional impact. The rest of the group react to this flippantly, declaring it 'just a freak of technology' but Donna is not convinced. She terms it 'the most horrible thing I've ever seen' and the audience is positioned to share this view. It is a particularly cruel world in which a young woman's real time death is flippantly reduced to a 'freak' of technology. Donna's distance allows her to articulate the horrors of this scene, her sensitivity to both Miss Evangelista as a person and her death granting her an awareness that the desensitised fifty-first century citizens lack. Once more, an emotional female in the form of Donna is situated as the standard of humanity, whilst our technologically advanced future selves are shown to be lacking in empathy. Whilst the donation of faces to information nodes can be dismissed, and is depicted as, a futuristic quirk, this amplifies the horror of someone's last minutes of life being reduced to a conversation through a speaker. This is not a utopic posthuman future, and disembodiment is not a privilege but a cruelty.

Donna's experience of disembodiment does not end with mere observation as in attempting to teleport Donna back to the TARDIS for safe keeping, the Doctor inadvertently 'saves' Donna to CAL. The mechanics of this are revealed by Lux who states The Library was constructed by his

grandfather in order to house his granddaughter's mind after she was diagnosed with an incurable disease. Lux's compassion and sense of familial duty toward CAL is real, but he even he admits 'her is only a half-life' with the fact that it is 'forever' providing little comfort. It is evident that despite the significances and impact they can have on material lives; a purely digital life is one-half lived.

This half-life is one Donna experiences. Within the simulation, Donna appears to be living in a hospital where she is receiving treatment from Dr Moon. Editing allows the unreality and dreamlike quality of this world to be experienced by both Donna and the audience: when introduced to a fellow patient named Lee, (Jason Pitt) Donna remarks that he is 'gorgeous and can't speak a word, what am I going to do with you?' at which point a sharp edit cuts to them on their wedding day. There is a further sharp cut to the couple having had two children and now living an idyllic life, but these jumps rupture the image and text, preventing any reading of this world as 'real' or sustainable. This is something Donna also experiences: she comments on the bizarre passage of time, experiences residual doubt despite reassurances from her husband, and claims to see things creeping just out view. The unreality of this world is emphasised in form, yet as it contains a family and emotional connections that *feel* real to Donna, she is unable to reconcile herself to the truth. Donna is forced to confront the reality of this world when she is asked to meet by a veiled female figure. This figure is revealed to be Miss Evangelista, her face disfigured by a corrupt download process. She reveals her motivation to help Donna as stemming from the fact Donna was 'kind to her', and implores her to look beyond the surface, to

261

retrieve the memories of her actual life that still exist, despite the fact she has 'been programmed not to look'. Donna resists this, citing her love for children as 'real', prompting Miss Evangelista to reveal that all the children playing in the playground are copies of Donna's two children: an uncanny replication that traumatises Donna. Donna's children achieve a level of awareness Donna still refutes, commenting that 'even when you [Donna] close your eyes, we just stop', yet their disappearance still prompts a real out pouring of grief from Donna.

*Doctor Who's* position on disembodiment is therefore uncertain. It maintains that a disembodied, technological life is half-life, yet accepts there is a definite relationship between 'online' and lived realities. It does not deny that lives lived online can garner real and genuine emotions, yet it maintains that emotions based on a false reality must be overcome by rationality, and therefore will not withstand scrutiny. *Doctor Who* privileges truth over abstract sentiment, forcing the acceptance of 'emotional reality', no matter how painful. Disembodiment grants some privilege: it allows CAL to live a life, it grants Donna a family, and Miss Evangelista intelligence. Yet this world is a dream, and cannot be maintained: it is fractured and unsustainable, and the life it offers may be blissfully ignorant but it is not full. A focus on emotion, family, and the female control of technology allows for the potential of positivity as the episode ends with all 4022 souls being restored to a physical life, although this costs River her own. The Doctor saves River to the now uncorrupted data core, and she is shown reading a bedtime story to Donna's children, all characters dressed in white with the heavenly, tranquil connotations of this being evident. Thus, technology may

262

be able to save us from what lurks in the darkness, but what it offers is not a 'real' life: it is a spectral half-life that only becomes tolerable after physical death.

## 5a: Idris

'The Silence in the Library' and 'Forest of the Dead' are not *Doctor Who's* only considerations of embodiment versus disembodiment. A more pointed examination of this can be found in 'The Doctor's Wife', an episode in which the 'soul' of the TARDIS becomes implanted into a physical body, allowing the TARDIS to become a physical, humanoid, speaking character. The TARDIS is a constant throughout all series of *Doctor Who*, and is always presented as having a form of sentience, but all communication with her[141] is mediated through the Doctor. As MaRury and Rustin articulate, '"Her" deep-living presence is normally felt through the Doctor's relationship with her for instance in comments such as: "The TARDIS can't see. It's sulking because it thinks the space doesn't exist," reflecting the ways many of us speak to cars' (MacRury and Rustin, 2014:207). The Doctor's relationship with the TARDIS extends beyond one of an owner and a vehicle however as 'many stories make use of the intimate relationships between the Doctor and his time-space machine. It is presented as a somatomorphic-telepathic link, with mind and body, sharing thought, space, connection' (MacRury and Rustin, 2014:203) with many companions depicted as jealous of their relationship. The TARDIS is 'underlined as the Doctor's only permanent relationship'

---

[141] The TARDIS is referred to as a 'she' throughout the series, presumably much in the manner boats and ships are. In addition, the TARDIS has previously been represented as female – in 'The Time Warrior' (1973) for example.

(MacRury and Rustin, 2014:203) meaning she is feminised in both form and role: her soul is placed in a female body, therefore she is represented as female, and her relationship with the Doctor is a hybrid of the maternal and the romantic. This episode builds upon previously established themes to further the dichotomies drawn between embodiment and disembodiment, and masculinised and feminised technology. The villain of the episode, the alien sentience House (Michael Sheen), and the Doctor can both be seen as representing masculine technology, but only the Doctor is 'humanised' within the narrative, therefore confirming Idris'[142] (Surrane Jones) role as woman both physically and emotionally. Once more, the episode appears to affirm the necessary separation between humanity and technology whilst granting agency and sentience to both, offering the potential of a positive, collaborative future.

The Doctor and companions Amy and Rory receive a Time Lord distress signal from a communication cube. The Doctor traces the source of his call to a rift leading outside the universe, following the signal to arrive on what appears to be a junkyard on a solitary asteroid. After landing, the TARDIS shuts down and its matrix disappears, implanting, without the knowledge of the Doctor or his companions, into the body of a young woman named Idris. The asteroid appears solely inhabited by humanoid aliens introduced as Uncle (Adrian Schiller), Auntie (Elizabeth Berrington) and an Ood named Nephew (Paul Kasey) in addition to the now excitable and volatile Idris. Idris refers to the Doctor as 'her thief' before being taken away

---

[142] The name of the young woman whose body is used as a vessel for the TARDIS soul (she is still referred to by this even once the TARDIS matrix is implanted in her).

and imprisoned by Nephew. The Doctor discovers that the distress signals are not evidence of survivor Time Lords, and Auntie and Uncle are the human puppets of the asteroid's sentience known as House, a being who can control both humans and technology, and who eats the Arton energy of a TARDIS matrix. He has lured countless Time Lords to their deaths here and uses their body parts to 'fix' Auntie and Uncle. Upon discovering that the Doctor is the last Time Lord in existence, House transfers his consciousness into the TARDIS, escaping the rift and returning to the universe with Amy and Rory inside. Trapped on the asteroid with this universe close to collapse, the Doctor and Idris together build a makeshift TARDIS from the remnants of the junkyard. They are able to gain access to the TARDIS, and Idris successfully transfers the matrix vanquishing House. In the process, Idris' physical body dies, and she uses her last moments to tell the Doctor she loves him.

The particular villainy of House, then, is evident: he[143] is a malicious despot who treats those who serve him as no more than puppets and happily sacrifices whomever so he can feed. He is not efficient in his murder, however, showing a particularly sadistic streak in his use of the messenger cubes to draw in other Time Lords and his emotional torture of Rory and Amy for 'fun' instead of simply killing then. This villainy is visually evident: the 'junkyard' of the asteroid is more fittingly described as a charnel house, the toxicity of House's presence demonstrated by the TARDIS assuming a sickly green glow when occupied by his consciousness (Figure 29). MacRury and Rustin suggest that this visual contrast offers

---

[143] Although arguably a sentient asteroid does not have a recognisable gender, as House is voiced by a male actor (Michael Sheen) there is a level of male characterisation that justifies the reading.

[…] a glimpse of TARDIS technology denuded of the containing

protective love that we see as a function of the 'proper' TARDIS, the

'matrix' having been decanted into Idris. If we see Idris as embodying

a loving, containing function, House affords a quite different

environment. The House-TARDIS is sadistic, telescoping, and

amplifying dread in its cavernous and uncontained mazes and depths

(MacRury and Rustin, 2014:217).



Figure 29. *An unsettling TARDIS*

House may be aligned with several of the male villains examined thus

far – Gus and Lumic are the most obvious examples – as an irredeemable

masculine figure that uses technology for despotic ends and pays the price

for it, dying at the close of the narrative. Disembodiment allows House to see

the bodies of others as nothing more than a means to an end, a vessel to

store TARDIS matrixes in, or as spare parts for his servants. A lack of

physicality here ensures a parasitic, emotionally cold existence.

There is an argument to be made that the Doctor occupies a 'technological' position in this narrative, one akin to House. Curtis argues there is scope to view the Doctor himself as a posthuman being 'in both his technological prowess […] and his physiological nature' (Curtis, 2015:163). If it is common in science fiction for women to have to 'humanise' technology, there is certainly scope to apply this reading to the Doctor. It is typically the companion's role to humanise the Doctor, to remind him of the need for compassion, and to ensure he does not stray too far from a respectable path. Hence, there is a reversal here, as although the Doctor may be presented as a form of masculinised technology in his technological capacity and his posthuman advancement, it remains the job of Idris, a legitimately technological being, to aid his emotional development. Idris' role is to 'help the Doctor, to acknowledge loss and pain as forerunner to reparation' (MacRury and Rustin, 2014:216), and the difference in their roles is demonstrated when examining the contents of the junkyard. The Doctor observes that they are looking at a 'valley of half-eaten TARDISes' before asking Idris if she is 'thinking what I'm thinking?' The Doctor is clearly excited at this prospect, something that is undercut by Idris' response that she is 'thinking that all of my sisters are dead. That they were devoured. And that we are looking at their corpses'. The Doctor sees practicality where she sees grief meaning even techno-females are responsible for the emotional labour of a relationship.[144] The theme of self-sacrifice also continues here, as when their makeshift TARDIS appears to be failing Idris donates some of her own

---

[144] Idris' negative feminisation is further compounded by her characterisation as a Victorian madwoman (Calvert, 2017).

life force, reassuring the Doctor he has 'what you've always had, you've got me'.

If Idris' role in the narrative is to provide support for the Doctor in his emotional progression, therefore humanising him, it is apparent that there must be a limit to this humanisation as an overly emotional Doctor is something that must be avoided. Fearing his search for his friends will be unsuccessful, Amy encourages the Doctor to focus on being 'the Doctor', therefore granting the implied traits of rationality, objectivity, and wisdom precedence over emotionality. Whilst the Doctor is clearly emotionally literate and developed, an excess of emotion is proven dangerous for both him and those around him,[145] in a less deadly, but comparable, manner to the Cybermen. If *Doctor Who* maintains a binary between humanity and technology, this is a separation that may also be applied to the Doctor and humanity, aligning him more with the technologically mediated. An excess of emotions is seen as a negative for the Doctor, and as the programme so valorises the emotional gaze it is possible to argue that this somewhat destabilises the Doctor's gaze as the primary one within the programme.[146]

If the Doctor and House can be read as representing forms of masculinised technology, Idris is evidently feminised. The image of women as victims of technology is also repeated as the opening of the episode shows the demise of the 'human' Idris in order to make way for the TARDIS matrix. The young woman is told that 'Nephew will drain your mind and your soul from your body and leave your body empty', once more implying a

---

[145] As seen in other episodes such as 'The Runaway Bride'.
[146] This argument will be returned to in greater detail in later sections.

distinct separation of body and self. This permanency of self is confirmed by Idris' questioning of the Doctor, her asking him 'Do you really not know me? Just because they put me in here?' with some incredulity. Idris calls the Doctor a 'thief', claiming that he stole her, therefore affirming the TARDIS is at the very least a sentient being with memory and agency. Throughout the episode, Idris retells the Doctor's story, claiming that it was her who 'chose [him] all those years ago' as she 'wanted to see the universe so [she] stole a Time Lord and [she] ran away', imbuing their relationship with an equality that the Doctor had thus far failed to recognise. They share a moment of recognition when the Doctor questions if Idris is 'My TARDIS?' to which she replies 'My Doctor' – ensuring their relationship is own of mutual trust, ownership, and recognition (Figure 30).



