

Title	"Maybe that's what happens if you touch the Doctor, even for a second": Trauma in Doctor Who
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Publication date	2013-10-23
Original Citation	Gibbs, A. (2013) "'Maybe that's what happens if you touch the Doctor, even for a second': Trauma in Doctor Who', Journal of Popular Culture, 46(5), pp. 950-972. doi: 10.1111/jpcu.12062
Type of publication	Article (peer-reviewed)
Link to publisher's version	10.1111/jpcu.12062
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Download date	2024-05-22 18:29:02
Item downloaded from	https://hdl.handle.net/10468/10016



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‘Maybe that’s what happens if you touch the Doctor, even for a second’: Trauma in *Doctor Who*

When the BBC television series *Doctor Who* returned in 2005, this followed an absence of 16 years (barring the 1996 TV movie starring Paul McGann). During this hiatus theories associated with trauma were widely disseminated in the West.

Although post-traumatic stress disorder (PTSD) was first defined in 1980 by the American Psychiatric Association (APA), the term’s preeminence was in its infancy at the time of the cancellation of the original run of *Doctor Who* in 1989. In the 1963-1989 series direct treatment of trauma was thus sparse and unsystematic, whereas in the more theoretically-aware period of 2005 to the present day, the new series has engaged extensively and self-consciously with theories of trauma. The following essay analyses both series’ approach to issues of trauma with a two-fold intention. Firstly, to highlight the different approaches taken to trauma in the series’ two runs: the more metaphorical and piecemeal approach in the original, compared to the way in which the current series has drawn more directly and systematically on existing theory, to the extent that trauma has become a crucial concept underpinning its popular success. Secondly, the essay analyses ways in which an academic discourse such as trauma studies is articulated in and disseminated through the realm of popular culture.

Trauma as a psychological term predates 1980, but the APA’s official adoption of PTSD at this time did much to prompt its wider acceptance, especially in the US and the UK. Besides becoming a ubiquitous academic paradigm during this period, trauma also caught the popular imagination. A number of phenomena underline this popularity, including the bestseller status of the ‘misery memoir’ genre of autobiography, and public tastes for narratives of trauma and recovery on confessional TV talk shows. By 2005, just as Freud’s theories nearly a century earlier

had entered popular discourse through a kind of cultural osmosis, so the same process was underway for trauma studies.

Given the amount of violence and death in the original series of *Doctor Who* it is perhaps surprising that these events rarely seem to produce identifiable post-traumatic symptoms. This trend is detectable from the very first story, 'An Unearthly Child' (1963), the climax of which is set amongst a Neolithic tribe. Two cavemen fight, resulting in the death of one, which is depicted in surprisingly graphic detail for the period. Cutaway shots reveal members of the Tardis crew flinching as they witness the fight, but almost immediately afterwards they appear to have forgotten the brutal killing, presenting no symptoms of psychological disturbance. This trend reaches an extreme nineteen years later, in the reaction of the Doctor and his companions to the death of their fellow traveler, Adric, in the 1982 serial, 'Earthshock'. Moments after his death, in the following story, 'Time-Flight', it is dismissed with unseemly, almost comic haste and the perfunctory manifestations of the crew's grief are rapidly subsumed by the next story's plot development. This instance provides a telling illustration of one of the major differences between old and new *Doctor Who*, with the former's preoccupation with plot tending to overwhelm any sustained focus on the kind of character development which might, in this instance, have permitted a fuller exploration of mourning.¹

If the original series deals with trauma in a relatively perfunctory way there are, however, at least two broad exceptions where the symbolic or metaphorical evocation of trauma underscores key themes. Firstly, especially in a few of the more politically oriented stories during Jon Pertwee's period in the role (1970-74), a number of stories exploring postcolonial themes employ telling tropes of trauma. Secondly, part of the program's longevity is due to the way in which a new actor

periodically succeeds another in the role of the Doctor; symptoms akin to PTSD have often been prominent in the Doctor's behavior after this process of 'regeneration'.

Colonialism and Trauma

Although largely earthbound, the Pertwee era also included regular stories set in Earth's supposed colonial and post-colonial future, all of which allegorically refer to Britain's declining days of empire. 'Colony in Space' (1971), a story from Pertwee's second season set in the 25th century, depicts the early days of Earth's empire. Given that this story was penned by Malcolm Hulke – as a committed communist perhaps the most politically radical of *Doctor Who*'s writers – it is perhaps surprising that the serial's message about colonialism is notably conservative. In this sense, the story conforms to Alec Charles's reading of the program in general as 'a product of [the] dying days of empire' (115), which 'offers itself in the guise of anti-imperialist liberal humanism [but] ends up as a paradigm of ideological and ontological conservatism' (120). The story concerns a battle between a colony of farmers and a mining corporation for control of an alien planet, Uxarieus. The planet already houses an indigenous civilization, but its members are dismissed as 'Primitives', and the story presents the planet as unproblematically ripe for colonization. As Lindy A. Orthia observes, the story's resolution, which concentrates on the vanquishing of the 'evil mining corporation', in favor of the farmer-colonists, 'leaves the planet conveniently empty for colonization by Earthlings' (211). As such, the traumatizing effect of colonization upon the native Uxariens, although implicit in a subtext suggesting the likelihood of future genocide, is largely obscured by a focus upon the battle between 'good' and 'evil' competing Earth colonists.

