



**Doctor *who*? What's he talking about?:
Performativity and the First Doctor
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When the Daleks create a replicant Doctor in *The Chase* (1965), they are perhaps aware that the repeat-act brings instability and danger to the conventional order. Should the TARDIS crew fail to recognise the authentic Doctor (William Hartnell) the role will then belong to the imposter potentially altering the characterization for all time. After all, identity is slippery, and only “performatively constituted by the very “expressions” that are said to be its results.”¹ While the existential question of who the Doctor is will be the continued focus of this chapter, the immediate danger to the TARDIS crew dissipates when Edmund Warwick’s second outing as Hartnell’s double leaves him “walking, talking and gesticulating like the Doctor almost as well as your mum could.”² A perilous performative? ... more, to borrow one of Austin’s terms, an ‘unhappy’ one.

Suppose though that the First Doctor is not who he seems! This chapter addresses the question of his identity using the concept of ‘performativity’ as initially formulated by Austin (1962) and reworked by Derrida (1988) and Butler (1990). There is no interest here in how the First Doctor becomes the second, third or nth, but rather in how the First Doctor becomes *himself* (and since the notion of second, third and nth Doctors has no place in the 1963 – 1966 stories, let’s just call him the Doctor henceforth). This method of enquiry will reveal that William Hartnell’s characterization is not uniquely *his* property, but is simultaneously the Doctor and the *mark* of the Doctor, a mark that leaves the Doctor open to the perils of appropriation. Such appropriation manifests itself in the programme – as in the above example – as well as in the many comics, novels, fan fiction and audio books published since. All authors of such work draw from a conventional sign-system of verbal and non-verbal languages that performatively enact the character of the Doctor, some more faithfully than others. Faithful renderings of his identity through repetition have the obvious advantage of us recognising him without question, yet simulation carries the danger of parody, of being

static, void of life and character agency. In asking who the Doctor is, and how he *becomes*, we inevitably enquire into what we want him to be.

‘Performativity’ and Performance

Performativity shares theoretical ground with performance theory, drawing from a range of disciplines, including anthropology, psychology and theatre studies. It generally posits that individuals ‘perform’ their identities through socially shared sign-systems, using verbal and non-verbal communications³. Performativity refers more specifically to the study of discourse in the formation of identities and is a concept that has emerged from linguistics and language philosophy particularly in reference to the work of J. L. Austin. Austin’s 1962 book, *How to do things with words*, sets out to expose the descriptive fallacy of logical positivism, the assumption that language provides a description of the world. Austin argues that words do not merely reflect but actually have “the power to *make* a world”⁴. To utter the performative sentence “is not to describe my doing ... it is to do it”⁵ thus the term ‘speech act’ since “stating is performing an act.”⁶ Austin gave some famous examples of speech acts, such as ‘I name this ship’ where the declaration involves the speaker not just in saying something but *doing* something through speech. When couples proclaim ‘I do’ before the priest or registrar, they are “not reporting on a marriage” they are performing it⁷.

Austin attached conditions to the successful completion of performatives (such as according with the procedural convention of rituals) thus the ritual of marriage is only legitimate where the declaration, *I now pronounce you man and wife*, is performed by one invested by the law to so do. Similarly the consummation ‘I do’ is disqualified in Christian marriage where one of the parties is already married.⁸ Such misfires in the

performance of a performative Austin terms ‘infelicitous’ as they are “not indeed false but in general unhappy.”⁹

In the example from *The Death of Doctor Who*, the fifth episode from the second season story *The Chase*, the performative is ‘unhappy’ as it breaks with conventions for using appropriate parties. However, an objection may be evident at this point that the unhappiness refers primarily to Edmund Warwick’s failure to pass off as William Hartnell. Where does language fit in with this? The Doctor’s verbal communication is perhaps the most obvious example of speech act since the Doctor is performatively enacted through the representation of speech. By this measure, the Doctor’s non-verbal language, dress, body deportment and mannerisms are also speech acts since they speak the Doctor. And since this is the study of fictional character, it is important to recognise that all narrative forms, whether television scripts or novels, are also fundamentally speech acts, albeit more obviously spoken in written form. In the example of *The Chase*, since Hartnell provides the voice-over, and the script is largely conventional in characterization, the mode of speech most clearly ‘unhappy’ is that of the non-verbal: the Doctor simply does not look himself. In this example, or generally, there is no getting away from the relationship between action and language. As Loxley puts it, “[i]nsofar as our language gives us our world, our lives must be lived in language.”¹⁰

While Austin separated ordinary speech from the citational practices of theatrical or literary performance, Derrida deconstructed the endeavour to locate a boundary between reality and fiction insisting they were “structured by a generalised iterability a pervasive theatricality common to stage and world alike.”¹¹ In other words, the distinction between ‘serious’ and ‘non-serious’¹² is undermined by Austin’s own claim that the speech-act is “essentially mimicable, reproducible.”¹³

For Derrida, writing extended the reach of the speech act across time and space, while the “radical absence”¹⁴ of speaking and listening agents demonstrates how the

linguistic mark is repeatable but without “absolute anchorage” in any context: ¹⁵ as a consequence of being citable, the mark is exposed to infelicity. Because it must be iterable, the mark necessarily exhibits sameness, but also difference since in its new context it may be taken up differently. Derrida therefore observed that the perils of performativity were structural, the very result of repeatability. ¹⁶