Figure 30. *The Doctor and Idris: A moment of recognition*

Idris may be shown as enjoying a life and relationship with the Doctor when housed within the TARDIS, yet her newfound embodiment allows her to experience that which she has been lacking thus far. She appears unable

269

to articulate a particular word throughout the episode, questioning the Doctor

about a 'big word. Sad word. Why is that word so sad?' before deciding that

the word will, in fact, 'be sad'. Embodiment grants Idris a whole new sense of

feeling and life, expanding her perspective to such an extent that she, in a

neat twist on a repeated joke within the Whoniverse, asks if all people are

like this, 'so much bigger on the inside'. This cohesion of flesh and

technology is not built to last, however, and the human body of Idris begins

to die. In her last moments, Idris manages to communicate using her

physical form once more with it being notable 'that Idris has a golden glow'

(MacRury and Rustin, 2014:222) in this scene as 'she is no longer the

damaged and decaying figure who, in some ways, represented things falling

apart, narrative out of joint' (ibid). Personal cohesion aside, Idris appears to

be experiencing something akin to a death, fearfully asking for the Doctor to

talk to her, as 'it's so very dark in here', a startlingly human observation. She

informs the Doctor that she has figured out the 'big, complicated [sad] word',

and that it was 'alive'. The Doctor responds that alive is not sad, but Idris

rebukes him, claiming, 'it's sad when it's over'. This scene functions as the

first real meeting of the Doctor and his TARDIS, but it is also a tearful

goodbye with Idris parting in a flash of lights and an almost inaudible 'I love

you' (Figure 31).

Figure 31. *Goodbye Idris*

This may be read as an extension of the ideas initially articulated in 'The Silence in the Library' and 'Forest of the Dead', in that a technolife is mere existence, whilst physical embodiment is being truly 'alive', with 'life' requiring a form of death in order to be classed as real. The relationship between the Doctor and Idris/TARDIS is never in doubt, her physical form simply allows this bond to be articulated with greater depth. Embodiment in a mortal body is held as the pinnacle of human experience,[147] perhaps explaining in some ways why the Doctor is not capable of full integration into the programme's definitions of humanity. Moreover, despite being a millennia old time travelling space ship, Idris/TARDIS is not immune from expectations of emotional care and self-sacrifice, once more dictating that 'good'

---

[147] Calvert argues in opposition to this, stating, 'the experience of "when we talked" is only possible because Idris contains technological power [...] because of cyborg embodiment' (Calvert,2017:42), meaning that it is the figure of the cyborg that is being valorised here.

technology may be feminised technology, but only if this feminisation carries a particularly traditional sensibility.

**5b: The Pursuit of Immortality: 'Dark Water' and 'Death in Heaven'**

It seems fitting to conclude with a final case study that brings together all of the themes and concerns identified so far: the role of the military, corporations, the pursuit of immortality, the basis of humanity, and, of course, the monstrous Cybermen. Death, or more precisely an avoidance of death, has been a motivator for many of the technological pursuits seen thus far, yet the necessity and inescapable nature of death is held up as a rejection of this. The necessity of mortality is common to many strains of fiction, as Vuolteenaho points out 'the frequency with which immortality is depicted as a curse in fiction is indicative of the deeply ingrained apprehension regarding the issue; potential risks and ethical problems […] appear to outweigh the benefits of life extension' (Vuolteenaho in Charles, 2015:67). Vuolteenaho suggests that *Doctor Who* in particular goes beyond mere warnings, instead stating 'the one striving for immortality is presented as morally corrupt, and when he finally achieves his goal, what ensues is not at all what he initially has in mind' (ibid). Lewis adds to this, offering the reading that *Doctor Who* portrays those who seek immortality as 'a god, tormented by the eternity of our immortal subjective experience, and willing to become destroyers of what we once loved, even ourselves' (Lewis in Charles, 2015:67). Charles advances this, relating back to the lived conditions of our actual reality, in which he claims 'digital media technologies have […] entered a somewhat alchemical stage. Their proponents appear to have become increasingly ambitious in their desire to conquer the conditions of physical existence'

(Charles, 2015:76). In previous discussions, it has been stated that *Doctor Who* accepts and acknowledges the existence and particular usage of these 'digital lives', but rejects them as comparable to a physical, mortal one; they are reduced to a mere echo of a 'full' life that has already been lived. The show uses several methods to achieve this but, as Charles identifies, one of the key methods is the 'maintenance of grounding relationships with mundane humanity […] the series offers pertinent warnings in its depiction of the fates of those who failed so to ground themselves' (Charles, 2015:74). The necessity of this grounding allows the show to position a 'mundane', and often feminised, form of humanity as aspirational, undercutting the Doctor's authority and gaze to achieve this. This grounding has been central to several of the depictions of rampaging technology so far, but the efficacy and purpose of this remains unclear. It is difficult to definitively conclude that a programme in which humanity is always secondary to a time travelling alien, no matter how flawed, can be read as elevating 'normality' above all else.

Hence, the pursuit of immortality may be a common background theme or narrative catalyst within the Whoniverse but series eight, and more specifically its two-part series finale 'Dark Water' and 'Death in Heaven', are the first instances within the reboot in which the nature of immortality and death, via the depiction of an afterlife, are truly examined in any real depth. It is a series that is preoccupied with questions regarding the nature and mechanics of both death and an afterlife with all the characters who 'die' in the series appearing to 'wake up' in their own personal vision of paradise. This comes to a head in 'Dark Water', an episode that begins with the

untimely and entirely mundane[148] death of Clara's boyfriend Danny Pink.

Danny's death[149] is 'so ordinary, so meaningless' (Charles, 2015:76) that its

impact becomes much more powerful given the overall series context of

'escapist fantasy' (ibid) relating to the possibility of a never-ending afterlife.

Danny's death, his connection to Clara, and the audience's identification with

him culminate to allow for a more meaningful examination of mortality,

masculinity, authority, and humanity.

Unsurprisingly, Danny's death sends Clara into a deep state of grief

during which she holds the Doctor and the TARDIS hostage in an attempt to

make him bring Danny back. The Doctor claims he is unable to do this, yet

her offers to help do whatever he can to find Danny, claiming they will 'go to

hell' itself, if necessary. This gesture goes beyond a mere desire for

adventure; in attempting to have the Doctor bring Danny back, Clara

attempts to drug and manipulate the Doctor, a sincere betrayal. She is

demonstrably shocked he is still willing to help her, something the Doctor

responds to by asking her 'do you think I care for you so little that betraying

me would make any difference?' This comment may appear to be in line with

the close relationships seen between the Doctor and all his companions, but

the strength of the bond between Danny and Clara, and Clara and the

Doctor, develops to become the focal point upon which the entire narrative

revolves.

---

[148] Jowett argues this mundanity is once more indicative of *Doctor Who's* 'model of disposable boyfriend' (Jowett, 2017:70) which she links to Mickey Smith, thus adding a racialized critique to this model. In this, 'Danny is only able to become a hero at the point where he is written out of the narrative' (ibid), adding to arguments regarding *Doctor Who's* unconscious racial biases.

[149] He is hit by a car whilst talking to Clara on the phone.

The strength and quality of a bond between people is also shown to have practical applications as it is this that allows Clara to locate Danny. The Doctor connects Clara to the TARDIS' telepathic interface, claiming that they are so 'strongly intertwined' that she will be able to access Danny's time stream and locate him. The Doctor emphasises the need for Clara to feel her grief, commanding her to 'let it hurt' and 'let it burn', once more presenting emotion, no matter how negative, as necessary and beneficial. As Clara does this, the TARDIS rematerializes in St Paul's Cathedral in a mausoleum like room lined with tanks containing skeletons. This is not a vision of heaven or hell but is instead 'a commercial enterprise called 3W […] a funeral company with a difference – one which works to find a better life for the deceased' (Charles, 2015:77) (Figure 32). As with the majority of commercial industries promising the impossible, this enterprise is one only intended for the super-rich with Clara commenting that the skeletons all have chairs, to which the Doctor responds that they offer 'extra comfort for the deceased', affirming it 'pays to die rich!' The commercialisation and commodification of death does not end there as 3W is replete with recognisable business imagery and jargon. 3W's slogan is the bland reassurance that 'death is not the end', whilst it also claims to offer the 'truth about the death experience', in which 'afterlife means aftercare'. Here, even death does not guarantee freedom from materialism.

Figure 32. *3W*

The Doctor and Clara investigate further: a conversation with Dr

Chang (Andrew Leung), the man they presume to be in charge of 3W, is

suddenly interrupted by piercing screams prompting Chang to comment that,

'somebody left their body to science'. Chang offers further explanation,

claiming recent discoveries have revealed that the white noise common to

television is actually a telepathic communication from the dead, begging the

living 'don't cremate me'. In confirming this link between the living and the

deceased, *Doctor Who* taps into an almost universal fear of the continuation

of pain and suffering after death without the means to prevent or alleviate it.

In this configuration, death is not a release or freedom: it contains all the

'evils' of the modern world in the form of pain, faceless, profit making

corporations, yet lacks the comfort or agency a physical body affords an

individual. This vision of life after death is hardly a 'paradise', more a

technologically driven nightmare of suffering and isolation. The connection

between the physical and abstract self is only beneficial when they are

combined as one: when one aspect is isolated from another agency and

276

action become denied, ensuring that a disembodied existence is not an experience of heavenly transcendence.

This nightmarish vision of a death that does not guarantee a freedom from pain and suffering is revealed to be a plan devised by Missy (Michelle Gomez), a regenerated version of The Master, to store human consciousnesses and implant them into Cybermen bodies. 3W uses a 'matrix slice', technology described as a Gallifreyan hard drive, to contain the consciousnesses of the dead, allowing Missy to 'upgrade the mind [and] upgrade the body' creating 'Cybermen from cyberspace'. In his discussion of these episodes, Charles argues that the particular efficacy of this revelation stems from the fact the audience 'shared pain of those captive minds who made the same discovery' (Charles, 2015:79), denying both the audience and the characters the comfort of 'an absurdly mystical belief' (ibid). Once again, *Doctor Who* is unequivocally consistent in its rejection of 'other lives': here paradise becomes nothing more than a hard drive.

This imagery of the dead coming back to terrorise humanity is not uncommon within popular culture, but *Doctor Who* is slightly more uncommon in its endeavours to show the audience what 'paradise' looks like. These episodes follow Danny on his journey into the 'Nethersphere', and at first 'heaven' seems to be nothing more than a dull office, decorated in impersonal and muted colours, continuing the theme of a commodified and depersonalised death. Danny is met by a virtual assistant Seb (Chris Addison) who explains the nature of Danny's situation: 'your mind is here, your soul, whatever you want to call it. And you're in your new body, in your new world. But you're still connected to your old body, in your old world –

277

you're still going to feel what it feels', therefore continuing the thematic emphasis on embodiment as integral to life. A swooping shot of a seemingly endless city scape at night serves to grant this world depth and a feeling of reality, but it is undermined by the audience's viewing of the 'Nethersphere' as a floating orb akin to CAL from 'The Silence in the Library'. On one level, the dissonance between these two images question the 'reality' of Danny's situation, but this accusation of falsity is strengthened by the meta-reference to CAL: we know CAL is dead, and so it is unlikely that Danny will have a happy ending.

During his 'death intake' interview, Danny is also questioned about his time as a solider, prompting visceral flashbacks to a war zone and the implication Danny killed a child in combat. Seb informs Danny that there has been a 'request to meet him' with the inference being this is from the child he killed. This is shown as emotionally and physically painful for Danny, whilst also allowing for his time as a soldier to be foregrounded as a core aspect of his identity. It would appear the dead will not only terrorise the living. Danny is offered the chance to delete his emotions, a feat that can apparently be achieved using a tablet, and he is shown hovering over the option to 'delete' himself until the reflection of the young boy he killed is seen on the screen (Figure 33). *Doctor Who* may maintain that emotions are the key source of identity, but this is now expanded upon to include a sense of responsibility, allowing for a hybridisation of the previously identified themes of a positive, militarised masculinity and emotions as the source of humanity in the form of Danny Pink.