In the following season, 'The Mutants' (1972), set around 500 years after 'Colony in Space', concerns the twilight of the Earth colonial period, and the

struggles of the inhabitants of an alien planet, Solos, to free themselves from colonial rule. In this story, the traumatic effects of colonialism are more explicitly and sensitively depicted. Contemporary postcolonial theory has challenged a key assumption of earlier trauma theory, namely that trauma may only be the result of a sudden and unexpected violent event outside the realm of normal human experience. Critics including Katherine Baxter have persuasively countered that the daily experience of living under oppressive regimes such as apartheid may equally produce traumatized pathologies: ‘long-term endurance of racial segregation or long-term exposure to the threat of abuse could also be classified as traumatic’ (20). The traumatic experience of colonial rule is effectively explored and symbolically represented in ‘The Mutants’. In this story, since Solos’s natural resources have been ravaged to the point of exhaustion, the Earth authorities are actually keen to grant the planet’s inhabitants their independence, but the governing Marshal goes to criminal lengths, including attempted genocide, in order to cling onto power. The Marshal and his cohorts are based on the Skybase, orbiting the planet, while on the ground the Solonians are subjected to manifold depredations of an exploitative and explicitly apartheid regime; the teleport that links the planet and the satellite, for example, has separate cubicles labeled ‘Overlords’ and ‘Solonians’. This explicitly alludes to European colonialism and apartheid, given that the story was televised in an era characterized in the UK by regular news of racism and armed conflict from Rhodesia (as it then was) and South Africa.² The native Solonians are undergoing physical change, metamorphosing into grotesque monsters, the ‘mutants’ of the title, and they are subject to murderous hunts carried out by the Marshal and his men. Initially, this process of mutation appears to be a traumatized reaction to violent oppression, specifically to climate change induced by the colonialists’ exploitation of the planet’s

natural resources and experiments into transforming Solos's atmosphere (which is inimical to humans). The Doctor, with the help of an Earth scientist gone native, Professor Sondegaard, discovers that the mutation is in fact an intermediate stage in a natural process (which has been sped up, but not caused, by the colonists' interventions), part of Solos's 500-year long seasonal changes, whereby the Solonians transform from a humanoid state, through the insect 'mutant' stage, into ethereal superbeings. This discovery is made by two white men associated with the oppressors, and the story thus flirts with the ideology of the white man's burden. Again, this is not unusual, and despite the Doctor's apparent radical and anti-imperialist credentials, Charles aligns his character in general and Pertwee's incarnation in particular with 'conservative paternalism' (117). This is only partially undermined through the role given to Ky, a native Solonian and leading activist in the independence movement. Ky is the first Solonian to experience the full transformation process, and he uses his new powers not only to kill the Marshal, but to make him disappear entirely, as if vanquishing Solos's colonial past and anticipating a self-determined future.

'The Mutants' thus plays out the traumatic effects of colonial oppression metaphorically, as the colonial masters are overthrown, and the population is quite literally reborn in a post-traumatic transformed state. The planet, too, which almost becomes a toxic wasteland following the Marshal's experiments, recovers, albeit bearing scars of the attacks upon it. Through these metaphors of transformation and scarring, the story conforms, albeit probably unwittingly, to dominant strands of trauma theory which have long maintained that even those who successfully recover from a traumatized condition are transformed, never returning to their original state.

Transformative if partial recoveries from the traumatizing condition of colonialism are also depicted in later Tom Baker stories, 'The Power of Kroll' (1978-

79) and 'Full Circle' (1980). 'The Power of Kroll' involves a conflict between human colonizers eager to exploit the natural resources of a planet already inhabited by the 'primitive' Swampies. The story's climax involves not only the expulsion of the colonists but also the transformation of the menacing giant monster, Kroll, into numerous small and harmless squid-like creatures after its encounter with the Doctor. In 'Full Circle', transformation is at the heart of a complex narrative of trauma and colonization. The story depicts a community apparently descended from colonizers who long ago became stranded on the planet Alzarius and are now locked into a seemingly endless series of preparations and repairs to their spaceship, the 'Starliner', so that they can return to their home planet. The twist, however, is the revelation that these are in fact not descendents from the colonizers, but from the indigenous population, a primordial band of periodically-appearing creatures, known as Marshmen, who are outstandingly adaptive, and have, over the course of a few centuries, evolved into life forms identical to the killed original inhabitants of the colony ship. What initially appeared to be colonialism is thus ultimately revealed as its defeat, once again through a transformative process. The idea that trauma is again a consequence of colonialism is most readily apparent in the process of forgetting that has occurred amongst the Starliner community, repressing the memory of their true status as Alzarians. This repressed memory returns periodically in the season known as Mistfall, however, during which unevolved Marshmen emerge once more and seek to take over the Starliner.

Interestingly, in 'Planet of the Ood' (2008), the new series story which deals most explicitly with colonialism and its legacy, physical transformation is again used as an objective correlative of trauma. As with 'The Mutants', the experience of colonialism is overtly traumatic as the Ood, a peaceful alien race, are ruthlessly

exploited as slaves by another future Earth empire. A key part of this enslaving process involves the surgical removal of the Oods' 'secondary brain', which allows them to communicate telepathically, and its replacement with a piece of technology that acts as a translator, so that they can receive and obey orders. Isolated acts of rebellion by the Ood emerge as psychopathic episodes deemed rogue instances of 'red eye' by the humans who enslave them, but which are actually traumatized responses to the vicious colonial exploitation to which the Ood are subject. Aided by a human movement, the 'Friends of the Ood' and (albeit on a fairly perfunctory level) the Doctor, the Ood achieve their freedom and are given back their natural form. With their secondary brains restored, rather than the artificial translator, the collective trauma of the Ood is worked through as they are able once more to communicate telepathically through an unmediated channel. The chief human exploiter of the Ood, Mr Halpen, is himself, in a supremely just-so moment, ultimately transformed into an Ood. Thus, and in an even more explicit way than in the original series, key tropes of trauma are symbolically deployed as a means to illustrate the depredations of colonialism. Not only is transformation – both for the Ood and Mr Halpen – once more a key stage for the recovery from colonial trauma, but similarly crucial is the notion of communication. In contemporary trauma therapies communication – not least in the form of testimony – is seen as a key stage in recovery from trauma, and this is ably represented in this story through the restoration of the Oods' secondary brain and their telepathic ability.³