Butler reworks Austin’s concept through Derrida as a critique of common-sense claims to social identity. Although she focuses on gender, ¹⁷ Butler’s model introduces a set of tools to tackle wider questions about the authenticity and iterability of the Doctor’s identity as a “repeated stylization of the body” expressed that is through habits and styles that have ‘congealed’ as the result of repetition. Performatives enact identity; that is, they bring about the subject ‘I’ to which they make reference. ¹⁸ Butler’s retooling of performativity means one is the expression rather than the instigator of *doing* identity. This draws attention away from the intentional use of language and onto the “regulatory frame” ¹⁹ which polices identity and through which speech acts are made possible, credible and intelligible.

The social constructionist approach blurs the boundaries between ‘fictional’ and ‘real’ speech acts, since identity itself is a construction. This is of value in considering the discreet identities William Hartnell and the Doctor as unstable and matrixed through sharing the ‘performative space’ of *Doctor Who*. Such instability is at once a means of highlighting how speech acts congeal to produce the “appearance of substance” ²⁰ of identity, at the same time as revealing the very openness of speech acts to contamination, revision, resistance, and subversion. This has obvious ramifications for regenerations of Doctors since, while each incarnation shares implacable core traits, each is also only the sum of his performance. But this is also a specific issue for Hartnell’s Doctor whose characterization is particularly ‘self-contradictory and difficult to pin down, and who therefore embodies this resistance to *being*. In speaking, the Doctor is not a mechanical

figure merely reproduced by his performativity, but ones who draws on a degree of writerly 'self'-autonomy in having to speak in the first place. The Doctor's performativity is not simply the study of breaches in intelligibility or plausibility, in 'happy' or 'unhappy' performatives, but in recognising the necessity of such breaches if the Doctor can truly have any 'life' of his 'own'.

Who is the Doctor?

When Barbara addresses the Doctor as 'Foreman' in *The Cave of Skulls*, the second episode of the first season, Ian complains that his name, like his identity, is unknown. "That's not his name. Who is he? Doctor Who? Perhaps if we knew his name, we might have a clue to all this."

Right from the planning stages, when the BBC was working on a science fiction programme called *The Troubleshooters*,²¹ the main character's profile was to be constructed as a lack, something first insisted on by Head of Drama Sydney Newman and later capitalised upon by BBC staff writer C E Webber – who urged that future serials strive to keep the mystery of the Doctor unresolved. The first episode *An Unearthly Child* "continuously draws attention to the presence of this absence."²² When, after 15 minutes, the Doctor finally makes his entrance, "rather than resolving the anxiety, his presence only confirms the mystery that has been constructed in his absence,"²³ a puzzle that the programme continues to work on thematically.²⁴ Indeed, there are indications that his identity is something of a mystery even to himself: "[h]e seems not to remember where he has come from."²⁵ This is something fleshed out in Kim Newman's novella *Time and Relative* (Telos, 2001), where clouds seem to clog his memory.

His resistance to being named – *Doctor Who? That's not his name* – correlates with his anti-establishment profiling, thus his refusal to accept identity is a refusal to conform unquestioningly to conventions. This type of refusal holds significance for Butler who

follows Althusser by arguing that subjects are hailed into identity²⁶. For Althusser, ideology constitutes subjects through interpellation. Giving the example of a policeman shouting “Hey you there!” Althusser argues that the individual recognises himself as that subject being hailed and responds accordingly, thus subjectifying himself. In *An Unearthly Child*, it is just such an authority the Doctor is running from and which prompts his evasiveness. In resisting the hail, the Doctor exercises his character agency.

The title ‘Doctor’ is an appropriation that bypasses authority. Conventionally, the label implies a personal investment in what Althusser calls the ‘Ideological State Apparatus,’²⁷ through education, qualifications and so forth, which invite one into self-subjectification. In Austinian terms, to declare oneself Doctor is only felicitous when supported by those conventions which validate the title. Here the speech act is ‘unhappy’ because saying is only doing if the context is ‘proper’ or ‘authorised’. By the same token, it has already been established that Derrida and Butler have critiqued Austin’s conceptualising of the performative on the basis of this conventionality. The Doctor’s appropriation highlights the value of the mark in being appropriable and redeployable, a potential for subversion Butler calls *resignification*.

The Doctor’s lack of name and originary identity, while clearly fruitful to the success of the programme, also accord with the theoretical lens used here. For Butler, there is no core to identity. She follows Nietzsche in arguing there is no ‘being’ behind the doing ... “the doer’ is merely a fiction added to the deed:”²⁸ interiority is a fantasy produced by *doing* identity. C E Weber’s plea to writers seems to have been an astute one theoretically, since the Doctor’s identity materializes in the continuing performance of his adventures.

