

## ***Doctor Who* and the politics of casting**

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### **Abstract:**

This article argues that while long-running science fiction series *Doctor Who* (1963-89; 1996; 2005-) has started to address a lack of diversity in its casting, there are still significant imbalances.

Characters appearing in single episodes are more likely to be colourblind cast than recurring and major characters, particularly the title character. This is problematic for the BBC as a public service broadcaster but is also indicative of larger inequalities in the television industry. Examining various examples of actors cast in *Doctor Who*, including Pearl Mackie who plays companion Bill Potts, the article argues that while steady progress is being made – in the series and in the industry – colourblind casting often comes into tension with commercial interests and more risk-averse decision-making.

**Keywords:** colourblind casting, television industry, actors, inequality, diversity, race, LGBTQ+

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Lorna Jowett

The Britain I come from is the most successful, diverse, multicultural country on earth. But here's my point: you wouldn't know it if you turned on the TV. Too many of our creative decision-makers share the same background. They decide which stories get told, and those stories decide how Britain is viewed. (Idris Elba 2016)

If anyone watches *Bill* and she makes them feel that there is more of a place for them then that's fantastic. I remember not seeing people that looked like me on TV when I was little. My mum would shout: 'Pearl! Come and see. There are black people on the telly!' (Pearl Mackie in Walker-Arnott 2017)

When William Hartnell became too ill to carry on in the title role, the science fiction premise of BBC television series *Doctor Who* (1963-89; 1996; 2005-) presented a solution: the Doctor was an alien and could regenerate into a new body when the old one died. This justified recasting the main character in and offered unlimited potential in terms of the series' longevity. Throughout *Doctor Who*'s long broadcast history the casting of a new Doctor has attracted attention and since relaunching in 2005 (after a substantial hiatus) this has only increased. Given the speculative nature of science fiction, however, criticism of the continual casting of white men in the lead role has also increased. This article examines a range of casting decisions in the post-2005 series, including casting of the Doctor's time-travelling companions, of its recurring characters, and of the many guest stars its episodic format allows.

In comparison with its spin off series, *Torchwood* (2006-11), *The Sarah Jane Adventures* (2007-11) and *Class* (2016-), *Doctor Who* is a flagship BBC production, and therefore attracts

attention and press coverage, as well as being under pressure to succeed in terms of audiences and critical reception. Thus, while the BBC is a public service broadcaster with a commitment to diversity, it is also expected to perform as well as commercial TV channels in order to justify its public funding. The international export market brings certain expectations, while genre designations also influence promotion and positioning of the series in other territories. The series' audience can range from children and families seeking action and entertainment, to long-term adult fans who have a deep investment in the mythology and characters established over more than 50 years. All of these can influence creative decision-making. Building on recent scholarship and publication around *Doctor Who*, race, gender and sexuality, this article analyses the management of identity politics through casting. Analysis is situated within the context of a highly successful twenty-first-century television production that represents the BBC and British television across the world, yet one that is produced within an industry notably dominated by white men.

The first epigraph above, from actor Idris Elba's 2016 address to British Parliament on diversity in the UK television industry, draws attention to the way those making creative decisions shape what kind of stories are told and, therefore, how the United Kingdom is represented at home and abroad. Despite *Doctor Who* being science fiction, a genre traditionally engaged in offering new ways of looking at the world, its roles for women, both in front of and behind the camera, are less visible than in, for example, critically-acclaimed flagship crime drama series. Promotion for *Star Trek: Discovery* (2017-) is focused on the series' diverse cast of female and non-white actors, reflecting a contemporary television landscape where niche and mainstream drama alike are less invested in attracting the largest audience possible, and more conscious of distinguishing themselves from other, more conventional series, thereby attracting a loyal following. This article argues that casting in *Doctor Who* seems to resist some of these changes, remaining fairly risk-averse in terms of its leading roles, yet at the same time fulfilling the BBC's public service broadcasting remit through a strategy of colourblind casting (described by Amit Gupta as 'cast[ing] actors in shows regardless of

whether their race fit the historical period or social or geographical context in which the show was set' [2013: 46]) that is most evident in its 'background' or one-off characters.