Post-regenerative Trauma/Regeneration as Trauma

The other field in which tropes of trauma have been consistently deployed – in both old and new versions of *Doctor Who* – concerns the Doctor's ability to regenerate. Originally conceived by producer Innes Lloyd as a means for the lead actor to be

replaced when William Hartnell's health prevented him from continuing in the role, the Doctor's ability to regenerate his body has proved a masterstroke in ensuring the program's longevity. The concept of regeneration, for the Doctor if not for other Time Lords, is doubly bound up with notions of trauma. Most obviously, after undergoing regeneration the Doctor typically exhibits post-traumatic symptoms, of varying degrees of seriousness. But the process of change, generally brought on by the endurance of extremely stressful circumstances, also operates as a metaphor for the typical functioning of trauma and recovery. In other words, when a traumatic series of events finally overwhelms the Doctor's resistance, he is forced to undergo a transformation in order to survive.

This perspective on regeneration as symbolic trauma can lead to whole stories at the end of an actor's tenure as the Doctor devoted to the idea. 'Planet of the Spiders' (1974), for example, Pertwee's final story in the role, is written as a Buddhist metaphor (the story's producer, director, and co-writer Barry Letts was a practicing Buddhist) exploring individual hubris. In this story, the Doctor is forced to regenerate when his thirst for knowledge oversteps into arrogance and he is exposed to a lethal dose of radiation when trying to address the situation he has inadvertently caused. In 'The War Games' (1969) the change from Patrick Troughton to Jon Pertwee had been explicitly instigated as a similar response to the Doctor's hubristic behavior, when the Time Lords force a regeneration as part punishment for his violation of their laws about meddling in the affairs of other planets. Likewise, the change from Tom Baker to Peter Davison is marked, in Baker's final story 'Logopolis' (1981), by the Doctor's 'woolly thinking' and a self-assessment which acknowledges an ebbing vitality, as an 'ignorant old Doctor'. The newly regenerated sixth Doctor (Colin Baker), meanwhile, immediately declares that 'change [has come] not a moment too soon' ('The Caves of

Androzani' 1984) and in his first full story, 'The Twin Dilemma' (1984), asserts that his previous self had been 'effete', and 'on the verge of becoming neurotic.'

Typically, the Doctor's behavior, marked by increasing hubris or neuroses, or by reduced vitality, reaches a state of pathological traumatization where regeneration, as a metaphor for recovery and renewal, becomes essential.

The symbolic tenor of regeneration as a process of trauma and recovery is heavily underlined by the Doctor's tendency to suffer post-traumatic symptoms in the aftermath of the process. At the very least, these symptoms comprise an episode or two of disorientation, amnesia and increased eccentricity (as in Pertwee and Tom Baker's debuts) but at times are more extensive and pronounced. In 'Power of the Daleks' (1966), for example, Patrick Troughton as the newly regenerated Doctor reflects and deepens the audience's own disorientation (they having never before witnessed this process) not least through periodically referring to 'the Doctor' in the third-person. This is doubly echoed sixteen years later in Peter Davison's debut, 'Castrovalva' (1982) wherein the Doctor's post-regenerative trauma is much more prolonged, lasting for most of the story's four episodes. The new Doctor not only periodically imitates his predecessors, including Troughton's incarnation, but also spends long periods of the story suffering amnesia, which leaves him unsure of who he is. These symptoms evoke post-traumatic reactions of amnesia and a fracturing of subjectivity that is also evident earlier in the story, such as when, in the Tardis, Davison as the Doctor divests himself of Tom Baker's old costume, including the unpicking of his iconic scarf. The symbolism is driven home by his companion Tegan's comment that, 'the old Doc is coming unraveled in more ways than one.' If 'Castrovalva' marks the beginning of a trend wherein the Doctor suffers much more prolonged and pronounced post-regenerative trauma, then this is even more striking in

the following transition. In Colin Baker's debut, his Doctor's traumatic symptoms are more violent and manic than the disturbing but relatively passive anxiety and amnesia of Davison in 'Castrovalva'. Baker's Doctor in 'The Twin Dilemma' is initially rude, quixotic, and periodically prey to psychotic episodes, during one of which, shockingly, he even attempts to murder Peri, his travelling companion. While the following transition, to Sylvester McCoy in 'Time and the Rani' (1987), is marked by a return to a relatively benign eccentricity, symptoms of uncertain subjectivity remain, as he is unable to recognize his travelling companion, Mel, for much of the story.

It is tempting to read the prolonged and explicit traumatic symptoms of these later transitions as a reflection of the growing cultural awareness of PTSD, and while there may be some truth in this, there are also more prosaic reasons that partially explain at least the Tom Baker-to-Davison and Davison-to-Colin Baker regeneration traumas. Davison's debut in 'Castrovalva' follows the seven-year tenure of Tom Baker, and it seems as if the production team felt that the exit of the latter, the longest running and arguably the most popular actor to have taken the role, should be marked by a regeneration process that, as the Doctor says, 'isn't going to be as smooth as on other occasions' ('Castrovalva'). This is evident not only in the doom-laden atmosphere of Baker's swansong, 'Logopolis', but also by the way in which the principal theme of 'Castrovalva' is, explicitly, an exploration of the Doctor's post-regeneration traumatic symptoms. These symptoms are not only overtly depicted, but even the design of the alien town of Castrovalva itself, ingeniously based on the impossible folded back spaces of M.C. Escher, reflects the confusion and disorientation of the Doctor's mind at this point in his cycle. It is therefore appropriate that this town is later revealed to have been artificially constructed by the Doctor's nemesis, the Master, entirely in order to prey on his post-regenerative disorientation.