278
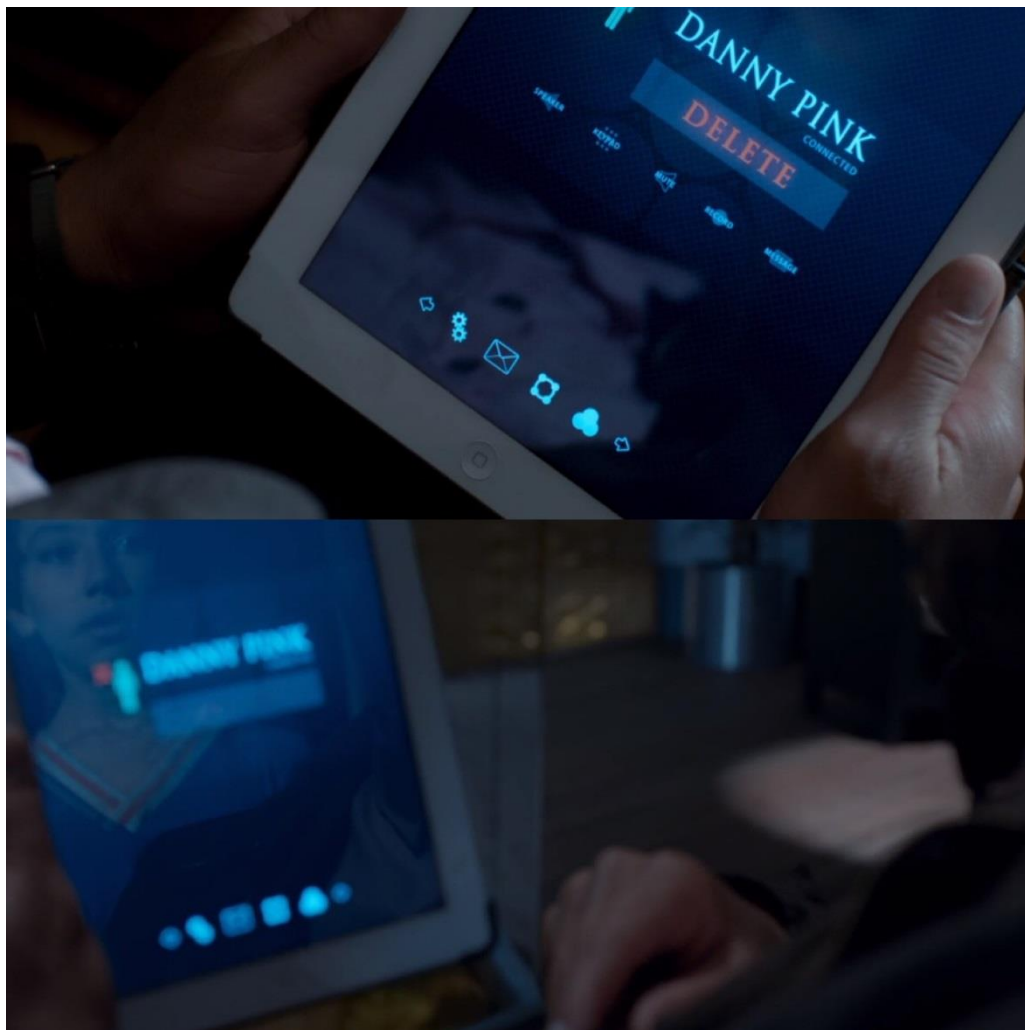
Figure 33. *Delete*

This hybridisation takes place in the climax of 'Death in Heaven'. Missy releases her Cybermen and has them scatter over areas of dense population across the globe. Cybermen will then explode over graveyards in each area, releasing 'cyberpollen' that will convert the dead into Cybermen. Both the Doctor and Missy are captured by UNIT, now led by Kate Lethbridge-Steward (Jemma Redgrave), and the Doctor is made 'President of Earth' with all the military power of the world now at his disposal. The Doctor is unable to get Missy to reveal more of her plans and she escapes custody, in the process attempting to kill the Doctor and Kate by blasting

open the cargo doors of the plane and sending them plummeting towards the ground. Whilst this occurs, Clara is rescued from Cybermen in St Paul's by a newly cyberconverted Danny, although at this point he is not under full cybercontrol.

After her rescue, Clara awakes in a graveyard with Danny, but is unable to recognise him due to his conversion. Believing him to simply be another Cyberman, Clara informs him she would 'never, ever give up the Doctor, because he is my best friend too. He is the closest person to me in this world. He is the man I will always forgive, always trust, the one man I would never, ever lie to'. The tension in their relationships has been a central concern within this series, and this final confirmation of the strength of Clara's relationship with the Doctor is traumatic for Danny, prompting him to draw his weapon. This resort to violence is, however, short lived, instead Danny simply throws away the mortuary chit that identifies him (Figure 34), rejecting his own past and his identity, and requests Clara help him. In doing this, he removes his mask to reveal his disfigurement, his skin pale and pierced by bolts (Figure 35): again, *Doctor Who* does not shy away from showing the visceral impact and trauma such pursuits inflict on the body.
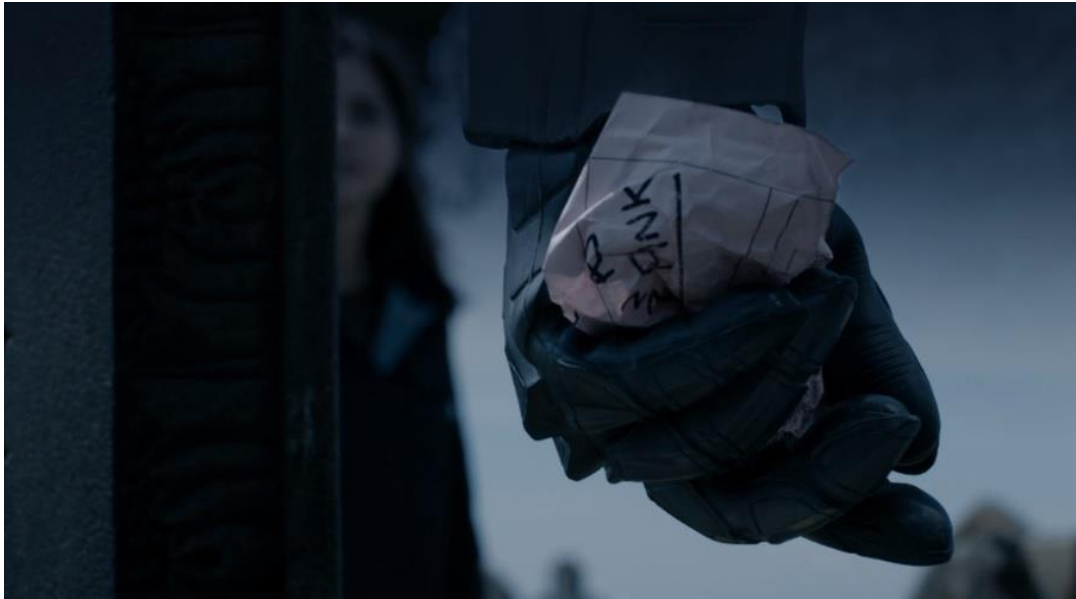
Figure 34. *Danny's mortuary chit*



Figure 35. *A cyberconverted Danny*

Danny then removes his chest plate, asking Clara to turn off his emotional inhibitor for him with the heart imagery of this being evident. Clara requests the Doctor help her do this, a request he denies. The Doctor affirms the benefit of pain, claiming that the primary difference between him and Missy is his capacity to feel as 'pain is a gift. Without the capacity for pain we

281

can't feel the hurt we inflict'. Danny scorns this, claiming the Doctor is only

able to make such grand statements because he is not in his position, adding

that if the Doctor truly feels pain and still maintains his position then 'shame

on [him]'. The Doctor, however, accepts this shame and in doing so seems to

succinctly encapsulate *Doctor Who's* overall perspective on debates

regarding embodiment and mortality. Throughout these case studies, *Doctor*

*Who* has maintained a steadfast focus on 'reality', defining reality as the

acceptance of the fallibility and flaws of humanity, and the lived conditions in

which humanity currently finds itself. It has emphasised the need for grief, for

pain, for sacrifice and for death, and in doing so rejects posthuman visions of

utopian, pain free worlds as not only 'false', but actively harmful. *Doctor Who*

appears to be saying that a focus on futures and transcendence both ignores

and denigrates the 'ordinary' lives currently being led, and that anything other

than an 'ordinary', mortal human life is one half lived. The Doctor accepts his

'shame' as humanity should not just accept but celebrate the absurdity of a

human existence.

There are, evidently, flaws in this philosophy, and it is something the

episode actively acknowledges. The hypocrisy of a technologically advanced

time travelling alien celebrating the 'pain' of ordinary humanity is evident and

articulated by Danny. Danny cannot access the Cyberhive and know Missy's

plans until he is fully converted, at which point the Doctor's moral objections

to a pain and emotion free life seem to waver. Danny highlights how the

Doctor's lack of physical experience of cyberconversion grant his words a

hollow quality, highlighting how 'all those beautiful speeches just disappear in

the face of a tactical advantage'. Danny labels the Doctor a 'blood soaked

old general' with Danny's position as an 'ordinary' soldier compared to the Doctor's presumed officer status having also being a consistent source of tension in the series. In this, the Doctor is now aligned with the military villains seen previously – Jex and the like – and therefore willing to sacrifice others for the greater good. The Doctor appears to be aware of this, repeating the phrase 'I need to know' in an attempt to justify his actions. The undermining of the Doctor's authority is completed when he remains unable to turn off the inhibitor, forcing Clara to do so, and for Danny to comment that this marks him out as a 'typical officer [keeping] those hands clean'. The Doctor may champion 'ordinary humanity', but his distance from it denies him access to the 'real' realm of human experience, elevating Clara and Danny to the source of humanity within the programme.

Danny comes to represent the conclusion of the 'Honourable Cyborg Soldiers'[150] seen previously as even when fully cyberconverted he retains agency and selfhood, refusing to harm Clara. Missy has attempted to gift the Doctor her Cyberarmy, demanding he take control of the army or risk the destruction of humanity. This causes a crisis for the Doctor with the central question being whether he is a 'good man'. Ultimately, he rejects any form of authority and title for himself, labelling himself 'an idiot with a box and a screwdriver'. He denies needing an army as he has 'them', pointing to Danny and Clara before gifting Danny control of the Cyberarmy, secure in his assessment that 'love is a promise, and he will never hurt her'. Militarised

---

[150] This theme of militarisation is strengthened by the appearance of the long standing, classic series character of the Brigadier (played by Nicholas Courtney, who died in 2011), who is also cyberconverted, but also fights his programming to save his daughter Kate. Calvert notes this episode was 'broadcast in November 2014 at a time of national commemoration of the World War 1 centenary' (Calvert, 2017:39), thus drawing on and strengthening themes of 'war, sacrifice and loss' (ibid).

masculine technology can be redeemed and humanised using the duel attributes of love and self-sacrifice. Danny accepts control of the army, claiming 'the army of the dead will save of the land of the living', justifying his demand for their suicide with his shared experience and normality as Danny's demand is 'not the order of a general. Or the whim of a lunatic. This is a promise. The promise of a solider' and therefore the request stems from a position of equality, indebted to notions of honour, duty and masculinity.

A soldier's promise is only not destructive when related to traditional gender roles and contextualised in a traditional heterosexual relationship, and whilst the Doctor, and the episode, may take great pains to undermine his own authority and gaze and to privilege both Danny and Clara's, the efficacy and impact of this is questionable. The Doctor may claim to be an 'idiot with a box' but this disparagement of himself remains superficial whilst he remains the titular character and the enduring centre of the programme. This basic acknowledgement of his own 'shame' is shown to ring hollow when compared with the circumstances of others, however Charles argue that it is precisely

> […] this failure to address the moral and existential responsibilities of murder […] what it is about? Is the series not perhaps (when it is at its most interesting or most self-conscious, particularly therefore in its post 2005 incarnations) directly addressing its own protagonist's failure to address these things? (Charles, 2005:109).

The moral complexity Charles points to is certainly present and, indeed, one of the strengths of the programme, yet whilst it grants complexity, it also retreats to tradition. Danny is only humanised by being

placed in the context of a traditional romantic relationship and despite his heroism, there remains no place for him in society. He rejects a final opportunity to return to the world instead giving his second chance to the young boy he killed, affirming the need for self-sacrifice, but also the necessary separation between technology and humanity. *Doctor Who* is steadfast in the belief that 'immortality corrupts its own subjects, kills what they are' (Charles, 2015:203), and therefore advocates a form of 'natural' humanity that demands stereotypical gender roles.

It would, however, be remiss to pronounce *Doctor Who* technophobic purely because it defines technologically mediated life as distinct from humanity. As a programme, *Doctor Who* is enamoured with, and indebted to, technology, yet it maintains a scepticism toward its ability to solve all of humanity's issues without complication: much like the scepticism[151] it shows toward visions of utopia. During the course of the episode 'Smile' the Doctor pronounces a race of vaguely murderous microbots known as the Vardy 'not good, not bad, just different', and this appears to be *Doctor Who's* most consistently maintained position with regard to technologically advanced or mediated life forms. This episode ends with the Doctor brokering a mutually beneficial deal between the Vardy and humanity so they may live together peacefully, thus offering an optimistic template of a shared future between humanity and technology. In this, productive relations with technology are only possible if their difference to humanity is acknowledged, maintained, and respected. Whilst the potential of a shared, collaborative future is

---

[151] Accusations of technophobia have been made against *Black Mirror* in a similar manner, but an awareness of the downsides of technology, or projections of potentially negative futures, does not necessarily make a programme technophobic.

mooted this appears to necessitate a strict maintenance of technological and

human boundaries: technology may be a privilege, but humanity must not

stray beyond the ordinary.

# Conclusion

## 1: General Conclusions

Throughout this thesis, I have sought to explore representations of the gendered body in *Doctor Who*. A common theme has emerged throughout the examples used: in all of these cases some progress appears to have been made, be that technological advancement, or an improvement in societal attitudes, but the underlying, entrenched attitudes, attitudes which are also entrenched in our cultural representations, remain conservative and patriarchal in nature. *Doctor Who* takes these concepts and queers them slightly; they are not inversions, but they are distant enough from accepted norms that the absurdities and problems within them become apparent. The bodily potentials offered to us by both deconstructive social theories and emerging technologies have enabled something of a paradox in which fantastical appeals to complete individuation remain limited by strict delineation of acceptable choices. Our identities and our ability to express them appear to be expanding rapidly, and whilst the benefit of this for the individual are obvious, there remains 'real' physical implications of such progress in terms of legislation and inequality that we seem reluctant to attempt to untangle; perhaps, because it would undermine our autonomy, highlight our own biases, or simply because it is too complex. It is within this uncertainty that this thesis may be positioned as an attempt to bring together, start to work through, and acknowledge the contractions, hierarchies and prejudices that exist in these debates, using *Doctor Who* as an accessible and reflective frame of reference.