The testimony of non-white actors associated with the series longer-term suggests it can help career prospects, though this in itself indicates that limited roles are available to non-white actors. The pros and cons of colourblind (or genderblind) casting are examined in relation to a range of actors and characters in the post-2005 series. Gender- or colourblind casting generally results in representations that do not engage with the lived experience of a less privileged social position, yet colour- or gender-*conscious* writing is more likely to be considered risky. The creator of time-travel sitcom *Timewasters* (2017-), following the adventures of a four-piece jazz band who travel back to the 1920s, notes: 'You don't see that many black people in period dramas, or in time machines, so I thought I'd try to write both' (Taylor in ITV 2016). *Timewasters* plays on this new perspective – and pokes fun at typical colourblind representations – in press releases: 'our gang quickly [discover] that being young and black in the Jazz Age is a lot less genteel and a lot more shady than Downton Abbey had led them to believe' (ITV 2016). This more radical take on colour-consciousness is perhaps only possible owing to its genre (comedy), channel (ITV2 rather than ITV), and creator (black actor, comedian and writer, Daniel Lawrence Taylor): the status and success of *Doctor Who* means it is embedded in the industry establishment, with all its inequalities and aversion to risk.

### **'Too many of our creative decision-makers share the same background'**

As a public service broadcaster, part of the BBC's charter is to represent the United Kingdom. This is listed as one of its six 'public purposes', and interpreted by the BBC Trust to mean that 'the BBC should portray and celebrate the range of cultures and communities across the UK at national, regional and local level' (BBC n.d.). In recent years, *Doctor Who* has attracted increasing calls for more diversity, behind as well as in front of the cameras. The series' popularity and its position as a flagship BBC drama make its record on diversity more visible but its perceived failings in terms of

diversity are a result of how the UK television industry has worked. It is historically dominated by white men and operates via social capital or ‘who you know’ rather than strictly on merit. Consequently, opportunities in front of the cameras – for actors – and behind the cameras – in creative and production roles – are restricted, as various industry surveys have demonstrated. A Directors UK report from 2015 noted that ‘In UK television production today, Black, Asian and Minority Ethnic (BAME) directors are both under-employed and under-represented’, and observed that ‘[t]his matters because directors are influential storytellers, whose diversity of voice, vision and perspective should reflect that of wider society’ (2015: 2). The report did note that ‘Sci-Fi/Fantasy averaged at 2.02% with BAME directors working on programmes such as *Doctor Who* and *Merlin*’ (7).

In a BAFTA television lecture in March 2014, Sir Lenny Henry pointed out a noticeable trend, ‘[o]ur most talented BAME actors are increasingly frustrated, and they have to go to America to succeed’ (2014). This and other pressure meant that in June 2014 the BBC ‘pledged to increase the number of black, Asian and minority ethnic people on air by more than 40% [...], as well as to almost double the number of senior managers from those groups who work at the corporation by 2020’ (Martinson 2016). However, as Jane Martinson reports in the *Guardian* during January 2016, things have been slow to change: ‘more than a year on, a joint industry campaign, Project Diamond – launched in November 2015 to monitor diversity across the BBC, Channel 4, ITV and Sky – is still not quite off the ground’ (2016).

Idris Elba, one of the names mentioned by Henry in his BAFTA lecture, addressed Parliament in 2016 on the same issue. Pointing out the ingrained industrial biases of the media industry, he notes that, ‘Too many of our creative decision-makers share the same background. They decide which stories get told, and those stories decide how Britain is viewed’ (2016). This snapshot of how the UK television industry works is, almost certainly unconsciously, repeated in the opening of an article that promises to reveal the ‘inside story’ of Pearl Mackie’s casting as *Doctor Who*

companion, Bill Potts. The *Radio Times* article begins, ‘In a secret central London meeting room four people have gathered to discuss who will be the next Doctor Who companion. Showrunner Steven Moffat. Executive producer Brian Minchin. Star Peter Capaldi. Casting director Andy Pryor’ (Gill 2016). Of course, this is aiming for atmosphere and heightened drama, underlining how ‘big’ such a casting decision is. Yet applying Elba’s observation about the shared background of creative decision-makers makes visible the fact that all four people who ‘gather’ to discuss this issue are privileged white men. In this instance, the outcome is the casting of a female actor who identifies as mixed race – just one, much-publicised, step to inclusivity.

As a British BAME director argues in the Directors UK report, ‘Broadcasters have the power to make a real difference but the way the system works now means there is no confidence to step away from the norm – it’s the same names again and again [...] the safe way of doing things’ (2015: 14). Given the nature of *Doctor Who*, any ‘confidence to step away from the norm’ on the part of its producers battles with the pressure to maintain success, and generally only those with a proven track record are appointed to work on such big name series. Naturally this tends to perpetuate inequalities already established within the UK television industry: Elba notes, ‘Too often commissioners look at diverse talent, and all they see is risk’ (2016).

