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1. Introduction

Imagine discovering a box, a big blue box. A tremendously useful box, namely a time machine, providing its passengers with the opportunity to travel through all of time and space. Would you use it? Would you try to discover the unlimited future of distant places, or would you want to return to the past to visit a historical figure, experience a famous event, or possibly see someone from your own past who is now gone and whom you are missing dearly? Perhaps you would try to affect history and prevent a catastrophic natural or man-made disaster. Or perhaps you would act for an even greater good and travel into the past to attempt to kill a certain dictator before he ever came into power, thus avoiding the death of millions of people.

With all these seemingly unlimited possibilities to interfere in the time continuum, one has to wonder how reasonable it would be to kill one person in order to save others. Usually, murder, even of a possible dictator, is not considered to be among those acts one would call *ethical*, but maybe *necessary*. This implies that killing an innocent person can be a justifiable action if done for the right reasons (although most ethical theories abstain from encouraging this). When considering time travel, however, assumptions on ethicality, or rather the parameters that call for ethical thought on action, need to be adapted: What if someone decides to kill said dictator but then is not able to do the necessary deed because something is inexplicably stopping him or her from doing so? Or what if he can be eliminated, but his death causes the world to crumble, and space to fold into itself? Maybe even some other calamity would transpire, effectively stopping life and time, since the actions that tried to change the past, in order to change the future, created a paradox?

In *The Seven Beauties of Science Fiction*, Csicsery-Ronay Jr. states that “[t]ime travelers can influence things simply by taking up space in a given time. Their power may be unconscious and involuntary, yet still decide the fate of the world” (100). This statement, however, only applies if time can indeed be changed, if an “imaginary permeability of history” (Csicsery-Ronay Jr. 100) is provided. As far as is publicly known, no time machine has been invented as of yet. But still, human minds are capable of creating time travel stories while positioning them in a universe which, despite being imaginary, follows the known laws of physics, at least to certain extents. Time travel narratives do tend to be associated primarily with *science* fiction, which has unclear categorical boundaries, at least

according to Mendlesohn who refers to it as “[being] less a genre [...] than an ongoing discussion” (1).

Dealing with a specific kind of plot element and investigating its philosophical implications – namely the paradox – has developed into a fundamental theme in time travel stories. Per definition, the term *paradox* describes a statement, situation or an event which consists of contradicting elements that, in the case of time travel narratives, usually relate to a violation of cause and effect. A paradox therefore occurs even though it is supposedly *impossible*, which makes it a compelling concept to play with and explore in narratives. Once introduced into the story, paradoxes become unsolvable elements, because the concepts of time, as introduced in the narratives, are not flexible enough to allow their solution. This necessarily entails that morally questionable actions (e.g. killing one’s younger self) are either being prevented from happening in the first place, or result in the creation of an inescapable paradox.

One of the time travel narratives that has found a way of avoiding such paradoxical discrepancies is the long-running British science fiction television series *Doctor Who*.¹ The properties of the show, its themes and specifically its conceptions of time and time travel, distinguish it from other time travel narratives, which is why the series was chosen as this thesis’ subject of interest. Despite being clearly fictitious – as Littmann says “No sane person would argue that time travel must be possible because they saw the TARDIS do it on television [...],” (15)² – the imagination displayed in the series and its structure of storytelling and character design is appealing to not only so-called Whovians (*Doctor Who*-Fans), but scientists and philosophers alike. Originally designed as a children’s TV-show, being aired from 1963 to 1989 (see Charles 1; Cordone and Cordone 15 or Cook 120), and, after the production of a TV-film in 1996, resurfacing in 2005 (running to present day), *Doctor Who* has developed into a globally successful phenomenon. Its protagonist, resembling a human-like alien who embarks on adventures throughout time and space, is named the Doctor. Coming from a race called Time Lords, the Doctor has the ability to regenerate into a new person when deadly wounded and is thus able to live for entire

¹ In direct reference to Mendlesohn stating that science fiction is to be considered an ongoing discussion, *Doctor Who*, while definitively counting as a science fiction series, reflects this discussion by further incorporating other genres, including historical and fantastical elements, or romantic (or horror) subplots (see Booth 201-202).

² Such as in “The Christmas Invasion” (S1) or “Voyage of the Damned” (S3).

centuries. The universe which the Doctor is able to explore with their³ time machine, a spaceship in the form of a blue police-box called the TARDIS (an acronym of *Time And Relative Dimension In Space*), allows for a certain set of rules and principles concerning time travel that scarcely ever allow for the occurrence of time travel paradoxes. Paradoxes can happen, however, when so-called fixed points in time, being an integral part of said rules, are violated, resulting in calamitous consequences such as the disintegration of time and space. Due to the series' structure, the Doctor is routinely able to discover one way or another of dealing with such hazardous events, which sometimes includes a commitment to actions which can be interpreted as ethically ambiguous. While they disregards their own achievements, saying "I'm not a hero. I really am just a madman in a box" ("The God Complex" 6.11; 00:38:38-00:38:44), the Doctor's actions indicate that they follow a specific ethical code directing them throughout the series' narrative. Originating from an existentialist ethical theory devised by Simone de Beauvoir, Decker describes this code as "ethics of ambiguity" (135).

Questioning the morality of the Doctor's actions, their ethics of ambiguity, this thesis' main objective is to analyse how the Doctor's ability of travelling through time influences the ethical concepts in *Doctor Who*, specifically the Eleventh Doctor's moral principles. I seek to define this concept of an ethics of ambiguity in contrasting it with other existent ethical theories. In order to fully explain the interconnection of time travel and ethics leading to an ethics of ambiguity in the series, I will answer the questions on the type of physical laws regulating the *Doctor Who* universe, while also discussing the rules of time travel in *Doctor Who*. Following this, and in consideration of my main research question, I will discuss the consequences of violating those laws, including explanations on how the concepts of free will and determinism are implemented into the series. In the end, I will determine how the possibility of time travel and its consequences affect the Eleventh Doctor's moral character and whether my findings can provide insight into the ongoing discussion on time travel and its moral implications in general.

The first part of the thesis thus provides a detailed but concise account of relevant discussions on the theoretical and physical aspects of time, space and time travel (including time travel paradoxes and the concepts of free will and determinism), while also answering the question whether time travel is possible or just a physical unreality. The following

³ Because of their ability to regenerate, the Doctor is not bound to one sex or gender (with the newest incarnation being portrayed by a female actor as a female Doctor), which is why I will refer to the Doctor with the singular "they" when talking about them in general, but as "he" or "she" when talking about specific incarnations, such as the Eleventh Doctor.

chapter introduces the field of ethics and morality, thus providing the essential foundation for an interpretation of the theory of the Doctor's ethics of ambiguity. The second part of this thesis is dedicated to analysing the rules of time and time travel in *Doctor Who* in addition to exploring the Doctor's ethical concepts by focusing on their actions and values displayed throughout the series, such as in confrontations with moral dilemmas or paradoxes. It is divided into several parts: the analysis of spacetime in the *Doctor Who*-universe, a discussion of the Doctor's ethical conduct in general, an explanation of the concept of ethics of ambiguity and a presentation of the theory based on an analysis of the Doctor's behaviour as shown in a few selected episodes (featuring the Eleventh Doctor in seasons 5 - 7). Finally, the information gained through this analysis will then help in drawing conclusions on the interconnection of time travel and ethics in *Doctor Who*.

Due to the fact that *Doctor Who* contains a respectable amount of episodes owing to its long runtime, with having celebrated its 50-year anniversary in 2013, this thesis will exclusively focus on the relaunch, starting from 2005 onwards. The research material for the mentioned in-depth analysis of the character is primarily restricted to episodes by one of the reincarnations of the Doctor, namely the Eleventh Doctor (2010-2013, portrayed by actor Matt Smith), who appeared in seasons 5 to 7 in the relaunch. Although other incarnations of the Doctor would have provided equally valuable research material for my main research question (and are referred to in their actions as well, predominantly in chapter 4.1), the Eleventh Doctor proves to be a specifically interesting version of the Doctor to analyse. He is the first Doctor of the new series to neither be a "coward" (which is how the Ninth Doctor, portrayed by Christopher Eccleston, calls himself in "The Parting of the Ways" 1.13; 00:36:20-00:36:23), nor a (tragic) hero, a role which the Tenth Doctor (David Tennant) takes up gladly by sometimes challenging his fate and ideals. And with the Twelfth Doctor (Peter Capaldi) being less likely to find himself in paradoxical situations affected through time travel due to his more rational nature, and the Thirteenth Doctor (Jodie Whittaker) still being too new as a Doctor (as in not containing enough material for my research purposes, yet), the Eleventh Doctor presented himself as the best choice for my research intentions. He appears to be a much more playful and sometimes even naive version of the Doctor in direct comparison to the other incarnations; an impression which could be attributed to his physically young appearance as well. At the same time, he is also the first Doctor to actively choose violent actions, such as not only planning a war-like attack to save one of his friends, ("A Good Man Goes to War" 6.7) but

doing so in the form of collecting old debts from various persons, who then come to fight *for* him as his own personal army. Additionally, the Eleventh Doctor's seasons, with nearly half of the episodes written by Steven Moffat, provide the viewer with increasingly complex narrative arcs with regards to time travel events,⁴ leading to an increase of paradoxical (and ethically challenging) situations throughout the series.

⁴ Which includes an expansion of location settings on Earth besides the UK (namely, the United States of America), which also carried the prospect of an expansion of the fanbase, see Frost (2011).

2. A Short Introduction to *Doctor Who*

The title of the TV show, *Doctor Who*, acts both as a question about and characterisation of the protagonists – it refers to the fact that ‘Doctor’ is the only name under which the titular character is known, with their birth name being kept as a secret. It is regularly used in the form of a joke throughout the series: During the Eleventh Doctor’s first encounter with his (then future) companion Clara (Clara Coleman), for example, he enjoys her asking “Doctor who?” repeatedly (“The Bells of Saint John” 7.6; 00:08:37-00:08:53) after having introduced himself as simply *the* Doctor. Its main character is the very thing that differentiates *Doctor Who* from other science fiction series, next to its impressive runtime. Not only is the Doctor a mysterious humanoid being with two hearts, they are also quite old in comparison to humans, and, additionally, they possess the power of regeneration, an intrinsic feature of their race. In cases of likely death, the Doctor’s body releases regeneration energy which repairs physical damage through the creation of a whole new physical form. Stokes calls this “a major quirk of Time Lord biology [...] [which] can occur up to twelve times, giving each Time Lord a total of thirteen different bodies” (3).⁵ In the course of the relaunch (2005 – ongoing), however, this rule changes with the Eleventh Doctor receiving a new charge of regeneration energy in “The Time of the Doctor” (S15).⁶ It is unclear whether or not the Doctor received a new complete regeneration cycle (meaning, the possibility of having another thirteen chances at thwarting death).⁷

Despite their humorous depiction, the Doctor can be serious, when the occasion calls for it. As Cordone and Cordone note, “[t]he Doctor is not a time keeper, a time merchant, or even a policeman of time. He is a lord, and he has the final word in all matters” (11). The Doctor tries to avoid interfering with the laws of the universe to evade the creation of paradoxes, because “[his] perception of time [...] give[s] him insight into the relationship between intention and consequence that we [as humans] don’t share” (Decker 134). However, this does not mean that the Doctor is always successful in these efforts: While their actions are relatively unbound by physical laws, since the universe they move

⁵ It is important to note that Time Lords are not immortal per se; they can also be too injured to be able to regenerate (see “Heaven Sent” 9.11; 00:41:32-00:42:01).

⁶ This is later addressed as well in “Hell Bent” (9.12) by the Lord President Rassilon of the Time Lords.

⁷ The Doctor’s regeneration into the Thirteenth Doctor does suggest, however, that they have indeed received a whole new regeneration cycle. Additionally, since *Doctor Who* is still being aired with new episodes, there may be more changes of rules with regards to previously established facts about the Doctor or the race of the Time Lords.

in does not follow a linear time-system and thus allows for logical inconsistencies that would normally lead to the creation of a paradox (which will be discussed in chapter 4.3), their resulting freedom of choice also suggests that they have to deal with making morally questionable decisions on a regular basis.

This ambiguity reflects on the Doctor's character and their identity as a wanderer, as well as a Time Lord, making them part of a species that has sworn to watch over the integrity of time without interfering with the past in order to protect the original history of the universe. Supposedly being the last of the Time Lords,⁸ a survivor of the Great Time War between the Time Lords and a hateful alien race called Daleks (just one of his many enemies), the Doctor struggles between acting on or discarding the values of their race, while dealing with the "ultimate freedom [of] *and* responsibility for his choices" (Decker 142) throughout their adventures. To preserve their youth and the wonder of discovering the universe anew, they are regularly accompanied by companions (usually humans, due to an attachment to them),⁹ who additionally sometimes function as moral guides and help them to not follow the temptations of the absolute power they possess in the form of their time travelling machine (and thus, near-endless possibilities of influencing time).

Doctor Who's surge in popularity with the series' revival after a sixteen-year break (which was only interrupted by the mentioned TV-film from 1996) reflects the trend of modern TV shows overall slowly returning to its roots during the past two decades. According to Cook, series or franchises (e.g. the *Quatermass* franchise) are not only able to create a "greater degree of intimacy with their audience" but also appeal to the audience in terms of "simple nostalgia" by presenting them ideas they are already familiar with (113). Although Cook does not specifically refer to *Doctor Who*, these elements might also be determinative of the success of the series' relaunch. The fact that the series continued after a pause, however, opens up the question of whether or not its revival can even be considered as a continuation of the original series in the first place.

For Booth, on a meta-level, each individual Doctor acts as an element of structure, helping in the "periodisation" (195) of the series. A similar line of reasoning is reflected in Johnson's thoughts on the Doctor as a character, with the author saying that rather than

⁸ At least for a large part of the relaunch, and even after discovering otherwise, the Doctor is still one of the last Time Lords living in *their* universe, as will be addressed in the second part of this thesis.

⁹ This attachment, and the Doctor's loneliness, leads to them in part using their companions as not only friends but substitute for a family.

questioning “whether [...] episodes can rightfully be placed in the same set” (49), it should rather be asked if the Doctor can still be considered as *the* Doctor:

Perhaps the same is true of persons. Perhaps persons don’t exist at particular moments, but instead are collections of things that exist at particular moments. If so, “Are the First and Tenth Doctor the same person?” is a misguided question. We should be asking whether they’re members of the set of objects that is *the Doctor*. (Johnson 49-50)

In equalling the identity of the show with the continuous identity of the Doctor, Johnson addresses a very essential philosophical theme theorised in a majority of time travel narratives – that of personal identity. In a show in which the protagonist cannot only meet themselves through time travel, but other versions of themselves as well (such as in *The Day of the Doctor* S14), personal identity could be a certain point of scientific interest as well.¹⁰

The structure of the show, not only with regards to character continuity but on the general level of the medium of the TV-show itself, also needs to be taken into consideration when trying to analyse the ethicality of a character’s behaviour. By definition, a series is consisting of “iterative structures” (transl., Eco 159), and as a medium on TV, is composed of certain elements and their interconnection and interaction. According to Mittell, “*a television serial creates a sustained narrative world, populated by a consistent set of characters who experience a chain of events over time*” (10). These parts of a series influence its perception: once a series has established these defining points of its narrative, it carries certain implications for its overall development – depending, of course, on how restrictive or open the series establishes itself to be, and thus, how much complexity it can allow in its structures to not alienate its audience by going against the viewers’ expectations (see Mittell 33).

In the case of *Doctor Who*, parts of the Doctor’s personality and behaviour, such as their quirks, can be changed by making use of the regenerative feature of the Time Lords, thus also making viewers since their introduction to the series (or at the very least, their first regeneration) more open towards experiencing different actors embodying the same character. At the same time, the Doctor’s characterisation, which also includes any kind of analysis thereof, can be restricted by the medium as well, especially concerning the

¹⁰ Despite being tremendously interesting, personal identity as a topic, especially with consideration of the Doctor and with regards to time travel in general, would prove to be too large an extension of research considering the main focus of ethics this thesis employs itself in.

interconnection of the ability of time travel and their ethical identity. Due to its structure as a TV series, the Doctor's actions need to fulfil certain expectations: The Doctor is portrayed as an inherently good, although flawed, heroic character. The fact that a variety of actors in the past and present impersonated them does allow for a certain variety in their behaviour, but it does not allow for illogical, behavioural inconsistencies with regards to their actions.

When being confronted with a paradox that threatens to destroy the universe, the character itself cannot simply decide to not involve himself in these matters, in the same way that the paradox cannot simply go unsolved because that would prompt the end of the series itself. It would violate the well-defined rules of the series that is *Doctor Who*. There lies complexity in its narrative structure (implemented through a variety of narrative methods, e.g. the anti-linear structure of events and other violations of chronology, see Mittell 48-49), but it is mainly defined by the simplicity of its medium. At the end of the day, the Doctor is established as heroic, adventurous but also somewhat interchangeable character due to their regenerative abilities, who, as the title figure, has to be able to survive any form of disaster they are presented with, while, at the same time, retaining enough of their defining features to still be considered what the viewer deems to be *The Doctor*.

One could therefore argue that it is a moot point to even try to evaluate a fictional characters' ethical values and ideals, if they are truly restricted by the medium the narrative is presented in. While this argument is certainly valid, it disregards the fact that even if the Doctor is able to survive the most extreme catastrophes, the other characters of the series are not. And the Doctor, as mentioned above, is not necessarily interesting as a character because they are an alien and a Time Lord, but because of their interactions and connections with other individuals. Especially the closeness of their relationships with humans influences the character's demeanour, and makes them, in turn, more human, and thus, more flawed. Their abilities as a Time Lord, on the other hand, provide them a more intimate knowledge of time than most humans have. The next section aims to introduce basic time travel physics for the average lay person.

3. Theoretical Aspects

3.1 The Laws of Time and Time Travel

Time travel as an idea engages in a vast cosmos of concepts, one more alien than the next one. The more one delves into the paradoxical thought of the ability of being able to travel through time, the more one might get confused by what they may unearth in the process of their investigation. Time travel can be considered as going against the laws of physics itself, since nothing physical seems to be able to revert to its exact same state of being after any kind of change or transformation. This very fact describes what makes time travel such an interesting concept to experiment with not only in science but in fiction as well. However, in order to truly comprehend how time travel narratives play with time, it is important to have a rudimentary knowledge of what time actually is, how one can theoretically travel through time, and how such an understanding of time is interconnected with the freedom (or non-freedom) of action of time travellers such as the Doctor.

3.1.1 What is Time?

The concept of time has been contemplated by philosophers and physicists alike, who usually not simply ask “What is time?” but also, primarily, “Does time move?” The very idea of time moving, however, does not merely originate from a group of philosophical individuals – it is a shared conceptualisation among humanity which is expressed through language with phrases such as “time passes” or “time flies by”, or, for example, reflected in the use of the metaphorical conception of time as a river, thus describing time as being in constant motion. As a phenomenon, time was conceptualised in an attempt to make it comprehensible, and because humans, after passing a certain threshold in evolution, were in need of something like time to be able to organise their perception of reality (see Al-Khalili 112). In its conceptualisation, time thus does not only need a specific type of language, but also a specific point of reference, such as the “present” (see Nahin 123).

The idea behind the need of a point of reference for time is a complex matter since it expresses the notion that time is *relational*. There are alternative proposals to organising time, by not tying it to the human perception of change, which is what the idea of moving

time implies. Newtonian time, for example, describes time as encompassing, stemming from somewhere outside of the human realm “as though there were an imaginary cosmic clock that marks off the seconds, hours and years regardless of our, often, subjective feelings about its passage” (Al-Khalili 114). Notions of time, such as these, can be classified as “absolute time” (Hawking 21). Another alternative view on the identity of time has been proposed by the philosopher McTaggart, who goes as far as arguing against time’s realness because the passage of time needs change. But change, and thus time, is relational and not accurately reflected in the way that time is perceived in the form of being separated into past, present, or future (25-30).¹¹

Nevertheless, time being relational, as Quinton points out, does not stand in opposition with a reality of time: “We should, of course, have no sense of the passage of time unless our experience exhibited change. But an unchanging experience is no more intelligible than a non-temporal one” (219-220). The very perception of time as moving, is problematic, since humans regard time without considering that they themselves are not static entities but move and change as well (see Price 305). Einstein offered an answer to this issue by developing his theory of relativity, which links space inherently *with* time (ref. in Nahin 67), thus shaping the understanding of the universe and time as being interconnected.

3.1.2 The Unity of Space and Time

The solution to understanding time lies in conceptualising time like space. Similarly to seeing time as a unit that references and defines its nature through itself, something in space is understood in terms of its spatial position. Taking a plane flying in the sky, for example, and contrasting its position from a certain point of view with the concept of it not being ‘down’, ‘left’ or ‘right’ defines its state as being ‘up’. Applying this kind of logic to

¹¹ McTaggart developed two different ideas for the arrangement of time-events which he referred to as A-series and B-series, with the A-series describing how we as humans relate to the present moment and our concept of realness of past, present and future, despite only being able to grasp the present, and the B-series, which sees time structuring events in their relation to succession through labelling them as ‘earlier’ or ‘later than’ another (25-30). He states that the B-series lacks the movement of transition from future to past to accurately describe time, which the A-series has. But since neither future nor past can be considered as real in the A-series, time itself, McTaggart argues, cannot be real (see Nahin 72-73). McTaggart’s argument is discussed in detail by Leslie, who provides further explanation on the A-series, stating that things after the present cease to exist in this theory (110), which is why the B-series is preferred as concept of time in theoretical physics (116).

time, yesterday can be said to be in the past because it is neither today nor tomorrow. The only difference between space and time in this conceptual comparison can be found in its direction: while space allows for movement into all directions, time only has one way of ‘moving’ forward, namely into the future, and whereas positions and directions in space can be perceived differently,¹² there cannot be change in the direction of time (see Sider 299-301).

