Contagion and the Subject in Contemporary American Speculative Fiction

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Thesis submitted to the University of Nottingham for the degree of

Doctor of Philosophy

January 2017

Abstract

This thesis explores the relationship between the representation of contagion and those it affects offered by contemporary American speculative fiction and the ways in which this representative model has and continues to inform our understanding of real and actual pandemics. Over the past decade, the success of texts centred on such figures as the vampire, the werewolf and the zombie has triggered a return of contagion to the forefront of the American popular fictional imagination. Though this renewed fascination coincides with the emergence of new global biological threats, it also draws part of its power from a broader cultural anxiety regarding the structures of subjectivity, the relation between subject and State as well as the subject's role within the collective deployed by our contemporary discourse of health. While critical studies on contagion have been predominantly concerned with real diseases and their narrativisation, this thesis focuses on five fictional representations—Robert Kirkman's *The Walking Dead*, Richard Matheson's *I Am Legend* and its adaptations, the American series *Being Human*, Octavia E. Butler's *Clay's Ark* and Charles Burns's *Black Hole*—in order to explore the ways in which these texts engage with the modern medical discourse and the wider conceptualisation of subjectivity promoted by Western philosophy. By emptying the referential dimension of the diseases they mobilise, these texts provide a unique opportunity to analyse the underlying mechanisms of contagion as a cultural construction and to expose the set of assumptions (moral, political, social, etc.) upon which its production itself relies. Exposing the ways in which our cultural perception of contagion has been shaped by the limitations inherent to the traditional epistemic model dominating Western society, this thesis not only reveal the violence inherent in the structures of subjectivity surrounding the individual, it also highlights, by deconstructing the dominant model, new possible lines of flight for the contagious subject outside the normative structures of our current public health, medical, social and political discourses.

Acknowledgements

I would first like to thank my supervisors Dr Matthew Green and Dr Máire Ní Fhlathúin for their patience, their dedicated academic and personal support and the trust they showed over the years in my abilities to complete this project in time.

This thesis would have not been possible had it not been for the unwavering support of my wife in this adventure. She was the first test ground for ideas and the last person to read the final product. She supported me over the past four years and this project would have not been feasible without her love and continuous support. I would also be remiss if I did not mention my parents, without whom moving to England, pursuing a Master and a PhD at the University of Nottingham would have not been possible.

I also need to give warm thanks to both Louise Chamberlain and Lisa Doughty for carefully reading this work and noticing all the mistakes I unwittingly left in it. Their comments and feedback helped make this thesis a better work.

Finally, this work was supported by the University of Nottingham, who funded this project through their Teaching Fellowship programme. Their help not only allowed me to pursue my research interest but also gave me the opportunity to teach at both undergraduate and postgraduate levels, to engage in lively and enlightening conversations with students and to confirm my interest in the academic world.

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1.0 Introduction

'Let's just forget about the Hollywood rules, okay?'[1]

This thesis explores the relation between scientific and popular discourses on contagion and asks how a phenomenon conventionally apprehended as the privileged object of the medical and biological discourses has not only been appropriated by fictional writers but how this re-appropriation has and continues to shape the ways in which contagion itself can be thought within Western culture. Indeed, by popularising the figure of the infected and infectious individual, victim and vector of contagion, these fictional texts have constructed a paradigm through which both the contagious subject and the disease he hosts can be apprehended.[2] Deconstructing this paradigm, my work exposes how the analysis of the diseases mobilised by the popular narrative of contagion can illuminate our understanding of the underlying anxieties and preconceptions suffusing their representation as well as their cultural apprehension. Drawing parallels between the portrayal of the fictional victims of zombism, vampirism, lycanthropy and the narratives of those affected by real diseases, it investigates the relation between medical and popular discourses and highlights how analysing one may help us understand some of the most problematic dimensions of the other, including its assumption of necessary individual self-enclosure, its reliance on conflict as an epistemic model in the apprehension of disease and its tendency to inscribe illness within the normative structures of morality.

Focusing on the representation, within contemporary American speculative fiction, of purposefully fictional diseases, this thesis takes root in a belief that the

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1 *Ginger Snaps*, dir. by John Fawcett (Motion International, 2000).

2 The choice of a masculine pronoun to address the undenominated subject of the contagion narrative is driven firstly by a recognition that most studies dedicated to contagion and its outcomes have focused their attention on a primarily male subject and, secondly, by a more important and broader argument rooted in the androcentric nature of the narrative of health itself and its tendency to conceive of the subject in historically masculine terms (self-enclosure, stability and a definition of subjectivity through sameness). This decision, in turn, accounts for the shift operated in chapter four and five where this masculine 'he' is replaced by a feminine pronoun indicative of a move away from the phallocentric conception of the subject and towards an alternative model of subjectivity whose central tenants rely on qualities culturally associated with femininity.

critical analysis of fiction 'can allow us to identify the cultural impact of [its] metaphors while imagining new ways of rewriting disease'.[3] Reaching a much broader audience than its scientific counterpart, the fictional narrative of contagion also benefits from a freer form. Indeed, its recourse to the mechanisms underlying viral, microbial and other forms of proliferation only needs to assume the appearance of plausibility. Detached from any real and existing diseases, fiction's mobilisation of contagion unfolds as a pure reference to the contagious process itself, that is, to contagion as a concept. Its analysis therefore allows us to explore what is at the core of our cultural response to the diseases contagion manifests and, more importantly, how well- or potentially poorly fitted this response may be to tackle the shift in paradigm these diseases present.

As Paul Ricoeur argues, fiction operates as and at the intersection of the standing-for-the-past dimension of history and the imaginative variations of its own futurity.[4] It offers a space between the past and present realities of illness and the future possibilities of its representation. Product of a specific socio-cultural context, fictional narratives compel their readers to re-construct a reality both detached and linked to their own. They impose a specific configuration of reality that forces 'the reader to reconfigure reality in the act of understanding'.[5] Liberated from the limitations of past and present realities yet informed by their conceptualisation, the texts under study here invariably invite us to experience a mirroring reality in which the diseases they mobilise unfold as the pure creations of a culture, imaginary constructs whose analysis allows us to extrapolate the structures of power within which each text has been produced and received, bringing us inevitably to the 'truth' of contagion and to the sources of its cultural reception.

The recourse to the notion of 'truth' here refers directly to one of the most problematic dimensions of contagion and the contagion narrative: the distance it tends

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3 Marty Fink, 'AIDS Vampires: Reimagining Illness in Octavia Butler's *Fledgling*', *Science Fiction Studies* 37.3 (November 2010), 416-432 (p. 423).

4 Paul Ricœur, *Time and Narrative*, vol. 3, trans. by Kathleen Blamey and David Pellauer (Chicago: University of Chicago, 1990), p. 192.

5 Mary Gerhart and Allan Melvin Russell, 'Myth and Public Science', in *Thinking through Myths: Philosophical Perspectives*, ed. by Kevin Schilbrack (London: Routledge, 2002), pp. 191-206 (p. 205).

to posit between its 'reality', its claim to a self-evident form of biological materiality, and the set of discourses of which it is in effect product. Since the Enlightenment, Western culture has tended to perceive in scientific thinking 'the language of Truth' or rather the 'multiform aspects of culture that speak this Truth in its myriad details'.[6] Science presents itself as a transparent vehicle rather than a discourse, act or construct. It deals in facts, observations and purports to report the world objectively and as neutrally as it possibly can. Claiming participation in what Michel Foucault calls a society's 'regime of truth', science selects 'the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements' as well as 'the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth'.[7] It is one of the many apparatuses used in the constitution of the epistemic structures of production whose claim by a specific power or authority allows it to conceal the arbitrary dimension of the reality it purports to relate. Veiled in the aura of irreducible transcendentalism and unquestionable transparency that historically surrounds the notion of truth itself, it has effectively become 'a totality set on effacing the traces of its own impossibility'.[8]

Breaking away from this dominant reading of science and medicine as 'truth', this thesis proposes a more critical approach that frames both disciplines as discourse-production machines whose primary effect is the projection over what they perceive as reality of an order whose existence arguably rests solely in the mind of the scientist. Reading the narrative promoted by scientific and medical discourses alongside Karl Popper's argument that 'historically speaking all—or very nearly all—scientific theories originate from myths' and that scientific 'discoveries' are but the fictional products of the scientific imagination, only differentiated from other forms of fiction, storytelling and myth-making by the reviewing process that should, normally, accompany them,[9]

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6 Scott L. Montgomery, 'Codes and Combat in Biomedical Discourse', *Science as Culture* 2.3 (January 1991), 341-390 (p. 385).

7 Michel Foucault, 'Truth and Power', in *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*, ed. by Colin Gordon, trans. by Colin Gordon, Leo Marshall, John Mepham and Kate Soper (Brighton. Sussex: The Harvester Press, 1980), pp. 109-134 (p. 118).

8 Slavoj Žižek, *The Sublime Object of Ideology* (London: Verso, 1989), p. 49.

9 Karl R. Popper, *Conjectures and Refutations: The Growth of Scientific Knowledge* (London: Routledge, 1989), pp. 38, 127.

this thesis proposes to approach both fiction and medicine as apparatuses engaged in the production of discourses which in turn shape, inform and ultimately constrict what a given culture qualifies as 'true'. Focusing on the re-appropriation of science by fiction, two 'discourses which in themselves are neither true nor false' but whose mobilisation within a specific context often aims to provide the appearance of truth,[10] this thesis explores how the parallel unfolding of contagion within both medical and fictional texts has created a specific 'truth' of contagion, a set of assumptions about its functioning and nature which in turn shapes our cultural response to those it affects.

Opening a space of interrogation in which the analysis of popular and medical discourses on contagion can reveal the epistemic structures that have allowed these discourses' emergence in their current form, this thesis conceives of contagion as its own narrative, a product of discourse whose reality, understood as a form of inaccessible because unmediated essence, is itself irrelevant. Emerging as part of a specific historical and social context—the current dominant explanatory model upon which contagion is rooted is the germ theory of disease that 'burgeoned with the renewed scientific spirit first of the Renaissance and then of the seventeenth and nineteenth centuries'[11]—contagion is here apprehended less as a biological or physiological event than as the socially-dependent product of a specific set of beliefs and discourses, a 'hypothetical construc[t] of our own devising'.[12]

If this re-framing, calling as it does for the ontological emptying of medicine and science's referent, could seem problematic,[13] the ontological clean slate it produces also becomes the locus of powerful new possibilities. By disrupting the dominant signifying structures surrounding contagion, this thesis proposes to open the signifier of

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10 Foucault, 'Truth and Power', p. 118.

11 Margaret Pelling, 'The Meaning of Contagion: Reproduction, Medicine and Metaphor', in *Contagion: Historical and Cultural Studies*, ed. by Alison Bashford and Claire Hooker (London: Routledge, 2001), pp. 15-38 (p. 16).

12 Peter Sedgwick, 'Illness: Mental and Otherwise', *The Hastings Center Studies* 1.3 (1973), 19-40 (p. 25).

13 To deconstruct the signifying structures of health amounts to a levelling of all differences. That is, it imposes an horizontal structure of assessment that disqualifies any attempt at raising one condition over another, beneficial or detrimental as they may be, thus cancelling the primary function of medicine itself.

contagion itself 'to new meanings and new possibilities for political resignification'.[14] By re-articulating science and medicine as sites of *production* rather than the simple spaces of *discovery* they have historically pretended to be,[15] it allows us to challenge their respective authority and to potentially open new pockets of resistance within discourse itself, pockets whose intended effect is to force a re-conceptualisation of contagion at its narratorial level. Signalling the possible disruption of the naturalising structures of knowledge- and truth-production held as the privilege of medicine, it invites their recapture by alternative systems of production whose own claim may not be to a localised and unitary truth but to a more idiosyncratic and ethical understanding of 'truths' as always already plural.

As such, the popular contagion narrative provides us with a unique point of access into the roots of contagion as an epistemic model. By positioning itself at a distance from what we may call the 'pure' medical discourse, fiction offers us a sideway access into its structures, a means to assess and critique the medical discourse by way of a parallel yet distant mode of address.[16] Free from the restrictions of realistic representation driving non-fictional accounts and narratives centred on real diseases, the texts under study here present contagion in its least mediated and most abstract form. Unbound from any real referent to which they would owe a certain form of perceived fidelity or at least an impression of fair representation, they all operate according to a model of contagion whose mechanics need only to appear realistic, to provide the appearance of realness. Detached from any requirement to mimic HIV, Ebola or any known viral or microbial modes of propagation, they present contagion as an abstract structure rather than a concrete reality, stripping the processes involved to their bare minimum and providing us with a general or universal model of contagion, a decontextualised representation reduced to its most essential purity. Focusing precisely on these texts' mobilisation

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14 Judith Butler, *Bodies That Matter: On the Discursive Limits of 'Sex'* (New York: Routledge, 1993), p. 191.

15 Cathy Waldby, *AIDS and the Body Politic: Biomedicine and Sexual Difference* (London: Routledge, 1996), p. 24.

16 Insofar, of course, as we are ready to admit that one can analyse a 'truth' by way of another set of 'truths', a practice that, in effect, amounts to little more than pitting one set of discourses against a multiplicity of others.

of contagion as a concept, this thesis proposes to deconstruct the roots of its cultural inception by effectively inviting the reader *not* to 'forget the Hollywood rules' but, on the contrary, to critically interpret the contagion narrative so as to disclose these rules' often nefarious and harmful effects and challenge these assemblages when their mobilisation results in a fundamental breach of ethics.[17]

1.1 Critical Perspectives

Few academic works have been dedicated to contagion as a cultural phenomenon. In fact, the study of contagion as a human creation, product of a certain belief system and set of discourses, has so far been the subject of only three academic books: Alison Bashford and Claire Hooker's collected edition, *Contagion: Historical and Cultural Studies* (2001); Priscilla Wald's *Contagious: Cultures, Carriers, and the Outbreak Narrative* (2008); and Margaret Battin et al.'s study, *The Patient as Victim and Vector: Ethics and Infectious Disease* (2009). Dedicated to the exploration of contagion as a myth or a 'potent web of signifiers' deployed both 'poetically, theoretically, politically and scientifically',[18] Bashford and Hooker's collection is structured as a two-part study offering a historical enquiry into the usage and cultural appropriation of contagion theory within both popular and scientific discourses as well as a more theory-driven analysis of contagion as model and structure of thought. It is primarily in this second half that contagion is truly explored and analysed as a cultural event. Arguably the most interesting foray into understanding the roots of our cultural anxiety concerning contagion to date, this section offers a strong point of entry into the study of contagion as a discursive product. Margrit Shildrick's chapter, 'Vulnerable Bodies and Ontological Contamination', for example, unfolds a careful argument for the appraisal of contagion as both a material and epistemic event. Focusing predominantly on those forms of embodiment culturally perceived as monstrous, she explores how Western culture has tended to irrationally invest disability with a contagious dimension, an ability to

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17 *Ginger Snaps*.

18 Alison Bashford and Claire Hooker, 'Introduction: Contagion, Modernity and Postmodernity', in *Contagion: Historical and Cultural Studies*, ed. by Alison Bashford and Claire Hooker (London: Routledge, 2001), pp. 1-14 (p. 4).

taint or touch, in his ontology, the healthy subject who gazes upon this 'abnormal' body. Pondering precisely what might be 'at stake in the western imaginary with its dream of containment and what marks the disabled body as a threat, as though it could contaminate',[19] Shildrick locates the primary roots of the problem in the dominant androcentric discourse on the body and its heavy reliance on vision as a privileged instrument in the subject's emergence. Arguing that this emphasis on vision at the expense of other senses stems from a drive towards distance, a desire to cleanly and clearly separate the healthy subject from its abnormal counterpart, Shildrick's reading provides some important foundations for understanding both the appeal and the cultural aura of anxiety surrounding the contagious monster.

Though less directly related to the argument underlying this thesis, the rest of the collection nonetheless offers some of the most advanced explorations into the nature of contagion currently published. In their introduction, Bashford and Hooker provide some of the foundational stepping-stones to any cultural understanding of contagion. Suggesting an approach focused on contagion's ability to bridge over domains separated by culture, they identify in contagion a perfect model for post-modern explorations into the relations that make up our social and political world. This initial post-modern stance sets the tone for the overall collection, from Marsha Rosengarten's interrogation of the effects of cross-species viral infections on our conception of the human to Melinda Rackham's study on the symbiotic relation between host and virus. Marked by a multi-disciplinary attitude in many ways close to the one promoted in this thesis, Bashford and Hooker's collection exposes the shortcomings of our current legal, medical and social systems and their intrinsic inability to tackle the paradigm shift enacted by the introduction of contagion.

Engaged in a more directly socio- and medico-legal approach, Battin et al.'s study, *The Patient as Victim and Vector: Ethics and Infectious Disease*, takes as primordial object the relation public health entertains with ethics. As they argue, when the fear of

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[19] Margrit Shildrick, 'Vulnerable Bodies and Ontological Contamination', in *Contagion: Historical and Cultural Studies*, ed. by Alison Bashford and Claire Hooker (London: Routledge, 2001), pp. 153-167 (p. 155).

contagion reaches a certain level, when it becomes 'a principal force in clinical and public health decision making, serious ethical issues concerning human rights and the just distribution of resources are likely to arise'.[20] Building upon this observation, their study proposes an exploration of the ambiguous role imputed to the infected individual within public health measures and policies, one whose dual nature as simultaneously patient and vector, victim and culprit, problematises the relation that the State entertains with its subjects. This approach to public health measures and its foregrounding of the limitations inherent to policies predicated on notions of legal autonomy, individual as well as communal responsibility and rights constitutes a vital theoretical infrastructure for any study on the contagious subject's role and function within the collective he is part of as well as the ethical weight imputed upon him by public health policies.

If both these studies investigate the cultural, legal and historical underpinnings of contagion, Wald's *Contagious: Cultures, Carriers, and the Outbreak Narrative* more directly analyses contagion's narratorial dimension. Focusing on what she calls 'the outbreak narrative', the particular set of narratorial tropes mobilised by popular media in most if not all of epidemic coverage, her study analyses news articles, non-fictional accounts and popularised medical discourses and exposes how the outbreak narrative co-opted the structures of detective fiction in order to craft its own story. Revealing the common creation by medicine and the media of a linear narrative in which scientists attempt, with more or less success, to discover the source of a crime, the pandemic, and to stop a 'killer', the villainous virus, in its spree, her study highlights the outbreak narrative's reliance on traditional fictional tropes. Focusing on the ways in which the outbreak narrative deploys traditionally fictional instruments—for example, a division between heroes and villains, the establishment of a specific temporality, a race against time, and the looming presence of national and international threats—Wald not only reveals the problematic effects these narratorial shortcuts can and have had on our cultural appraisal of epidemics and those they affect, from the anthropomorphisation

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[20] Margaret P. Battin, Leslie P. Francis, Jay A. Jacobson and Charles B. Smith, *The Patient as Victim and Vector: Ethics and Infectious Disease* (New York: Oxford University Press, 2009), p. 27.

of the disease to the construction of the virus or the infected individual as an enemy of humanity, she also uncovers some of the most troubling assumptions underlying this narratorial transposition. As she demonstrates, the outbreak narrative produced by the Western media tends towards a general demonisation of non-white and non-Western cultures and practices. Furthermore, in its insistence on finding a localised and unique source of the epidemic, it has led to the violent marginalisation of particular individuals like Mary Mallon, better known as 'Typhoid Mary', or Gaetan Dugas, the 'Patient Zero' of the HIV/AIDS pandemic.[21] Exposing the ambiguous impact of the narrativisation of disease and its propagation on those it affects, Wald's study acts as a foundation to this thesis, demonstrating how the study of discourse and the narratives our culture has used to apprehend such events can not only shape their reception but inform our relation to their actors and victims and set the conditions for their popular and medical appraisal.

If these three texts remain so far the only studies thoroughly dedicated to contagion, numerous socio-medical studies have, over the years, explored the wide network of social relations and factors that frame the experience of illness and, in particular, the experience of the HIV/AIDS infected individual as he navigates his way through life with the disease. Paula A. Treichler's 'AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification' (1987), Arthur Kleinman's *The Illness Narratives: Suffering, Healing, and the Human Condition* (1988), Cathy Waldby's *AIDS and the Body Politic: Biomedicine and Sexual Difference* (1996), Gill Green and Elisa Janine Sobo's *The Endangered Self: Managing the Social Risk of HIV* (2000), Lesley and Len Doyal's *Living with HIV and Dying with AIDS: Diversity, Inequality and Human Rights in the Global Pandemic* (2013) and Peter Piot's *AIDS Between Science and Politics* (2015) all focus on the experience of the sick individual and his role and place within the cultural structures of contemporary society. Often delineating this experience in terms of stigma, ostracisation, violence and felt discrimination, these studies all mark illness as a fundamentally social and cultural phenomenon, one whose analysis cannot be attempted outside of the web of signifiers each disease drags within

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[21] Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham: Duke University Press, 2008), p. 10.

its mist.

Rooted in a parallel understanding of illness as a crisis of representation or, more accurately, as an individual crisis imbedded within a broader social and cultural representational structure, Sander L. Gilman's *Disease and Representation: Images of Illness from Madness to AIDS* (1988) and *Health and Illness: Images of Difference* (1995) both examine the relation between this felt experience of stigma and the models of representation of disease offered to the individual by his culture. In the first study, Gilman mainly presents a historical approach to the representation of mental and physical illness. Drawing parallels between the visual tropes historically associated with the figure of the mad, from William Blake's famous *Nebuchadnezzar* print to the paintings of Edvard Munch or Robert Riggs, and the emergence in the late twentieth century of a visualisation of AIDS as disease, his main claim lies in the recognition that 'Western culture understands disease, even mental illness, in aesthetic terms'.[22] This conclusion allows him in turn to explore the potential impact that this historical association has had over the social perception of the sick individual and to expose how the representation of the HIV-infected man as depressed prevalent in late twentieth century advertising and imagery found its origins in the link created centuries earlier between the sick patient and madness.

In *Health and Illness: Images of Difference,* Gilman pursues this line of enquiry further while narrowing it down to the real aestheticism of health. Examining the relationship between health, beauty, illness and ugliness and drawing on examples from medical tracts and literary or fictional depictions alike, he argues that the representation of illness in aesthetic terms answers to a cultural desire to distance the dangerously diseased individual, if only in fantasy, from the healthy 'normal' population. It signals an unconscious bias that tends to align the internal state of the body with its external materialisation and that imagines illness as a process of revelation and exposure, a way for the disease to re-make itself into a spectacle for all to see and therefore avoid. Though both texts function as important bases in the interrogation of the link between desire,

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[22] Sander L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca; London: Cornell University Press, 1988), p. 231.

sexuality and contagion, the lack of any direct and active engagement with theory, sociological, philosophical or political, also restricts the potential impact of his study. Though he does at times draw interesting parallels and suggest potential interpretations, he also ultimately offers little in terms of critical perspective and potential alternative routes for representation, limiting its appeal here to a historical and referential role.

Whereas these studies all focus, in one way or another, on aspects of contagion fundamental to this thesis, they also present certain limitations the latter intends to address. Prime among these is their respective anchoring within specific historical and socio-cultural contexts. Deriving their theoretical discussions from the analysis of historical epidemics and outbreaks, they provide a strong background for the present study. However, this grounding also significantly reduces the scope of their exploration to specific historical iterations, hindering the kind of broader cultural approach to the contagious event that this thesis offers: an understanding of contagion as an epistemic construction apprehended outside of the strict idiosyncratic frameworks of an individual and particular disease. Building upon the observations and conclusions of these studies, this thesis proposes to extrapolate a general theory of contagion, one able to address contagion less as a particular event or series of events than as a concept, an epistemic construct, product of a specific cultural context yet not reduced to any of its individual iterations.

This general stance thus accounts for the fictional focus of my thesis, that is, for its decision to take as subject not the representation, within fiction, of real diseases—it could have, for example, focused on works by Larry Kramer, Alan Hollinghurst, Jonathan Demme or even Richard Preston—but rather instances of purposely fictional contagious diseases. Taking as starting point the belief that fiction better than any other discourse allows us to interrogate the social and cultural foundations upon which the real experience of illness and, more particularly, contagion has been built and continues to revolve, this thesis argues that it is precisely in the liberty provided by speculative fiction to explore different but parallel universes that lays the most evident proof of its critical potential.

First coined by M. F. Egan in his 1899 review of Edward Bellamy's *Looking Backward*,[23] the term 'speculative fiction' has since its creation been object of multiple definitions. Though some reviewers and authors have tended to oppose it to 'science-fiction',[24] its present mobilisation is more directly in line with the definition provided in 1966 by Judith Merrill in her essay 'What Do You Mean: Science? Fiction?' In this paper, Merrill defines speculative fiction as a set of 'stories whose objective is to explore, to discover, to learn, by means of projection, extrapolation, analogue, hypothesis-and-paper-experimentation, something about the nature of the universe, of man, or "reality"'.[25] Grouping together texts defined by a common question—'what if?'—speculative fiction is apprehended as a wide-ranging literary category, a supra-genre, whose scope includes such sub-genres as horror, science and weird fiction and fantasy. Opening up its readers' reality to new elements, its purpose is to question, challenge and disrupt common assumptions in order to disclose 'alternative ways of being in and thinking about the world'.[26] By creating 'alternative realities', it demands we reflect upon the core principles animating our own belief system, medicine included, and question what lies under those actions, policies and measures we usually tend to take as granted.

Defined by a similar interest in new and alternative spaces of exploration, the texts under study here all create new frameworks of analysis. By distancing themselves from the actuality of the experience of HIV/AIDS, Ebola, the plague or small pox, they offer a liberty of approach any study of real diseases and illness narrative does not and in effect cannot achieve. Product of the speculative nature of the texts it takes

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23 M. F. Egan, 'Book-Talk', *Lippincott's Monthly Magazine* 597 (October 1899).

24 Margaret Atwood famously argued that 'science fiction' refers to 'those books that descend from HG Wells's *The War of the Worlds*' and treats of 'things that could not possibly happen, whereas 'speculative fiction' means 'plots that descend from Jules Verne's books about submarines and balloon travel and such – things that really could happen but just hadn't completely happened when the authors wrote the books'. Margaret Atwood, 'Margaret Atwood: the road to Utopia', *The Guardian*, 14 October 2011.

25 Merril, Judith, 'What Do You Mean: Science? Fiction?', *Extrapolations,* 7 (May 1966), 30-46; 8 (December 1966), 2-19 (repr. in Thomas D. Clareson, ed., *SF: The Other Side of Realism* (Bowling Green, OH: Bowling Green University Popular Press, 1971), pp. 53-95 (p. 60).

26 Maxine Greene, 'Blue Guitars and the Search for Curriculum', *Reflections from the Heart of Educational Inquiry: Understanding Curriculum and Teaching through the Arts*, ed. by George Willis and William Henry Schubert (Albany: State University of New York, 1991), pp. 107-122 (p. 108).

as subjects, this thesis's interest in extrapolated modes of reality also accounts for its inscription within a longer tradition related to the study of the Gothic. Bringing together texts all attempting in one way or another 'to give shape to the unthinkable' while engaging with new possible epistemic realities,[27] Gothic fiction in many ways participates in the kind of cognitive expansion called for in Merrill's earlier definition. Predicated on disruption, on 'a systematic discourse of the irrational' whose primary effect is to radically 'complicate and reshape understandings of human subjectivity and the "realist" narrative forms increasingly concerned with the intricacies of human consciousness',[28] Gothic fiction has generally been defined by a core interest in derealising the human. Foregrounding the uncanny, harmed and wounded body and the trauma this body itself triggers, while simultaneously attempting to re-configure the ways in which the human itself has and can be narrated, it is marked by an 'overarching, even a sublime, *awareness* of mutability, an understanding of the ways in which history itself, and certainly narratives of history, are not stable, do not constitute a rock onto which we might cling'.[29] Like the texts under study in this thesis, it is predicated on (often-negative) affects and emotions whose predominance marks the 'deficiency, the absence, exclusion or negation of knowledge, facts or things' as it simultaneously reflects a violent excess, an 'overflow of words, feelings, ideas, imagining'.[30] An exposition of the limitations of rational Western epistemology, Gothic fiction acts as a historical precursor to many of the texts analysed in this thesis and its study provides an overarching framework for their critical apprehension.

Often themselves defined as Gothic creations, the three main figures studied here—the zombie, the vampire and the werewolf—have all been object of scholarly attention. However, like the studies already evoked, studies focused on these monsters usually tend to apprehend all three figures less in and for themselves than for their metaphorical value, their potential to stand for specific, often minoritarian, social

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27 Kelly Hurley, *The Gothic Body: Sexuality, Materialism, and Degeneration at the Fin De Siècle* (Cambridge: Cambridge University Press, 1996), p. 7.

28 Ibid., p. 6.

29 David Punter, 'Introduction: The Ghost of a History', in *A New Companion to the Gothic*, ed. by David Punter (Malden, MA: Wiley-Blackwell, 2012), pp. 1-10 (pp. 2, 3).

30 Fred Botting, *Gothic*, 2nd edn (London: Routledge, Taylor & Francis Group, 2014), p. 6.

groups. Within academic texts dedicated to the figure, the vampire has primarily been understood as a vehicle for fears of blood-related impurities, from miscegenation to syphilis and, more recently, HIV and AIDS. In his article 'Undead' (1991), Ellis Hanson, for example, highlights how, within a cultural economy in which same-sex desire can only be conceived as a site of death, the vampire became a perfectly apt metaphor for the threat implied by the seductive immorality of the homosexual man. This reading is itself echoed in Carlen Lavigne's 2004 article 'Sex, Blood and (Un) Death: The Queer Vampire and HIV', which re-affirms the ties between homosexuality, HIV/AIDS and the vampire. While Lavigne's approach clearly marks the vampire as a dangerous because transgressive figure, it also hints at a potentially more progressive reading. Focusing on the vampire's subversive queerness, on his ability to stand for both the HIV-positive homosexual male and his heterosexual counterpart as well as his infected yet immortal nature, her study exposes how the vampire inherently disrupts the popular paradigms attached to both homosexuality and the seropositive status.

If most readings align with Hanson's conclusion, apprehending the vampire as product of a rejected form of sexuality, they also more often than not restrict themselves to exposing the problematic set of assumptions underlying our cultural understanding of homosexuality without offering the kind of potential new lines of flight for the queer subject introduced by Lavigne's study.[31] More closely in line with the latter's work, Marty Fink's 'AIDS Vampires: Reimagining Illness in Octavia Butler's *Fledgling*' (2010), though focused on an arguably anomalous entry in the history of vampire fiction, nonetheless presents a welcome alternative approach in which difference, rather than a site of negative investment, becomes the source of a collective sense of identity. Yet, even though Fink's study foregrounds the vampire as a space in which the ties culturally created between homosexuality and disease can be re-appropriated as a potentially liberating force, his and Lavigne's works tend to act as exceptions rather

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[31] See for example Ken Gelder, *Reading the Vampire* (London: Routledge, 1994), Nina Auerbach, *Our Vampires, Ourselves* (Chicago: University of Chicago, 1995); *Blood Read: The Vampire as Metaphor in Contemporary Culture*, ed. by Joan Gordon and Veronica Hollinger (Philadelphia: University of Pennsylvania, 1997) or John S. Bak, *Post/modern Dracula: From Victorian Themes to Postmodern Praxis* (Newcastle: Cambridge Scholars Publishing, 2007).

than rule, leaving most studies on the vampire focused on highlighting the cultural violence underlying the affiliation of the gender fluid and sexually ambiguous vampire with disease contraction and behaviours culturally read as perverse.

If studies of the vampire have historically tied the figure to concerns over blood purity and queer sexuality, these questions also occupy a central place in academic enquiries into the figure of the werewolf. Traditionally conceptualised as the unleashing of a mythical 'beast within', the werewolf has predominantly been apprehended through the lens of animality understood as a debasing of the human result of a breach in social norms. As its title suggests, Chantal Bourgault du Coudray's *The Curse of the Werewolf: Fantasy, Horror and the Beast Within* (2006) focuses on the relation established through the werewolf between humanity and the animal realm, invested as it is by different forms of anxieties related to gender norms and, more particularly, masculinity. This reading finds echoes in numerous other studies, from Phillip A. Bernhardt-House's article 'The Werewolf as Queer, the Queer as Werewolf, and Queer Werewolves' (2008) to April Miller's '"The Hair that Wasn't There Before": Demystifying Monstrosity and Menstruation in *Ginger Snaps* and *Ginger Snaps Unleashed*' (2005), Jazmina Cininas's 'Wolf Girls and Hirsute Heroines: Fur, Hair and the Feminine' (2011) or Kimberley McMahon-Coleman and Roslyn Weaver's *Werewolves and Other Shapeshifters in Popular Culture: A Thematic Analysis of Recent Depictions* (2012), which all in one way or another locate in its *were*-dimension the sign of a breaching of traditional taxonomy, whether it relates to the distinction between human and animal or male and female realms. Like the vampire's perverse sexuality, this breaching, in turn, allows the werewolf to stand for different forms of social contravention whose resistance to dominant classificatory systems find in the 'monster' a perfect metaphor.[32]

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[32] It is important to note here that most studies indiscriminately conflate lycanthropy and shape-shifting. Only the former will be addressed by this thesis as shape-shifting does not, in the majority of cases at least, imply any form of contagious propagation.

Though its resurgence in Western culture is arguably more recent,[33] studies dedicated to the zombie have, like those concerned with the werewolf and the vampire, primarily approached it through the prism of metaphor. From Gregory A. Waller's study *Living and the Undead: Slaying Vampires, Exterminating Zombies* (1986) to Sarah Juliet Lauro and Karen Embry's 'A Zombie Manifesto: The Nonhuman Condition in the Era of Advanced Capitalism' (2008), the zombie has mainly been understood as a symbol or sign of a broader cultural shift. For Waller, the zombie is part of a wider narrative of monstrosity that includes the vampire as well and in which both figures emerge as socially disruptive presences. Where the vampire's perverse social mores and implied homosexuality is read as a threat to the small community-mind-set of rural America and its reliance on family unity, the zombie responds to and embodies a different set of anxieties tied to the remaining traces of Cold War rhetoric aligned with the red menace and the invisible threat within. Through its collective dimension and the erasure of individuality it signals, the zombie materialises for Waller the effects of communism on idiosyncratic identities. But more perniciously, and read within the cultural context of McCarthyism, it also unfolds as a perfect metaphor for the revelation or discovery of the rot growing at the core of the American way of life. Though Waller's reading specifically centres on the threat of communism, most if not all approaches to the figure

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[33] Appearing first in late nineteenth-century travel narratives and born out of the encounter between European pilgrims and Haitian folklore, the zombie also underwent a fundamental transformation when it re-emerged in American culture in 1968 in George Romero's *Night of the Living Dead* and became an essentially contagious monster. Until then, the zombie had primarily appeared in a few horror films and stories usually linked to Caribbean folklore and the slave trade. Victor and Edward Halperin's 1932 film *White Zombie*, itself an adaptation of *The Magic Island* by William Seabrook, for example, takes place in Haiti and sees a young woman being transformed into a zombie by a powerful voodoo master for the pleasure of a plantation owner. Like in Jacques Tourneur's 1943 *I Walked with a Zombie*, zombism here simply refers to a form of possession, a condition in which the will of a predominantly female victim is reduced to naught and her subjectivity 'is removed entirely, displaced to the role of the master'. Inspired by Matheson's *I Am Legend*, Romero introduced in 1968 a different form of zombism into American culture. Defined primarily by an ability to transform whomever it bites into another zombie, Romero's zombie would soon become the dominant model for all subsequent iterations of the myth. For more on the history of the zombie see Sarah Juliet Lauro and Karen Embry, 'A Zombie Manifesto: The Nonhuman Condition in the Era of Advanced Capitalism', *Boundary 2* 35.2 (2008) 1-42, Sorcha Ni Fhlainn, 'All Dark Inside: Dehumanization and Zombification in Postmodern Cinema', in *Better off Dead: The Evolution of the Zombie as Post-human*, ed. by Deborah Christie and Sarah Juliet Lauro (New York: Fordham University Press, 2011), pp. 139-157; or Deborah Christie, 'A Dead New World: Richard Matheson and the Modern Zombie', in *Better off Dead: The Evolution of the Zombie as Post-human*, ed. by Deborah Christie and Sarah Juliet Lauro (New York: Fordham University Press, 2011), pp. 67-80.

are marked by a similar focus on the zombie as a sign of the imminent destruction of the American and Western way of life.

Contributing to this movement yet more openly engaged in theoretical analysis, Lauro and Embry's manifesto shifts the referent of the zombie metaphor away from communistic invasion and towards an erased mode of consciousness, result of violent consumerism and rampant capitalism. Focusing primarily on the zombie as concept and drawing connections between its initial relation to slavery in the Haitian folklore and its actualisation by George A. Romero in American popular culture in the late 1960s, they propose a reading of the figure conceptualised through the prism of posthumanist theory. Where the posthuman has tended to be seen as a site of positive new potentialities, an opening up of the social structures to alternative agendas and assemblages,[34] the zombie, they argue, embodies a more pessimistic posthuman future marked by the death of the subject. Reading in the figure the signs of an anti-subject, their zombie marks the obliteration of both subject and object as it simultaneously reveals the insufficiencies of the dialogical dominant model of subjectivity itself. Participating in a similar posthumanist movement, Deborah Christie and Sarah Juliet Lauro's edited collection, *Better off Dead: The Evolution of the Zombie as Post-human* (2011), presents a series of metaphorical examinations in which the zombie is alternatively made to stand as product of respectively slavery, the nuclear age, suburban America, the military or as embodiment of the modern deadbeat. Within all these readings,[35] the zombie has been irremediably conceived of as a purely destructive force, an abject warning against the dissolution of the subject implied by the 'posthuman' living dead.