The sheer weight of anxiety in the production team regarding following up a portrayal of the Doctor as lengthy and popular as Baker's may therefore be seen as producing the overwhelming regeneration trauma depicted in 'Castrovalva'. But the Doctor's frailty in these episodes is also a symptom of the producer, John Nathan-Turner, hoping to restore a sense of vulnerability in the new Doctor, and therefore danger in the series, following what he perceived as Baker's overly confident portrayal. Nathan-Turner wanted Davison 'to be vulnerable because this would make the dramatic cliffhangers more plausible' (Tulloch and Alvarado 200). The extremity of symptoms redolent of violent acting out – a key PTSD symptom – in Colin Baker's debut may likewise be attributed in part to a desire to differentiate his performance from the quiet and sympathetic portrayal of Davison.⁴ While the later regenerations in the original series do deploy much clearer and more numerous identifiable symptoms of post-traumatic disorder, it is thus difficult to pin this squarely, or exclusively, upon a greater awareness of emerging clinical definitions of trauma on the part of the writers and producers. As we shall see in the following, an interpretation of post-regeneration anxiety in terms of PTSD is something developed much more systematically in the post-2005 series, and one clear signal that trauma was to be an underlying theme of the new series.

A Post-Traumatic Doctor: The Eccleston Series

One important feature differentiating the old series of *Doctor Who* from the new is the more overt presence in the latter of season-long arc narratives.⁵ Ostensibly, the arc in series one of the revamped *Doctor Who* concerns the mystery regarding the recurring phrase, 'Bad Wolf', but a more important underlying narrative concerns the traumatized condition and gradual recovery of the ninth Doctor. Through a gradual drip-feed of references, the audience is informed that this Doctor is now the last

surviving member of his race, all of whom perished in the ‘Time War’ fought against the Daleks, who were also, so the Doctor initially believes, wiped out. Christopher Eccleston’s Doctor is apparently a battle-hardened and traumatized survivor, having himself witnessed and participated in the Time War. When viewers first encounter him, he appears a more ruthless and less pacific Doctor than in the original series, ‘brutal to his enemies’ as Eccleston himself described him (3), and prone to both brooding silences and periods of forced jollity: ‘on the surface, he is chirpy, cheerful, and given to making bad jokes,’ writes James Chapman, but, ‘his light-hearted banter conceals a deep mental torment arising from his experiences during the Time War’ (190). These are experiences not only of witnessing but also of active participation; Eccleston’s Doctor savagely declares ‘I *made* it happen,’ to the lone Dalek in ‘Dalek’ (2005) with regard to what he then believes is the destruction of their species alongside his own. As is generally the case with trauma sufferers who are also, even if only in part, perpetrators, there is little sense in Eccleston’s Doctor of *Nachträglichkeit*, the phenomenon identified by theorists of trauma whereby the source of the traumatized condition is unavailable to the conscious memory of the sufferer. While the ninth Doctor’s forced jollity indeed masks a traumatized psyche, as a (part) perpetrator, there is scant sense that the source of his trauma is unavailable to conscious memory.⁶ Instead, it is the originating memory’s insistent presence rather than its aching absence which is most disturbing. This attribute suggests a greater awareness of cultural representations of trauma on the part of the post-2005 program makers. Eccleston’s Doctor, a battle-hardened veteran, shares this absence of *Nachträglichkeit* with soldier protagonists (trauma perpetrator-sufferers all) in the literature of Vietnam and both Gulf wars.⁷

The predominant theme of this series is the encounter of a first fully post-traumatic rendering of the Doctor with a young Earth woman, Rose (Billie Piper), and his recovery, through shared discourse and experience with her, and through the gradual retrospective narration of the trauma (both to Rose and to viewers). The therapeutic role of Rose enables a partial recovery throughout the first series, culminating in the climax to the final episode, ‘The Parting of the Ways’ (2005). Here, the Doctor is again faced with perpetrating a ‘massacre’ (the necessity of wiping out humans in order to destroy the Daleks), but this time refuses, and does not repeat the traumatizing act from the Time War, despite the return of the repressed in the form of thousands of Daleks. That this recovery is only at this stage partial, however, is revealed when the episode, and the first series arc, concludes in another regeneration (as Eccleston is replaced by David Tennant). The pattern of the original series is thus revisited, wherein change becomes a necessary process for recovery, that recovery again necessitating a transformation to a new condition. Once recovered from post-regenerative trauma – he spends most of his debut story, ‘The Christmas Invasion’ (2005), in bed – the new Doctor is initially characterized as more optimistic and carefree, displaying few or no neuroses resulting from traumatic haunting. As is traditionally the case in *Doctor Who*, however, this cannot last, and by the end of his tenth incarnation he is overtaken firstly by hubris when, in Tennant’s penultimate story, ‘The Waters of Mars’ (2009), the Doctor declares himself the ‘Time Lord Victorious’ and finally violates his – and the program’s – prime injunction against altering history. In Tennant’s final story, ‘The End of Time’ the Time Lords and their home planet, Gallifrey, another long-repressed element, return. During their tenures, Tennant’s and Eccleston’s Doctors were both shown to be grief-stricken as a result of the Time Lords’ disappearance, and their status as the last of their race. ‘The End of

Time', however, suggests that this grief comprises something of a screen, again masking the Doctor's perpetrator-guilt trauma at his role in their apparent demise. Instead of delight, the Doctor is terrified by the return of the Time Lords, and the re-emergence of his perpetrator status, coupled with the growing hubris demonstrated in the previous story, is sufficient to provoke a further regeneration at the story's conclusion.