The combination of the spatial dimensions with time, namely “latitude, longitude, depth” (Al-Khalili 20), results in the four-dimensional construct that is known as spacetime, which has been developed on the basis of Einstein’s theory of relativity (see Nahin 11).¹³ Despite this restriction in direction and difference in freedom of movement, space and time share certain similarities which Sider summarises as concepts of “*reality*” (objects exist, even if they are physically distant, thus unseen, or temporally non-present), “*parts*” (objects take up an area in both spatial and temporal dimensions through existence and those areas can be divided into portions of an object, since existence through time cannot be perceived as a whole, just as a part) and the “*here and now*” (both time and space are defined through subjective perception, with here and now referencing the position of an object or a person at one place and at one moment in time) (301-302).

The existence of objects or persons in the spacetime continuum can be thought of not only as a row of temporal and spatial parts that make up a whole (whether it may be a person or a thing), but by visualising a string spun throughout the length of the universe along from their birth (or creation) until their death (or destruction). This string represents a so-called worldline, which Deutsch and Lockwood liken to the image of a “four-dimensional ‘worm’” (324), while Smeenk and Wüthrich describe it a little less metaphorically but perhaps more abstractly as “a path in space and time [...] carved out by a material object” (580).

¹² For example, for someone on the ground a plane would be above them, therefore ‘up’, while for the pilot of another plane passing over the first plane at a higher altitude, said plane would be below them, thus ‘down’.

¹³ According to Nahin, Hermann Minkowski (Einstein’s professor in mathematics) developed a spacetime diagram in order to visualise Einstein’s theory of relativity (see 101). He was the first to introduce the terms “world line” and “world-point” to refer to specific temporal and spatial locations in four-dimensional spacetime (qtd. in Nahin 102).

3.1.3 On Causality and the Direction of Time

The unification of space and time brings up a variety of questions, such as whether there was anything similar to time before the Big Bang, which is theorised to have created the universe (thus ‘space’), or whether or not there is an end to time once the universe is gone. In addition to these questions comes the perplexing issue of time being perceived as asymmetrical, which means time possesses a seemingly fixed past but open future (see Nahin 74-75).

The understanding of time only having one direction, referred to as *linearity* of time, is intertwined with the concept of *causality*, which, in turn, reconnects to the basic notion that the passage of time is reflected through change (see Le Poidevin and MacBeath 7).¹⁴ Causality conveys the principle of the interrelationship of two events, with the roles of cause and effect being non-reversible due to the laws of nature.¹⁵ This fixed relationship of cause and effect usually constitutes the main reason for why time travel into the past is seen as an impossibility (see Nahin 127).

Time being asymmetrical also insinuates that time did have a beginning (with the Big Bang), and according to Al-Khalili, might possibly also have an end (termed “Big Crunch” 58), once change disappears (see 75-76). One explanation for the Big Bang, and thus the creation of time, can be found in the superstring theory, which conceptualises the universe as originally having been a part of something bigger, something consisting of more dimensions and being in a more chaotic state, with the energy released through the Big Bang initiating some kind of stabilisation resulting in a contraction of matter and in the beginning of the known universe (see Al-Khalili 75-76).

¹⁴ The various ‘rules’ describing the direction of change are referred to as arrows of time (see Hawking 164). They help defining the direction of time according to different variables: The “*psychological arrow of time*” (Nahin 123), for example, describes the subconscious feeling of time moving forward in combination of the observation of physical change. The “*thermodynamic arrow of time*” (Nahin 158) illustrates the asymmetry of time through the continuous development of a system from one of order into one of chaos, which, as a process, follows the second law of thermodynamics and is called “entropy” (Al-Khalili 124). And the “*cosmological arrow of time*” (Hawking 164; emphasis added) connects the direction of time to the way in which the universe is continuously expanding.

¹⁵ Visually, such relationships are conceptualised in the form of light cones, with the light cones themselves representing the reach of events in spacetime (see Everett and Roman 48).

3.1.3.1 Models of Time and Space and Their Potential for Time Travel

Since causality of events cannot physically be reversed, linear time in itself does not allow for time travel to happen. The concept of cyclical time, which assumes that time closes in on itself, thus lacking an end and a beginning (see Nahin 44 or Schmidt 96-97), however, provides a way to avoid paradoxes with regards to causality in the form of time loops. Most theoretical models of the universe in physics follow the concept of a linear time, but there is one specific model which separates itself from the rest in proposing an inclusion of the construct of circular time: the block universe. It depicts the whole of the universe as a block consisting of the four dimensions of time and space, and containing all events of past, present and future concurrently, but in linear order (see Al-Khalili 167, Nahin 103-106). Although causality with time travel is kept intact through time loops, the existence of freedom in this universe, e.g. having free choice in action, is doubtful due to its static and closed nature (since it contains all of the past and future at once) (see Al-Khalili 167).¹⁶

An alternative to a closed universe can be found in the branching universe model, which also follows the linear time concept with the only exception being that, in theory, every decision made results in a division of the linear timeline (see Miller 224). Taking a person as a starting point, the branching of time and space can be understood as creating two (and successively more) different timelines for the person in question right after a decision affecting the future has been made, with the branches containing alternatives to the 'chosen' timeline. Travelling along one's timeline to change a decision (thus affecting the past and subsequently the future) would theoretically create another timeline, with the inclusion of the possibility to follow along this new timeline and thus go into the 'new' future of that decision. Therefore, time travel to both future and past could be permitted in this type of universe.

The first theory on branching time was suggested by Hugh Everett III as an interpretation of quantum mechanics,¹⁷ based on the thought that the possibility of an event evolving into one direction or another necessarily means that both outcomes of the event happen, with the alternative result being located in a different, and, most importantly, already existing universe (see Deutsch and Lockwood 331). Henceforth, the creation of alternating timelines for every time-altering decision could not simply involve the

¹⁶ Miller describes a similar model of a universe called growing universe, which contains all events of the past, but which also possesses an openness towards the future (see 224).

¹⁷ Quantum mechanics, in short, deal with the description of the smallest natural states in the world, such as atoms or particles. See Al-Khalili (185-188) or Toomey (160-166) for more detailed explanations.

branching of timelines in one universe. It would suggest the existence of an incredible, if not impossible amount of parallel worlds, which is why this theory is better known under names such as the “*theory of alternate realities with parallel time tracks*” (Nahin 201), the “many-worlds interpretation” or in its abbreviated version, a “multiverse” (Al-Khalili 188). However fantastical the idea of multiple universes appears to be, it has to be noted that all of these parallel worlds would still be operating under the same physical restraints of the known universe, which means that another planet Earth could not have a better chance at developing a time machine than our Earth, if it is discovered to be *physically* impossible to do so in general (see Toomey 257).

3.1.4 On Time Travel, Paradoxes, and Free Will

3.1.4.1 The Physical Realities of Time Travel

At its most fundamental level, time travel describes a situation in which someone (or something) finds him- or herself transported to a point in time, also referred to as temporal location, which is different from the one he or she originally departed from: “[W]hen one says time travel what one really means is an extraordinary dislocation of someone’s consciousness in time” (H.B. Franklin qtd. in Nahin 7). Time travel thus describes the occurrence of a disparity between leaving at one point in time and arriving at another, with the deciding factor for ‘true’ time travel being determined by the fact that the time spent travelling does not coincide with the time span that passes in the outside world.

The resulting different time frames, or timelines, are commonly differentiated into “*external*” and “*personal time*” (Lewis 312). Considering the concepts of time and space explained earlier, the personal time of a person aligns with their very own worldline, measuring their time along their path throughout the spacetime continuum without interruptions. As can be imagined, personal and external time ordinarily coincide, but with regards to time travel, the physical presence of a time traveller in the linear timeline is not continuous but spotted and partial. Even in cases of near-instantaneous time travel, if a time traveller, from an outside point of view, returns seemingly immediately to their original time, their personal time still becomes incongruent with the times of their departure and return (see Torrenco 54).

Therefore, time travellers can undergo a set of experiences that cannot causally be considered linear from an external point of view, but which happen in linear order to them according to their personal time frame, or “internal timeline” (Ismael 473). This discontinuity from an outward perspective opens up a range of questions on personal identity in time travel, the discussion being fuelled by the fact that many time travel stories include a time traveller meeting other, younger or older, versions of himself. This does only become a conceptual problem, though, if the personal timeline of a time traveller is disregarded for the sake of outward linearity or causality. A possible solution to this conundrum is to simply consider versions of a time traveller interacting with each other as different temporal parts of one person, and regarding those parts as connected through the presence of continuity of the mind of the traveller, thus contributing to the integrity of his, or her, identity (see Lewis 314).¹⁸ However, the view on identity consisting of several parts is not without problems, since this idea of splitting up a person makes it difficult to perceive unity of the self (and its thoughts) and disrupts conceptions of what identity in itself is supposed to be (see Olson 86).

Oftentimes time travel theories, as well as narratives, centre around discussing the possibility of backwards time travel with affecting or changing the past. Possible violations of causality, however, including the thought of the past as fixed and unchangeable, make backwards time travel seem more restricted (but also more fascinating) than forward time travel. While forwards time travel may be associated with ‘jumping’ into the future and discovering great technological advancements, for a person to travel into the future, they simply have to reach the velocity necessary to fulfil the conditions needed to reach so-called “time dilation” (Toomey 57). Tied to special relativity, the concept of time dilation states that once a body (Person A) reaches a certain speed, they experience time between events differently than someone (Person B) from outside their frame of reference, such as a spaceship. In a sense, time for Person A, their personal time, slows down between events, while time remains the same for the non-travelling Person B (see Toomey 57-58).¹⁹ Time dilation thus represents a theoretical but physically achievable form of time travel: If, for example, a person were able to locate a black hole, they could move alongside the black

¹⁸ Further consideration for the discussion of identity includes the evaluation of memory as possible identifier of the self over time, specifically on the way past experiences, which Ismael calls “episodic memory,” and potential future possibilities can influence the sense of one’s self (468).

¹⁹ In contrast to special relativity which concerns itself with velocity of bodies or objects affecting their time experience in inflexible surroundings, general relativity conceives spacetime as flexible and able to respond to gravity (see Toomey 68).

hole's rotation, which would lead to a distortion between personal and external time as described above (see Everett and Roman 106-111).²⁰

Other proposals for physically plausible ways of time travel follow the idea of time dilation and focus on devices which are designed to manually create spacetime curvature, such as cylinders, warp bubbles and wormholes. Cylindric models, resembling indefinitely long tubes, such as the Van Stockum Cylinder (see Toomey 81-82) or the Tipler Cylinder (see Toomey 90-93 and Al-Khalili 221), are conceptualised to affect spacetime through their own rotation. Other models, like the Alcubierre bubble (see Toomey 241-243) or Thorne's wormhole (Al-Khalili 205-207), are designed to create paths of some sort, and function by twisting spacetime around them as well. At the basis of all of these (realistic) time machine devices lies their common use of rotation and motion, for which energy is needed (e.g. exotic matter, see Everett and Roman 114-120).²¹ Some time travel events depicted in literature or other narrative media, such as Well's *The Time Machine* (1895), are therefore physically illogical since they lack movement (see Nahin 14), while others such as the DeLorean time machine from *Back to the Future* (1985) not only make use of motion but include specialised types of energy sources (like the flux capacitor) for time travel as well.

Assuming that the past is fixed, all time machine designs discussed above are theoretically able to function as time travelling devices by creating closed timelike curves, which represents the only method of time travel that would not violate causality in a linear spacetime continuum by allowing backwards causation. The closed timelike curve (in short CTC) describes the path of a time traveller looping from the future to events in the past, with the time traveller's interferences ultimately leading to future events not being changed at all, since their outcome (the present of the time traveller) is caused by the time traveller's presence and actions in the past (see Dummett 118-119). Using a CTC for time travel appeals to the idea of backwards causation being possible due to following the "self-consistency principle" by Novikov (ref. in Toomey 141), because it reflects the idea of the

²⁰ Using a black hole for time travel, however, is quite dangerous, because one would need a close proximity to the black hole's event horizon to reach time dilation, but due to the intense gravity of the black hole, no one would be able to survive such an adventure without protection and a spaceship capable enough to travel faster than light to escape the forces of the black hole (see Everett and Roman 108-110).

²¹ The first law of thermodynamics constitutes the rule that the "the total amount of energy of all kinds in the universe does not change" (Everett and Roman 3), which means that for time travel to be possible, energy would need to be taken from somewhere (like being generated through rotation or a collapsing star).

past being fixed.²² The only condition a time travel machine has to follow to ensure self-consistency in a universe with a fixed past is that it only travels to points in time at which the device itself already existed (see Smeenk and Wüthrich 601, Al-Khalili 180-181). Therefore, a CTC resembles the most realistic, although deterministic, idea of time travel and is thus widely referenced in time travel narratives in the form of time (or causal) loops (such as the Terminator franchise, which will be mentioned again in the following section). This statement applies even in case of the discovery of parallel universes, hence while taking the point of view of a branching-timeline parallel universe into consideration:

General relativity allows a way of connecting up our Universe with a parallel one which may not necessarily involve time travel into the past [...]. A time machine is of course one way of making this connection. The mistake [...] is to think that this connection is made the moment we travel back in time. It is not. It is made the moment the time machine is created (or switched on) allowing for the *possibility* of time travel to any universe which splits off from ours subsequent to the moment the time machine is switched on. (Al-Khalili 190-191)

While travelling into the past seems unfeasible under the conditions mentioned above, time travel into the future, such as in Wells' *The Time Machine*, appears to be less restricted and can be achieved by making use of a black hole and a spacecraft with enough power to withstand its tidal forces. Once those requirements are met, advancing forward and changing the future cannot be prevented, with the only drawback being that a return through time would hardly, if ever, be possible. This is not meant to imply that one cannot theorise on time travel to the past or the future, it simply means that, as of now, realistic time travel is garnered by severe limitations.

3.1.4.2 Paradoxes and Causality

In fiction, such physical constraints can be overlooked to a certain extent, but more often than not there comes a point when time travel stories do face the problem of possible logical inconsistencies in their narratives. In fact, most time travel narratives that do concern themselves with backwards time travel contain at least one paradox due to violating the principles of causality. An example for this can be found in Polchinski's

²² It is still unknown whether or not the universe contains a fixed past (see Al-Khalili 192). Hawking, for example, argues against the possibility of time travel with his chronology protection conjecture, according to which physically-sound time travel via CTC is not possible (see Al-Khalili 237).

paradox, which describes a billiard ball travelling through a wormhole with its exit being positioned in such a way that the ball would, upon leaving, knock its ‘younger’ version out of its path, resulting in the younger version not being able to enter the wormhole in the first place (see Toomey 154-156).²³

Similar kinds of paradoxical situations due to CTCs can be found in stories with someone travelling back in time with the intent of killing their grandfather, but inexplicably failing to do so (the *grandfather paradox*; see Toomey 144-146), or with someone trying to kill younger versions of themselves (e.g. them as a baby), but failing their task as well (the *autoinfanticide paradox*; see Nahin 184). Other such stories involve information being sent from the future and then used in the past to do (or sometimes create) something, to then, in the future, reciprocate the favour and send the information originally received back in time as well (the *knowledge paradox*; see Deutsch and Lockwood 329).

One of the most prominent stories with the knowledge paradox incorporated (which is sometimes also called information paradox) can be found in Robert A. Heinlein’s “By His Bootstraps” (1941), in which the reader follows the protagonist of the story, Bob Wilson, through various time trips into the future and past (or rather Bob’s present). Bob meets an old man, Diktor, and is convinced by Diktor to travel back in time to talk to his younger self. He talks and fights with his previous versions and ends up alone in the future with a list containing translations of words from the language of the native, docile and future humankind. In the end, the protagonist discovers that he himself became Diktor, with his journey describing a functional time loop, and the list of translated words, which seemingly popped out of thin air since none of his versions wrote the list first, representing the knowledge paradox. Another type of paradox can be found in “sexual paradoxes” (Nahin 214), which describe stories of a particular kind that can involve incestuous relationships between the time traveller and his or her parent or grandparent, resulting in their own creation, or, in an extreme case such as Heinlein’s short story “All you Zombies —” (1959), being their own father, mother, daughter and a ‘stranger’ at the same time.

Sometimes backwards time travel appears to logically work on a surface level, with the prevention of one paradox in a time travel narrative, but does not work on a deeper level due to ignoring another. For example, the movie *Terminator* is, according to Sider, without a paradox due to its self-consistency (see 308). But while the story includes a logically consistent time loop, Sider disregards the fact that the Terminator and Kyle Reese

²³ Polchinski’s paradox therefore very clearly displays a violation of causation of events, which Everett and Roman refer to as “inconsistent causal loop” (142).

(being the future father of John Connor) both travel back to a point in time at which a time travel device had not yet been invented, thus eliminating the potential physical reality of the story. Charles Yu's *How to Live Safely in a Science Fictional Universe* (2010) provides an example of self-awareness of paradoxes in a time travel narrative, telling the tale of Yu, a time travel machine technician who shoots his future self as it steps out of his time machine at a time machine repair terminal. Seemingly dying, Future-Yu hands his past self a book, telling him: "It's all in the book. The book is the key" (89). While Yu survives his assassination, because of the shot being non-lethal, his survival does not violate the principle of self-consistency and does thus not constitute as a paradox. However, the book Yu has to copy, in order to be able to give to himself at the time of his 'death,' has an impossible existence, which is even recognised and pondered on as paradoxical by Yu himself (see Yu 111-112).

A variety of other stories thrive on providing alternatives to already existing timelines: In Ray Bradbury's "A Sound of Thunder" (1952) stepping onto a butterfly in prehistoric times affects the future in such a way that politics develop in an unfavourable way for the protagonist Eckels, in addition to the change of the spelling of regular English words suddenly being altered as well (which, despite being a rather minor change, still leads to the protagonists' demise). The effect coined by Bradbury's story inspired movies such as *The Butterfly Effect* (2004), which depicts its protagonist Evan (Ashton Kutcher) developing the ability to travel into the past²⁴ and jumping through alternate timelines in order to change his traumatic childhood and save his friend from an abusive past, resulting in his actions consistently worsening the situation for himself and his friend both in the past and the future. Another interesting take on alternating timelines is displayed in *Back to the Future*, where Marty McFly (Michael J. Fox) nearly erases himself from existence by preventing his parents from falling in love because of a car accident, and then having to take an active part in getting them together to ensure his future (and improving it in the process).

The common feature of these examples is to be found in their portrayal of actions in the past affecting the future – or more precisely, in changing the very own future of the protagonists – while not depicting these changes as the time traveller entering a completely different timeline or world other than their own. As established in the discussion on time

²⁴ This mode of time travel works without a time machine, relying on bodily functions or capabilities of the time travellers (such as in the example given above using a diary), and is thus mostly free from the (physical) restrictions that travelling through time with a device bears. It is also difficult to defend as a realistic form of time travel and will therefore not be addressed in more detail.

travel above, a change of the future (or the ‘now’ of the protagonist) simply cannot happen in a linear time construct; logic dictates that the time travellers finding themselves in different timelines than their original ‘present’ (or future) should lead to them meeting other, parallel versions of themselves as well (unless they were never born in the timeline they then ended up in).²⁵ Reducing such stories to linear timelines therefore means that they are also paradoxical, unless the existence of parallel worlds is taken into consideration, because that would then imply that most time travellers do not end up in *their* future, but in *a* version of the future that happens to be the original result of the change in the past (see Deutsch and Lockwood 331-333).

3.1.4.3 Free Will and Moral Responsibility

A final consideration on the topic of time travel is still left to be mentioned: the notion of free will, or rather, with regards to backwards time travel, the possible lack thereof. It has been established that for backwards time travel to be plausible, time travel in a linear universe construct (disregarding parallel worlds, for now) can only be seen as paradox-free when happening in the form of CTCs. But because a time traveller cannot really control his or her actions while travelling through time in the form of a time loop, this idea in itself can be regarded as a paradox – a “no choice paradox” (Al-Khalili 183). With a fixed past, the exertion of free will, such as acting in a different way than ‘before,’ seems to be denied to the time traveller.

Humans like to believe, at least according to libertarian free will, that they are free in their actions, which specifically means that one cannot inexplicably be restricted in or hindered from doing something (see Bishop 121-122). The option to be able to choose another type of action at any point in time, even being able to change the past once one arrives there, simply has to be given for there to be so-called free will (see Bernstein 74). However, if one were to say that making free decisions is possible *unless* one is not physically able to do so, he or she would describe the view of compatibilism or “soft determinism” (Delamont 82). In contrast to the notion of libertarian free will, compatibilism describes free will as on the one hand possessing the capability to do what

²⁵ An example of this can be found in *Doctor Who*’s “Rise of the Cybermen” (2.5) which will be addressed later on as well. Rose (Billie Piper), the Doctor’s companion at the time, finds herself in a parallel world in which her parents never gave birth to her, while her boyfriend, Mickey (Noel Clarke), encounters a parallel version of himself named Ricky.

one wishes to do, while on the other hand also making free will somewhat dependent on this capability (or lack thereof) (see Kane, “Free Will Debates” 12-13). In short: other choices *are* possible, but only theoretically (see Bernstein 74). Or to phrase it differently, according to compatibilism, free will is reflected in the unrestricted *possibility* of choice (see Kane, “Free Will Debates” 13).