Layton points out that the Doctors, despite their differences, share an “organic continuity”²⁹ in fundamental areas: Terrance Dicks’s writers’ brief declares “The Doctor believes in good and fights evil. Though often caught up in violent situations, he is a man

of peace. He is never cruel or cowardly. To put it simply, the Doctor is a hero.”³⁰ However the Doctor not only breeches this heroic continuity, he is utterly ‘self-contradictory, and throughout his adventures he continues to be mysterious and unpredictable, the latter something that Verity Lambert admits she wanted for the character.³¹ This openness of character, nevertheless, causes problems from the very start. Newman disliked how the ‘pilot’³² episode cast the character as mean, unsympathetic, and not ‘funny’ enough.³³ The second attempt at the first episode mellows him; thus he patiently chides his grand daughter Susan for allowing teachers Ian and Barbara into TARDIS, whereas in the ‘pilot’ he angrily berates her “You stupid child.”³⁴ These two different versions of the first episode set up a dialectic between the character and the many different writers and producers working over the first three seasons, the Doctor shifting between self-centredness – as in *The Daleks* where he refuses to help the Thals until he needs their help – and selflessness, such as in *Planet of Giants*, where the righting of wrongs is the imperative.

The Doctor’s moral centre is clearer in Season Two, where stories are no longer about “self-preservation-at-all-costs”.³⁵ But this seems a false dawn when in Season Three stories, such as *The Massacre of St Bartholomew’s Eve* and *The Myth Makers*, the Doctor’s moral interventions are patently inadequate, if not anti-heroic. But by the time we get through the season to *Savages*, the Doctor’s moral compass appears working again. At the heart of these apparent phases in the Doctor’s characterization, progressing from alien Other through humanised alien to heroic wannabe, is the duality of the Doctor as expressed in the two versions of the opening story. The Doctor, it seems, never quite manages to convince all the authorial voices that he is on Joseph Campbell’s mythic journey.³⁶

The Doctor’s identity is also determined by how he appears in front of others, most notably his companions. They become a *performative mirror* to him, helping him to

gain self-understanding. The original companions help the Doctor to see the point of view of the Other, and as Wallace observes, when they all leave, the “requirement for the companions to provide insight” is diminished.³⁷ The loss of the companions is felt by the Doctor and each new one makes for a very different reflection. Although Susan and Vicki are both vulnerable, for example, the Doctor is freer with the latter to pursue heroic adventures while his granddaughter is a constant reminder of the need to juggle his roles³⁸ as grandfather and explorer.

A further determinant in the Doctor’s characterization arises as a result of *acting* within a *matrix of performance*. Verity Lambert had already observed the Doctor’s duality of irascibility and vulnerability in two acting performances which convinced her to cast William Hartnell: he played “a really awful, nasty sergeant in *The Army Game* where he was tough and strict and angry and cross, and in *This Sporting Life* ... he was very vulnerable and sad. I thought, ‘if we could just get that combination!’”³⁹ As the Doctor’s character mellowed in the programme, Hartnell began insisting on playing a kindly Doctor, partly informed by his ‘off-set’ experiences of being the Doctor in front of young fans,⁴⁰ which were not always fully ‘off-stage’ in the sense that he was sometimes fully costumed and *acting* as the Doctor. In addition, Hartnell had clearly personally invested in the identity of the Doctor and had arguments with writers over *his* characterization.⁴¹ Hartnell’s physical body is also part of this matrix of performance: the onset of sclerosis making it hard for him to remember lines. ‘Billy fluffs’ or ‘Hartnellisms’ (fluffed lines and errors of dialogue) became part of the Doctor’s identity, sometimes actually scripted in. In a seemingly autobiographic line of dialogue, the Doctor complains, “My writing gets worse and worse. Dear, dear, dear, dear, dear” (*The Rescue*). All of which begs the question about the boundary between Hartnell’s performance of the Doctor and that of his personal ‘self’.

The director Richard Schechner has theorised that performance does not always occur within the specific boundaries of stage space, but intersects with the everyday, a liminality “suspended between 'my' behaviour and that which I am citing or imitating.”⁴² At the same time, theatrical performance may include transitions into actions that actors are not “merely playing,” such as crying real tears.⁴³ Although, then, Hartnell is not the Doctor, he is also not *not* the Doctor, and vice-versa.⁴⁴ Liminal performances trade off intratextual and paratextual material, such as the actor’s biography and critical cuttings, and the variously ‘alternative’ manifestations of the Doctor in print. As Richard Dyer notes about stars of the screen, “what is interesting ... is not the character they have constructed ... but rather the business of constructing/performing/being” a character.⁴⁵

Modes of Narrative Performativity in Doctor Who

Schechner’s and Dyer’s observations have important implications for communication as part of matrixed performance: just how much of Hartnell informs the direct speech and body language of the Doctor? Potter, for example, identifies Hartnell’s “deliberate attempts to work within a medium in which the extreme close-up and head to chest medium close-up dominate”.⁴⁶ As Cook points out, the aesthetic of the ‘as-live’ television drama of the 1960s was predominantly one of ‘intimacy’ and ‘immediacy’,⁴⁷ a unique form with its own grammar. The speech act in narrative is therefore both diegetic (the verbal and non-verbal cues of the character in the inner world of the narrative) and extra-diegetic (relating that is to the author as communicator). Since there is no one author of early televised Doctor Who – indeed the character’s inconsistency is multi-authored – this communication is best looked at in terms of a common studio grammar.

i. Studio grammar

The issue of authorship in *Doctor Who* is keenly contested. For Steward it is a “fact of production”⁴⁸ while Muir argues that the programme is the result of conflicts between the auteur-style of Sydney Newman and editorial control of Verity Lambert.⁴⁹ However, it is debatable whether either exercised any considerable authorial control, certainly not in comparison to the *showrunner* figure of Russell Davies in *New Who*⁵⁰. For Kim Newman there were too many contributors to the series to identify a single author figure.⁵¹ Hills points out that *Doctor Who* fandom has “interpreted the classic series as ‘authored’ as part of its textual revaluing and cultification”⁵² but being multi-authored is also a ‘problem’ for the text in anchoring the character, which, I have been intimating, is a *productive problem* in terms of the Doctor’s creative openness to interpretation.