Trauma and Formal Experimentation: 'Love and Monsters'

As this suggests, by 2005 discourse about PTSD had sufficiently entered western popular culture that *Doctor Who* could be based much more explicitly upon the exploration of trauma as an overriding theme. Executive producer and lead writer Russell T. Davies's version of the program establishes early on that trauma can be a major thematic concern of the new series. Stressing the new series' greater realism, Alec Charles observes that it 'breathed life, real life, into the format for the very first time,' (119). Given the amount of death and violence mentioned at the beginning of this essay, the shift towards making traumatic consequences a central concern may be taken as marking another part of this new realism.

This innovation, however, is not confined to thematic concerns, and a new willingness to experiment with the formal representation of trauma is evident, most clearly in an episode written by Davies for the second series, 'Love and Monsters' (2006). This story, uniquely, focuses not on the adventures of the Doctor and his companion(s) – indeed, Tennant and Piper barely feature – but on the effect of the Doctor's intervention into the lives of ordinary people, which is shown to be, precisely, traumatic. Told from the point of view of a Londoner named Elton, the story describes how he is haunted by a traumatic childhood encounter with the Doctor, the precise nature of which is, as is conventionally the case in the

representation of trauma, unavailable to his conscious memory. Elton becomes involved in a group of amateur detectives, collectively named ‘LINDA’ – Davies’s coyly allusive representation of the show’s fans – who spend their free time trying to track down the Doctor. LINDA includes Ursula, with whom Elton begins a romantic relationship, and Bridget, a fellow trauma sufferer, who lives in the north of England and is initially only in London to search for her drug-addict daughter. The group becomes prey to interloper Victor Kennedy, who intensifies their efforts to find the Doctor. Kennedy is eventually revealed to be a disguised alien – possibly known as the Abzorbaloff – who picks off LINDA one-by-one through absorption into his own body, and seeks the Doctor so that he can do the same to him.

The reason for the traumatic nature of Elton’s original childhood encounter with the Doctor is withheld for most of the episode’s length. In the final five minutes, however, after the Doctor arrives too late to prevent Elton witnessing the Abzorbaloff’s murder of Ursula, Elton reveals that his initial childhood encounter occurred when the Doctor visited his house but was powerless to stop aliens killing Elton’s mother. A flashback reveals Elton’s now recovered memory of the events, as a child’s-eye view of the Doctor standing in Elton’s house (which has been shown already more than once in the episode) now pans down to reveal Elton’s mother lying on the floor. The new trauma of Ursula’s death is linked to the original one; in both instances the Doctor is unable to prevent the death of Elton’s loved ones. Davies’s familiarity with aspects of trauma theory and conventional trauma aesthetics – here, for example, the way in which *Nachträglichkeit* operates, or Elton’s indirect form of narration that strenuously attempts to avoid arriving at the point necessitating the narration of his mother’s death – is key to the representation of one of the overriding preoccupations of his version of *Doctor Who*, namely the danger in which the

Doctor's mode of living puts those with whom he associates. As Elton concludes, regarding the Doctor's indirect role in the destruction of his temporarily happy band, 'It's not his fault. But maybe that's what happens if you touch the Doctor, even for a second.' In 'Love and Monsters', it is apparently the touch of the monster, the Abzobaloff, that lethally enables him to kill you, but Elton pointedly and poignantly observes that the (metaphorical) touch of the Doctor may be even more dangerously traumatizing.

The focus on Elton rather than the Doctor and Rose would be innovative enough, but where 'Love and Monsters' is truly original is in Davies's radical choice of perspective from which the trauma is narrated. Whereas *Doctor Who* throughout its history has employed the omniscient narrating perspective of realist televisual discourse, and broken the fourth wall only on extremely rare occasions, 'Love and Monsters' is homodiegetically narrated by Elton, as he sits in his bedroom, compiling a video diary of his involvement with LINDA and encounters with the Doctor.⁸ But there is actually very little in 'Love and Monsters', including even the scenes not seen directly through Elton's video camera, that is not subject to his narrating perspective. Elton's homodiegetic narration, and its likely unreliable nature, is highly amenable to the representation of traumatic material.⁹ As an abundance of recent criticism has observed, trauma texts typically adopt various experimental techniques in order to broach a subject which is notoriously resistant to representation. Anne Whitehead, for example, notes techniques of repetition, intertextuality, and variations in narrating voice as typical markers of trauma fiction (84-88), while Roger Luckhurst, more critically, observes the emergence of an 'aesthetics of trauma', which is, 'uncompromisingly avant-garde: experimental, fragmented, refusing the consolations

of beautiful form, and suspicious of familiar representational and narrative conventions' (81).