### **‘Part of Television History’?**

When *Doctor Who* was successfully revived in 2005, it was an opportunity to really demonstrate – to the nation and to the world – what British television could be. ‘*Doctor Who* used to be British because few other people in the world watched it, and because its concerns were British in an unselfconsciously provincial way’, argues Andrew James Hartley (2009). Its new incarnation, he suggests, ‘has embraced its Britishness, championed it [...] in pursuit of something more contemporary’, citing ‘distinctly British guest stars [...], regional dialects once virtually banned by the BBC, and the overall feel [...] of a TV show embracing its Britishness as the core root of its wit

and ingenuity, rather than trying to do TV in the American style' (2009). As a long-running popular television series known across the world, *Doctor Who* represents Britishness and showcases British talent.

In terms of guest stars, it has certainly been inclusive. Actors of colour featured in the post-2005 series include several who have been honoured for lifetime achievement, such as Don Warrington MBE (who voiced audio adventures, and appeared in 'Rise of the Cybermen'), Mona Hammond OBE ('Rise of the Cybermen'), Sophie Okonedo OBE ('The Beast Below'), Sanjeev Bhaskar OBE ('Death in Heaven'), as well as a range of faces familiar in the United Kingdom and often beyond – Natalie Gumede ('Last Christmas'), Colin McFarlane (various), Nina Wadia ('The Eleventh Hour'), Zawe Ashton ('Into the Dalek'), Elaine Tan, Neet Mohan and Paul Courtenay Hyu (all in 'Sleep No More'). Meera Syal, CBE, talks about her character, Dr. Nasreen Chaudhry ('The Hungry Earth'/'Cold Blood'), being a 'woman in a man's world' (2010) and though she does not mention race directly, she admits, like many actors included in the post-2005 series, to being a *Doctor Who* fan and to seeing her role in it as contributing to this uniquely British institution. 'I'm now part of television history', she says (2010). Similarly, Warwick Davis ('Nightmare in Silver') star of *Willow* (Howard, 1988) and the *Leprechaun* films (1993-2003) and known from *Star Wars: Return of the Jedi* (Marquand, 1983) as well as the *Harry Potter* films (2001-11), talks about being a *Doctor Who* fan as a child and how thrilled he is to be included in the series (2013).

One of the most controversial casting/ writing decisions so far in the post-2005 series is Michelle Gomez playing the Doctor's antagonist and fellow Time Lord, the Master. Gomez entered season 9 as a character calling herself Missy, later revealed as a female regeneration of the Master. A minority of fans decried this as unwarranted and a betrayal of a classic character; others praised Gomez' performance. Yet her casting, seen by many as a direct result of criticisms about sexism in the series, exposed several problems. Catherine Johnson points out: 'the producers [...] played it safe – gender-swapping a villain, rather than the hero' (2014). In addition, scenes between Gomez and

Capaldi heterosexualised what many fans saw as a close, potentially romantic or sexual relationship between the Master and the Doctor, and Missy, like other older female characters, was presented in stereotypical ways. Because the Master is an integral part of the series' mythology, Missy was bound to attract debate. Yet a similar strategy had already been applied when an incarnation of River Song, introduced as Amy's childhood friend Mels, was played by Nina Toussant-White ('Let's Kill Hitler'). This, Mike Hernandez notes, 'set a precedent for one Time Lord to be portrayed by a white actor and a black actor in different incarnations' (2013: 47). Both precedents were followed up in season 9 when a Time Lord military commander regenerated from a white male into a black female ('Hell Bent').

It could be argued that the precedent for casting actors of colour and actors of other genders has been firmly established. Taking a more critical view, however, all of these examples are (relatively) brief, particularly the regenerations from one race to another. Mels, for instance, was an entertaining character yet she only featured in one episode and was (a small) part of a complex storyline. As Linnea Dodson comments, when Mels regenerates into River Song (played by Alex Kingston) she is sidelined in favour of an established (white) actor/ character: 'right before our eyes an overlooked woman of colour becomes the white woman who's been driving the plot' (2013: 33). The swapping of an actor of colour for a white actor, Roseanne Welch points out, may have simply been a way to serve the plot, since Mels 'being a person of colour kept the audience from guessing she was a young River' (2013: 70). Given the emphasis on plot twists in this season (and the two-part story featuring Mels) this is not inconceivable.