With this in mind, my second chapter sought to examine various aspects of reproduction, moving beyond consideration of just birth to include infertility, surrogacy, abortion, and the potential for genderless (or male) reproductive futures. This chapter aimed to offer a more expansive take on reproduction, with considerations ranging from fantastical potentials to mundane realities, and in doing so attempted to establish what *Doctor Who* constructs as a 'legitimate' family. Overall, the conclusions offered were often uneasy and contradictory, with clichéd images of reproduction ranging from the potentially positive (birth as a source of miraculous wonder) to the regressive (birth, and female controlled birth, as a source of abjection). Images of solely male or female reproduction were met with similar resort to monstrosity, anxiety, and abjection, ensuring reproduction outside of the 'normal' heterosexual unit was depicted as damaging, dangerous, and undesirable. Despite this, there were notable attempts to subvert stereotype, albeit with differing levels of success. The abjection of the Racnoss was undercut by both a queer reading and the implicit critique of heterosexual norms for women, but more specifically women of a certain class background. Technologically mediated births were tolerated to an extent, with Jenny being granted personhood, but only after accepting masculine authority, whilst more broadly technological births were presented as an acceptable, if lesser, form of reproduction. Issues of motherhood and freedom were resolved by resort to 'choice', arguably a frustrating attempt to circumvent more difficult questions of femininity and motherhood. That said, consideration of infertility, surrogacy and its attendant issues of worth and exploitation are notable by their absence in popular culture, as are positive

images of 'constructed' families via adoption. Ultimately, what was demonstrated was that whilst reproductive processes are ostensibly governed by female choice, this choice remains subject to male control and standards. Building upon this, in instances where there is no possible choice or control, such as infertility, instead of acknowledging the fallibility of choice narratives there is instead a resort to the 'natural' and the conservative. Perhaps this is *Doctor Who* simply mirroring societal mores: perhaps our societal values with regard to family remain so firmly rooted in the biological true alternatives can only be seen as lacking. We may accept, or even demand, technological alternatives to other physical process, but retain a certain reticence about interfering too much in the sphere of reproduction. Societal beliefs with regard to what is 'natural' and what is artificial are both affirmed and denied by reproduction and its technologically mediated futures, generating unease that is countered by a return to the status quo, a move couched in terms of independence, choice, and autonomy.

From this, as accusations of monstrosity frequently occur within discussion of reproduction, it appeared logical to move to consider female monstrosity specifically. Popular cultural analysis of female monstrosity is either lacking, sexist, or psychoanalytically inflicted, and therefore this chapter attempted to avoid this by instead examining monstrosity as related to hybridity, power, transgression and particular iterations of feminism, namely postfeminism. More specifically, the chapter attempted to discuss how 'acceptable' femininity is not simply constructed in contrast to female taboo and sexuality, but can be invoked by use of the tropes of destiny, male protectionism, hybridity, and the pursuit of beauty. The first case study

consisted of comparison between two narrative arcs – The 'Doctor-Donna' arc of series four, and 'The Hybrid' narrative of series nine. It was argued that use of amnesia and destiny as dominant tropes within Donna's arc precluded her from following a heroic trajectory, ultimately isolating and limiting her before depositing back into her old life, undoing a series worth of character development. Her hybrid status lends her an air of the uncanny, meaning she is met with fear and suspicion and ultimately rejected, only becoming acceptable when she regresses to her more female and 'vapid' state. From this, the potential of reading the series nine arc concerning 'The Hybrid' as a retelling of this narrative to a more optimistic end was offered. In this, Me and Clara each represent a particularly gendered approach to hybridity and monstrosity, but both are allowed to transcend their uncanny state and invocations of fate to assume control of their own destiny, surviving beyond the close of the narrative. The Doctor's male protectionism is rejected, traditional hierarchies of power are somewhat inverted, and it is the Doctor, not his female companions, who withstands the worst of the narrative punishment.

Whilst the first case study of this chapter was fairly expansive, the second differed by offering a particularly close reading of three episodes from the first two series of the reboot. The argument forwarded was that Lady Cassandra offered a specifically postfeminist vision of monstrosity, one that embodied neoliberalist and consumerist pursuits of bodily perfection, a notion that is normalised and elevated by reality television. Lady Cassandra is a posthuman nightmare, the literalised end of a societal obsession with beauty, whilst Rose was granted authenticity and humanity, concepts *Doctor*

*Who* rooted in a working class femininity and broad appeal to community. This construction is appealing until it is realised that it lacks substance, being defined by that which it is not, and further to serves forward the regressive linking of femininity and consumerism as a cause for capitalism. Whilst Cassandra's later appearances grant her some sympathy, she remains a monster, and thus still must die at the close of the narrative. What this chapter attempted to demonstrate was the myriad of ways women may be seen as monstrous in culture and society, asserting that this label is not simply reserved for female beings with claws, scales and talons. Instead, it highlighted the double bind faced by both women and female characters: become too strong, and you will be returned to a typically female role, generally done under the guise of 'necessary' protectionism or the more abstract notions of fate and destiny. However, show a 'vacuous' and 'female' obsession with beauty and you will still be cast as similarly monstrous, despite evidence that physical appearance still carries significantly more influence over the future of women than it does men. Overall, female monstrosity is shown to be linked to notions of acceptability, power and transgression, with what is 'acceptable' appearing more limited than previously anticipated.

The final chapter in this thesis aimed to offer both a continuation and drawing together of previously examined themes, looking explicitly at technology and its impact on ideas of self, identity and humanity. This chapter made use of the unique opportunity regeneration offers to examine how and where *Doctor Who* locates a sense of self, noting the particular influence of memory and emotion on physical form. Despite advocating for a

level of permanency in the abstract self, the physical was shown to remain significant, and technologically mediated masculinity remained destructive. From this, the chapter argues *Doctor Who* constructs a redeemable male cyborg, specifically a military figure, an 'Honourable Cyborg Soldier', but maintains that this figure must represent a return to a traditional form of masculinity concerned with protection, much in keeping with the hypergendered cyborgs seen throughout science fiction. *Doctor Who* continues in this vein, forwarding an image of female controlled technology as benevolent and progressive, a concept exemplified by 'The Silence in the Library' and 'The Doctor's Wife'. Emotional females and cyborg soldiers become 'acceptable' expressions of gendered technological identities, ones that are presented as being as 'natural' as death and justified with the same inevitability.

Despite the potential positives of female controlled technology, *Doctor Who* still questions the worth of purely digital lives. Technology does not offer a 'real life': it offers a spectral half-life that only becomes tolerable after physical death. The final case study of this chapter drew together all the themes examined thus far, positioning Danny Pink as the conclusion of the 'Honourable Cyborg Soldier' trope. Simultaneous to this, technological mastery and 'unnatural' pursuits of immortality are rejected in favour of endorsing a 'mundane', and often feminised, form of humanity as aspirational, undercutting the Doctor's authority and gaze to achieve this. The efficacy of this elevation is difficult to definitively conclude as the structure of *Doctor Who* maintains a hierarchy between the Doctor and humanity that struggles to be undone simply by slightly undermining the

Doctor's authority. This chapter did not, however, endeavour to portray *Doctor Who* as technophobic, rather it attempted to examine the multiple positions *Doctor Who* holds on technology, its potential, and its impact on gender and humanity. The overall message offered is one of both scepticism and optimism. Whilst *Doctor Who* questions the capacity of technology to miraculously solve all of humanities problems, it emphasises the validity of digital or technological lives as different, but still worthy of respect. *Doctor Who* maintains the need for respect, caution, and appreciation of difference with regard to our technological futures, lest we lose sight of our humanity.

Hence, all the chapters serve to inform the conclusions and insights of the others. The reproduction chapter informs notions of monstrosity by demonstrating that transgression and monstrosity may be related to more than abject physicality. In reality, both are influenced by male standards regarding power and acceptability that define 'correct' choices for women and those that reject these limits are either repositioned – such as Donna and Amy – under the guise of paternal protectionism or killed – as was the fate of the Racnoss and Cassandra. Whilst throughout there is recognition that not all male control is benevolent there remains an ultimate belief in 'good' masculinity that is not extended to femininity unless it is a conservative image of femininity. The initial two chapters demonstrate the impact of emotion in terms of defining what is 'acceptable' and from this illustrate how in the face of power or uncertainty, two things that are innately linked to technology, we resort to a stable image of masculinity and femininity that is couched in a broad appeal to humanity in order to render it untouchable. It is in this broad appeal that *Doctor Who's* conservativism

becomes most apparent, in its refusal to truly challenge the limits of 'acceptability' and it is this that ultimately limits subversive potential.

**2: Where to from Here?**

Before progressing to final conclusions, some concessions regarding the limitations of this thesis must be acknowledged. Whilst attempts are made throughout this thesis to move beyond a simple consideration of femininity and gender to include intersecting concerns of sexuality, masculinity, class and race, these notions remain worthy of consideration in their own right. When attempting to examine a concept as broad, contradictory and subjective as 'the body' any attempts at an exhaustive study will ultimately be unsuccessful, and this thesis makes no claim to be exhaustive. This thesis merely attempts to contribute to the aforementioned gap within intersecting scholarship, whilst acknowledging that this contribution will always be limited by necessary exclusions made due to considerations of time, scope, and word count.

Having made and acknowledged these concessions, this thesis does contribute to existing knowledge within a variety of subject areas. Whilst in-depth, consistent work on the gendered dimensions of the *Doctor Who* universe has become more frequent in recent years, there remains significant scope for expansion, and the application of this thesis to this field is evident. As mentioned, this thesis is not comprehensive in its study of the gendered body in *Doctor Who*, and future projects could build upon this, paying further attention to other issues such as race, class, or sexuality to build a greater, more intersectional image of the gendered hierarchy of

*Doctor Who.* Continuing in this vein, this thesis also aimed, at least in part, to challenge the still masculinist tendencies of science fiction studies broadly, and *Doctor Who* studies specifically.

This desire to challenge the masculinist leanings of *Doctor Who* scholarship and science fiction studies was matched by an attempt to balance the female inclination of body studies, hence case studies that concerned themselves with masculinity. Building upon this, this thesis attempted to link gendered constructions of the body to more technologically based theorisation, and so grant both the benefit of each other. This thesis re-situated the 'human', or human cost, to the more abstract theorisation of notions such as posthumanism as well as offering new images of what a human future with technology may look like. Again, the potential for this to be expanded via the inclusion of other media and alternative theoretical frames of reference is extensive.

Finally, despite the prevalence of television and television scholarship there remains, to an extent, a reluctance to accept that televisual representations can influence, impact, or contribute to debates regarding gendered identity. Evidently, this thesis rejects this position, and so offers the above as a contribution to representations of gender within popular television as *Doctor Who* can certainly be considered both science fiction and wildly popular. This assertion of significance within real life debates is also evidenced in a different manner: as mentioned in the introduction, at the time of writing, after months of speculation, the casting of the thirteenth Doctor has finally been announced, harking the arrival of the first female Doctor played by Jodie Whittaker. As mentioned, this announcement comes after

the first openly gay, female companion in the form of Bill Potts in series ten, a casting that drew similar praise and inevitable ire from a minority subsection of the fan community, not to mention the reincarnation of the Master into the female Missy.

The significance of the casting of Jodie Whittaker as the Doctor, the ire it drew, and the media attention it garnered cannot be underestimated. As Zoe Williams, writing days after the announcement in the *Guardian* states,

> We take it seriously when a mainstream show, especially one for children, breaks a cultural taboo, and rightly so: you can evolve as far as you like towards diversity and pluralism in the worlds of poetry or sociology, but if you don't bring those values into the living room – particularly for a Christmas special, a cultural mop-up that catches impressionable, young minds and bigoted, old drunks at once – you will always be niche, ignorable, contestable. Appearing as the Doctor is the definition of acceptability; people are still free to grumble, but from that point on it is they who are on the outside, looking in. (Williams, 2017).

Criticism of this decision ran from the predictable ('it is political correctness gone mad!') to the ridiculous ('shouldn't it be *Nurse Who*?' 'How is she going to park the TARDIS?'), yet they cannot simply be dismissed as inconsequential. What this outcry demonstrates is that, societally, we maintain rigid gendered stereotypes that we expect to be replicated on screen. This thesis has drawn upon this, and attempted to contribute to wider televisual debates by deconstructing the varied gendered positions,

296

stereotypes and subversions within *Doctor Who*. By making this decision, *Doctor Who* has offered the potential of a new form of female hero, and the hope that this will not be the last.

Finally, what this thesis hopes to have achieved overall is to highlight the sheer range and contradiction within *Doctor Who* when considering constructions of gendered bodies. Above all, *Doctor Who* oscillates dramatically between progressive futures and a conservative maintenance of the status quo. If this reticence to fully embrace new gendered futures is attributable to anything, it is perhaps the consistently occurring uncertainty that permeates all sections of this thesis. Uncertainty, rapid change, and the apparent disconnect between personal gendered identities, broad social mores, and governing legislative change perhaps makes the appeal of the status quo, maintained by a broad appeal to abstract concepts of goodness, humanity, choice, and kindness, all the more understandable, if no less frustrating. Having said this, it would be unfair to state *Doctor Who* is consistently cautious in its challenge to convention, the aforementioned casting of the thirteenth Doctor evidencing this. However, exultations of optimism at this increased female and minority presence within Doctor Who should be met with caution. Perhaps, this does not represent a 'new' era of diversity and equality within *Doctor Who*, but simply a resort to gimmicky tokenism that elides complex, in-depth representation. Despite this, *Doctor Who* is undoubtedly at its best when it is at its most adventurous and bold both in terms of its willingness to adapt and evolve, and with regard to its rejection of social convention: a female Doctor neatly encapsulates the best of these intentions. In the final episode of series ten, John Simm's Master

asks if 'the future is going to be all girl?'; the future of *Doctor Who*, for now, it appears, will.