Most, if not all, of the studies dedicated to either of the three figures have tended to offer primarily metaphorical explorations in which scholars have read the contagious

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34 Most notably in Donna J. Haraway, 'A Manifesto for Cyborgs: Science, Technology, and Socialist Feminism in the 1980s', *Australian Feminist Studies*, 2.4 (1987), 1-42; and Katherine Hayles, *How We Became Posthuman: Virtual Bodies in Cybernetics, Literature, and Informatics* (Chicago: University of Chicago, 1999).

35 One can add to these two studies Kevin A. Boon, 'Ontological Anxiety Made Flesh: The Zombie in Literature, Film and Culture', in *Monsters and the Monstrous: Myths and Metaphors of Enduring Evil*, ed. by Niall Scott (Amsterdam: Rodopi, 2007), pp. 33-43; *Zombie Culture: Autopsies of the Living Dead*, ed. by Shawn McIntosh and Marc Leverette (Lanham, MD: Scarecrow, 2008); or Carl Joseph Swanson, '"The Only Metaphor Left": Colson Whitehead's *Zone One* and Zombie Narrative Form', *Genre* 47.3 (2014), 379-405.

Other as the revelatory site of the more or less hidden aspects of our relation to gender, race, sexuality, capitalism and other cultural notions. Warranted by texts that often strongly hint at the metaphorical dimension of their protagonists, these studies all play an important part in understanding the diegetic reading of the creatures. However, by promoting a reading of the monster in line with its intra-diegetic appraisal, these studies also fail to capture the incredible power of fascination contained within the contagious being himself.[36] By re-centring the focus on the contagious nature of all three mythical figures, this thesis intends to show how the infected and infectious monster unfolds as a site of violent anxieties precisely due to the liberatory and subversive potential of contagion, that is, its ability to, as Antonin Artaud argues, disengage powers and liberate possibilities.[37] If 'these possibilities and these powers are dark',[38] it is therefore neither the fault of contagion, nor that of its monster, but of the restricted and restrictive frameworks—social, political, theoretical and ethical—within which the two are apprehended, frameworks it is our duty to deconstruct and challenge.

1.2 Contemporary Resurgence and Text Selection

In order to offer the kind of in-depth exploration it intends to offer, this study is organised around five primary texts or groups of texts: Robert Kirkman's *The Walking Dead* and its televisual adaptation by the American cable channel AMC; Richard Matheson's 1954 novel *I Am Legend* and its three movie adaptations, the 1964 *The Last Man on Earth*, the 1971 *The Omega Man* and the 2007 *I Am Legend*;[39] the Syfy television series *Being Human*, itself an adaptation of the BBC show of the same name; Octavia E. Butler's 1984 novel *Clay's Ark*, the last entry in her Patternist series; and, finally,

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36 This failure in large part stems from the often metaphorical nature of these readings, one that does not allow any easy integration of contagion, as racial, gender or Marxist readings can only difficulty accommodate the contagious dimension of the creatures they take as subjects.

37 Antonin Artaud, *The Theater and Its Double*, trans. by Mary C. Richards (New York: Grove, 1958), p. 31.

38 Ibid., p. 31.

39 Though two additional adaptations of Matheson's novel exist—Steve Niles and Elman Brown's comic *Richard Matheson's I Am Legend* was released in 1991 and The Asylum's direct-to-DVD *I Am Omega* in 2007—Niles and Brown's comic adds little to its literary basis, using long strands of Matheson's prose as caption material, and *I Am Omega* is a poorly produced attempt at capitalising on the release of the major picture distributed that same year by Warner Bros. Pictures.

Charles Burns's seminal comic *Black Hole*, published as a twelve-part series between 1995 and 2005 and released in a collected form in 2005. Though its direct engagement with primary material remains restricted to these five texts, this study also intends to draw much broader conclusions as to the nature and cultural apprehension of contagion and the potential for re-articulation of the social, political and theoretical orders it inexorably seems to invite. In order to address the contagion narrative as genre and contagion as a concept, it therefore draws from a much wider body of texts going as far back as the late nineteenth century and whose entries, though absent from the present work, nonetheless underlie its findings.[40]

This general intention also accounts for the decision to solely focus my analysis on American texts. Indeed, though the fictional contagion narrative has, over the past years, expanded far beyond the American imagination, the latter remains the prime producer of contagion fiction and thus its most powerful site of definition, shaping its narrative and imposing the structures of its re-telling to the rest of the world. The fact that most non-American iterations either acts as localised forms of adaptation (the 2007 Spanish film *Rec* and the 2009 French *The Horde* both re-locates the opening scene of Romero's 1978 *Dawn of the Dead* to respectively a Spanish apartment building and a condemned high-rise in the heart of Paris) or parodies (from Edgar Wright's 2004 *Shaun of the Dead* to Alejandro Brugués's *Juan of the Dead* (2011)) indicates the potency of the American narrative and the epistemic model it promotes. As it intends to expose the invisible structures and mechanisms underlying the Western conceptualisation of contagion, it is therefore only logical that this thesis would focus on its most powerful

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40 Beginning with Bram Stoker's famous novel *Dracula*, the analytical work done prior to this thesis includes such texts as Anne Rice's Vampire Chronicles, the 1983 film *The Hunger* and the 1987 *The Lost Boys* as well as the Marvel-produced *Blade* series started in 1998 and ended in 2004, the Twilight and Southern Vampire Mysteries series by Stephenie Meyers and Charlaine Harris as well as their filmic and televisual adaptations, Justin Cronin's trilogy (*The Passage* (2010), *The Twelve* (2012) and *The City of Mirrors* (2016)), Romero's Living Dead series, Lucio Fulci's 1979 *Zombi 2*, Danny Boyle's *28 Days Later* (2002) and its sequel *28 Weeks later* (2007), Edgar Wright's *Shaun of the Dead* (2004), Max Brook's novel *World War Z: An Oral History of the Zombie War* (2006) and its adaptation (2013), the 1935 *Werewolf of London* (first entry into the Western canon of the contagious werewolf), George Waggner's *The Wolf Man* (1941), Gary Brandner's novel *The Howling* (1977) and its 1981 adaptation by Joe Dante, John Landis's *An American Werewolf in London* (1981), Mike Nichols's *Wolf* (1994), Kelley Armstrong's 2001 novel *Bitten* and its televisual adaptation (2014) and finally the 1985 comedy *Teen Wolf* and its adaptation for the MTV channel (2011).

site of contemporary production, the American speculative imagination.

Though contagion and its literary mobilisation historically pre-dates the twentieth century,[41] the decision to focus on its more recent incarnations stems not only from an interest in presenting a contemporary portrayal of the issues relevant to today's management of contagion as an epistemic phenomenon, but also from the recent resurgence of interest, within popular culture, in contagion's main three mythical figures. Itself a continuation of the wide appeal generated by Josh Whedon's *Buffy the Vampire Slayer* and *Angel* series, the success in recent years of franchises like Stephenie Meyer's *Twilight* and Charlaine Harris's *The Southern Vampire Mysteries*, basis of the HBO television series *True Blood*, has brought both vampire and werewolf monsters back into the Western imagination.[42] Countless additions to the genre have since made their way to the bookshelves and screens of the world. Though the temporal origins of this re-emergence may themselves be difficult to pin down—the vampire never really ceased to trouble the Western imagination since its introduction and one may argue that the contagious werewolf has for the past seventy years at least retained a similarly wavering presence in Western fiction—the early years of the twenty-first century have clearly been marked by a resurgence of contagion's most emblematic representatives. Steve Niles's 2002 graphic novel *30 Days of Night* was transposed to the screen in 2007. Richelle Mead's *Vampire Academy* series, published first in 2007, was adapted into film in 2014. L. J. Smith's *The Vampire Diaries*, originally published in 1991-1992, was acquired by The CW television network in 2009 and is now in its seventh

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41 The notion of embodied and psychic transmission underlies most if not all Western theories of moral behaviour, if only implicitly, as exemplified in the long debate surrounding the potential of literature to lead the reader astray, from Plato's famous objection to poetry to discussions on the virtue of the novel in the seventeenth century. See Mark Edmundson, *Literature Against Philosophy, Plato to Derrida: A Defence of Poetry* (Cambridge: Cambridge University Press, 1995) or Michel Fournier, 'The Pathology of Reading: The Novel as an Agent of Contagion', in *Imagining Contagion in Early Modern Europe*, ed. by Claire Carlin (Basingstoke: Palgrave Macmillan, 2005), pp. 195-211.

42 The three main figure under study here all have long histories and the archetypes they represent, be it the undead, the ghost, the revenant, the animal-man or the anthropomorphised beast, have iterations in most if not all human cultures. Their resurgence at different time periods in Western history often results from a parallel foregrounding of the three core issues raised by this thesis, notably the relation between selfhood and embodiment, morality and sexuality and the role of the individual in society and his relation to the law. For example, the re-apparition of vampires, werewolves and ghosts in Gothic fiction in many ways answers a call in Edwardian and Victorian society to polish the body and to normalise its behaviour. See Punter or Hurley.

season, having spun its own offshoot series *The Originals* in 2013. The latter is now accompanied by a new bound-in series of novels inspired by the show.

The werewolf has similarly been re-actualised, over the past few years, in new series often aimed at young adult audiences but reaching far beyond their intended demographic. In 2000, *Ginger Snaps* opened on Canadian screens and soon became a cult favourite, spinning two sequels, *Ginger Snaps Back: The Beginning* and *Ginger Snaps Back: The Beginning*. Kelley Armstrong's 2001 *Bitten*, the first novel in her Women of the Otherworld series, was adapted for television by the Canadian TV channel Space in 2012. All three parts of Maggie Stiefvater's *The Wolves of Mercy Falls* trilogy, released between 2009 and 2011, were *The New York Times* bestsellers upon release, a feat Patricia Briggs's Mercy Thompson series accomplished nine times between 2006 and 2016. In 2005, Wes Craven, the director behind such successful franchises as *Nightmare on Elm Street* and *Scream*, released *Cursed*, his attempt at renewing the genre by introducing a female werewolf in a generally male-dominated genre. In 2010, Universal Pictures remade its 1941 classic *The Wolf Man*, this time with a cast including Sir Anthony Hopkins, Benicio Del Toro and Emily Blunt; and in 2011, finally, MTV resuscitated the 1985 cult horror comedy *Teen Wolf* for the small screen with tremendous success, announcing on 9 July 2015 it was renewing its series for a sixth season.[43]

Arguably a more recent addition to the Western imagination—as Lauro and Embry argue, the zombie is a colonial import that 'infiltrated the American cultural imagination in the early twentieth century, at the time of the U.S. occupation of Haiti'[44]—the zombie has also seen a surprising resurgence following the success of Max Brooks's 2006 horror novel and more importantly Robert Kirkman's series *The Walking Dead*. Indeed, Brooks's novel, a follow-up to his survival-manual *The Zombie Survival Guide*,

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43 Elizabeth Wagmeister, 'Teen Wolf' Renewed for Season 6 at MTV', *Variety*, 9 July 2015. <http://variety.com/2015/tv/news/teen-wolf-season-6-renewed-1201537403>, [Accessed 09 September 2016].

44 Lauro and Embry, 96.

sold over a million copies in all formats combined by 2011,[45] two years before its adaptation for the cinema, an adaptation which earned more than 500 million dollars worldwide.[46] Though less popular, Kirkman's comic series, first published in October 2003, is nonetheless, at the time of writing, on its hundred-and-fifty-second issue. From its original estimated monthly sales of 7,266 in October 2003,[47] the series reached an all-time record-high in October 2013 when it sold out on the day of its release, selling an estimated 352,000 copies, officially making it the most sold single-issue comic in the United States for that year.[48] Like the vampire and the werewolf, these texts have also since sprung their own variations. In 2010, Seanan McGuire, acclaimed author of urban fantasy fiction, released the first novel in her Newsflesh series, *Feed*. The latter as well as its two sequels *Deadline* and *Blackout* all were nominated for the Hugo Award for Best Novel in their respective years. In September 2015, the success of *The Walking Dead* compelled the Syfy channel to develop its own zombie narrative, *Z Nation*, which premiered to mixed reviews yet nonetheless averaged a 1.42 million viewership per episode throughout its first season.[49]

If these numbers were not indication enough of the respective success of all three figures, zombies, vampires and werewolves have, over the past few years, also started 'contaminating' other genres. In 2004, Edgar Wright released his second feature, the horror comedy *Shaun of the Dead*, which earned a total 30 million dollars worldwide and has since taken a cult status.[50] The success of the film and its merging of comedy

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45 'Brooks's *World War Z* Hits Sales Milestone', *Publishers Weekly*, 10 November 2011. <http://www.publishersweekly.com/pw/by-topic/industry-news/publisher-news/article/49456-brooks-s-world-war-z-hits-sales-milestone.html>, [Accessed 11 July 2016].

46 Alice Vincent, 'World War Z becomes Brad Pitt's highest-grossing film', *The Telegraph*, 12 August 2013. <http://www.telegraph.co.uk/culture/film/film-news/10237236/World-War-Z-becomes-Brad-Pitts-highest-grossing-film.html>, [Accessed 11 July 2016].

47 'October 2013 Comic Book Sales Figures: Estimated Comics Sold to North American Comics Shops as Reported by Diamond Comic Distributors', *Comichron: The Comics Chronicles*, October 2013. <http://www.comichron.com/monthlycomicssales/2003/2003-10.html>, [Accessed 11 July 2016].

48 Ron Richards, '*The Walking Dead* #115 Sells Out of Bestselling Print Run', *Berkeley: Image Comics*, 11 October 2013. <https://imagecomics.com/content/view/the-walking-dead-115-sells-out-of-bestselling-print-run>, [Accessed 11 July 2016].

49 '*Z Nation*: Season One Ratings', *TV Series Finale*. <http://tvseriesfinale.com/tv-show/z-nation-season-one-ratings-33873>, [Accessed 11 July 2016].

50 '*Shaun of the Dead*', *Box Office Mojo*, <http://www.boxofficemojo.com/movies/?id=-shaunofthedead.htm>, [Accessed 11 July 2016].

and zombie horror have since given birth to its own strand of copycats. In 2009, Ruben Fleischer directed *Zombieland* in which a group of amateur zombie slayers attempts to survive the apocalypse, a premise more or less copied by the 2015 *Scouts Guide to the Zombie Apocalypse*, in which three boy scouts join forces with a stripper in order to save their hometown. Vampire and werewolves have also been subjected to this renewed marriage of horror and comedy, notably in Taika Waititi and Jemaine Clement's 2014 *What We Do in the Shadows* and in the 2011 remake of the 1985 classic horror comedy *Fright Night*.

In a parallel comedic movement, Seth Graham-Smith, an author known for his non-fictional writings on horror cinema and the pornographic industry, has since 2009 become famous for his mashup novels *Abraham Lincoln: Vampire Hunter* and *Pride and Prejudice and Zombies*, both of which became major movie studio features in 2012 and 2016 respectively. As their titles suggest, these texts invite their audience to re-visit American history and British literature in the light of a vampire and zombie presence. This kind of re-imagining is also at work in Dan Abnett and I.N.J. Culbard's comic series *The New Deadwardian*, in which Inspector George Suttle tries to solve crimes in an England divided between vampire upper class and human and zombie lower classes. Even the world of superheroes has not been immune to this propagation. In December 2005, Marvel released the first of a five-issue limited series that would become its own successful and on-going series, *Marvel Zombies*. Developed by Kirkman himself, it stages a fight between infected legions of superheroes battling for survival in a world deplete of human lives, their primary source of nourishment.

Amidst such a large and diverse production, selecting five texts capable to stand as metonymic examples of the whole genre is no easy feat. However, Kirkman's series, *Being Human*, Matheson's novel and its subsequent adaptations, Butler's *Clay's Ark* and Burns's *Black Hole* all ground themselves within the same core structure. Simultaneously parts and products of a broader narrative of contagion that has tended to perceive the contagious being as a threat to the normative order of health, each of these texts extrapolate on a core foundational basis, a set of shared assumptions

about what it means to become contagious and how one should react and apprehend the contagious monster in both its contagiousness and its monstrosity. As Jacques Derrida argues, it is a fundamental aspect of iterability that it 'requires the origin to repeat itself originarily, to alter itself so as to have the value of origin, that is, to conserve itself'.[51] Iteration defines itself through the conservation of a core. In each iteration is inscribed the repetition of a set of tropes whose reiteration signals its appurtenance to a specific genre of discourse as well as its adoption of a certain belief structure whose authority is confirmed in each actualisation. What this thesis therefore argues is that, like all narratives, the narrative of contagion unfolds as an act marked by both repetition and actualisation. It (re-)constitutes itself in each new iteration by enforcing the repetition of a specific set of tropes whose recognition allows the possibility of categorisation and labelling.

If reiteration is therefore marked by a certain conservative dimension, it also entails the parallel introduction of difference within repetition, that which makes every iteration different from the one that precedes and the one that follows it. Product of the injection within each new re-actualisation of some essential idiosyncratic differences, it creates a situation in which, if each text repeats a set of specific elements whose presence allows it to inscribe itself within a given genre or tradition, it also distinguishes itself by its privileged idiosyncratic position which allows it to stand apart from all previous and future iterations of the same narrative. In this way, all the texts under study here, while borrowing their overall structure and foundations from the history of the genre and therefore participating, in one way or another, in its continuation, also present unique opportunities for analysis. Be it the predominantly visual dimension of Kirkman's series and its reliance on a contagious body apprehended through the medium of the gaze; the rare co-presence of two emic points of view offered by *Being Human*'s two main protagonists, Josh the werewolf and Aidan the vampire; the heavily critical and self-aware perspective presented by Matheson on the role and place of the State in the event of an epidemic and the relation between the norm and the collective;

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[51] Jacques Derrida, 'Force of Law: The "Mystical Foundation of Authority"', *Cardozo Law Review* 11.919 (1990), 920-1045 (p. 1009).

or be it the more progressive readings introduced by Butler and Burns in their emphasis on unknowability, becomings and multiplicity and the re-thinking of illness through performance, each of the texts under study here presents a mixture of repetition and difference; each participates in a broader narrative of contagion while offering a unique perspective on the event it takes as its core.

1.3 Critical Approach

It is precisely at the intersection between repetition and difference, past and future, that this thesis locates itself and finds its most potent site of intervention. Proposing a deconstruction of the narratorial structures of the contagion narrative, its objective is not so much to introduce a new total theory, a totalised space of transformation, but rather to jam the theoretical machinery itself, suspend its pretension to 'the production of a truth and of a meaning that are excessively univocal' and disrupt its discursive power and question the sources of its authority.[52] In his exploration of Marxism and literary criticism, Terry Eagleton constructs power as a multi-modal structure involving a plurality of epistemic models, 'political, religious, ethical, aesthetic and so on'.[53] This multi-dimensional aspect of power accounts for the multi-disciplinary approach taken by this thesis, that is, an approach that conceptualises contagion not simply through the lens of medical and public health discourses but as a cultural construct emerging as and at the intersection of multiple fields of enquiry. However, because any discussion of contagion invariably calls for an interrogation as to the nature of the body—bodies as material entities, bodies as discursive concepts, bodies in relation with other bodies, material bodies and bodies of discourse—this thesis begins and ends at the body. It locates as its core the ways in which our cultural understanding of the body and its place and role in society has and continues to shape our understanding of the world or, rather, how the epistemic structures that we have built around the body in many ways echo our understanding of its means of engagement with the world.

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52 Luce Irigaray, *This Sex Which Is Not One*, trans. by Catherine Porter and Carolyn Burke (Ithaca: Cornell University Press, 1985), p. 78.

53 Terry Eagleton, *Marxism and Literary Criticism* (London: Methuen, 1976), p. 5.

Stemming from this reading, this thesis exposes contagion as the product of 'a certain "political economy" of the body',[54] where the latter is not solely conceived in its materiality, but where this materiality is itself invested with individual, social, political, ethical and ultimately epistemic significations. It posits a body continuously re-worked by an assemblage of powers. This thesis therefore understands the body as a materiality upon which power relations have an immediate hold, powers which 'invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs'.[55] Yet it also recognises the body as its own source of power. It acknowledges, if only through the need expressed by culture for its continuous containment, the potential for disruption inherent to the body, its ability to challenge the constructions and mechanisms repeatedly put in place to limit and define the conditions of expression of its own internal power. Theories on and of the body as well as those concerned with its role and place in relation to notions of subjectivity and selfhood therefore play an important part in the structure of this work. To understand contagion is first and foremost to understand what it means to *have a body* and to *be embodied*.

Drawing on the work on embodiment and embodied subjectivity developed by the French existentialists Maurice Mérleau-Ponty and Jean-Paul Sartre, this thesis primarily locates in the embodied epistemology they both promote a means to explore the problematic implications of contagion when inscribed within the dominant model of subjectivity upheld by Western culture, model itself product of a firm dualistic framework in which body and mind are constantly at odds with each other. Borrowing from phenomenology's own findings as well as from what may be seen as some of its by-products or derivative fields of enquiries—be it the psychoanalytical theories of Jacques Lacan or the post-Lacanian feminist works of Julia Kristeva, Elizabeth Grosz, Luce Irigaray and Judith Butler, all re-positioned the body as a core site of emergence of the subject and thus aligned their findings with those of phenomenology—this thesis constructs the body as the stage of a cultural conflict between a normative model of

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54 Michel Foucault, *Discipline and Punish: The Birth of the Prison*, 2nd edn, trans. by Alan Sheridan (New York: Vintage, 1995), p. 25.

55 Ibid., p. 26.

representation and a subject whose material corporeality seems to inexorably expand beyond this restrictive representational framework. To the healthy 'normal' body, it opposes a contagious one whose continuous refusal to conform to the normative imperative of symbolisation and whose repeated breaching of the sacrosanct boundaries of the individual result in a classification as dangerously abnormal and ultimately monstrous.

Be it the zombie, the vampire, the werewolf, the Clayark or *Black Hole*'s bug-infected teenager, the contagious individual, at the moment of contraction, inexorably seems to enter the ambiguous realm of the monstrous. From this liminal space of abnormality, he threatens not only the healthy body and subject, but the structures of normativity themselves. This emphasis on a forbidden space of abnormality accounts for the predominance, within this thesis, of psychoanalytical and post-psychoanalytical theories. Monster theory remains indeed largely dominated by psychoanalytical readings predicated on unacceptable desires and unconscious fantasies. Structured around the dream- or nightmare-like quality of horror and fantasy fictions, it often proposes to interpret the monster as a cathartic outlet for inadmissible and socially condemned drives and practices. Be it Kelly Hurley's *The Gothic Body: Sexuality, Materialism, and Degeneration at the Fin de Siècle* (1996), Jeremy Jerome Cohen's *Monster Theory: Reading Culture* (1996), Margret Shildrick's *Embodying the Monster: Encounters with the Vulnerable Self* (2002) or Barbara Creed's *Phallic Panic: Film, Horror and the Primal Uncanny* (2005), all locate the roots of their readings within psychoanalytical theory, if only, at times, to better reject it.[56] Positioning itself in the continuation of these studies, this thesis anchors its exploration of contagion and its relation to subjectivity within Freudian and Lacanian theories of ego developments and takes as foundation the powerful cultural articulation these theories have offered of the body as the subject's unitary point of entry into the world, the basis of his own being-in- and for-the-world.

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[56] This absorption by monster theory of some of the findings and tenets of psychoanalytical theory may also be a simple sign of the successful internalisation of psychoanalysis's own notions and concepts by the general popular discourse of fiction.

Though it is largely indebted to the readings offered by psychoanalytical theorists, this thesis also positions itself at a distance from such findings. Offering a strong critique of some of the assumptions that have suffused psychoanalytical readings of subjectivity and self-identificatory processes, whether it is the erasure of a large portion of the population and their embodied experience effected by the assumption of universality they take as foundation or the emphasis they put on normative epistemic structures, it exposes how these theories have all tended to lead to violently exclusionary social practices, including self-stigmatisation and 'forced' treatment.[57] Drawing on the critique offered by feminist scholars as well as on the deconstructive method developed by Derrida, the approach promoted here intends to explore and highlight the effects that Western dominant theories of selfhood have had on the perception, internal and external, of the contagious being *as contagious*. This thesis therefore participates in the kind of cultural movement called for by Ngaire Naffine when she invites scholarly interventions 'into the workings of language designed to reveal the limits of concepts we often treat as unproblematic and so use unthinkingly'.[58] Rooted in the kind of parasitic reading Simon Critchley defines as the core foundation of deconstruction, this thesis intends to open up the contagion narrative to 'the blind spots or ellipses within the dominant interpretation', to locate the site of alterity within this interpretation and to ultimately disclose the undecidable roots at the heart of all readings.[59]

Beyond allowing us to approach the body in all its contradictory dimensions, this deconstructive approach also participates in a larger engagement with what we might call the ethical imperative called forth by contagion. In its ability to bridge over boundaries previously considered as safe, contagion tends to irreducibly invite the constitution of a discourse of risks, dangers, violence and control. Both victim and vector of disease, the contagious subject finds himself in the ethically problematic position of being both

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57 This refers both to the enforcing of treatment through physical instutionalisation by another party and as a more pernicious felt obligation to seek treatment expressed by the affected individual himself.

58 Ngaire Naffine, *Feminism and Criminology* (Philadelphia: Temple University Press, 1996), p. 89.

59 Simon Critchley, *The Ethics of Deconstruction: Derrida and Levinas* (Oxford: Blackwell, 1992), p. 23.

and simultaneously a threat to others as well as himself in danger. A fundamentally relational notion,[60] contagion compels us to consider prevention as a bi-directional practice. It forces us to articulate public health 'not just from the outside, as a matter of preventing harm to separate others' but from the perspective of a subject 'who might harm others by transmitting disease' yet who 'by the same act might also be harmed by them'.[61] Mobilising practices that often directly clash with the liberal foundations of our political system, public health has historically responded to the violence associated with contagion by applying an alternative form of violence of its own device. Where the problematic nature of this response has been largely covered by sociological studies exploring its impact on those it targets—from a reluctance to disclosing one's status to a sense of internalised stigma and outrage respectively results of social exclusion and the violation of privacy laws[62]—few works have explored the relationship between representation and response, between the cultural act of imagination that posits the contagious being as dangerous and the violence mobilised against him.

By analysing and deconstructing the mobilisation by the popular narrative of contagion of a Western ideal of State power understood as a guarantor of the public's health, this thesis exposes the ways in which the notion of ethics itself has become a perverted instrument in the legitimisation of the State's own privilege over the use of violence as a means of 'enforcing' safety rules. Drawing largely on Foucault's study of the power structures at work in the State-founded apparatuses of the clinic, biomedicine and the prison, it explores how fiction has mobilised what Foucault calls 'the political dream of the plague', that is, the moment when 'the spatial partitioning and subdivision (*quadrillage*) of a population is taken to its extreme point, where

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60 As Bashford and Hooker argue, 'quite literally, according to its etymology ("con": together; "tangere": to touch), contagion can put us in touch'. Bashford and Hooker, 'Introduction', p. 11.

61 Battin et al., p. 87.

62 See Stacey D. Blayer, 'But Names Will Never Hurt Me: HIV Surveillance and Mandatory Reporting', *Boston College Law Review* 39.5.5 (1998), 1175-1214; Roger Crisp, 'Autonomy, Welfare and the Treatment of AIDS', in *AIDS: A Moral Issue: The Ethical, Legal and Social Aspects*, ed. by Brenda Almond (Basingstoke: Macmillan, 1996), pp. 56-67; *Public Health Ethics: Theory, Policy, and Practice*, ed. by Ronald Bayer, Lawrence O. Gostin, Bruce Jennings and Bonnie Steinbock (Oxford: Oxford University Press, 2007) or Peter Kemp, 'From Ethics to Bioethics', in *Questioning Ethics: Contemporary Debates in Philosophy*, ed. by Richard Kearney and Mark Dooley (London: Routledge, 1999), pp. 283-293.

dangerous communications, disorderly communities, and forbidden contacts can no longer appear' or when the 'exhaustive sectioning (*quadrillage*) of the population by political power, the capillary ramifications of which constantly reach the grain of individuals themselves, their time, habitat, localisation, and bodies' is brought to its apex.[63] In order to do so, it engages with a wide network of theories concerned with the nature of the law as well as the relations the latter establishes between State and individual, autonomy and responsibility, life and death. Primarily rooted in a Derridean reading of the law as performative and in the approach to ethics as relation promoted by Emmanuel Levinas, this thesis analyses the epistemic constitution of contagion as violence and exposes the impact this construction has had on its cultural inscription within a political rhetoric of war and security.

1.4 Thesis Overview

Responding to what it perceives as a call for a new ethics of public health, for a deconstruction of both the narrative of contagion itself and the practices surrounding contagion as a medical, social and political event, this thesis is articulated around three primary cultural sites of anxiety. Unsurprisingly, these three axes also parallel the three discursive models of interpretation Foucault associates with the domain of abnormality: the human monster, the individual to be corrected and the masturbating child.[64] Like Foucault's work, my analysis of contagion is therefore constructed around a triad of contraventions to the order culturally symbolised by respectively the healthy and normal body, the law and a proper and reproductive conception of sexuality. In this way, contagion unfolds as a triple violation: first, it breaches what might be referred to as the 'natural' laws of the body and thus forces us to consider the material and discursive construction of contagion as an action *of* and *on* the body; second, by usually constituting a threat to human life, it raises issues of agency and danger in that it pins the rights and privileges of the contagious individual against the safety and right to health of the public, itself a core foundation of the liberal conception of the State and

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63 Michel Foucault, *Abnormal: Lectures at the Collège De France 1974-1975*, ed. by Valerio Marchetti and Antonella Salomoni, trans. by Graham Burchell (London: Verso, 2003), p. 47.

64 Ibid., p. 55.

its power of authority; finally, often marked as the product of a sexual encounter, 'the closest and most problematized contact of all',[65] contagion disrupts the productive and life-affirming dimension of sexuality and re-frames it as a death-driven relation. Focusing on the representation of the contagious subject as a resisting presence, a being in constant and active rejection of ideal modes of embodiment, the law and the interwoven structures of gender and sexuality, this thesis analyses and deconstructs the dominant perception of contagion as threat in order to reveal the kind of epistemic and cultural anxieties this conception itself responds to and ultimately confirms.

If contagion begins and ends with the body, it is only logical that the first chapter should focus on the relationship the contagion narrative establishes between the excessive corporeality of the zombie and its rejection as a monster of culture. Though the zombie has since its origins been conceptualised as a figure defined by erased consciousness, 'a physical body occupied by nothingness'[66]—a reading warranted by the figure's own historical roots in slave narratives and its subsequent metaphorical re-appropriation by anti-consumerist critics—the inherently contagious dimension it gained after its re-introduction in American culture in 1968 has largely been ignored by most academic studies. Focusing on Robert Kirkman's comic series *The Walking Dead* and its televisual adaptation for the American cable channel AMC, the first chapter proposes to re-situate the zombie within the framework of contagion. Locating in the alternative model of subjectivity it comes to embody the origins of its fascination, this chapter re-articulates the threat of the zombie as a product of a specific understanding of the body conceptualised through the medium of the gaze as a self-enclosed entity. Indeed, by adopting a medium primarily defined by its visual dimension,[67] *The Walking Dead* emphasises the fundamental importance the displayed body plays in our cultural fascination with contagion. It exposes the ways in which contagion relies, for its power of fascination, on a specific appraisal of the body enacted through the gaze, a

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65 Bashford and Hooker, 'Introduction', p. 4.

66 Boon, 'The Zombie as Other', p. 54.

67 This understanding of the comic medium aligns with Thierry Groensteen's definition of comics as '*stories in images*' or as '*a predominantly visual form*'. Thierry Groensteen, *The System of Comics*, trans. by Bart Beaty and Nick Nguyen (Jackson: University of Mississippi, 2007), pp. 11-12.

body understood *as* and *in* display. Drawing primarily on psychoanalytical theories of ego development and the privileged place they reserve to the gaze in the process of emergence of the Symbolic subject, this first chapter explores how the zombie, by offering a body that continuously refuses to conform to the self-enclosed and bounded ideal of the body appraised as a visual entity, marks a violent rejection of the imperative of containment foundation of the Symbolic order.

In a second moment and focusing more closely on the televisual adaptation of Kirkman's series, this first chapter re-articulates the zombie as a fundamental threat not only to the existence of the subject but to the epistemic system upon which the latter's own subjectivity, his privileged social and cultural position, is itself based. Reading in the zombie the product of two distinct yet interwoven forms of anxiety—on the one hand, a form of violence enacted at the level of the body; on the other, and because corporeality is always already inscribed at the core of what it means to be both human and subject, a more profound form of ontological challenge to the notion of subjectivity itself—this chapter focuses on the zombie's ability for movement, understood as a sign of a culturally impossible mode of subjectivity. Projected as an entity in motion or a moving body, the zombie is invested here with a form of irreducible agency whose implications necessitate a re-thinking of subjectivity as rooted not in the transcendental cogito but in a corporeal body whose boundaries have already been revealed as porous. By displaying a body that never ceases to defy the normative framework of what Julia Kristeva calls the 'clean and proper body',[68] that body upon which the subject's entrance into the Symbolic is itself based, while simultaneously calling for a continuous form of identification from its healthy counterpart, the zombie reveals the arbitrary roots of our cultural definition of what qualifies as 'body' and, through this, exposes the limitations imposed upon the individual being by the dominant Western model of subjectivity as necessarily self-enclosed, coherent and singular.

If subjectivity has historically been understood primarily in terms of embodied enclosure and unity, this reading also stems from its broader inscription within the

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[68] Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. by Leon S. Roudiez (New York: Columbia University Press, 1982), p. 75.

framework of the law and its articulation of power in terms of individual distribution. Focusing on Richard Matheson's 1954 novel *I Am Legend* and its three adaptations, the second chapter exposes not only how our understanding of subjectivity has been shaped by and 'formed within contemporary political arrangements in relation to certain requirements of the liberal state',[69] but also how this inscription itself has allowed the medical discourse to construct contagion as a narrative of conflict between individuals and, more importantly, between the individual and the collective. In its second chapter, this thesis exposes how bioethics, by structuring itself around 'an individualistic picture of actors drawn from liberal theory' and rooted in notions of autonomy, rights, responsibilities, individual agency and social obligation,[70] has repeatedly confronted the sick individual with the notion of a 'public health' and how, by constructing the epidemic as a conflict between individual and collective, it has allowed itself to breach precisely the very same ethical imperative it locates as the root of its own foundation.

By offering the story of the single survivor of what appears to be a worldwide pandemic and by presenting its protagonist's routine as one organised around a set of practices aimed either at protecting his own safety or eradicating the threat presented by the vampiric population, Matheson exposes the problematic set of beliefs underlying our public health response, rooted as it is in a systematic valuation of the infected life as not only lesser than that of the healthy subject but fundamentally dangerous to the latter's continued existence. Through its articulation of a public good irreducibly superior to the individual lives it claims to protect, public health sets up an impossible ethical conundrum, a paradoxical valuing of the collective over and against the individual that constitutes it. This chapter explores how Neville's behaviour and, more importantly, his personal reflections and interrogations stand as symptomatic materialisations of the larger belief structures that have, since its inception, served as framework for the constitution of public health. Revealing the pernicious foundations of a system that continuously actualises what in essence has not yet been and therefore

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69 Judith Butler, *The Psychic Life of Power: Theories in Subjection* (Stanford, CA: Stanford University Press, 1997), p. 100.

70 Battin et al., p. 77.

cannot be actualised, that is, the guilt of the contagious being it takes as reason for its own responsive action, this chapter foregrounds the sacrificial basis of public health. By constituting a public good it has repeatedly marked as under threat, a collective and supra-individual entity whose health thrones over that of any of its individual parts, the State-driven apparatus of public health embodied here by Neville has managed to inscribe itself within a sacrificial structure that allows it to order the legitimate detention and suppression of life in its own name.[71] Through the analysis of the discourse and assumptions underlying Neville's own approach to contagion and drawing on René Girard's study on sacred violence, this chapter reveals how the establishment of a direct correlation between contagion and violence has allowed the State apparatus of public health to justify its role in population control as a vital necessity, to confirm the legitimacy of its violently normative policies and to perpetuate the sacrificial economy it requires in order to function as bio-political power.

As this already suggests, the cultural concept of contagion, itself product of the normative assessment of the body, is heavily informed by the broader normative structures of society. Focusing on the American television series *Being Human*, the third chapter explores the relationship the discourse of health has established between contagion, sexuality and morality and the ways in which this relationship has allowed power to fragment its distribution and reach the contagious being at his core. Confronted with the threatening presence he symbolises, the apparatus of State power has developed a wide range of measures aimed at physically containing and controlling the contagious individual. However, because control is more effectively maintained, as Foucault argues, through the disciplining of the subject and his body than through explicit practices, the most effective technique of containment deployed against contagion has neither been strictly legal nor embodied but rather one that invests its object with its own power of decision while simultaneously delineating the scope of this decision's possibilities, that is, morality.[72] Implicitly tying the contagious identity to specific practices linked

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71 Though a common man in Matheson's novel, Neville is a scientist in *The Last Man on Earth* and a military doctor in both *The Omega Man* and the 2007 *I Am Legend*, effectively signalling his role as representative of the medical and political authority.

72 Foucault, *Discipline and Punish*, p. 25.

to the animal realm, *Being Human* constructs the contagious monster as an abnormal animal-like creature, a being fundamentally out of control—control being, within Western culture, the privilege of the human—and whose out-of-controlness requires the intervention of the State apparatus of public health.