Based on these notions of free will, backwards time travel seems to be rather limiting for the average time traveller, especially considering they appear to be capable of a variety of actions up until they suddenly enter another point in time in the past. Once there, they simply stop having the ability to act differently, their moves are guided and pre-determined by history or their very own past. Usually, this lack of freedom in linear time is accepted, even played with, in time travel narratives such as “By His Bootstraps,” in which, despite having foreknowledge of the situation and dialogues, Bob Wilson acts – involuntarily, one might add – consistently the same way in all of his versions throughout the story’s central time loop. If the entrenchment of past and future is regarded as how the world is supposed to be, free will cannot really exist in a deterministic view of time (see Kane, “Free Will Debates” 27-28). Although the possibility of other alternatives of actions (or thoughts about them) are theoretically there – they just do not matter:

If determinism is true, then everything that happens *must* happen – every thought and every action occurs of physical necessity. It is not that everything one does is somehow *fated* to occur no matter what else happens. It is not that everything one does one is *manipulated* into doing by some person outside of oneself. Rather, if determinism is true, then given what has come before and the laws governing the universe, at every instant there is exactly one way the world must be at the next instant. (Waddell Ekstrom 318)

A similar position to determinism is taken on by fatalists, who argue, mainly on the basis of the block universe theory, “that there is nothing at all that we don’t do but can” (Lewis 319), which means that there is absolutely no, or rather no point in, free will since everything from past to future is fixed. The fatalist notion essentially condemns humans to the complete inability to actively take control of anything in their lives, despite any action being theoretically possible. For some fatalists this also entails that humanity’s ideas of causal relationships therefore become irrelevant, since it is implied that effects can exist even without direct cause (see Bernstein 67).

However, the difference between fatalism and determinism seems to be dependent on linguistic subtlety: A meeting between grandfather and grandson that happens on Monday will then happen on Monday. The meeting is fixed, and while in determinism the actions leading to the meeting are fixed as well, fatalism allows some leeway with regards

to what may precede the meeting – its only argument is that the meeting will happen, no more, no less (see Bernstein 67-68). Both theories essentially lead to the same outcome, but while fatalism says: “This has to happen, no matter what!” thus making it, according to Bernstein, “metaphysically fated” (69), determinism says: “This has to happen and this is how it will happen.” And to add to the confusion of whether or not free will can really exist, in comparison, the compatibilist view would state that the meeting happens because the grandson chooses to meet his grandfather and it is therefore determined that he meets his grandfather. He is free in the sense that he could theoretically decide otherwise and not meet his grandfather, but the fact is that he does not do so.

Whether one supports deterministic or fatalistic ideas, both theories assign immutability to the past and the future as well, which can bring confusion to the topic of free will and moral responsibility. Time and action have a certain relation with each other, and since an act also consists of temporal parts, an action expressing free will has to be more than just instinctive reaction (see Gallagher 434). Choices in such actions and their underlying motivations are what makes up part of an identity (see Kane, “Indeterminism” 13). So ending up with a result that would be the same regardless of which action is chosen takes away responsibility for said result. If the outcome of an event is unchangeable due to the structure of the universe, or, from the point of view of a non-scientific belief, due to the creation of a higher power such as God (Kane, “Free Will Debates” 6), attribution of accountability for action or non-action seems to be illogical. It is also a violation of the “Principle of Alternate Possibilities”: In order to be accountable for a decision or action, one needs to be able to have alternative options (Fischer 281).

A way to explain that this does not necessarily absolve one of moral responsibility for their actions in a determinist or fatalist universe, the theory of Frankfurt-type cases counters these assumptions in arguing that if a person freely chooses to act a certain way, he or she is morally responsible for the act even if no alternative option was present (see Fischer 281-283). As an argument for semi-compatibilism (i.e. expressing the possibility of determinism allowing for free will), Frankfurt-type cases state that a person’s will and actions can be considered to be free and thus morally binding if they are neither influenced nor prevented from exercising an action by someone else (see Fischer 282). Whilst someone chooses willingly to act a certain way, even if no other possible action was possible for this person to take, he or she is responsible for this action. For example, Bob Wilson in “By His Bootstraps” is responsible for his acts during the time loop as long as

he actively chooses to do everything that happens, out of his own volition. Even if his actions and intentions coincide with the CTC, he acts with free will.²⁶

But even if this counterargument to the absence of moral responsibility in determinism and fatalism is dismissed, the discussions on a lack of free will can only pertain to fixed time constructs due to the impossibility of influencing the past or future. The theory of parallel worlds, however, eliminates the paradox of free will in fixed time constructs such as the block universe, and in doing so allows for a more open discussion on accountability for morality in actions, desires and values (see Carroll 87). Even if one were to restrict oneself to linear time outside of a multiverse construct, concerns on the future as fixed are removed by a lack of knowledge on these future fixed events (see Dummett 131). As Bourne deliberates, “our lives would be very different if we had foreknowledge, but it wouldn’t lead to us being any less free, and shouldn’t lead to us feeling that we were any less free; if anything, it would make us more aware of just how effective our free choices are” (63). Free will therefore depends on the point of view one chooses to take on life, including accepting the idea of the existence of an outside force (whether natural or divine) possibly impairing one’s freedom.

Another factor which likely impedes one’s ability to know about the future is the complex and ambiguous nature humans themselves display on a day to day basis, as Hawking argues (see 183). This combination of unpredictability of human behaviour with the general impossibility to know of events of the future make it relatively difficult to deny the existence of free will. Even if the universe reveals itself to be deterministic, from a subjective point of view, the present at least appears to offer a variety of alternative routes one could take for the future (see Berofsky 194). And, despite determinism possibly regulating all types of universes, a time traveller’s freedom still exists in a multiverse and is expressed by his or her ability to jump from one world or timeline into another. Therefore, even a fixed future can allow for the existence of free will, and thus moral responsibility, as long as the principle of self-consistency is not violated through time travel related mischief (see Toomey 264).

²⁶ Even if it is considered that other versions of Bob act as influencing instances on himself, the fact remains that he somehow created the time loop that he finds himself in on his very own, while following every step in the ever-repeating CTC on the basis of his own decisions.

3.2 The Right Act, the Wrong Motive? – Dealing with Ethics

After exploring the physical realities of time and time travel, including the conclusion that determinism and free will are not necessarily incompatible by providing an argument for the presence of moral responsibility for actions even in a fixed time and space continuum, it seems to be a logical next step to discuss what this idea of moral responsibility implies. I will therefore turn to the second part of the theoretical background of this thesis: ethics and morality. The field of ethical theories is vast, which is why I will concentrate on trying to provide concise definitions and essential information on majorly known ethical theories, which in turn will help in shaping and defining an ethics of ambiguity in relation to time travel focused on the example of *Doctor Who*.

Before doing so, however, it is necessary to start with the very basis of ethical theories: their principles. Most generally speaking, moral theories comprise various ideas and ideals on acting within the scope of dominant social principles in life in general, but also in certain types of situations that cause conflict among those ideals. A majority of them share a relation to three central notions which define what can be considered as moral or immoral in a society, namely “the good,” “the virtue” (which can differ between theories), and “the right act” (Zagzebski 43). The definition of these notions, however, can vary deeply among these theories on morality and moral beliefs. For example, “a right act,” as Zagzebski states, “can be understood as (a) an act it is not wrong to do, or (b) an act it is wrong not to do, or (c) an act that one has most moral reason to do” (43).

While theories focused on virtues and the investigation of motives behind acts, such as virtue ethics, are termed “agent-based” (Van Zyl 181), their opposite position is more concerned with the (moral) evaluation of acts, e.g. utilitarianism, and is thus called “act-based” (Battaly 2). Some ethical theories, however, “[reject] a sharp distinction between act and motive which would allow for a standard of act evaluation wholly separate from one of agent evaluation” (Blum 491), such as the ethics of care, which see care, as expressed through relationships, as an integral part of moral behaviour.²⁷

Morality (and, by consequence, ethics) is not only perceived as a prescription of rules with regards of how to act, but is also, by extension, used to determine how to live a

²⁷ Ethics of care are hence also known as “relational ethics” (Held 9).

good life (Aristotle as ref. in Crisp 28). Early philosophical accounts of moral theories as such, like Aristotle, and more recently Nietzsche (19th century) or Kohlberg (1950s), see morality as a regulating factor of life by regarding it as closely connected to ideas of justice or penalty (see Kohlberg, 301; Nietzsche as ref. in Butler 284). However, a definitive change from prescriptive to a more descriptive tone can be observed while looking at the direction of overall development of ethical theories over the past century. Sartre, for example, as an existentialist, compares morality to art, saying “that in both we have to do with creation and invention” (80), and that it is not something that can be dictated or judged as it is composed in the moment.

Moral behaviour is thus not something that occurs when following a set of rules in this more modern view on ethics and ethical theory but is seen as something that can be observed and then evaluated. As Zagzebski states, “if our main purpose was to get guidance in moral decision making, we would want a manual, not a theory” (41), because most moral theories would lead to a very similar set of rules for living a morally good life, due to their underlying shared notions of rightness (see 42). While morality is intended to provide a certain guidance in moral behaviour, such as in suggesting a ‘right’ way of acting, its main purpose lies in providing the tools for the assessment of beliefs and belief systems, be they connected to religion or culture, in order to be able to interpret and appraise their processes, underlying emotions and motivations (see Zagzebski 41). However, ethics do tend to discriminate between certain concepts, mostly due to the fact that the emphasis put on their foundations varies greatly (see Zagzebski 45). This shift from a focus on right acts to the primary consideration of agent-motivation, like virtues and emotions, will be elucidated in the following chapters, which aim to present and investigate these dissimilarities, and in doing so, will be providing the necessary background for the analysis of the Eleventh Doctor’s moral character and his ethics of ambiguity.

3.2.1 Overview of Selected Traditional Moral Theories

3.2.1.1 Duty Equals Right – Deontological Ethics

Deontological ethics place duty and its fulfilment as essential for the evaluation of the ethical properties of acts (see Perry 68), and therefore put value on the concepts of justice and justice evaluation (see Martin Hoffman, “Empathy and Judgment” 161). In contrast to

ethical intuitionism, which, according to Shweder and Haidt, considers morality to be somewhat innate, with moral rules equalling “self-evident truths” (339; which means that they are naturally recognised and understood), deontological ethics consider pure ethical rationalism, with its focus on logical thinking, as fundamentally relevant criterion.²⁸ This belief is most prominently displayed in Kant, whose philosophy (formed in the late 18th century) shaped deontological principles as well. His definition of acting out of reason, duty, and from “good will” (68) as acting right, and his specific disdain for the exploitation of man for one’s personal goals, as well as him promoting fairness and truth (in the sense of never telling a lie) as important moral properties (ref. in Perry 68-69), offered a new understanding of deontological ethics during and after his time.

Thought experiments and studies focusing on morality or moral values tend to investigate ethical judgment through justice evaluation, and are therefore following deontological principles. The most prominent studies on perception of morality and justice have been conducted by Kohlberg,²⁹ who presented his studies’ participants with moral dilemmas in order to investigate their judgment, referring their levels of justification to his moral development stages model. The model comprises three different levels and six stages of moral development (see Kohlberg 17-19) which ultimately “[portray] *justice* as the highest level of moral cognition and moral logic” (Puka 317). Though initially only assuming deontological principles, Kohlberg later agreed that virtues such as love (specifically, agape, to be understood as the Greek notion of asexualised love)³⁰ should at least be considered as possibly affecting moral reasoning and therefore the concept of duty and duty fulfilment as well (see Kohlberg, Levine, and Hower 19).

Puka argues that Kohlberg’s last moral development stage, which judges a right act according to the expression of deontological values such as “logical comprehensiveness” or “universality” (Kohlberg 19) through an agent’s personal ethical principles, refers to a concept of selflessness as being needed for justice (319). Expressed in acts such as prioritising others over oneself in the name of duty, this concept of selflessness does not exactly seem to fit into the type of rational evaluation system Kohlberg devised, despite the latter’s admission of love being a possible influential factor on morality (see Puka 320-

²⁸ Logic, in deontological ethics, is also generally considered to be the basis from which right act and virtues are derived (see Zagzebski 43-44).

²⁹ Kohlberg further developed his theory and his model of moral stages in the 1980s (see Kohlberg; and Kohlberg, Levine, and Hower), incorporating new opinions and views on moral justice reasoning. These, rather than his original theory, will be the point of reference for my own arguments.

³⁰ Translated by Kohlberg, Levine, and Hower as “charity, love, caring, brotherhood, or community” (19).

321). Still, even a reluctant inclusion of love or altruism into an understanding of rightness and justice cannot suffice in defining morality. Locating the (moral) rightness of an act in the prescription of duty can only provide part of the truth that defines the complex structure that constitutes morality, especially considering that deontological ethics by admission of their own proponents exclude emotions (which do seem to affect moral judgment) from their ethical rationale.

3.2.1.2 The Results Matter – Utilitarian Ethics

As the name suggests, consequentialist ethics define morality not based on correct motives or beliefs, but, as Scarre explains, on the results of actions. An act, according to the author, is deemed good if it provides not necessarily the best but at least not the worst potential outcome (see Scarre 18-20).³¹ While not strictly fixated on results, consequentialism is – or at least was – intended to display “the contrast between judging the moral qualities of actions [...] with some specified set of moral laws, rules or principles, and judging it according to their consequences for the promotion of a particular set of values” (Scarre 11). An act’s “utility” (Scarre 14) is dependent on its effects, and thus an action is deemed desirable if it grounds “on maxims that bring the greatest good to the greatest number” (Perry 64). This means that while in deontological ethics, a duty, such as a promise, being violated would definitively be considered unethical, utilitarianism allows for it, especially if it were to increase the act’s utility (see Scarre 11-12).

As explained by Scarre, utilitarianism thrives on the idea that the *good* should always be at its utmost capacity (see 18) and available to all, thus being universal (see 23), while also having the properties of being cumulative, which would change moral considerations by adapting moral choice into efficient cost-benefit decisions (see 14-15). However, this definition of utilitarian values is to be seen as a part of modern utilitarianism, since increasing the good for all, or life in general, substituted the value of progressing pleasure, which the pioneer of utilitarianism Jeremy Bentham promoted in the late 18th century. Bentham was of the opinion that every action is capable of being the cause of pleasure and pain; if one would want to live a moral life, one would need to act accordingly

³¹ Usually an act is automatically seen as right in utilitarianism if it provides the best outcome for a situation. In modern utilitarianism, an act is also considered right if an outcome is at *least* better than other possible ramifications (meaning, an act does not necessarily need to end in the best way possible) (see Scarre 19).

to increase pleasure (ref. in Scarre 73). This dichotomous concept, however, has disappeared from modern utilitarianism, as it does not consider motivational forces behind moral decisions. Additionally, the simplification of an act only being capable of either bringing pleasure or pain disregards that one's pleasure could bring another person pain, which Bentham addressed indirectly by advocating for fulfilling the pleasure of others before one's own (ref. in Scarre 76-77).

Another defender of utilitarianism, John Stuart Mill, developed the idea of pleasure governing ethicality in the 1860s by further dividing pleasure into lower or higher categories, with higher pleasures taking priority over lower ones, in order to provide some structure to the pain-pleasure duality (ref. in Scarre 92). Achieving pleasure, Scarre notes, regulated the comprehension of an ethical and hence happy life (93). Connected to this, and Bentham's idea of finding fulfilment in prioritising another's pleasure over one's own,³² altruism was given a dominant role in the development of utilitarian ethics by Sidgwick in the 1870s, who claimed for there to be an instinct or rather a "fundamental intuition" (Sidgwick qtd. in Scarre 108) leading people in moral decisions, to explain the motivation behind moral acts like self-sacrificial actions (Scarre 107).³³

This connection between utilitarianism and altruism may seem bizarre. In fact, Puka goes as far as stating that the utilitarian axiom "to foster the maximum welfare for all [...] is an altruistic principle in that each individual often will be required to sacrifice her or his own interest, even surrender her or his rights, where this will increase the well-being of others" (318). Altruism, while usually seen as a positive trait in humans, as it is perceived as acting selflessly without want for something in return (see Staub 12), also implies that the person or group committing to self-sacrifice diminishes their own happiness to increase the good for the majority (as 'all' would need to include them as well). If altruism is taken out of the equation, what remains is the fact that, without voluntariness of the few, utilitarianism moves into possibly oppressive territory in disregarding the wishes of the few in favour of those of the mass (see Puka 319; Perry 64).

Additionally, life is structured in a way in which a greater good, even in an ideal utilitarian society, cannot be achieved,³⁴ since happiness cannot grow exponentially (see

³² Love here is to be understood in the sense of neighbourly care (see Scarre 34).

³³ Sidgwick could thus be considered as one of the first to try to reconcile notions of ethical rationalism and intuitionism in an ethical theory, which was Puka's main critique of conceptualisation of morality in deontological ethics (or more precisely, the implications of Kohlberg's understandings of deontology) (see ch. 2.2.1.1, or the following paragraph).

³⁴ There needs be mentioned that there exists a variety in utilitarian ethics which is called "negative utilitarianism", which focuses on improving general happiness through "diminishing misery" (Scarre 18-18).

Scarre 154). Furthermore, the association of altruism or benevolence with utilitarianism suggests moral action following utilitarian principles to be *good*. But this is not always the case, especially considering that even killing could be seen as justified if it was for the benefit of the majority (see Scarre 179-181). There is, of course, a way to see the principles of utilitarianism less strictly, as Scarre concludes that “[s]ensible utilitarians take care not to demand the impossible” (203). As long as one goes through life always bearing in mind to act in favour of enhancing society, one could consider him- or herself successfully following the utilitarian ethical system.

3.2.1.3 Value in Virtue – Virtue Ethics

In contrast to utilitarian thinking, the virtue ethicist looks upon the motive or positive traits an agent undertaking an act provides, and, in doing so, defines whether an act can be considered right or good (see Battaly 8; Van Zyl 172-173). These traits can be defined as attributes that are classified according to the types of feelings they cause, either to another person or oneself, with virtues describing exclusively positive feelings, and their contrast, vices, representing negative feelings, encompassing even those that are causing pain (see Hume ref. in P. Russell 93-94). Despite being agent-based, acts maintain an important role in virtue ethics as well: They provide information which helps in drawing conclusions about the ethical ideals a person might follow, thus making it possible to form deductions on their motivation and character traits (see P. Russell 95).

Virtue ethics therefore strive to assess character and identity, as well as define the personality traits necessary for someone in order to be considered moral or good (see Chappell 151). An ancient notion that became influential to the classification of these traits in virtue ethics, and which was advocated by Aristotle, can be found in the concept of “*eudaimonia*”³⁵ (D. Russell 7). Everything done in life is to achieve *eudaimonia*, on the condition that one uses rational thinking and builds his or her life on fairness, generosity, friendliness and understanding (D. Russell 13, 16). While there are similarities between this concept of a sensible life and the fulfilment of pleasure and happiness in utilitarianism, they differ in the role they are taking in both versions of ethics. The achieving of utilitarian happiness is bound to (singular) acts themselves, while *eudaimonia* represents a central

³⁵ Which is Greek and can be translated into the basic idea of “a life that is rich and fulfilling for the one living it” (D. Russell 7).

theme of living life, overarching all decisions being made on the basis of reason, with virtue ethics focusing on what (good) personality features can be identified in humans to achieve this (see Chappell 167-168).

The definition of these traits may appear to be challenging, although “they just *are* good ways of being” (Perry 71) and, as such, can also be seen as highly subjective in their description as a virtue or not. The classic moral virtues, for example, as defined by Aristotle, on the one hand comprise being courageous, just or honest (ref. in Kohlberg, Levine, and Hewer 18), which all seem to be rational traits, while they also, on the other hand, encompass universal love as a virtue as well (ref. in Swanton 153). Virtues can also include certain other traits in order to fit the criteria of being good, as Perry puts it, such as a positive mindset when interacting with others (including the display of traits like “grace, human kindness, benevolence, and forgiveness;” Swanton 153). In general, properties that are equated with being good natured can be understood as virtuous, or at least part of a virtue,³⁶ as long as this good nature reflects “an emotional orientation to the world at large” (Swanton 156) in the form of a so-called “*Grundstimmung*”³⁷ (Heidegger ref. in Swanton 156).

The difficulty with trying to find specific definitions of virtues that go beyond ‘being good’ is connected to the fact that, depending on the point of view, not all virtues can carry an equal weight at the same time. Being good as a general description for a virtuous person may therefore not be sufficient to encapsulate what being virtuous truly means. According to Zwolinski and Schmidtz, a virtuous agent is someone who also “*cares* about consequences [and] [...] is humble, in the sense of seeing himself as a locus of value in a world where there are many loci of value” (234). Consequently, being virtuous has to go beyond merely possessing virtuous personality traits that can be seen as virtues; a virtuous person also has to act in a way that can be seen as right, even if this acting does not reflect a virtue (see Crisp 23). Truthfulness, for example, is definitively considered to be a virtue and thus signals morally good behaviour, but no virtue ethicist would criticise someone for acting immorally if they were to tell a lie in order to save someone’s life. A virtuous person is therefore someone who is virtuous *independent* from an act.³⁸

³⁶ Note that characteristics like mental capacities, such as the ability to reason or wisdom, are seen as epistemic virtues and should not be confused with moral virtues (see Crisp 32).

³⁷ “*Grundstimmung*” translates literally into “fundamental mood”.

³⁸ This is one of the reasons why modern virtue ethics tend to not restrict virtues with exact definitions and descriptions (see Perry 72-73).

By consequence, virtue ethicists do not have any intention of prescribing how someone *has* to be to be virtuous – although they could make use of analysing an “exemplar” (Zagzebski 52), a particularly virtuous person, for means of imitation – their primary objective lies in researching general virtuous properties and their influences on actions. This includes making note of the possibility of developing virtues throughout life and also connecting this to the ongoing debate on whether or not upbringing can determine a life’s preconditions in a society (Aristotle ref. in Hursthouse 180). While answering this debate is not in the focus of virtue ethics, at least not if it is considered to not imply someone being incapable of becoming virtuous due to their lives’ preconditions (see Hursthouse 185-186),

Hurka’s concept of a “higher level account” (59) offers a possible solution to this problem. Its inclusion of consequentialist and deontological notions accepts discrepancies in the comprehension of a virtuous agent or a right act by allowing other types of motivation for an act’s rightness, while also permitting virtuousness in an agent despite the consequences of an act (see Hurka 61-62, 65). Though inadequate for the aim of my thesis, this view provides an example of incorporating the concept of maximisation from consequentialism into another ethical theory through virtuous agents choosing options with better or increased positive results, since “ideally virtuous attitudes are proportioned to their objects’ degrees of value, so one loves greater goods more than lesser ones less, and by as much more or less as their relative values make appropriate” (Hurka 63).