It is already apparent, then, that while the lead role in *Doctor Who* might seem ripe for creative casting because of its very malleability, in practice, the constraints of the television industry and the conservative nature of decision-making about a successful flagship production results in the casting of actors who may be little known to television viewers but who are 'safe' in terms of being white men. The current casting director for the series admits that a 'companion can be anything that a

writer wants them to be. But with the Doctor, you're looking for a particular kind of leading man, a particular kind of leading actor who has to have that innate "Doctor-ness" to them' (Andy Pryor in Gill 2016). Here Pryor suggests that, in line with the BBC's policy of casting 'the best actor for the role', that any actor could potentially become the Doctor, though his use of 'leading man' indicates that the role is already defined in particular, exclusive, ways. Russell Meeuf argues that

[...]in the case of most celebrities, the images and discourses surrounding their bodies are explicitly normative, staking out narrow boundaries of sexual desirability and appropriate gendered behavior, classifying raced and ethnic bodies as either acceptable or dangerous according to White, bourgeois norms, or limiting queer bodies to spheres acceptable to heteronormative values (2014: 207).

This certainly applies to casting the Doctor in the post-2005 series: Christopher Eccleston's less conventionally attractive ninth Doctor was superseded by David Tennant and then Matt Smith, whose Doctors both became the object of heteronormative romance with female companions. The extent to which this defined the new series was apparent when the role of the twelfth Doctor went to Peter Capaldi – at 55 the oldest actor yet cast in the role post-2005 – who publically disavowed the possibility of romance with young female companion Clara (Jenna Coleman) before he even started filming. (This was also made clear in their first episodes. 'Clara, I'm not your boyfriend', the twelfth Doctor says in 'Deep Breath').

Capaldi's age (and his Scottish accent) may have changed some established traits of the post-2005 Doctor, yet potential for more far-reaching diversity is generally sacrificed to more risk-averse decisions. When Capaldi's casting was announced and complaints were made about yet another white male getting the role, a story emerged that black actors had been considered for the role previously. 'Two black actors, Patterson [sic] Joseph and Chiewetel Ejiofor, were seen as favourites,

and reportedly the producers were desperate to cast a black actor. Both actors took themselves out of contention because they were unwilling to commit to the role in the long term and there were fears of “tokenism”, reports Gupta (2013: 49).

While the details about exactly which actors were involved and why they were not cast remain rather murky, Paterson Joseph – who had previously appeared in the series as Rodrick in ‘Bad Wolf’ and ‘The Parting of the Ways’ – has since talked about the process of being considered.

I just felt like, well, what a great day we’re living in, because 20 years ago, if that had come up it would have been seen as a terrible gimmick that a black actor could be playing *Doctor Who* [...] it was just a matter of whether I’d be the right guy for it or not. And I thought, that is really beautiful, where we’ve come to, that we’re no longer fixated on colour (in Leader 2014).

Almost immediately, however, Joseph observes that ‘it’s had a lovely effect on me and on my career – it put me in a place where I feel like I’m respected by enough people who think “he could’ve been him”’ (in Leader 2014). In this way Joseph, the less well-known of the two actors named by Gupta, suggests that even being considered for this high-profile role was able to boost his career although, his minor roles aside, he is ‘part of the Doctor Who story’ that never got told.

*Doctor Who*’s casting director Andy Pryor, according to his own website, ‘is an ambassador for The Act For Change Project, which campaigns for diverse representation across the live and recorded arts’ and ‘is also currently Chair of the Casting Directors’ Guild of the UK & Ireland’ (n.d.). Yet Pryor is only part of the decision-making process and naturally cannot openly criticise what is happening in a successful production nor, presumably, can he unpack the full complexities of how casting operates in brief press interviews. ‘There’s been a lot of discussion about diversity lately, for good reason. It’s a complicated subject, but in the end it’s about anyone growing up and feeling they

can have a career in acting, behind the camera or involved in the arts’, he says (in Gill 2016). This statement aligns with the BBC’s commitment to increasing diversity and Pyror admits to being ‘quite proud of Doctor Who’s record on this in recent years’, though he goes on: ‘It’s television’s job to reflect the world that we live in, and if you can’t do that on a show like Doctor Who, then where can you?’ (in Gill 2016). The shift here from stating what is ‘television’s job’ to the, apparently rhetorical, question about *Doctor Who* being the place for such idealism might indicate ambivalence about how well the series is achieving this. Given the organisations and campaigns he is involved in, Pyror may not be unaware of the irony in his own responses to certain questions. During an interview published on the official BBC *Doctor Who* website when asked about the process of casting he says, ‘As far as the Doctor goes, it’s been different each time [...] it was about finding someone thrilling and unexpected’ (in *Doctor Who* team 2016). In 2017 the series had another major casting announcement to make as Peter Capaldi stepped down as the Doctor at the same time showrunner Steven Moffat handed over to Chris Chibnall, following the 2017 Christmas special. It is difficult to argue with Hernandez’ contention that to ‘approach the Doctor as if his skin colour was his most interesting feature would be a waste’ (2013: 58) yet prior to the announcement in 2017, the list of those tipped to take over included female and black actors, but was still dominated by white men: hardly ‘thrilling and unexpected’. When the BBC revealed that the next Doctor would be played by a female actor this was seen by some as a careful compromise.