If there is a sense that the Doctor fulfils Roland Barthes’ pronouncement that “The birth of the reader must be at the cost of the death of the Author”⁵³ it is surely that *Doctor Who* scriptwriters are, no less than readers, bricoleurs rather than originators of a text for which there is no limit to interpretation, since each brings forward their own personal experience in meaningful assemblage. While scriptwriters, producers, editors and artistic staff worked to briefs, they did so within discreet interpretative units and *auteur-tenures* (for want of a better phrase) where preferences for types of genre “underpin the changes in programme identity.”⁵⁴ The historical stories, for example, show marked differences in approach with John Lucarotti serials (*Marco Polo*, *The Aztecs* and *The Massacre*) “characterised ... by moral seriousness,”⁵⁵ Dennis Spooner’s (*The Romans* and *The Time Meddler*) characterised by comedy and Donald Cotton’s (*The Myth Makers* and *The Gunfighters*) concerned more with genre than historical authenticity and the Reithian project of education. Meanwhile, Tulloch has suggested that the various languages (of costume, music and set design) create a semiotic ‘thickness’ when working against each other, adding layers of meaning and contributing to “wild fluctuations in the tonal impact ... of acting styles.”⁵⁶

1960s television borrowed from the language of theatre in favouring ‘the fourth wall’ meaning studio sets were “constructed ... in the centre”⁵⁷ into which multiple cameras moved in and out, thus defining the acting and narrative space. In addition, budget constraints meant cramped studio space, tight schedules, ‘as-live’ recording with few costly recording breaks and next to no expensive edits. In general, the result is a slow discursive style of story telling with few shots, with any errors or fluffs unrecovered.

In all, the open authorship, multiple artistic voices and studio realities create a common grammar out of which all contributors must make a sense. These shifting sands are embodied in the performances of, and audience identifications with, characters since even the most astute fan of the classic series, must navigate the textual gaps and ‘problem’ of character consistency. However this ‘problem’ becomes the performative mark for the viewer’s imagination to take up.

ii. The Doctor’s performative lexis

The Doctor’s direct speech constructs him in particular ways that position him as a subject of BBC institutional and studio grammars, cast him as narrator, and authoritative figure, and arguably support the mystery/hero duality. Through the show’s cultural heritage, the character of the Doctor permits the conflated observation “very British, very BBC” particularly given Reith’s interpretation of its charter to educate and entertain.”⁵⁸ This casts him in the role of BBC spokesperson and it is interesting to note, particularly given his alien status, that he talks with Received Pronunciation (RP) – the ‘golden standard’ for homogeneity in English speaking worldwide⁵⁹ – its use as significant a statement as the Seventh and Ninth Doctors’ referral to regional accents.⁶⁰ It is surely his position as BBC spokesperson that inspires of him his initial cultural impartiality, allowing him to say in *The Dead Planet*, “The Thals are no concern of ours.

We cannot jeopardise our lives and get involved in an affair which is none of our business.” This inclination to tour history events, and pontificate on science, fits both with the channel’s Reithian mandate and the Doctor’s rule of non-intervention.

According to Layton, half of the Doctor’s lines are explanations.⁶¹ This is an exaggeration, but one that points to the function of speech in moving the story forward. As originally profiled by Newman and Weber, the Doctor is the scientific figure who makes sense of the worlds his crew find themselves in. His command of technical language would see him in the role of reliable narrator, but sometimes the jargon gets the better of the Doctor/Hartnell and makes for poor scientific exposition such as his poetic but ultimately cod-scientific dimensional comparison of TARDIS to a television set (*An Unearthly Child*). His occasional resort to soliloquy means the Doctor often has the last word, steering the narrative and sharing his thoughts with the audience in classical Shakespearean tradition. These half-muttered lines act as aid-memoirs for 1960 viewers (who only had access to unrepeated, weekly 25 minutes episodes, which, for the most part, were not separated into the convenient story blocks with generic titles, that DVD and Target novel releases refer to): “It all started out as a mild curiosity in the junkyard, and now it's turned out to be quite a great spirit of adventure” (*The Sensorites*). But the Doctor is vague too, as evidenced by the speech he gives on losing his companion Steven: “None of them could understand. Not even my little Susan. Or Vicki. And as for Barbara and Chatterton — Chesterton — they were all too impatient to get back to their own time. And now, Steven. Perhaps I should go home. Back to my own planet. But I can't... I can't...” (*The Massacre of St Bartholomew's Eve*). It is a speech that defers explanation while constructing that deferral as identity.