Yet, if this move seems to signal the total elimination of the contagious being's agency, what *Being Human* also exposes is how this removal is itself accompanied by a paradoxical re-investment of the contagious subject with a form of guilt, itself a sign of a perception of control over his own infection. Indeed, as it robs him of the ability to control himself, the discourse of health also forces upon the contagious subject a sense of responsibility for his own containment. Leaving him with a problematic choice, an invitation to 'do what is right', the inscription of the contagious vampire and werewolf within the matrix of normative morality forces the subject to internalise the schema promoted by the hegemonic authority while at the same time providing a framework for its own intervention when this schema becomes insufficient. Focusing on *Being Human*, this third chapter explores how the framing of morality as both a preventive and curative measure has allowed the contagion narrative to ensure absolute compliance from those it perceives as a threat to its own hegemony. The story of two infected and infectious 'monsters' attempting to live a 'normal' life by moving in together, *Being Human* indeed offers a unique insight into the mechanisms through which the normative power of public health has been and continues to be distributed. Driven by its protagonists' shared desire for a nostalgic return to their pre-infection state, the series continuously equates humanity with social normality, being human with being normal. However, whereas this belief structure was in Kirkman and Matheson's works primarily conveyed by the healthy protagonists, in *Being Human*, its most vocal supporters are the ones who least benefit from it, the contagious Josh and Aidan themselves. Focusing on the dual structure of desire the show introduces—a perverse desire associated with the animal and infection and a more 'human' normative desire for the norm itself—this third chapter reveals how the stigma culturally associated with contagion is quickly and forcibly internalised by the subject of contagion, requiring him to violently police his

own sexuality and thus promoting the heteronormative structures of the family as the only possible performance able to 'save' him.

Though contagion and epidemics have been primarily apprehended by Western culture as a threat to human life, it has also, in some minoritarian readings, been mobilised as a potent force of cultural re-articulation. And if *The Walking Dead*, *Being Human* and *I Am Legend* all, in one way or another, already contain within their core the potential for a certain form of resistance, the second part of this thesis focuses on texts that more directly engage in the re-appropriation of contagion as a positive force for change. Focusing on Octavia E. Butler's *Clay's Ark*, a 1984 science fiction novel narrating the introduction of an alien organism in a small community on the outskirts of an American city, the fourth chapter explores how contagion, in its ability to bridge over individual distinctions, foregrounds our inherent human vulnerability and allows for the re-articulation of subjectivity as always already both fluid and plural, the product of a continuous process of becoming aimed towards the multiple.[73] If vulnerability was already central to our understanding of the zombie as marker of corporeal and ontological threat, it is here re-captured not as the site of an invariable collapse, a dissolution of the possibility of subjectivity, but as the locus of a potential new ethical thinking of the subject and her place and role within a global community. Mobilising disease in order to explode the predominantly-androcentric conception of the subject, Butler locates in the alien organism a revelatory force. She constructs the Clayark disease primarily as a means of foregrounding senses conventionally disregarded by the androcentric hegemonic discourse whose predominance allows her, in return, to re-conceptualise the boundaries of the body as inherently porous and the subjectivity they harbour as essentially vulnerable to new becomings.

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[73] Though the rest of the texts addressed throughout this thesis all in one way or another belong to the horror genre—Burns's *Black Hole* may be more accurately defined as weird fiction but it nonetheless mobilises some of the core tropes traditionally associated with the horror genre, prime among which is the defamiliarised human body foundation of body horror—Butler's novel can more accurately be classified as science fiction. However, her inclusion within this thesis's body of works stem from the set of preoccupations it shares with the rest of the texts under study, including an emphasis on the role of embodiment on subjectivity and its ontology, the vulnerability intrinsic to our common materiality and a direct engagement with discourses on and about contagion and its implications for our understanding of what it means to be human.

Reading Butler's novel in conjunction with Gilles Deleuze and Félix Guattari's theory of becoming, this chapter promotes an understanding of the body appraised not as an enclosed unit whose sustenance relies on the strict delineation and protection of stable and fixed boundaries able to ensure sameness over time, but rather as an open space that invariably results in infinite becomings. Exposing the human body as intrinsically vulnerable, it invites a re-articulation of the subject as a being whose ontological dimension can never entirely be fixed. Apprehending Butler's Clayarks not as a form of post- or sub-human but a simple extension of our shared humanity, this chapter re-constructs existence as a continuous state of change, with the self acting as a threshold between re-articulations. It introduces an alternative framework within which the dominant construction of the body understood as an entity one can actively refer to is re-framed as the product of a reiterative process. This body-in-becoming, a body open to sensuous experience and vulnerable to other bodies, human or not, in turn opens up the possibility for a re-conceptualisation of the subject according to what I will call, borrowing from Derrida's terminology, a subjectivity in *différance*.[74] Using contagion as a materialisation of the continuous process of communication enacted by and between bodies, this chapter profiles a subject whose definition always already lies outside herself, in and through the others she encounters, and thus opens up a new pathway towards an ethical model of public health that accounts for becomings and recognises the différantial essence of subjectivity. Foregrounding a subject constructed in relations and not through them, with others and not against them, it proposes a new model of collective ethics in contagion.

This re-articulation of subjectivity in *différance* is not without problems. In the last chapter, my thesis explores how Charles Burns's *Black Hole* engages with this re-conceptualisation of signification as essentially plural and how, by presenting a dual narrative in which two adolescents are left to deal with their newly acquired

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[74] First introduced in his 1963 paper 'Cogito et histoire de la folie', the notion of différance was later developed in his work *Speech and Phenomena: And Other Essays on Husserl's Theory of Signs* (1967) before being 'crystalised' in his essay 'Différance', collected in Jacques Derrida, *Margins of Philosophy*, trans. by Alan Bass (Chicago: University of Chicago Press, 1982). All future usages of the term are drawn from this later essay.

contagious status, it hints at a possible re-appropriation of the explosion of narratives signalled by post-structuralism as a powerful site of resistance. Narrating the story of a group of American teenagers whose community is prey to a new virus, 'the bug', a sexually transmitted disease that visibly transforms the body of its host often through the addition of extraordinary appendixes, *Black Hole* opens up the contagious identity to the notion of performance. Multiplying the set of responses available to the subject, it promotes an idiosyncratic understanding of contagion as an identity. Focusing on the relation *Black Hole* weaves between identity, illness, performance and desire, this last chapter proposes to read Burns's comic in parallel with Patricia MacCormack's framing of perversion as an epistemic structure in itself and to expose the possibilities opened up by performance theory for a re-articulation of abnormality as a positive identity whose own idiosyncratic value can, in turn, become a site of investment for individual and cultural forms of desire.

Drawing on Judith Butler's understanding of performance, this chapter explores the ways in which the two contrary practices of dissimulation and voluntary spectacularisation embodied by Burns's protagonists signal new possible spaces of resistance to the visual dominance of the medical apparatus and its identificatory discourse. Confronting its protagonists with the limitations of the identificatory model of contagious monstrosity promoted by the dominant discourse, *Black Hole* indeed opens up a series of potential pathways for the contagious subject. While Chris, Lisa and Keith's re-capture of the virus's ability for dissimulation already hints at a possible mode of resistance,[75] it is in the character of Eliza and her alternative model of performance that Burns signals the most interesting strategy. Organised not around the concealment of the body but rather around its voluntary spectacularisation, Eliza's performance and the reaction it awakens in Keith indicates a new pathway for the contagious subject. Defined by an active and wilful form of self-objectification, Eliza's attitude forces the re-articulation of the unidirectional relation set up by the gaze—from observer to observed—as a bidirectional mode of address in which both actors participate in the

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[75] Montgomery, 347; and Wald, p. 71.

constitution of desire. Reading in Eliza's portrayal a positive and active embrace of monstrosity as its own form of identity and a disruption of the relationship posited by the dominant discourse between active observer (often the representative of the medical authority itself) and passive patient, this last chapter explores the potential implicit in performance to not only challenge the hegemonic discourse of medicine and public health but also to articulate a new approach to desire and sexuality for and around the contagious monster. Through the analysis of the dual narrative offered in *Black Hole*, this chapter signals the potential of desire and performance to act as positive forces in the re-affirmation of the contagious subject's active position within the structures of contemporary discourse and sexuality, structures from which she was until then invariably excluded.

2.0 Embodied Subjectivity and the Excessive Corporeality of the Zombie in Robert Kirkman's *The Walking Dead*

Talking about diseases necessarily implies beginning by talking about bodies. Whether it is as host, victim or vehicle, the body, what it does, what it contains, where it begins and ends is at the core of our understanding of what it means to be ill. In *The Birth of the Clinic*, Michel Foucault claims this inscription to be historically locatable. Emerging during the nineteenth century with the growing predominance of what he refers to as 'pathological anatomy', this specific approach remakes the human body as the natural 'space of origin and distribution of disease'.[1] On the anatomical space of the body is superimposed the space of configuration of the disease so that 'the illness is articulated exactly on the body, and its logical distribution is carried out at once in terms of anatomical masses'.[2] Underlying Foucault's argument is the idea that, both before and after the body, disease amounts to something else. Either virus, bacteria or microbe, it is not yet or no more disease. It reveals itself *as disease* only within the specifically delimited boundaries of the individual host. Re-made into a stage upon which the disease appears, the body becomes the privileged locus of the latter's reading and cultural accessibility.

Effectively transforming the symptom into the disease's embodied expression, this conceptualisation sets up the conditions within which medicine is allowed to approach, or more accurately create, the disease's essence. As 'the first transcription of the inaccessible nature of the disease',[3] the symptom gives rise to the possibility of the disease's capture by the medical discourse of health. It re-makes the body into the object of the gaze and re-articulates it as a surface upon which 'the invariable form of the disease—set back somewhat, visible and invisible [is allowed] to *show through*',[4] rendering its capture by the medical apparatus of health possible. In the opening pages of Robert Kirkman's *The Walking Dead*, Rick Grimes, police deputy in

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1 Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. by Alan M. Sheridan (London: Routledge, 1989), p. 3.
2 Ibid., p. 4.
3 Ibid., p. 90.
4 Ibid., p. 90.

Cynthiana, Kentucky, awakens from a coma to find himself alone in a world peopled by the dangerous and contagious undead.[5] In many ways a call back to previous zombie narratives—notably *28 Days Later*, whose opening structure it borrows[6]—this introduction confronts both Rick and the reader with their first zombie encounter. As Rick opens the door of the hospital cafeteria, he finds himself facing a crowd of zombies. To label the bodies he perceives as zombie here of course already entails a level of cognition and recognition of which Rick himself seems at this point incapable. Yet, his first reaction is nonetheless marked by surprise, disgust, fear and ultimately retreat as the undead make their way towards him.

Here already, *The Walking Dead* signals its privileged position within a body of work, the zombie narrative, which has spun countless iterations since its modern resurgence in 1968 as a contagious monster. Indeed, what both the intrusion of the contagious monster and Rick's reaction confirm is the primordial relation disease and contagion both entertain with the gaze as a diagnostic apparatus. Faced with a body whose most notable quality is incompleteness, from open wounds to missing limbs, Rick's assessment of danger is primarily rooted in an ideal of what the body ought not only to *be* like but also to *look* like, conflating the subject's visual form and his ontology. Following from this observation and focusing on Kirkman's series, this chapter locates the primary source of our cultural anxiety regarding the zombie not so much in the evanescence of the subject it has usually come to signify but rather in the forbidden model of subjectivity it embodies and in the irreducible, fluid and uncontrollable presence with which it confronts the healthy survivor.

Since its re-emergence into Western consciousness in 1968, the zombie has been the subject of numerous scholarly works. Though all of these do in some way acknowledge the figure's corporeality, most do so in order to emphasise the fundamental lack they perceive to exist at its core: consciousness. A vacuous shell, the zombie has

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5 It is interesting to notice the specific setting within which Kirkman stages this awakening. Inscribing the introduction to the zombie presence within the space of a hospital indeed already hints at the importance the medical apparatus and its discourse will play throughout the series.

6 *28 Days Later* is itself a nod or echo of the start of John Wyndham's 1951 novel, *The Day of the Triffids*. *28 Days Later*, dir. by Danny Boyle (Fox Searchlight Pictures, 2002); John Wyndham, *The Day of the Triffids* (London: Michael Joseph, 1964).

been repeatedly constructed as pure embodiment or object, an anti-culture of sorts. Standing in clear opposition to the civilisation it threatens, it allows the re-affirmation of the foundational role consciousness, the mind and reason have historically played in our construction of subjectivity. Furthermore, by offering a visibly and violently expanding form of embodiment—a body that refuses to conform to the Western ideal of embodied self-enclosure—the zombie has continuously been read as a sign of forceful integration and de-differentiation. Foregrounding a body appraised solely through the potential it bears to infect and absorb the 'normal' subject, it has been marked as a violent form of reduction to the body, reduction which, processed within the framework of contemporary Western society, necessarily implies the subsequent evanescence of all forms of idiosyncrasies and differences, pillars of our understanding of the self. Marking as it does the advent of a being characterised by its negative essence, its being-*in*-absence or its absence *of* being, the zombie has effectively become an antisubject.[7]

Essential as it may be to our understanding of the figure, this line of argument also silences the more ambiguous and progressive nature of the zombie as monster. Indeed, in numerous instances, this reading is itself disrupted by the narratives' own construction of the zombie as alter ego, a being whose fundamental difference is more directly product of the subject's own defence mechanisms than of some real ontological distinction. Emphasising the fundamental role played by the gaze in our assessment of subjectivity, this chapter reads in the figure a foregrounding of the body-in/as-display while simultaneously recognising the potential for agency intrinsic to this body. By emphasising the zombie's motricity, sign of its subjective potential, this chapter addresses what it perceives as the primary shortcoming of most academic studies on the subject: their inability to account for the paradoxical position the figure occupies within our culture as object and source of both repulsion *and* fascination. Emphasising the ways in which the zombie's embodied rejection of the boundaries erected by the gaze has shaped our cultural representation of the figure as a dangerous and therefore negative presence while simultaneously acknowledging the irreducible perception of

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7 Sarah Juliet Lauro and Karen Embry, 'A Zombie Manifesto: The Nonhuman Condition in the Era of Advanced Capitalism', *Boundary* 2 35.2 (2008) 1-42 (p. 89).

agency with which it has continuously been surrounded, this chapter re-configures contagion as the site of a fascinated form of repulsion, product of the forbidden yet enticing alternative mode of existence it suggests.

Reading in the fleshy and expanding materiality of the zombie an opening into a culturally forbidden model of subjectivity anchored not around issues of self-enclosure, coherence and security but around notions of fluidity, communication and multiplicity, this chapter exposes the limitations of our cultural conception of the self and explores how the anxiety surrounding the zombie stems not from any essential feature pertaining to the figure but rather from its inscription within the violently normative structures of Western imagination. Defined as it is by plurality, porosity and symbiosis, the subjectivity the zombie signifies therefore can but invariably result in a fascinated yet repulsed affective response, a culturally driven and compulsory rejection of the contagious 'Other'. Product of a system that can only accommodate a single and singular positioning of subjectivity, the contagious zombie presents a dangerous challenge to the fragmented organisation of space, foundation of Western hegemonic power, a challenge which accounts for the violent response it receives in return.

2.1 The Subject and the Zombie: a Survival Story

In his 1971 work on the nightmare, Ernest Jones argues that:

> the reason why the object seen in a nightmare is frightful or hideous is simply that the representation of the underlying wish is not permitted in its naked form so that the dream is a compromise of the wish on the one hand and on the other of the intense fear belonging to the inhibition.[8]

For Jones, the nightmare operates as a space of release where fantasies banned by a given culture can be granted free reign. Yet this playing out of the forbidden imagination also triggers in return a necessary rejection by the dreaming subject himself, a forceful re-affirmation of the norm he is required to abide to by his culture. Though seemingly

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[8] Ernest Jones, *On the Nightmare* (London: Riveright, 1971), p. 78.

paradoxical,[9] this line of interpretation has served as basis for most if not all readings of the numerous monsters peopling Western fiction throughout the twentieth and twenty-first centuries. Vampires, werewolves and other phantasmagorical creatures have since all been approached through this prism and been reframed as the unleashing of culturally forbidden desires. Locating in the fictional monster a vehicle allowing these desires to operate freely while remaining constrained by the strict boundaries of the text, this interpretation reads in fiction a privileged space in which normally repressed impulses and cravings are given free expression only to be re-captured by the normative structures of society at the end of the narrative, often through the death of the monster itself. Within the carefully delimited space of fiction, forbidden desires are granted cathartic release while simultaneously being re-confirmed in their 'abnormality' and disavowed by the policed norms of the culture that warranted their emergence in the first place.

If most monsters have been approached through the prism of Jones's reading, the zombie remains somewhat of an exception. In most studies dedicated to the figure, the latter appears to resist all forms of fantasised projection.[10] Even as a seemingly unstoppable destructive force whose cannibalistic impulses could easily be made to stand for an audience's desire for anarchistic violence—exemplified best by the admiration the Governor expresses for their resilience when he tells Rick that 'they've been at it all night. They just don't stop-- They're resilient. They eat until it's gone and then they're content. I almost admire them'[11]—the zombie systematically continues to oppose the 'nostalgia for identification' Margrit Shildrick posits as the core foundation

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9 As Noël Carroll argues, if we adopt a Freudian reading of desire, 'there is no real paradox of horror, for the repulsiveness of its monsters is what makes them attractive for the scheming, circuitous psyche'. Noël Carroll, *The Philosophy of Horror, Or, Paradoxes of the Heart* (New York: Routledge, 1990), p. 170.

10 With the exception of Fred Botting, 'Love Your Zombie: Horror, Ethics, Excess', *The Gothic in Contemporary Literature and Popular Culture: Pop Goth*, ed. by Justin D. Edwards and Agnieszka Soltysik-Monnet (New York: Routledge, 2012), pp. 19-36 and *Zombies and Sexuality: Essays on Desire and the Living Dead*, ed. by Shaka McGlotten and Steve Jones (Jefferson, NC: McFarland, 2014).

11 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'The Best Defense', *The Walking Dead* 28 (Berkeley: Image Comics, May 2006).

of the monster's effect.[12] A fundamentally destructive and negative figure, it negates any positive (even if only unconscious) identification and refuses to be apprehended through the desiring economy characterising all other monsters. The addition on the hardcover collected edition of *The Walking Dead* of a new subtitle describing the series as 'a continuous story of survival horror'[13] therefore in many ways summarises the general dynamic underlying the zombie narrative. A story of survival, it pits humans against infected and infectious creatures whose only drive seems to be to continuously attempt to contaminate new victims and thus enlarge their own ranks, As the Governor phrases it, the zombies 'want what they want, they take what they want and after they get what they want-- They're only content for the briefest span of time. Then they want more'.[14]

In this, the zombie also foregrounds another particularity proper to the contagious monster. In opposition to the classical monster of horror stories whose presence signifies a future or potential death, the zombie threat is not directly linked to death but rather to a form of contamination; the one thing the survivor needs to avoid at all cost is not being killed, but rather being touched. In the fifth issue of *The Walking Dead*, Rick's small group is confronted with its first real zombie attack. While its members nostalgically share stories around a campfire about who they were before the apocalypse fell upon them, Amy, Andrea's sister, having gone to the toilet, is attacked and bitten by a zombie before the entire camp finds itself under attack. A violent confrontation follows during which numerous zombies are killed by the group. In the aftermath of the battle, Andrea, holding Amy in her arms, takes her gun and coldly puts a bullet in her sister's head. Turning towards a fellow survivor, she explains that she 'can't let her come back like that'.[15]

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12 Margrit Shildrick, *Embodying the Monster: Encounters with the Vulnerable Self* (London: SAGE Publications, 2002), p. 67.

13 Robert Kirkman, Tony Moore, Charles Adlard and Cliff Rathburn, *The Walking Dead*: Book One (Berkeley: Berkeley: Image Comics, 2006).

14 Kirkman, *The Walking Dead* 28.

15 Robert Kirkman, Tony Moore and Cliff Rathburn, 'Days Gone By', *The Walking Dead* 5 (Berkeley: Image Comics, February 2004).

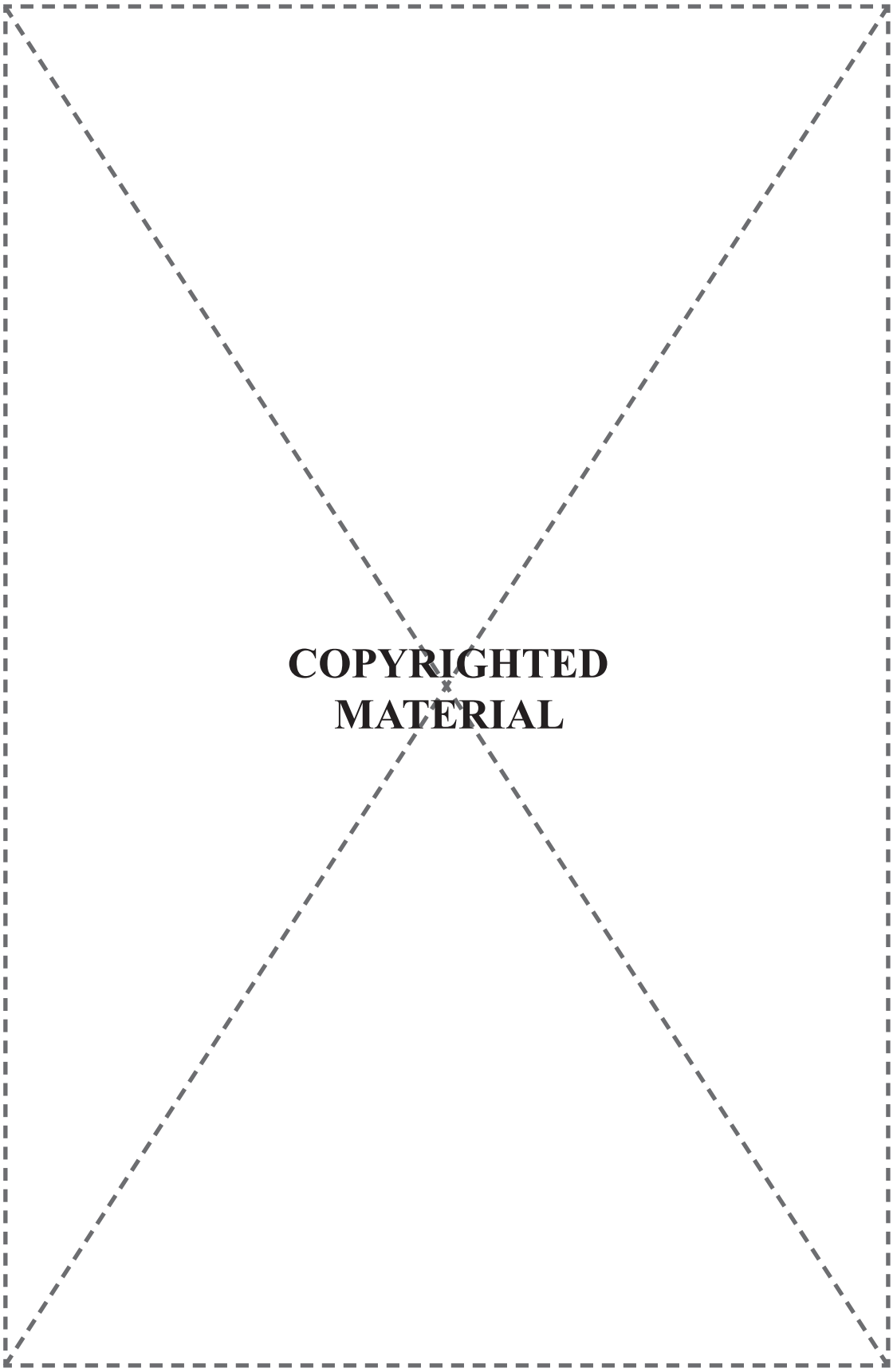
If Andrea's cold-blooded action already reveals the extent of the transformation the bite quickly comes to signify, a page later, the rest of the group discovers that, going unnoticed amidst the chaos of the fight, Jim, a quiet man who lost his entire family to the zombies, has also suffered a blow. On this last page, Kirkman presents his reader with three panels: in the top panel, he frames Rick and his wife Lori's reaction, realising one of their own has been wounded; underneath, he offers a wider shot in which Jim stands apart from the rest, holding his bloodied arm; finally, at the bottom, he concludes the page with a third panel zooming in on the arm in question from which a large chunk of flesh has been forcefully wrenched (see Figure 2.1). The careful framing of both events suggests the fundamentally transformative process occurring at the moment of the bite. Indeed, in the main panel revealing Jim's blood soaking arm already, Kirkman sets up a distance between the now contagious Jim and the rest of the group. Emphasised by a barrier of dead zombie bodies lying on the ground separating him from the group, Jim's extraction from the realm of the human, a shift already at the core of Andrea's response to her sister's infection, indicates the violent transition enacted at the moment of the bite.

This immediate distancing is further reinforced in the first pages of the following issue. Opening on a shot of Jim's bandaged and bloodied arm, the top panel is quickly followed by a second one revealing Jim, sitting centre-stage surrounded by two other survivors, Shane and Glenn.[16] Here again, their positioning, in proximity yet at a distance and turned away from Jim, presupposes difference. Openly confirmed a few pages later when, as Donna leaves the tent in which Jim is now held, feverish, her husband Allen thanks her for taking care of the sick man, explaining that 'all the other girls are too scared to get near him and he won't let any of the men touch him',[17] this emphasis on spatiality and touch reveals how contagion quickly signals the introduction of a fundamental form of difference. Similarly, and though it stands in opposition to later events of the kind—notably the death and transformation of Tyreese's daughter in

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16 Robert Kirkman, Tony Moore and Cliff Rathburn, 'Days Gone By', *The Walking Dead* 6 (Berkeley: Image Comics, March 2004).

17 Ibid.



2.1 Robert Kirkman, Tony Moore and Cliff Rathburn, ‘Days Gone By’, *The Walking Dead* 5 (Berkeley: Image Comics, February 2004).

the discourse of health in American culture, Emily Martin argues that around the 1940s and 1950s, a shift occurred in the conception of the body within biological discourses. A greater attention was brought on the notion of defences and on the conceptualisation of the immune system as a surface and barrier.[23] Around the same time, Jacques Lacan developed his genetic theory of the ego, a model treating 'the relation of the subject to his own body in terms of his identification with an *imago*, which is the psychic relationship *par excellence*'.[24] In this famous theory, Lacan locates the emergence of both ego and subject as the result of the adoption by the child of the Imaginary and Symbolic Orders. Beginning during the Mirror stage, this process involves understanding subjectification '*as an identification*, in the full sense analysis gives to the term: namely, the transformation that takes place in the subject when he assumes [*assume*] an image'.[25] Though seemingly unconnected, the two constructions, Lacan and Martin's, converge in their understanding of the individual subject as the product of a selection. To talk about a subject is for both to talk about the image of a body as form. It implies a process of extraction during which a privileged and enclosed territory, the body/self, is demarcated from the space that surrounds it. Conceptualising the subject as product of difference—as Derrida argues a few decades later, the subject can become 'a *signifying* subject (signifying in general, by speech or any other sign) only by inscribing itself in the system of differences'[26]—this interpretation therefore suggests that only by recognising and absorbing distinction as an epistemic and perceptive structure can the individual being emerge from the mass of undifferentiated chaos Lacan calls the pre-Symbolic Real.

Interestingly enough, this tri-partite epistemic structure—the Real, the Imaginary and the Symbolic—finds itself indirectly replicated on the cover of the first

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23 Emily Martin, 'Flexible Bodies: Science and a New Culture of Health in the US', in *Health, Medicine, and Society: Key Theories, Future Agendas*, ed. by Simon J. Williams, Jonathan Gabe and Michael Calnan (London: Routledge, 2000), pp. 123-145 (p. 128).

24 Jacques Lacan, 'Some Reflections on the Ego', *The International Journal of Psycho-Analysis* 34.1 (1953), 11-17 (p. 12).

25 Jacques Lacan, 'The Mirror Stage as Formative of the I Function, as Revealed in Psychoanalytic Experience', in *Ecrits: A Selection*, ed. by Bruce Fink (New York: W.W. Norton &, 2002), pp. 75-81(p. 76).

26 Jacques Derrida, *Margins of Philosophy*, trans. by Alan Bass (Chicago: University of Chicago Press, 1982), p. 16.

issue 15[18]—Andrea's refusal to wait for her sister's return and her decision to execute Amy before her transformation is fully realised emphasises how infection rather than its symptomatic reality operates as the defining marker of difference.

Branding the contagious body as othered, Andrea and the group's response to both Amy and Jim's infection not only highlights their newly-gained difference, it also re-makes the body itself as a source of risk. Indeed, the essence of contagion lies both in an appraisal of the body understood in strictly qualitative terms, an appraisal predicated on the evaluation of a single body whose relation to other bodies is merely conceptual, and one apprehended in mathematical and spatial terms. As Foucault suggests, with epidemics, 'the perception involved is no longer essential and ordinal, as in the medicine of species, but quantitative and cardinal'.[19] Public health, in other words, concerns itself with numbers, space, repetition, differentiation and fragmentation, signalling a shift in the medical appraisal from a writing of and on the body, a *corporeography*,[20] to a *corporeogeography*, a reading of the body *as* and *in* space. Bringing to the surface the danger lying at the boundary between bodies, in the topological space of their interaction, contagion forces us to think about the body *as* and *in* space. It compels us to acknowledge our inherent material positionality, that is, to recognise 'that individuals are not only socially but also physically situated in a distinctive way'.[21] Emphasising this shared spatiality, it forces us to consider where our bodies begin and where they end; or, more accurately, it asks, as Donna J. Haraway does, why exactly it is that we limit our bodies to the skin and what happens when our bodies themselves decide to reject this boundary.[22]

This particular inscription of the body in spatial terms therefore implies understanding the body as part of a broader discourse on space itself. In her work on

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18 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'Safety Behind Bars', *The Walking Dead* 15 (Berkeley: Image Comics, December 2004).

19 Foucault, *The Birth of the Clinic*, p. 23.

20 Vicki Kirby, *Telling Flesh: The Substance of the Corporeal* (New York: Routledge, 1997), p. 83.

21 Margaret P. Battin, Leslie P. Francis, Jay A. Jacobson and Charles B. Smith, *The Patient as Victim and Vector: Ethics and Infectious Disease* (New York: Oxford University Press, 2009), p. 78.

22 Donna J. Haraway, 'A Manifesto for Cyborgs: Science, Technology, and Socialist Feminism in the 1980s', *Australian Feminist Studies* 2.4 (1987), 1-42 (p. 36).

issue of *The Walking Dead*. On this front page, Kirkman displays three different models of embodiment: at the centre of the image, Rick, the healthy, middle-aged male, armed and ready for battle; behind him, in the broken window of what appears to have once been a clothing shop, a few dismembered mannequins idly stand, naked; finally, in the few remaining fragments of the window still standing, in the mirroring glass, the bodies of a group of zombies making their way towards the story's hero (see Figure 2.2).[27] On this first cover, Kirkman not only offers his audience a poignant illustration of the three bodies posited by psychoanalytical theory—the Symbolic Rick, the Imaginary mannequin and the Real zombie—he also presents the threat of the zombie as that of a body whose resistance to symbolisation signals the potential dragging of the subject towards meaninglessness. It embodies the power of what Julia Kristeva coined the abject to, from its place of necessary exclusion, draw the subject 'toward the place where meaning collapses'.[28] The bodies appearing in the broken mirroring window of the store barely qualify as bodies. Fragmented, disfigured and leaking, they present the audience with a model of embodiment which appears to precisely refuse being called or labelled a body.

What this reading highlights is the problematic relationship contagion and the zombie entertain with symbolisation. Shortly after leaving the hospital, Rick encounters a zombie lying on the ground. Offering a body in bits and pieces whose demarcating boundaries, in the bottom panels, quite literally merge with the grass upon which it lays, this encounter reveals the extent to which the zombie body becomes a site of problematic signification, of semi-impossible recognition, a body seemingly lost into the realm of the object (see Figure 2.3).[29] By alternating between ever-closer shots of Rick's face, a hand on his mouth as a tear makes its way down his cheek, and the face of the undead woman

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27 Robert Kirkman, Tony Moore and Cliff Rathburn, 'Days Gone By', *The Walking Dead* 1 (Berkeley: Image Comics, October 2003).

28 Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. by Leon S. Roudiez (New York: Columbia University Press, 1982), p. 2.

29 It is interesting to note that in both the cover of issue 1 as well as in the case of Rick's first encounter, the artwork positions the reader in a position occupied not by the human but by its zombified counterpart, reinforcing the empathetic economy underlying Rick's encounter through the visual itself and providing the reader with a perspective ociliating between the human and the undead, between being subject and object of Rick's own gaze.

from which emerge guttural, barely human sounds, Kirkman exposes the foundational role played by the body-in/as-display in the fascinated yet repulsed relation Western culture entertains with contagion and its monster. Providing its audience with a reading guide, Rick's reaction showcases the zombie narrative's reliance on body horror, a genre which aspires to repulse primarily through the representation of 'quasi human figures whose effect/affect is produced by their abjection, their ambiguation, their impossible embodiment of multiple, incompatible forms'.[30] Offering a body '*visibly* disordered by what appears to be an eruption from within bursting through the skin',[31] the zombie triggers a violent affective response whose roots are located in the perception of the contagious body as incoherent, a monstrous and de-familiarised shape threatening the ideal, clean and proper body product of the gaze.

Contagion (re-)affirms connection. Its primary effect is to bridge over 'domains of nature and culture which we often want to understand, or have an investment in understanding, as separate',[32] including the crucial distinction perceived to exist between bodies and their environment. Perfect embodiment of abjection, that which 'disturbs identity, system, order. What does not respect borders, positions, rules. The in-between, the ambiguous [and] the composite',[33] the zombie awakens the subject to the continuous flight of the body towards the objectal realm of the Other. Breaching the *gestalt*, it forces the subject to recognise his reliance on the constant re-affirmation of the body as enclosed through its paradoxically impossible containment. Neither objective nor objectal, the zombie therefore unfolds simply as 'a frontier, a repulsive gift that the Other, having become *alter ego,* drops so that "I" does not disappear in it but finds, in that sublime alienation, a forfeited existence'.[34] Marking the setting up of distance as it simultaneously negates it, the zombie, the *living* corpse or the *un*dead,

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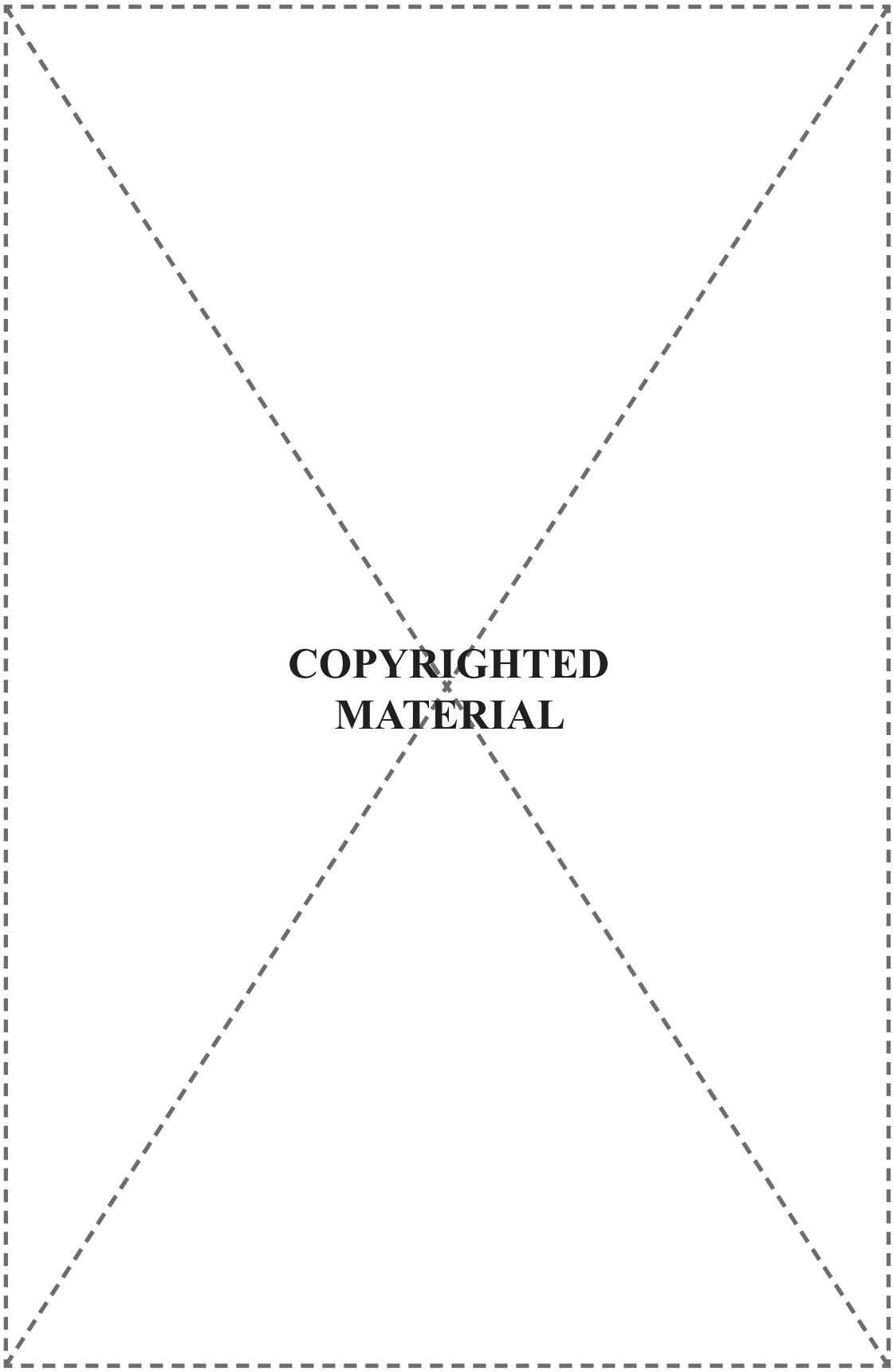
30 Kelly Hurley, 'Reading like an Alien: Posthuman Identity in Ridley Scott's Alien and David Cronenberg's Rabid', in *Posthuman Bodies*, ed. by Judith Halberstam and Ira Livingston (Bloomington: Indiana University Press, 1995), pp. 203-224 (p. 203).