# Bibliography

Abbott, Stacey, 2010, *The Cult TV Book*. I.B. Tauris, London.

Ahmed, Sara, 'Racialized Bodies' in Evans, Mary and Lee, Ellie (eds.), 2002, *Real Bodies: A Sociological Introduction*. Palgrave, Basingstoke, pp.46 – 64.

Ahmed, Sara, 2010, 'Feminist Killjoys (And Other Willful Subjects)', *The Scholar and Feminist Online*, Vol. 8, No. 3, pp. 1 – 5.

Ainsworth, Claire, 2015, 'Sex Redefined', *Nature* [Online] 18 February. Available at: < http://www.nature.com/news/sex-redefined-1.16943> [Accessed 22 July 2015].

Amy-Chinn, Dee, 2008, 'Rose Tyler: The Ethics of Care and the Limits of Agency', *Science Fiction Film and Television*, Vol. 1, No. 2, pp.231– 247.

Atterby, Brian, 2002, *Decoding Gender in Science Fiction*. Routledge, London.

Balsamo, Anne, 'Reading Cyborgs, Writing Feminism' in Kirkup, Gill, Janes, Linda, Woodward, Kath and Hovenden, Fiona (eds.), 2000, *The Gendered Cyborg: A Reader*. Routledge, London, pp.148 –158.

Balsamo, Anne, 1996, *Technologies of the Gendered Body: Reading Cyborg Women.* Duke University Press, Durham.

Banet-Weiser, Sarah and Portwood-Stacer, Laura, 2006, '"I just want to be me again!": Beauty Pageants, Reality Television and Postfeminism', *Feminist Theory*, Vol. 7, No. 2, pp.255 – 272.

Barr, Marleen S, 1987, *Alien to Femininity: Speculative Fiction and Feminist Theory*. Greenwood Press, New York.

Barron, Lee, 'Intergalactic Girl Power: The Gender Politics of Companionship in 21st Century Doctor Who' in Hansen, Chris (ed.), 2010, *Ruminations, Peregrinations and Regenerations: A Critical Approach to Doctor Who*. Cambridge Scholars Publishing, Newcastle, pp.130 – 150.

Bellin, Joshua David, 2005, *Framing Monsters: Fantasy Film and Social Alienation*. Southern Illinois University Press, Carbondale.

Bolotin, Susan, 1982, 'Voices From the Postfeminist Generation', *New York Times Magazine* [Online] 17 October. Available at: <

http://www.nytimes.com/1982/10/17/magazine/voices-from-the-post-feminist-generation.html?pagewanted=all > [Accessed 25 September 2017]

Bould, Mark, 'Science Fiction Television in the United Kingdom' in Telotte, J.P. (ed.), 2008, *The Essential Science Fiction Television Reader*. University Press of Kentucky, Kentucky, pp.209 – 230.

Bould, Mark, 2012, *Science Fiction*. Routledge, London.

Brady, Anita and Schirato, Tony, 2011, *Understanding Judith Butler*. Sage Publications, London.

Braidotti, Rosi, 'Signs of Wonder and Traces of Doubt: On Teratology and Embodied Differences' in Lykke, Nina and Braidotti, Rosi (eds.), 1996, *Between Monsters, Goddesses and Cyborgs: Feminist Confrontations with Science, Medicine and Cyberspace*. Zed Books, London. pp.135 – 153.

Braidotti, Rosi, 2002, *Metamorphoses: Towards a Feminist Theory of Becoming*. Polity Press, Cambridge.

Briefel, Aia, 2005, 'Monster Pains: Masochism, Menstruation and Identification in the Horror Film', *Film Quarterly*, Vol. 58, No. 3, pp.16 – 27.

Britton, Piers D, 'Making A 'Superior Brand of Alien Mastermind': Doctor Who Monsters and the Rhetoric of (Re)Design' in Hills, Matt (ed.), 2013, *New Dimensions of Doctor Who: Adventures in Space, Time and Television*. I.B. Tauris, London, pp.39 – 54.

Britton, Piers D, 2011, *TARDISbound: Navigating the Universes of Doctor Who*. I.B. Tauris, London.

Brook, Barbara, 1999, *Feminist Perspectives on the Body*. Longman, London

Brown, Jeffrey A, 2011, *Dangerous Curves: Action Heroines, Gender, Fetishism and Popular Culture*. University Press of Mississippi, Mississippi.

Bukatman, Scott, 1993, *Terminal Identity*. Duke University Press, Durham.

Butler, Andrew M, 2003, 'Thirteen Ways of Looking at the British Boom', *Science Fiction Studie*s, Vol. 30, No. 3, pp.374 – 393.

Butler, Judith, 1990, *Gender Trouble: Feminism and the Subversion of Identity*. Routledge, London.

Calvert, Bronwen, 2017, *Being Bionic: The World of TV Cyborgs*. I.B. Tauris, London.

Carroll, Noel, 1981, 'Nightmare and the Horror Film: the Symbolic Biology of Fantastic Beings', *Film Quarterly*, Vol. 34, No. 3, pp.16 – 25.

Carroll, Noel, 1990, *The Philosophy of Horror: Or, Paradoxes of the Heart.* Routledge, New York.

Cederström Carl and Spicer Andre, 2015, *The Wellness Syndrome.* Polity Press. UK.

Chapman, James, 2013, *Inside the TARDIS: The Worlds of Doctor Who: A Cultural History*. I.B. Tauris, London.

Charles, Alec, 2008, 'War Without End?: Utopia, the family and the post-9/11 World in Russell T. Davies's "Doctor Who"', *Science Fiction Studies*, Vol. 35, No. 3, pp.450 – 465.

Charles, Alec, 2010, 'Extraordinary Renditions: Reflections Upon the War On Terror in British and American Science Fiction', *Historia Actual Online,* Vol. 22, pp.117 – 124.

Charles, Alec, 2011, 'The Crack of Doom: The Uncanny echoes of Steven Moffatt's Doctor Who', *Science Fiction Film and Television,* Vol. 4, No.1, pp.1 – 23.

Charles, Alec, 2015, *Out of Time: The Deaths and Resurrections of Doctor Who.* Peter Lang, Oxford.

Clute, John, 1997, 'Amnesia' in Clute, John and Grant, John (eds.), *The Encyclopaedia of Fantasy*. St Martins, New York, p.25.

Cochrane, Kira, 2014, *All the Rebel Women: The Rise of the Forth Wave of Feminism.* Guardian Books, London.

Cohen, Jeffrey Jerome (ed.), 1996, *Monster Theory: Reading Culture.* University of Minnesota Press, Minneapolis.

Combe, Kirk and Boyle, Brenda, 2013, *Masculinity and Monstrosity in Contemporary Hollywood Films*. Palgrave MacMilllan, London.

Conrad, Dean, 2011, 'Femmes Futures: One Hundred Years of Female Representation in SF Cinema'. *Science Fiction Film and Television,* Vol. 4, No. 1, pp.79 – 99

Crane, Jonathan Lake, 1994, *Terror and Everyday Life: Singular Moments in the History of Horror Film.* Sage, California.

Creed, Barbara, 1993, *The Monstrous-Feminine: Film, Feminism, and Psychoanalysis.* Routledge, London.

Creed, Barbara, 2005, *Phallic Panic: Film, Horror and the Primal Uncanny.* Melbourne University Press, Melbourne.

Cregan, Kate, 2006, *The Sociology of the Body.* Sage Publications, London.

Crosby, Sara, 'The Cruellest Season: Female Heroes Snapped into Sacrificial Heroines' in Inness, Sherrie A (ed.), 2004, *Action Chicks: New Images of Tough Women in Popular Culture.* Palgrave Macmillan, New York, pp.153 – 181.

Cull, Nicholas J, 'Bigger on the Inside: Doctor Who as British Cultural History' in Roberts, Graham and Taylor, Phillip M (eds.), 2001, *The Historian, Television and Television History.* University of Luton Press, Luton, pp.95 – 111.

Cull, Nicholas J, 'TARDIS at the OK Corral: Doctor Who and the USA' in Cook, John R, and Wright, Peter (eds.), 2006, *British Science Fiction Television: A Hitchhiker' Guide.* I.B. Tauris, London, pp.52 – 71.

Curtis, Stephen, 'You have been saved: Digital memory and salvation' in Botting, Fred and Spooner, Catherine (eds.), 2015, *Monstrous*

*Media/Spectral Subjects: Imaging Gothic Fictions from the Nineteenth Century to the Present.* Manchester University Press, Manchester, pp.157 – 171

Darmon, Keren, 2014, 'Framing SlutWalk London: How Does the Privilege of Feminist Activism in Social Media Travel in the Mass Media?', *Feminist Media Studies*, Vol. 14, No. 4, pp. 700 – 704.

Davis, Kathy, 'Embodying Theory: Beyond Modernist and Postmodernist Readings of the Body' in Davis, Kathy (ed.), 1997, *Embodied Practices: Feminist Perspectives on the Body.* Sage, London, pp.1 – 27.

Davis, Kathy, 2003*, Dubious Inequalities Embodied Difference: Cultural Studies on Cosmetic Surgery.* Rowman and Littlefield Publishers, New York.

Dinello, Daniel, 2005, *Technophobia!: Science Fiction and Visions of Posthuman Technology.* University of Texas Press, USA.

Doane, Mary Ann, 'Technophilia: Technology, Representation and the Feminine' in Kirkup, Gill, Janes, Linda, Woodward, Kath and Hovenden, Fiona (eds.), 2000, *The Gendered Cyborg: A Reader.* Routledge, London, pp.110 – 122.

Dudenhoeffer, Larrie, 2014, *Embodiment and Horror Cinema.* Palgrave MacMillan, London.

Duggan, Lisa, 'Making it Perfectly Queer', *Socialist Review*, Vol. 22, No. 1, pp.11 – 31.

Duncan, Sydney and Duncan, Andy, 'How Donna Noble saved the Multiverse (and Had to Pay for it)' in Bradshaw, Simon, Keen, Antony and

Sleight, Graham (eds.), 2011, *The Unsilent Library: Essays on the Russell T. Davies Era of the New Doctor Who*. The Science Fiction Foundation, London, pp.81 – 93.

Edelman, Lee, 1994, *Homographesis: Essays in Gay Literary and Cultural Theory*. Routledge, New York.

Ellis-West, Jennifer, 2011, 'Technology Knows Best: The Cultural Work of Hospital Birth in 21st Century Film', *Literature and Medicine*, Vol. 29, No. 1, pp.104 – 126.

Evans, Mary, 'Real Bodies: An Introduction' in Evans, Mary and Lee, Ellie (eds.), 2002, *Real Bodies: A Sociological Introduction*. Palgrave, Basingstoke, pp.1 – 14.

Farquhar, Dion, '(M)Other Discourses' in Kirkup, Gill, Janes, Linda, Woodward, Kath and Hovenden, Fiona (eds.), 2000, *The Gendered Cyborg: A Reader*. Routledge, London, pp.209 – 221.

Feasey, Rebecca, 2008, *Masculinity and Popular Television*. Edinburgh University Press, Edinburgh.

Ferrando, Francesa, 2013, 'Posthumanism, Transhumanism, Antihumanism, Metahumanism and New Materialism: Differences and Relations', *Existenz,* Vol. 8, No. 2, pp.26 – 32.

Ferrando, Francesca, 2014, 'Is the Post-Human a Post-Woman? Cyborgs, Robots, Artificial Intelligence and the Futures of Gender: a Case Study', *European Journal of Futures Research*, Vol. 2, No. 43, pp. 1 – 17.

Ferreira, Aline, 2008, 'Primate Tales: Interspecies Pregnancy and Chimerical Beings', *Science Fiction Studies*, Vol. 35, No. 2, pp. 223 – 237.

Firestone, Shulamith, 1979, *The Dialectic of Sex: The Case for Feminist Revolution*. The Women's Press, London.

Flynn, Kate, '"A Country Made from Metal": The "Britishness" of Human-Machine Marriage in Series 31' in Leitch, Gillian I. (ed.), 2013, *Doctor Who in Time and Space: Essays on Themes, Characters, History and Fandom*. McFarland and Company, London. pp.195 – 213.

Fotopoulou, Aristea, 2014, 'Digital and networked by default? Women's organisations and the social imaginary of networked feminism', *New Media and Society*, Vol. 16, No. 6, pp.1 – 17.

Frayling, Christopher, 2005, *Mad, Bad and Dangerous? The Scientist and the Cinema*. Reaktion Books, London.

Freeland, Cynthia A, 2000, *The Naked and the Undead: Evil and the Appeal of Horror*. Westview Press.

Gani, Aisha, 2015, 'Stonewall to Start Campaign for Trans Equality', *The Guardian* [Online] 16 February. Available at: < http://www.theguardian.com/uk-news/2015/feb/16/stonewall-start-campaigning-trans-equality > [Accessed 22 July 2015].