The Doctor deploys several linguistic strategies to achieve and maintain conversational dominance, his physical weakness meaning that words are his special power. Where there is a threat, he is swift to make interruptions thus depriving the

antagonist of the power of words, and wit and sarcasm are ruthlessly deployed when he goes on the offensive. Using sentences with multiple clauses, and frequent word-repetition, the Doctor is highly competitive in seizing dialogue opportunities and this is coupled with an overly formal and patronising tone, practiced with friends and enemies alike: “Human progress, sir! How dare you call your treatment of these people progress?” (*The Savages*). He is sanctimonious and, as MacDonald notes, has a “penchant for dispensing moral sermons” and “is always ready with an improving homily:”⁶² “I don't believe that man was made to be controlled by machines. Machines can make laws, but they cannot preserve justice” (*The Keys of Marinus*).

Speech accommodation theory demonstrates the extent to which people converge with or diverge from each other in verbal interactions.⁶³ Unsurprisingly, the Doctor's speech both differentiates him from others, but also shows a cooperative side, switching between different patterns of performative lexis, such as lightening of volume, interpellative address, and convergence with the addressee's perspective: “You know, she [Barbara] was frightened, frightened for your safety” (to Vicki in *The Rescue*). Again, this duality emerges out of the performative intersection of the two very different opening episodes. As Peel points out, after the ‘pilot,’ “[t]he Doctor's lines were toned down, and he is allowed to crack some smiles and jokes.”⁶⁴ Indeed his witty comments form part of his action-focused approach in the second season, with one-liners like his explanation to a Roman guard that Vicki is there to “watch the lyres” (*The Romans*). On other occasions, so-called Billy Fluffs inject unintended humour and interrupt his authority. For example, when asked if the sea is frozen, he replies “No, impossible at this temperature. Besides, it's too warm” (*The Keys of Marinus*). Once again, it is not always clear where the boundaries of Hartnell and the Doctor are, as when he calls Chesterton ‘Chatterton’ or ‘Chesterman’. Indeed, this is something that scriptwriters were conscious of, and which Morris Farhi ruthlessly exploits in the unused early story *Farewell Great Macedon*.⁶⁵ The

Doctor has a variety of recognisable speech tics which *colour* his communications, darkening or lightening him (*Hmmm? Good gracious me! Nonsense! What's that, my boy? Come along!*), and provide further ammunition for the argument of a Hartnell/Doctor/Studio matrix of performativity.

iii. The body as communication

The Doctor also speaks non-verbally and Hartnell's iconic performance tics include darting eyes and the professorly gripping of his lapels. While Austin "made room for gesture ... and other non-discursive sets of sense-making conventions"⁶⁶ it is Butler who emphasises "bodily productions"⁶⁷ as sites of the sedimented history of "social iterability."⁶⁸ The 'doing' of identity is understood as the "dramatization"⁶⁹ of the body through which clothes, movements and gestures come to speak giving "the illusion of an abiding ... self."⁷⁰ As Lurie points out, dress is a language "a vocabulary and a grammar"⁷¹ that includes hair and make-up as well as clothing and speaks, amongst other things, about gender, status, taste and group affiliations. "We put on clothing for ... the same reasons that we speak ... to proclaim" identity.⁷²

The Doctor's costume, by designer Maureen Heneghan, comprises tweed trousers, Victorian bowtie, waistcoat, and a morning coat that is "powerfully redolent of professional authority or the upper class."⁷³ This showcases what Levi-Strauss calls bricolage (Levi-Strauss, 1962): we encounter the Doctor's bricoleur skills in the novella *Frayed* (Telos, 2003), where he creates his outfit not "out of whole cloth" (from out of nothing)⁷⁴ as a fashion designer is erroneously presumed to do, but assembles it like all forms of language, from "the means at hand."⁷⁵ Parts of his outfit connote what Lurie calls archaisms that "give an air of culture, erudition or wit"⁷⁶ but sparingly so as not to imply that his performance is a masquerade. His "knack of combining colors, patterns and styles" is also suggestive of a "personal awkwardness and disharmony."⁷⁷ The

Doctor's dress is spoken as a kind of authoritative but eccentric individual, one who commands respect by virtue of his skills at grammatical dexterity which confer on him a rich vocabulary, but equally marks him as standoffish, arrogant, over-formal (prim, perhaps) and solipsistic, (overly individual and therefore untrustworthy). This is partly since "costume that is the equivalent of a cliché"⁷⁸ serves to mark our commonality, identification with and belongingness to the social groups we operate within, something that the Doctor does not demonstrate clear interest in subscribing to. Indeed, the Doctor's dress communicates that he does not belong to the immediate fashion conventions, and therefore etiquette, of the 1960s, while at the same time makes him seem fuddy-duddy, representing an old generation and slightly eccentric mix of Edwardian and Victorian influences (and, in that sense, providing him a camouflage of sorts).

Dress is performative in focusing the wearer on the demeanour imposed by clothing⁷⁹ and is transformative, both from Hartnell's matrixed position as actor and ours as viewers.⁸⁰ Dress can also be a narrative tool in constructing "an independent discursive strategy"⁸¹ informing viewers about characters in the absence of much direct communication (as in the early scenes from *An Unearthly Child*). Or it may have little to say for itself other than to show off as a gratuitous spectacle. In *The Web Planet*, for example, the Doctor's costume takes its cue from the unusual and expensive set.