### **‘As a kid I wanted to be the first black James Bond’**

As argued above, and noted by Lindy Orthia, ‘*Doctor Who*’s twenty-first century incarnation is [...] strikingly diverse in its casting of other characters, particularly compared to the programme’s past’ (2013: 3), yet at times the diversity of ‘supporting’ characters actually highlights the lack of diversity in series regulars. Writer and showrunner, Steven Moffat is frequently quoted as pointing out the importance of the (female) companion in the new series: ‘The Doctor’s the hero but they’re the main

character' (in Porter 2012: 87). Likewise, Hartley notes that the rebooted series 'takes its minor characters more seriously than any of its former incarnations, particularly in the development of the Doctor's companions' (2009) and Matt Hills highlights the star attraction of Billie Piper (2010: 151) as companion Rose Tyler in the first two seasons. Yet the female companions can just as easily be seen as servicing the emphasis on heteronormative romance between the Doctor and his companions. A range of contributors to Gillian Leitch and Sherry Ginn's collection of essays on the Doctor's companions also draw attention to gaps in the BBC's notion of (or casting of) 'diversity', with disability in particular lacking representation (2016).

Vocal fans and other critics readily air their opinions about the handling of characters of colour, female characters, or those with other nonconforming identities and Gupta suggests that these opinions carry weight with producers and creators (2016: 49). Yet, as outlined above, audience desire may not always be catered for in the face of commercial pressure and industrial limitations. In addition, the difficulties involved in challenging the status quo are not always apparent or publicized. Amy Long, discussing US black female showrunner Shonda Rhimes, emphasises that 'Rhimes had to actively point out and work against industrial assumptions that a racially unmarked character calls for a white actor', while also noting how journalists 'gloss over the actual struggles the producer encountered in her attempts to build a racially heterogeneous ensemble in favor of promoting a more harmonious, organic picture of the casting process' (2011: 1068). Understandably television executives may prioritise status, credibility and popularity when casting and industrial and cultural biases also influence these decisions. As Gupta points out:

Doctor Who has made interesting moves in its new incarnation to be racially inclusive. What it needs to do now is to have story lines that do not blindly portray a race-free utopia, but, instead [...] meet the transformation of racial issues in the 21st century head-on with stories

that bring up the continuing challenges that are faced in creating truly multiracial societies (2013: 49).

The latter has been a frequent criticism when *Doctor Who* does feature characters of colour in continuing roles. Reinterpreting characters by gender-swapping or colourblind casting can only go so far if stories do not adapt to the embodiment of the character by the actor cast, in other words, if they are not conscious of the experience of a non-normative identity.

Long argues that casting and characterisation in US series *Grey's Anatomy* (2005-) operates 'in some ways, to make certain stereotypes uninhabitable and to allow certain problematic representational traditions and controlling images to, as Amanda D. Lotz terms it, "mean differently"' (2011: 1070), and, allowing for differences in national context, this seems applicable to post-2005 *Doctor Who*. Yet, Long points out, 'the ways in which these connections are articulated often serve not to undermine but to prop up narrative conventions that reaffirm white supremacy by placing the actions and stories of people of color in service to the needs of their white counterparts' (1070). This narrative arc of 'service' to white characters is readily identified in relation to Rose Tyler's boyfriend, Mickey Smith (Noel Clarke), to companion Martha Jones (Freema Agyeman), and to Danny Pink, played by Samuel Anderson. Like the rather hapless Mickey from early seasons, Danny becomes a recurring character in season 8 by virtue of his relationship with the Doctor's current companion (Clara, in this case), rather than on his own merit. Danny admittedly has more dignity than Mickey, who was often a figure of fun, yet ultimately Danny's character arc goes the way of previous regular non-white characters: he becomes a hero only at the point of his death ('Dark Water'). On assuming the role, Samuel Anderson was probably best known for his tenure in UK soap opera *Emmerdale* (1972-), and sitcom *Gavin & Stacey* (2007-), though his breakthrough role is arguably in stage and screen versions of *The History Boys* (2004, 2006). Anderson is clearly not without ambition, responding to a question about his dream acting role with: 'As a kid I wanted to be the first black James Bond. There's still a window for that' (in Gee 2014). It must be somewhat

disappointing for him, then, to land a role in a major drama series and find it following well-worn paths.