31 Shildrick, *Embodying the Monster*, p. 117, my emphasis.

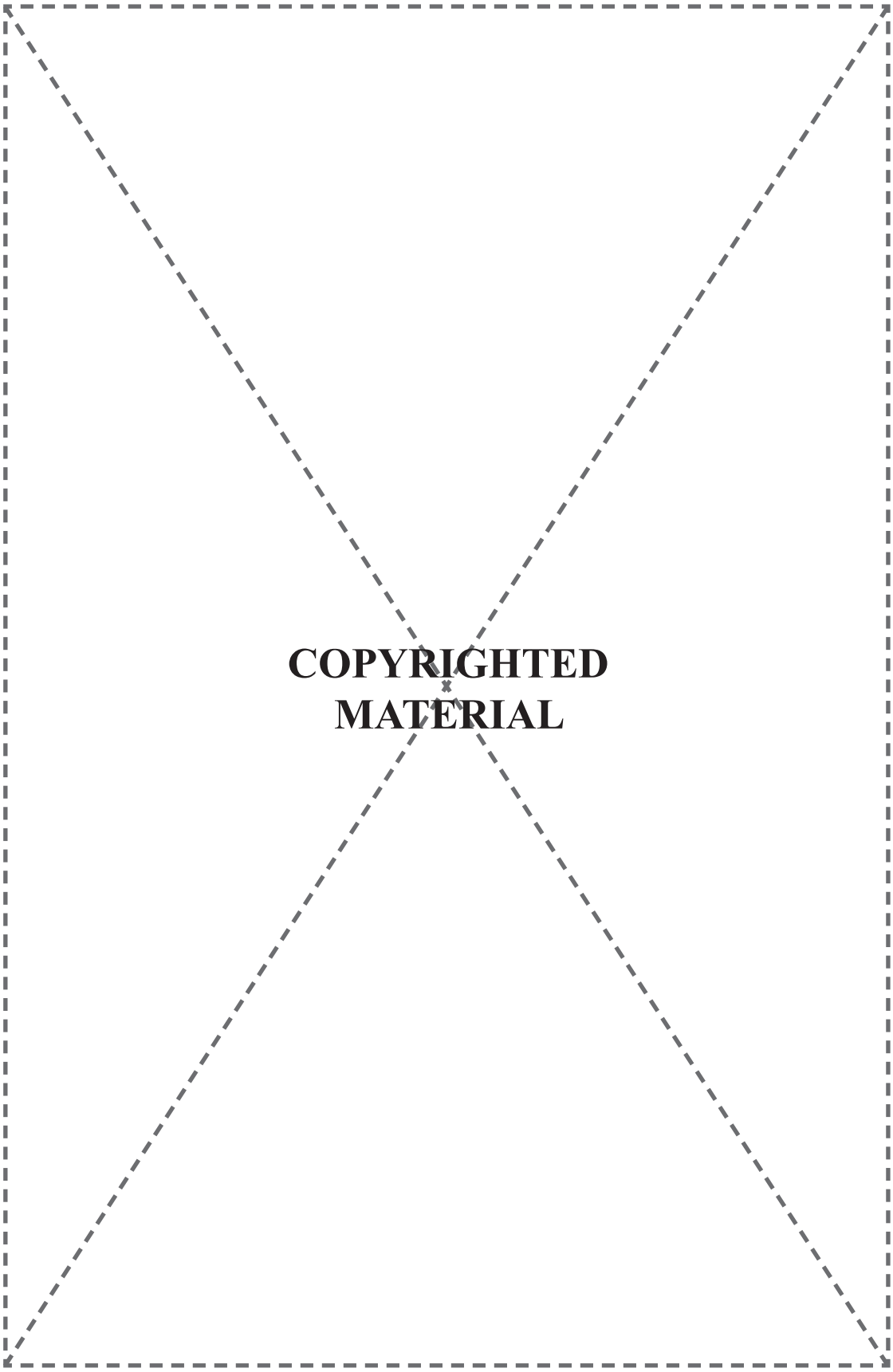
32 Alison Bashford and Claire Hooker, 'Introduction: Contagion, Modernity and Postmodernity', in *Contagion: Historical and Cultural Studies*, ed. by Alison Bashford and Claire Hooker (London: Routledge, 2001), pp. 1-14 (p. 4).

33 Kristeva, *Powers*, p. 4.

34 Ibid., p. 9.



2.2 Robert Kirkman, Tony Moore and Cliff Rathburn, 'Days Gone By', *The Walking Dead* 1 (Berkeley: Image Comics, October 2003).



2.3 Robert Kirkman, Tony Moore and Cliff Rathburn, ‘Days Gone By’, *The Walking Dead* 1 (Berkeley: Image Comics, October 2003).

materialises the quintessential abject, that which the subject, or survivor here, needs to thwart in order to survive.

This re-framing of the zombie in abject terms in turn allows us to better understand the stakes at play in the material and embodied excessiveness it continuously signals. Offering a 'human body defamiliarized, rendered other',[35] it seems to materialise the abject understood as 'a failure to recognize [one's] kin', an embodied presence in which 'nothing is familiar, not even the shadow of memory'.[36] It displays a body continuously in dissolution, an abject non-form whose sheer presence continuously endangers the fragile ecosystem of the subject and brings it ever closer to the realm of the object. Confronted with a body he cannot entirely recognise as body yet whose form and vague boundaries consistently awaken recognition, the subject is left voiceless. In the presence of the zombie he is, like Rick, projected at the limits of language, uttering gasps of horror as he finds himself rendered literally speechless by a body which continuously refuses to conform to what a body ought to be and to look like, a body closer to the world of 'things' than the human it is supposed to harbour.

2.2 'Things?' Becoming Ill, Becoming Body

Setting up the stage for the story that follows, Rick's first encounter with the undead not only signals the problematic space the zombie body quickly comes to occupy, it also provides us with an important insight into what lies under the anxiety suffusing the portrayal of the zombie as monster. Indeed, having opened the doors to the cafeteria only to find a room full of undead zombies now making their slow way towards him, Rick's initial reaction is to order them to 'stop! Get away from me!' before asking 'can't you understand?'[37] Natural as this reaction may seem, the tension it instantly creates also taps into what has historically been understood to be the main attribute of the zombie: its apparent incapacity for reasoning. From Ronald Allan Lopez Cruz's 'mindless automatons driven by base instincts' to Peter Dendle's 'soul-less hulk

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35 Hurley, 'Reading like an Alien', p. 203.
36 Kristeva, *Powers*, p. 6.
37 Kirkman, *The Walking Dead* 1.

mindlessly working at the bidding of another',[38] the zombie has historically been almost unequivocally processed as a creature whose defining feature is an erased form of consciousness, a complete lack of self-awareness. Offering a body 'robbed of all the qualities that make up personhood—feelings, sentience, reflexivity, memories—but [who] survives under a sentence of immortality',[39] the zombie is not so much apprehended as an alternative mode of being than as an absence of being. Its nature is not defined in essence, in what it *has* or *is*, but precisely in lack, in what it *is* or *has not*. And it is precisely this lack which, in turn, deprives it from the sense of self foundation to our common humanity.

Within the contagion narrative, the implication of monstrosity is therefore not so much abnormalisation than a process of spectacularisation. It signals a reduction of the monstrous subject to a *body-in/as-display*, that is, a body apprehended primarily through the gaze and in objectal terms, a *body-object*. It foregrounds a purely graphic and visual mode of horror in which the body itself is presented as threat not only to the lives of the survivors but also to their definition as both human and subject. Becoming zombie implies a dual movement in which the foregrounding of the body signals a reciprocal dissolution of the mind. This articulation of the corporeal zombie as an erased form of consciousness draws from a long tradition within Western epistemology, which has tended to historically conceive of the body as an oppositional force. For Plato already the body was an antagonistic presence, a weight hindering the free movement of the transcendental soul.[40] Its etymology alone signalled its limiting power. Derived from the Greek word for tomb or *sema*, the body was apprehended as a mausoleum for the soul 'as well as its place of imprisonment'.[41] If philosophers have, over the centuries, conceived of it in more flattering terms—most notably with the advent of phenomenology in the mid-twentieth century—the body remains primarily perceived

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38 Ronald Allan Lopez Cruz, 'Mutations and Metamorphoses: Body Horror Is Biological Horror', *Journal of Popular Film and Television* 40.4 (2012), 160-168 (p. 166); Dendle, p. 46.

39 Marina Warner, *Phantasmagoria: Spirit Visions, Metaphors, and Media into the Twenty-first Century* (Oxford: Oxford University Press, 2006), p. 359.

40 Plato, 'Phaedo', in *Five Dialogues*, 2nd edn, trans. by G. M. A. Grube, rev. by John M. Cooper (Indianapolis: Hackett Publishing, 2002), pp. 93-154 (p. 122).

41 J. Baird Callicott, *In Defense of the Land Ethic: Essays in Environmental Philosophy* (Albany, NY: State University of New York, 1989), p. 182.

as a site of opposition. In his history of the self, Charles Taylor argues that, since René Descartes at least, the Western discourse on the subject has been dominated by what he calls a stance of disengagement or the idea that the body's relation to the self is one determined first and foremost by distance, that, 'in our present condition, the way to realize our immaterial essence is by taking a certain stance to the body'.[42] As the mind takes precedence over all notions of embodiment, the body finds itself relegated to the objectal position of instrument. An imperfect extension of the mind, it becomes at best an invisible and imperceptible prosthetic in the subject's dealings with the world of objects.

This construction of the body as object is not without consequences for our understanding of contagion and the anxiety that surrounds it. In the fourth issue of *The Walking Dead*, as they attempt to devise a plan which would allow them to go back into the zombie-occupied centre of Atlanta, Rick tells the rest of the survivors that 'those things don't seem too smart […] they're up and moving, but by all indications they're not operating at peak performance'.[43] Later, in the story arc entitled 'This Sorrowful Life', as Rick, Glenn and Michonne attempt to escape the small refuge-town of Woodbury, Doctor Stevens, one of the Woodbury people, is bitten by a zombie. Upon being asked if she is going to be okay, his assistant Alice answers that she will 'be-- fine. I'll be fine. Doctor Stevens was there, he was just-- it's like-- one minute he's right there with me and the next-- he's gone'.[44] What both Rick's comment and Alice's realisation highlight is the violently objectifying effect of contagion. In the moment of contraction, it extracts the individual being from the privileged realm of the subject and reduces him to a pure form of embodiment. The shambling corpses Rick and Glenn plan on mimicking are nothing but bodies in motion. Similarly, and though his body remains, Doctor Stevens himself is gone. What made him who he was dissolved at the moment of infection, leaving behind something else instead, something that cannot be

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42 Charles Taylor, *Sources of the Self: The Making of the Modern Identity* (Cambridge: Cambridge University Press, 1989), p. 146.

43 Robert Kirkman, Tony Moore and Cliff Rathburn, 'Days Gone By', *The Walking Dead* 4 (Berkeley: Image Comics, January 2004).

44 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'This Sorrowful Life', *The Walking Dead* 34 (Berkeley: Image Comics, January 2007).

defined but by what is no more, that is, an empty body devoid of self, a meaningless material presence.

As this suggests, the conflation of objectivity and embodiment posited by Western philosophy has led it to empty the body from all forms of significance and to irrevocably articulate its presence as a paradoxical mode of absence. Present in Plato's reading already, this semantic emptying of corporeality stems, according to Drew Leder, from the body's own self-effacing nature. As he argues, 'it is *the body's own tendency toward self-concealment* that allows for the possibility of its neglect or deprecation'.[45] For him, it is the body's own tendency towards self-erasure and un-mediation that accounts for its perception as meaningless. In its foregrounding of the corporeal, fleshy body, the zombie therefore can but signal a problematic dissolution or at least receding of consciousness. In place of Doctor Stevens remains a body whose signification never entirely amounts to full personhood or humanity, traits themselves reliant on cognisance. Emphasising how, within Western culture, consciousness has become 'the determining factor of what constitutes life. If consciousness is found to be illusory, the person in question is decided not to be a "person" at all',[46] Alice's framing of Doctor Stevens's transformation as a form of disappearance exposes how the reliance on an implicit acknowledgment of self-awareness, a being self-*present*, that has come to define personhood heavily problematises any mode of existence not directly predicated on transcendence. In a paradoxical third person-first person movement, this understanding of subjectivity indeed requires the subject be able to distance himself from his own physical presence, to disengage and objectify his body so as to construct himself as subject,[47] that which precisely the contagious subject seems to be incapable of doing. By implying an ability to self-control or, at least, the capacity to take the self itself as object, to engage in self-objectification, 'an operation which can only be carried out in the first-person perspective',[48] this reading invariably processes those it judges as essentially corporeal creatures through a prism which by definition has been

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45 Drew Leder, *The Absent Body* (Chicago: University of Chicago, 1990), p. 69.
46 Lauro and Embry, 105.
47 Ibid., p. 175.
48 Taylor, p. 175.

crafted so as to impede their access to full personhood.

A few pages into issue six, the now infected Jim discusses his situation with Donna. Lying on the RV bed, emaciated, his skin already marked and his eyes semi-closed,[49] Jim explains that he 'can feel [the disease] coming'.[50] Jim's reference to *feeling* the disease showcases how contagion prompts a perceived re-emergence of the body as an overwhelming presence whose sudden visibility can but result in a felt sense of alienation. Resulting in what Leder refers to as 'dys-appearance' or the emergence of the body as thematic focus through its *dys*- state, illness and pain not only 'bring about the emergence of the body as explicit object', they circumscribe the subject to this body-object.[51] In the moment of diagnosis—contraction having itself gone unnoticed—the subject is violently pulled away from the world and becomes subjected to a centripetal force which brings about, 'even within the radius of several feet, this absolute split between one's sense of one's own reality and the reality of other persons'.[52] To be ill implies a re-centring, a moving away from being-in- and for-the-world and towards a being-body.

Apprehended as the forceful re-anchoring of the individual within the strict limits of his body, the zombie becomes the site of an impossible subjectivity. By dragging the subject back to his body, contagion indeed appears to precisely hinder the process Lacan locates as the root of subjectification—homeomorphic identification—a process that implies both a gaze, punctiform site of experience of the subject, and a space of occupation, the body as image. When confronted with the presence on Hershel's property of a barn full of zombies, Rick explains to the former that the

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49 If the link between zombism and actual diseases was until now strictly speaking theoretical, Kirkman and Moore's obvious reference here to Therese Frare's famous photograph of David Kirby, 'his body wasted by AIDS, his gaze locked on something beyond this world', published first in Life Magazine and later re-appropriated by Benetton for their 1991 campaign, clearly confirms the validity of their relation. Quote from Ben Cosgrove, 'The Photo That Changed the Face of AIDS', *Time*, 25 November 2014, <http://time.com/3503000/behind-the-picture-the-photo-that-changed-the-face-of-aids/>, [Accessed 03 August 2016].

50 Kirkman, *The Walking Dead* 6.

51 Leder, pp. 83-84, 93.

52 Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985), p. 4

creatures he hosts are nothing but 'rotting corpses with pieces missing'.[53] Later in the story, after Tyrese's daughter decides to take her own life and Tyrese violently murders her boyfriend in return, the same Rick explains to the rest of the group that 'Tyrese was already there when I got there. He found their *bodies*. We were-- there-- when they *came back*'.[54] Whereas the dominant reading of the subject therefore primarily apprehends the body as an oppositional force, an entity or surface *against* which subjectivity can be posited—as Lacan himself explains, the image of the body is remade by the process of subjectivation into an 'unnameable […] complex, unlocatable form, which also makes it into the primitive object *par excellence*',[55] becoming 'the principle of every unity he perceives in objects', the foundation of objectivity itself[56]—the zombie's embodied materiality calls the subject back to his body, re-imprisoning him into the corporeality he left behind in order to be. Standing in opposition to the mindful and conscious healthy survivor, it symbolises the dissolution of consciousness and the reduction of the human to a necessarily meaningless form of embodiment, a becoming 'unmoored from meaning' whose result can but be a thing-like mode of existence.[57]

Rooted in a corporeality paradoxically understood as absence, this reading conceives of the reduction to embodiment signalled by the zombie as the signs of the inexorable 'death of the subject'.[58] However, where this understanding of contagion may seem adequately suited to a study of the zombie, its application to the analysis of wider, real, contagious outbreaks and those they affect quickly becomes problematic. Indeed, the real contagious individual is not devoid of consciousness. The HIV-positive patient is just as capable of reasoning as his HIV-negative counterpart is. However, to understand the reduction implicit in the zombie as a pure and absolute removal of all consciousness would be to misunderstand the complex and pernicious operations

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53 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'Miles Behind Us', *The Walking Dead* 11 (Berkeley: Image Comics, August 2004).

54 Kirkman, *The Walking Dead* 15, my emphasis.

55 Jacques Lacan, *The Seminars of Jacques Lacan, Book II: The Ego in Freud's Theory and in the Technique of Psychoanalysis, 1954-1955*, ed. by Jacques-Alain Miller, trans. by Sylvana Tomaselli (Cambridge: Cambridge University Press, 1988), p. 164.

56 Ibid., p. 166.

57 Steven Shaviro, *The Cinematic Body* (Minneapolis: University of Minnesota, 1993), p. 83.

58 Lauro and Embry, p. 87.

underlying objectification. Indeed, though not literally devoid of any reasoning ability, like the zombie, the real infected and infectious being is predominantly considered a passive object from the moment he enters the medical matrix. As the recourse to the 'patient' label already suggests,[59] the shift from health to illness implies a drastic reduction in the subject's agency. In his work on public health ethics, Geoffrey Rose argues that 'the central ethos of medicine is seen as an acceptance of responsibility for sick individuals'.[60] The moment the subject enters the medical apparatus of health is marked by an agentic shift away from the purely individual autonomy conventionally associated with subjectivity and towards a 'voluntary' relinquishing of agency, an emptying of the subject's sense of responsibility as he surrenders all power to the medical apparatus. Through the diagnosis, the subject finds himself defined by and reduced to his body, a body which can only be conceptualised by the medical apparatus as a pure object, a surface upon which disease and medicine can wage their fight indifferently of the subject's will, an instrument they can, by turns, mobilise against each other.

What both medical and popular discourses emphasise here is the articulation of the infected and infectious being as pure embodiment. Within its own narrative, the zombie signals a return of the body to the surface and the 'necessary' simultaneous disappearance of the self. Similarly, the emergence of the disease in the sick patient relegates him to an objectal position by way of which he finds himself locked in what Michael T. Taussig calls a form of 'alienated passivity',[61] a state fundamental to the deployment of medicine's power. It is, indeed, this state of constructed passivity that legitimates medicine's ability 'to diagnose and manipulate its objects, to undertake clinical practices like surgery and public health practices like screening';[62] all *in the*

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59 From the classical Latin patient-, patiēns, 'able or willing to endure or undergo, capable of enduring hardship, long-suffering, tolerant'. 'Patient, adj. and n.' *OED Online*, Oxford University Press, June 2016 <http://www.oed.com/view/Entry/138820>, [Accessed 14 August 2016].

60 Geoffrey Rose, 'Sick Individuals and Sick Populations', *Public Health Ethics: Theory, Policy, and Practice*, ed. by Ronald Bayer, Lawrence O. Gostin, Bruce Jennings and Bonnie Steinbock (Oxford: Oxford University Press, 2007), pp. 33-43 (p. 33).

61 Michael T. Taussig, 'Reification and the Consciousness of the Patient', *Social Science and Medicine* 14.1 (February 1980), 3-13 (p. 9).

62 Cathy Waldby, *AIDS and the Body Politic: Biomedicine and Sexual Difference* (London: Routledge, 1996), p. 30.

name of those it takes as object. After all, as Angus Dawson and Marcel Verweij argue, 'the first salient feature of preventive care and public health programmes is that the initiative usually comes from the public health professional, not the "patient"'.[63] To become zombie or patient therefore first and foremost means entering into a relation of power through which the subject is stripped from his agentic capacity and remade into a passive object of both discourse and practices.[64]

From a capable subject, one becomes, through contagion, a dangerous object. Relying as it does on an articulation of subjectivity defined through a specific form of agency, this process aligns essence with ability. It links what the body *is* to what the body *does*. In this alignment, the hegemonic power—here medicine—creates for itself an effective because tautological instrument through which it can deny the contagious being the subjectivity it once possessed by structuring the latter as the kind of capacity for control which the zombie precisely seems to be devoid of. As Maggie's comment that 'these things are fucking creepy. It's like they're coming at us-- and they don't even know it' suggests,[65] the zombie is defined by a fundamental lack of control. When, earlier in the series, her father attempts to defend his 'humanitarian' position regarding the occupants of his barn, he tells Rick his main issue lies precisely with their capacity: 'we don't know a goddamn thing about them. We don't know what they're *thinking*-- What they're *feeling*'.[66] Rick's answer, however, simply re-affirms their objectal status, arguing that 'they're dead. Before they get back up-- before they try to eat you-- they die […] they're not sick *people*… They're dead'.[67] For Rick as for the overall narrative of contagion—as the examples of Jim, Amy and Doctor Stevens demonstrate, the

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63 Angus Dawson and Marcel Verweij, 'Introduction: Ethics, Prevention, and Public Health', in *Ethics, Prevention, and Public Health*, ed. by Angus Dawson and M. F. Verweij (Oxford: Clarendon, 2007), pp. 1-13 (p. 2).

64 It is interesting to note that, within its own narrative, the zombie is consistently deprived of language, that which has been for most Western philosophers the basis of the possibility of both consciousness and subjectivity. For more on the role of language and its relation to the subject, see Cary Wolfe, 'In the Shadow of Wittgenstein's Lion: Language, Ethics, and the Question of the Animal', in *Zoontologies: The Question of the Animal*, ed. by Cary Wolfe (Minneapolis: University of Minnesota, 2003), pp. 1-57 or Jacques Derrida and David Wills, 'The Animal That Therefore I Am (More to Follow)', *Critical Inquiry* 28.2 (Winter, 2002), 369-418.

65 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'The Calm Before', *The Walking Dead* 41 (Berkeley: Image Comics, August 2007).

66 Kirkman, *The Walking Dead* 11, my emphasis.

67 Ibid., my emphasis.

contagious victim is considered dangerous even before death—the zombie, by essence, cannot be subject simply because subjectivity itself has been shaped in a way which does not and cannot accept the zombie as subject. Whether sick or dead, whether it lies with the 'patient' object of Hershel's potential cure or the walking embodiment of death promoted by Rick, the zombie is not and can never be the agent of its own narrative. It is a 'thing' precisely because it has been made 'thing-like' by a discourse that refuses to grant it any other position.

This circular articulation of the zombie as object in turn allows Rick and his group to discard its potential humanity and to confirm in its stead its purely material and othered dimension, essentially emptying the subject's relation to this now complete Other from any ethical considerations. When Allen is bitten at the leg in issue 21, both his and Rick's immediate responses are shaped by this objectal perspective. As he lay on the floor, Allen tells Axel, Rick, Tyreese and Dale that he is 'a fucking dead man' and that he can already feel himself 'turning into one of those things'.[68] If Allen's reading is quickly disproven by Rick's action—faced with the possibility of infection, he unilaterally decides to cut Allen's leg against Tyreese accusations that he is 'not going to let you mutilate him' and that Rick is 'just going to torture him-- ruin his last days'[69]—the objectifying dynamic animating his comment itself remains intact. Indeed, Rick and Tyrese's entire conversation and the following amputation both take place over an unconscious Allen. Reducing the value of Allen's own point of view, choice and agency to nothing—he is at this point unable to express his opinion on whether he would rather join the undead or lose a leg—Rick's actions here confirm the objectal position the contagious subject comes to occupy as soon as he enters the territory of medicine. From the moment of the bite, he is reduced to the status of a thing, a creature seemingly outside the realm of ethical treatment and consideration.

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68 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'The Heart's Desire', *The Walking Dead* 21 (Berkeley: Image Comics, August 2005).

69 Ibid.

2.3 The *Walking* Dead, or Resisting the Object

If this reading of the contagious individual in large part accounts for the general perception which has governed both its cultural and diegetic appraisal—as Glenn explains to a confused Rick in issue two, 'one bite and it's all over for you'[70]—I would like to propose, in the second half of this chapter, an alternative reading of the figure, one which, I believe, can more accurately explain our fascinated relation to contagion and its monsters. As has already been demonstrated, within its own narrative, the zombie is primarily defined in and by difference. As Glenn explains to Rick after they narrowly escape a horde of zombies, 'every time one of those *things* kills one of us we become one of them'.[71] The recourse to an objectal discourse in order to address the zombie exposes the relation that both survivor and narrative establish between the human subject and the zombie Other. It posits the establishment of a fundamental distance between the mindless zombie and the human survivor as person. This distance is then reinforced by the use of labels whose function is precisely to distinguish survivor and zombie. Though the word 'zombie' itself is never actually uttered in *The Walking Dead*, its protagonists nonetheless have recourse to a plethora of labels whose primary function is to re-inforce the otherness of this monstrous Other. Shortly after Rick's group manages to escape the grip of the Governor, Glenn tells Alice that 'roamers' is 'the name we came up with for them. Roamers and lurkers-- Two names, actually'. Surprised, Alice retorts that the idea of two types is 'a little silly. They all bite. Biters makes a ton more sense'.[72] Whether it is 'biters', 'roamers', 'lurkers', 'walkers', 'undead monsters' or simply 'things', the varied nomenclature used by the series' characters therefore confirms the distance as well as the essential separation dividing the human survivor from those who do not share his access to this privileged group.

Re-affirming the passivity of its object,[73] the act of naming enacts here the drawing of a limit, a line of demarcation between two different types of bodies:

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70 Robert Kirkman, Tony Moore and Cliff Rathburn, 'Days Gone By', *The Walking Dead* 2 (Berkeley: Image Comics, November 2003), my emphasis.

71 Ibid.

72 Kirkman, *The Walking Dead* 34.

73 This reflection draws on Derrida's consideration of the 'Animal' as noun. Derrida and Wills, p. 416.

healthy bodies and infected bodies. Yet, as was already shown, the prime characteristic of contagion is, if nothing else, its consistent refusal to respect boundaries. And it is precisely here that resides the prime source of our cultural anxiety regarding contagion; not in the objectificatory process it seems to invariably trigger, but rather in the forever-incomplete dimension of the latter, in the failure of the contagious monster 'to wholly and only occupy the place of the other'.[74] Indeed, the imperative for categorisation suffusing Western culture, the need for a reiterated form of separation, does not arise from the actual perception of difference but rather from its inescapable elusiveness. As Judith Butler explains, that any 'reiteration is necessary is a sign that materialisation is never quite complete'.[75] Words and labels arise more out of a need for distance, itself product of a perceived dangerous closeness than from any real and actual difference.

Processed within this framework, the need for categorisation animating the survivor therefore always already indicates a fundamental recognition that this oppositional economy is in fact not guaranteed but rather product of his own repeated discursive act. Already implicit in the terminology employed by the survivors to refer to the zombie—the fact that most of the labels they use throughout the story can be, and at times are, applied to the survivors themselves exposes how ontologically close zombie and human are—this closeness is itself confirmed when, at the end of a long speech about savagery in the light of the apocalypse, Rick argues that with each action against the undead, the human gets closer and closer to that which he rejects as other. Culminating in the affirmation that contrary to what the title of the series suggested, it is not the zombies but we, the humans who 'are the walking dead!',[76] Rick's assessment blurs the line between those inside the prison walls and those attempting to enter and thus confirms what the whole series had until now consistently hinted: that zombies and humans are but one and the same.

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74 Shildrick, *Embodying the Monster*, p. 56.

75 Judith Butler, *Bodies That Matter: On the Discursive Limits of 'Sex'* (New York: Routledge, 1993), p. 1.

76 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'The Heart's Desire', *The Walking Dead* 24 (Berkeley: Image Comics, December 2005).

Indeed, this ontological closeness suffuses Kirkman's series from its first pages. In his initial encounter with zombies, Rick fails to recognise them for what they are and presupposes instead—as signalled by his demand that they 'stop' and 'understand'[77]—that they are fellow human beings. Later in the same issue, Rick himself is mistaken by another survivor for 'one of those… things' and knocked out with a shovel.[78] When his own group of survivors meets Tyreese's for the first time in the middle of winter's cold night later in the series, the latter's introduction, visually and narratively framed as a zombie attack, including a shot showing Tyreese and his daughter's hands which echoes an earlier cover on which the same set of hands belonged to the undead (see Figures 2.4 and 2.5), initially prompts a similar mistake before being diffused only a page later as a human encounter.[79] Carl, Rick's son, is not so lucky when, meeting Hershel's son for the first time in a forest, he is mistaken for a zombie and shot by the latter who 'though[t] you was all…' zombies.[80] As these few examples clearly demonstrate, if the bite marks a shift from health to illness, the question as to where one positions their respective places on the ontological spectrum seems infinitely more complicated than the simple binary opposition repeatedly upheld by the survivors.

Where the preponderance of this trope of misrecognition in the zombie narrative signals the irreducible bond shared by both human and zombie beings, the recognition of this relationality does not, in and of itself, provide an explanation as to why the survivor continues to relentlessly reject any positive embrace of zombiehood. When Carol, in issue 41, decides to join the ranks of the undead by throwing herself into the arms of a zombie the group retains as an experimental subject, her 'endorsement' of the zombie life is framed as an act of madness. Not only does her death follow an attempted suicide in issue 22, a conversation with Lori in which she herself confesses that she 'can't be alone. I can't handle it. It… it kinda drives me crazy'[81] and a passionate sexual

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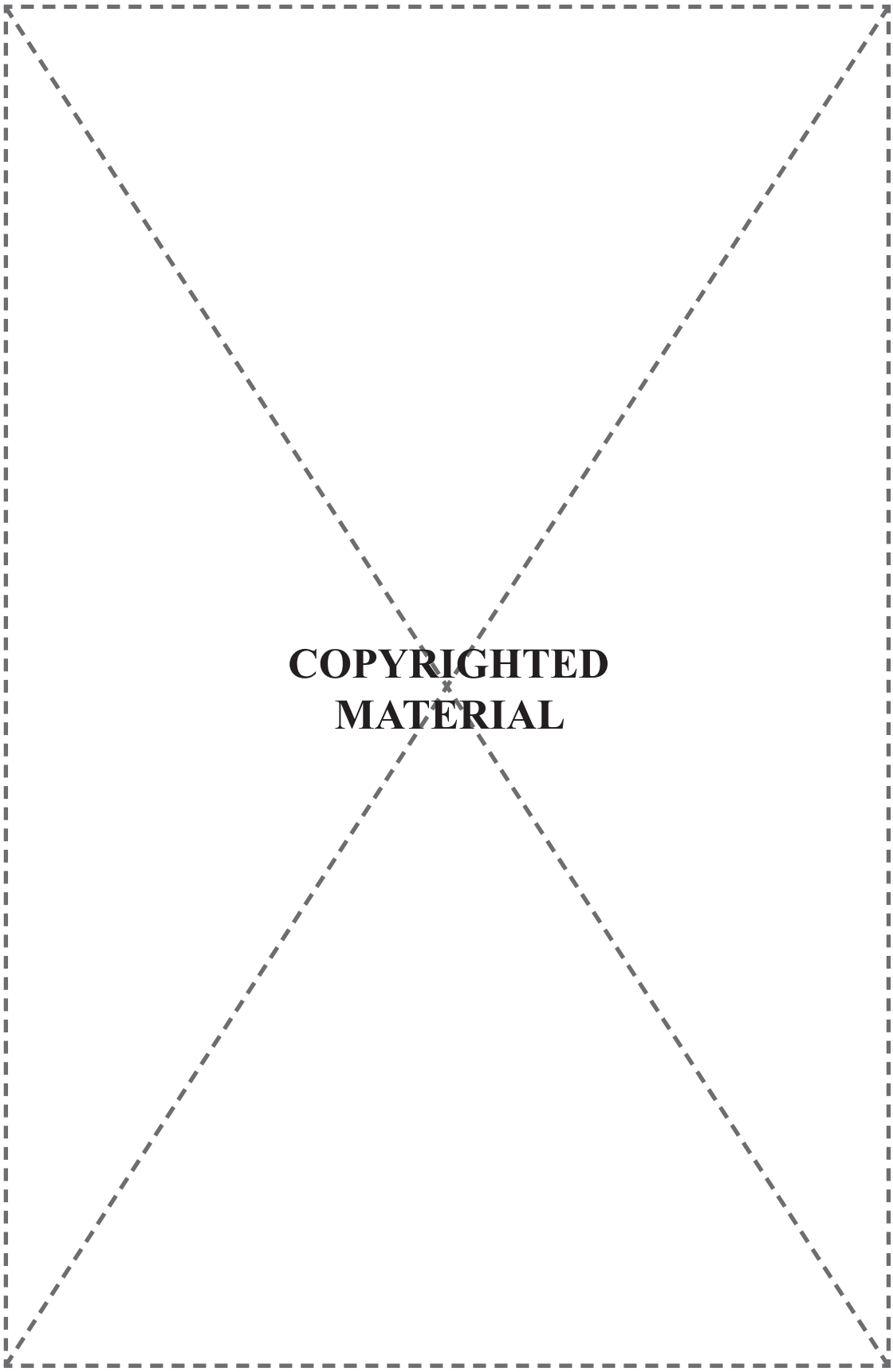
77 Kirkman, *The Walking Dead* 1.

78 Ibid.

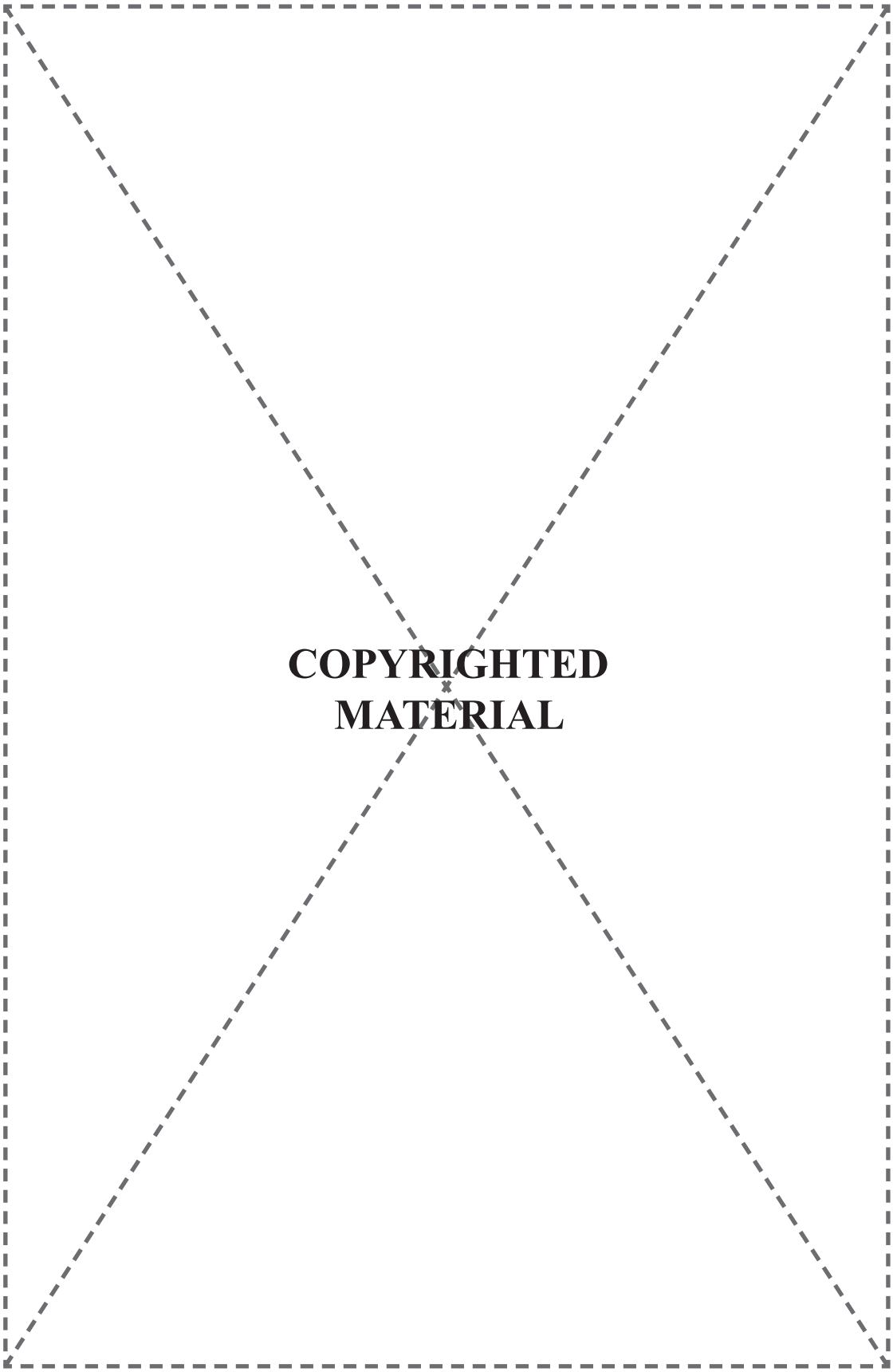
79 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'Miles Behind Us', *The Walking Dead* 7 (Berkeley: Image Comics, April 2004).

80 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'Miles Behind Us', *The Walking Dead* 9 (Berkeley: Image Comics, June 2004).

81 Kirkman, *The Walking Dead* 41.



2.4 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'Miles Behind Us', *The Walking Dead* 7 (Berkeley: Image Comics, April 2004).