3.2.2 Overview of Selected Modern Moral Theories

3.2.2.1 Responsibility in Caring – Ethics of Care

The ethics of care emerged in the 1980s and would later be classified as a feminist movement in moral theories (see Held 22),³⁹ as they promote values and concepts standing in stark opposition to traditional ethics. Their development was motivated by Carol Gillian who wrote *A Different Voice* in 1982 on the differences in moral thinking between men and women (see Amy-Chinn 236) in response to Kohlberg’s studies on moral

³⁹ Held also states that ethics of care, though not directly intended to be, should be considered as “a *feminist* ethic, open to both women and men to adopt” (20), but it should not be equated with feminist morality, which is “concerned with the equality of women and with women’s rights” (66).

development, which were conducted with only male participants (see Kohlberg, Levine, and Hower 1; Held 27). Kohlberg, Levine and Hower did not accept that a difference between male and female moral judgment exists but chose to conclude that while care may be relevant in moral judgment, it is still subsidiary to justice (see 20-22). This type of perception of ethics of care has been recognised by supporters of the theory and been countered with the argument that care is *more* essential than justice, as without care, the survival of humans would be questionable (see Held 17). Nevertheless, justice as a moral principle with its “impartialist” stance, as Blum puts it (472), should not be completely disregarded, since “it may be a useful abstraction as long as it is not imagined to be the appropriate concept of the person for the whole of morality” (Held 68).

Accordingly, both agent- and act-evaluation and their interconnection are valued and seen as necessary for determining someone’s life as morally justifiable. Furthermore, ethics of care regard responsibility in relationships above all else, while also seeing certain emotions⁴⁰ as a basis for moral direction (see Held 10-11). The ethics of care thus do not conform to a rationalistic form of thinking (see Blum 476). They do, however, share certain characteristics with virtue ethics, although advocates of the ethics of care draw a distinct line between the two theories, arguing that their centres of attention differ: “Virtue ethics focuses especially on the states of character of individuals, whereas the ethics of care concerns itself especially with caring *relations*” (Held 19). Thus, care does not merely represent a moral property, but it also resembles an instrument that can be gauged and altered (see Held 38-39).

As we listen to the other, we identify her feelings; we begin to understand what she is going through. As a result, we feel something. When what we feel is close to what the other is expressing, we may say that we are experiencing empathy. This experience leads to *motivational displacement*. We put aside our own goals and purposes temporarily in order to assist in satisfying the expressed needs of the other; our motive energy flows toward the purposes or needs of the other. This is the basic chain of events in caring. (Noddings 9)

Caring as a result does not only entail feeling responsibility for someone and caring for them as an individual, but also an initial willingness to listen to them. For that reason, the parties involved in a caring relationship need to have respect and faith in each other. As Held declares: “Trust is a matter of mutual understanding of intention. To trust is not simply to predict what someone will do; it is most needed when what others will do is uncertain” (57). People involved in caring relations also “have a hand in shaping the moral

⁴⁰ These emotions can be summarised as followed: “sympathy, empathy, sensitivity, and responsiveness” (Held 10).

agencies with which we seek, attain, and enjoy the humanly good” (Aristotle ref. to in Cates 49), and in doing so, on the basis of trust, become an essential influence on the other person (see Held 48). This entails that caring is not done because it has been learned; it needs to be seen as an inner wish to fulfil and not as an imitation of processes involved in a caring system (such as e.g. going through the stages of caring without emotion or meaning) (see Held 49). Without this principle, the ethics of care could simply not be regarded as an *ethical* theory.

Noddings notes that the ethics of care have a concept of duty that ascribes to the ethicality of taking responsibility for another party, although it cannot go far beyond mutual caring relations (see 10-12). A relationship including an unequal distribution of responsibility (e.g. parent and child), with one part of the relationship having authority over the other, should never use its authority to exert control in a way that disregards the individual being cared for, although the one caring may make use of “benevolent domination” (Held 56) in their guiding role. There also has to be a certain end to the extension of care (such as going beyond one’s personal relationships), because trying to overextend one’s abilities of care too much could lead to “empathic exhaustion” (see Noddings 12). If capable, however, one should always opt to choose to care, even without resulting in benefits on either side of the caring relation (Cates 203). But while Noddings’ point of view on the limitations of caring mainly concerns the personal level of relationships, Held argues that ethics of care as a principle framework would be adaptable to also take effect globally and cause societal changes (see 166).

Despite appearing to be a valuable alternative to ethical theories with more prescriptive notions, there are others besides Kohlberg who offer criticism of the theory, arguing that the ethics of care lack in providing guidance in dealing with and evaluating moral dilemmas (see Martin Hoffman “Empathy and Judgment” 190). A recent study from the medicinal sector, however, provides an evaluation of the possibilities of ethics of care with regards to dealing with moral dilemmas as an answer to this criticism (see De Panfilis et al.). On the basis of interviews they conducted with the personnel of a cancer centre situated in the north of Italy, the researchers draw the conclusion that moral dilemmas are to be considered as highly individualistic due to the fact that care relationships are

individualistic as well (see De Panfilis et al. ch. 3).⁴¹ Care ethics do not claim to be able to determine right acts, but to offer a specific focus for act evaluation that differs from an evaluation according to “abstract rules” (Held 12). The idea of morality in the ethics of care is more so based on a sentimentalist conception, which does not deny the rationalist belief of morality being purely grounded in reason, but declares that properties such as empathy constitute a necessary resource for the appraisal of both agents and acts (see Slote 54).

3.2.2.2 A Way towards Freedom – Existentialist Ethics

Originating from existentialism, which reflects on the importance of the individual Being, and the concept of “Dasein”⁴² (a term used to describe ‘being in existence’; Heidegger qtd. in Staehler 4), existentialist ethics focus on guiding personal development in life according to existentialist principles, and are thus concerned with forming and building identity on the basis of one’s coming into existence (including their life’s preconditions) as well as their choices in the past. The past itself does not matter that much for a person’s existence – it just serves as a basis for further progress and change throughout life according to one’s own principles (see Biderman 48). Or as Sartre states: “Man is nothing else but that which he makes of himself. That is the first principle of existentialism” (68).

The central theme to existentialism is the notion of existence itself, focusing on the individual being free but also authentic in their conduct (see Crowell 16). Its relation to *being* considered as Dasein in connection to existing *in* the world and interacting with it, puts the individual into perspective, focusing not only in how they *are* but in how or what they *could* be (see Staehler 2-4). The uncertainty that lies in freedom can be perceived as a curse by the existentialist, since “[...] man is condemned to be free. Condemned, because

⁴¹ The interviewees of the study provided examples of their actions in encounters with moral dilemmas in both work and their private relations, with one, for example, admitting that they did not tell their father about his cancer being lethal, while doing the opposite with their patients due to the difference in their care relationship and thus their role with regards to responsibility (see De Panfilis et al. ch. 3).

⁴² The German term “Dasein” can be seen as being more applicable than “being there”, though it is a literal translation of “there” (“da” as referring to a location; another word for “dort”) and “being” (“sein”). Crowell describes it as being “a German word for existence” (17).

he did not create himself, yet is nevertheless at liberty, and from the moment that he is thrown into this world he is responsible for everything he does” (Sartre 70).⁴³

While existentialist ethics centre around defining and challenging the essence of human being, it also prescribes a certain duty towards not only the realisation of one’s own existence but towards aiding those of others’ as well. This is due to the central belief of innate guilt in humanity’s Dasein: by choosing to act, one is inherently guilty, because one can only choose to move forward into one direction, not two simultaneously (Heidegger ref. in Staehler 9). This innate guilt however also concerns inaction: Not choosing to act goes against the acceptance and realisation of one’s own freedom, which means that inaction is considered immoral in existentialist ethics (see Staehler 9). Thus, one carries the obligation to act as realisation of being, and by performing an act, one also assumes its consequences (see Reynolds 81-82). Only by making use and shouldering this responsibility of the freedom of choice, one can live life to its fullest and best ethical potential (see de Beauvoir, “Freedom” 258).

Consequences of acts are thus accepted, but with the notion that the acting individual should not really be concerned by what they have caused: “A truly great ethical personality [...] would therefore *choose* to remain in ignorance of what he had accomplished in order that his striving might not be retarded by a preoccupation with the external, and lest he fall into the temptation which proceeds from it” (Kierkegaard 96). Nevertheless, a person may work towards an end, but should not be bound by it in extreme ways, or else the ultimate purpose of one’s existence through being free might be obstructed, although one’s realisation should never inhibit another’s freedom (see de Beauvoir *Ethics* 89-90). Societal norms, however, are perceived as infringement of a person’s individuality in existentialism (see Arendt 157). Nevertheless, personal freedom cannot be seen as isolated – it is linked to the freedom of others (see de Beauvoir *Ethics* 143).

The responsibility that follows from this does not exactly resemble responsibility as seen in care ethics, which argue that responsibility in a caring relationship has to be accepted (see Held 10): Existentialism puts emphasis on caring with respecting the freedom of the individual, perceiving responsibility more through taking on a role of

⁴³ This statement does not mean to imply that the existentialist believes in God; it merely refers to the fact that the human being itself has no influence over its own creation (and all its entailments) and therefore the possible existence of (a) God does not matter much, at least not to existentialist considerations (see Sartre 83).

guidance (see de Beauvoir, *Ethics* 140).⁴⁴ In contrast, the ethics of care include emotions as a central value and argue that shared respect in a relationship is needed, even in a relationship dynamic that includes unequal distribution of power (“benevolent domination,” Held 56).

Existentialism is not only to be seen as philosophical movement; it should be seen as having the capability of furthering moral theory in focusing on the development of individuality of the human being. Ethical theories connect to each other according to their shared principles, making certain points of them universal (see Martin Hoffman, “Empathy and Judgment” 161), especially principles of moral justice and judgment in traditional moral theories (see Kohlberg 127). But existentialism puts emphasis on individuality, similarly to how care ethics wants one to consider relations as providing the foundation of moral theory. In contrast to other ethical theories that base the evaluation of acts on its rightness in terms of, for example, intention, the ethics based on existentialism ties the basic fact of existence to ethical evaluation (see Staehler 10). And whereas ethics of care focus on how care in relationships can affect and guide actions or values, existentialist ethics define themselves as seeking answers:

Initially, it is difficult to recognize existentialist ethics as ethics since it is mostly concerned with the conditions for the possibility of ethics, such as ambiguity, vulnerability, desire, and freedom. What starts as a descriptive examination of human existence does not remain mere description. Perhaps the ethics to emerge would be an ethics of the question, and of the human as a questioning being. And an ethics of the call: the call of the Other, conscience, the world, and the situation. (Staehler 11)

3.2.3 To Choose, or Not – Moral Dilemmas

Changing history seems to be impossible in consideration of what is known about this reality. Nevertheless, one can use his or her imagination to think of the impossible – if this were not the case, this thesis would simply not have any material to analyse. “Impossible” with regards to time travel narratives often includes providing the reader (or viewer) with situations in which fictional characters are dealing with difficult decisions that call for an evaluation of their moral nature through the audience of their story. Investigating such an assessment of character moralities, Krakowiak and Oliver provided the participants of their study on the perception of morally ambiguous characters with different sets of narratives

⁴⁴ A close relationship would seem to allow a greater tolerance of interference in the choices of someone as opposed to interfering with those of an unknown person, according to de Beauvoir (*Ethics* 137).

of two main stories.⁴⁵ Contrary to their expectations of readers' favouritism of morally ambiguous characters (see 117), the audience displayed a preference of characters that took morally good decisions, although morally ambiguous characters were enjoyed by the readers as well (see 129). According to the authors, the justification for this result is situated in a desire of the audience to believe in inherently morally good people in real life in addition to the influence socialisation poses on the notion of "how fictional characters should behave" in combination with them being good characters (131).

The probability of someone encountering a moral dilemma of similar scale in real life as the moral dilemmas that can afflict fictional characters (which can involve events of catastrophic proportions), seems unlikely. Per definition, moral dilemmas arise from discrepancies between commitments or, more specifically, "obligations and duties" (Brink 102). This discrepancy shows itself through contradictions between moral properties (see Brink 104-105), and for a conflict to be considered a true dilemma, these properties would need to be of equal significance (see Gowans 206). Brink defines such commitments or duties as "prima facie obligation[s]," describing them as acts that should be done due to "moral reason" or them "possess[ing] a right-making characteristic," while differentiating them from "all-things-considered moral obligations," which would be prima facie obligations that carry a higher significance than other obligations in a conflict situation (103). An all-things-considered obligation, thus takes priority over other duties, and a true moral dilemma, according to Brink's argument, would therefore only come to surface if both duties prove to be of equal importance (see 114-115). True moral dilemmas in this sense are impossible, since one obligation would always fulfil more moral values than another and would thus constitute the right choice by being of primary value (see Brink 119-120).

Despite involving deontological notions, such an evaluation of moral action resembles utilitarian thought in the way the conflict between moral obligations seems to become irrelevant if an obvious moral choice (namely, an all-things-considered moral obligation) exists. However, decisions regarding moral dilemmas are hardly ever taken in a situation that provides enough time for thoughtful calculation (see Martin Hoffman,

⁴⁵ Krakowiak and Oliver kept the narrative of their stories mostly the same, only adapting the protagonists interactions according to their intended moral propositions: good, as in choosing to always help and support in doing the perceived 'right' thing, even if it could be dangerous for the character; bad, as in doing the exact opposite and acting with purely selfish motivation; and morally ambiguous, acting with a mixture of both.

“Empathy and Judgment” 179), and even if enough time for deliberation is given, it is not easy to determine the most valuable moral action (see Perry 67). Moral dilemmas thus cannot really be regarded abstractly or without context (especially in real life), and could also still *feel* like dilemmas, despite not fulfilling the conditions of a true dilemma:

More likely, one’s moral precepts are apt to be activated when one encounters someone in danger or distress and feels a conflict between the desire to help that individual and the desire to continue to pursue one’s own goals of the moment; when one feels outraged by someone’s inhumane or unjust treatment of another; when one discovers that one’s actions have harmed another or that one’s contemplated action may harm someone; when one realizes that one’s contemplated action on behalf of someone may operate to the detriment of someone else; when one is tempted, or under external pressure, to act in a way that violates another’s reasonable expectations (e.g. by breaking a promise, violating a trust, telling a lie).

(Martin Hoffman, “Empathy and Judgment” 180)

Humans (or certain Time Lords) are usually not able to isolate their actions from their emotions. Empathy can be seen to influence decision making such as mentioned above, therefore connecting a relevant part of moral choice processing with feeling (see Martin Hoffman, “Empathy and Judgment” 180). Gowans, on the other hand, attributes such influence on decision making to “moral experience” (202), thus providing insight into the phenomenological theory that feelings such as described by Hoffman, result from dilemmas, and can thus be used as proof for their existence (see Gowans 203-204, 214).

It is not difficult to agree with this sentiment on the basis that there does not seem to be one singular ethical theory which, as a whole, can provide a satisfactory framework for moral judgment, the analysis of important values, a way of dealing with moral dilemmas, or a reliable explanation for acting right in all kinds of diverse circumstances. Even if the ethics discussed are not seen as sets of decrees but guidelines, their differences act as dividers, used to contrast each from the other, and not to see them as complementary with few exceptions. They are thus, if considered individually and as separated from each other, not sufficient for the purpose of my analysis of the moral actions and character traits of the Doctor. I will therefore propose a theory in the following chapter which connects various notions of each of the theories discussed, combining them into the theory of ethics of ambiguity.

4. Analysis

The previous part has provided the necessary context for an in-depth analysis of Doctor Who. Prior to that, I will introduce my framework of an ethics of ambiguity which, I argue, is guiding the Doctor's life and decisions in *Doctor Who*. To provide context for this theory, the first chapter of this part will present an outline of the Doctor's character, before approaching the description of the ethics of ambiguity. After reviewing the time travel laws that govern the *Doctor Who*-universe, the principles of how the ethics of ambiguity are shaped by time travel and how they are exemplified by the Doctor's actions⁴⁶ and words in dealing with certain moral dilemmas will be evaluated.

4.1 Doctor *Who*?

“Everybody lives, Rose. Just this once, everybody lives!”
 (“The Doctor Dances” 1.10; 00:35:58-00:36:05)

The audience expects the Doctor to succeed in their adventures, despite their occasional misdemeanours.⁴⁷ And why would the viewers not? The Doctor *appears* to be a good character. Their chosen name implies that they base their identity on their ability and will to help people, since a doctor is morally obliged – by oath – to care and to help those suffering, to help those who need to heal, while maintaining an emotional distance with their patients. Matthew Hoffman argues that in naming themselves the Doctor, they accept the values of this profession, making them a description of and at the same time restriction for themselves, rather than actually being a representation of the role by their nature (271). In choosing this role, the Doctor chooses their personal attributes, it seems. One could even reason that the Doctor somewhat *plays* a doctor because they enjoy the role and not because they actually embody every part of it. Which may be a common tradition for the race of the Time Lords, given that one of the Doctors oldest friends (and also his enemy) refers to himself (or also, herself) as the Master. A name, it seems, is not perceived as a mere descriptor:

⁴⁶ Note that since the analysis part of my thesis will reference and focus on actions done by the Doctor's male incarnations, I will use male pronouns when referring to these actualisations of the Doctor.

⁴⁷ This notion of ‘happy endings’ is discussed in more detail in Krakowiak and Oliver's article on the perception of morally ambiguous characters as well.

DOCTOR The name I chose is the Doctor. The name you choose, it's like, it's like a promise you make. He's the one who broke the promise. [...] He is my secret.

WAR DOCTOR⁴⁸ What I did, I did without choice.

DOCTOR I know.

WAR DOCTOR In the name of peace and sanity.

DOCTOR But not in the name of the Doctor.

(“The Name of the Doctor” 7.13; 00:42:59-00:43:32)

Similarly to how ethical transgressions would lead to the revocation of a doctor's medical license due to violation of their moral code, the Doctor would lose their role and their purpose by accepting parts of themselves that do not fit their chosen identity (which Perry deems to be a questionable decision because of the complexity of identities, see 91). Nevertheless, the Doctor (as his Eleventh incarnation) does forgive himself in “The Day of the Doctor” (S14); he even needed to do so in order to overcome the fragmentation of his identity due to his past actions according to Matthew Hoffman (269). Time travel plays an essential role in the Doctor's discovery of these past actions being not entirely wrong and provides him with the chance to do better, not only as the War Doctor but also as the Tenth and Eleventh incarnation.

Each doctor had to fight with their past in their own segmented worldline (due to the overall fragmentation of the Doctor's life), overcoming their feelings of guilt by the possibility of amending the results of the Time War. All the Doctor's incarnations of the past come together in one final moment to save their planet from the disastrous effects of the Time War – an event of cooperation which every ‘Doctor’ conveniently forgets about. This implies that regardless of knowing about the Time War and despite the despair it caused for the whole of the universe, the Doctor let it happen. Nonetheless, the workings of time travel in *Doctor Who*, which will be addressed in more detail in chapter 4.3, can provide an explanation as for why the Time War could have not been prevented: it is a fixed event in time as well as part of a CTC-structure (if, admittedly, a convoluted one). Even if earlier stages of the Doctor would have remembered the Time War, or the event of him and his other incarnations saving Gallifrey, up until the point in time when he did actually save them he would not have been able to do so, because something *would* have interfered with his plans and efforts (see Delamont 84).

⁴⁸ This incarnation of the Doctor is called War Doctor as he specifically was created by the Doctor himself with help of the Sisterhood of Karn to be able to act in the Time War in the webisode “The Night of the Doctor” (14 Nov 2013). He follows the Doctor's Eighth incarnation (Paul McGann) and predates his Ninth (Christopher Eccleston).

personal responsibility for them (see 159). And indeed, the Doctor's behaviour throughout the series seems to already illustrate them making use of the principles of the ethics of care: In "The End of Time – Part Two" (S8), the Doctor sacrifices himself (or rather, the life of his Tenth incarnation) in order to save Wilfred (Bernard Cribbins), the grandfather of one of his previous companions and his friend. Wilfred entered a soon-to-be dangerously radiated chamber to save a random, trapped soldier, but survives because of his friendship with the Doctor. Had he not acted to save the soldier which resulted in his life being threatened, the Doctor would likely not have made the same sacrifice for the unknown soldier (00:49:13-00:54:55). Still, the Doctor's care for his companions differs from the care that is usually associated within close relationships. According to Amy-Chinn, "*his ethic of care is based on broader, more universal, moral principles that are not motivated by proximity to the recipient*" (232).

In spite of being a caring person, the Doctor also acts judgmentally even (or especially) with the people he cares about, such as in "The Beast Below" (5.2), where he is outright disgusted by the acts of the rest of humanity after Earth's destruction, who enslaved and tortured a star whale to carry their spaceship in order to survive. The Doctor's reaction, filled with fury, is not only caused by the actions committed by the people responsible (who acted to save millions of humans), but also by the fact that his companion Amy chose to forget about the whale's suffering with help of a specific voting system on the ship, making him feel betrayed and disappointed in her (00:32:42-00:33:17). He thinks that he is forced to take responsibility in ending the star whale's suffering through lobotomisation in order to keep it alive but not endanger the human lives it carries, and reacts with immense anger due to the need to commit such an atrocious act: "Nobody talk to me. Nobody human has anything to say to me today!" (00:34:09-00:34:16). His companion and the audience are reminded, by his own words that, despite his humanoid appearance, he is indeed *not* human. At the end of the episode, the Doctor is spared from having to harm the star whale, because Amy discovers that it willingly came to Earth as a response to the crying of human children, intent on saving them.