Garner, Ross P, Beattie, Melissa and McCormack, Una, 'Introduction: Fifty Not Out: The Doctor's Enduring Appeal' in Garner, Ross P, Beattie, Melissa and McCormack, Una (eds.), 2010, *Impossible Worlds, Impossible Things: Cultural Perspectives on Doctor Who, Torchwood and The Sarah Jane*

*Adventures*. Cambridge Scholars Publishing, Newcastle Upon Tyne, pp.xvii – 3.

Garner, Ross P, Beattie, Melissa and McCormack, Una (eds.), 2010, Impossible *Worlds, Impossible Things: Cultural Perspectives on Doctor Who, Torchwood and The Sarah Jane Adventures*. Newcastle, Cambridge Scholars

Gay, Roxane, 2014, *Bad Feminist*. Harper Collins, New York.

George, Susan A, 'Frakking Machines: Gender Desire and the (Post) Human Condition in Battlestar Galactica' in Telotte, J.P. (ed.) 2008, *The Essential Science Fiction Reader*. The University Press of Kentucky, Kentucky, pp.159 – 177.

Geraghty, Lincoln, 2009, *American Science Fiction Film and Television.* Berg, New York.

Gill Rosalind, 2016, 'Post-postfeminism? New Feminist Visibilities in Postfeminist times', *Feminist Media Studies,* Vol.16, No.4, pp. 610 – 630.

Gill, Rosalind, 2007, *Gender and the Media*. Polity Press, UK.

Gill, Rosalind, 2017, 'The Affective, Cultural and Psychic Life of Postfeminism: A Postfeminist Sensibility 10 Years on', *European Journal of Cultural Studies*, Vol. 20, No. 6, pp.606 – 626.

Gilroy, Christine, 'Doctor's Burden: Racial Superiority and Panoptic Privilege in New Doctor Who' in Garner, Ross P, Beattie, Melissa and McCormack, Una (eds.), 2010, *Impossible Worlds, Impossible Things: Cultural*

*Perspectives on Doctor Who, Torchwood and The Sarah Jane Adventures*. Cambridge Scholars Publishing, Newcastle Upon Tyne, pp.25 – 45.

Gimenez, Martha E, 1991, 'The Mode of Reproduction in Transition: A Marxist Feminist Analysis of the Effects of Reproductive Technologies', *Gender and Society*, Vol. 5, No. 3, pp.334 – 350.

Gonzalez, Jennifer, 'Envisioning Cyborg Bodies: Notes from Current Research' in Kirkup, Gill, Janes, Linda, Woodward, Kath and Hovenden, Fiona (eds.), 2000, *The Gendered Cyborg: A Reader*. Routledge, London, pp.58 – 73.

Goss, Theodora and Riquelme, John Paul, 2007, 'From Superhuman to Posthuman: The Gothic Technological Imaginary in Mary Shelley's Frankenstein and Octavia Butler's Xenogenesis', *MFS Modern Fiction Studies*, Vol. 53, No. 3, pp.434 – 459.

Green, Bonnie and Willmott, Chris, 'The Cybermen as Human.2' in Hills, Matt (ed.), 2013, *New Dimensions of Doctor Who: Adventures in Space, Time and Television*. I.B. Tauris, London, pp.54 – 71.

Green, John Paul, 'The Regeneration Game: Doctor Who and the Changing Faces of Heroism' in Garner, Ross P, Beattie, Melissa and McCormack, Una (eds.), 2010, *Impossible Worlds, Impossible Things: Cultural Perspectives on Doctor Who, Torchwood and The Sarah Jane Adventures*. Cambridge Scholars Publishing, Newcastle, pp.3 – 25.

Halperin, David, 1995, *Saint Foucault: Towards a Gay Hagiography*. Oxford University Press, New York.

Hansen Chris, 2010, *Ruminations, Peregrinations and Regenerations: A Critical Approach to Doctor Who*. Newcastle, Cambridge Scholars Publishing

Haraway, Donna, 1991, *Simians, Cyborgs and Women: The Reinvention of Nature*. Routledge, London.

Haraway, Donna, 2004, *The Haraway Reader*. Routledge, London.

Hayles, Katherine N, 1991, *How We Became Posthuman: Virtual Bodies in Cybernetics, Literature and Informatics*. The University of Chicago Press, Chicago.

Hearn, Jeff, 'Male Bodies, Masculine Bodies, Men's Bodies: The Need for a Concept of Gex' in Turner, Bryan S (ed.), 2012, *Routledge Handbook of Body Studies*. Routledge, London, pp.307 – 321.

Hills, Matt, 2008, 'The Dispersible Television Text: Theorising Moments of the new Doctor Who', *Science Fiction Film and Television*, Vol. 1, No. 1, pp.25 – 44.

Hills, Matt, 2010*, Triumph of a Time Lord: Regenerating Doctor Who in the Twenty First Century*. I.B Tauris, New York.

Hochscherf, Tobias and Leggott James (eds.), 2011, *British Science Fiction Film and Television: Critical Essays*. McFarland and Company Inc., London.

Hogan, David J, 1986, *Dark Romance: Sexuality in the Horror Film.* McFarland, Jefferson.

Holland, Samantha, 'Descartes Goes to Hollywood: Mind, Body and Gender in Contemporary Cyborg Cinema' in Featherstone, Mike and Burrows, Roger

(eds.), 1995, *Cyberspace/ Cyberbodies/Cyberpunk*. Sage Publications, London, pp.157– 175.

Howson, Alexandra, 2004, *The Body in Society: An Introduction.* Polity Press, Cambridge.

Hughes, Jacob, 2009, 'A Monstrous Pedagogy', *Rocky Mountain Review*, Vol. 63, No. 1, pp.96 – 104.

Hunter, I.Q, (ed.), 1996, *British Science Fiction Cinema.* Routledge, London.

Huyssen, Andreas, 1986, *After the Great Divide: Modernism, Mass Culture and Postmodernism*. Indiana University Press, Indiana.

Inness, Sherrie A, 1999, *Tough Girls: Women Warriors and Wonder Women in Popular Culture.* University of Pennsylvania Press, Philadelphia.

Jackson, Kimberly, 2013, *Technology, Monstrosity and Reproduction in Twenty-first Century Horror*. Palgrave Macmillan, US.

Jagose, Annamarie, 1996, *Queer Theory: An Introduction.* New York University Press, New York.

Johnson, Catherine, 2005, *Telefantasy*. BFI Publishing, London.

Johnson, Katherine M, and Simon, Richard M, 2012, 'Women's Attitudes Toward Biomedical Technology for Infertility: The Case for Technological Salience', *Gender and Society*, Vol.26, No.2. pp.261 – 289.

Jones, Matthew, 'Army of Ghosts: Sight, Knowledge and the Invisible Terrorist in Doctor Who' in Garner, Ross P, Beattie, Melissa and McCormack, Una (eds.), 2010, *Impossible Worlds, Impossible Things:*

*Cultural Perspectives on Doctor Who, Torchwood and The Sarah Jane Adventures.* Cambridge Scholars Publishing, Newcastle, pp.45 – 62.

Jonsson, Teresse, 2014, 'White Feminist Stories', *Feminist Media Studies*, Vol. 14, No. 6, pp.1012 – 1027.

Jowett, Lorna, 'Representation: Exploring Issues of Sex, Gender and Race in Cult Television' in Abbott, Stacey (ed.), 2010, *The Cult TV Book*. I.B. Tauris, London. pp.103 – 107.

Jowett, Lorna, 2017, *Dancing with the Doctor: Dimensions of Gender in the Doctor Who Universe.* I.B. Tauris, London.

Kaplan, G and Rogers, L, 'The definition of male and female: Biological Reductionism and the sanctions of normality' in Gunew, Sneja (ed.), 1990, *Feminist Knowledge, Critique and Construct*. Routledge, London, pp.205 – 229.

Kay, Katty and Shipman, Claire, 2014, *The Confidence Code*. Harper Business, New York.

Keen, Antony, 'Whatever Happened to Sarah Jane?' in Bradshaw, Simon, Keen, Antony and Sleight, Graham (eds.) 2011, *The Unsilent Library: Essays on the Russell T. Davies Era of the New Doctor Who*. The Science Fiction Foundation, London, pp.63 – 81.

Kirk, Terry, 2008, 'Monumental Monstrosity, Monstrous Monumentally', *Perspecta*, Vol. 40, pp.6 – 15.

Koistinen, Aino – Kaisa, 2015, '"The Machine is Nothing Without the Woman" Gender, Humanity and the Cyborg body in the Original and Reimagined

Bionic Woman', *Science Fiction Film and Television*, Vol. 8, No. 1, pp.53 – 74.

Kungl, Carla, '"Long Live Stardoe!" Can a female Starbuck survive?' in Potter, Tiffany and Marshall, C.W. (eds.), 2008, *Cylons in America: Critical Studies in Battlestar Galactica*. Continuum, London, pp.185 – 198.

LaGrandeur Kevin, 'Androids and the Posthuman in Television and Film' in Philbeck Thomas D, Hauskeller, Michael and Carbonell, Curtis D (eds.), 2015, *The Palgrave Handbook of Posthumanism in Film and Television*. New York: Palgrave MacMillan, pp.111 – 119.

Langford, David, 'Memory Wipe' in Clute, John and Grant, John (eds.), 1997, *The Encyclopaedia of Fantasy*. St Martins, New York, p.637.

Laqueur, T, 1990, *Making Sex: Body and Gender from the Greeks to Freud.* Harvard University Press, Cambridge.

Layne, Linda L, 1997, 'Breaking the Silence: An Agenda for a Feminist Discourse of Pregnancy Loss', *Feminist Studies*, Vol. 23, No. 2, pp.289 – 315.

Leaver, Tama, 2012, *Artificial Culture: Identity, Technology, and Bodies*. Routledge, London.

Lefanu, Sarah, 1988, *In the Chinks of the World Machine: Feminism and Science Fiction*. The Women's Press Ltd, London.

Lenne, Gerard, 'Monster and Victim: Women in the Horror Film' in Erens, Patricia (ed.), 1979, *Sexual Stratagems: The World of Women in Film*. Horizon, New York, pp.31 – 40.

Luckhurst, Roger, 2003, 'Cultural Governance, New Labour, and the British SF Boom', *Science Fiction Studies*, Vol. 30, No. 33, pp.417 – 35.

Lurie, Susan, 1981, 'The Construction of the 'Castrated Woman in Psychoanalysis and Cinema', *Discourse*, Vol. 4, pp.52 – 74.

MacRury, Iain, and Rustin, Michael, 2014, *The Inner World of Doctor Who: Psychoanalytical Reflections in Time and Space.* Karnac, London.

McCormack, Una, 'He's Not the Messiah: Undermining Political and Religious Authority in New Doctor Who' in Bradshaw, Simon, Keen, Antony and Sleight, Graham (eds.), 2011, *The Unsilent Library: Essays on the Russell T. Davies Era of the New Doctor Who.* The Science Fiction Foundation, London, pp.45 – 63.

McLaughlin, Noah, 'Gender Redux: Bionic Woman, Doctor Who and Battlestar Galactica' in Hansen, Chris (ed.), 2010, *Ruminations, Peregrinations and Regenerations: A Critical Approach to Doctor Who.* Cambridge Scholars Publishing, Newcastle upon Tyne, pp.117 – 130.

McRobbie, Angela, 2009, *The Aftermath of Postfeminism: Gender, Culture, and Social Change*. Sage Publications, London.

Meers, Sharon and Strober, Joanna. 2013, *Getting to 50/50*. Bantam, UK.

Melzer, Patricia, 2006, *Alien Constructions: Science Fiction and Feminist Thought*. University of Texas Press, Austin.

Mitchell, Kaye, 2006, 'Bodies that Matter: Science fiction, technoculture and the Gendered Body', *Science Fiction Studies*, Vol. 33, No. 1, pp.109 – 128.

Moi, Toril, 2005, *Sex, Gender and the Body: The Student Edition of What is a Woman*? Oxford University Press, Oxford.

Monnet, Agnieszka Soltysik, 'Body Genres, Night Vision and the Female Monster: REC and the Contemporary Horror Film' in Botting, Fred and Spooner, Catherine (eds.), 2015, *Monstrous Media/Spectral Subjects: Imaging Gothic from the Nineteenth Century to the Present.* Manchester University Press, Manchester, pp.143 – 157.

Moravec, Hans, 1988, *Mind Children: The Future of Robot and Human Intelligence.* Harvard University Press, Harvard.

Morgan, K.P, 1991, 'Women and the Knife: Cosmetic Surgery and the Colonization of Women's Bodies', *Hypatia*, Vol. 6 No. 3, pp.25–53

Mulvey, Laura, 1975, 'Visual Pleasure and Narrative Cinema', *Screen*, Vol. 6, No.3, pp.6 – 18.

Munro, Ealasaid, 2013, 'Feminism: A Fourth Wave?' *Political Insight*, Vol. 4, No. 2, pp.22 – 25.

Neal, Stephen, 1980, *Genre.* BFI, London.

Oliver, Kelly, 'Alfred Hitchcock: Fowl Play and the Domestication of Horror' in Phillips, James (ed), 2008, *Cinematic Thinking.* Stanford University Press

Oliver, Kelly, 1993, 'Julia Kristeva's Feminist Revolutions', *Hypatia*, Vol. 8, No. 3, pp.94 – 114.

Oliver, Kelly, 2012, *Knock Me Up, Knock Me Down: Images of Pregnancy in Hollywood Films.* Columbia University Press, New York.