The combination of studio grammar, direct speech and non-verbal communication, provides a rich and complex matrix of performance from which the reader and writer draw in reconstructing the Doctor as either felicitously recognisable or radically fresh.

Repeat Acts and Authenticity

“One of the delights of reading Doctor Who is being able to hear your favourite Doctor come alive in between the lines,” so begins a reader review for Eoin Colfer’s *A Big Hand for the Doctor*, astutely describing the space the reader’s imagination attunes to in performatively reconstructing the Doctor. But, alas, something is ‘unhappy.’ “There’s something up with this doppelgänger,” the reviewer goes on, “something wrong about the way he speaks, something a little clumsily contemporary about his grasp of tech and use of the vernacular. This isn’t my Doctor.”

A Big Hand for the Doctor, released by Puffin (2013) as part of its 50th Anniversary digital range, is a pre-*Unearthly Child* story that nevertheless frankly discusses regeneration and Time Lords, has the Doctor seeking adventure rather than safety, and discoursing in an odd *performative lexis*: “Mano-a-mano, thought the Doctor, grimly. *And that pirate is a much bigger mano than I am.*” Interestingly, Colfer “had been reading Doctor Who books for years before I ever saw a single episode” and admits, “I found the first Doctor interesting because he was not so developed and I could have a little leeway with the character.”⁸²

Colfer and his critic each lay claim to the same *writerly* space in breathing life into their Doctors. And each points to the written word as their reference point. Although ‘transmedia storytelling’ has changed the paradigm for characterization, marking *New Who* as the exemplar of “convergence and synergy in both media industries and medium technologies,”⁸³ this does not mean that the classic series was free from intratextual and paratextual influences. Comparative to today, there were few texts contemporaneous with Hartnell’s Doctor⁸⁴ but Parkin nevertheless suggests they, “were as memorable as and perhaps even more tangible than the TV series” to those growing up with them.⁸⁵ Target novelizations were released between 1973 and 1991, and, after the classic series was cancelled in 1989, there were many First Doctor publications under the rubric of BBC’s Past Doctor Adventures, Short Trips, Telos novellas, Companion Chronicles and fan-publications such as Jim Mortimore’s *Campaign* (2000). In addition to this, there is the

considerable amount of biographical material on both the Doctor and Hartnell. All of this interrupts a straight-forward reading of the Doctor's character and defers his 'development' ... potentially forever.

How then may one lay claim to an authentic Doctor? Which, for example, of the three characterizations of the Doctor, in the different versions of the first Dalek adventure, should we nominate as canon? For Parkin, "[t]he instinct is to say the television version, because it's the original."⁸⁶ As Derrida observes, all institutions are traceable to a moment of invention, yet that beginning must already be the opening to its unconventional differentiability.⁸⁷ Functioning in the "radical absence" of the author, the mark must be capable of this differentiability and, insofar as a mark is iterable, it cannot belong to an original context exclusively.⁸⁸ The theory of performativity challenges "the expressive model that would offer a basis for discriminating between 'real' or 'authentic' performances."⁸⁹

This chapter has argued that the 'original' series is open to differentiability, as "a text that unfolds according to a wide range of institutional, professional, public, cultural and ideological forces"⁹⁰ with multiple authoring, "loosely connected production teams"⁹¹ and boundaries that are fluid and *writerly*. As Parkin puts it, "[t]he makers of Doctor Who were not of one mind."⁹² The Doctor's regeneration into the Second Doctor had been planned as early as Season Three story *The Celestial Toymaker* on the grounds that Hartnell was growing unpredictable; regeneration, to put it another way, was an idea that formed out of the very contradictions in the performance that created the Doctor as an open and contradictory text. Whereas *constative* texts attempt to describe the world as it is, or rather as it is assumed to be, without acknowledging the possibility of interpretative intervention, the performative text is not merely open, it positively exhorts the reader to evoke the action in his imagination. Such a text is generative, since

it is always enquiring of meanings and completions, rather than commending any particular one.

The medium of the novel lends itself to this openness as it tends not to have “one centre of authority – the narrator's or author's voice – but many such centres, centres which typically are in conflict with one another.”⁹³ Nevertheless, a novel is a ‘speech context’⁹⁴ where each ‘speech act’ refers to a ‘culturally-shared knowledge’ of speech conventions.⁹⁵ In the transmedia setting of *New Who*, there is ironically a greater reliance on what Hills calls the ‘tele-centric’ consumption of Doctor Who. Big Finish audio adventures “imitate structures and formats of televised Who” enabling fans to consume the stories “as if they were part of the TV series.”⁹⁶ This adherence to conventions merely provides the grounds for accusing the speech act of being ‘unhappy’ as “the ageing of actors” voices partly works against the “idealised experience.”⁹⁷

For Austin, there are many ways for the performative utterance to go wrong. Examples include the failure to abide by conventions, the inappropriateness of the speaker and errors in executing the utterance correctly or completely. These violations “do not result in a 'void' or 'empty' performance” but one that is “hollow rather than empty.”⁹⁸ But for Derrida, Butler and Schechner such ‘unhappiness’ is the mark of a radical differentiability that promises to move the mark on. If the Doctor is the sum of his performative acts, there can never be an end (or beginning) to who he is.