2.5 Robert Kirkman, Tony Moore and Cliff Rathburn, ‘Days GoneBy’, *The Walking Dead* 5 (Berkeley: Image Comics, February 2004).

relation with Billy, a man she previously barely talked to, but she even prefaces it with a long conversation with her zombie 'aggressor' in which she reiterates that 'everyone thinks I'm crazy'.[82] To desire the zombie is and can only be an act of madness, a loss of reason which, in a way, already signals the relinquishment of the one quality defining humanity. It is to mark oneself as part of 'them', a pathologised Other belonging to the other side, a being already more body than mind.[83]

As these few examples already show, the boundary between survivor and zombie, healthy and sick individual, is far from being as clearly delineated as the survivors themselves seem to claim. Yet, to recognise the relational dimension of the two categories does not entail making way with categorisation altogether. If relation there is, the question remains as to why survivors and critics alike appear so keen on maintaining, and in many ways constructing, this ontological distinction between the living and the undead. Indeed, beyond the examples of misrecognition already presented, the zombie often shows signs of precisely the kind of ability for thought characters and academics alike have invariably tended to deny. Rick himself, in devising his plan with Glenn, recognises that, despite their 'evident' lack of reasoning powers, he has yet to see 'them mistake one of them for one of us'.[84] Later in the series, Axel, contemplating the mass of zombies agglutinating against the fence, ponders 'what it was like to start turning into one of them-- to come *back*. I wonder if it *hurts*. I *bet* it hurts real bad. That's why they moan so much'.[85] One issue earlier, contemplating a similar horde, Sophia tells Carl that 'mostly [she] just feel[s] sorry for them […] because they look so sad'.[86] Rick's recognition of the zombie's ability for distinction as well as Axel and Sophia's empathetic inclusion of the creature within the realm of those capable of feeling pain and sadness both compel us to consider why, despite evidence of its liminal status, the survivors continue to see in the zombie a negation of everything

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82 Kirkman, *The Walking Dead* 41.

83 On madness and its relation to the law, responsibility and the possibility of personhood, see Michel Foucault, *Abnormal: Lectures at the Collège De France 1974-1975*, ed. by Valerio Marchetti and Antonella Salomoni, trans. by Graham Burchell (London: Verso, 2003), p. 32.

84 Kirkman, *The Walking Dead* 4.

85 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'The Heart's Desire', *The Walking Dead* 22 (Berkeley: Image Comics, October 2005).

86 Kirkman, *The Walking Dead* 21.

they perceive themselves to be.

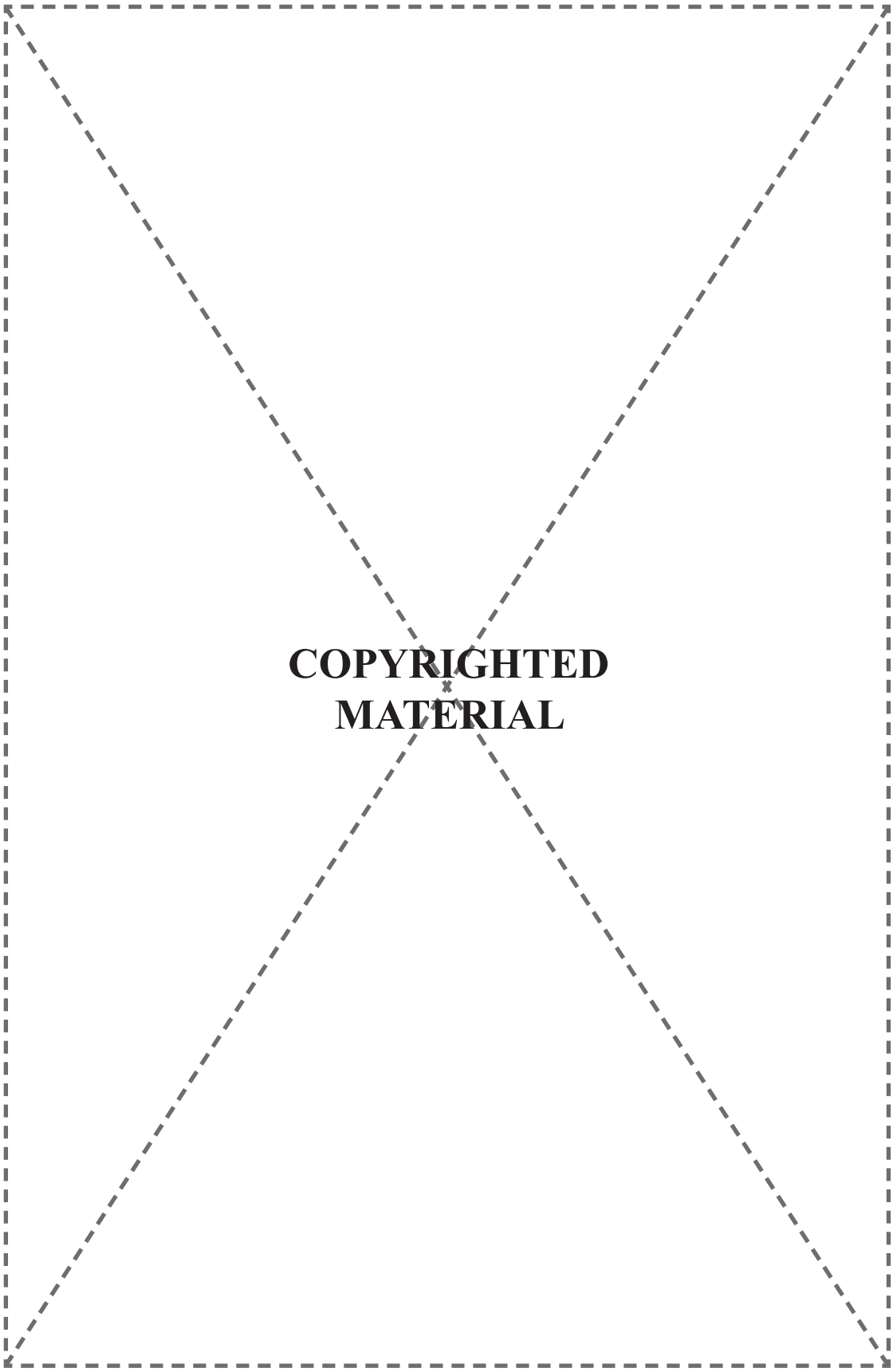
In order to answer this question, I propose to shift focus away from Kirkman's comic series and towards its televisual adaptation. Indeed, whereas the graphic nature of Kirkman's text allowed us to explore the relation between the gaze, the enclosed body and the fluid corporeality of the zombie, the shift towards a medium defined primarily by movement—the *moving* pictures—allows us to foreground the motricity of the body and the relation it bears to issues of agency and consciousness.

In October 2010, *The Walking Dead* premiered its first episode on the cable television channel AMC. In a new opening scene, the series introduces both its post-apocalyptic setting and its main protagonist by showing Rick's arrival at a desolated gas station. Overturned trucks, empty cars and cadavers set the scene while Rick advances towards yet another empty reservoir. On his way back to his car, he hears a short rapping noise. Glancing under a car, he sees a pair of feet pass by before stopping (see Figure 2.6). A hand comes down and picks up a teddy bear lying on the ground. Immediately, Rick gets back up and calls the 'little girl',[87] telling her there is nothing to fear and that he is a police officer. As he walks around the car, the camera reveals in a vertical pan a young girl walking, somewhat rigidly, away from him. Where her jolted movements already signal all is not right, it is only when she stops and slowly turns that the audience's assumption are confirmed. Presenting bloodshed eyes and a face torn away at the mouth, she starts stumbling towards Rick, 'forcing' him to take his gun out and shoot her in the head. At this point, the impact of the bullet sends her frail body into the air in an almost beautifully choreographed slow motion before it hits the floor, marking the beginning of the opening credit.

As this short summary indicates, the primary change Kirkman's text undergoes in its transposition from page to screen is the addition of movement. Though of course, motion is already implicitly present in the comic medium, its effect is primarily

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87 'Days Gone By', *The Walking Dead*. Season 1, episode 1 (AMC, 31 October 2010).



2.6 ‘Days Gone By’, *The Walking Dead*. Season 1, episode 1 (AMC, 31 October 2010).

produced by and within the imagination of the reader.[88] The zombie movie or TV series can therefore be said to literally add motion to the zombie body, motion which quickly becomes the most potent challenge to the construction of the zombie as pure object and body. After the opening credit, in which, interestingly enough, all characters are introduced through photographs, a mode of representation which precisely stands outside both movement and time, the first re-encounter with the zombie comes when Rick wakes up in the hospital. Here, once again, Rick's introduction to the zombie comes through the barred doors of the cafeteria. However, whereas in Kirkman's text Rick opened the doors only to find himself confronted with a horde of undead monsters, here the doors remain closed. Barred and marked with a sign reading 'don't open, dead inside', the doors begin to slowly move as Rick approaches them, moans and groans can be heard before fingers progressively make their way through the crack (see Figure 2.6). As with the 'little girl', the emphasis put on recognisably human traits derealised and defamiliarised by the disease suggests Rick's horrified reaction stems less from the zombie's distorted monstrosity, an otherness which he cannot process as self, than from an intimate recognition of sameness within the Other.

Later in the same episode, Rick meets Morgan, a fellow-survivor who, with his son Duane, has established residence in a neighbouring house. Shortly after Morgan gives Rick a run-down on the current situation, one of the zombies outside the house bumps into a car, triggering its alarm. As they observe the crowds wandering the street from a crack in the windowpanes, Duane spots his zombified mother. Turning towards the house as if called by this recognition, the latter starts walking towards the front door and attempts to open it, without success (see Figure 2.6). Duane's violent reaction to this spectacle and his father's explanation that he 'should have put her down […] but I didn't have it in me', that 'she's the mother of my child',[89] once again shows that despite all attempts at introducing a fundamental discursive difference, the spectacle of

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88 As Groensteen argues, there are numerous instances of movement within the comic medium, including within each panel. Yet he himself also recognises the distinction that exists between the 'fixity' of the comic-image and the motion inherent to the cinematic image. Thierry Groensteen, *The System of Comics*, trans. by Bart Beaty and Nick Nguyen (Jackson: University of Mississippi, 2007), pp. 103-107.

89 *The Walking Dead* 1.1.

the zombie is ripe with recognition. However, Duane's horrified response showcases here a mode of horror whose roots and scope go beyond a simple physical continuation between past mother and present zombie. As the timing of his reaction shows, his trauma stems directly from the fact that his zombified mother attempted to open the door as her past human self would have, an attempt which he cannot but process as the proof of a 'sort of vestigial memory'.[90]

If this palimpsestic form of humanity has tended to be discarded as a vacuous and mimetic sign of what once was but is no more,[91] the horror and emotional turmoil it triggers in both Duane and Morgan signals a more fundamental process of recognition, an irreducible form of self-presence, that which Derrida locates as the foundations of consciousness.[92] More than a pure antagonistic presence, the zombie therefore acts as a simulacral double of the living human, a doppelgänger.[93] It confronts the survivor with the materialised presence of what Sander L. Gilman calls 'the ultimate Other',[94] the objectified subject, that 'most radical expression of otherness: "I" as "other"' that is the estranged self.[95] This recognition of sameness in the Other in turn accounts not only for Morgan's inability to pull the trigger on his wife later in the episode, but also for Rick's own return to the scene of his first zombie encounter. Indeed, after leaving Morgan and his son, Rick takes his car back to the place where he was first introduced to the horror of his new world. In a dialogical montage, the series shifts from Rick following the bloody traces left by a zombie to Morgan executing the undead around his house (see

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90 Shaviro, p. 85.

91 Shaviro himself argues zombies to be 'empty shells of life that scandalously continue to function in the absence of any rationale', a construction echoed in Dr Rausch's explanation in *Dawn of the Dead* that the zombie has 'seemingly no or little reasoning power' and that 'what basic skills remain are more remembered behaviours from normal life […] but even these actions are the most primitive'. Shaviro, *The Cinematic Body*, p.85; *Dawn of the Dead*, dir. by George A. Romero (United Film, 1978).

92 Derrida, *Margins of Philosophy*, p. 16.

93 Shaviro, *The Cinematic Body*, p. 92.

94 Sander L. Gilman, *Inscribing the Other* (Lincoln: University of Nebraska, 1991), p. 14.

95 Javier Saavedra Macias and Rafael Velez Núñez, 'The Other Self: Psychopathology and Literature', *Journal of Medical Humanities* 32.4 (2011), 257-267 (p.260). Though clearly manifest throughout *The Walking Dead*, this notion of zombie-as-double is pushed to its logical conclusion in Romero's 1985 *Day of the Dead* and its 2005 follow-up *Land of the Dead* in which audience identification is primarily directed towards the zombie figures of respectively Bub and Big Daddy. *Day of the Dead*, dir. by George A. Romero (United Film Distribution Company, 1985); *Land of the Dead*, dir. by George A. Romero (Universal Pictures, 2005).

Figure 2.7). When Rick finally finds the first zombie he met after leaving the hospital, a semi-decomposed body cut in half at the waist, he apologises to her—'I'm sorry this happened to you'[96]—before putting a bullet in her head. Both animated by empathy, Rick and Morgan's actions show a recognition of shared humanity in the zombie. Like Axel and Sophia's comments, their actions signal the forever-incomplete state of the zombie's othering and mark it/him instead as a co-subject.

This failure of discourse to thoroughly objectify the Other through embodiment in many ways echoes issues raised by feminist and postcolonial theory over the role the body has historically played in the subjection of women and minorities to the control of the white masculine apparatus. As Shildrick argues, 'within the systems of hierarchically arranged dualities which characterise Western thought, women are in effect disqualified from full subjectivity by the very condition of their embodied femininity'.[97] What this rejection of the Other on the basis of his embodied nature therefore showcases is the purely discursive nature of the difference it establishes. The objectifying process surrounding all issues of embodiment appears indeed to function more as a defence mechanism from the part of the subject than as the result of a strict ontological separation between those it qualifies as body and those it does not. As Jean-Paul Sartre argues, the creation of the Other is but a second moment in our relation. It operates as 'a defense on the part of my being which, precisely by conferring on the Other a being for-me, frees me from my being-for the Other'.[98] It signals the creation of a fantasy of difference necessary to the subject's own positionality, yet one whose illusionary dimension he never entirely manages to erase.

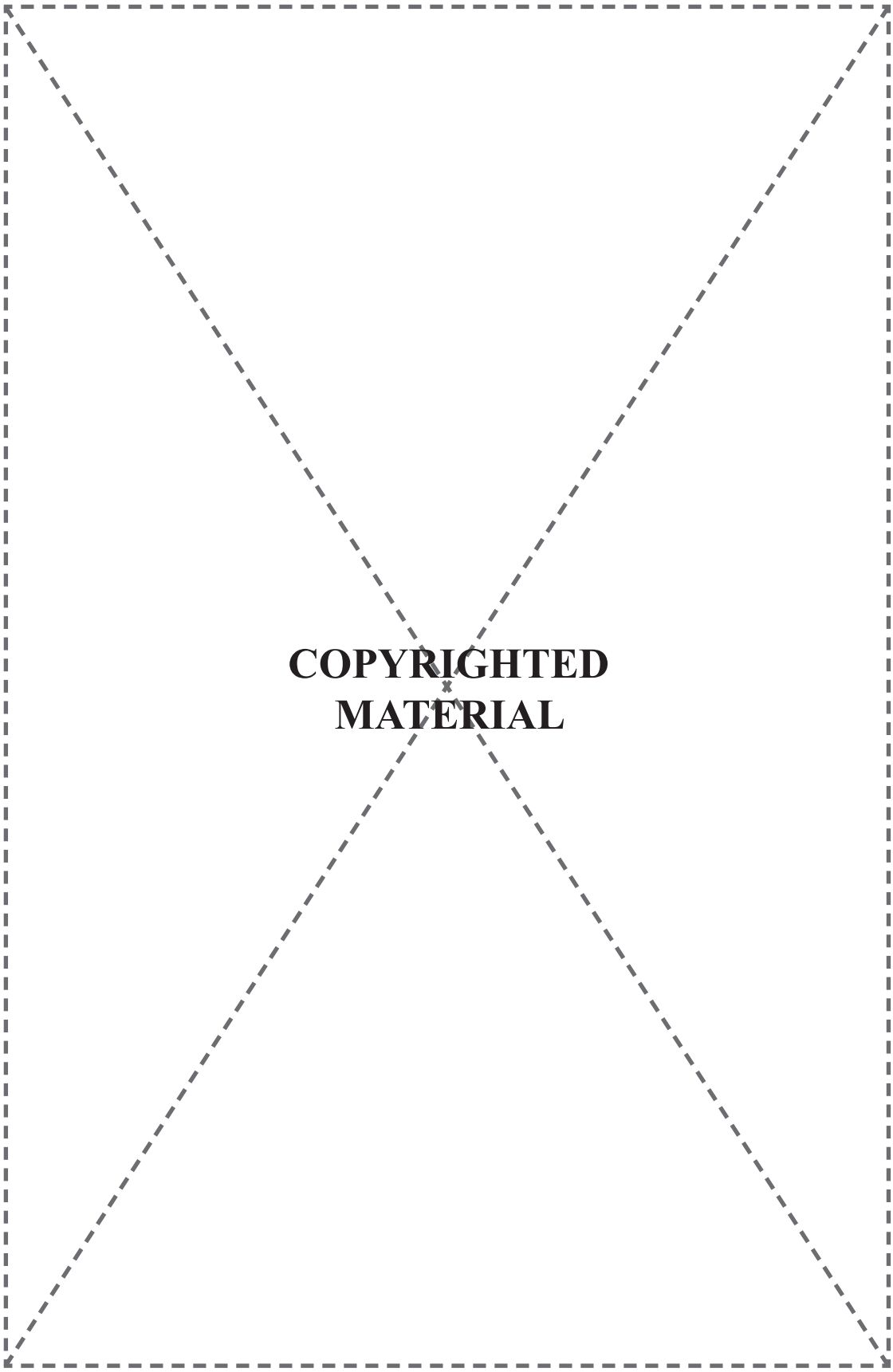
The fantasised nature of this distinction is itself played out early in the series when, during an attempt to regain the weapons they left behind in downtown Atlanta, Rick and Glenn decide to 'perform' as zombies so as to pass unnoticed among the crowds of undead bodies. Covered in zombie 'guts', shambling and dragging their feet,

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96 *The Walking Dead* 1.1.

97 Margrit Shildrick, *Leaky Bodies and Boundaries: Feminism, Postmodernism and (bio)ethics* (London: Routledge, 1997), p. 146.

98 Jean-Paul Sartre, *Being and Nothingness: An Essay on Phenomenological Ontology*, trans. by Hazel E. Barnes (New York: Philosophical Library, 1958; repr. London: Routledge, 2003), pp. 292-293.



2.7 ‘Days Gone By’, *The Walking Dead*. Season 1, episode 1 (AMC, 31 October 2010).

they manage to slowly make their way through the overcrowded streets of the city.[99] The stratagem only falters when rain suddenly starts pouring and they are forced to run and find cover inside a truck. Nevertheless, what the temporary success of Rick and Glenn's performance exposes here is the ontological void at the heart of the distinction both survivors and narrative establish between survivor and zombie, health and disease. As Butler indeed argues, performance and performativity operate on the basis of an empty signifying structure. They imply the recognition that 'political signifiers, especially those that designate subject positions, are not descriptive; that is, they do not represent pregiven constituencies, but are empty signs which come to bear phantasmatic investments of various kinds'.[100] Performance, in other words, presupposes a form of ontological lack, a siphoning of essence and a reduction of all differences to the status of arbitrary discursive and fictional productions.[101]

Breaking the essential relation between referent and referee, performance substitutes in its stead a model rooted in a decisional and active moment of superimposition. It repeats a specific coding whose roots are not to be found in any materiality but in a form of cultural convergence.[102] To *be zombie*, it suggests, is to *perform zombie*. Yet, to talk about performance here does not mean imitation or mimicry. Rather, what it entails is an accepted entry into a broader network of similarly empty yet potent signifiers.[103] It implies re-thinking both disease and zombies as the pure constructions of a culture whose appraisal by the healthy subjects and survivors, metonymic agents of the medical discourse, is not rooted in anything outside the

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99 Kirkman, *The Walking Dead* 4. A similar scene is played out for comedic purposes in *Shaun of the Dead*, dir. by Edgar Wright (Universal Pictures, 2004).

100 Butler, *Bodies*, p. 191.

101 If this may seem to suggest the end of all signifying processes or the devaluing of all signifiers, its primary purpose is not to deplete the semantic structures of knowledge but on the contrary to re-articulate signification as a cultural process. As Butler recognises, to problematise the material basis of signification 'may entail an initial loss of epistemological certainty'. However, 'a loss of certainty is not the same as political nihilism. On the contrary, such a loss may well indicate a significant and promising shift in political thinking'. Ibid., p. 30.

102 As Derrida argues, a performative utterance—and one may expand here his approach to non-speech-driven utterances such as bodily communications—could not be understood or apprehended as such if it was not always already repeating a coded and therefore recognisable form or utterance. Jacques Derrida, *Limited Inc*. (Evanston: Northwestern University Press, 1988), p. 18.

103 The notion of acceptance is arguably problematic here as, in most if not all cases, performance is imposed on rather than taken by its subject. Butler, *Bodies*, p. 7.

signification superimposed upon them by this same discourse. What this re-framing suggests thus is the idea that, though the abnormality of the zombie seems in many ways to emerge in reaction to the norm constituted by the survivor, if it appears to be clad in an aura of ontological posteriority, it is in fact a pre-requisite to the constitution of the norm itself or, as George Canguilhem argues, the idea that, while 'logically second, [the abnormal] is existentially first'.[104]

2.4 Body-Public and Body-Plural

Simple as it may seem, Canguilhem's observation carries an important weight for the appraisal of the sick individual. Indeed, not only does it suggest a drastic reduction of the ontological dominance of the norm over its counterpart, it also re-articulates this norm as the product of a purely subjective appraisal. Arising from the arbitrary imposition of a preferential status upon a certain position within a binary structure itself product not of observation but of decision, the norm is therefore rendered possible only by a cultural predisposition to value difference over similarity or repetition. As *The Walking Dead* reveals, the zombie and the survivor share more in common than they are unlike each other. Abnormality and pathology do not represent strictly differentiated ontological states but are instead marked by a singular difference whose predominance over other, more numerous, similarities is product of a specific discourse of health. In a world in which 'the walking dead' are not zombies but humans, the distinction between health and illness, norm and abnormality, becomes all but arbitrary. Accepting the arbitrariness of the norm as well as its existential posteriority does not, however, signal the end of its examination. On the contrary, presented with a deconstructed differential structure in which difference only signals ontological opposition, we can begin to examine how and more importantly why this same difference becomes, upon entrance in the cultural sphere, invested with phantasmatic value. Indeed, if we accept that the zombie body emerges as a form of double, doppelgänger or alter ego of the healthy subject, a presence forever caught-up between recognition and difference, we

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104 Georges Canguilhem, *The Normal and the Pathological*, trans. by Carolyn R. Fawcett and Robert S. Cohen (New York: Zone, 1989), p. 243.

can begin to ask why the norm underlying its appraisal emerged as it did and what, if response it is, it responds to.

The nature and impact of the double has been widely explored within academic works and its study has predominantly been informed by Sigmund Freud's own reading of the figure and its relation to the uncanny, rooted as it is in the assumption that 'from having been an assurance of immortality, [the double] becomes the ghastly harbinger of death'.[105] More interestingly, what Freud also posits is the relation the uncanny itself establishes between familiarity and difference. As he explains, the double does not so much confront the subject with a presence whose horrifying effect stems from its foreignness but rather from 'something familiar and old—established in the mind that has been estranged only by the process of repression'.[106] It does not rely, in other words, on the *de*-familiarisation of the body but rather in its problematic *re*-familiarisation. If to accept the zombie as double therefore implies the recognition of a part of oneself in the Other, it also entails that this recognition is itself the result of what was once the object of a violent repression and whose resurgence in the zombie re-makes it into the site of an uncanny encounter. In other words, it forces us to recognise that what the survivor fears most in the zombie's presence, and through it in the act of contagion itself, is not difference but rather a form of forgotten and repressed similarity.

As the example of Morgan's wife and the empathetic response she triggers in both her husband and son shows, this recognition operates primarily on the ground of an assumed shared consciousness understood not as a transcendental and disembodied process but as firmly inscribed within the flesh of the body. The embodied re-framing of consciousness and subjectivity it suggests is, of course, not entirely new. Derrida, when claiming consciousness as a mode of self-presence, already recognised the present nature of the self, locating its construction and emergence in the now of experience.[107] For him, to be both conscious and subject essentially means to be present to self, understood in terms of both transcendental awareness and material temporality. It

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105 Sigmund Freud, *The Uncanny* (Imago. Bd. V: 1919), p. 9.
106 Ibid., p. 13.
107 Derrida, *Margins of Philosophy*, p. 16.

indicates a form of meta-reflexivity as it simultaneously calls for a proprioceptive re-conceptualisation of the subject anchored in the materiality of the present tense proper to the corporeal. Promoting the notion that 'we humans learn "which thing we are" by moving and listening to our own movement',[108] this approach invites us to consider knowledge as the product of our embodied nature, to re-frame the body as a primordial site of epistemic arrangement. In other words, what the zombie forces us to remember is not only that we are 'embodied, just as [we] are enselved',[109] but that we are enselved precisely because we are bodies.

It is this re-anchoring of the subject within a body itself inscribed in a broader cultural network of signification that signals the most threatening dimension of the zombie. Indeed, to re-locate the source of subjectivity within the body necessarily entails the reading of all forms of physical, material and corporeal breaching as an attack on subjectivity itself. It forces us to recognise that corporeality and ontology are intrinsically inseparable.[110] Read through this prism, the bite of the zombie does not simply mark the potential downfall of the subject, his passage from health to illness; it signals the collapse of the dominant model of subjectivity as a whole. Because it acknowledges the irreducibly public and therefore fluid dimension of the body, the zombie not only imposes a vision of the self and the subject as vulnerable in their ontology, it dissolves the differential economy vital to the sheer notion of subjectivity. By exposing a vulnerability which seems 'to follow from our being socially constituted bodies, attached to others, at risk of losing those attachments, exposed to others, at risk of violence by virtue of that exposure',[111] it re-articulates the subject as invariably plural and forever-public, that precisely which the dominant ideal of subjectivity never was nor can be.

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108 Maxine Sheets-Johnstone, *The Primacy of Movement* (Amsterdam: John Benjamins Publisher, 2011), p. 49.

109 Bryan S. Turner, *The Body and Society: Explorations in Social Theory*, 2nd edn (London: Sage Publications, 1996), p. 37.

110 Shildrick, *Embodying the Monster*, p. 75.

111 Judith Butler, *Precarious Life: The Powers of Mourning and Violence* (London: Verso, 2004), p. 20.

In his confrontation with the contagious monster, the healthy subject recognises a form of dispossession to others he had until then thought the attribute of the object alone. Forcing him to acknowledge his own embodied dimension, the zombie marks the subject's opening up to the kind of violence the transcendental vision of the self until then prevented. Refuting the conception of the body as property and substituting for it an approach predicated on a centrifugal escape of the self, 'a mode of being dispossessed, a way of being *for* another or *by virtue of* another',[112] the embodied expression of the self is marked by a dramatic loss of sovereignty and control. Sartre acknowledges this problematic dimension of the body when he suggests that in the look of the Other, in that moment when the subject perceives the Other looking at him, 'all of a sudden I am conscious of myself as escaping myself, not in that I am the foundation of my own nothingness but in that I have my foundation outside myself'.[113] Re-framing the subject's existence as a process of relation to others and not simply against them or in spite of them, *The Walking Dead* exposes how living itself necessarily implies exposure. Whether it is in the woods, in the prison, in Wiltshire Estates or in Alexandria, a neighbourhood appropriately named a 'Safe-Zone',[114] the survivors can never entirely escape the zombies. As Abraham's statement, after being forced by Rick's group to shoot up in the air to quiet everybody down, that 'every rotting dead-alive fuck who just heard that is going to get up and start following that sound' because 'that sound means people-- and people means meat'[115] suggests, as long as the Other remains, the subject can never entirely be his own master. The survivors' relentless attempt at distancing themselves from the vulnerability implied in the zombie's presence only emphasises the inevitability of its failure. In its relentlessness, the zombie embodies the continuous and inescapable presence of the Other or that which no amount of boundary building ever entirely manages to keep at bay.

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112 Butler, *Precarious Life*, p. 24.

113 Sartre, p. 284.

114 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'What We Become', *The Walking Dead* 59 (Berkeley: Image Comics, April 2009).

115 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'Here We Remain', *The Walking Dead* 54 (Berkeley: Image Comics, November 2008).

Where traditional philosophy has tended to locate in this Other the foundations of the self,[116] a mirroring image against which the subject constructs himself, the phenomenological approach imposed by the zombie's presence enforces a more porous and dialogical relationship in which the Other is as much part of the subject as he is himself part of the Other. Processed within this framework, contagion unfolds as the literal materialisation of the ontological exchange inherent to being, the reification of the uninterrupted communication which invariably takes place between bodies and between selves. Although this epistemic re-framing echoes Kristeva's understanding of abjection as a threat emanating 'from an exorbitant outside or inside, ejected beyond the scope of the possible, the tolerable, the thinkable',[117] close yet unassimilable, its mobilisation here is more directly discursive and cultural than the psychological and universal nature with which Kristeva invests it. Indeed, for her, abjection is a process inherent to all forms of subjectivity. Referring to those events which draw the subject dangerously close to the object—'"I" am in the process of becoming an other at the expense of my own death'[118]—abjection marks an essential prerequisite of being, a natural and universal process called forth by life itself.[119] However, what the zombie as double reveals is the fact that the rejection of fluidity and multiplicity implicit in abjection does not originate from the body itself but rather from the structures of thoughts that have come to shape this body and from the powers invested in our cultural understanding of the body as a self-enclosed entity.

In the AMC adaptation, when they first meet, Morgan attacks Rick, aggressively demanding he clarifies the nature of his wound: 'what's your wound? You tell me, or I

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116 In his reading of Freud's theories, Lacan recognises two contradictory approaches and formulations. As he explains, 'the ego takes sides against the object in the theory of narcissism [yet] on the other hand, the ego takes sides with the object in the topographic theory of the functioning of the perception-consciousness system, and resists the id'. Though contradictory, these two visions of the ego nonetheless both rely on a fundamental schism between subject and object which in many ways suffuses most if not all previous and subsequent conceptualisations of subjectivity within Western philosophy. Lacan, 'Some Reflections on the Ego', 11.

117 Kristeva, *Powers*, p. 1.

118 Ibid., p. 3.

119 Lacan argued for a similar line of thought when he claimed that the image 'is functionally essential to man, in that it provides him with the orthopaedic complement of that native insufficiency, constitutive confusion or disharmony, that is linked to his prematurity at birth'. Jacques Lacan, *The Seminars of Jacques Lacan, Book III: The Psychoses*, ed. by Jacques-Alain Miller, trans. by Russell Grigg (London: Routledge, 1993), p. 95.

will kill you. Did you get bit? Chewed. Maybe scratched? Anything like that?'[120] When Rick answers that his wound is the result of a gunshot, Morgan's attitude drastically changes. The shift in Morgan's perspective highlights the arbitrary dimension of our epistemic model of the body. Within the world of *The Walking Dead*, a gunshot wound, dangerous as it may be, does not qualify as a breach of the body's boundaries. Rather it seems to re-affirm those boundaries, to confirm the human status of the wounded being.[121] The rejection of the zombie body therefore stems from a construction of the contagious body as fluid and multiple, a mode of being whose diffused localisation disrupts the carefully delineated grid imposed by the hegemonic space of language. Read in the presence of the zombie, the entrance into symbolisation and the maintenance of the Symbolic body necessary to the subjectivity posited by Lacan and Kristeva is re-articulated not as a process engendered by the subject himself but one through which he is forced to adopt an image and a body—or in other terms, a space—which never entirely corresponds to the 'reality' of his felt experience.

Lacan himself in many ways already recognised the insufficiencies of the image model when he framed the mirror stage as a 'drama' through which the infant is forced to adopt the 'alienating identity that will mark his entire mental development with its rigid structure'.[122] Struggling to adapt his own fragmented perception—what Lacan calls the '*corps morcelé*'[123]—the subject can but perceive the imposed unity provided by the image as a traumatic experience, apprehending in it the totalisation of his being in the form of a body he can only *visually* experience as unified. More importantly, the establishment of a fixed unity also comes at the cost of a drastic reduction. Indeed, in the mirror, it is not the subject who seizes his image but rather this image itself which seizes the subject, restricting his horizons to the strict boundaries of the skin. Forcing him to enter the system of difference proper to the Symbolic order, the mirror symbolises the forceful adoption of a specific materialisation of the body understood as 'clean and

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120 *The Walking Dead* 1.1.

121 As the same Morgan explains Rick a few minutes later, the zombies are immune to gunshot wounds, except when those hit the brain. Ibid.

122 Lacan, 'The Mirror Stage', p. 78.

123 Lacan, 'Some Reflections on the Ego', p. 15.

proper'.[124] By aligning autonomy with singularity, it promotes the latter at the expense of all forms of exchanges and plurality, thus restricting the possibilities for subjectivity to a self-enclosed space of articulation. It implies being 'ordered and discrete, secure *within* the well-defined boundaries of the body rather than actually being the body'.[125] To be-in-the-world and for-the-world, to be subject, in other words, first and foremost means to be enclosed.

This understanding of subjectification as a process of extraction or narrowing is better understood if processed through the tripartite structure developed by Lacan. Indeed, it presupposes a construction of the subject who, in its state of pre-symbolisation, exists and resides within the undifferentiated realm of the Real, a space itself apprehended as outside language or the possibility of representation. This perspective presents subjectification as a process of distancing in which the subject is removed from the Real, realm of the zombie, and projected into the world of Symbols. Yet, to posit a space outside representation by way of representation itself—as Lacan argues, 'we have no means of apprehending this real […] except via the go-between of the symbolic'[126]—amounts to little more than instituting 'a permanently unsatisfiable desire for an ever elusive referent'.[127] The pre-Symbolic realm of the child therefore requires to be understood as a product rather than an opposite of symbolisation. The Real territory of the zombie does not exist as an outside the Symbolic order privilege of the human but is instead forever caught-up within signification. It is made of those 'signifiers that have been part of symbolization and could be again, but have been separated off from symbolization to avert the trauma with which they are invested'.[128]

The rejection the zombie triggers therefore does not stem from the relation it 'naturally' entertains with the Real but from its arbitrary ejection outside symbolisation. As the Governor explains, 'the thing you have to realise is that they're just us-- They're not different'.[129] In the obvious closeness it shares with the human, the zombie imposes

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124 Kristeva, *Powers*, p. 75.
125 Shildrick, *Embodying the Monster*, p. 50.
126 Lacan, *The Seminars of Jacques Lacan: Book II*, p. 97.
127 Butler, *Bodies*, p. 207.
128 Ibid., p. 204.
129 Kirkman, *The Walking Dead* 28.

a necessary re-framing of the Symbolic and its differential economy as a choice, a cultural decision perpetuated by the dominant model of thought conveyed by Western philosophy and promoted here by the survivors. Positing language as a secondary moment in the apprehension of the world, it invites a re-reading of the body and its materiality according to an economy which does not position certain forms of embodiment as 'resisting' symbolisation, but rather acknowledges the voluntary structuring of the Symbolic as an instrument in the abjection and exclusion of these non-compliant bodies themselves. By highlighting the epistemic relation at the heart of difference, the zombie exposes how its own rejection is but the product of the deliberate imposition of a strict grid of limitation upon the potential scope of horizons of the subject and the restriction of his possible expansion through the careful delineation of his limits to his skin, site of investment of his difference.

And here lies the source of the zombie's uncanny dimension, that is, its ability to re-awaken the subject to a time preceding what I shall call the original trauma of individuation. Indeed, as Freud already argued, the uncanny relies not on de-familiarisation but on a process of re-familiarisation. It brings us back to something long forgotten or, more accurately, repressed. Yet, to read in this return a simple repetition of an original trauma would be to misunderstand the more progressive potential of the uncanny. Indeed, its traumatic nature does not rely on any original trauma but simply on the repetition of an original event having itself been in the past the object of repression.[130] In other words, the traumatic dimension of contagion does not stem from an original trauma which would find itself repeated in the fleshy and corporeal presence of the contagious being but rather simply from the repetition of a quality or event whose nature had been forcibly repressed by the subject.

Of course, to argue our anxieties concerning the zombie to be the product of a return to a pre-repressed past does not in and of itself explain what exactly it is that zombie, in its uncanny dimension, repeats. In issue two already, Kirkman hints at a possible answer to this question. Indeed, having just arrived in Atlanta, Rick is

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130 Freud, *The Uncanny*, p. 13.