The Doctor's anger derives from their caring nature but is also a result of a certain feeling of superiority which they seem to possess, and which can be connected to their age, abilities (especially time travel) and immense knowledge. Without this status of superiority, the Doctor's judgmental nature can be perceived as sanctimonious, especially when taking some of their very own actions into consideration: For example, utilising all

of humanity to kill an entire alien race on planet Earth, called the Silence, because they threatened and attacked him and his companions (see Pless 17), while not even stopping to consider that he commands all humans (possibly including children or teenagers) to become murderers. The Doctor also consistently expresses disdain for the military, weapons and violence, but, as his Eleventh incarnation, goes as far as shooting at a war criminal in “A Town Called Mercy” (7.3), and causing the death of a mass murderer by rerouting attack missiles to him (locking them onto his spaceship’s signal) in “Dinosaurs on a Spaceship” (7.2).

Seeing these actions through the lens of the ethics of care – even if justice as a virtue and the possibility of judging the Doctor’s actions as right, because he has more in common with his companions than with millions, or rather billions, of humans, are taken into account – is not enough to deem the Doctor’s actions as moral or immoral. Such an evaluation would also be a misrepresentation of the principles of care ethics, as they are not intended to be used in such a strictly prescriptive way. Still, examples like these illustrate that ethics of care cannot be applied for moral judgment without at least referring to some other kind of method for moral act evaluation.

Decker argues that the Doctor’s moral principles are grounded in existentialism, locating them in an “existentialist’s cosmic *angst*,” as well as romanticism (135), and being of the opinion that both movements share a substantial view on the importance of the concept of freedom (138). And indeed, with valuing responsibility for others, including their choices (which should always be internally motivated), as well as exerting freedom through choice, the Doctor might very well be considered a follower of existentialist ethics. Even some instances of the Doctor ignoring the consequences of his actions – simply because he did not stay long enough to experience them – would fit into this ethical framework and would identify the Doctor as truly ethical personality (see Kierkegaard 96).

“One conclusion we should draw [...],” Decker states, “is that the Doctor’s morality can’t be reduced to a formula or a theory” (142) when explaining how the Doctor’s guiding virtues are shaped by their personal connections and the liberty that comes with their ability to travel through time. Preceding (and also following, considering backwards causation) the events of “The Day of the Doctor,” one could even say that the Doctor’s actions, with him believing to be the last of his race, are motivated by existential guilt (see Martin Hoffman, “Altruistic Motives” 212). The effects of this existential guilt can be observed as reflecting on the Doctor’s values and motives with regards to electing and staying in their chosen role of *the* Doctor. Their lonely status as a “pariah” (Decker

140) predating the disappearance of their race, together with their involvement with and connection to humanity, exemplify their dichotomous relationship to their personal freedom. On the one hand, the Doctor consistently searches for the safety of companionship, while on the other hand keeping their distance to others in order to preserve their uniqueness (see Biderman 49). However, the values of existentialist ethics of not breaching the boundaries of another person's freedom with one's actions do not exactly seem to fit the description of the Doctor's conduct, and the rules the Doctor has for themselves, because of the power they possess through time travel, collide with the great disregard for societal rules of such an individualistic ethical theory.

In "A Good Man Goes to War" (6.7), the Doctor meets the person responsible for the Silence attack on him; the very same person who intricately planned for his demise in kidnapping his pregnant friend Amy, substituting her with a copy that was linked to her consciousness. He verbalises his thoughts on his very own morality during their encounter: "Good men don't need rules. Today is not the day to find out why I have so many. Hmm?" (00:25:16 - 00:25:27). Nevertheless, the Doctor's friends do not agree with this view of themselves. Rose, one of many companions, even talks about her perception of the Doctor as virtuous, saying that their way of life and their morals inspired her, equating their demeanour to Zagzebski's concept of an exemplar:

ROSE It was a better life. I don't mean all the travelling and seeing aliens and spaceships and things, that don't matter. The Doctor showed me a better way of living your life. You know, he showed you too. That you don't just give up. You don't just let things happen. You make a stand. You say no. You have the guts to do what's right when everyone else just runs away!
(“The Parting of the Ways” 1.13; 00:21:15-00:21:49)

This example specifically also illustrates the Doctor following existentialist ethical notions, since it describes them aiding others (in this case, Rose) in the finding and realisation of their own being. It can therefore be concluded that the Doctor is an inherently ambiguous character. Due to the fact that they make use of a travelling device that enables them to traverse physical and time dimensions, they possess power beyond human imagination, which enables them to interfere in the whole of space and time. And despite the power they have, they want to provide help to those in need. But many of their decisions and actions affecting the lives of others, and often the spacetime continuum, balance on the fine line between the ethical and unethical, making it difficult to assess and classify the system of values or rules that they actually seem to follow.

4.2 Ethics of Ambiguity

The theory of an ethics governed by ambiguity was formulated by de Beauvoir as an existentialist ethical theory focused on considering the ambiguous state of human beings, basing its principles on the inherent ambivalence of the existence of a person that lies between life and death (de Beauvoir, *Ethics* 9) and the human's purpose to be free. Freedom, according to de Beauvoir, equals ethicality: to be free is to be moral (*Ethics* 24), and since the human being is bound to the world in its existence, in order to achieve freedom it has to strive for the uncertain state of having objectives and following them only to not locate its purpose in them (*Ethics* 69). While such objectives therefore do not matter much by themselves to the existentialist, they matter for evaluating one's journey towards freedom and how this journey affects others: following passions purely for their ends violates the existentialist way of life and is thus seen as unethical (*Ethics* 63). Only someone unbound has the potential to ascend to the state they need to be to become truly free. While not everyone can attain this state of freedom, de Beauvoir describes a person who could be to (and whose personality seems to compare to the way the Doctor appears to live their life as a wanderer):

[The adventurer] will not turn aside from things which he does not believe in. [...] He throws himself into his undertakings with zest, into exploration, conquest, war, speculation, love, politics, but he does not attach himself to the end at which he aims; only to his conquest. He likes action for its own sake. He finds joy in spreading through the world a freedom which remains indifferent to its content. Whether the taste for adventure appears to be based on nihilistic despair or whether it is born directly from the experience of the happy days of childhood, it always implies that freedom is realized as an independence in regard to the serious world and that, on the other hand, the ambiguity of existence is felt not as a lack but in its positive aspect. (*Ethics* 57-58)

Although de Beauvoir's ethics of ambiguity can provide insight on the Doctor's moral principles, they are lacking certain notions to allow for a full grasp of them, which other ethics possess, such as the importance of close relationships as described by the ethics of care, or a means of moral evaluation of actions and virtues. In order to describe the Doctor's ethical values, I therefore propose an adapted version of the ethics of ambiguity that bases itself in the ethics delineated above, but additionally includes ideals from the other ethical theories that have been discussed in part one of this thesis. I am not the first to propose that the Doctor's morality consists of a mixture of ethical ideals, as Amy-Chinn notes that "[i]n philosophical terms, one might say that he combines all three ethical traditions – virtue ethics, deontology and consequentialism – with an ethics of care" (241).

My theory, however, develops Amy-Chinn's proposition further by devising an ethical theory of ambiguity that defines itself *not* exclusively through existentialist values and the ambiguous state of being as in-between death and life.

In accepting the ambiguity of life, or death, one must accept that such an inherent state of ambiguity takes influence on ethical values and moral decisions as well. Death itself becomes ambiguous with new technological advances that are capable of extending life, and possibly, sometime in the future, reversing the act of dying (see Luper 58). In a similar way, the Doctor's ability to regenerate and thus escape certain death makes his existence, as well as his choices, even more ambiguous than the average human life's ambiguity. De Beauvoir defines her ethics as a way to overcome the ambiguous state of being, but I am proposing an ethical theory (or one might call it a fusion of ethical theories) that *resembles* this state. This adapted ethical theory takes moral action and values into its considerations, linking the ambiguous human state to their, as I argue, inherent ambiguousness.

The Doctor's state of ambiguity can also be found in their behaviour and their set of behavioural rules: They, for example, hate being lied to but consistently lie themselves, justifying doing so with means of their 'rules'.⁴⁹ This need to lie could be seen as a necessity, due to inadvertently taking up parts of the responsibility their race, the Time Lords, carried. Nevertheless, their deceptions clearly do not coincide with the usual values of moral theories, especially those that put importance on honesty, such as virtue ethics (see Dodge 182-183). It can also be argued that the Doctor frequently finds themselves in extreme predicaments due to conflict arising between their caring demeanour and existentialist aspiration for freedom. Were the Doctor to fully follow existentialist ethics, the amount of life-threatening situations they would find themselves in, due to their lack of being restricted by feelings of empathy or duty in relationships, would drastically diminish. However, they value their personal (care) relationships and also need them as "Anti-Corruption Agent[s]" (Gadsden 57).

As a complex character, the Doctor's ethical values and principles are never unambiguously clarified and even seem to diverge between their various incarnations. And while Decker says that no concrete theory can describe the ethical code the Doctor lives by (see 142), a combination of ethical frameworks could certainly be an attempt to do so,

⁴⁹ Which is stated by River (Alex Kingston) in "The Big Bang:" "Rule Number One: The Doctor Lies." (00:28:31-00:28:36).

as there has to be some way in which the Doctor's behaviour, and his conflicting values, can be analysed and used to infer an ethical theory.

4.3 Rules of Time and Time Travel in *Doctor Who*

People assume that time is a strict progression of cause to effect, but actually, from a non-linear, non-subjective viewpoint, it's more like a big ball of wibbly-wobbly, timey-wimey stuff.
(“Blink” 3.10; 00:16:23-00:16:37)

The universe of *Doctor Who* can be classified as a multiverse, according to what has been discovered in the previous chapter's discussion of the structures of time and space. Even the Doctor himself explains his universe's spacetime structure, including referring to the existence of a variety of realities and parallel worlds, in “Army of Ghosts” (2.12), in saying “[t]here's all sorts of realities around us, different dimensions, billions of parallel universes, all stacked up against each other” (00:25:20-00:25:26). The topic of the existence of parallel universes also surfaces at earlier events throughout the series, such as in “Rise of the Cybermen”, and its subsequent episode “The Age of Steel” (2.6). While the laws of time travel are not as clearly defined in *Doctor Who* as one would like them to be, the construction of space in its multiverse form does not appear to be as questionable. There are even indications that the multiverse of *Doctor Who* subscribes to the superstring theory (stating that the known universe is part of some kind of larger design), with the Doctor referring to parts of that larger design, the space dividing the different universes, as “the Void,” and describing it as “the space in-between, containing absolutely nothing [...] No life. No time” (“Army of Ghosts” 00:25:26-00:25:38).

It has been discussed in chapter 3.1.4.1 that according to physical reality, a time machine is only able to travel until a point in time at which the machine itself already existed, even in a so-called multiverse such as the one examined here (see Everett and Roman 128). Time in *Doctor Who*, however wibbly wobbly it is presented to be, allows for the use of certain concepts of time travel (e.g. paradoxes) without losing its plausibility. Few instances in the series, with regards to backwards time travel, do offer some points of criticism towards the credibility of the series with regards to following the physical laws of time travel. One of the earliest episodes of the series, for example, concerns the beginning of time, the Big Bang, with the TARDIS being on its direct way there due to a

technical defect, only scarcely escaping its impending destruction (“The Edge of Destruction;” original series, C). In the relaunch, “The Runaway Bride” (S2) raises further coherence issues with regards to backwards time travel, when the Doctor shows his future companion Donna (Catherine Tate) the beginning of the Earth, leaving the viewers of the episode subsequently wondering just how far the TARDIS is supposed to be able to go back in time. It simply feels like travelling to the beginning of the Earth should not be possible for anyone.

However, it is unclear how old the Doctor’s home planet Gallifrey is in comparison to Earth, and thus, for how long the technology for time travel already had existed in the first place. Considering this, and the fact that in the specific Christmas special mentioned above the Doctor and Donna observe the spaceship of the Racnoss becoming the first “rock” (“The Runaway Bride” 00:43:45-00:43:55) to contain enough mass to draw other floating debris together, resulting in the birth of Earth, the conclusion can be supported that if there are spider-type alien forms much older than the Earth, the thought of Time Lords existing longer than Earth does not seem to be as farfetched anymore. As it stands, the only logical condition for the TARDIS to be able to travel back to the beginning of the Earth is that the technology to do so already existed about four or five billion years ago.

It is still very unlikely that the TARDIS (or any other kind of similar time travelling device) could be as ancient as the beginning of time, and thus the universe itself, therefore the events in “The Edge of Destruction” can only be declared as physically incoherent and may be perceived as a real, unresolved paradox of the series. It should therefore either be accepted and considered as an honest mistake by the creators of the show at the time, since it happened in the very early stages of the series during which the lore of the Doctor was still being developed⁵⁰ (and research on time travel was lacking), or it could simply be ignored due to the very same reasons.⁵¹ Forward time travel, on the other hand, is more lenient with regards to interference (without them being paradoxical) and can even allow for narratives concerning the end of time or the end of the universe (“Utopia” 3.11). Affecting the future does not constitute ‘change,’ since the lack of knowledge implies that it cannot, *de facto*, be *changed*, because there “is no difference between two successive actualities” (Lewis 317).

⁵⁰ In fact, it took six years and fifty episodes for the creators of *Doctor Who* to introduce his race, the Time Lords, into the narrative (with the Second Doctor in “The War Games,” ZZ).

⁵¹ As this thesis is concentrating on the revival of the series in the new millennium, I will choose the second option for my argument when necessary, for the explanations given above.

Forward time travel could therefore be seen as a moot point in discussing time travel restrictions and its paradoxical implications. Even if the Doctor's universe(s) were perceived to be deterministic, they should, in actuality, nevertheless have free will (see Sutton 75). However, the Doctor being a Time Lord complicates this kind of argument, since they own immense knowledge on past and future developments of not only one planet, but many others as well, so the future should, theoretically, become less open and more restricted for them. In "The Long Game" (1.7), the Doctor visits Satellite Five, a TV-satellite station that shows lack in technological advancements it should possess (according to the Doctor's memory)⁵² due to an alien (the Jagraffess) taking over the station and controlling all of the distribution of information and news from the universe to Earth. In saving Satellite Five from the Jagraffess, the Doctor leaves its inhabitants to deal with the aftermath of a broken down news network, which only comes to light a few episodes later ("Bad Wolf" 1.12). The Doctor's past interference with the satellite (which had happened 100 years in the past, at that time) is used by his archenemies, the Daleks, to lay out a trap for him (in "The Parting of the Ways").

This narrative presents itself as causally consistent, as well as predetermined, since without the Doctor's interference in the past, which would not have happened had he not realised the discrepancy between his knowledge on technological advancements of humanity and the actual technological development of the information network, the Daleks would not have been able to use Satellite Five to their advantage. The Doctor's knowledge and actions ultimately result in his victory but also his "death" in the form of his regeneration into his tenth incarnation. Nevertheless, there are also occasions where the Doctor's actions bring about their own future due to their *lack* of knowledge, such as in the Master-central narrative of the final of the third series: "Utopia" (3.11), "The Sound of Drums" (3.12) and "Last of the Time Lords" (3.13).⁵³ While the future may seem unpredictable from a human point of view, narratives such as these illustrate that knowledge on the future does not seem to resemble a predetermining and restricting factor to time travel in the series.

⁵² Ismael refers to this type of memory as "autobiographical," stating that it results from structuring and making sense out of episodic memories, which in turn can be recognised as constituent of the self (468). In case of the Doctor, his autobiographical memories can be seen as the connecting factor between all of his incarnations.

⁵³ The Doctor's arrival in the future in the year one hundred trillion, and at the place of last of the humans, leads to the escape of the Master, who had been stranded there since fleeing the Time War in the past, with help of the TARDIS. Coming to the 2000s, the Master creates an alternative timeline with help of a paradox machine in order to transform Earth into a new Gallifrey. His plans, however, are thwarted by the Doctor with the support of his companions, resulting in the Master's temporary death.

To support this claim, it may help to further examine the construct of spacetime in *Doctor Who*. The series' narrative takes place in a multiverse that does not simply contain a purely linear time stream but also causal loops (CTC's), alternative timelines or other time anomalies. In "Turn Left" (4.11) the viewer is presented with a parallel timeline in which the Doctor (David Tennant) died due to a decision made by his companion Donna, which led to her never meeting (and subsequently saving) him, with his previous companion Rose crossing over realities to help in righting Donna's decision in the past (which ends with the sacrifice of the Doctor-less Donna closing the new timeline). In "Journey to the Centre of the TARDIS" (7.10), the Doctor rewrites a whole day with the help of a time rift in order to save the TARDIS from an explosion due to a collision that resulted from the ships protective shields being down. Additionally, the Doctor encounters various other spacetime oddities, such as in "The Impossible Planet" (2.8) and "The Satan Pit" (2.9), where he comes across a team of researchers investigating a planet in stationary orbit right next to a black hole,⁵⁴ or a time traveller being trapped in a "pocket universe" in "Hide" (7.9; 00:27:19 - 00:27:42).

However, the occurrence of all these particularities casts doubt on how far the existence of parallel universes truly can provide a logical account for their presence. Deutsch and Lockwood offer an interpretation of the multiverse that could provide a viable explanation for this issue (specifically on solving the grandfather paradox), stating that following Hugh Everett's theory of alternative futures, one could imagine spacetime to not consist of separate parallel universes, but to form a much larger interconnected spacetime construct (see 331). Applying this theory to *Doctor Who*, where it coincides with the Doctor's description of imagining time to be "a big ball of wibbly-wobbly, timey-wimey stuff," would certainly provide a universe model allowing for a rational and realistic time travel theory. An interconnected multiverse model can also be supported by the fact that the Doctor's TARDIS, using the Time Vortex for travelling, can *lose* its connection to the Vortex. The Vortex can thus be interpreted as a system or network of paths (possibly similar to wormholes) throughout time and space for time machines (such as time vortex manipulators) to travel on or somehow use as a means of transport energy, or both. The fact that the TARDIS or other time travelling devices are able to lose contact with the Time Vortex therefore might not be due to the universe *itself* actually being paradoxical, but because of the technological limitations of the time machine in question. Instances of such

⁵⁴ Which should not be possible, as the Doctor knows, because, according to him, Time Lords were the inventors of black holes ("The Satan Pit" 2.9; 00:43:13).

limitations include entering the parallel universe in “Rise of the Cybermen,” which Time Lords were easily able to do when they were still present in the universe, according to the Doctor (00:12:12-00:12:38), or in “The Doctor’s Wife” (6.3), in which the Doctor, Amy and Rory (Arthur Darvill) travel to the, as the Doctor says, “plughole” (00:05:24) of the universe:

DOCTOR Not end of, outside of.

RORY How can we be outside the universe? The universe is everything.

DOCTOR Imagine a great big soap bubble with one of those tiny little bubbles on the outside.

RORY Okay.

DOCTOR But it’s nothing like that.

(“The Doctor’s Wife” 00:04:46-00:04:57)

Nevertheless, the TARDIS⁵⁵ can be regarded as a very competent time travelling device, with its mode of travel being congruent with the rule of spatial displacement and use of rotation being necessary for a functioning time travelling machine, although its design goes beyond that of a simple machine: It possesses some kind of consciousness that is transferable into a human body (if only for a limited amount of time, as taking place in “The Doctor’s Wife”). Despite its relatively few restrictions, the TARDIS also needs to adhere to the essential imperative governing the universe of *Doctor Who* with regards to maintaining the spacetime continuum. So-called fixed points in time⁵⁶ mark important events in the history of the universe which should not be changed, because their consequences (meaning their causal relations that can be exemplified with their light cones) are essential for the established history of the universe. Accordingly, an alteration of such a fixed point threatens the integrity of the spacetime continuum and reality in the form of paradoxes, which would need to be solved externally or if possible, be ‘corrected’ by the universe itself.

For this reason, the Doctor follows a certain set of rules, which Delamont explores in her article on the Doctor’s capabilities to change the past and possibly solve such paradoxes. Although the Doctor states that “time can shift, time can change, time can be rewritten” (“Flesh and Stone” 5.5; 00:21:51-00:21:59), he also admits that fixed points in time need to stay untouched (“Cold Blood” 5.9, 00:21:23-00:21:30). Once the Doctor or someone else knows of their own future, it will become a fixed point in time, a self-

⁵⁵ If interested in an attempt at the creation of a TARDIS-like time travelling device structured similarly to the Alcubierre bubble (with the acronym standing for Traversable Achronal Retrograde Domain in Spacetime), see Tippet and Tsang (139-144).

⁵⁶ They are comparable to Minkowski’s idea of world-points (see Nahin 102).

fulfilling prophecy: After Amy repeats to the Doctor that time can be changed, he answers, “Not once you’ve read it. Once we know it’s coming, it’s written in stone” (“The Angels Take Manhattan” 7.5; 00:12:58-00:13:05). While time can shift itself, be changed or influenced (unless it is fixed), another rule, which the Doctor follows, can be added, namely that “[c]hanging your own timeline should be avoided” (Delamont 78).

Although the Doctor themselves set the rules for time travel, and for the most part follows them, with MacRury and Rustin stating that they very well could change most of history to their liking, excluding fixed points in time (see 296), they also often face situations in which they are either not able to or do not want to adhere to the rules they devised, even if their actions could lead to a devastating outcome. “The Parting of the Ways” (the death of the ninth Doctor) exactly illustrates how their actions can result in a less-than-desirable aftermath, which makes the Doctors acts of benevolent intent appear to be ambiguous. In other instances, such as in “The Waters of Mars” (S6), when the Doctor saves Adelaide (Lindsay Duncan), a Martian pioneer, from certain death, she repeats to him what he had said to her in the middle of their fight against a strange infection on Mars: that her and her crew dying was meant to be to ensure future developments in time travel. The Doctor retorts: “Yes, because there are laws. There are laws of time. Once upon a time, there were people in charge of those laws, but they died. They all died. Do you know who that leaves? Me! It’s taken me all these years to realise the laws of time are mine and they will obey me!” (“The Waters of Mars” 00:49:35-00:49:56).