Ouellette, L., '"Take Responsibility for Yourself": Judge Judy and the Neoliberal Citizen', in S. Murray and L. Ouellette (eds.), 2004, *Reality TV: Remaking Television Culture*. New York, New York University Press, pp.231 – 250.

Ouellette, Laurie and Hay, James, 2008, 'Makeover Television, Governmentality and the Good Citizen', *Continuum: Journal of Media and Cultural Studies*, Vol. 22, No. 4, pp.471 – 484.

Ouellette, Laurie, 2014, *A Companion to Reality Television*. Malden: Wiley.

Penny, Laurie, 2014, *Unspeakable Things*. Bloomsbury, USA.

Petchesky, Rosalind, 'Foetal Images of Visual Culture in the Politics of Reproduction' in Kirkup, Gill, Janes, Linda, Woodward, Kath and Hovenden, Fiona (eds.), 2000, *The Gendered Cyborg: A Reader*. Routledge, London, pp.171 – 193.

Pierson, Michele, 2002, *Special Effects: Still in Search of Wonder*. Columbia University Press, Columbia.

Plant, Sadie, 1997, *Zeros and Ones: Digital Women and The New Technoculture*. Fourth Estate, London.

Porter, Lynnette, 'Chasing Amy: The evolution of the Doctor's Female Companion in the New Who' in Leitch, Gillian I. (ed.), 2013*, Doctor Who in Time and Space: Essays on Themes, Characters, History and Fandom*, *1963 – 2012*. McFarland and Company, London, pp.253 – 269.

Prince, Stephen, 'Psychonalaytic Film Theory and the Problem of the Missing Spectator' in Bordwell, David and Carroll, Noel (eds.), 1996, *Post-*

*Theory: Reconstructing Film Studies.* University of Wisconsin Press, Madison, pp.71 – 87.

Pryor, Cathy, 2006, 'Russell T Davies: One of Britain's Foremost Television Writers'. *Independent* [Online]. 21 October. Available at: <http://www.independent.co.uk/news/people/profiles/russell-t-davies-one-of-britains-foremost-television-writers-6230501.html > [Accessed 16 September 2017]

Rapp, Rayna, 2001 'Gender, Body, Biomedicine: How Some Feminist Concerns Dragged Reproduction to the Center of Social Theory', *Medical Anthropology Quarterly,* Vol. 15, No. 4, pp.466 – 477.

Reagan, Leslie J., Nancy Tomes, and Paula A. Treichler, 'Introduction: Medicine, Health, and Bodies in American Film and Television' in Reagan, Leslie J., Tomes, Nancy, and Paula A., Treichler (eds.), 2007, *Medicine's Moving Pictures: Medicine, Health, and Bodies in American Film and Television.* University of Rochester Press, Rochester, pp.1 – 16.

Rehling, Nicola, 'Fleshing out Virtual Bodies: White Heterosexual Masculinity in Contemporary Cyberfantasy Cinema' in Kitsi-Mitakou, Katerina, Detsi-Diamanti, Zoe and Yiannopoulou, Effie (eds.) 2009, *The Future of Flesh: A Cultural Survey of the Body.* Palgrave MacMillan, London, pp.181 – 199.

Roberts, Adam, 2006*, Science Fiction: The New Critical Idiom.* Routledge, London.

Robinson Sally, 2011, 'Feminized Men and Inauthentic Women: Fight Club and the Limits of Anti-Consumerist Critique', *Genders,* Vol. 53, pp.1 – 33.

Rockler, N. R. 2003, 'Entertainment, the Personal, and the Political: Therapeutic rhetoric and popular Culture Controversies', *Communication Review*, Vol. 6, pp.97 – 115.

Rose, James 'The Suffering of the Skin: The Uncanny Nature of the Cybermen in the Russell T. Davies Era of Doctor Who' in Hansen, Chris (ed.), 2010, *Ruminations, Peregrinations and Regenerations: A Critical Approach to Doctor Who*. Cambridge Scholars Publishing, Newcastle, pp.283 – 299.

Ruhl, Lealle, 2002, 'Dilemmas of the Will: Uncertainty, Reproduction, and the Rhetoric of Control', *Signs,* Vol. 27, No. 3, pp.641 – 663.

Salih, Sara, 2002, *Judith Butler*. Routledge, New York.

Sandberg, Sheryl, 2013, *Lean In: Women, Work, and the Will to Lead*. WH Allen, UK.

Selznick, Barbara, 'Rebooting and Rebranding: The Changing Brands of Doctor Who's Britishness' in Hansen, Chris (ed.), 2010, *Ruminations, Peregrinations and Regenerations: A Critical Approach to Doctor Who*. Cambridge Scholars Publishing, Newcastle, pp.68 – 85.

Sheldon, Sally, 'The Masculine Body' in Evans, Mary and Lee, Ellie (eds.), 2002, *Real Bodies: A Sociological Introduction*. Palgrave, Basingstoke, pp.14 – 29.

Shilling, Chris, 2003, *The Body and Social Theory: Second Edition*. Sage Publications, London.

Short, Sue, 2011, *Cult Telefantasy Series: A Critical Analysis of The Prisoner, Twin Peaks, The X-Files, Buffy the Vampire Slayer, Lost, Heroes, Doctor Who and Star Trek.* North Carolina: McFarland and Company Inc.

Sleight, Graham, 2012, *The Doctor's Monsters: Meanings of the Monstrous in "Doctor Who."* I.B. Tauris, London.

Smith, Cherry, 'What is this thing called queer?' in Morton, Donald (ed.), 1996, *The Material Queer: A LesBiGay Cultural Studies Reader.* Westview Press, Boulder. pp.277 – 285.

Sobchack, Vivian, 2004, *Screening Space: The American Science Fiction Film.* Rutgers University Press, London.

Springer, Claudia, 1996, *Electronic Eros: Bodies and Desire in a Post-Industrial Age.* Austin: University of Texas Press.

Squier, Susan, 2004, *Liminal Lives: Imagining the Human at the Frontiers of Biomedicine.* Duke University Press, Durham.

Steadman, Ian, 2015, 'Sex isn't Chromosomes: The story of a century of misconceptions about X and Y'. *New Statesman* [Online] 15 February. Available at: < http://www.newstatesman.com/future-proof/2015/02/sex-isn-t-chromosomes-story-century-misconceptions-about-x-y > [Accessed 22 July 2015].

Steinmetz, Katy, 2014, 'The Transgender Tipping Point'. Time Magazine [Online] May 29. Available at: < http://time.com/135480/transgender-tipping-point/ > [Accessed 22 July 2015].

Stevenson, Melissa Coleen, 2007, 'Trying to Plug In: Posthuman Cyborgs and the Search for Connection', *Science Fiction Studies*, Vol. 34, No. 1, pp.87 – 105.

Stone, Allucquère Rosanne, 1995, *The War of Desire and Technology at the Close of the Mechanical Age*. MIT Press, London.

Sullivan, Nikki, 2003, *A Critical Introduction to Queer Theory*. New York University Press, New York.

Tasker, Yvonne and Negra, Diane (eds.), 2007, *Interrogating Postfeminism: Gender and the Politics of Popular Culture*. Duke University Press, Durham.

Taylor, Robert, 'The Captain May Wear the Tight Pants, but it's the Gals who make Serenity Soar' in Espenson, Jane (ed.), 2004, *Finding Serenity: Anti-Heroes, Lost Shepherds and Space Hookers in Joss Whedon's Firefly*. BenBella Books, Texas, pp.131 – 139.

Telotte J.P., 2008, 'Introduction: The Trajectory of Science Fiction Television' in Telotte J.P. (ed.) *The Essential Science Fiction Reader*. Kentucky: The University Press of Kentucky, Kentucky, pp.1 – 37.

Telotte, J.P. (ed.), 2008, *The Essential Science Fiction Reader*. The University Press of Kentucky, Kentucky.

Telotte, J.P., 1991, *The Cult Film Experience: Beyond All Reason*. University of Texas Press, Texas.

Telotte, J.P., 2014, *Science Fiction TV*. Routledge, London.

Thomas, Rhys Owain, 'Terminated: The Life and Death of the Cyborg in Film and Television' in Philbeck, Thomas D, Hauskeller, Michael and Carbonell,

Curtis D (eds), 2015, *The Palgrave Handbook of Posthumanism in Film and Television*. Palgrave MacMillan, New York, pp.57 – 65.

Toffoletti, Kim, 2007, *Cyborgs and Barbie Dolls: Feminism, Popular Culture and the Posthuman Body.* I.B. Tauris, London.

Tremain, Shelley, 2006, 'Reproductive Freedom, Self-Regulation, and the Government of Impairment in Utero', *Hypatia*, Vol. 21, No. 1, pp.35 – 53.

Turvey, Malcolm, 'Philosophical Problems Concerning the Concept of Pleasure in Psychoanalytical Theories of the (Horror) Film' in Schneider, Stephen Jay, (ed.), 2004, *Horror Film and Psychoanalysis: Freud's Worst Nightmare*. Cambridge University Press, New York, pp.68 – 87.

Vernon, Polly, 2015, *Hot Feminist*. Hodder and Stoughton ltd, London.

Vint, Sherryl, 2007, *Bodies of Tomorrow: Technology, Subjectivity, Science Fiction*. University of Toronto Press, Toronto.

Vint, Sherryl, 2011, 'Introduction: Science Fiction and Bio politics'. *Science Fiction Film and Television*, Vol. 4, No. 1, pp.161 – 172.

Vint, Sherryl, 2013, 'Visualising the Boom: British Science Fiction Film and Television', *Science Fiction Studies*, Vol. 33, No. 2, pp.155 – 178.

Vint, Sheryll, '"Change for the Machines?" Posthumanism as Digital Sentience' in Philbeck, Thomas D, Hauskeller, Michael and Carbonell, Curtis D (eds.), 2015, *The Palgrave Handbook of Posthumanism in Film and Television*. Palgrave MacMillan, New York, pp.120 – 129.

Wajcman, Judy, 2000, 'Reflections on Gender and Technology Studies: In What State is the Art?' *Social Studies of Science*, Vol. 30, No. 3, pp.447 – 464.

Wallace, Richard, '"But Doctor?" – A Feminist Perspective of Doctor Who' in Hansen, Chris (ed.) *Ruminations, Peregrinations and Regenerations: A Critical Approach to Doctor Who*. Newcastle, Cambridge Scholars Publishing, pp.102 – 117.

Walters, Suzana Danuta, 'From Here to Queer: Radical Feminism, Postmodernism, and the Lesbian Menace' in Morland, Iain and Willox, Annabelle (eds.), 2005, *Queer Theory*. Palgrave MacMillan, Basingstoke, pp.6 – 22.

Weber, Brenda R, 2009, *Makeover TV: Selfhood, Citizenship, and Celebrity.* Duke University Press, Durham.

Weber, Brenda, 'Mapping the Makeover Maze: The Contours and Contradictions of Makeover Television' in Ouellette, Laurie (ed.), 2014, *A Companion to Reality Television*. Wiley, Malden, pp.369 – 386.

Wilding, Faith, 'Next Bodies – With a Difference' in Jones, Amelia (ed.), 2003, *The Feminism and Visual Culture Reader*. Routledge, London, pp.26 – 29.

Williams, Linda, 'When the Woman Looks' in Doane, Mary Ann (ed.), 1984, *Re-Vision Essays in Feminist Film Criticism*. University Publications of America, Los Angeles, pp.67 – 82.

Williams, Zoe, 2017, 'A Female Doctor? She's the revolutionary feminist we

need right now'. Guardian [Online] 17 July. Available at <

https://www.theguardian.com/tv-and-radio/2017/jul/17/female-doctor-

revolutionary-feminist-ideal-we-need-doctor-who > [Accessed 10 August

2017].

Wood, Robin, 2003, *Hollywood: From Vietnam to Reagan…and Beyond*.

Columbia University Press, New York.

Wood, Tat and Miles, Lawrence, 2006, *About Time: The Unauthorised Guide

to Doctor Who: 1966 – 69: Seasons 4 –* 6. Mad Norwegian Press, Des

Moines.

Woodward, Kathryn, 'Introduction to Part 3' in Kirkup, Gill, Janes, Lynda,

Woodward, Kath and Hovenden, Fiona (eds.), 2000, *The Gendered Cyborg:

A Reader*. Routledge, London, pp.161 – 171.

Wright, Alexa, 2013, *Monstrosity: The Human Monster in Visual Culture*. I.B.

Tauris, London.

Wright, Peter and Cook, John R, (eds.), 2006*, British Science Fiction: A

Hitchhikers Guide*. I.B. Tauris, London.

# Filmography

*2001: A Space Odyssey* [1968]. Directed by Stanley Kubrick. UK/USA: MGM.

*Alien* [1979]. Directed by Ridley Scott. USA: Brandywine Productions, Twentieth Century Fox.

*Alien 3* [1992]. Directed by David Fincher. USA: Twentieth Century Fox.

*Avatar* [2009]. Directed by James Cameron. USA: Twentieth Century Fox.

*Carrie* [1976]. Directed by Brian De Palma. USA: Red Bank Films.

*Cyborg* [1989]. Directed by Albert Pyun. USA: Cannon Entertainment.

*Falling Down* [1993]. Directed by Joel Schumacher. USA: Alcor Films.

*Fight Club* [1999]. Directed by David Fincher. USA: Fox 2000 Pictures.

*First Blood* [1982]. Directed by Ted Kotcheff. USA: Anabasis N.V.