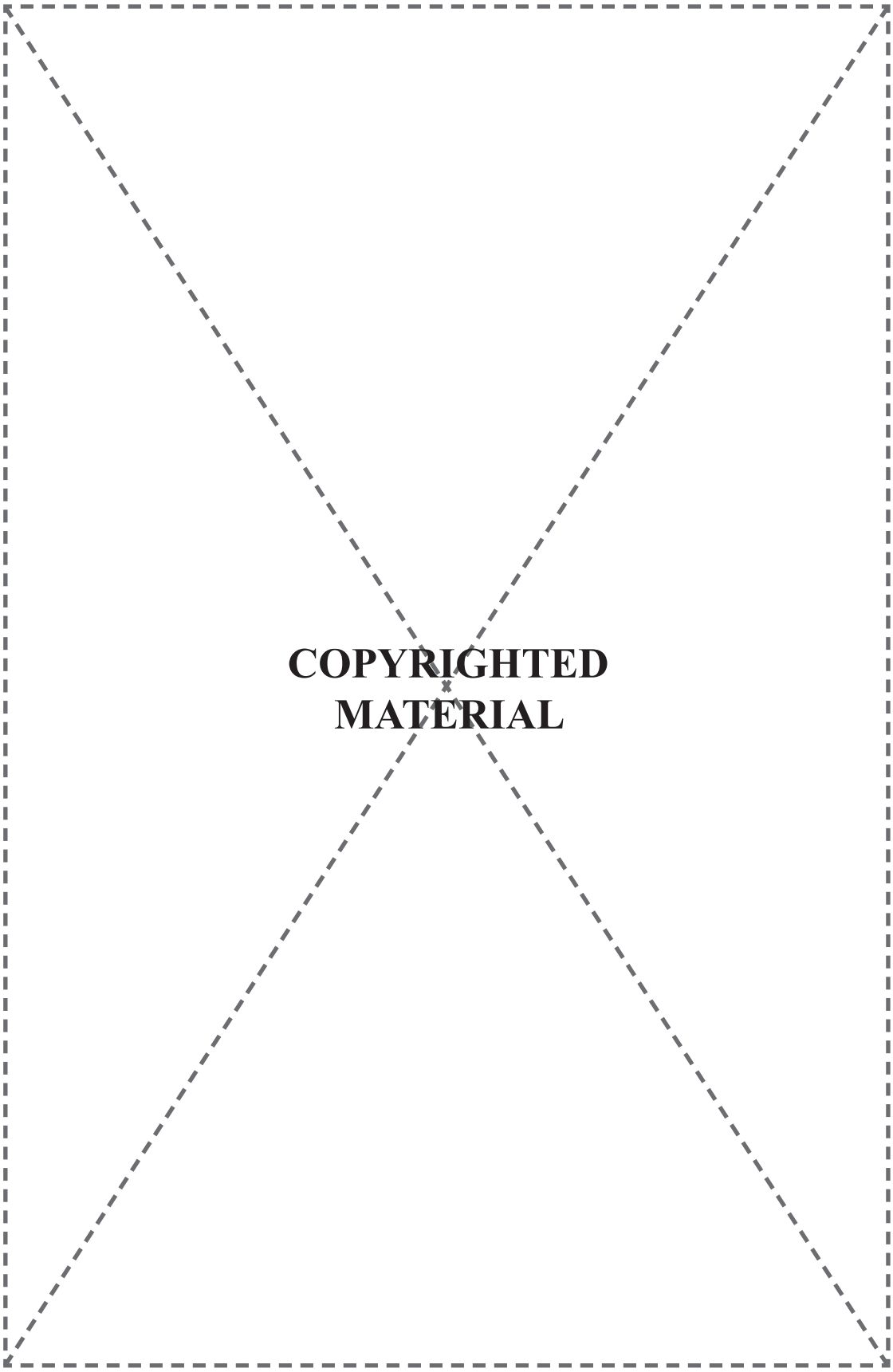
confronted with his first horde of zombies. Losing control of his horse, he falls on the ground before being forced to witness a group of zombie devouring his horse. As Rick prepares for battle, Kirkman offers, in the centre image, a small panel portraying the feast itself. In it, zombie limbs mix and merge with the horse's organs creating a tableau in which identifying where the zombie body ends and where horse, background and other zombies begin becomes increasingly difficult (see Figure 2.8). Explaining both the necessary cultural rejection of which it is object as well as the fascination it continues to exercise upon our culture, this scene exposes the core issue at the heart of the zombie, that is, the return it forcibly enacts to a lost form of subjectivity, a mode of being un-moored from the limitations imposed by the identificatory processes underlying subjectification. Its presence signals a return to a familiar but repressed existence, a literal being-in-the-world whose relation to the Other is not one of opposition but co-mingling and symbiosis.

A few issues later, encountering one of the undead gorging on a dead deer, Shane and Rick ponder the possibility of robbing him of his repast until Rick declares that he does not 'even want to think about the diseases these things must carry. I'm not eating any of that deer… And neither is my family'.[131] The expansion of the zombie's diseased corporeality to its meal here signals a forever plural and porous form of presence. It marks the zombie's corporeality as boundless, allowing it to stand as the embodied incarnation of a fundamentally interdependent form of collectivity, an alternative and liberated form of subjectivity. In the hordes, crowds and groups of undead, the survivor finds a long forgotten form of idiosyncratic plurality. He recognises a model of being not defined by division but rather constructed in relation, model that invariably triggers a return to the culturally forbidden realm of pre-Symbolic symbiosis. In the contagious body of the zombie, the subject glances at a picture of society as 'an unstructured or rudimentarily structured and relatively undifferentiated *comitatus*, community, or even communion of equal individuals',[132] a '"moment in and out of time", and in and out of

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131 Robert Kirkman, Tony Moore and Cliff Rathburn, 'Days Gone By', *The Walking Dead* 3 (Berkeley: Image Comics, December 2003).

132 Victor W. Turner, *The Ritual Process: Structure and Anti-structure* (New York: Aldine De Gruyter, 1995), p. 96.



2.8 Robert Kirkman, Tony Moore and Cliff Rathburn, ‘Days Gone By’, *The Walking Dead* 2 (Berkeley: Image Comics, November 2003).

secular social structure, which reveals, however fleetingly, some recognition […] of a generalised social bond that has ceased to be and has simultaneously yet to be fragmented into a multiplicity of structural ties.[133] If corporeal and ontological dimensions are to be processed as fundamentally interdependent, the zombie's expanding corporeality indeed corresponds to a similarly expanding form of ontology. It presents a mode of being constantly striving forward, reaching further and further and incorporating more and more bodies and selves into its own multiplicity. After all, few monsters are as consistently portrayed as plural as the zombie, to the point that the individual zombie, in and for itself, almost does not exist. Its ontology resides in and stems from its plurality.

Sign of the dissolution of boundaries between self and otherness, the contagious body not only challenges the systemic order of modern society, the fragmented space of government and medicine, it signals the suspension of all structures, a mode of being in which 'all attributes that distinguish categories and groups in the structured social order are here in abeyance', and in which all subjects emerge as 'merely entities in transition, as yet without place or position'.[134] It is precisely this disruptive potential which in turn allows the zombie to become the object of what Cary Wolfe refers to as a disguised form of audience identification, a movement through which 'what might be called the film's manifest ideology serves to direct attention away from powerful lines of identification that thereby remain latent'.[135] Through the empathetic relationship it necessarily establishes with its audience—and to a certain degree with the survivor as well—and the resistance it opposes to the normative economy promoted by Western culture, the zombie becomes the site of a powerful progressive potential, potential which in turn can but call for a forceful narratorial rejection. As a contagious presence who 'infect[s] and exist[s] in packs',[136] a being materialising the plural and thus interdependent nature of our being-in-the-world, the zombie defies the social, political

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133 Turner, *The Ritual Process*, p. 96.

134 Ibid., pp. 102-103.

135 Cary Wolfe, *Animal Rites: American Culture, the Discourse of Species, and Posthumanist Theory* (Chicago: University of Chicago, 2003), p. 98.

136 Patricia MacCormack, 'Posthuman Teratology', in *The Ashgate Research Companion to Monsters and the Monstrous*, ed. by Asa Simon Mittman and Peter Dendle (Farnham: Ashgate, 2013), pp. 293-309 (p. 305).

and economic structures of Western society. It dislodges the notion of a localisable self proper to the modern era[137] and, as a result, necessarily becomes a warning sign against 'the danger, and the possibilities of human interdependence in a shrinking world'.[138] From a creature of fantasy, it becomes a monster of horror.

2.5 Conclusion

As Elizabeth A. Grosz argues, fascination always already involves both a paralysing and an enticing effect.[139] Like the experience of the sublime, it triggers the simultaneous emergence of conventionally mutually-exclusive emotions: on the one hand, a terror-stricken paralysis in the face of an event so absolutely powerful 'the faculty of presentation, the imagination, fails to provide [it with] representation';[140] on the other, an awe-inspired fantasised flight in which 'the impotence of the imagination attests *a contrario* to an imagination striving to figure even that which cannot be figured'.[141] Apprehended through this paradoxical prism, the fascinated terror triggered by the zombie reveals itself the product not of the violence the figure unleashes nor of the differentialising impact it has on the subject; rather, it stems from a form of re-familiarised sense of collectivity so powerful it collapses the dominant structures of representation upon which the subject relies to understand the world. Through the plurality it necessarily conveys, contagion and the contagious monster enact a traumatic return to the pre-Symbolic time of the *chora*.[142] Bringing the subject back to the outside of language and symbolisation Lacan characterises as the Real, it confronts him with a moment in which language and representation falter and meaning collapses.

Yet, in its embracing of an apocalyptic economy, the zombie also invariably opens up a potent space for the re-imagination of an alternative and post-Symbolic model

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137 Taylor, p. 111.

138 Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham: Duke University Press, 2008), p. 9.

139 Elizabeth A. Grosz, *Jacques Lacan: A Feminist Introduction* (London: Routledge, 1990), pp. 6-7.

140 Jean-François Lyotard, *The Inhuman: Reflections on Time*, trans. by Geoffrey Bennington and Rachel Bowlby (Cambridge: Polity, 1991), p. 98.

141 Ibid., p. 98.

142 The chora refers here to the symbiotic space shared by mother and child during pregnancy. Robyn Longhurst, *Bodies: Exploring Fluid Boundaries* (London: Routledge, 2001), p. 124.

of subjectivity constructed around notions of fluidity, exchange, intercommunication and interdependency. Encapsulating within itself a potential for positive resistance, it exposes the violence inherent to the hegemonic theory of the subject and thus answers the question put forth by Haraway at the opening of this chapter. Highlighting how the visual primacy necessary core of the identificatory process inherent to the mirror stage participates in a broader power structure whose hierarchical and orderly arrangement derives not from any embodied 'reality' but from its own requirement for identification, categorisation and fragmentation, it also offers a model of being outside the reach of this epistemic grid. By presenting him with a forever expanding corporeality, the contagious zombie recalls the subject to his own vulnerability and reminds him that his self cannot be protected from nor conceived outside of the collectivity through which it emerges. As Rick forcefully points out, the human subject is the walking dead and no amount of labelling, name-calling and re-symbolisation will ever entirely dissipate the close relation that exists between the healthy few and the diseased hordes.

If the zombie has therefore traditionally tended to be read through the prism of consciousness as a violent form of reduction to embodiment, a deconstructive reading of the figure shows a more complex relation organised around the contradictory co-presence of both anxieties and liberating fantasies. Like other monsters, the zombie's embodied presence offers its audience a powerful subversive and positive form of subjectivity. Bridging the gaps imposed by language and symbolisation, it becomes a materialised reminder of the subject's being-in-and-for-the-world. It harkens back to a forgotten-because-repressed past in which the subject apprehended the world as his own only to better push forward a post-symbolic alternative model of subjectivity. By subjecting the survivor to a mirroring image and by forcing him to recognise the empathetic bond they share, the zombie offers the fantasy of a realm defined by symbiosis. It opens up a mode of being in direct contradiction to the heavily compartmentalised and fragmented space of the modern city and therefore violently clashes against the interests of a power whose position of authority relies precisely on the division of populations. Presenting the survivor with a mirror through which he is forced to contemplate his own material

and ontological vulnerability, the zombie does not so much invite the death of the subject than it exposes the violence inherent to the dominant model of subjectivity imposed by Western philosophy, politics and ultimately medicine and suggests a potential move beyond this model, a move which can but, in return, be rejected by the authority it precisely challenges.

3.0 The Only Real Choice: Risk, Violence and the Ethics of Sacrifice in Richard Matheson's *I Am Legend*[1]

In the opening scene of Francis Lawrence's 2007 film *I Am Legend*, Doctor Alice Krippin is invited on the stage of a fictional evening news program to discuss the breakthrough discovery of a potential cure for cancer made by her scientific team. The treatment she proposes is relatively simple. It is rooted in a genetic re-programming of the measles virus that forces it to 'be helpful rather than harmful'.[2] Anticipating confusion, she continues her explanation using a more relatable metaphor:

> I find the best way to describe it is, if you can imagine your body as a highway and you picture the virus as a very fast car being driven by a very *bad man*, imagine the *damage* that that car could cause. But then, if you replace that man with a *cop*, the picture changes.[3]

If, within the economy of the movie, this re-engineered virus ends up causing an apocalypse, killing millions and leaving numerous others in a state somewhere between life and death, it is in the metaphor employed by Dr Krippin and the broader epistemic structure it mobilises that lies the most interesting aspect of this passage.

As chapter one emphasised, in its breaching of the imagined boundaries of the body, contagion implies a certain level of violence. Its tendency to disrespect borders traditionally perceived as secure have shaped its cultural perception, giving rise to a discourse organised around notions of risk, danger and harm and their respective counterparts: control, security and care. This emphasis is of course not the privilege of fiction. On its website, the Centers for Disease Control and Prevention (CDC) includes sections devoted to 'Symptoms, Diagnosis and Treatment', 'Prevention' and 'Transmission and Risks'.[4] In February 2016, when the Zika virus emerged on the

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1 The reference to 'the only real choice' comes from Garth Ennis's *Crossed* in which, after having killed a group of children, the protagonist explains that 'it was the only real choice, but we killed children'. Garth Ennis and Jacen Burrows, 'Part Four', *Crossed* 4 (Avatar Press, March 2009).

2 *I Am Legend*, dir. by Francis Lawrence (Warner Bros. Pictures, 2007).

3 Ibid., my emphasis.

4 Centers for Disease Control and Prevention, 'Zika Virus', 11 February 2016, <http://www.cdc.gov/zika>, [Accessed 10 May 2016].

global news scene, the World Health Organization (WHO) published a summary of the outcome of the Emergency Committee tasked with assessing the rise in microcephaly in Latin America and the Caribbean in which it used the word 'threat' four times in a 400-word essay and argued that evidences showed the recent cluster of microcephaly cases reported in Brazil constituted 'an "extraordinary event" and a public health threat to other parts of the world' as well as 'a Public Health Emergency of International Concern'.[5]

Focusing on Richard Matheson's 1954 novel and its three adaptations and rooted in a deconstructive reading of both contagion and the politics of public health, this second chapter explores the ways in which the constitution of a discourse and politics of risk has allowed the public health apparatus to reduce, if not entirely negate, the distinction between the possibility of violence and its actualisation in order to legitimise its own violent response in return.[6] If the establishment of a relationship between notions of risk, danger, threat, violence and our cultural perception of contagion and the diseases associated with it may seem natural, its roots are actually not to be found in any inherent feature of the diseases it purports to portray. Instead, they follow from a long tradition which, since the general adoption of the germ theory of diseases in the nineteenth century, has conceived of contagion as a forceful penetration or invasion. In 1851, John Snow described the mode of propagation of cholera in military terms, explaining that the disease 'always makes its first appearance at a seaport, and it never *attacks* the crew of a ship from a healthy port that is approaching an infected country'.[7] Mobilising a similar rhetoric, Matheson's novel highlights the ways in which the conceptualisation of contagion as a form of conflict between host and disease has allowed the medical

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5 Margaret Chan, 'WHO Director-General Summarizes the Outcome of the Emergency Committee regarding Clusters of Microcephaly and Guillain-Barré Syndrome', World Health Organization, 1 February 2016, <http://www.who.int/mediacentre/news/statements/2016/emergency-committee-zika-microcephaly/en/>, [Accessed 10 May 2016].

6 Though each iteration of Matheson's narrative mobilises contagion as a metaphorical device in order to address a specific socio-political and cultural context—be it Matheson's direct engagement with the Holocaust, Sidney Salkow and Boris Sagal's exploration of the threat of nuclear warfare or Lawrence's response to the post-9/11 politics of fear animating American life—their analysis here focuses on the epistemic structures underlying this mobilisation rather than the metaphorical referent to which they are intrinsically linked.

7 John Snow, 'On the Mode of Propagation of Cholera', *Medical Times* 3 (29 November 1851), 559-562 (p. 559), my emphasis.

discourse to distance the 'dangerous individual' from the larger collective and to mark him as a threat to the group itself understood as a unit.

The story of the alleged last man on earth, *I Am Legend* extrapolates from this rhetoric and offers its audience a narrative of war between human and non-human actors. By analysing the numerous inner monologues making up Matheson's novel and by deconstructing the set of beliefs upon which its protagonist Robert Neville builds his own public health 'policies' and measures, this chapter explores how the new paradigm initiated by contagion challenges liberal assumptions regarding the relationship between individual and collective and the role of the State as protector of individual rights. Circumscribing the survival story, core foundation of the contagion narrative, within a broader narrative of conflict that pits the diseased agent against the medical discourse of public health and thus forces the contagious being to either concede his individual rights in the name of a greater good or become a public enemy, this militaristic articulation indeed inherently clashes with some of the most fundamental ethical imperatives underlying our political and legal system. By reading Matheson's novel in parallel with recent studies on the ethics of public health, this chapter exposes the ways in which, from prevention to quarantine, Western cultural and public responses to contagion have repeatedly entailed a breaching of the core ethical consideration underlying medical practices and liberal theory alike while simultaneously managing to conceal their own unethical actions under the guise of public care and safety.

By framing contagion as a conflict, the politics of risk compels us to ponder what rights can the contagious individual claim, what transformation, at the legal level, is implied in contraction, what measures can be taken against the danger this individual presents to society and what epistemic structures underlie the struggle between the individual and the collective? These are some of the questions this chapter intends to tackle. Opposing the interest of the few against the security of the many, public health rhetoric has often found itself confronted with questions as to the value of life, its nature and the role it itself plays in its safeguard. As Margaret Battin et al. argue, 'when fear of these diseases becomes a principal force in clinical and public health decision making,

serious ethical issues concerning human rights and the just distribution of resources are likely to arise'.[8] Presenting its reader with a post-apocalyptic narrative in which its protagonist is left as the single upholder of the human banner after a virus decimates the human race and transforms those it does not kill into vampires, Matheson's novel offers a careful analysis of the psychological and socio-political ground upon which public health policies and measures have established their authority and opens up a space in which these can be deconstructed, critiqued and ultimately disrupted.

Focusing on the legitimising discursive structures mobilised by Neville in his fight against the vampires, this chapter explores the relationship Matheson weaves between the logic underlying public health measures and the rhetoric of sacrifice. Drawing on René Girard's study of sacrificial violence and on Jacques Derrida's analysis of the 'mystical foundations' of authority, it exposes how the sacrificial logic of risk promoted by public health has allowed it to paradoxically reject the contagious subject as a being outside the law, while simultaneously retaining him within the legal structures of the collective. Reading in Neville's inability to apprehend the situation outside of a conflict-driven economy the effects of the mobilisation by microbiology of the metaphorical structures of war, this chapter not only reveals the inherent aggressive normativity underlying the biomedical liberal structures of public health; it also exposes the enforced violence it inexorably leads to and, more importantly, requires in order to institute, maintain and enforce its own authoritative power. By deconstructing the doxastic impact of repetition on Neville's logic—a process which 'comes to obscure, through layers of invisibility (ordinariness) the original figurative character of an image or term'[9]—this chapter reveals how the constitution of a medical and popular narrative whose focus lies in perceiving disease as conflict and treatment as sacrifice has silenced the problematic legal and ethical implications of public health, allowing it to ultimately normalise its own unethical recourse to violence.

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8 Margaret P. Battin, Leslie P. Francis, Jay A. Jacobson and Charles B. Smith, *The Patient as Victim and Vector: Ethics and Infectious Disease* (New York: Oxford University Press, 2009), p. 27.

9 Scott L. Montgomery, 'Codes and Combat in Biomedical Discourse', *Science as Culture* 2.3 (January 1991), 341-390 (pp. 341-2).

3.1 Health v. Illness, Human v. Disease

At the beginning of the 1971 *The Omega Man*, Robert Neville returns to his lair after a short clash with a group of vampires. Once in his apartment, he puts on an old news report in which, over images of citizens dying, a news anchor announces the emergence of the virus that would eventually bring about the apocalypse:

> Now the question is survival. Is this *the end of technological man*? Is this the conclusion of all our yesterdays, the boasts of our fabled science the superhuman conquests of space and time, the age of the wheel? We were warned of judgment. Well here it is. Here, now, in the form of *billions of microscopic bacilli*. This is the end.[10]

This apocalyptic rhetoric in many ways participates in a broader discourse, within both medicine and public health, that has tended to construct the relationship between disease and host in terms of invasion, a biological conflict pitting 'human beings against microbe'.[11] Since the adoption, in the nineteenth century, of the germ theory as the dominant explanatory model for the propagation of diseases, contagion has been culturally processed according to the metaphorical imagery of war.[12] The contagious organism is 'represented, even in the most technical biomedical literature, as an enemy alien, a "foreign antigen" […] which invades the sovereign state of the body and subverts from within its conventional defence force, its immune system'.[13]

Penetration, attack, invasion, enemy and defences are but some of the terms microbiology has borrowed from military rhetoric in the construction of its discourse of health. Built around the opposition between the 'billions of microscopic bacilli' and the 'technological man' and defined by 'its axial concepts of microbial "invasion" and bodily "resistance"',[14] this articulation of contagion constructs virus and host as mutually exclusive, framing their conflict in terms of 'survival'; for one to survive,

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10 *The Omega Man*, dir. by Don Sagal (Warner Bros. Pictures, 1971), my emphasis.

11 Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham: Duke University Press, 2008), p. 39.

12 Montgomery, 347.

13 Cathy Waldby, *AIDS and the Body Politic: Biomedicine and Sexual Difference* (London: Routledge, 1996), pp. 2-3.

14 Montgomery, 366-7.

the other *requires* extermination. Reliant 'on the concept of disease "agents" and "agencies" and their counterparts within the body',[15] it has constructed illness as a war between biological entities. Though factually dubious—as John B. Carter and Venetia A. Saunders explain 'many healthy organisms […] are hosts of non-pathogenic virus infections, some of which are active, while some are quiescent',[16] suggesting virus and host are far from being necessarily antagonistic—this narratorial appropriation of the rhetoric of war by the medical discourse has allowed the constitution of the disease as enemy, an agent whose nature and dimension are set up as on par with its human counterpart.

If this conceptualisation partially results from the limitations imposed by a language which, by default, requires each action to be the product of a particular agent,[17] the creation of an 'agent of contagion' becomes fundamentally problematic when integrated within a theoretical framework which, as chapter one already demonstrated, can only accommodate a singular occupation of the body. As Dr Krippin's metaphorical allusion to the virus as 'a very bad man' and the product of science as 'a cop'[18] already emphasised, the constitution of the disease as agent invariably leads to its anthropomorphisation. More explicitly exposed when Neville, relating the result of one of his experiments, describes 'a tiny rod of protoplasm that moved itself through the blood by means of tiny threads that projected from the cell envelope'[19] as 'the *cause* of the vampire […] the *murderer*—the germ within the vampire',[20] this rhetorical shift enacts the promotion of the virus to an almost human status. Extracted from the animal realm to which it originally belongs, the germ or bacterium finds itself, as a result of an almost imperceptible-because-naturalised linguistic operation, elevated to the status of agent and invested with characteristics usually reserved for the human subject.

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15 Montgomery, 370.

16 John B. Carter and Venetia A. Saunders, *Virology: Principles and Applications* (Chichester: John Wiley & Sons, 2007), p. 3.

17 Judith Butler, *Bodies That Matter: On the Discursive Limits of 'Sex'* (New York: Routledge, 1993), p. 7.

18 *I Am Legend*.

19 Richard Matheson, *I Am Legend* (New York: Gold Medal Books, 1954; repr. London: Gollancz, 2011), p. 79.

20 Ibid., p. 76, my emphasis.

As Neville's rhetoric suggests, the shift from biological to legal rhetoric allows the setting up of a different relational economy between host and germ. Indeed, murder, by definition—'the *deliberate* and *unlawful* killing of a human being'[21]—recognises as prerequisite an ability for reason and a specific legal status or recognition Western philosophy and culture have so far reserved for the human.[22] Finding itself invested with intentionality and a form of agentic ability, the organism is here re-made into its own form of subjectivity, an alternative consciousness to that of the host it invades. Early in the novel, Neville stumbles upon a sleeping vampire during one of his rounds. As he explains, 'at six-thirty her eyes opened. Suddenly, like the eyes of a sleeper who has a definite job to do upon awakening; who does not move into consciousness with a vague entry, but with a single, clear-cut motion, knowing just what is to be done'.[23] The combination of automatism and decisiveness used by Neville to define the behaviour of the vampire re-articulates the virus's action as paradoxically both impulsive and strategic. Seemingly 'natural' or 'instinctive', her actions also follow and respond to 'certain strategies of purpose'.[24] They are the marks of design, of an intentional consciousness in direct conflict with humanity itself. By conceptualising contraction as a spatio-temporal event, the germ theory model of disease has framed our understanding of contagion as 'a *process* of contact and transmission', product of a 'self-replicating *agent*'.[25] Through this creation, it has erected two entities—the host and the disease—invested with a similar or, at least equal, form of subjectivity and agency.

As chapter one already illustrated, the dominant Western construction of subjectivity is structured around the assumption that to the individual body corresponds an individual mind, a singular agency and a singular subjective presence. The introduction of the disease understood as its own form of agency within the carefully delineated

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21 'Murder, n.1 and int.', *OED Online*, Oxford University Press, March 2016, <http://www.oed.com/view/Entry/123858>, [Accessed 13 May 2016], my emphasis.

22 Cary Wolfe, *Animal Rites: American Culture, the Discourse of Species, and Posthumanist Theory* (Chicago: University of Chicago, 2003), p. 2.

23 Matheson, p. 50.

24 Montgomery, 370.

25 Alison Bashford and Claire Hooker, 'Introduction: Contagion, Modernity and Postmodernity', in *Contagion: Historical and Cultural Studies*, ed. by Alison Bashford and Claire Hooker (London: Routledge, 2001), pp. 1-14 (p. 4).

limits of the body therefore poses a fundamental challenge to the Western imagination. Reminiscing upon the early days of the outbreak, Neville mentions that during one of his daily walks he found himself dragged into an improvised street sermon. Under a tent, a priest is calling upon the apocalypse and asking his congregation whether they 'want to be changed into a black unholy animal? Do you want to stain the evening sky with hell-born bat wings? I ask you—do you want to *be turned into* godless, night-cursed husks, into creatures of eternal damnation?'[26] Later in the novel, while gazing at the horde amassing in front of his house, Neville himself comments that 'the beams splashed white across the bloodless vampire faces and they whirled with a gasp, their dark animal eyes staring at the blinding lights'.[27] The mobilisation by both Neville and the priest of an animalistic rhetoric stems precisely from this cultural impossibility. Confronted with a being whose infected status is read as the mark of an agentic co-presence, the discourse of public health requires a form of re-singularisation it itself in turn enacts by blurring the line between human host and non-human organism to the point that one comes to stand for the other. By granting the virus, organism or microbe with a discursive form of agency and intentionality, the discourse of health has created its own conundrum, which it then answers by re-instating a form of unifying rhetoric through the investment of the infected human with the qualities and identity of the disease affecting him.

The popular narrative of contagion relies on the establishment of a firm distance between health and disease, human and vampire. Prisoner of the framework created for him by the narrative of contagion, the subject is left with two options: either he fights the intrusion, wins the 'war' against the disease and manages to re-establish himself as sole 'master' of his body; or he capitulates and finds his agentic ability, along with his body, high-jacked by the disease, at which moment he himself becomes the enemy of medicine and through it, of humanity. At the end of the 1964 *The Last Man on Earth*, while dying at the hands of a terrified vampire population, Dr Robert Morgan holds on to the insurance that those who surround him now are but 'freaks, all of you! All of

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26 Matheson, p. 103, my emphasis.
27 Ibid., p. 147.

you freaks! Mutations! You're freaks. I'm a man. The last man'.[28] As Morgan's rhetoric exposes, the discourse of medicine positions the sick along a dichotomic structure where 'patients, when not tacitly or openly blamed for their illness, are too often viewed as helpless victims caught in the grip of a hideous creature'.[29] By borrowing its structures from a rhetoric that has historically posited a strict division between sides, the contagion narrative constricts the roles available to the host to either *living with* the disease and hence being complicit in its propagation or falling *victim to* it. Within a framework in which, as Neville himself puts it, 'the world seemed suddenly to have dropped into a pit of duality',[30] one either turns into a passive yet human victim or into one of the 'bastards' who, night after night continue to harass the 'poor' but human Neville. From patient, one becomes either victim or vector.

In both instances and circumscribed as he is by the limitations inherent to the bio-military rhetoric, the contagious subject finds himself invested with a tremendous potential for harm. Whether he shares the intentions of the virus or not, he becomes, from the moment of infection, a fundamental enemy of life. Like the 'colonising' virus whose *modus operandi* unfolds as the modification of 'the intracellular environment of its host in order to enhance the efficiency of the replication process',[31] effectively co-opting its host's protein-production chain, the discourse of public health effects the radical erasure of the human identity, subsuming it under the overwhelming and threatening implications of the disease. This convergence is nowhere more evident than in Neville's recourse to the 'bastard' label. Indeed, throughout the novel, 'bastard' always refers to the vampire creatures surrounding his house, from his first mention that 'the bastards ought to be here soon'[32] to his acknowledgment that 'they'd beaten him, the black bastards had beaten him'.[33] However, in one single instance, the same terminology is mobilised against the disease itself. When he sees the germ for the

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28 *The Last Man on Earth*, dir. by Sidney Salkow (American International Pictures, 1964).

29 David B. Morris, 'The Plot of Suffering: AIDS and Evil', in *Evil after Postmodernism: Histories, Narratives, and Ethics*, ed. by Jennifer L. Geddes (London: Routledge, 2001), pp. 56-75 (p. 57).

30 Matheson, p. 65

31 Carter and Saunders, p. 6.

32 Matheson, p. 5.

33 Ibid., p. 24.

first time under the lens of a microscope, he pauses to reflect before addressing the germ directly: 'you bastard, he thought, almost affectionately, watching the minuscule protoplasm fluttering on the slide. You dirty little bastard'.[34] The parallel use of this specific label to address both the vampire and the germ indicates the close proximity disease and host share in Neville's mind, blurring the distinction between the two agents. Product of a discourse framed by dichotomy, Neville's discourse progressively enacts the suppression of the distinction between the identity of the host and that of the disease, remaking the contagious subject into a prosthetic extension of the disease's capacity for harm or, in its worst incarnation, an 'ally of the virus, one who, wittingly […] furthers its interests'.[35]

Beyond the direct effect this framing bears on the contagious being himself, who, locked in this restrictive rhetorical arrangement, slowly becomes unable to distinguish self from non-self,[36] this articulation also drastically restricts the scope of his possible appraisal by the apparatus of public health. In the 2007 *I Am Legend*, after a short but almost fatal encounter with a cluster of vampires, Neville records in a 'behavioural note' that 'an infected male exposed himself to sunlight today'.[37] Advancing a possible hypothesis, he reads in this unusual and counter-instinctive act the signs of a 'possible decreased brain function or the growing scarcity of food […] causing them to ignore their basic survival instincts'.[38] Ignoring the most obvious answer—as the ending reveals, the male vampire was attempting to recapture his own life partner kidnapped by Neville—because of its problematic consequence, drawing as it would the creature closer towards the human, Neville instead re-iterates that 'social de-evolution appears

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34 Matheson, p. 79.

35 Waldby, p. 20.

36 Even in cases where the sick individual attempts to retain traces of his previous agentic capacity—for example, in the case raised by Haraway when she argues that 'persons coping with the life-threatening consequences of infection with the HIV virus have insisted that they are living with AIDS, rather than accepting the status of victims'—the sick identity is subjected to a form of second-hand tainting conveyed in the notion of alliance or symbiosis. See Gill Green and Elisa Janine Sobo, *The Endangered Self: Managing the Social Risk of HIV* (London: Routledge, 2000), p. 23; and Donna J. Haraway, 'The Promises of Monsters: A Regenerative Politics for Inappropriate/d Others', in *Cultural Studies*, ed. by Lawrence Grossberg, Cary Nelson and Paula A. Treichler (New York: Routledge, 1992), pp. 295-337 (p. 322).

37 *I Am Legend*.

38 Ibid.

complete', before concluding that 'typical human behaviour is now entirely absent'.[39] Having enacted a form of discursive merger, the biomedical discourse can but process the actions of the infected according to the epistemic construction it itself built around the disease. As Neville's reflection exposes, the discursive re-alignment caused by the bio-military rhetoric not only constricts the ontological appraisal of the sick individual, it shapes the entire epistemic apparatus through which this individual can be apprehended, limiting its own potential outcomes and effectively re-framing the contagious subject's behaviour in light of its own construction.

In chapter eight, Neville remarks, looking through a hole in his window, that 'it was strange to stand there looking out at Ben Cortman; a Ben completely alien to him. Once he had spoken to that man, ridden to work with him, talked about cars and baseball and politics with him'.[40] In the 2007 adaptation, after Neville discovers two other survivors, Anna and her son Ethan, he takes them both down into his basement/ laboratory. On the operation table lays a female vampire. Upon seeing her, Anna quickly steps back but Neville reassures her, explaining that '*it*'s heavily sedated' and therefore safe. When Anna asks him whether he believes the test-antidote he just administered the vampire 'can cure *her*', Neville bluntly responds that 'this will almost certainly kill *it*'.[41] Like Neville's earlier comment on Cortman, the back-and-forth reference to the female vampire as either 'her' or 'it' confirms the problematic position the contagious subject occupies within the discourse of health. Re-shaped by the bio-military rhetoric of public health, he effectively becomes distanced from his previous self, re-made somehow into 'the image of the disease anthropomorphized'.[42] Re-articulating what it perceives as a failure of the will, a falling *prey* to the disease, into an active act of participation, the discourse of health quickly transforms the host from victim into aggressor. The famous transformation of Mary Mallon into 'a recalcitrant criminal, and a repeat offender at that, an undeniable "menace to the community"' was at least partially

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39 *I Am Legend*.
40 Matheson, pp. 53-54.
41 *I Am Legend*, my emphasis.
42 Sander L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca; London: Cornell University Press, 1988), p. 2.

achieved through discursive dehumanisation.[43] Her labelling as 'Typhoid Mary' indeed swiftly 'enacted the metamorphosis of an individual into "a social being"'.[44] In 1984, Gaetan Dugas, a young Canadian flight attendant, underwent a similar transformation when he was portrayed and labelled by the CDC as 'Patient Zero' in the emerging HIV/AIDS epidemic.[45] Although his originary role in the subsequent global epidemic was later contested,[46] the naming process to which he found himself subjected nonetheless enacted 'the animation of the virus, which, like the converted pod people [of *The Invasion of the Body Snatchers*], loosed the specter of a willful scourge'.[47] What these two examples demonstrate is not only the incredible capacity of rhetoric to effectively remake the state of victimhood into a form of wilful subjugation or cooperation, but the ways in which this same process paradoxically allows the establishment of a distance between the humanity of the healthy population and the natural and animal dimension of the contagious being while simultaneously inscribing the disease itself within the framework of human law.

3.2 Violence and the Politics of Risk

Re-making contagion into an event with biological, legal and psychological repercussions, the investment of the disease with a form of antropomorphised agency enacted by the discourse of health answers two primary functions: first, it naturalises the effects of public health's own discourse and thus silences its own participation in the portrayal of the contagious being as threat; second, and more importantly, it opens up the scope of the protective measures at the disposal of public health to increasingly violent practices. More than in any of its subsequent adaptations, it is in Matheson's novel that we find the most evident critique of the violent nature of the actions upheld

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43 Wald, p. 112.

44 Ibid., p. 78.

45 David M. Auerbach, William W. Darrow, Harold W. Jaffe and James W. Curran, 'Cluster of cases of the acquired immune deficiency syndrome. Patients linked by sexual contact', *The American Journal of Medicine* 76.3 (1984), 487–492.

46 M. Thomas P. Gilbert, Andrew Rambaut, Gabriela Wlasiuk, Thomas J. Spira, Arthur E. Pitchenik and Michael Worobey, 'The emergence of HIV/AIDS in the Americas and beyond', *Proceedings of the National Academy of Sciences of the United States of America* 104.47 (2007),18566–18570.

47 Wald, p. 215

by public health in the name of health and humanity. In chapter two already, Matheson hints at the genocidal scope of his protagonist's enterprise. After having spent the night confined to his house, Neville drives to 'the pit', a forever-burning mass grave, in order to dispose of the bodies of his vampire victims:

> The entire field had been excavated into one gigantic pit […] he pulled out one of the bodies and dragged it to the edge of the pit. There he stood it on its feet and shoved. The body bumped and rolled down the steep incline until it settled on the great pile of smoldering ashes at the bottom.[48]

The absolute absence of ceremonial ritual, paired with the suggestion that this practice is not only familiar but a daily routine—'sometimes he had to go to the burning pit every day for weeks at a time'[49]—all participate in reinforcing the industrialised nature of his murderous habits.[50]

Though the systematic character of Neville's actions does not in and of itself directly nor necessarily imply the participation of the public health apparatus, Matheson clearly locates in these practices the results of a specific epistemic structure whose roots are to be found in the biomedical discourse of public health.[51] As Neville is about to end the life of yet another vampire by forcing a stake through her chest, he mentions that 'it had to be the heart; Dr. Busch had said so'.[52] A few chapters later, Matheson describes how, after realising that daylight operates as a 'brutally effective' means of dispensing with the undead, the same Neville is taken by 'an experimental fervor', the 'first excitement he'd felt in months'.[53] In both examples, Matheson clearly inscribes Neville's actions within a broader discourse product of science and medicine. And if

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48 Matheson, pp. 13-14.

49 Ibid., p. 14.

50 This is later reinforced when Neville himself confesses that 'after lunch, he went from house to house and used up all his stakes. He had forty-seven stakes'. Ibid., p. 16.

51 Matheson's novel, published only nine year after the end of World War II, in many ways responds to the eugenic and genocidal project promoted and executed by the Nazi regime. However, the careful framing of Neville's own actions within a scientific and medical discourse allows for a broader enquiry into the responsibility of this discourse in the possible dehumanisation of the infected masses.