The medieval belief of only God being able to alter the past is reflected here (see Nahin 179), with the Doctor losing the incentive to follow his own rules on time travel, making him think of himself to be god-like and thus not only able to but allowed to change the past. He is quickly corrected in his conduct through the universe (or rather Adelaide’s action in committing suicide, to preserve causation), which draws him out of his delusion of grandeur and his god complex. Examples from the show like these demonstrate that there must be some notion of determinism or fatalism in the *Doctor Who*-universe, making interference with fixed points in time possible, but also at the same time, impossible.⁵⁷

Nonetheless, the physical restraints that the universe implies make it difficult to decide whether or not it is governed by deterministic, fatalistic or compatibilist notions. True free

⁵⁷ Delamont lists “The Waters of Mars” as a specific example for the Doctor’s time travel rules, also briefly discussing the effect of the change in Adelaide’s death (and its circumstances), with her granddaughter’s inspiration for space discoveries now being due to much more negative feelings (78-79).

libertarian will cannot be found in this universe, as choices are restricted through the existence of paradoxes (though one could argue that creating a paradox in itself could be seen as an act of free will). Fatalism could apply as a concept to fixed points in time (as they are fated to become reality), but as will be seen in the next chapters, they can also be altered or changed (see Delamont 81). The only options left which can govern the *Doctor Who*-universe are compatibilism or determinism. Time travel, and the Doctor's rules on time travel, however, specifically exclude the application of compatibilism, which only leaves room for an adapted version of determinism (see Delamont 84-85).

There are instances of the Doctor's interference in the past, even with fixed points in time such as the Time War, which led to positive outcomes, even if one would consider the Doctor's active involvement as predetermined and, in the case of the Time War specifically, part of a complex causal loop. But the fact still remains that the Doctor's actions and their will to execute power, even on the basis of good intentions (as can be described by the principle of benevolent domination in the ethics of care), are challenging from an ethical point of view. The interplay between the Doctor's ideals, rules and moral beliefs is certainly influenced by their ability to time travel, but the question may remain of how much (ethical) responsibility the Doctor can actually assume with regards to their actions when those are indeed restricted by determinism. The answer to this question is that in spite of some of the Doctor's actions being fixed, or predetermined, the series regularly displays events that do offer a choice – even when one of the possible options may result in the destruction of the universe. The matter of the fact remains that a choice is given, therefore the involved actions and behaviours in that choice can be subject to ethical evaluation and can therefore give insight into the Doctor's ethics of ambiguity.

4.4 The Doctor's Ethics of Ambiguity

The following analysis comprises specific episodes or episode-arcs which lend themselves to illustrate the Doctor's ethics of ambiguity in their interconnection with their ability to travel through time in further detail. In each the Doctor encounters paradoxical situations (or deals with their aftermaths), resulting in morally ambiguous actions because of the Doctor's involvement (in the events' dilemmas). The analysis focuses on the Eleventh Doctor's series appearances. He was chosen because his representation of the Doctor seems to also embody the ambiguousness of his ethics: he behaves in a more childlike

manner than his predecessors,⁵⁸ while at the same time also being more confrontational as well as displaying an inclination for committing violent acts (considering, for example, his solution for dealing with the Silence, as described earlier) (Pless 15). Each part will provide the specific context and content of the episode at hand, which will be followed by a description of time travel incidents and possible paradoxes occurring in the episode or story-arc being discussed. Lastly, the central moral dilemma will be identified, followed by an examination of the ethical behaviour of characters (including antagonists) and an evaluation of the resulting morally ambiguous acts committed by the Doctor.

4.4.1 “The Pandorica Opens” and “The Big Bang” – Duty and the Destruction of the Universe

In “The Pandorica Opens” (5.12), the Doctor and Amy visit the oldest planet of the universe, just to find (a supposedly ancient) message from Dr. River Song, a part-time companion of the Doctor (and, as will be discovered later, his future wife as well as the daughter of Amy and Rory), engraved into a diamond cliff stating “Hello Sweetie”, in addition to data on the temporal and spatial location of the Pandorica (00:05:00-00:05:32). Following these directions, the Doctor and Amy reach the camp of a Roman legion near Stonehenge, where the Pandorica, which is thought to be a prison for “the most feared thing in all the universe” (00:08:27-00:08:52), lies hidden. After its discovery through the Doctor and his companions (with the inclusion of the reappearance of Amy’s fiancé Rory as a Roman plastic duplicate, who had per happenstance been erased from reality due to being disintegrated by a time rift), enemies of the Doctor appear, with each of them surrounding Stonehenge, readying an attack in order to claim the Pandorica. The Doctor chooses to address them in order to gain time to prepare for some kind of protection of the Pandorica, displaying his status as a warrior, which causes the spaceships to retreat:

DOCTOR The question of the hour is, who’s got the Pandorica? Answer, I do. Next question. Who’s coming to take it from me? Come on! Look at me. No plan, no back up, no weapons worth a damn. Oh, and something else. I don’t have anything...to...lose! So, if you’re sitting up there in your silly little spaceship, with all your silly little guns, and you’ve got any plans on taking the Pandorica tonight, just remember who’s standing in your way. Remember every black day

⁵⁸ Chapter 4.4.1 does mention one specific episode for reference, starring the Tenth incarnation of the Doctor, in order to provide further insight into the moral ambiguousness of his behaviour.

I ever stopped you, and then, *and then*, do the smart thing. Let somebody else try first.

(“The Pandorica Opens” 00:28:36-00:29:55)

Towards the end of the episode, however, the whole situation is revealed to be a trap designed to capture the Doctor: he is the most feared subject in the universe. Although the Doctor’s constant interference with plans of domination of the universe by the Daleks or Cybermen (or any other ambitious alien race) would certainly warrant such an action, the future explosion of his TARDIS causing the appearance of time rifts (or cracks) throughout spacetime, which are slowly eradicating the whole of time and space, is revealed to be the real reason for his entrapment. The Doctor is thus put into the Pandorica as a precaution, to prevent the TARDIS from exploding and destroying reality. However, the TARDIS, with River still in it, takes off to its destined future, a fixed point in time in Amy’s time: to the 26th of June in 2010, and the date of the end of the universe.

And indeed the universe ends, but not without providing the Doctor with the chance to assess and rectify the unfolding of cataclysmic events. In the following episode, “The Big Bang” (5.13), the Doctor, without ever showing himself, leads a young version of Amy to the Pandorica, since he needs her help in opening the prison box. Involved in an intricate time loop spanning centuries, the Doctor (or rather, a future version of the Doctor) successfully frees himself from his prison with the help of his screwdriver by travelling into the past with a vortex manipulator and transferring the screwdriver to Rory, who in turn uses it to free the Doctor from the Pandorica. Amy, who was shot by Rory in “The Pandorica Opens” (as his plastic, duplicate form was taken over by programming), is planted into the Pandorica instead of the Doctor, and is being restored and kept alive, due to the Pandorica’s design not even allowing for its prisoner to escape through death (“The Big Bang” 00:12:39-00:12:58). The explosion of the TARDIS has led to the universe being erased, with only an alternative reality of Earth (including a 2,000 year old history) surviving in isolation because it is in the “[e]ye of the storm” of the disintegration of time (“The Big Bang” 00:10:37-00:11:05). As the Doctor states, they are just on “[a] version of it. Not quite the one you know. Earth alone in the sky.” (00:14:01-00:14:08), with the rest of the universe around them simply not existing anymore.

The intricacies of the causal loop, with the Doctor travelling back and forth in between times, make it difficult to determine whether or not the loop follows the principle of self-

consistency.⁵⁹ All that is needed to be known for further discussion is the fact that the Doctor succeeded in amending the catastrophic events by making use of the exploding time energy and the Pandorica. While the Doctor would not have been able to escape or save the universe without the use of time travel, in this narrative specifically, a time machine itself is also the very cause of the collapse of all universes. Furthermore, it is heavily implied that the Doctor in fact did not save the universe but created a new universe from square one, or intended to do so, which his dialogue on using the Pandorica in combination with the TARDIS to create “Big Bang 2,” in order to restart the universe, indicates (“The Big Bang”; 00:25:30-00:26:55). Nevertheless, the more realistic and thus plausible scenario, taking the structure of the multiverse into account, would be for the Doctor and his entourage to simply have entered another universe.⁶⁰

Determining how the Doctor could have possibly been confronted with a moral dilemma or could, in any way or form, be seen as responsible for the calamity that threatens to not only destroy but erase reality (making it so that no universe would have ever existed in the first place) may provide to be challenging at first. By focusing specifically on morality in time travel and taking a closer look, however, it becomes clear that the Doctor carries at least some responsibility for the events in “The Pandorica Opens” and “The Big Bang,” even when taking the inevitability of the TARDIS’ explosion into consideration. The reason for the explosion can be linked to the cult of the Silence striving to prevent the fulfilment of a prophecy about the Doctor, which is connected to his actions in extricating his planet from the Time War. It is a warning about the Doctor reaching Trenzalore and setting Gallifrey, and thus the Time Lords, free again (which is directly addressed in “The Time of the Doctor”); an event the Silence want to prevent at all costs since it supposedly foretells their personal downfall as well:

DORIUM On the Fields of Trenzalore, at the fall of the Eleventh, when no living creature can speak falsely, or fail to answer, a question will be asked. A question that must never, ever be answered.
DOCTOR Silence will fall when the question is asked.

⁵⁹ Since analysing the paradox of the causal loop itself is not in the focus of this analysis, I would like to refer the reader to Michaela Schober’s thesis on paradoxes in time travel narratives, in which she devised a list of the events in “The Big Bang” in linear order from an outside point of view, while also having created an illustration displaying his worldline to explain the Doctor’s time jumps throughout the episode (97-101).

⁶⁰ The creation of a new universe, according to the concepts of the Big Crunch, would also provide an explanation as for why the Doctor was able to survive and return from certain death (by planting himself into Amy’s memory) despite suffering through the energy exchange of a ‘new’ Big Bang.

DORIUM “Silence must fall” would be a better translation. The Silence are determined that the question will never be answered, that the Doctor will never reach Trenzalore.

DOCTOR I don't understand. What's it got to do with me?

DORIUM The first question. The oldest question in the universe, hidden in plain sight. Would you like to know what it is?

(“The Wedding of River Song” 6.13, 00:10:43 – 00:11:20)

After discovering the Pandorica, River pleads with the Doctor, asking him to run away and save himself from his enemies. The Doctor responds with “Run where?” and quickly steers the conversation into the territory of possible defence strategies (“The Pandorica Opens” 00:16:56 – 00:17:27). The Doctor decides to stay despite his lack of foreknowledge on the TARDIS’ explosion being a fixed point in time, not because he has nowhere to run to (since it would have been possible to cause a distraction and let him take the TARDIS to disappear anywhere, at least theoretically), but because he perceives staying to be his duty, not only in order to be able to prevent his enemies from taking the Pandorica. The Doctor’s assumed responsibility for Amy, Rory and River means that he cannot leave them behind – it would be unethical to do so according to the ethics of care, since they resemble his family of choice.⁶¹

Usually, when dealing with a fixed point in time, the Doctor adheres to his personal rules with regards to time travel and does not try to stray from them, such as, for example, in “The Fires of Pompeii” (4.2) where his companion Donna has to implore his tenth incarnation to at least save one family from the catastrophic volcanic eruption of Mount Vesuvius (which, per happenstance, has to be caused by the Doctor and Donna themselves in order to save the rest of the planet). Convinced by Donna’s compassion (see Siler 8) and only because he is able to do so without causing a paradox, he rescues just one family. His decisions in “The Fires of Pompeii” thus reflect a mixture of utilitarian and care ethics, while also containing his deontological values. On the one hand, he actively chooses to let the people of Pompeii die by killing the Pyroviles (stone aliens who were about to invade Earth) in order to maintain Earth’s history, which would have drastically changed in case of an invasion. But on the other hand, he rescues the one family in Pompeii he formed a personal relationship with, although they were supposed to die in the eruption since,

⁶¹ It can also be argued that because the Doctor is not human and is able to outlive the average human by centuries, humanity as a whole can be seen to function as substitute for familial bonds for the Doctor, which, in part, also allows them to actively ‘change’ their family of choice, and thus care relationships (e.g. in finding a new companion), in order to not have to regularly suffer through the loss they experienced through the Time War. Doing so allows them to continue going through life unbound, which grants them the opportunity to reach true freedom, according to de Beauvoir’s ethics of ambiguity.

historically, no survivors of Pompeii had existed. With this small act of saving one family out of thousands he displays compassion, while at the same time lacking it by distancing himself emotionally from the results of his interference, which he can do because his companion Donna is not in danger (anymore). The Doctor therefore acted in accordance to his historical knowledge of the events around the eruption of Mount Vesuvius, while also using his own ethical values and rules on time travel to evaluate the situation and justify his actions.

Nevertheless, in the case of the time rifts, the Doctor recognises signs pointing him towards the future explosion of the TARDIS (e.g. a painting by Vincent van Gogh showing the explosion, which was shown to him by River at the beginning of “The Pandorica Opens”), as well as the Pandorica being connected to Amy, but misses the bigger picture of everything surrounding the Pandorica being the way it is in order to lure him in, as well as the fact that the TARDIS exploding causes the universe to rip apart, despite being provided with various pieces of information indicating the upcoming catastrophe. In the first episode of the Eleventh Doctor’s first series, for example, the alien form he encounters, Prisoner Zero, precisely tells him about the situation of the universe and what is about to transpire in the future: “The cracks in the skin of the universe, don't you know where they came from? You don’t, do you? [...] The universe is cracked. The Pandorica will open. Silence will fall.” (“The Eleventh Hour” 5.1, 00:45:22-00:45:45).⁶² The Doctor is in fact blinded by his lack of foreknowledge, or possibly by the knowledge he has *of* the future (or a future, for that matter), and thus disregards one of his most important rules of time travel in analysing the clues he is presented with on the event that nearly eliminates the universe: Time can shift, change or be rewritten.

According to the utilitarian and deontological understanding of altruism (the prioritisation of others as a duty and over one’s own happiness), the Doctor sacrifices himself and his life in order to save reality (although the alternative would have been for everyone else to cease to exist as well, which arguably makes the act of saving the universe over one’s own life being an all-things-considered obligation) by flying the Pandorica into the destabilising TARDIS, which causes the whole of the universe to start anew. Through seemingly sheer luck, the Doctor is able to escape his predicament (his looming erasure) due to Amy, who,

⁶² Besides other various encounters with enemies and them hinting at the Doctor’s and the TARDIS’ future destruction, one specific piece of evidence is discovered in “Cold Blood”, where the Doctor catches a shrapnel out of a time rift (00:38:10) which turns out to be a piece of the TARDIS (00:44:18).

having grown up next to a time rift, remembers him and is thus able to call him into existence in the same way she had re-materialised her family in the new universe, whom the time rift originally had erased as well (“The Big Bang” 00:47:40-00:49:03).

It is the Doctor’s relationship with Amy which ultimately saves him, but not only that: it is because of his virtue of empathy that this solution could even be accomplished. If the Doctor were not a caring character, he would have never invited young Amelia Pond onto an adventure, but he does so because she had lived alone (with an absentee aunt, reminding the Doctor of his own loneliness), in a house that had too many rooms for just Amelia and her aunt (“The Big Bang” 00:32:47-00:33:38). If the Doctor’s primary focus were to lie on acting dutifully and responsibly, he would have hardly ever thought of endangering a child by bringing it into the TARDIS for an adventure (which never turn out to be as harmless as intended). It is also due to his care relation with Amy that he (somewhat cruelly) tests Rory, in his duplicate form, by deceiving him and lying about not being able to save Amy due to a lack of time, with his priority being to salvage the universe (“The Big Bang” 00:11:09-00:12:07).

Ultimately, the Doctor’s actions in the past (or at this point in the narrative, in his future) with regards to the Time War are the very reason for the cult of the Silence interfering in his life and being responsible for the TARDIS’ explosion. The Silence, presented as enemies of the Doctor, arguably acted immorally in how they were trying to prevent the prophecy of the Doctor and Trenzalore (by using means such as murder, or the kidnapping and imprisonment of a woman and her child). Their motivation, however, could also be seen as reflecting utilitarian values. In their very own opinion, the Doctor’s predetermined future actions present a danger to the whole of the universe, resulting in their actions of manipulations and ultimately, as a last resort, in their decision to blow up the TARDIS in order to prevent the fulfilling of the prophecy of Trenzalore. Nevertheless, their operations are the very reason for the imminent disintegration of reality, which is why their actions, although they were possibly done in accordance to utilitarian thought, can be judged as misguided, but also as selfish, dangerous and unethical.

Nonetheless, the other alien races (such as the Daleks or Cybermen) who were involved in the Doctor’s capture predating the TARDIS’ explosion had a very good reason to work against the Doctor. They all knew about the future detonation of the TARDIS, since they did not miss the importance of the existence of the time rifts. In order to prevent the future, they formed a temporary truce against a common enemy, who, in their eyes, would be solely responsible for the eradication of the whole of reality, because, to their

knowledge, only the Doctor was capable of flying the TARDIS. Were it not for the fact that River was still present in the time machine (the only other person capable of flying it) and its explosion being fixed with its time rifts already having spread throughout the galaxy (which is to be interpreted as a symptom of the explosion as a fixed point in time, since the rifts affected events throughout the whole of time and space), the Doctor's enemies could have well been judged as acting in accordance to utilitarian values and therefore morally right. In fact, their actions can still be evaluated as ethical, despite them being directed against the hero of the series. As mentioned above, specific other actions of the Silence, which will be discussed in the next part, could also be morally justified, specifically their attempts to stop the return of the Time Lords. But since it is presented as a fixed point in time, Delamont argues that the Doctor does not have the capability to prevent the prophecy, unless he were able to influence the past in such a way that the Time War itself is prevented (see 85). However, the Doctor would not be able to affect his own worldline in such an inconsistent way (it would heavily modify his past, thus creating a paradox), and he therefore has to adhere to the laws of his universe, and fulfil the prophecy on Trenzalore (see Delamont 85-86).

4.4.2 “The Wedding of River Song” – The Death of Time vs. the Death of the Doctor

A similar level of threat to reality as displayed in “The Big Bang” can be found in the “The Wedding of River Song,” where the destruction of the universe is endangered by River's love for the Doctor. Taken from Amy as a baby by the Silence (on orders of Madame Kovarian, an associate of the Silence portrayed by Frances Barber), River is trained to become an assassin with her sole purpose being to kill the Doctor.⁶³ Conceived on the TARDIS and altered by the Time Vortex granting her regenerating abilities, she is the only one deemed capable to do so, resembling the perfect link between humans and Time Lords. But, as River notes herself in the course of the episode, this plan had an incalculable flaw: “It was such a basic mistake, wasn't it, Madame Kovarian? Take a child, raise her into a perfect psychopath, introduce her to the Doctor. Who else was I going to fall in love with?” (“The Wedding of River Song” 00:28:30-00:28:40).

⁶³ Amy's disappearance in her pregnant state was the very reason why the Doctor chooses to confront the cult in the first place in “A Good Man Goes to War.”

The universe is again threatened by disintegration; again, due to a fixed point in time. But in contrast to the TARDIS' explosion, the moral dilemma the Doctor is faced with happens to be a result of River refusing to accept her fate to become his murderer: The Doctor's death on the 22nd of April in 2011 at Lake Silencio poses as a fixed point in time (stated in "Let's Kill Hitler" 6.8; 00:25:05-00:25:10). River's resistance to kill him therefore causes a paradox, resulting in the creation of a sort of time bubble in which all events of the past are thrown together in simultaneity. "Nothing happened," the Doctor says, then continuing, "And then it kept happening. Or, if you'd prefer, everything happened at once, and it won't ever stop. Time is dying. It's going to be 5:02 in the afternoon for all eternity. A needle stuck on a record." ("The Wedding of River Song" 00:19:58-00:20:14). The Doctor states at the beginning of the episode that time is stuck, but paradoxically, movement is still possible (which violates the notion of a connection between time and change). Despite the Doctor saying that everything will stay as it is indefinitely, what actually transpires is that time is stuck for everyone and everything but himself, as he continues to age because he is at the epicentre of the paradox and the very cause of it. Due to the lack in temporal movement, time, as a consequence, starts to disintegrate ("The Wedding of River Song" 00:24:03-00:25:07). And without time, there cannot be space, at least not the space they live in, which means that spacetime as whole collapses as well.

This impossible situation is caused by River, who is motivated to save the person she cares about, and mirrors the Doctor's paradoxes, showing directly why he has to have all of his rules and why he has to be and act emotionally distant and somewhat un-empathetic at times. She prevents every attempt of the Doctor trying to rectify the situation through touching her to cause the paradox to collapse, thus dissolving the time bubble and returning to the point of his death at Lake Silencio, therefore sacrificing himself in a similar way to his actions in "The Big Bang". Additionally, their options in deciding what other actions to do to survive become as limited as the integrity of the remaining reality, due to the threatening presence of the Silence. Nevertheless, there is further reason in River's actions, besides acting out of love: She sent out distress signals through all of time and space, calling for help for the Doctor, making her actions reflecting the values of care ethics, and thus less immoral and egotistical than they first appeared to be. Because the Doctor aided so many people, he is of course offered help, which the Doctor does not believe could in any way or form save him, since a fixed point in time cannot be changed. He agrees to

marry River, in exchange for her giving into his demands of erasure of the paradox (“The Wedding of River Song” 00:35:20-00:36:40).