The narrating structure of 'Love and Monsters' certainly draws in a seemingly knowing sense upon some of these emerging conventions, most obviously in the repetitions, elisions, evasions, and chronological fragmentation of Elton's narrative. That said, some of the innovations in form broached in 'Love and Monsters', especially for a family entertainment drama broadcast in a primetime Saturday evening slot, are even more daring than this would suggest. Elton's narration is not only of questionable reliability, but also utterly contingent, since we, as viewers, are not only narratees, but are witness to its actual process of construction. In other words, part of what we are privy to through Elton's fragmented perspective is an instance of what Gérard Genette terms 'interpolated narrating'. This is not a conventional retrospective or even simultaneous, that is present-tense, act of narration, but a highly complex narrating act 'with several instances', wherein, 'the narrator is at one and the same time still the hero and already someone else: the events of the day are already in the past, and the "point of view" may have been modified since then' (68). That it is indeed interpolated narrating, which incorporates an unusual element of duration into its own telling, is signaled by a subtly emphasized indication near the end of Elton's narrative. As he nears the conclusion of his video diary, Elton briefly employs a digital remote zoom, which he did not possess at the start of his narration, when he instead lunged towards the camera in order to imitate the effect. This earlier incident was not just for comic effect; the key point is that the acquisition of a remote zoom *during the period of Elton's narration to the viewer* clearly signals that Elton's narrating act does not, as is the fictional convention, happen either instantaneously or retrospectively. As Genette observes, in general, one

of the key illusions of textual narrating, ‘is that the narrating involves an instantaneous action, without temporal dimension’ (71). By contrast, through the sophisticated device of interpolated narrating, the viewer of ‘Love and Monsters’ is witness to the contingencies of Elton’s faltering attempts to represent and work through his traumatic past, as in the frequent despondent silences on his part that occur when he encounters a partial memory of his mother’s demise. Precisely because of the foregrounding of the narrating act itself – uniquely for *Doctor Who* – and the narrating of the story being incorporated into that story, ‘Love and Monsters’ ably communicates Davies’s thesis regarding the potentially traumatizing effect of an encounter with the Doctor.

Trauma at Christmas: ‘The Next Doctor’ versus ‘A Christmas Carol’

The other Davies-era story that most explicitly deals with trauma on a thematic level is the episode, ‘The Next Doctor’ (2008). The formal techniques employed are far less experimental than in ‘Love and Monsters’ – hardly surprising given that ‘The Next Doctor’ is a Christmas Day special, featuring popular monsters the Cybermen – but the treatment of trauma nevertheless offers further evidence that Davies, who also wrote this story, is familiar with contemporary trauma debates. Set in Victorian London, the story features David Morrissey in the eponymous role, who is initially presented as a future incarnation of the Doctor. The current incumbent (Tennant) eventually discerns, however, that Morrissey’s character is in fact a teacher named Jackson Lake, who was travelling to London when his family was attacked by Cybermen, who killed his wife and abducted his son. As a result of this experience and simultaneous exposure to Cyberman technology which contains data about the Doctor, Lake has entered a post-traumatic fugue state where he believes he is the Doctor.

One particularly striking element of ‘The Next Doctor’ – again, particularly in comparison to the original series – is how fully and convincingly trauma is treated as a subject. Lake’s post-traumatic symptoms – most notably the fugue state, whereby he suffers overwhelming anxieties about identity and, in latching onto the identity of the Doctor, adopts a new persona – are portrayed in accordance with clinical models of trauma. Likewise, Lake suffers from clearly delineated *Nachträglichkeit* – albeit in part brought about by the alien technology – having suppressed his true identity in order to block out traumatic memories of the murder of his wife. If Davies here draws on conventional contemporary trauma theory, he also harks back to elements of the show’s past in its metaphorical alignment of trauma and regeneration. Lake, still at this point believing he is the Doctor, refers to, ‘The night I lost my mind. The night I regenerated,’ neatly renewing – indeed, literalizing – the program’s traditional linkage between trauma and regeneration. This is reinforced as Lake’s declaration is a voiceover for a flashback image of Tennant’s face superimposed over Morrissey’s, suggesting to the audience for the moment that this may indeed be a future incarnation of the Doctor. Besides the story’s teasing title, publicity for the Christmas special artfully played on public knowledge that Tennant was soon to give up the role; for example, Davies allowed the pre-credits sequence, which strongly suggests that Morrissey is indeed the Doctor, to be played as part of the BBC’s annual *Children in Need* fundraising show, further fuelling speculation a month before the episode was shown. This pre-publicity and the mystery of Lake’s true identity, which is not solved until around halfway through the story itself, combines to conflate in perhaps the most effective way yet seen in the program’s run a thematic exploration of trauma with the notion of regeneration.

Perhaps surprisingly, given their seasonal scheduling and ostensibly lighter subject matter, the Christmas Day specials have provided more than one occasion to explore notions of trauma. A year after ‘The Next Doctor’, ‘The End of Time’ (2009-10, split over two episodes broadcast on Christmas Day and New Year’s Day), provided viewers at its climax with a real regeneration, alongside manifold references to traumatic episodes from the Doctor’s past, with the resurrection not only of the Master, but also, as mentioned above, the return of the repressed in the form of the Time Lords and their home planet, both of which hark back to the traumatizing Time War arc which began Davies’s period as show-runner. This was followed, in 2010, by Steven Moffat’s ‘A Christmas Carol’ which again offered an extensive exploration of trauma, if quite different in tone and outcome from Davies’s. Indeed, Moffat’s first series as show-runner, which precedes ‘A Christmas Carol’, demonstrated how the revived show’s focus on trauma was continued, if reoriented. While the new Doctor, portrayed by Matt Smith, experiences a relatively benign series of post-regenerative symptoms – played, in ‘The Eleventh Hour’ (2010) more for comic effect – he manages to traumatize the first person he encounters, a young girl named Amelia Pond. Having promised to return for her a few minutes later, he miscalculates and instead returns twelve years later, by which time Amelia, now Amy, has attempted therapy with four psychiatrists, largely as a result of her inability to determine whether her earlier encounter with the Doctor was imagined or real. Amy has also, for a number of years, been troubled by a crack in the wall of her bedroom which causes gaps in her memory and perception. This crack, which is in fact gradually spreading across all time and space, having been caused by the (future) explosion of the Doctor’s Tardis, forms the basis of the season arc and is redolent with allusions to trauma. Not least, the Doctor’s traumatizing encounter with Amy and his partial