Noel Clarke, who played Mickey from the start of the post-2005 series, notably tends to distance himself from the series and from a role that similarly ‘services’ white characters. Now a director, writer and producer, Clarke has an impressive list of credits (from his film trilogy *Kidulthood* [2006], *Adulthood* [2008] and *Brotherhood* [2016] to an appearance in *Star Trek Into Darkness* [2013]). Despite this, Clarke still tends to be introduced via *Doctor Who*: Gerard Gilbert’s article mentions *Who* in the title and in the first paragraph. Similarly, a *Radio Times* piece about Clarke’s views on opportunities for black actors begins, ‘Noel Clarke has had quite a year. *Brotherhood* – the third and final film in his ‘hood’ trilogy – schooled *Finding Dory* at the UK box office earlier this month’ but almost immediately falls back on linking him with *Doctor Who*, ‘next week the Doctor Who star will be back on TV screens in The Level, ITV’s much anticipated new crime drama’ (in *Radio Times* staff 2016). In this interview, Clarke says he will not move to the US as other BAME actors have done to find more challenging roles: ‘I’m one of those people that sees the wall and I don’t go, “Ahhh, there’s a big wall, I’m going to go to America.” I’m not having this – I got to get past the wall’ (in *Radio Times* staff 2016). He freely admits that actors who have travelled to the United States in search of success have become bigger names but he also notes that the ‘world’s changed’ (in Gilbert 2016). In terms of *Doctor Who*, however, Danny Pink’s character arc suggests that it has not changed significantly.

Change in terms of character turnover, though, is a key part of *Doctor Who* and succeeding the first new companion, Rose, was always going to be difficult, as was overcoming fan investment in Rose’s romantic relationship with the tenth Doctor (David Tennant). Rose’s successor, Martha Jones (Freema Agyeman), medical student and later qualified doctor, is rarely cited as anyone’s favourite, perhaps for these reasons. She is destined to be ‘rebound girl’ and for most of her tenure silently suffers unrequited love for the tenth Doctor. This does mean Martha finally achieves more

agency than most other female companions: ‘Martha is the only one who makes a conscious, deliberate decision to leave the Doctor’, notes Antoinette Winstead (2013: 236). This decision to leave rather than be left may have satisfied viewers jaded with the unrequited love plotline, yet it is clearly prompted by the Doctor consistently taking her for granted. Martha seems to exist only to serve him – an unfortunate story arc for a major character of colour that was only partially offset by later, more forceful appearances in spin-off series *Torchwood*.

Potentially, Martha calls into question the white, Euro-centric version of history and interspecies relations offered by the series, yet she is rarely allowed to articulate this. Colourblind casting does not necessarily result in what Kristen J. Warner describes as ‘color consciousness’, a strategy for inclusivity ‘that acknowledges the culture carried by those with similar socio-historical contexts and skin colors and further seeks to understand how this racial-cultural experience informs the unique personality of a given individual’ (2015: 25). Several contributors to Orthia’s *Doctor and Who and Race* (2013) point out where such ‘racial-cultural experience’ could have informed the personality of characters of colour in the series, but does not (see Yeager [2013] and Dodson [2013]). As Elba’s address to the House of Commons notes, the lack of three-dimensional roles for actors of colour in British television drama means a lack of role models to inspire young actors and others, and a self-perpetuating cycle of risk-aversion in casting. The BBC has defended its flagship series – ‘casting on Doctor Who is colour-blind. It is always about the best actors for the roles’ (in *Telegraph Reporters* [2013]) – pointing to both Mickey and Martha as long-running non-white characters. Yet the handling of both characters leaves the series open to criticism.