In a way, the Doctor and the Silence share a similar goal, while actually fighting each other for the right way to reach their objective: Whereas the Silence want to eliminate the Doctor to prevent the prophecy from becoming true by all means necessary, and thus want to dissolve the paradox in order to achieve the fulfilment of their plans, the Doctor wants to sacrifice his life in order to save the universe (again, choosing the all-things-considered moral obligation). Towards the conclusion of the narrative, however, the Doctor’s actions including his self-sacrifice, which are in line with utilitarian and deontological ethical values, are revealed to be selfishly motivated. After he and River touch, time is restored and the paradox dissolves, returning everyone to the moment in which the Doctor dies. But the Doctor devised an ingenious plan to circumvent his death in arranging for the Teselecta, a time travelling robot suit that can change its appearance into any person and which is controlled from the inside by miniaturised humans,⁶⁴ to replace him during his dying moment, with himself on board, to not risk causing any paradoxes by being somewhere else. With his presence theoretically given, the fixed point in time is maintained with the death of a Doctor, and the Doctor himself is able to escape from the Silence, until the eventual discovery of his deception, at some point in the future. Nobody dies, the Doctor survives.

In the context of ethical behaviour with regards to care ethics, however, the Doctor’s demeanour can be perceived as unnecessarily cruel and thus possibly immoral in the frameworks of his care relationships. In the course of a causal loop, a version of the Doctor from the future appears in “The Impossible Astronaut” (6.1; being a few hundred years older than the Doctor at the time of the events happening during the episode 00:05:00), inviting Amy, Rory and River to watch his supposed death and to dispose of his alien body. The Doctor arranging for his friends to experience his death is motivated by his tries to erase any proof of the Teselecta in order to be able to investigate the cult of the Silence without drawing their attention, but for his friends it results in a torturous and cruel experience. They not only watch him die and have to burn his remains, but are also surprised by the appearance of their Doctor (his younger version) at the end of the episode, since the ‘future’ Doctor arranged for him to arrive late enough to not witness anything concerning his death to prevent the emergence of a paradox.

⁶⁴ The Teselecta first appeared in “Let’s Kill Hitler.”

The Doctor's conduct continues to be ethically ambiguous when evaluating the measures he takes to ensure the secrecy of his survival against the potential catastrophe he and River cause. His sacrifice for the greater good turns into a false sacrifice, since he knew all along that he would survive. Additionally, the lack of trust the Doctor displays in his friends in not telling them about his plan until the looming destruction of the universe (and then only taking River into confidence), puts the lives of billions at risk for the continuation of his deception. His behaviour thus displays the lack of various virtues and deontological principles, such as honesty and Kant's principle of not using others for one's own personal gain, and violates the principles of his care relationships (although it may be argued that he acts in accordance to the concept of benevolent domination),⁶⁵ while at the same time seemingly violating utilitarian ethics but, in fact, ensuring the maximisation of the overall good with the results of his actions (by saving the universe *and* his own life).

His actions also result in the imprisonment of River, who is pronounced guilty for his supposed murder. They thus violate one of the main values of existentialist ethics (including de Beauvoir's ethics of ambiguity), namely infringing on someone else's freedom. While impacting the freedom of others is, as existentialist ethics recognise, to a certain extent unavoidable in life, impacting someone else's future not only through their actions, but also because of a lie that will be discovered eventually and is therefore not necessarily needed, can only be evaluated as an unethical act. Additionally, the actions leading to River's imprisonment do not only disregard existentialist notions of ethical behaviour, but also those of virtue ethics (in not being reasonable and going against the virtue of truthfulness), deontology (in not being a rational consequence of his actions, nor fair) and care ethics (in not trusting his companions and misusing his authority). At the same time, the Doctor's demeanour can also be seen as justified according to deontological ethics due to his assumed responsibility and duty towards stopping the cult of the Silence.

In consideration of the Doctor's main objective, namely his fight against the Silence, one may defend his actions as warranted. Although the motivation of the cult of the Silence for fighting against the Doctor can be rationalised as justifiable as well, some of their specific actions, especially kidnapping Amy as well as raising and training her child into a fighter with the sole purpose of killing the Doctor, go against many notions of ethical behaviour and values discussed in the previous sections. It may be argued that stopping the prophecy required weighing the happiness and life of one child (the only

⁶⁵ This also serves to illustrate the Doctor as an authoritarian figure, with his actions highlighting his position of power (and superiority) as being present in his care relationships.

person perceived to be able to kill the Doctor due to having been conceived on the TARDIS) against the lives of the cult of the Silence, and that of the inhabitants of the universe. Sacrificing one life to prevent the return of the Time Lords and the possible consequences it might bring (such as starting the Time War anew) is a difficult decision to make, but can be justified according to the moral framework of utilitarianism. A consequentialist argument like this, of course, simplifies the situation by making it into a cost-matter discussion. It additionally disregards the fact that the members of the cult of the Silence themselves chose to act unethically in the past by manipulating the whole of the human race (impacting their freedom of choice) for an unknown amount of time, all in order to prevent their potential end being caused by the fulfilment of the prophecy. Evaluated from the point of view of an ethics of ambiguity, the behaviour of the Silence, due to their values and past actions (including murder), despite their motivation to prevent their downfall, can only be deemed as ethically questionable, at best.

At the same time, the Doctor's supposed unethical demeanour in taking away River's freedom with his lie is lessened by River's actions. She accepts her life sentence in prison in order to save and protect him.⁶⁶ She is pardoned eventually, due to all information on the Doctor being erased in "Asylum of the Daleks" (7.1; 00:47:05), but the fact remains that she ultimately makes (or made) the Doctor's decision her very own decision. And while it is questionable how far the outcome of the Doctor's actions justified the means during this event, the result was brought upon not only by his lie but by River giving up her freedom; an act of altruism not necessarily wanted or intended by the Doctor, but inspired by himself nonetheless, being made even more meaningful by the fact that up until that point in time, River has never actually been free. From the moment of her conception on the TARDIS, up until her confrontation with the Doctor, she was imprisoned and formed, in order to be used as a tool against him. Her whole identity is connected to, and one could argue, dependent on the Doctor. This, of course, could also be interpreted as affecting the type of her and the Doctor's relationship as well as the motivation of her sacrifice (due to her dependency on him). The result of her sacrifice from the point of view of utilitarian ethics, however, still functions as vindication for the Doctor's lie.

⁶⁶ This argument is supported by the special temporal relationship River and the Doctor share. While the Doctor moves through time in a more or less linear path with regards to external time (or at least with the appearance of some kind of linearity to the viewer of the series), River's personal time moves into the opposite direction, resulting in her nearly always possessing foreknowledge of the events to come, which she has to keep secret in order to not create any further fixed points in time ("The Wedding of River Song" 00:41:33-00:42:38).

4.4.3 “The Angels Take Manhattan” – Determinism and Loss

In contrast to the examples reviewed above, the narrative of “The Angels Take Manhattan” (7.5) is unrelated to the Silence and transpires on a much ‘lower’ level of overall dangerousness but nevertheless involves the probability of death for millions of people. And for once, it is not the Doctor who finds himself in a dire predicament but his friends, who are caught in a trap devised by an alien race that feeds on time energy: The Weeping Angels. Resembling statues made of stone, and becoming immobile when observed (which makes it possible for them to hide in plain sight), they created a hotel (Winter Quay) amidst the centre of Manhattan in 1938 to capture their victims. By repeatedly sending them back in time, they are able to generate the time energy they need to assuage their hunger; they built, according to the Doctor, “[a] battery farm” (“The Angels Take Manhattan” 00:29:20 – 00:29:25).

At the very beginning of the episode, Rory is ambushed in his present time (2012) and sent back into 1938, where he meets River, who happens to investigate an accumulation of sudden disappearances linked to the Angels. They are kidnapped by a man named Grayle, who is fascinated by the existence of the Weeping Angels, keeping one of them, as well as a few small ones looking like cherubs, as items of interest. Per happenstance, Amy comes into the possession of a detective book (found in the Doctor’s jacket) in her present time, 2012, which River wrote in the past under a pseudonym, describing the events of their present and future. As Amy reads about the Doctor breaking something (River’s wrist), the Doctor tells her to stop and to never read ahead, because any type of foreknowledge locks events in time (00:12:23-00:13:05).

They still make use of the book: It helps them to discover a way of contacting River, establishing a temporal link by means of a message on an ancient Chinese vase, thus enabling River to send her exact temporal coordinates to them, which were needed to pass through the temporal distortions caused by the Angels around the city. At their arrival in the past at Grayle’s home, they find River’s arm caught by the Weeping Angel, thus fulfilling the Doctor’s prediction. After involuntarily reading ahead in the book, catching a glimpse of the title of the last chapter (“Amelia’s Last Farewell”), the Doctor angrily tells River to free her arm without breaking it, in order to avoid their futures (00:20:40-00:21:13). She seemingly follows the Doctor’s orders, but it is later discovered that she in fact had to break her wrist to escape, and simply had hidden the fact. Concerned, the Doctor uses part of his regeneration energy to heal River, for which he is admonished by her (since,

in her opinion, it was a wasteful act) (00:23:36-00:24:37). Moments later, she explains to Amy behind the Doctor's back: "Never let him see the damage. And never ever let him see you age. He doesn't like endings." (00:25:01-00:25:16).

They search for and find Rory at Winter Quay, where they, soon after, come upon an old version of Rory trapped in a hotel room, witnessing his death and in doing so, making the end of his life at Winter Quay a fixed point in time:

RORY Okay. Well, they haven't taken me yet. What if I just run? What if I just get the hell out of here? Then that never happens.

DOCTOR It's already happened. Rory, you've just witnessed your own future.

RIVER Doctor, he's right.

DOCTOR No, he isn't.

RIVER If Rory got out, it would create a paradox.

("The Angels Take Manhattan" 00:35:12-00:36:00)

As they leave the hotel room, they are pursued by Weeping Angels and need to flee to the roof of the hotel in order to escape them. Once there, Rory decides to kill himself to cause a paradox, in order to save Amy, River and the Doctor. He asks Amy to push him from the ledge of the roof, but Amy joins him, and despite the protests of the Doctor, they jump and succeed in creating a paradox that eliminates their alternate timeline with the Angels (00:35:12-00:36:00). Finding themselves with the TARDIS in a cemetery, Rory discovers a gravestone with his name on it and is again displaced into the past by an Angel. Because the TARDIS cannot travel back in time to retrieve Rory yet again, since this action would create a paradox capable of destroying New York, Amy, undeterred by the Doctor's pleas to stay, decides to face the Angel in the hopes of being able to join her husband in the past (00:37:32-00:38:44).⁶⁷

The plot of "The Angels Take Manhattan" relies on a time (or causal) loop that is combined with an information loop, with the events of the narrative being directed by the book River has written and, at the end of the episode, still has to write (thus indicating an information loop interconnected with a causal time loop). Due to the foreknowledge provided by the book creating fixed points in time (including the departure of Amy – her farewell), it can be argued that the Doctor is much more restricted in his actions with regards to solving the moral dilemma he is presented with (choosing between saving the city or his friends), and

⁶⁷ It is heavily suggested that she does succeed in doing so, since her name appears below Rory's on the gravestone.

therefore demonstrates a more selfish way of acting. While willing to sacrifice himself for the universe in both the “The Big Bang” and “The Wedding of River Song” (even with the latter sacrifice turning out to be a farce), he displays his unwillingness to lose someone dear to him in trying to influence things he cannot control.

The Doctor’s various attempts on preventing Amy from supporting Rory give insight into the closeness of their relationship, while, at the same time, also displaying the lack thereof in his connection to Rory. This is vividly shown by the Doctor’s behaviour throughout the episode: He only calls towards Amy to stop her from jumping down from the hotel roof (00:35:12-00:36:00), and while he is distressed for Amy because of her potential loss of Rory in the cemetery after their successful escape from the branched timeline with the Angels, the Doctor still tries to persuade her in not following him, even if this would mean forfeiting her only chance of ever seeing her husband again. The Doctor is willing to compromise utilitarian and existentialist values with his intentions of sacrificing not only Rory but also the whole of New York, if his actions were to result in the safety of Amy and ensuring her staying with him. Although his relationship with Amy is certainly shaped by his responsibility for her, interfering with Amy’s free will and agency because of their care relation (see Amy-Chinn 243), and trying to deny her the chance of finding the love of her life again, despite her already having suffered through feelings of loss of her husband, and her child, repeatedly throughout the series, certainly seems to be unethical with regards to existentialist and care ethics.

This is not the first time that the Doctor displays signs of selfishness caused by his loss of control. Besides “The Angels Take Manhattan”, there is another narrative with the Eleventh Doctor specifically prioritising his own wants above those of Amy and Rory: “The Girl Who Waited” (6.10). During a visit on a quarantined planet, Amy is separated from the Doctor and Rory by entering a different, accelerated, time stream. Because of those time streams existing parallel to each other (supposedly in one space), the Doctor and Rory are able to not only reach Amy, who had aged by 36 years (“The Girl Who Waited” 00:27:39-00:28:29), but also retrieve her younger version with the Doctor promising to save both, stating that “[t]he TARDIS could sustain the paradox” (00:32:41-00:32:44). In the end, the Doctor admits that he lied and tells Rory that they need to leave one Amy behind, after Rory had carried the young unconscious Amy into the TARDIS, with her older version being locked out of the time machine. The Doctor, who usually does not back away from making decisions for others in his adventures, pushes the decision of which Amy to keep onto Rory, effectively avoiding the responsibility of his mistake (and

its resulting moral dilemma) in unknowingly visiting a planet that has been quarantined due to a plague. Ultimately, it is the older version of Amy who makes the decision for them, telling Rory that he should not let her inside (00:41:33-00:41:51), which results in her timeline being erased.⁶⁸

The Doctor's actions in trying to prevent his companions from a death due to the Weeping Angels are understandable, since the group of time travellers experienced first-hand how devastatingly lonely their end of life could be when being kept at Winter Quay after witnessing the death of an older version of Rory. It can be argued, however, that the actions of the Weeping Angels are somewhat justifiable as well, since they survive off time energy. Without it, they would slowly starve and die, which means that they are only doing what they can to survive. Creating a farm to entrap humans to feed on the time energy they can create by continuously displacing them seems like a very good solution to keep their race alive. So, from the point of view of evolution and survival, their actions are warranted. From a point of view on morality, the creation of Winter Quay, which goes beyond simple survival, certainly can be deemed unethical: Although the Angels need to feed on time energy, they certainly do not need to entrap their victims and keep them until their very own deaths. Killing for survival may be justifiable according to a warped view of utilitarian ethics, but it certainly is not according to the Doctor's ideas on ethics, especially if it impacts his own relations. According to the Doctor's ethics of ambiguity, his care relationships are intertwined with his feelings of duty – the closer a relationship is, the more responsibility he seems to carry, and the more ambiguous his behaviour may become due to the existing conflict between his differing ethical values.

This conflict reflects on the moral dilemmas the Doctor encounters. In the case of “The Angels Take Manhattan”, the (comparatively small) scale of danger allows the Doctor to act more in accordance to his wants, and needs, even if it means disregarding the needs of others. His actions (or rather, those of his companions) result in the shallow notion of a happy end: They are able to destroy the timeline that showed them Rory's death, but their interference with time, with a fixed point in time, is corrected by the appearance of another Weeping Angel and the displacement of Rory. The fixed point in time, Rory's death, is certainly altered, with Amy joining Rory back in time, but another fixed point in

⁶⁸ A whole lot more could be added on the topic of the relationships between the Doctor and his companions, mostly because they function as the Doctor's motivator and can be very influential factors on the Doctor's ethical behaviour. However, a more detailed discussion and analysis would be needed, which would by far surpass the limits of this thesis. Therefore, a concrete analysis of the Doctor's relationship has to be set aside (but could possibly be considered as a topic for further research in the future).

time, namely the departure of Amy of which the Doctor read about in the book, is maintained. Despite his powerful abilities, and despite his good, although selfish intentions, the Doctor is not able to alter time any further.

While being devastated by the loss of Amy and Rory, the Doctor keeps the presence of mind in “The Angels Take Manhattan” to express empathy towards River, realising that she had just lost her parents as well, with River telling him that it is not important, and that he should not stay alone, but that she also cannot accompany him herself “[a]ll the time. One psychopath per TARDIS, don’t you think?” (“The Angels Take Manhattan” 00:40:22-00:41:54). Despite this being her and Amy’s wish (expressed in the afterword of River’s book), the Doctor secludes himself in the past, as seen in “The Snowmen” (S11), only interacting with a group of old friends, but otherwise keeping to himself. As Jenny (Catrin Stewart), one of those friends, notes, when being confronted with a peculiar situation of walking, flesh eating snowmen: “He won’t help us. He never helps anymore” (“The Snowmen” 00:08:49-00:08:53). Suffering from Noddings’ concept of empathic exhaustion, having cared and lost so much that he stopped involving himself with others nearly altogether, the Doctor, indeed, does not show any interest in helping them. He only returns to his old, caring and dutiful self after meeting an intriguing, inquisitive young woman named Clara and discovering, after losing her yet again, that he had met her before in “Asylum of the Daleks” (7.1) (“The Snowmen” 00:57:08-00:57:10). This puzzle of meeting the same person at vastly different points in time and space, despite this second loss, revives the Doctor as it provides him with a new purpose: finding, but more importantly saving, Clara and solving the mystery of her identity in the process.

The Doctor’s actions and his motivations can thus be seen as being deeply dependent on their connections to others, with their care relationships constituting a tremendous influence on their ethical behaviour as well. The Doctor needs their companions as a form of family, and as a moral compass, but they also need them as a means for the realisation of their own being, according to existentialist values (providing them with the motivation and reason to travel throughout space and time in the first place, while not binding them with the responsibility familial close relationships can carry). At the same time, the moral dilemmas the Doctor encounters due to time travel are also shaped by these close relationships conflicting with the Doctor’s impartialist values, highlighting their need for an ethical theory that is able to guide them in their adventure throughout time and space.

5. Conclusion

It cannot be denied that there is a certain interrelation between the concepts of time travel and ethics. Specifically the Doctor's ethical conduct (in the form of his eleventh incarnation, but also the character as a whole) cannot be considered as completely detached from their ability to travel through time. The Eleventh Doctor's actions, as has been discovered in the analysis part of this thesis, are definitively shaped not only through the possibility of time travel (meaning the possibility of being able to influence the whole of the spacetime continuum), but also through its restrictions. Due to these restrictions in the form of fixed points in time, the *Doctor Who*-universe, despite being a multiverse, is to be considered a type of deterministic universe because violations of these points due to (logical) inconsistencies lead to the creation of paradoxical situations that threaten the integrity and reality of worlds or the whole universe (and, on occasion, whole universes). With the possibility of time travel, the universe of *Doctor Who* possesses a physical level of freedom that is not present in other time travel narratives. It can sustain a paradox in the sense that it does not implode or disappear immediately, with the paradox in turn allowing for, and even resembling, moral dilemmas or ethically otherwise challenging situations.

Developing solutions to these moral dilemmas requires a certain kind of situation-dependent ethics, which existent moral theories cannot wholly provide. Therefore, I offer the theory of ethics of ambiguity, which is reliant on a combination of the aforementioned theories, and is based on Simone de Beauvoir's ethics of ambiguity. Central to this adapted version of de Beauvoir's ethics lies the notion of morality allowing for a certain state of ambiguousness by not only making use of one specific ethical concept but a coordination of the ethical theories of deontology, utilitarianism, virtue ethics, ethics of care and existentialist ethics. The main argument for this theory is that due to the Doctor's ability to affect any point in time (even fixed points, such as in "The Wedding of River Song" by introducing a logical, self-consistent solution into the time loop), their ethical principles need to be adaptable to the often calamitous situations they encounter. The concrete time travel rules of the Doctor are not absolute and can be flexible up to a certain point with a fixed point in time not always being unchangeable, as has been discussed in the analysis of "The Angels Take Manhattan." The only true restraint for the Doctor's conduct, besides physical unrealities, can thus be identified in the form of concrete foreknowledge (as shown in chapter 4.3.3).

The ethics of ambiguity of the Doctor still originate from an existentialist point of view of the world, with the Doctor's sense of freedom governing his life, while also putting great importance on the matter of interpersonal relationships, as valued by care ethics. At the same time, utilitarian notions and the sense of duty as described by deontology need to be implemented into a theory trying to comprise the Doctor's ethical conceptions due to the power the Doctor possesses, even among the physical restraints of his universe.

Such a combination of ethical theories as a concept, of course, carries with it an element of confusion. According to Zagzebski, a moral theory should not be considered as a manual but more of a directive, and should help in comprehending and rationalising existing inherent notions of what it means to be good, while at the same time keeping a connection to the reality it tries to explain (see 47). If likened to a book of rules, the ethics of ambiguity would fail miserably as an ethical theory, but as a simple representation of a guideline, it does succeed, since it basically represents the ambiguity that is found in life, using it as a basis for ethical conduct. Because life (and the Doctor's character) is seen as ambiguous, moral choices must reflect this state of ambiguousness.

It also seems illogical to assume that an ethical theory would be able to provide a definitive answer for the solution of a moral dilemma. If this would apply, humans (and the Doctor) would be able to live in a world without the problematic nature of moral dilemmas, because a solution for a dilemma would be readily available, thus eliminating the 'dilemma'-part of moral decision making. Moral theory can therefore only provide directions for ethical concepts, including an ethics of ambiguity. But if the principles of ethicality are variable, how can unethical behaviour be identified? A simple answer to this would be to reflect on the type of behaviour concerning, as well as the results from dealing, with moral dilemmas or ethically difficult situations. For example: Lying, according to the Doctor, is not unethical, at least for *them*. Most of the time when the Eleventh Doctor lies (as discussed during the analysis) it is not done in order to deceive and hurt, but to either simplify situations (and their investigation), or to protect himself or someone else. Thus, the intention behind an action is a relevant indicator for ethical or unethical behaviour. At the same time, following consequentialist principles, the effects of actions matter as well as a possible imbalance among values, such as, for example, caring too much leading to empathic exhaustion, in defining ethical/unethical conduct.