responsibility for the wider destruction caused by the crack echoes Davies's assertion regarding the potentially traumatic results of contact with the Doctor. The crack also works as a striking allegory for the workings of the traumatized mind in terms of its effect upon memory, since it erases all traces of any being with whom it comes into contact, and any memory of their existence in others. This is played out in the (apparent) death of Rory, to whom Amy was engaged. At the climax of 'Cold Blood' (2010) Rory is engulfed by the crack, and Amy's initial grief is rapidly erased along with any memories of Rory. In the following story, 'Vincent and the Doctor' (2010), Amy at one point finds herself crying, even though she professes happiness, the traumatic effect appearing in an absence of its cause in a way that both Freud and contemporary theorists would appreciate. Likewise, Amy's enforced forgetting (followed, a few stories later, by the restoration of Rory and the recovery of her memories of him) so accurately dramatizes trauma theories – in particular the notion of belatedness or *Nachträglichkeit*, of lost and recovered memories – that it is tempting to assume that Moffat, like Davies, has either researched or absorbed them through a process of cultural osmosis.

To return to 'A Christmas Carol', this story, too, engages heavily with contemporary trauma theory. The story centers on the Doctor's attempt to reform a despot, Kazran Sardick, who controls the fate of Amy, Rory, and several hundred other passengers on a spaceship above his planet. As the title suggests, Moffat's story lies in close intertextual proximity to Charles Dickens's, and the Doctor is, indeed, inspired to rewrite time – going back into Sardick's own history to change his character – by Amy's casual mention of Christmas carols. Whitehead argues that trauma texts frequently employ intertextual reference to suggest that the protagonists are trapped, 'fated to repeat the actions' of their traumatized predecessors (85). The

key difference here is that whereas Whitehead perceives intertextuality as a signal that trauma sufferers are locked in self-destructive cycles of repetition compulsion, both Dickens's and Moffat's versions of 'A Christmas Carol' end optimistically, with the central miser figure redeemed. This is not without problematic implications in Moffat's rendering of the tale. The Doctor insists that 'time can be rewritten' and in this narrative, built on the complex disruption of chronology that has become a trademark of Moffat's contributions to the program, Sardick (alongside the viewing audience) watches in amazement as the Doctor travels back in time to alter his past and, therefore, his character.

Again, this trope, the idea that personal history can be rewritten, represents not only an exploration, as is Moffat's wont, of the program's architecture (which has conventionally guarded against travelling back along one's own timeline), but also an echo of a commonly noted element of trauma. Sandra Gilbert's essay, 'Writing Wrong', discusses the trauma she suffered when her husband died following what was supposed to have been a routine operation. More specifically, Gilbert addresses her own writing about her husband's death, writing which she felt compelled to do but ultimately found dissatisfying. One of the frustrations she encounters is that writing about trauma is always, 'a hopeless effort at a performative act that can never, in fact, be truly performed. You can't, in other words, right wrong by writing wrong' (261). Judith Herman suggests that this phenomenon, whereby sufferers 'reenact the traumatic moment with a fantasy of changing the outcome of the dangerous encounter' (39), is not uncommon. Gilbert does just this, yearning for a time before the traumatic event took place, and hoping to use writing as a means to reverse temporality: 'Such a sense of authorial potency may be akin to the feeling some people have ... when watching films of great catastrophes ... that if it were only

possible to run the film backward or freeze a crucial frame, the inexorable plot of what-has-been might magically modulate into what-didn't-happen' (262). What Gilbert's essay reluctantly recognizes however, is that this desire, in the real world, is impossible to fulfill, and ultimately a damaging fantasy. This impossibility does not necessarily hold, however, in Steven Moffat's *Doctor Who*. In 'A Christmas Carol', the Doctor is able to effect precisely an adjustment to the past (that the trope of 'rewriting' is specifically evoked by the Doctor is thus telling). The status quo is restored, and recuperation from trauma, a successful working through, is here achieved precisely through rewriting Sardick's past. This echoes the solution to the complex story arc of Moffat's first season as show-runner, as first Rory and then the entire universe is restored through a reboot, and his second, where the Doctor's death in the opening episode is ultimately rewritten and erased. While Moffat's involvement in the show has provided some fascinatingly complex engagement with the concept of time travel – far more than has ever been the case previously – the solution of traumatic situations through rewriting time not only becomes a form cheating if it is done too often, but also endangers the new, more realistic treatment of trauma that the post-2005 series has engineered.¹⁰

Conclusion

The relatively piecemeal and often perfunctory attention to post-traumatic symptoms in the original series of *Doctor Who* – with the exceptions of the colonial and regenerative themes discussed – is one of the clearest distinctions between the old and new versions of the program. At the time of the original series theories of trauma were much less fully articulated in the West. Without these models to draw upon, traumatized reactions to death and violence are, unsurprisingly, sporadic and inconsistent. In Russell T. Davies's and, to a lesser extent, Steven Moffat's periods in

charge, theoretically-attuned approaches to trauma have been much more systematically worked through the program, both thematically and formally. This depiction of the workings of trauma as a response to the series' high body count has, at its most effective, been one element in grounding the show in a more recognizably realistic version of the universe. The commitment to the depiction of more realistic responses to trauma is also indicative of the dissemination and popular consumption of theories associated with trauma in the western world. These theories' incorporation into a popular cultural form such as *Doctor Who* ably demonstrates certain ways in which complex theoretical material is refracted through popular culture and is, in turn, further propagated.