Despite the lukewarm reception to her character (or more properly to Martha’s story) in *Doctor Who*, Agyeman’s career benefited from her casting in such a high-profile series. ‘I couldn’t have wished for a better start to my career than Doctor Who. It was like a rocket that blasted me up and as a consequence I have all these opportunities presented to me’, she reflects (in McNulty 2008). Agyeman went on to take up a variety of roles that enabled her to demonstrate her versatility –

Tattycoram in a BBC adaptation of *Little Dorritt* (2008), Jenny Walsh in the 2008 remake of 1970s post-apocalyptic drama *Survivors*, three years as Crown Prosecutor Alesha Phillips in *Law & Order: UK* (2009-14) – establishing her as a recognisable face and arguably leading to her casting in Netflix series *Sense8* (2015-). Echoing what has been said by many British BAME actors about limited opportunities, Agyeman observes, ‘Up until *Doctor Who* I was happy in my career but I was being cast as gangsters and suchlike, which was a frustration’ (in McNulty 2008), and she goes on to acknowledge how *Doctor Who* enabled her to ‘get parts that could have been cast to any colour [...] I am proud to represent the black community but I am also proud of being able to show that I can do other parts’ (in McNulty 2008). Certainly her role as a lesbian hacktivist Amanita Caplan in *Sense8* is quite different from that of Martha, and Agyeman has spoken about the responsibility of representing ‘a LGBTQ+ presence in mainstream television’ and how ‘empowering’ it is to have the support of the series’ creators in doing so (in Robinson 2017).

The UK television industry and its embedded structures have limited ‘the best actors’ considered ‘for the roles’ because major roles are not equally open to actors of colour or from other minorities. This means such actors have struggled to find both roles and role models. When Pearl Mackie was first announced as playing *Doctor Who* companion Bill Potts, she cited inspirations came from music, rather than drama:

I’ve always been attracted to music, and women like Aretha Franklin, Beyoncé, Nina Simone, Ella Fitzgerald and Tina Turner showed the path [...]. They’re all tough women, but not afraid to be vulnerable. They made me feel someone like me could do that (in Jeffries 2016).

Since her debut in the series, Mackie has spoken further about her influences and role models, though notably these are generally from the United States and not the United Kingdom. In one

interview she mentions admiring both Angela Davis (activist, author and academic) and Viola Davis (the first black woman to win the Best Actress in Drama Emmy), admitting ‘when I was little there weren’t that many people who looked like me on TV’ (in Hughes 2017). This observation is repeated in other interviews, and the second epigraph to this article is Mackie remembering her mother calling her to see ‘black people on the telly’ (in Walker-Arnott 2017), and Mackie is clearly aware that Bill may in turn be seen as a role model to viewers of *Doctor Who*. Using similar language, showrunner Steven Moffat admits that debates about diversity in UK media affected the decision to cast Mackie:

I’d been listening to what [Sir] Lenny [Henry] had been saying. We decided that the new companion was going to be non-white and that was an absolute decision because we need to do better on that. Young people watching the show have to know they have a place in the future (in Lewis 2016).

Such an admission suggests that change really is happening, and episodes from season 10 also indicate some colour-consciousness in establishing and developing Bill’s character.

During the second episode, ‘Thin Ice’ (written by Sarah Dollard, one of only two female writer employed on the season), Bill questions the Doctor about whether her skin colour will be a problem in 1814 London. This seems to be a call back to ‘The Shakespeare Code’ when Martha asked the same question of the tenth Doctor, only to be brushed off with trite remarks about how ‘walking about like you own the place’ always works for him. Bill’s enquiry is taken more seriously by the twelfth Doctor and she also finds that many of the people they interact with are non-white, leading her to comment, ‘Regency England. Bit more black than they show in the movies’. The Doctor responds, ‘So was Jesus, History’s a whitewash’ (‘Thin Ice’). Similarly, in ‘Oxygen’, a blue-skinned alien (Dahh-ren) accuses Bill of being ‘a racist’ because she is clearly shocked when they first meet. ‘I’m not prejudiced’, she tells him shortly afterward, ‘I’m usually on the receiving end’,

and is visibly delighted when his answer, ‘Oh? Why?’ sinks in. These are moments seemingly designed to acknowledge but not emphasise Bill’s ‘melanin’ (as she says to the Doctor in ‘Thin Ice’), to inject a bit of colour-consciousness into the usually colourblind world of the series.

A similar strategy is taken with other aspects of Bill’s identity. She is introduced as a very ordinary companion, aligned more with Rose and Donna in terms of social class and education, rather than with the ‘exceptional’ Amy and Clara. ‘Bill is a very real person placed in the crazy world of the Doctor’, comments Mackie (in Walker-Arnott 2017). However, the buzz around Mackie being a new companion of colour was eclipsed by a second announcement, made close to the season 10 premiere: Bill would also be the first openly gay regular companion. (The pansexual Captain Jack Harkness, a main character developed in spin-off *Torchwood*, was only a recurring character in *Doctor Who*). This too was generally welcomed as progress, yet some viewers, myself included, felt a sense of impending doom at this announcement. Bill would now be a lesbian companion of colour and the character seemed increasingly like a box-ticking diversity exercise on the part of the series. Her sexuality meant, of course, that Bill would never be romantically interested in the Doctor; in fact this decision could almost have been made to avoid this scenario. Mackie has, so far, been well-received as Bill, and neither skin colour nor sexuality have yet been made ‘issues’ in any episode, suggesting a certain amount of attention is being paid to keep her stories ‘conscious’ of the character.