Still, the question remains open whether or not the Doctor can be seen as a truly ethical character. According to the examples used to explain the theory of an ethics of ambiguity, the Eleventh Doctor shows only few ethical transgressions, at least when the

consequences of his decision could decide the fate of the universe. It is therefore difficult to define the Doctor's conduct as inherently ethical or unethical, which is exactly the state of haziness that the ethics of ambiguity try to describe. Considering their own opinion, the Doctor does not see themselves as good, especially after they are shown how decisions made by them can have extremely negative consequences that can reach far into time and space. At the same time, many people who know the Doctor think highly of them, mainly because they shoulder a responsibility that no one else inside their own universe can share. So maybe the question that has to be asked is if humans are actually qualified enough to examine and judge the Doctor's moral behaviour.

So which conclusions can be drawn for the relationship between time travel and ethics in general? On the one hand, it has been discovered that the matter of free will and determinism can influence the subject of moral responsibility with regards to time travel. On the other hand, the insights gained through an analysis focused on *Doctor Who* cannot be applied to other time travel narratives, as the Doctor's character and role are unique to their universe. Nevertheless, the ethics of ambiguity can provide a new point of view on other time travel narratives, if the aim of analysis on the narrative is not intended to be prescriptive. Additionally, if humans were to discover a time machine in the form of a big blue police box, or, more realistically, developed a time machine on their own in the future, the ethics of ambiguity could be taken as a guideline for individualised moral conduct; granted, of course, that the non-fictional universe allows for personal freedom in decisions and does not turn out to be singular, linear, fixed and thus deterministic.

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Appendix A: Abstract in German

Geschichten über das Thema der Zeitreise experimentieren oftmals nicht nur mit den physikalischen Regeln der Zeit und dem philosophischen Verständnis des Zeitgefüges, sondern beschäftigen sich auch mit Fragen der Ethik und Moral in Verbindung mit der Zeitreise. Die meisten Zeitreisenarrative diskutieren das Vorkommen von Zeitparadoxon und beschäftigen sich somit mit der Frage, was bei einer Missachtung der linearen Richtung von Zeit geschehen kann. Die vorliegende Arbeit nimmt diese Thematik als Basis und befasst sich mit der britischen Science Fiction TV-Serie *Doctor Who*, welche durch die speziellen Regeln, die in ihrem Serienspezifischen Universum herrschen, einen Weg gefunden hat die Entstehung von Paradoxen größtenteils zu vermeiden. Diese Regeln sind flexibel und regulieren die Möglichkeit der Zeitreise mit nur wenigen Einschränkungen. Ein Verstoß gegen eben diese Einschränkungen führt allerdings zu katastrophalen Situationen, welche der Protagonist der Serie, ein zeitreisender Außerirdischer mit dem Namen Doktor, auflösen muss, teils mit moralisch fragwürdigen Taten, um die Integrität der Zeit wiederherzustellen. Ausgehend von einer Verbindung zwischen Zeitreise und Ethik widmet sich die vorliegende Arbeit somit der Beantwortung der Frage, ob die Fähigkeiten des Doktors zur Zeitreise Einfluss auf seine ethischen Konzepte haben. Der Fokus dieser Fragestellung liegt auf der Feststellung der ethischen Grundsätze des Doktors auf Basis einer Analyse seiner moralisch mehrdeutigen Taten. Es wird argumentiert, dass sich die Verhaltensweise des Doktors (speziell die des Elften Doktors) an einer Moraltheorie geformt durch Ambiguität orientiert, welche durch seine Fähigkeiten und relative Freiheit in Bezug zur Möglichkeit der Zeitreise geprägt ist. Diese „Ethik der Ambiguität“ begründet auf einer existenzialistischen Moraltheorie, welche auf Simone de Beauvoir zurückgeht und die Ambiguität des Lebens ausdrücken soll, integriert jedoch ebenso andere Moraltheorien wie Deontologie, Utilitarismus, Tugendlehre, Care-Ethik und eine Ethik des Existenzialismus. Die Moraltheorie der Ambiguität dient dazu, die Ambiguität des Verhaltens des Doktors nicht nur beschreiben sondern auch zu reflektieren, und so eine Vernetzung zwischen Ethik und der Fähigkeit des Doktors durch die Zeit zu reisen aufzuzeigen.

Appendix B: Abstract in English

Time travel narratives experiment not only with the physical reality and philosophical conception of time, but also with ethicality in connection to time travel. Most do so through the creation of stories which effectively represent thought experiments on the matter of paradoxes, trying to pose and answer questions on what would and could happen when the direction of time is violated. Inspired by this subject matter, this thesis focuses on a specific time travel narrative that has found a way of avoiding such paradoxes due to the rules and principles of time and time travel governing its own created universe: the science fiction television series *Doctor Who*. There are only few restrictions concerning the rules of time travel in this series. Their violation, though, can lead to the creation of paradoxes which threaten the integrity of time and space. They can represent moral dilemma for the main protagonist of the series, the Doctor, an alien with a time machine, who has to solve them in order to save the universe. Focusing on the possible connection of time travel and ethics, this thesis poses the question of how the Doctor's time travel abilities influence the Doctor's ethical concepts in *Doctor Who*, focusing on the evaluation of the ethical conduct of a specific incarnation of the Doctor (the Eleventh Doctor). This thesis argues that the Doctor, due to his relative freedom with regards to time travel, follows an ethics of ambiguity, which can be understood as an adaptation of Simone de Beauvoir's existentialist ethical theory of the same name. The altered ethics of ambiguity forms a combination of various existing ethical theories, such as deontology, utilitarianism, virtue ethics, care ethics and existentialist ethics, and is designed to describe and reflect the ethical ambiguity of the Doctor's behaviour as it is influenced through time travel.

Appendix C: Chronological List of Cited Episodes

Old Series (1963-1989)

First Doctor (William Hartnell)

Series 1 (1963-1964)

- C *Doctor Who*. “The Edge of Destruction.” (C). Screenplay by David Whitaker. Dir. by Richard Martin, and Frank Cox. Perf. William Hartnell, Carole Ann Ford, Jacqueline Hill, and William Russell. BBC, 1964. Transcript. 15 Jan. 2020.
<<http://www.chakoteya.net/DoctorWho/1-3.htm>>.

Second Doctor (Patrick Troughton)

Series 6 (1968-1969)

- ZZ *Doctor Who*. “The War Games.” (ZZ, Episode 6). Screenplay by Terrance Dicks, and Malcom Hulke. Dir. by David Maloney. Perf. Patrick Troughton, Frazer Hines, and Wendy Padbury. BBC, 1969. Transcript. 15 Jan. 2020.
(6) <<http://www.chakoteya.net/DoctorWho/6-7.htm>>

New Series (2005-today)

Ninth Doctor (Christopher Eccleston)

Series 1 (2005)

- 1.7 *Doctor Who*. “The Long Game.” (1.7). Screenplay by Russell T. Davies. Dir. by Brian Grant. Perf. Christopher Eccleston, Billie Piper, Bruno Langley, Simon Pegg, Colin Prockter, Christine Adams, and Anna Maxwell-Martin. DVD. BBC, 2005.
- 1.10 *Doctor Who*. “The Doctor Dances.” (1.10). Screenplay by Steven Moffat. Dir. by James Hawes. Perf. Christopher Eccleston, Billie Piper, John Barrowman, Florence Hoath, and Richard Wilson. DVD. BBC, 2005.
- 1.12 *Doctor Who*. “Bad Wolf.” (1.12). Screenplay by Russell T. Davies. Dir. by Joe Ahearne. Perf. Christopher Eccleston, Billie Piper, and John Barrowman. DVD. BBC, 2005.
- 1.13 *Doctor Who*. “The Parting of the Ways.” (1.13). Screenplay by Russell T. Davies. Dir. by Joe Ahearne. Perf. Christopher Eccleston, Billie Piper, John Barrowman, Noel Clarke, Camille Coduri, and David Tennant. DVD. BBC, 2005.

Tenth Doctor (David Tennant)

Series 2 - Special (2005)

- S1 *Doctor Who*. "The Christmas Invasion." (S1). Screenplay by Russell T. Davies. Dir. by James Hawes. Perf. David Tennant, Billie Piper, Camille Coduri, Noel Clarke, and Penelope Wilton. DVD. BBC, 2005.

Series 2 (2006)

- 2.5 *Doctor Who*. "Rise of the Cybermen." (2.5). Screenplay by Tom MacRae. Dir. by Graeme Harper. Perf. David Tennant, Billie Piper, Noel Clarke, Camille Coduri, Shaun Dingwall, Roger Lloyd-Pack, Andrew Hayden-Smith, Colin Spaul, and Helen Griffin. DVD. BBC, 2006.
- 2.6 *Doctor Who*. "The Age of Steel." (2.6). Screenplay by Tom MacRae. Dir. by Graeme Harper. Perf. David Tennant, Billie Piper, Noel Clarke, Camille Coduri, Shaun Dingwall, Roger Lloyd-Pack, Andrew Hayden-Smith, Colin Spaul, and Helen Griffin. DVD. BBC, 2006.
- 2.8 *Doctor Who*. "The Impossible Planet." (2.8). Screenplay by Matt Jones. Dir. by James Strong. Perf. David Tennant, Billie Piper, Danny Webb, Shaun Parkes, Claire Rushbrook, Will Thorp, Ronny Jhutti, MyAnna Buring, Paul Kasey, and Gabriel Woolf. DVD. BBC, 2006.
- 2.9 *Doctor Who*. "The Satan Pit." (2.9). Screenplay by Matt Jones. Dir. by James Strong. Perf. David Tennant, Billie Piper, Danny Webb, Shaun Parkes, Claire Rushbrook, Will Thorp, Ronny Jhutti, MyAnna Buring, Paul Kasey, and Gabriel Woolf. DVD. BBC, 2006.
- 2.12 *Doctor Who*. "Army of Ghosts." (2.12). Screenplay by Russell T. Davies. Dir. by Graeme Harper. Perf. David Tennant, Billie Piper, Camille Coduri, and Noel Clarke. DVD. BBC, 2006.

Series 3 - Special (2006)

- S2 *Doctor Who*. "The Runaway Bride." (S2). Screenplay by Russell T. Davies. Dir. by Euros Lyn. Perf. David Tennant, Catherine Tate, Don Gilet, Sarah Parish, Howard Attfield, and Jacqueline King. DVD. BBC, 2006.

Series 3 (2007)

- 3.10 *Doctor Who*. "Blink." (3.10). Screenplay by Steven Moffat. Dir. by Hettie MacDonald. Perf. David Tennant, Freema Agyeman, Carey Mulligan, Lucy Gaskell, and Finlay Robertson. DVD. BBC, 2007.
- 3.11 *Doctor Who*. "Utopia." (3.11). Screenplay by Russell T. Davies. Dir. by Graeme Harper. Perf. David Tennant, Freema Agyeman, John Barrowman, Derek Jacobi, Chipu Chung, and John Simm. DVD. BBC, 2007.
- 3.12 *Doctor Who*. "The Sound of Drums." (3.12). Screenplay by Russell T. Davies. Dir. by Colin Teague. Perf. David Tennant, Freema Agyeman, John

Barrowman, John Simm, Adjoa Andoh, Trevor Laird, Gugu Mbatha-Raw, Reggie Yates, and Alexandra Moen. DVD. BBC, 2007.

- 3.13 *Doctor Who*. “Last of the Time Lords.” (3.13). Screenplay by Russell T. Davies. Dir. by Colin Teague. Perf. David Tennant, Freema Agyeman, John Simm, John Barrowman, Alexandra Moen, Adjoa Andoh, Trevor Laird, Gugu Mbatha-Raw, and Reggie Yates. DVD. BBC, 2007.

Series 4 - Special (2007)

- S3 *Doctor Who*. “Voyage of the Damned.” (S3). Screenplay by Russell T. Davies. Dir. by James Strong. Perf. David Tennant, Kylie Minogue, Russell Tovey, Geoffrey Palmer, George Costigan, Gray O’Brien, Debbie Chazen, Clive Rowe, Clive Swift, Jimmy Vee, and Andrew Havill. DVD, BBC, 2007.

Series 4 (2008)

- 4.2 *Doctor Who*. “The Fires of Pompeii.” (4.2). Screenplay by James Moran. Dir. by Colin Teague. Perf. David Tennant, Catherine Tate, Peter Capaldi, Tracey Childs, Phil Davis, Sasha Behar, Francesca Fowler, Lorraine Burroughs, Victoria Wicks, and Karen Gillan. DVD. BBC, 2008.

- 4.11 *Doctor Who*. “Turn Left.” (4.11). Screenplay by Russell T. Davies. Dir. by Graeme Harper. Perf. David Tennant, Catherine Tate, Bernard Cribbins, Jacqueline King, and Billie Piper. DVD. BBC, 2008.

Series 4 - Special (2009)

- S6 *Doctor Who*. “The Waters of Mars.” (S6). Screenplay by Russell T. Davies and Phil Ford. Dir. by Graeme Harper. Perf. David Tennant, Lindsay Duncan, Peter O’Brien, Aleksander Mikic, Gemma Chan, Sharon Duncan Brewster, Chook Sibtain, Akan Ruscoe, Roman Groom, Cosima Shaw, Lily Bevan, and Max Bollinger. DVD. BBC. 2009.

Series 4 - Special (2010)

- S8 *Doctor Who*. “The End of Time – Part Two.” (S8). Screenplay by Russell T. Davies. Dir. by Euros Lyn. Perf. David Tennant, Bernard Cribbins, John Simm, Timothy Dalton, Catherine Tate, Jacqueline King, and Alexandra Moen. DVD. BBC. 2010.

Eleventh Doctor (Matt Smith)

Series 5 (2010)

- 5.1 *Doctor Who*. “The Eleventh Hour.” (5.1). Screenplay by Steven Moffat. Dir. by Adam Smith. Perf. Matt Smith, Karen Gillan, Caitlin Blackwood, Annette Crosbie, Tom Hopper, and Olivia Colman. DVD. BBC, 2010.

- 5.2 *Doctor Who*. “The Beast Below.” (5.2). Screenplay by Steven Moffat. Dir. by Andrew Gunn. Perf. Matt Smith, Karen Gillan, Sophie Okonedo, and Hannah Sharp. DVD. BBC, 2010.

- 5.5 *Doctor Who*. “Flesh and Stone.” (5.5). Screenplay by Steven Moffat. Dir. by Adam Smith. Perf. Matt Smith, Karen Gillan, Alex Kingston, Iain Glen, and David Atkins. DVD. BBC, 2010.
- 5.9 *Doctor Who*. “Cold Blood.” (5.9). Screenplay by Chris Chibnail. Dir. by Ashley Way. Perf. Matt Smith, Karen Gillan, Arthur Darvill, Neve McIntosh, Meera Syal, Nia Roberts, Richard Hope, and Stephen Moore. DVD. BBC, 2010.
- 5.12 *Doctor Who*. “The Pandorica Opens.” (5.12). Screenplay by Steven Moffat. Dir. by Toby Haynes. Perf. Matt Smith, Karen Gillan, Arthur Darvill, Alex Kingston. DVD. BBC, 2010.
- 5.13 *Doctor Who*. “The Big Bang.” (5.13). Screenplay by Steven Moffat. Dir. by Toby Haynes. Perf. Matt Smith, Karen Gillan, Arthur Darvill, Alex Kingston, and Caitlin Blackwood. DVD. BBC, 2010.

Series 6 (2011)

- 6.1 *Doctor Who*. “The Impossible Astronaut.” (6.1). Screenplay by Steven Moffat. Dir. by Toby Haynes. Perf. Matt Smith, Karen Gillan, Arthur Darvill, Alex Kingston, Mark Sheppard, Stuart Milligan, Marnix van den Broeke, and William Morgan Sheppard. DVD. BBC, 2011.
- 6.3 *Doctor Who*. “The Doctor’s Wife.” (6.3). Screenplay by Neil Gaiman. Dir. by Richard Clark. Perf. Matt Smith, Karen Gillan, Arthur Darvill, Michael Sheen, Suranne Jones, Elizabeth Berrington, Paul Kasey, and Arian Schiller. DVD. BBC, 2011.
- 6.7 *Doctor Who*. “A Good Man Goes to War.” (6.7). Screenplay by Steven Moffat. Dir. by Peter Hoar. Perf. Matt Smith, Karen Gillan, Arthur Darvill, and Alex Kingston. DVD. BBC, 2011.
- 6.8 *Doctor Who*. “Let’s Kill Hitler.” (6.8). Screenplay by Steven Moffat. Dir. by Richard Senior. Perf. Matt Smith, Karen Gillan, Arthur Darvill, Alex Kingston, Nina Toussaint-White, and Caitlin Blackwood. DVD. BBC, 2011.
- 6.10 *Doctor Who*. “The Girl Who Waited.” (6.10). Screenplay by Tom MacRae. Dir. by Nick Hurran. Perf. Matt Smith, Karen Gillan, and Arthur Darvill. DVD. BBC, 2011.
- 6.11 *Doctor Who*. “The God Complex.” (6.11). Screenplay by Toby Whithouse. Dir. by Nick Hurran. Perf. Matt Smith, Karen Gillan, Arthur Darvill, Sarah Quintrell, Amara Karan, Dimitri Leonidas, Joe Buchanan, David Walliams, and Spencer Wilding. DVD. BBC, 2011.
- 6.13 *Doctor Who*. “The Wedding of River Song.” (6.13). Screenplay by Steven Moffat. Dir. by Jeremy Webb. Perf. Matt Smith, Karen Gillan, Arthur Darvill, Alex Kingston, Frances Barber, Simon Fisher-Becker, Ian McNeice, and Marnix Van den Broeke. DVD. BBC, 2011.

Series 7- Part 1 (2012)

- 7.1 *Doctor Who*. "Asylum of the Daleks." (7.1). Screenplay by Steven Moffat. Dir. by Nick Hurran. Perf. Matt Smith, Karen Gillan, Arthur Darvill, and Jenna-Louise Coleman. DVD. BBC, 2012.
- 7.2 *Doctor Who*. "Dinosaurs on a Spaceship." (7.2). Screenplay by Chris Chibnall. Dir. by Saul Metzstein. Perf. Matt Smith, Karen Gillan, Arthur Darvill, Mark Williams, David Bradley, Rupert Graves, and Riann Steele. DVD. BBC, 2012.
- 7.5 *Doctor Who*. "The Angels Take Manhattan." (7.5). Screenplay by Steven Moffat. Dir. by Nick Hurran. Perf. Matt Smith, Karen Gillan, Arthur Darvill, Alex Kingston, and Mike McShane. DVD. BBC, 2012.

Series 7 - Special (2012)

- S11 *Doctor Who*. "The Snowmen." (S11). Screenplay by Steven Moffat. Dir. by Saul Metzstein. Perf. Matt Smith, Jenna-Louise Coleman, Richard E. Grant, Dan Starkey, Catrin Stewart, Neve McIntosh, Tom Ward, and Ian McEwan. DVD. BBC, 2012.

Series 7 – Part 2 (2013)

- 7.6 *Doctor Who*. "The Bells of Saint John." (7.6). Screenplay by Steven Moffat. Dir. by Colm McCarthy. Perf. Matt Smith, Jenna-Louise Coleman, Celia Imrie, and Richard E. Grant. DVD. BBC, 2013.
- 7.9 *Doctor Who*. "Hide." (7.9). Screenplay by Neil Cross. Dir. by Jamie Payne. Perf. Matt Smith, Jenna-Louise Coleman, Dougray Scott, and Jessica Raine. DVD. BBC, 2010.
- 7.10 *Doctor Who*. "Journey to the Centre of the TARDIS." (7.10). Screenplay by Stephen Thompson. Dir. by Mat King. Perf. Matt Smith, Jenna-Louise Coleman, Ashley Walters, Mark Oliver, and Jahvel Hall. DVD. BBC, 2013.
- 7.13 *Doctor Who*. "The Name of the Doctor." (7.13). Screenplay by Steven Moffat. Dir. by Saul Metzstein. Perf. Matt Smith, Jenna-Louise Coleman, Alex Kingston, Richard E. Grant, Neve McIntosh, Catrin Stewart, Dan Starkey, and John Hurt. DVD. BBC, 2013.

Series 7 - Specials (2013)

- Webisode *Doctor Who*. "The Night of the Doctor." (Webisode). Screenplay by Steven Moffat. Dir. by John Hayes. Perf. Paul McGann, Clare Higgins, Emma Campbell-Jones, and John Hurt. BBC, November 2013. Transcript. 20 Dec. 2019.
<<http://www.chakoteya.net/8Doctor/34-05.html>>.

- S14 *Doctor Who*. “The Day of the Doctor.” (S14). Screenplay by Steven Moffat. Dir. by Jamie Payne. Perf. Matt Smith, David Tennant, John Hurt, Jenna-Louise Coleman, Billie Piper, Jemma Redgrave, Ingrid Oliver, and Tristan Beint. DVD. BBC, 2013.
- S15 *Doctor Who*. “The Time of the Doctor.” (S15). Screenplay by Steven Moffat. Dir. by Nick Hurran. Perf. Matt Smith, Jenna-Louise Coleman, Orla Brady, and Peter Capaldi. DVD. BBC, 2013.

Twelfth Doctor (Peter Capaldi)
Series 9 (2015)

- 9.11 *Doctor Who: Heaven Sent*. (9.11). Screenplay by Steven Moffat. Dir. by Rachel Talalay. Perf. Peter Capaldi, Jenna-Louise Coleman, and Jami Reid-Quarrell. DVD. BBC, 2015.
- 9.12 *Doctor Who: Hell Bent*. (9.12). Screenplay by Steven Moffat. Dir. by Rachel Talalay. Perf. Peter Capaldi, Jenna-Louise Coleman, Donald Sumpter, and Maisie Williams. DVD. BBC, 2015.