52 Matheson, p. 15.

53 Ibid., pp. 26-27.

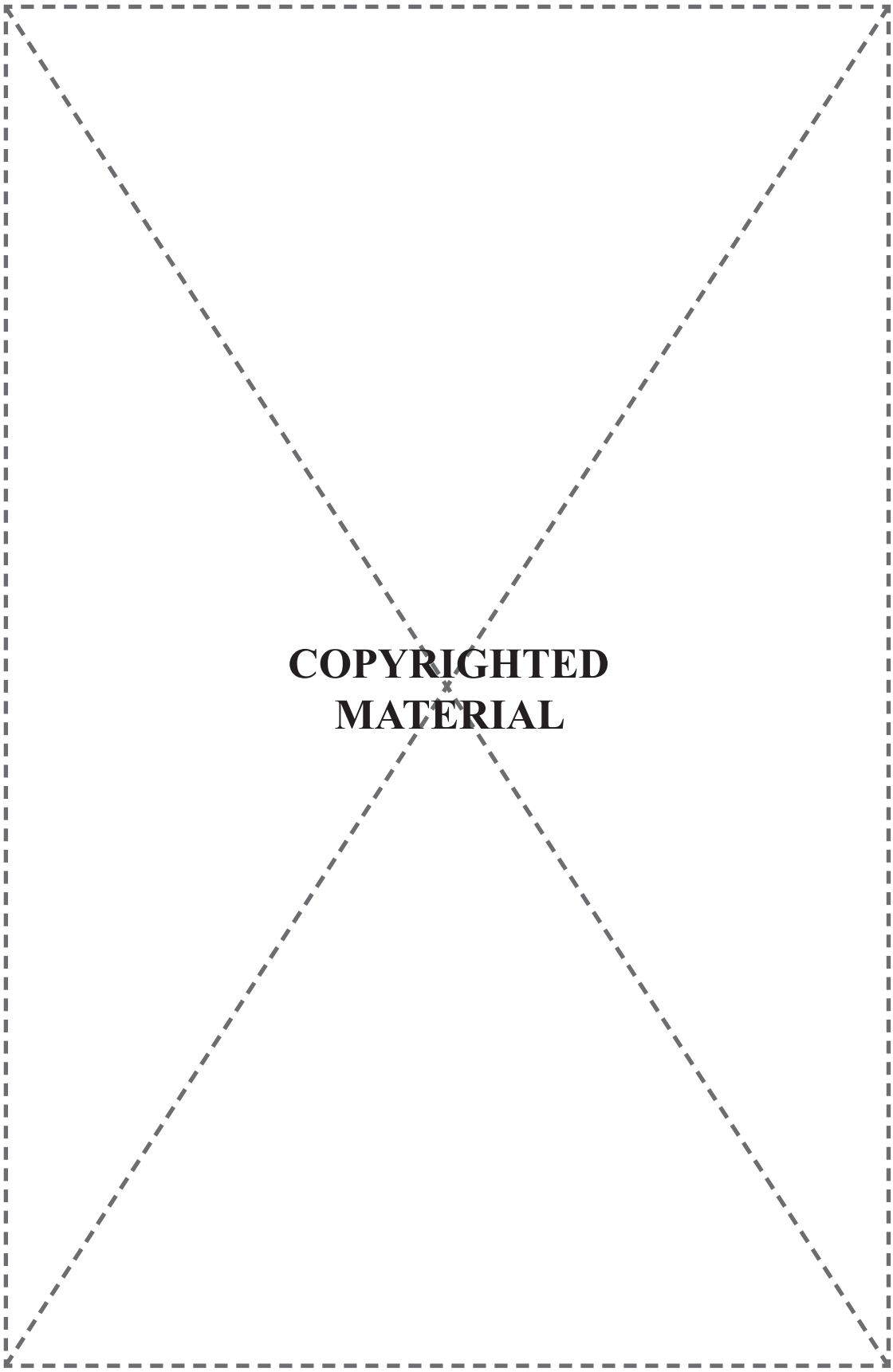
Neville's violence is itself somewhat attenuated in all three adaptations of the novel, the association between his genocidal logic and the discourse of biomedicine finds in the transposition a more explicit dimension. Indeed, whereas Matheson's protagonist was but a common man faced with a situation he barely understood, he becomes a medical doctor in *The Last Man on Earth* and a military doctor in both *The Omega Man* and *I Am Legend*. By re-making their protagonist a member of the medical and military corps, all three films clearly align Neville with a certain set of practices and beliefs all rooted in military and medical epistemology and thus invest his systematic violence with a certain biomedical aura. In the 2007 adaptation, for example, the most evident reference to the genocidal dimension of Neville's actions comes when he brings Anna down to his basement. After she recovers from the shock and surprise triggered by the presence of an infected woman heavily sedated on the operation table, Anna notices the wall facing her. Plastered with numbered photographs of dead 'patients', infected individuals Neville abducted and murdered in his attempts to find a cure (see Figure 3.1), the wall emphasises through the superimposition of an iconography historically tied to genocidal practices onto Neville's medical experiments the violence already implied in an earlier scene in which Neville injected the same woman with a test vaccine only to have her die and be resuscitated for further tests (see Figure 3.1). Re-affirming the ties between the need to find a cure animating the biomedical imagination and the violent and dehumanising practices reminiscent of authoritarian regimes,[54] this scene confirms the inherently violent dimension of the normative structures of medicine.

This brutal form of imposed medicalisation is not the result of the unique nature of the threat posed by the vampire. Neville's 'treatment' of the infected participates in a long tradition of violence tied to medical practices.[55] As Cathy Waldby argues, from the

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54 It is worth noting here too that the vampires in the 2007 *I Am Legend* are visibly computer-generated, a feature reserved, within the economy of the movie, to the animal population of New York and its landscape, re-asserting here again their non-human status.

55 One only needs to think back to the Tuskegee syphilis experiment conducted between 1932 and 1972 by the U.S. Public Health Service in which 399 syphilitic black men were observed over a period of decades without diagnosis nor treatment to realise the extent to which notions of public health and violence have been fundamentally linked. See Allan M. Brandt, 'Racism and research: The case of the Tuskegee Syphilis study', *The Hastings Center Report* 8.6 (1978), 21-29.



3.1 *I Am Legend*, dir. by Francis Lawrence (Warner Bros. Pictures, 2007).

point of view of those affected and involved in the strategies of health, biomedicine 'often does its work through the wielding of violence, cast in terms of preventive, therapeutic or diagnostic practices'.[56] Confronted with the threat it perceives as emanating from the contagious subject, public health has built a wide array of preventive techniques and reactive measures aimed at protecting the rights to health of its own citizens. However, as Neville's actions already highlight, this logic of care is far from being universal. In fact, the survivalist logic underlying its claim has been at the heart of the legitimisation of public health's own recourse to violence against the contagious being. Finding the roots of its societal function in the liberal belief that individuals and collective entities alike have a right to protect their own interests and lives,[57] it has co-opted this same liberal rhetoric in order to diffuse precisely those issues arising from its own contraventions to the rights and laws it purports to uphold and protect. In this way, Neville's encounter with the sleeping female vampire offers a perfect example of this legitimising process. Shortly after he discovers the effects of sunlight on the vampires, Matheson describes Neville forcing his way into a random house where:

> He found the woman in the bedroom. Without hesitation, he jerked back the covers and grabbed her by the wrists. She grunted as her body hit the floor, and he heard her making tiny sounds in her throat as he dragged her into the hall and started down the stairs. As he pulled her across the living room, she started to move. Her hands closed over his wrists and her body began to twist and flop on the rug. Her eyes were still closed, but she gasped and muttered and her body kept trying to writhe out of his grip. Her dark nails dug into his flesh. He tore out of her grasp with a snarl and dragged her the rest of the way by her hair.[58]

If Neville himself acknowledges the 'callous brutality' of his actions, he also quickly

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56 Waldby, p. 4.

57 As Jennifer Nedelsky argues, liberal theory is rooted 'in the deeply ingrained sense that individual autonomy is to be achieved by erecting a wall (of rights) between the individual and those around him', rights which are, in turn, guaranteed by the collective itself. Jennifer Nedelsky, 'Reconceiving Autonomy: Sources, Thoughts and Possibilities', *Yale Journal of Law and Feminism* 1.7 (1989), 7-36 (pp. 12-13).

58 Matheson, p. 28.

discards this feeling by returning to a survivalist logic, arguing that 'she's one of them and she'd kill me gladly if she got the chance'.[59] Circumscribed by an epistemic structure in which the rights to life of the infected can only be apprehended as a threat to the rights to safety of the healthy population—as Neville himself concludes, 'you've got to look at it that way, it's the only way'[60]—the discourse of public health merges the logics promoted by liberal theory and military rhetoric in order to promote violence as a legitimate means of containment and control.

Itself apprehended as an action, contagion *requires* re-action. Confronted with the threat posed by the virus, the healthy subject is 'forced' to either build defence mechanisms, systems of prevention—Neville himself electing garlic as 'his first line of defense'[61]—or, in most cases, to actively attempt to eradicate or silence the source of the danger. Towards the end of the theatrical cut of *I Am Legend*, Neville, Anna and Eliot take refuge in the basement while the house is invaded by infected monsters. Locking mother and son in a safe bunker with a link to the upper grounds, Neville then takes up a grenade with the intention of blowing himself up along with the monsters. When Anna stops him to ask what he is doing, he answers 'they're not gonna stop. They're not gonna stop'.[62] Apprehended through the prism of war, the contagious subject is first and foremost processed in relation to the risk he poses to the healthy population. Neville's repeated assessment entails that unless drastic action is taken, the survival of humanity cannot be guaranteed. Informed by a similar rationale, the public health apparatus has constructed its own function as one driven by risk assessment. In order to provide its own structure with an aura of legitimacy in its use of public violence, it has organised itself around the establishment of 'risk hierarchies',[63] assigning to different individuals and groups different levels of potential for harm. Grounding its own intervention in a familiar and seemingly-objective grading system, it then proceeded to construct a correlative set of measures: to each threat level corresponds a set of

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59 Matheson, p. 28.
60 Ibid., p. 28.
61 Ibid., p. 4.
62 *I Am Legend*.
63 Waldby, p. 9.

carefully planned and authorised practices aimed at containing or diffusing that threat. From surveillance to treatment, screenings to isolation or quarantine, these measures are in turn weighed against the potential for harm implied in inaction and can be called successful or legitimate only when 'the economic, practical, or human rights burdens are not disproportionate to the public health benefits'.[64]

Though this logic may appear sound, its underlying principles remain heavily problematic. As Larry Gostin argues, 'a compulsory power needs vigorous justification and should not be imposed merely because it is dressed in the guise of public health'.[65] Despite its appeal to a broader public interest, public health remains, especially when its measures encroach on individual rights, under a social obligation to justify the depriving and, at times, unconstitutional dimension of its measures against the potential for safety they carry. As Neville himself recognises shortly after executing yet another vampire, 'usually he felt a twinge when he realised that, but for some affliction he didn't understand, these people were the same as he'.[66] Violence, even in the name of life, remains violence. The primary criterion for a recourse to compulsory public powers in the event of an epidemic must therefore be the perception that the disease presents 'a *significant risk* of transmission'.[67] Like Neville's dualistic rationale—he is only doing to the vampires what they, provided the opportunity, would do to him—public health is therefore contingent on a process of risk assessment against which it can weigh the appropriate level of violence it is allowed to deploy in its response.

In its own employee documentation, the CDC offers a broad definition of this process of risk assessment, arguing that it is organised around:

> the hazardous characteristics of a known infectious or *potentially* infectious agent or material, the activities that *can* result in a person's exposure to an agent, the *likelihood* that such exposure will cause a LAI [Laboratory-Associated Infections], and the *probable* consequences of

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64 Larry Gostin, 'The Politics of AIDS: Compulsory State *Powers*, Public Health, and Civil Liberties', *Ohio State Law Journal* 49 (1989), 1017-58 (p. 1020).

65 Gostin, 1020.

66 Matheson, p. 28.

67 Gostin, 1019-20, my emphasis.

such an infection.[68]

This information is, in turn, used to 'provide a *guide* for the selection of *appropriate* biosafety levels and microbiological practices, safety equipment, and facility safeguards that can prevent LAIs'.[69] Like Gostin, who offers his own definition of the notion—'a risk is significant only if the mode of transmission is scientifically well established, there is a *reasonable likelihood* that viral transmission will take place, and the *potential* harm is serious'[70]—the definition provided by the CDC relies primarily on potentiality, that is, on the assessment of a possible-enough threat against which it is our duty to react.[71] Though Gostin further complements his definition by adding that the notion of significant risk must be founded upon 'scientific facts' and not 'upon unproven fears [or] perhaps prejudices' and that public powers find legitimacy only when danger is assessed as objectively real and the threat as actual and not simply hypothetical,[72] his argument remains heavily reliant on evidences that no amount of foreshadowing can in fact present.

If, like Neville, the discourse of public health structures its own measures around the necessity of action—'well, what else can I do?'[73]—the systematic structure of assessment it takes as its own foundation remains fundamentally insufficient when appraised against the kind of proof of guilt liberal theory requires in order to legitimise this form of violence. Predicated on events that have yet to happen and on the objective assessment of their likelihood, it is founded in purely hypothetical bases that can,

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68 L. Casey Chosewood and Deborah E. Wilson, *Biosafety in Microbiological and Biomedical Laboratories*, 5th edition (Washington D.C.: U.S. Dept. of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institutes of Health, 2009), p. 9, my emphasis.

69 Ibid., p. 9, my emphasis.

70 Gostin, 1021, my emphasis.

71 This emphasis on risk assessment is not a feature unique to the CDC. The WHO Guidelines for Pharmacological Management of Pandemic Influenza A(H1N1) 2009 and other Influenza Viruses devotes an entire section to the establishment of risk groups and highlights risk assessment as the core instrument in the promotion of treatments, arguing, for example, that 'the decision to treat patients in this context will depend on the availability of healthcare resources (including antiviral medication), local priorities for health provision, and assessment of the risk that the patient will develop more serious disease'. World Health Organization. Office of Library and Health Literature Services, *WHO Guidelines for Pharmacological Management of Pandemic Influenza A(H1N1) 2009 and other Influenza Viruses. Part 1: Recommentdations* (Geneva: World Health Organization, 2010), p. 14.

72 Gostin, 1021.

73 Matheson, p. 15.

by definition, never be factual. As Neil Pemberton and Michael Worboys suggest, 'perceptions of risk are never rational'.[74] By essence, risk stems from a subjective appraisal of what *might* but has *not yet* happened. Its definition—'the *possibility* of loss, injury, or other adverse or unwelcome circumstance'[75]—is rooted not in actuality but in potentiality. Its foundations lay precisely in that which 'cannot pass over into actuality'.[76] Risk is and can only be assessed in relation to a non-happening. Not only subjective but hypothetical, it does not rely on any form of actual evidence, that which, according to Gostin, should support its assessment, thus rendering any assumption that it could, even when 'calculated on the basis of "scientific knowledge" […] be objectively defined and measured' fundamentally erroneous.[77]

This problematic dimension does not, however, preclude risk from occupying a fundamental place in all public-health-related matters. Commonly expressed in percentages, possibilities or a level of probability, its assessment is used as basis for the setting up of an arbitrary line above which the chances of an event taking place, in the near or distant future, are deemed too high. This arbitrary line in turn serves as ground foundation for actions whose justification is rooted in the perception of a threat to come. When he brings Ruth, a vampire he mistakes for a fellow survivor, to his place, Neville initially ponders whether he should 'kill her now? Shall I not even investigate, but kill her and burn her?'[78] The logical conclusion to his initial doubt—'what if she is infected, though? he argued with himself. The worry had started a few hours before, while Ruth was sleeping. Now, he couldn't rid himself of the fear. No matter how he reasoned, it didn't help'[79]—this instinctive and instantaneous recourse to violence actualises *now* what may *eventually* happen. Though Neville finally concludes that 'he wasn't that far gone yet, he thought. I'm a man, not a destroyer',[80] his initial response speaks volumes

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74 Neil Pemberton and Michael Worboys, *Mad Dogs and Englishmen: Rabies in Britain, 1830-2000* (Basingstoke: Palgrave Macmillan, 2007), p. 1.

75 'risk, n.', *OED Online*, Oxford University Press, March 2016, <http://www.oed.com/view/Entry/166306>, [Accessed 13 May 2016].

76 Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. by Daniel Heller-Roazen (Stanford: Stanford University Press, 1998), p. 44

77 Green and Sobo, p. 34.

78 Matheson, p. 129.

79 Ibid., p. 115.

80 Ibid., p. 129.

as to the epistemic structure underlying his assessment of the situation. Better kill Ruth now than open himself to any potential danger.

Like Neville's killings, public health reacts to an action that has not yet and can, by definition, not happen. Limited by this impossibility, it has found in the discursively-circular nature of risk, that is, in its ability to respond to a potential violence that, due to the pre-emptive response it triggers, will and can in effect never be fully actualised, a means to project and create a future narrative whose function is to legitimise its present response. By actualising in fiction what remains a potential scenario, it drains the need for any real and material actualisation. Rooting itself in a future form of anteriority, the discourse of public health therefore not only allows the bridging of a fundamental gap in terms of the temporality of the epidemic, effectively re-making its potential future an actual past upon which present actions can be based; it also drastically disrupts the legal framework upon which this response is supposed to be built. Under the banner of the United Nation's Universal Declaration of Human Rights, article 11, legal theory operates on the basis of a presumption of innocence.[81] Aligned with this essential principle, most western legal frameworks are articulated around a specific temporality in which crime necessarily precedes sanctions. Yet, the peculiarity of risk lies in its ability to negate the legal requirement of provable guilt: 'if a person is simply deemed dangerous, then it is no longer a matter of deciding whether criminal acts occurred'.[82] Neville's assessment of Ruth as dangerous, her provisional labelling as 'infected'—a process that axiomatically amounts to little more than 'an unsubstantiated judgment'[83]—like his rationale about what the female vampire *would* do, provided the chance, allows him to bypass any 'determinations from which evidence is required'[84] and to legitimise his own violent action by actualising in fiction the violence to which it in turn pre-emptively responds. Product of the broader systematic structures of public health, Neville's reaction exposes

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81 The article clearly states that 'everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence'. United Nations General Assembly, Universal Declaration of Human Rights, 10 December 1948, 217 A (III), art. 11, 10 December 1948, <http://www.un.org/en/universal-declaration-human-rights/>, [Accessed 13 May 2016].

82 Butler, *Precarious Life*, p. 76.

83 Ibid., p. 76.

84 Ibid., p. 76.

here how, by circumscribing the individual within a framework of its own devising, the discourse of public health 'takes a human outside the bounds of law',[85] removes the necessity of crime from the temporality and rationale of punishment and remakes itself into its own self-legitimising circular structure.

In his work on collective evildoing, Arne Johann Vetlesen defines security, the practice of risk assessment, as 'a self-referential practice'.[86] According to him, security implies a system in which by simply labelling something a security issue, it automatically becomes one.[87] Though this circular logic provides the basis for the two primary instruments available to public health in its 'fight' against contagion—vaccination and quarantine[88]—it is not the privilege of public health nor is it that of national security. Instead, it underlies most if not all instances of 'legitimate' violence. As Hannah Arrendt explains, by allowing what was first posited as a hypothesis to turn 'immediately, usually after a few paragraphs, into a "fact," which then gives birth to a whole string of similar non-facts, with the result that the purely speculative character of the whole enterprise is forgotten',[89] this logic silences the fictional foundations upon which violence is rooted and presents the subject with a scenario in which it becomes the *only* rational mode of action. Standing in direct opposition to Morgan's belief that 'you can't just change the facts by talking',[90] the primary effect of the rhetoric deployed by public health is therefore to negate any alternative potential unfolding. When, in *I Am Legend*, Neville commits suicide on the basis that the infected vampires are not going to stop, he effectively removes any other potential outcomes for the situation. Similarly, in the original text, when he murders the female vampire in response to her potential future action, he actualises, in a paradoxical move, his own assassination. That

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85 Butler, *Precarious Life*, p. 76.

86 Arne Johan Vetlesen, *Evil and Human Agency: Understanding Collective Evildoing* (Cambridge: Cambridge University Press, 2005), p. 168.

87 Ibid., p. 168.

88 Though often equated to its counterpart, isolation, quarantine actually differs from the latter in one important way: where isolation stems for 'the separation of infected persons from others during the period of communicability so as to prevent transmission of the infectious agent', quarantine enacts 'the detention of persons who are healthy, but have been exposed to a communicable disease, to prevent contact with persons not exposed'. Gostin, 1027.

89 Hannah Arendt, *On Violence* (London: Allen Lane, 1970), pp. 6-7.

90 *The Last Man on Earth*.

is, he does not simply operate on the assumption that she would kill him; he discursively elevates this 'chance' to the level of reality and history, making it the root of his own unsubstantiated response. Because every action taken upon the basis of a potential futurity 'necessarily destroys the whole pattern in whose frame the prediction moves and where it finds its evidence',[91] Neville's violence, in essence, forces the realisation of the act to which it is tied as response. By reacting to a danger whose essence remains potential, the rationale underlying Neville's killings makes locating danger itself an unnecessary practice.[92] It reduces the relevance of the contagious subject's crime to nought and implicitly justifies whatever cultural and collective response might be taken against him in return.

3.3 *Bio*-Ethics, the Individual and the Public

Shortly after Neville drags Ruth back to his place, he locks her up in his bedroom. Surprised to find that, after having spent 'all these years, he thought, dreaming about a companion. Now I meet one and the first thing I do is distrust her, treat her crudely and impatiently',[93] he quickly silences this first humane and ethical reaction by returning to the comforting and normative logic of public health. As he explains, 'there was really nothing else he could do. He had accepted too long the proposition that he was the only normal person left. It didn't matter that she looked normal'.[94] As this illustrates, the first impact of the aggressive and military rhetoric of biomedicine is the dissolution of all alternative responses. Though public health measures never go so far as to suggest, as Neville does, that 'murder [is] easier than hope',[95] the rhetorical framework within which they operate constricts the scope of their possibilities. As Richie tells Neville in *The Omega Man*, the rationale promoted by public health effectively leaves the healthy survivor with only two options: 'either kill them or cure them, damn it'.[96] Inscribed

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91 Arendt, p. 7.

92 Claire Hooker, 'Sanitary Failure and Risk: Pasteurisation, Immunisation and the Logics of Prevention', in *Contagion: Historical and Cultural Studies*, ed. by Alison Bashford and Claire Hooker (London: Routledge, 2001), pp. 129-149 (p. 131).

93 Matheson, p. 116.

94 Ibid., p. 116.

95 Ibid., p. 129.

96 *The Omega Man*.

within a system defined by obligation, contagion seems to impose a certain form of response.

In the 2007 *I Am Legend*, during a conversation with his wife on their way to the evacuation site, Neville assures her that he 'can still fix this' and that he is 'not gonna let this happen'.[97] The same logic animates his plea, at the end of the director's cut, when, confronted with an aggressive crowd of vampires, he begs them to stop attacking, claiming he found a cure: 'I can save you. I can sa… I can help you. You are sick and I can help you. I can--- I can fix this! I can save everybody! I can fix everything. It's working. It's working! Let me save you! Let me save you!'[98] Though Neville's logic here does not result in death or murder the way his earlier actions did, it nonetheless is suffused by a similar sense of obligation. His desire to 'fix' things is not driven by any request from the part of the contagious subjects themselves—in fact, as the scene quickly shows, they do not want his cure—but is rooted instead in a more profound sense of duty.

This sense of obligation is not, as Ruth posits in the original text, simply born out of the uniqueness of their situation.[99] It participates instead in the broader epistemic structure underlying our current discourse of health and medicine commonly referred to as bio-ethics. Coined in 1971 to refer to the application of biological sciences to the improvement of our quality of life, bio-ethics draws on a long tradition, going back to the Hippocratic Oath, which conceives of medicine as a duty to care. In its reference to an improvement of life and a sense of obligation, bio-ethics conflates two strains of ethics: first, an Aristotelian understanding that defines it as a practice rooted primarily in morality or in the idea of the good life it is one's duty to seek;[100] second a broader conception of ethics apprehended through the prism of Emmanuel Levinas's definition as a 'response or responsibility'.[101] Bio-ethics therefore operates as a function of the

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97 *I Am Legend*.

98 *I Am Legend*, director's cut.

99 As she tells Neville, 'you don't have to feel any obligation to me just because—we're the only ones left'. Matheson, p. 129.

100 Aristotle, *The Nicomachean Ethics*, ed. by Hugh Tredennick, trans. by J. A. K. Thomson (London: Penguin, 2004).

101 Emmanuel Levinas, *Ethics and Infinity: Conversations with Philippe Nemo*, trans. by Richard A. Cohen (Pittsburgh: Duquesne University Press, 1985), p. 88.

state conceived as guarantor of the security and health of its own population. It concerns itself with assessing 'what should be the role of the State in determining or protecting a living subject'.[102]

Defined by obligation, it emerges as a mode of relation in which subject and State work at improving the quality of life of the population. Evidently present in Neville's call to the vampires to let him cure them, this sense of obligation also suffuses Matheson's novel. First hinted at in some of Neville's own internal monologues—'how could he ever hope to cure those still living? He didn't know anything about bacteria'[103]—it more directly emerges when he encounters a non-infected dog. After spending a few restless nights pondering the fate of his new 'friend', Neville sets up a plan of action in which 'he *had to* get hold of the dog, he had to. And soon. He *had to* cure it […] There *had to* be a way'.[104] This self-imposed duty to 'cure it, cure it' as well as the direct link Matheson draws between cure and violence—'he thought, and one of his hands bunched into a fist to strike feebly at the mattress'[105]—already highlights some of the most problematic aspects of bio-ethics. This perceived need for a cure as well as the relation it bears to violence similarly underlies his relation to Ruth. Begging her to let him test her blood shortly after meeting her, he tells her that were she to be infected—which in fact she is—he would 'do everything [he] can to cure [her]'.[106] Only a few pages later, he reiterates this felt necessity for treatment, explaining that 'he knew that, if she were infected, he'd have to try to cure her whether it worked or not'.[107] As these few examples expose, within the epistemological structures of biomedicine, to think about disease is always already to think about a potential for cure or a return to health. It implies the forceful imposition of a normative framework anchored around a form of homeostatic epistemology, a belief in the naturality of the norm and therefore in its necessary return.

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102 Jacques Derrida, '"Eating Well," or the Calculation of the Subject', in *Who Comes after the Subject*?, ed. by Eduardo Cadava, Peter Connor and Jean-Luc Nancy (New York: Routledge, 1991), pp. 96-119 (p. 115).

103 Matheson, p. 76

104 Ibid., p. 95, my emphasis.

105 Ibid., p. 98.

106 Ibid., p. 123.

107 Ibid., p. 129.

Transforming treatment into an obligation, the cure into a necessity, this model of ethics finds its foundation in Levinas's understanding of ethics as the subjective relation par excellence. Occupying a fundamental and foundational role in the experience of the subject, ethics becomes for Levinas the site of emergence of subjectivity itself. As it re-makes responsibility into 'the essential, primary and fundamental structure of subjectivity',[108] ethics opposes itself to morality in that it does not operate as an added value, a coding superimposed onto subjectivity. Instead, it is 'the very node of the subjective [that] is knotted in ethics understood as responsibility'.[109] For Levinas, ethics is not something one does nor is it something one follows. Rather, it unfolds as a sense of profound obligation born out of the realisation of our shared vulnerability. It emerges from the encounter with the Other's face apprehended as 'exposed, menaced, as if inviting us to an act of violence'.[110] It is, in other words, the result of our being-in-the-world, our being susceptible to harm just as much as we are capable of harming others.

Apprehended within this framework, Neville's actions can be re-framed as the product of a skewed ethical drive. Having embraced its discourse, he is 'forced' to read the contagious vampire through the lens provided by medicine and its impetus towards 'fixing' or even 'saving' what it invariably perceives as broken. Even against Ruth's resistance and her plea for him to abandon his quest—'"Robert, don't look!" she begged suddenly, her voice pleading'[111]—Neville can but continue to enforce his curative agenda, his perspective having been, at this point, distorted by an absolute internalisation of the discourse of health and the normative agenda promoted by public health. His relation to the stray dog he finds earlier in the novel unfolds according to a similar dynamic where the forceful kidnapping of the animal—'he reached down and picked up the dog. Immediately it tried to snap at him, but he caught its jaws in his right hand and held them together'[112]—is legitimised by a rationale that sees violence as a

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108 Levinas, *Ethics and Infinity*, p. 95.
109 Ibid., p. 95.
110 Ibid., p. 86.
111 Matheson, p. 141.
112 Ibid., p. 96.

necessary step in the duty the subject bears to care for the Other and to try to improve the latter's life. Like the introduction of the disease, the encounter with the contagious Other requires response and reaction. Yet, at the same time, it also clearly circumscribes this reaction within certain limitations. In the encounter with the face lies an order: 'there is a commandment in the appearance of the face, as if a master spoke to me' and obliged me 'to respond in my capacity as "first person"'.[113] By suspending the right to kill, it calls the subject towards responsibility. Linked by their shared vulnerability, the subject finds himself projected, without any demand, without choice, into a relation from which he can never escape.

If ethics unfolds as a mode of responsibility towards the Other, bio-ethics implies its extension to life itself, an obligation to protect and respect life apprehended as *bio*. It entails the inscription of life within the scope of responsibility of all subjects and a sense of duty itself born from our cultural adoption of liberal theory as foundation of our political life. Ethics, in other words, becomes here, through the addition of the 'bio' prefix, a model of collectivity. It allows the transition from individual to collective relations, 'from the proximity of the one-for-the-other to a relation with all the others whereby he feel[s] [him]self to be an other like the others and where the question of justice can be raised',[114] becoming through this shift the source of the possibility of politics, the basis for the collective establishment of the *polis* as well as the foundation of the possibility of Law. Indeed, if being-in-and-for-the-world entails opening the self to vulnerability and exchange, it also implies a form of collective responsibility to guarantee the safety of this self through communal action. The polis emerged as a response to the kind of shared and common vulnerability Neville himself almost finds in the vampire. It marked the establishment of a set of rules and laws guaranteeing the safety of all its citizens against that of any individual being. Rooted in the idea that as a plural entity, it could represent life itself, the State became a picture of disinterestedness: 'for most ordinary people of whatever class the whole point of the nation is that it

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113 Levinas, *Ethics and Infinity*, p. 89.

114 Simon Critchley, *The Ethics of Deconstruction: Derrida and Levinas* (Oxford: Blackwell, 1992), p. 220.

is interestless'.[115] Founded in a sense of obligation to life itself, bio-ethics therefore signal the acknowledgement of a collective sense of responsibility towards all lives, an obligation upheld by the State 'to maximize the health, life, longevity, and strength of [all] individuals'.[116]

In 2003, the Taiwan Department of Health imposed quarantine measures in response to the discovery of several cases of Severe Acute Respiratory Syndrome (SARS) among its population. During the epidemic, more than 150,000 individuals were quarantined, only '24 of whom were later found to have laboratory-confirmed SARS-coronavirus (SARS-CoV) infection'.[117] In 1981, in response to the emergence in the United States of a new viral infection, the human immunodeficiency virus (HIV), the CDC set up a system of monitoring which mandated that all States report on 'confirmed diagnoses of HIV infection and infection classified as stage 3 (AIDS)'.[118] By 1986, all States had implemented automatic case reporting and although it added in 2008 a confidential clause which removed all identifying information before reports be sent to the CDC, the information currently dispatched in those reports still includes 'information on demographic characteristics (i.e., sex, race/ethnicity, age, and place of diagnosis), transmission category (mode of exposure), initial immune status, and viral load'.[119] The construction of disease as a threat, this time to a collective entity, serves as an organising principle in the setting up of the response it triggers at the State level. Public health measures operate on the basis of a collective form of responsibility to ensure the safety of the many against the threat potentially presented by the few. However, where one can easily identify the benefits these two sets of measures have carried for their concerned respective populations, they nonetheless both infringe on the individual rights of their citizens, rights which the State, here the infringer, is precisely

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115 Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London: Verso, 1991), p. 144.

116 Michel Foucault, *Abnormal: Lectures at the Collège De France 1974-1975*, ed. by Valerio Marchetti and Antonella Salomoni, trans. by Graham Burchell (London: Verso, 2003), p. 46.

117 Ying-Hen Hsieh, Chwan-Chuan King, Cathy W. S. Chen, Mei-Shang Ho, Jen-Yu Lee, Feng-Chi Liu, Yi-Chun Wu and Jiunn-Shyan JulianWu, 'Quarantine for SARS, Taiwan', *Emerging Infectious Diseases* 11.2 (February 2005), 278–282 (p. 278).

118 Centers for Disease Control and Prevention, 'HIV/AIDS Surveillance Systems' (11 May 2015), <http://www.cdc.gov/hiv/statistics/surveillance/systems/index.html>, [Accessed 14 May 2016].

119 Ibid.

supposed to protect.

During a flashback to the evacuation of New York City, Neville and his family are screened by soldiers before being allowed to leave the quarantined area. The unfairness of the quarantine measures is already hinted at when Neville's own wife is tested positive before, upon order from Neville himself—'I am ordering you to scan her again. Scan her again!'[120]—the soldier scans her again, resulting this time in a negative read. But more interestingly, it is his own daughter's reaction to the positive screening of another little girl that really signals the imbalanced nature of the process. As they leave behind the masses of citizens gathered at the gates and proceed to the private helicopter arranged for his family, Neville's daughter Marley, staring at a young mother, crying, asking the soldiers to take pity upon her daughter, asks her father 'Daddy why can't the little girl come too?', a question Neville leaves un-answered.[121] In the case of the vampire, like in the 2003 SARS outbreak, the measures set up against those deemed potentially dangerous do not account for their own rights to safety but only for their exclusion. Like the unnamed mother in *I Am Legend*, those individuals quarantined during the SARS epidemic were not guilty of any crimes; yet the State's response, by openly extracting them from the rest of the population—it is important to remember here again that only 0.016% of the quarantined population was retroactively found to have been infected—already exposes an implicit recognition of guilt or difference.

The problematic insufficiencies of public health measures to uphold the ethical imperative underlying the collective in the event of an epidemic is not only implicitly present in Marley's question. In the original novel, after Neville finishes explaining to Ruth that air itself is fatal to the vampires and that 'as soon as air struck her system the germs cause[s] spontaneous dissolution', Matheson describes how 'her throat moved and a shudder ran down through her. "It's horrible," she said'.[122] Ruth's horrified answer, however, only surprises Neville, responding as he does, that 'he hadn't thought that for years. For him the word "horror" had become obsolete. A surfeiting of terror soon made

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120 *I Am Legend*.
121 Ibid.
122 Matheson, p. 134.

terror a cliché' and that to him 'the situation merely existed as natural fact. It had no adjectives'.[123] Here as in the filmic adaptation, the establishment of a state of emergency itself supported by the rhetoric of war suffusing public health discourse allows for the suspension of both law and ethics. As the difference in perspective offered by Matheson suggests, the constitution of an extraordinary framework allows the deployment of a violence that would, in normal conditions, be judged at best illegal if not directly inhumane. The particularity of war being its inherent ability to legitimately suspend all ethical forms of obligation, to divest 'the eternal institutions and obligations of their eternity and rescin[d] ad interim the unconditional imperatives',[124] its recuperation by the system of public health thus not only allows 'the development of legitimate violence', it ultimately enforces 'the suspension of [those] civil rights' it itself purports to safeguard.[125]

3.4 Sacrificing the Few… or the Foundation of Authority

The recognition that, in times of crisis, 'the individual right sinks in the necessity to provide for the public good'[126] does not entirely absolve the State from blame. Though rooted as it is in a premise that posits the collective good to surpass the interest of the individual and limited by its own conflict-oriented rationale, the treatment of the contagious individual as a threat to the collective he was, prior to infection, intrinsically part of remains essentially problematic for a service whose role and function is to protect *all* lives. Towards the end of the novel, Neville confronts Ruth after having witnessed the murder of Cortman by her 'new society'. After he accuses her fellow vampires of acting like 'gangsters' in the name of justice, she reminds him that violence is no stranger to him and that he himself has 'killed. Many times'.[127] To this, he simply answers that his violence was only driven by a need 'to survive'.[128] As Ruth's subsequent response

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123 Matheson, p. 134.

124 Emmanuel Levinas, *Totality and Infinity: An Essay on Exteriority*, trans. by Alphonso Lingis (Pittsburgh: Duquesne University Press, 1994), p. 21.

125 Waldby, p. 4.

126 Wendy Parmet, 'AIDS and Quarantine: The Revival of an Archaic Doctrine', *Hofstra Law Review* 14 (1985), 53-90 (p. 61).

127 Matheson, p. 156.

128 Ibid., p. 156.

suggests—‘“That’s exactly why we’re killing,” she said calmly. “To survive. We can’t allow the dead to exist beside the living.”’[129]—the practice of public health invariably implies weighing the life of the few against that of the many, that precisely which ethics, understood as obligation, cannot abide. Confronted with an opposition between its ‘duty to protect the public, which is a collective good’ and ‘the individual rights of privacy and liberty’ of its citizens,[130] the State finds in the advent of an epidemic a problematic conundrum whose solution can but itself be unethical in essence.

Locked in a double bind, the mobilisation by the public health apparatus of a discourse centred on issues of safety, threat and risk therefore responds to a need to transform, at both discursive and ontological levels, the nature of the contagious being in order to make his rights, liberties and life expendable. Indeed, a heavily normative practice in essence, public health is organised around a hierarchical structure which sees in all contraventions to the norm the site of a necessary intervention. At its most basic level, it implies a sorting process, a division between those sacrificed at the altar and those in the name of which this sacrifice is called. As the distinction upheld by Neville between Ben who, ‘at least, had some imagination [...] a zest for life’ and ‘the rest’, made of ‘dull, robot-like creatures’ shows,[131] despite its claim of equality among all lives,[132] the ethics of public health operates on the ground of a more pernicious form of selection. Dividing its population between those it deems potentially if not affirmatively dangerous and those it strictly defines, at that particular time, as potential victims, it is grounded in a simple and utilitarian mathematical assessment which purports to value the lives of the many over the lives of the few. In other words, public health constructs an entity, the ‘public’, whose health it makes its own duty to protect.