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¹ Isolated examples of apparent post-traumatic pathologies do occur during the programme’s original run, but they are conspicuously infrequent given the amount of death and violence depicted. More prominent examples may be found in ‘The Time Meddler’ (1965), wherein a female character is shown in a state of catatonic shock following an experience – so it is heavily implied – of rape at the hands of Vikings. Similar, and equally brief, examples of post-traumatic shock are experienced by Jo Grant in ‘Terror of the Autons’ (1971), Ma Tyler in ‘Image of the Fendahl’ (1977) and Nimrod in ‘Ghost Light’

(1989). There are also numerous examples of trauma being used as convenient plot devices, as in Turlough's recovered race memory in 'Frontios' (1984) (cf. trauma and race memory in 'Doctor Who and the Silurians' [1970]), or the Brigadier's amnesia in 'Mawdryn Undead' (1983). The three stories written by Chris Boucher for Tom Baker's Doctor (including 'Image of the Fendahl' mentioned above) all concern trauma in some degree. In 'Robots of Death' (1977), Poul suffers a convincing and sustained nervous breakdown. Boucher's first story, 'The Face of Evil' (1977), features a literal depiction of trauma in Xoanon, a computer whose split-personality was the result of faulty programming carried out by the Doctor on a previous visit, when he was himself suffering from post-regenerative trauma. Xoanon, the traumatized super-computer, suffers from multiple personality disorder, and has divided the descendants of the colonial team over which it rules into the 'savage' Sevateem tribe, depending on instinct, and the 'Tesh', who are technologically, spiritually, and intellectually developed. During the final season of the original run, and in a period where notions of trauma were beginning to be popularized, 'Ghost Light' (1989) explores causes of the traumatized reaction of the Doctor's companion, Ace, to visiting a house which, in the future, she had burned down. The Doctor takes her to the house one hundred years earlier in its history, without initially revealing its secret, in a story that explicitly explores the basis of colonialism in Victorian empiricist ideologies.

² Further reference to Britain's colonial past may be traced in the unusual decision, for *Doctor Who* in this period, to cast a West Indian actor, Rick James, in the part of one of the Marshal's dissenting guards. Just in case the allusions to colonialism are not clear enough, his character is named 'Cotton'.

³ More tangential treatments of the traumatic experience of colonial rule occur in two fifth Doctor stories by Christopher Bailey, 'Kinda' (1982) and its sequel 'Snakedance' (1983). In 'Kinda', colonial intrusion into an apparently primitive society again results in trauma, both for the native Kinda and for the colonizing humans, the males of whom are driven into a numb, traumatized state, by an unmediated encounter with the true nature of the planet and its people. Likewise, 'Snakedance' depicts the overcoming of trauma rooted in colonialism through a transforming solidarity.

⁴ According to the dominant theories of trauma inspired by Freud and popularized in the academy by Cathy Caruth, sufferers are prone to *Nachträglichkeit*, a latency period during which memory of the originating trauma is unavailable to consciousness. Instead, sufferers indulge in 'acting out', periods of self-destructive repetition compulsion which force them to re-experience symptoms of the originating trauma. For further discussion of *Nachträglichkeit* in *Doctor Who* see below.

⁵ To a large extent, this follows developments in popular television seen in the years between the end of the old series and the development of the new, especially in American series such as *Buffy the Vampire Slayer*. Longer story arcs were not entirely absent in the 1963-89 series, as is most clearly the case in season sixteen's overarching theme of the search for the 'Key to Time' (1978-79) and in other mini-arcs such as the 'E-Space Trilogy' (1980), the 'Black Guardian Trilogy' (1983) and 'The Trial of a Time Lord' (1986). These arcs tended to be less crucial as overarching narratives, however, than those in the post-2005 series.

⁶ This argument is rendered somewhat provisional at the time of writing by the surprise appearance at the conclusion of 'The Name of the Doctor' (2013) of John Hurt as, apparently, a 'forgotten' incarnation of the Doctor. It is possible that this incarnation is the one responsible for the extermination of his own people during the Time War. If this is the case, however, then this character's seeming embodiment of the Doctor's perpetrator trauma, alongside the fact that his existence was – like a traumatic memory – hitherto suppressed, only reinforces the sense that the post-2005 series borrows heavily from popular trauma discourse.

⁷ See, for example, Tim O'Brien's *The Things They Carried*, Anthony Swofford's *Jarhead* and Evan Wright's *Generation Kill*.

⁸ The most infamous instance of 'fourth-wall breaking' is in the 1965 Christmas Day episode, 'The Feast of Steven', where William Hartnell improvises a toast, 'and a Merry Christmas to you at home' during festive celebrations in the Tardis. There are also a few isolated instances during Tom Baker's tenure in the role where he, arguably, directly addresses the viewer, and a few loosely metafictional stories such as 'Carnival of Monsters' (1973) and 'The Greatest Show in the Galaxy' (1988-89) that allude to the program's audience and fans.

⁹ Two examples of this likely unreliability are the *Scooby Doo*-style chase scene with which Elton opens his account of his encounters with the Doctor, and his description of the 'internet meltdown' surrounding speculation about the recent alien encounters which is accompanied by a comic image of Elton's computer actually combusting.

¹⁰ The only previous occasion on which a similar rewriting of time was attempted concerned the apparent death of the sixth Doctor's companion, Peri, in 'The Trial of a Time Lord' (1986). Six

episodes after her dramatic death, she is infamously revealed not to have died but to be happily married.