### **‘Which stories get told’?**

These developments suggest a defensiveness in the face of criticism about a lack of diversity in previous seasons of *Doctor Who* as well as a perceived need to respond to it. The introduction and development of Bill is one way of doing this, breaking new ground for the series. Like the other actors examined above, Mackie can see how her role is opening up new opportunities for her: ‘“Doctor Who” has already opened some amazing doors. I’m talking about much bigger projects than I’ve ever auditioned for before’ (in Walker-Arnott 2017).

On 16 July 2017 the BBC announced that the thirteenth Doctor would be played by Jodie Whittaker, awarding the title role to a woman for the first time. Whittaker admits, ‘It feels completely overwhelming, as a feminist, as a woman, as an actor, as a human, as someone who wants to continually challenge themselves, and not be boxed in by what you’re told you can and can’t be. It feels incredible’ (in BBC 2017). As with the casting of Mackie as Bill, this decision seemed designed to deflect further criticism and avoid making *Doctor Who* look old-fashioned in comparison with other contemporary fantasy television series. Despite some negative responses, the announcement was generally welcomed as progress, for the series and for the BBC. Certainly Chris Chibnall, Moffat’s successor as showrunner, was keen to emphasise his role in the decision (in BBC 2017) and thus to distance himself from criticisms aimed at the Moffat ‘boys club’ era.

Yet on closer inspection, this is not such a ‘risky’ decision as it might seem. Whittaker worked with Chibnall previously on acclaimed crime drama series *Broadchurch* (2013-17), something absolutely indicative of how the industry operates on ‘who you know’ and having a proven track record, inevitably favouring some and disadvantaging others. ‘Talent is everywhere’, as Elba noted in his 2016 address on diversity, ‘opportunity isn’t’. Certainly, the actors cast in *Doctor Who*, and the scholars, critics and viewers quoted above all agree that further improvement is needed in terms of roles available to women and BAME actors and in terms of the development of characters in flagship programmes who are not white cis-gendered men. At present, too many are still being ‘boxed in by what [they’re] told [they] can and can’t be’, as Whittaker puts it, the potential of their talent limited by the decisions of a group of influential people who share similar backgrounds and identities and, consciously or otherwise, employ those like them. The sooner more opportunities are given to talented, yet currently overlooked, actors, writers and directors, the sooner *Doctor Who* can tell incredible stories that haven’t yet been told in a flagship series on the BBC’s flagship UK channel. In fact, now that the ‘madman with a box’ has become a ‘female’ Doctor, Whittaker unboxed, audiences will expect no less. It’s time for *Doctor Who* to live up to the promise of the

tenth Doctor in the season 2 trailer: ‘Think you've seen it all? Think again. Outside those doors, we might see anything. We could find new worlds, terrifying monsters, impossible things. And if you come with me... nothing will ever be the same again!’

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## **Television Programmes**

*Class* (2016-, UK: BBC Three)

*Doctor Who* (1963-, UK: BBC One)

'Bad Wolf' (11 June 2005)

'The Parting of the Ways' (18 June 2005)

'Rise of the Cybermen' (13 May 2006)

'The Shakespeare Code' (7 April 2007)

'The Beast Below' (10 April 2010).

'The Hungry Earth' (22 May 2010)

'Let's Kill Hitler' (27 August 2011)

'Nightmare in Silver' (11 May 2013)

‘Deep Breath’ (23 August 2014)  
‘Into the Dalek’ (30 August 2014)  
‘Dark Water’ (1 November 2014)  
‘Death in Heaven’ (8 November 2014)  
‘Last Christmas’ (25 December 2014)  
‘Sleep No More’ (14 November 2015)  
‘Hell Bent’ (5 December 2015)  
‘Thin Ice’ (29 April 2017)  
‘Oxygen’ (13 May 2017)

*Sarah Jane Adventures, The* (2007-2011, UK: CBBC)

*Star Trek: Discovery* (2017-, US CBNS all access)

*Timewasters* (2017-, UK: ITV2)

*Torchwood* (2006-2007, UK: BBC Three; 2007-2008, UK: BBC Two; 2009, UK: BBC One; 2011, UK/US: BBC One/Starz)

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