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Notes

¹ Butler, *Gender Trouble*, 25

² Wood and Miles, *About Time*, 160

³ Goffman, *Presentation Self*, 28

⁴ Jackson, *Processing Performance*, 2

⁵ Austin, *How to do Things*, 6

⁶ Austin, *How to do Things*, 139

⁷ Austin, *How to do Things*, 6

⁸ Austin, *How to do Things*, 8-9

⁹ Austin, *How to do Things*, 14

¹⁰ Loxley, *Performativity*, 38

¹¹ Parker and Sedgwick, *Introduction* in *Performativity and Performance*, 4

¹² Austin appears to exclude what he calls the 'non-serious' arguing that literary utterances are derivative and "parasitic" (Austin, 22) of the ordinary speech acts he considered. All the same, Austin doesn't overtly state objections based on any "ontological distinction between 'life' and 'fiction', or between 'reality' and 'illusion'." (Loxley, 143)

¹³ Austin, *How to do Things*, 96

¹⁴ Derrida, *Signature Event Context*, 8

¹⁵ Derrida, *Signature Event Context*, 12

¹⁶ Derrida, Signature Event Context, 17

¹⁷ Butler's conceptualising of performativity focuses on gender arguing that it is not something we already have but rather constitutes "the identity it is purported to be" (Butler, 1990: 34): "Gender is the repeated stylization of the body, a set of repeated acts within a rigid regulatory frame which congeal over time to produce the appearance of substance, of a "natural" kind of being" (Butler, 1990: 33). Following Simone de Beauvoir's insistence that "one is not born, but rather becomes a woman" (de Beauvoir, 1949: 267), Butler argues that gender has to be "taken up" and acted "as it were" in order for it to cohere as identity. The Doctor's gender is often accepted as a given, natural thing, as evidenced by the agitated debate surrounding the possibility of the Twelfth Doctor (Peter Capaldi) regenerating as a woman (see Doctor Who Magazine letters page (Galaxy Forum) issue # 463 for a flavour of this). While this chapter does not focus on gender specifically, it should become clear that the Doctor's gender, as his identity generally, is performatively *acted* 'as it were'.

¹⁸ While sociolinguistics believe speech is the reflection of how one already is, poststructuralism takes issue with the individual's active transcendence of language. Language provides the terms of speech (words and sentences, for example) and occurs in ideological and historical settings; in that sense, language speaks us.

¹⁹ Butler, Gender Trouble, 43

²⁰ Butler, Gender Trouble, 33

²¹ An Unearthly Series - The Origins of a TV Legend, A Meeting of Great Minds, Last Modified July 2013, <http://www.doctorwhonews.net/2013/03/unearthly-series-origins-tv-legend-8-260313040017.html>

²² Layton, Humanism of Doctor Who, 21

²³ October, Adventures In English

²⁴ Tulloch and Alvarado, Unfolding Text, 29

²⁵ 'Dr Who' General Notes on Background and Approach in Chapman, Inside the TARDIS, 17

²⁶ Butler, Psychic Life of Power, 110

²⁷ Althusser, Lenin and Philosophy and other Essays

²⁸ Nietzsche, Genealogy of Morals, 33

²⁹ Layton, Humanism of Doctor Who, 30

³⁰ Layton, Humanism of Doctor Who, 30

³¹ Tulloch and Alvarado, Unfolding Text, 57

³² Although popularly referred to as the pilot, the first recording of what was to be the opening episode was not actually broadcast. The term 'pilot' is more specifically used to denote the first broadcast episode of a program.

³³ Robb, Timeless Adventures, 38

³⁴ See Chapman, Inside the TARDIS, 25

³⁵ MacDonald, Shapes of Things, 7

³⁶ Campbell, Hero with a thousand

³⁷ Wallace, But Doctor?, 106

³⁸ Goffman, Presentation of Self

³⁹ Verity Lambert quoted in Tulloch, 17

⁴⁰ Carney, Who's There?, 2

⁴¹ "We used to have terrific arguments about the script. We were always rewriting. ... There was always an argument. Sometimes it was quite serious...."

Bill, Jackie, Carole and I. We'd already been on the phone to each other, discussing the various points we wanted altered."