*Grandma* [2015]. Directed by Paul Weitz. USA: Depth of Field.

*Hardware* [1990]. Directed by Richard Stanley. UK: Palace Pictures.

*Her* [2013]. Directed by Spike Jonze. USA: Annapurna Pictures.

*Independence Day: Resurgence* [2016]. Directed by Roland Emmerich. USA: Centropolis Entertainment.

*Invasion of the Body Snatchers* [1956]. Directed by Don Siegel. USA: Walter Wanger Productions

*Juno* [2007]. Directed by Jason Reitman. USA: Fox Searchlight.

*Knocked up* [2007]. Directed by Judd Apatow. USA: Universal Pictures.

*Look Who's Talking* [1989]. Directed by Amy Heckerling. USA: Tristar Pictures.

*Metropolis* [1927]. Directed by Fritz Lang. Germany, Universum Film.

*Moon* [2009]. Directed by Duncan Jones. UK: Liberty Films UK.

*Nemesis* [1992]. Directed by Albert Pyun. Denmark: Imperial Entertainment.

*Obvious Child* [2014]. Directed by Gillian Robespierre. USA: Rooks Nest Entertainment.

*Robocop* [1987]. Directed by Paul Verhoeven. USA: Orion Pictures.

*Robocop 2* [1990]. Directed by Irvin Kershner. USA: Orion Pictures.

*Robocop 3* [1993]. Directed by Fred Dekker. USA: Orion Pictures

*She's Having a Baby* [1988]. Directed by John Hughes. USA: Paramount Pictures

*Sunshine* [2007]. Directed by Danny Boyle. UK/USA: Fox Searchlight Productions.

*Terminator 2: Judgement Day* [1991]. Directed by James Cameron. USA: Carolco Pictures.

*Universal Soldier* [1992]. Directed by Roland Emmerich. USA: StudioCanal.

*Wall-E* [2008]. Directed by Andrew Stanton. USA: Pixar Animation Studios.

# Teleography

*American Horror Story*, USA, 20th Century Fox Television/ Ryan Murphy Productions, 2011-.

*American Idol*, USA, FremantleMedia North America, 2002-2016.

*Battlestar Galactica*, USA, David Eick Productions/RandD TV/Universal Television, 2003-2009.

*Big Brother*, UK, Endemol. 2000-.

*Bionic Woman*, USA, GEP Productions/David Eick Productions/ Universal Media Studios, 2007.

*Black Mirror*, UK, Zeppotron/House of Tomorrow, 2011-.

*Buffy the Vampire Slayer*, USA, Mutant Enemy Productions, 1997-2003.

*Caprica*, USA, Universal Cable Productions, 2009-2010.

*Catastrophe*, UK, Avalon Television/Merman, 2015-.

*Class*, UK, BBC Wales/BBC Worldwide. 2016-.

*Continuum*, USA, Reunion Pictures/Boy Meets Girl Film Company et al, 2012-2015.

*Defiance*, USA, NBC Universal Television Distribution, 2015-2015.

*Doctor Who,* UK, BBC/ BBC Wales, 1963-.

> 'The End of the World' [DVD], Series 1, episode 2, (original tx 2 April 2005), Director: Euros Lyn. Screenwriter: Russell T Davies.

'Bad Wolf' [DVD], Series 1, episode 12, (original tx. 11 June 2005), Director: Joe Ahearne. Screenwriter: Russell T. Davies.

'The Chrsitmas Invasion' [DVD], Christmas Special, (original tx 25 December 2005), Director: James Hawes, Screenwriter: Russell T Davies.

'New Earth' [DVD], Series 2, episode 1, (original tx 15 April 2006), Director: James Hawes. Screenwriter: Russell T Davies.

'The Girl in the Fireplace' [DVD], Series 2, episode 4, (original tx 6 May 2006), Director: Euros Lyn, Screenwriter: Steven Moffat.

'Rise of the Cybermen' [DVD], Series 2, episode 5, (original tx 13 May 2006), Director: Graeme Harper, Screenwriter: Tom Macrae.

'The Age of Steel' [DVD], Series 2, episode 6, (original tx 20 May 2006), Director: Graeme Harper, Screenwriter: Tom MacRae.

'The Runaway Bride' [DVD], Christmas Special, (original tx 25 December 2006), Director: Euros Lyn, Screenwriter Russell T. Davies.

'Gridlock' [DVD], Series 3, episode 3, (original tx 14 Aril 2007), Director: Richard Clark, Screenwriter: Russell T Davies.

'Blink' [DVD], Series 3, episode 10, (original tx 9 June 2007), Director: Hettie MacDonald, Screenwriter: Steven Moffat.

'Utopia' [DVD], Series 3, episode 11, (original tx 16 June 2007), Director: Graeme Harper, Screenwriter: Russell T. Davies.

'The Sound of Drums' [DVD], Series 3, episode 12, (original tx 23 June 2007), Director: Colin Teague, Screenwriter: Russell T Davies.

'Last of the Time Lords' [DVD], Series 3, episode 13, (original tx 30 June 2007), Director: Colin Teague, Screenwriter: Russell T Davies.

'Partners in Crime' [DVD], Series 4, episode 1, (original tx 5 April 2008), Director: James Strong, Screenwriter: Russell T Davies.

'The Fires of Pompeii' [DVD], Series 4, episode 2, (original tx 12 April 2008), Director: Colin Teague, Screenwriter: James Moran.

'Planet of the Ood' [DVD], Series 4, episode 3, (original tx 19 April 2008), Director: Graeme Harper, Screenwriter: Keith Temple.

'The Doctor's Daughter' [DVD], Series 4, episode 6, (original tx 10 May 2008), Director: Alice Troughton, Screenwriter: Stephen Greenhorn.

'Silence in the Library' [DVD], Series 4, episode 8, (original tx 31 May 2008), Director: Euros Lyn, Screenwriter: Steven Moffat.

'Forest of the Dead' [DVD], Series 4, episode 9, (original tx 7 June 2008), Director: Euros Lyn, Screenwriter: Steven Moffat.

'Turn Left' [DVD], Series 4, episode 11, (original tx 21 June 2008), Director: Graeme Harper, Screenwriter: Russell T Davies.

'The Stolen Earth' [DVD], Series 4, episode 12, (original tx 28 June 2008), Director: Graeme Harper, Screenwriter: Russel T Davie.

'Journey's End' [DVD], Series 4, episode 13, (original tx 5 July 2008), Director: Graeme Harper, Screenwriter: Russell T Davies.

'The End of Time' [DVD], Special Episodes, (original tx dates 25 December 2009/1 January 2010), Director: Euros Lyn, Screenwriter: Russell T Davies.

'Amy's Choice' [DVD], Series 5, episode 7, (original tx date 15 May 2010), Director: Catherine Morshead, Screenwriter: Simon Nye.

'The Impossible Astronaut' [DVD], Series 6, episode 1, (original tx date 23 April 2011), Director: Toby Haynes, Screenwriter: Steven Mofftat.

'The Doctor's Wife' [DVD], Series 6, episode 4, (original tx date 14 May 2011), Director: Richard Clark, Screenwriter: Neil Gaiman.

'The Almost People' [DVD], Series 6, episode 6, (original tx date 28 May 2011), Director: Julian Simpson, Screenwriter: Matthew Graham.

'A Good Man Goes to War' [DVD], Series 6, episode 7, (original tx date 4 June 2011), Director: Peter Hoar, Screenwriter: Steven Moffat.

'Let's Kill Hitler' [DVD], Series 6, episode 8, (original tx date 27 August 2011), Director: Richard Senior, Screenwriter: Steven Moffat.

'The Wedding of River Song' [DVD], Series 6, episode 13, (original tx date 1 October 2011), Director: Jeremy Webb, Screenwriter: Steven Moffat.

'Asylum of the Daleks' [DVD], Series 7, episode 1, (original tx date 1 September 2012), Director: Nick Hurran, Screenwriter: Steven Moffat.

'A Town Called Mercy' [DVD], Series 7, episode 3, (original tx date 15 September 2012), Director: Saul Metzstein, Screenwriter: Toby Whithouse.

'Deep Breath' [DVD], Series 8, episode 1, (original tx date 23 August 2014), Director: Ben Wheatley, Screenwriter: Steven Moffat.

'Kill the Moon' [DVD], Series 8, episode 7, (original tx date 4 October 2014), Director: Paul Wilmshurst, Screenwriter: Peter Harness.

'Mummy on the Orient Express' [DVD], Series 8, episode 8, (original tx 11 October 2014), Director: Paul Wilmshurst, Screenwriter: Jamie Mathieson.

'Dark Water' [DVD], Series 8, episode 11, (original tx 1 November 2014), Director: Rachel Talalay, Screenwriter: Steven Moffat.

'Death in Heaven' [DVD], Series 8, episode 12, (original tx 8 November 2014), Director: Rachel Talalay, Screenwriter: Steven Moffat.

'The Magician's Apprentice' [DVD], Series 9, episode 1, (original tx date 19 September 2015), Director: Hettie MacDonald, Screenwriter: Steven Moffat.

'The Witch's Familiar' [DVD], Series 9, episode 2, (original tx date 26 September 2015), Director: Hettie MacDonald, Screenwriter: Steven Moffat.

'The Girl Who Died' [DVD], Series 9, episode 5, (original tx date 17 October 2015), Director: Ed Bazalgette, Screenwriters: Jamie Mathieson and Steven Moffat.

'The Woman Who Lived' [DVD], Series 9, episode 6, (original tx date 24 October 2015), Director: Ed Bazalgette, Screenwriter: Catherine Tregenna.

'The Zygon Invasion' [DVD], Series 9, episode 7, (original tx date 31 October 2015), Director: Daniel Nettheim, Screenwriter: Peter Harness.

'The Zygon Inversion' [DVD], Series 9, episode 8, (original tx date 7 November 2015), Director: Daniel Nettheim, Screenwriters: Peter Harness and Steven Moffat.

'Face the Raven' [DVD], Series 9, episode 10, (original tx date 21 November 2015), Director: Justin Molotnikov, Screenwriter: Sarah Dollard.

'Heaven Sent' [DVD], Series 9, episode 11, (original tx date 28 November 2015), Director: Rachel Talalay, Screenwriter: Steven Moffat.

'Hell Bent' [DVD], Series 9, episode 12, (original tx date 5 December 2015), Director: Rachel Talalay, Screenwriter: Steven Moffat.

'Smile' [TV], Series 10, episode 2, (original tx date 22 April 2017), Director: Lawrence Gough, Screenwriter: Frank Cottrell-Boyce.

'World Enough and Time' [TV], Series 10, episode 11, (original tx date 24 June 2017), Director: Rachel Talalay, Screenwriter: Steven Moffat.

'The Doctor Falls' [TV] Series 10, episode 12, (original tx date 1 July 2017), Director: Rachel Talalay, Screenwriter: Steven Moffat.

*Dollhouse,* USA, Mutant Enemy Productions, 2009-2010.

*Fringe*, USA, Bad Robot Productions/ Warner Bros Television, 2008-2013.

*Game of Thrones,* USA, Television 360/Grok! Television et al, 2011-.

*The Handmaid's Tale*, USA, Daniel Wilson Productions/The Littlefield Company et al, 2017-.

*Heroes*, USA, NBC Universal Television Studio/Universal Media Studio, 2006-2010.

*Humans*, UK, Channel 4/AMC, 2015-.

*Lost*, USA*,* Bad Robot Productions, 2004-2010.

*Misfits*, UK, Clerkenwell Films, 2009-2013.

*Motherland*, UK, Delightful Industries/Merman, 2016-.

*Orphan Black*, Canada, Temple Street Productions/BBC America, 2013-.

*Outnumbered*, UK, Hat Trick Productions, 2007-2014.

*Peep Show*, UK, Objective Productions, 2003-2015.

*Revolution*, USA, Kripke Enterprises/Bad Robot Productions, 2012-2014.

*Sanctuary*, USA, Sanctuary 1 Productions/Stage 3 Media, 2008-2011.

*Sense8,* USA, Anarchos Productions/Javelin Productions et al, 2015-2017.

*Spooks*, UK, Kudos. 2002-2011.

*Star Trek: The Next Generation*, USA, Paramount Network Television, 1978-1994.

*Star Trek: Voyager*, USA, Paramount Network Television, 1995-2001.

*Stranger Things*, USA, 21 Laps Entertainment/Monkey Massacre, 2016-.

*Terminator: The Sarah Connor Chronicles*, USA, Sarah Connor Pictures/Bartleby Company et al, 2008-2009.

*The Inbetweeners*, UK, Bwark Productions, 2008-2010.

*The OA*, USA, Plan B Entertainment/Anonymous Content, 2015-.

*The Office*, UK, Capital United Nations Entertainment/The Identity Company, 2001-2003.

*The Sarah Jane Adventures*, UK, BBC Wales, 2007-2011.

*The Swan*, USA, A.Smith and Co Productions/George Paige Associates Inc et al, 2004-2004.

*The Walking Dead*, USA, Idiot Box Productions/Circle of Confusion et al, 2010-.

*The Weakest Link*, UK, BBC Entertainment, 2000-2012.

*Torchwood*, UK, BBC Wales/ Canadian Broadcasting Corporation et al, 2006-2011.

*Westworld*, USA*,* HBO Entertainment/Kilter Films et al, 2016-.

*What Not To Wear*, UK, BBC, 2001-2007.