(A Knight's Tale Interview by Benjamin Cook (with William Russell)

DWM 448 27 June 2012)

⁴² Schechner 1988 in Loxley, 149

⁴³ Loxley, Performativity, 145

⁴⁴ See Schechner's discussion of Olivier's Hamlet, Schechner, Between Theatre, 110

⁴⁵ Dyer, Stars, 24

⁴⁶ Potter, Filipino army's, 164

⁴⁷ Cooke, Big Finish, 24

⁴⁸ Steward, Author Who?, 312

⁴⁹ Muir, Critical History

⁵⁰ Showrunner is Davies' own description of his role. For a fuller discussion see Cornea 2009

⁵¹ Newman, Doctor Who. A Critical Reading, 113

⁵² Hills, Triumph of a Time Lord, 27

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- ⁵³ Barthes, *Death of the Author*, 148
- ⁵⁴ Steward, *Author Who?*, 318
- ⁵⁵ Chapman, *Inside the TARDIS*, 32
- ⁵⁶ Hills, *Televisuality without*, 76
- ⁵⁷ Potter, *Filipino army's*, 163
- ⁵⁸ October, *Adventures in English*
- ⁵⁹ Clark, *Language and Identity*, 60
- ⁶⁰ Cordone points out the relationship between the character's Britishness and his status as a Lord: "while the first Doctor was not formally defined as a lord, it is easy to understand why, based on his bearing and behavior, this characterization was formalized during the time of the second Doctor" (Cordone, *Who is the Doctor?*, 10).
- ⁶¹ Layton, *Humanism of Doctor Who*, 78
- ⁶² MacDonald, *Shapes of Things*, 8
- ⁶³ for more see Clark, *Language and Identity*, 133
- ⁶⁴ Peel, *Files Magazine*, 26
- ⁶⁵ Now a BIG Finish audio book
- ⁶⁶ Loxley, *Performativity*, 120
- ⁶⁷ Butler, *Excitable Speech*, 159
- ⁶⁸ Butler, *Excitable Speech*, 150
- ⁶⁹ Butler, *Gender Trouble*, 272
- ⁷⁰ Butler, *Gender Trouble*, 199
- ⁷¹ Lurie, *Language of Clothes*, 4
- ⁷² Lurie, *Language of Clothes*, 27
- ⁷³ Britton and Barker, *Reading Between Designs*, 146-7
- ⁷⁴ Levi-Strauss, *Savage Mind*, 22
- ⁷⁵ Levi-Strauss, *Savage Mind*, 22
- ⁷⁶ Lurie, *Language of Clothes*, 6
- ⁷⁷ Lurie, *Language of Clothes*, 21
- ⁷⁸ Lurie, *Language of Clothes*, 16
- ⁷⁹ Eco, *Lumbar Thought*
- ⁸⁰ For a discussion on masks and magical dress, see Scott, *Magical Dress*, 151-157
- ⁸¹ Bruzzi, *Undressing Cinema*
- ⁸² Doctor Who regenerates in ebook form, Last Modified July 20 2013.
<http://www.guardian.co.uk/books/2013/jan/07/doctor-who-ebooks-eoin-colfer>
- ⁸³ Parody, *Approaching Character*, 150
- ⁸⁴ *TV Comic* introduced a Doctor Who comic strip in 1964; the first *Doctor Who annual* in 1965 mixed comics and stories; *The Invasion from Space* in 1966 was an illustrated story; TV writers David Whitaker and Bill Strutton released children's novelizations of their stories; two movie versions, *Dr Who and the Daleks* (1965) and *Daleks: Invasion Earth 2750 AD* (1966), starred Peter Cushing as an eccentric, stooped-over but otherwise human inventor.
- ⁸⁵ Parkin, *Canonicity matters*, 248
- ⁸⁶ Parkin, *Canonicity matters*, 249
- ⁸⁷ see Derrida, *Psyche: Invention*
- ⁸⁸ Derrida, *Signature Event*, 8
- ⁸⁹ Butler, *Excitable Speech*, 145
- ⁹⁰ Tulloch, and Alvarado, *Unfolding Text*, 2
- ⁹¹ Parody, *Approaching Character*, 150
- ⁹² Parkin, *Canonicity matters*, 252
- ⁹³ Hawthorn, *Studying the Novel*, 126
- ⁹⁴ Pratt, *Toward a Speech*, 2
- ⁹⁵ Pratt, *Toward a Speech*, 86
- ⁹⁶ Hills, *Televisuality without*, 281
- ⁹⁷ Hills, *Televisuality without*, 281-3
- ⁹⁸ Austin, *How to do Things*, 16



THIS SAMPLE IS FROM *The Language of Doctor Who*

In a richly developed fictional universe, Doctor Who, a wandering survivor of a once-powerful alien civilization, possesses powers beyond human comprehension. He can bend the fabric of time and space with his TARDIS, alter the destiny of worlds, and drive entire species into extinction. The good doctor's eleven "regenerations" and fifty years' worth of adventures make him the longest-lived hero in science-fiction television.

In *The Language of Doctor Who: From Shakespeare to Alien Tongues*, Jason Barr and Camille D. G. Mustachio present several essays that use language as an entry point into the character and his universe. Ranging from the original to the rebooted television series—through the adventures of the first eleven Doctors—these essays explore how written and spoken language have been used to define the Doctor's ever-changing identities, shape his relationships with his many companions, and give him power over his enemies—even the implacable Daleks. Individual essays focus on fairy tales, myths, medical-travel narratives, nursery rhymes, and, of course, Shakespeare. Contributors consider how the Doctor's companions speak with him through graffiti, how the Doctor himself uses postmodern linguistics to communicate with alien species, and how language both unites and divides fans of classic Who and new Who as they try to converse with each other.

Broad in scope, innovative in approach, and informed by a deep affection for the program, *The Language of Doctor Who* will appeal to scholars of science fiction, television, and language, as well as to fans looking for a new perspective on their favorite Time Lord.