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129 Matheson, p. 156.

130 Lawrence O. Gostin, Ronald Bayer and Amy L. Fairchild, ‘Ethical and Legal Challenges Posed by Severe Acute Respiratory Syndrome: Implications for the Control of Severe Infectious Disease Threats’, in *Public Health Ethics: Theory, Policy, and Practice*, ed. by Ronald Bayer, Lawrence O. Gostin, Bruce Jennings and Bonnie Steinbock (Oxford: Oxford University Press, 2007), pp. 261-278 (p. 261).

131 Matheson, p. 108.

132 Frances Kamm, for example, argues that the fact that other people have a right to inviolability ‘does not diminish the constraint against violating the one person’s rights that I come up against’. Frances M. Kamm, *Intricate Ethics: Rights, Responsibilities, and Permissible Harm* (Oxford: Oxford University Press, 2007), p. 29.

Yet, if this public would seem to imply a totalising grouping of all lives, its actual democratic nature is far from being absolute. As Neville himself acknowledges, 'normalcy [is] a majority concept, the standard of many and not the standard of just one man'.[133] Guarantor of the norm, the scope and effects of public health are selective and tend to emphasise 'the interests and health of groups'.[134] In its call to life, its *bio*-ethical grounding, the discourse of public health therefore silences the problematic distinction it itself constructs between different modes and forms of life. Matheson's novel and its adaptations all revolve around a single protagonist. If Neville finds other members of the resistance in both *The Omega Man* and in the 2007 adaptation, in his original context as well as in the appropriately titled *The Last Man on Earth*, Neville is fundamentally alone.[135] With the exception of Matheson's protagonist who, by the end of the novel, confesses to his abnormal status, this proportional balancing does not, however, result in any epistemic shift. Contrary to the self-professed dictate of public health, it is the fate of the few here that seems to invariably justify, if not require, the sacrifice of the many.

In his work on evil, Alain Badiou warns his reader against the problematic nature of bio-ethics, arguing that the sheer 'conjunction of "ethics" and "bio" is *in itself* threatening'.[136] Contrary to what may at first appear, *bios*, understood as life, in fact does not encompass *all* lives. As Giorgio Agamben explains:

> The Greeks had no single term to express what we mean by the word 'life.' They used two terms that, although traceable to a common etymological root, are semantically and morphologically distinct: *zoē*, which expressed the simple fact of living common to all living beings

133 Matheson, p. 159.

134 Ronald Bayer, Lawrence O. Gostin, Bruce Jennings and Bonnie Steinbock, 'Introduction: Ethical Theory and Public Health', in *Public Health Ethics: Theory, Policy, and Practice*, ed. by Ronald Bayer, Lawrence O. Gostin, Bruce Jennings and Bonnie Steinbock (Oxford: Oxford University Press, 2007), pp. 3-26 (p. 4), my emphasis.

135 *I Am Legend* here mobilizes a feature central to the contagion narrative, its tendency to, shortly after the start of the epidemic, reduce its protagonists to a sensible minority. In Romero's *Day of the Dead*, Dr Logan even goes so far as to determine the exact nature of this quantitative shift, explaining that the human survivors 'are in the minority now. Something like 400'000 to one by my calculations'. *Day of the Dead*.

136 Alain Badiou, *Ethics: An Essay on the Understanding of Evil*, trans. by Peter Hallward (London: Verso, 2002), p. 37.

> (animals, men, or gods), and *bios*, which indicated the form or way of living proper to an individual or a group.[137]

According to Agamben's division, *zoē* or bare life can be transferred to the realm of *bios* only at the moment of its entry into the polis, that is, through its politicisation *as such*.[138] To qualify as *bios*, one's life has to be recognised by a culture and its institutions; it needs to be made political by way of an inscription in the communal act of imagination intrinsic to the community. The addition of the prefix *bio-* to both *bio*-ethics and *bio*medicine therefore confirms the establishment of a distinction between two forms of lives. Though it remains primarily understood as a guarantee of care,[139] bio-ethics reveals here how its primary concerns revolves not around a universal application but around the definition of 'who and what can count as a subject of ethical address'.[140] Because bio-ethics implies 'an "ethics" of the living'[141] understood as a privileged group, it also means that 'some lives are grievable, and others are not'.[142] Neville's own impetus towards curability, his intense desire to 'fix' the infected vampires, therefore participates in a heavily normative program based on the valuation of the life of the contagious individual as essentially 'broken' in some way. The division upon which it operates not only presupposes but ultimately 'produce[s] and maintain[s] certain exclusionary conceptions of who is normatively human'.[143] In other words, *bio*-ethics does not so much concern itself with the preservation of all lives than with the maintenance of *bios* at all costs. Its responsibility lays in the return to the norm, by way of treatment, of all lives that have diverted from its 'safety' and, in cases where this return is itself impossible and the life it is left to deal with is perceived as dangerous, the extermination or containment of all threats to the *bios* of the polis.

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137 Agamben, p. 1.

138 Ibid., p. 4.

139 The Americans with Disability Act resulted, for example, from bio-ethical fears and concerns regarding the access to healthcare for infected and infectious individuals and forbade 'physicians to refuse to treat a person solely on the ground that he or she [was] HIV positive'. Doran Smolkin, 'HIV Infection, Risk Taking, and the Duty to Treat', *The Journal of Medicine and Philosophy* 22 (1997), 55-74 (p.55).

140 Cary Wolfe, *What Is Posthumanism*? (Minneapolis: University of Minnesota Press, 2010), p. 49.

141 Ibid., p. 51.

142 Butler, *Precarious Life*, pp. xiv-xv.

143 Ibid., pp. xiv-xv.

Powerful as it may be in its ability to justify forms of violence that would otherwise be deemed illegal, this division remains purely phantasmatic. As Neville's own confession about the usual 'twinge' he experiences when killing vampires already suggests, violence remains violence, no matter the amount of rhetoric used in the diffusion of its impact. Language can attempt to structure the world according to categories. It can be used to mark the survivor's life as valuable and that of his infected counterpart as expendable. However, as Butler reminds us, 'bodies never quite comply with the norms by which their materialisation is impelled'.[144] The sheer necessity of the discursive apparatus here again signals the forever-incomplete nature of the Other's objectification. Neville's desire for a soundproofed house, rooted as it is in the belief that his situation 'wouldn't be so bad if it weren't that he had to listen to them',[145] confirms this impossibility. The presence of the vampires around his house acts as a forceful reminder of his own inescapable ethical responsibility, a fact confirmed later in the novel by Ruth when she first notes that he himself 'said a lot of them are—are still living', before asking him how exactly 'do[es he] know they're not going to stay alive'.[146] Though Neville diffuses her implicit accusation by answering once again that 'if I didn't kill them, sooner or later they'd die and come after me. I have no choice; no choice at all',[147] the sheer vocalisation of the question suffices to trigger the beginning of the unravelling of Neville's rationale.

Shortly after this exchange, Neville indeed finds himself pondering for the first time whether the rhetoric of conflict he so readily adopted may in fact present an insufficient ground for the legitimisation of his action:

> In the years that had passed he had never once considered the possibility that he was wrong. It took her presence to bring about such thoughts: And they were strange, alien thoughts. 'Do you actually think I'm wrong?' he asked in an incredulous voice. She bit into her lower lip. 'Ruth,' he said.

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144 Butler, *Bodies*, p. 1.
145 Matheson, p. 6.
146 Ibid., p. 135.
147 Ibid., p. 135.

'It's not for me to say,' she answered.[148]

As Ruth's answer signals, violence always answers to a wider framework, be it legal, social, political or religious. Yet, what her answer also implies here is the inability of these referential frames to truly disperse the problematic ontological effects of violence. Only a few pages later, Neville himself acknowledges that 'no matter how you try, you can't forget or—or adjust or—ever get away from it'.[149] If Levinas saw in subject's ethical relation to others a non-binding event—'the ethical exigency is not an ontological necessity'[150]—Neville's doubt and the implicit recognition of guilt and trauma these doubts carry suggests a deeper ontological tainting.[151] The cultural acknowledgment, over the past few years, of the failure of our global governmental response to the emergence of the HIV/AIDS epidemic, rooted as it initially was in the lives of citizens deemed expendables,[152] arguably stems from a similar recognition. Both responses indicate the everlasting nature of our ethical obligation to others, de-humanised as these may have been by our cultural discourses.[153]

As Slavoj Žižek argues, 'refusing the same basic ethical rights to those outside our community as to those inside it is something that does not come naturally to a human being'.[154] This rejection in fact requires the active participation of the subject. Because, as he continues, this severance marks 'a violation of our spontaneous ethical proclivity', it demands 'brutal repression and self-denial'.[155] Like Neville, who realises, by the end of the novel, he has become an executioner—'he was a terrible scourge they had never seen, a scourge even worse than the disease they had come to live with. He was an invisible specter who had left for evidence of his existence the bloodless bodies

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148 Matheson, p. 135.
149 Ibid., p. 139.
150 Levinas, *Ethics and Infinity*, p. 87.
151 This recognition is more clearly apparent in the director's cut of the 2007 adaptation in which Neville asks the vampires for forgiveness before leaving New York City. *I Am Legend*, director's cut.
152 As Butler argues, during the first years of its spread, 'few deaths from AIDS were publicly grievable losses'. Butler, *Precarious Life*, p. 35.
153 See, for examples, Donal P. Francis, 'Deadly AIDS Policy Failure by the Highest Levels of the US Government: A Personal Look Back 30 Years Later for Lessons to Respond Better to Future Epidemics', *Journal of Public Health Policy* 33 (2012), 290-300.
154 Slavoj Žižek, *Violence: Six Sideways Reflections* (London: Profile, 2008), p. 41.
155 Ibid., p. 41.

of their loved ones'[156]—the public of public health inescapably finds itself tainted, at the ontological level, by the recognition of the violence implicit in the measures mobilised in its name. During the 2016 American presidential campaign, Hilary Clinton, the Democratic frontrunner, was 'forced' to apologise after praising Nancy Reagan and her husband's response to the AIDS crisis of the 1980s. The backlash her comments elicited in the popular discourse revealed an accepted cultural recognition of guilt linked to the way the situation and those it affected were approached at the time.[157] As this shows, the recourse to violent technologies of containment and normative measures of health implementation invariably seems to turn against public health its own de-humanising logic. Though they are often framed as our only course of action, public health measures nonetheless remain product of a decision itself irreducibly tied to responsibility and thus open to judgment.

Given this problematic paradigm, how can we explain the generally-unquestioned persistence of public strategies whose ethical crushing weight ought to put into question and problematise the ontological, moral and ultimately human status of the public it is supposed to protect and cleanse? In his work on sacredness, René Girard argues violence to act as an infinitely repetitive process in which 'every reprisal calls for another reprisal'.[158] Highlighting how, in essence, nothing distinguishes official from illegal forms of violence or how 'there is no clear distinction between the act for which the killer is being punished and the punishment itself',[159] his observation suggests that the distinction between these two forms is in reality created in the discursive and cultural practices surrounding violence. Stemming not from a difference in kind, but rather in subject, official violence finds its justification in being simply the privileged action of the public or, in most cases, those who stand as its representative. Distinguished from its illegal counterpart by the nature of those who mobilises it and those in the name of

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156 Matheson, p. 159.

157 Abby Phillip and Anne Gearan, 'Hillary Clinton apologizes for praising Nancy Reagan's response to HIV/AIDS', *The Washington Post*, 11 March 2016, <https://www.washingtonpost.com/news/post-politics/wp/2016/03/11/hillary-clinton-apologizes-for-praising-nancy-reagans-response-to-hivaids/>, [Accessed 17 May 2016].

158 René Girard, *Violence and the Sacred*, trans. by Patrick Gregory (Baltimore: Johns Hopkins University Press, 1979), p. 15.

159 Ibid., p. 14.

which it is mobilised, the violence of public health thus found in the notion of 'public' a way to legalise its own deployment.

Constituted around a supra-individual entity whose health it has vowed to protect, the violence inherent to public health measures therefore relies on the naturalisation of the public as entity, that is, on its reification in the imagination of the collective it pretends to include in this public. Indeed, if it appears clad with an aura of naturalism, the public of public health, like other forms of community,[160] is but the product of a discursive and imaginative act. Like its health, it results not from any biological reality—though of course the existence of a global biological community is itself exposed by contagion, the public of public health is more often than not conceived in nationalistic and communitarian terms and therefore does not actually stem from any material reality—but from the constitution of a rhetoric whose role it is to circumscribe and delimit the boundaries of this public. In appearance 'an overriding public value', it is in fact 'not absolute' but arbitrary.[161] Like other collective structures, it is born out of a repeated act of iteration whose function is to naturalise and reify an entity it can then refer to as the legitimising ground for different actions. It provides a structure against which to weigh the responsibility of the individual subject, allowing our society to expect 'people who are infected with dangerous, transmissible diseases to *sacrifice* their interests for the overall social good, either altruistically or in response to coercion'.[162] By constructing a fiction of collectivity and thus grounding itself within a seemingly disinterested entity,[163] the discourse of public health has allowed the enforcement of the sacrifice of its own population in the name of something outside itself, erasing in the process all traces of its own action and all responsibility in the violence it itself unleashes against those it precisely purports to protect.

If the zombie narrative already highlighted the ambiguous position the contagious subject occupies in relation to life, Matheson's novel and its adaptations emphasise how this ambiguity itself becomes an instrument in the framing of the response public health

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160 Anderson, pp. 5-6.
161 Gostin, 1020.
162 Battin et al. p. 86, my emphasis.
163 Anderson, pp. 143, 144.

deploys against him. The 2007 *I Am Legend*, for example, takes great care to show how invested Neville is in his refusal to let the epidemic take over and in his attempt to 'transfer [his] immunity to infected hosts'.[164] His daily experiments are suffused by a belief in the sacrality of life and the importance of returning the contagious vampires to it. For him, the contagious subject does not entirely belong to *zoē*. Yet, his experimentation itself often leads him to 'murder' those he attempts to cure, as evidenced by the wall of photographs adorning his laboratory. Neither *zoē* nor truly *bios* either, it is the dual and ambiguous essence of the contagious vampire's life that precisely opens him up to the possibility of sacrifice. In opposition to the putting to death characterising animal slaughter, sacrificial violence indeed presupposes the recognition of the value of the life it ends. Rooted in murder, it targets a life it deems not only meaningful but one which, from the moment of infection, it understands as a public entity, *bios* in its utmost purity.[165] It is precisely because of this public-ness that the monster can then operate as sacrificial victim. In her work on horror cinema, Barbara Creed explains that 'it is only through the sacrifice of his life that the tormented wolf-man of the classic films can achieve redemption'.[166] If, through sacrifice, the wolf-man is allowed cultural salvation, it is because his death involves more than the life brought here to an end.

Like that of the wolf-man, the sacrifice of the contagious being is invested in the securing of the collective normative power that demands it. In its capacity to purge the collective of its own dangerous and threatening impulses,[167] the sacrificial violence of public health is granted a life-affirming value. Re-made into a violence 'exercised on all life but to the profit or in favour of the living',[168] its purpose is, as both Ruth and Dutch phrase it, to 'save all of us' and 'save the world'.[169] Neville's own sacrifice at the end of Matheson's novel significantly functions as a point of departure for a new society:

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164 *I Am Legend*.

165 Jean Pierre Dupuy, 'Anatomy of 9/11: Evil, Rationalism, and the Sacred', *SubStance* 155.37.1 (2008), 33-51 (p. 48).

166 Barbara Creed, *Phallic Panic: Film, Horror and the Primal Uncanny* (Carlton: Melbourne University Press, 2005), pp. 127-128.

167 Girard, p. 4.

168 Jacques Derrida, 'Force of Law: The "Mystical Foundation of Authority"', *Cardozo Law Review* 11.919 (1990), 920-1045 (p. 1027).

169 *The Last Man on Earth* and *The Omega Man*.

'he'd throw himself upon the justice of their new society',[170] bringing the cycle of life 'full circle. A new terror born in death, a new superstition entering the unassailable fortress of forever'.[171] The violence unleashed against the sacrificial victim, that is, within the contagion narrative, the contagious individual himself, therefore participates in the establishment of a sense of community. By granting it a certain cohesion,[172] it effectively re-makes it into the reified subject of this violence and invests it with a sense of agency and responsibility in its own demand for it.

If this explanation may seem to highlight the positive impact of sacrifice, what it silences is the ways in which sacrifice itself is used not in order to construct a collective but in order to hide under this collective the true function of the violence it brings about. Indeed, what is erased in the naturalisation of this process as well as in the public health recourse to bio-ethical notions of safety and the right to life of the population is ultimately the role of an authority which arbitrarily establishes not only the distinction between individuals and groups, the valuing of one over the other, but defines what qualifies as violence and who has privilege over its mobilisation. As Foucault explains, epidemics are a public phenomenon. Due to their sheer scope, they require the consciousness of each individual be alerted.[173] Yet this diffusion of responsibility does not mark a true investment of the individual with agency. Instead, it imposes, through fragmentation, the knowledge product of the State apparatus. It fabricates 'a generalised medical consciousness, diffused in space and time, open and mobile, linked to each individual existence, as well as to the collective life of the nation' through which it can in turn materialise, re-ascertain and maintain its own authoritative power.[174] After all, Neville's own actions are but the continuation of a broader State practice of eradication started before the narrative begins and which initially stated that:

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170 Matheson, p. 150.

171 Ibid., p. 160.

172 Deepak Mehta, 'Circumcision, Body, Masculinity: The Ritual Wound and Collective Violence', in *Violence and Subjectivity*, ed. by Veena Das, Arthur Kleinman, Mamphela Ramphele and Pamela Reynolds (Berkeley: University of California, 2000), pp. 79-101 (pp. 80-81).

173 Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. by Alan M. Sheridan (London: Routledge, 1989, p. 31.

174 Ibid., p. 31.

> Everyone without exception had to be transported to the fires immediately upon death. It was the only way they knew how to prevent communication. Only flames could destroy the bacteria that caused the plague. He knew that. He knew it was the law.[175]

Exposing how public health requires *every* single citizen to enact, at his own individual level, the discourse it imposes on all, Neville's genocidal practices therefore participate in the maintenance of the law (despite its vacuity in the absence of any real danger to the 'population') and the power dynamic it symbolises.

Indeed, as Marcel F. Verweij and Angus Dawson argue, to label an event a public health issue implies 'that it concerns us all'.[176] It presupposes a 'for us all' and 'by us all' distributional system in which all individuals are made both subject and object of the State's action. The recourse to a supra-individual discursive entity guarantees this diffusion and ensures the internalisation by all parts of society of the State's own interest-driven epistemology. Under the guise of legitimacy, the violence unleashed through sacrifice ultimately operates as a reinforcement of the status quo structures of power. It sacrifices the living not in the name of life but for itself, 'in its own favour'.[177] As indicated when, after Neville is 'forced' to put his own dog to death following infection, he devises a plan drawing the vampires to the pier in an attempt to kill as many of them as he can, the violence of public health is, like all violence, closely tied in with revenge.[178] However, caught up as it is within the circular economy of violence,[179] this mode of violence requires the introduction of a diffusing element if it wants to negate the possibility of its own return. The primary purpose of sacrifice is precisely to allow the enactment of a retributive form of violence without imposing

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175 Matheson, p. 62.

176 Marcel F. Verweij and Angus Dawson, 'The Meaning of "Public" in "Public Health"', in *Ethics, Prevention, and Public Health*, ed. by Angus Dawson and Marcel F. Verweij (Oxford: Clarendon, 2007), pp. 15-38 (p. 19).

177 Derrida, 'Force of Law', 1027.

178 *I Am Legend*. A similar thought occurs to Matheson's protagonist when, thinking the vampires may have found the location of his wife's tomb, he promises to himself that 'if they've been at her, I'll burn down the city […] I swear to God, I'll burn it to the ground if they've touched her'. Matheson, p. 25.

179 The destruction of Neville's house, in this example, comes as an aftermath to the pier incident. *I Am Legend*.

further vengeance in return. It rationalises revenge by 'limiting and isolating its effects in accordance with social demands'.[180] Because it purports to enact violence in the name of an entity outside itself, the institution of the 'public' can put an end to violence, contain its retributive logic and maintain the social order while simultaneously erasing the normative impact of its own action.

Through the indistinction it sets up between legality and illegality, the violence of public health found a means to build its own structure of power as it simultaneously enforces it.[181] The self-justified and justifying logic underlying Neville's violence after all does not serve the interests of a collective wellbeing, Neville being the alleged sole survivor of the virus. Its function is thus only to maintain the institutional framework that is its basis. A mythological mode of violence,[182] its objective is purely self-referential. Neither legal nor illegal,[183] it creates the possibilities of legality and marks the appropriation of violence by a privileged subject, Neville or the State, who through this act constructs itself as sole rightful agent of violence. Appropriating the structures of legal punishment—as Walter Benjamin argues, it is 'in the exercise of violence over life and death, more than in any other legal act' that the law finds a means to reaffirm itself[184]—the violence of public health therefore constitutes and confirms its own authority over life. Like Neville's quest for a vaccine, quest whose function is itself rendered moot by his own assertion that 'there's no survivors',[185] public health measures are to be primarily read as the self-legitimised actions of an egocentric entity whose own survival is at stake, exposing the egocentric dimension of the State, an entity whose existence is 'only for itself and in relation to itself, whatever obedience it may

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180 Girard, p. 22.

181 This reading of public health violence is rooted in Derrida's reading of legal violence. Derrida, 'Force of Law', 981-987.

182 Ibid., 1027.

183 Ibid., 927.

184 Walter Benjamin, 'Critique of Violence', in *Selected Writings*, Volume 1, 1913-1926, ed. by Marcus Bullock and Michael W. Jennings (Cambridge: Belknap of Harvard University Press, 2002), pp. 236-252 (p. 241).

185 Vaccines are pre-emptive measures aimed at providing immunity. In the alleged absence of any uninfected survivor, it would thus be utterly useless. *I Am Legend*.

owe to other systems like nature or God'.[186] Finding in violence a means to re-ascertain its own monopoly over the legal structures giving violence its meaning,[187] public health re-iterates its own foundations in every instance of decision, passing through, re-enacting and re-enforcing its own origins in every violent act it enforces.[188] In co-opting the tautological and hermeneutic structure of the law,[189] public health is therefore able to posit as legal the practices it itself declares as such, making and becoming in the process its 'own ethic'.[190]

3.5 Conclusion

In contagion and the paradigm shift it brings about, the State finds a context for the totalised distribution of what Foucault coined its 'biopower', that is, the 'subjugation of bodies and the control of populations'.[191] By 'invoking the precariousness of the imagined community',[192] it finds its own necessity re-ascertained and its power over life re-affirmed. Through the generalisation of the politics of risk it promotes, it is allowed to spread and distribute its own power at all levels of society, fragmenting all public spaces while paradoxically re-making all private spaces public and thus rendering its own presence ubiquitous and reinforcing the necessity of its authority. In the onto-theology of security epidemics invariably implement, the State apparatus of public health is provided an opportunity to reify itself around an 'a priori argument that proves the existence and necessity of only one form of security because there currently happens to be a widespread, metaphysical belief in it'.[193] Instigating a generalised state

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186 Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège De France, 1978-1979*, ed. by Michel Senellart, trans. by Graham Burchell (Basingstoke: Palgrave Macmillan, 2010), pp. 4-5.

187 As Benjamin explains, violence is not only fundamental to law, to the act of legal decision, but foundational, that is, violence 'is the original of law', its initial moment. Benjamin, p. 242.

188 The fact that both law and public health always require enforcing indicates that in their power of decision, they always violently impose their vision, their rule or ruling, thus exposing their status as 'authorized force, a force that justifies itself or is justified in applying itself'. Derrida, 'Force of Law', 925.

189 Ibid., 995.

190 Matheson, p. 50.

191 Michel Foucault, *The History of Sexuality. Volume 1: An Introductio*n, trans. by Robert Hurley (New York: Vintage, 1990), p. 140.

192 Wald, pp. 58-59.

193 James Der Derian, 'The Value of Security: Hobbes, Marx, Nietzsche, and Baudrillard', in *The Political Subject of Violence*, ed. by David Campbell and Michael Dillon (Manchester: Manchester University Press, 1993), pp. 94-113 (p. 95).

of exception—or as Neville claims, the idea that 'there's no safe zones'[194]—in which all laws are temporarily suspended, it effectively silences all possible judgement as to its own action by positioning itself as the sole authority over its own practices.[195] Invested as it is by the legal authority of the State as law, public health finds in the suspended temporality of the epidemic event the site of a pure and unmediated sovereignty, a zone of indistinction where the sovereign's word marks and makes the law.[196] Suspending all definitions and unfolding a space of ambiguity in which all reiterations re-enact their own origins and in which the tautological circularity of the discourse of public health becomes rule, the epidemic event marks the culmination of the distribution of the State's biopower.

By identifying in Neville's violence an equivalent to the 'unnecessary violence and seeming relish' of the infected vampires, 'these brutal strangers',[197] Matheson's novel and its subsequent adaptations open up a space of confrontation in which the justifiable basis of Neville's action can be re-assessed and in which their foundational lack can be exposed. Yet, apart from Matheson's original text and the director's cut of *I Am Legend*, the endings of all three other adaptations all also re-affirm in their own way the legitimacy of Neville's quest. Indeed, in both *The Last Man on Earth*, *The Omega Man* and the theatrical cut of *I Am Legend*, Neville's ultimate sacrifice is tied to the provision of a cure and the confirmation of a potential future for the human collective in the name of which violence was and will continue to be unleashed. While they appear to 'give voice to practices and techniques of resistance against the dehumanising incursion of the virus/code that must themselves be resisted due to their political and ideological regressiveness',[198] these texts therefore all ultimately fail to provide the contagious being with a space and voice of his own. Pitting the violence

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194 *I Am Legend*.

195 As George J. Annas reminds us, 'it is, after all, medical practitioners who have the primary right and obligation to define the standards of their profession'. George J. Annas, 'Legal Risks and Responsibilities of Physicians in the AIDS Epidemic', *Hastings Center Report* (April/May, 1988), 26-32 (p. 26).

196 Agamben, p. 47.

197 Matheson, p. 149.

198 Stephen Dougherty, 'The Biopolitics of the Killer Virus Novel', *Cultural Critique* 48 (Spring 2001), 1-29 (p. 5).

of the State against that of the infected, the contagion narrative appears to suggest their interchangeability only to better re-establish their fundamental difference and re-ascertain the dominance of the rational medico-legal discourse of public health. In this sense, they all participate in a broader movement within the horror genre aimed at re-confirming the status quo through its suspension and at legitimising the structures in place by, for a short period of time only, withholding their power.

By embracing the epistemological structures of public health and their reliance on the rhetoric of war, the contagion narrative stages its internal conflict not only as a fight between health and illness, between survivors and infected creatures, but between the power of public health and the violence of contagion.[199] Through this illusionary distinction, it provides a space in which public health can 'create the truth conditions of its own speech' and allow the dispersion of the law and its realisation 'in the body of the subject'.[200] It grants it a platform through which public health can reiterate the naturalised investment of specific actors with an arbitrary form of power legitimised by its own institutional and cultural positioning and provides these privileged agents with a sense of sacred duty and responsibility which does not ever account for the voice of those it affects. Effectively legitimising their actions, no matter how violent, the recourse to a sacrificial form of violence in public health rhetoric therefore operates as a self-legitimising exercise whose first effect is to enforce the establishment of public health and the State apparatus supporting it as guarantor of life in 'all' its forms while simultaneously dissimulating the lack at the core of its authoritative foundations as well as the inherently violent dimension of the measures it mobilises.[201] Presenting disease as a threat to life itself, the contagion narrative provides justification for the constitution of the biopolitics of death deployed against its protagonist as well as for the thanatopolitics of life that comes to sustain its legitimisation, thus materialising

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199 The distinction between power and violence draws from Paul W. Kahn's claim that violence 'becomes power when it is perceived within a structure of legitimation'. Paul W. Kahn, *Sacred Violence: Torture, Terror, and Sovereignty* (Ann Arbor: University of Michigan, 2008), p. 24.

200 Ibid., p. 30.

201 As James Allison explains, one of the most critical 'effects of the violent sacred around the sacrificial centre is to make those present feel justified'. James Alison, *On Being Liked* (New York: Crossroad, 2003), p. 5.

Foucault's political dream of the plague, a dream in which the epidemic unfolds as the moment 'when political power is exercised to the full',[202] when life becomes the space of its distribution and death the proof of its authority.

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202 Foucault, *Abnormal*, p. 47.

4.0 Being Normal, Being Sick: The Monstrous and Pathological Perversity of Infection in Syfy's *Being Human*

During the first episode of the American television series *Being Human*, Josh the werewolf and Aidan the vampire take a short break from their daily work at the hospital to discuss their intention of moving in together. As Josh explains, the issue here is not simply finding a space where they can live together; it is about 'being normal':

> I used to think this curse was what happened to me once a month. And I realized this– this– this is the curse: every day sitting on a bench, watching people walk by, eating sandwiches, making plans, *being what I used to be*. I always tell myself: 'well Josh, this is what you get. This is *what you deserve*. This is *what you are*. Now'. I can't do this, like this anymore.[1]

If the management of contagion implies a distribution of medical knowledge to all strata of society as well as its enforced internalisation,[2] Josh's conclusion marks the culmination of this distributive process. It signals absolute and complete assimilation and a giving away of the self to the discourse of health. Focusing on the effects of contagion, understood through the lens of medical knowledge and the discourse of public health, on the contagious being himself, this chapter explores the relationship that contagion entertains with identity.

As Josh's monologue signals, the process of contagion is not a purely spatial or corpogeographic one. Though its biological definition would tend to reduce it to the transmission of information between two bodies, it also implies a fundamental identificatory and ontological shift from health to illness, from normality to abnormality. To use Josh's terminology, it is characterised by a temporal distinction between 'being

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1 'There Goes the Neighborhood Part One', *Being Human*. Season 1, episode 1 (Syfy, 17 January 2011), my emphasis.

2 Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. by Alan M. Sheridan (London: Routledge, 1989, p. 31.

what I used to be' and being 'what you are'.[3] It is defined as a transformative process bounded by two distinct and stable states. Focusing on *Being Human*, this chapter exposes how the generalised adoption of the germ theory of disease, by enforcing a depiction of 'communicable disease as fundamentally transformative'[4] within a cultural framework that invariably processes the space of the body as a singular site of occupation, has led both medical and popular discourses to conceptualise infection as a form of biographical rupture and to portray those infected as 'no longer the people they used to be'.[5] With the introduction of disease, the subject indeed finds himself forced to re-articulate his identity in order to assimilate his new contagious status. If the first two chapters adopted an etic approach focused primarily on contagion's spatial and legal appraisal, this third chapter addresses the ways in which the emic point of view adopted by *Being Human* allows us to explore the effects and impact that our cultural appraisal of contagion has had on the contagious identity itself or on illness understood as a congregate of experience.

Focusing on the construction of contagion as a temporal event, this chapter not only examines how the (mainly uncritical) acceptance of the germ theory model of disease has forced the contagious subject to internalise the biomedical discourse of public health and to construct his experience of illness around the violent identificatory shift contagion has been made to symbolise; it also exposes how this new identity itself operates as a means of containment and control by inscribing the actions of its subject within the heavily normative framework of morality. If Kirkman's series and Matheson's novel both already showed concerns with notions of abnormality and monstrosity, no contemporary text has been so emphatically preoccupied with these concepts than *Being Human*. Offering the story of Josh and Aidan and their desperate attempt to become human once again, the series continuously returns to issues of normality and

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3 Already here, the sense of alienation which will become so central to the experience of illness throughout this chapter is hinted at by the distinction Josh himself posits between a past 'I' and a present 'you'. *Being Human* 1.1.

4 Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham: Duke University Press, 2008), p. 49.

5 Gill Green and Elisa Janine Sobo, *The Endangered Self: Managing the Social Risk of HIV* (London: Routledge, 2000), p. 23.

pathology to the point it quickly comes to equate the ontology underlying its own title with the notion of 'being normal'; humanity and normality converging towards one and the same essence. Respectively infected by Ray during a camping trip in the woods and Bishop during the American War of Independence, Josh and Aidan are now living semi-normal lives in Boston, Massachusetts, working at one of the local hospitals and trying as best as they can to contain their own impulses, their true 'nature'. Offering a plurality of perspectives that all focus, in one way or another, on the ontological definition of the contagious monster and on controlling the danger implicit in its being, *Being Human* exposes how the contagious subject evolves and operates within the framework created for him by the discourses of medicine and public health and how this framework shapes and informs his conception of himself and his position in the world.[6]

Centred on Aidan and Josh's story, this chapter analyses how, by articulating disease as a disruptive force whose introduction imposes a re-thinking of the self, the dominant Western conceptualisations of health and illness have articulated the contagious subject as an ambiguous source of agency, trapped as he is between the normative structures of medicine and his own newly-acquired difference. As the previous chapter identified, the relationship that the germ theory of disease imposes upon organism and host after contraction leads to a re-positioning of the contagious being in a problematic limbic realm between erasure and alliance. Josh's self-professed recognition of guilt and the link it establishes between responsibility and ontology participate in a broader movement that conceives of illness not only as an ontological shift but one brought about as a result of the sick individual's own behaviour and, in particular, his 'perverted' sexual habits. Exposing the relationship that the popular contagion narrative establishes between vampire, werewolf and queer and often forbidden modes of sexualities, this chapter reveals how the inscription of infection within the heavily normative framework

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6 Though this chapter focuses solely on *Being Human* on account of the explicit emphasis it puts on notions of normality, the readings it proposes can be similarly applied to other recent and older texts offering emic perspectives on the figures, be they George Waggner's 1941 *The Wolf Man*, Anne Rice's 1976 *Interview with the Vampire*, Joe Dante's 1981 *The Howling* or more recent incarnations such as Kelley Armstrong's 2001 *Bitten* and its televisual adaptation, John Fawcett's 2000 *Ginger Snaps* and its two sequels or MTV's re-imagining of the 1985 comedy *Teen Wolf*.

of morality allows the retroactive establishment of a form of continuity between past and present by projecting upon the infected subject an *a posteriori* form of guilt that identifies him as having always already been other.[7] Confronted with an event whose primary effect is the destabilisation of the structures of order inherent in culture, the narrative of contagion has found in a rationale of causality—'you are' what 'you deserve'—a form of prophylactic response to contagion. Focusing on the ties *Being Human* weaves between perversion and contagion, this chapter highlights how the construction of contagion as an abnormal disruption of dominant gender identification and heteronormative sexuality allows public health to re-frame infection as the result of the individual's fall from grace, a logical conclusion to his always already abnormal behaviour, while simultaneously normalising the role and position of the norm as the only effective curative and preventive measure able to restore the contagious monster back to health.

4.1 'It's a long story': Identity and Contaminated Narratives

Shortly after moving into their new house in episode one, Josh and Aidan find themselves confronted with the previous inhabitant, Sally the ghost, who, thanks to their current condition, they can both see. Ecstatic at the prospect of finally being able to talk to someone, Sally casually reveals that she in fact 'know[s] what [they] are'.[8] Surprised, Josh asks her how she found out, to which Sally derisively answers that 'that's all you guys talk about. "I wanna be normal, but I can't, because I want to eat people, etc."'.[9] In

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7 Numerous scholarly texts have explored this relation. See for example, Nina Auerbach, *Our Vampires, Ourselves* (Chicago: University of Chicago, 1995); Ellis Hanson, 'Undead', in *Inside/out: Lesbian Theories, Gay Theories*, ed. by Diana Fuss (New York: Routledge, 1991), pp. 324-340; Carlen Lavigne, 'Sex, Blood and (Un)Death: The Queer Vampire and HIV', *Journal of Dracula Studies* 6.4 (2004) <http://kutztownenglish.file.wordpress.com/2015/09/jds_v6_2004_lavigne.pdf>, [Accessed 09 September 2016]; Nicola Nixon, 'When Hollywood Sucks, Or, Hungry Girls, Lost Boys, and Vampirism in the Age of Reagan', in *Blood Read: The Vampire as Metaphor in Contemporary Culture*, ed. by Joan Gordon and Veronica Hollinger (Philadelphia: University of Pennsylvania, 1997), pp. 115-128; Chantal Bourgault Du Coudray, *The Curse of the Werewolf: Fantasy, Horror and the Beast Within* (London: I. B. Tauris, 2006); Phillip A. Bernhardt-House, 'The Werewolf as Queer, the Queer as Werewolf, and Queer Werewolves', in *Queering the Non/Human*, ed. by Noreen Giffney and Myra J. Hird (Aldershot: Ashgate, 2008), pp. 159-183; and Caroline Walker Bynum, 'Metamorphosis, or Gerald and the Werewolf', *Speculum* 73.4 (October, 1998), 987-1013.

8 *Being Human* 1.1.

9 Ibid.

this short exchange, the series sets up the bases for what quickly becomes the dominant themes of its four seasons: identity, normality and control. Where the previous chapters predominantly focused on the notion of subjectivity, a concept denoting a form of discursive and cultural positionality, this third chapter explores the impact of contagion on identity, a term often understood as synonymous with subjectivity, but whose referent is more directly tied to the product of a certain set of discourses.

Identity emerges at the intersection of a nexus of narratives—some of which iterated by the subject himself—whose collision provides an impression of singularity and stability, a finalised and coherent story of self. It is defined by 'commitments and identifications' and is the result of an alignment through which the subject is allowed to position himself in relation to others.[10] It provides him with a 'frame or horizon within which [he] can try to determine from case to case what is good, or valuable, or what ought to be done, or what [he] endorse[s] or oppose[s]'.[11] Identity is the referential frame that locates both Josh and Aidan in relation to 'normality'; it is what allows them to apprehend the world according to a set of judgments and values attached to their allegiance to this or that identificatory site. Rooted in the Latin *idem*, or 'sameness',[12] it implies stability, that is, a certain fixity assessed in geographical, discursive and temporal terms. As Paul Ricoeur explains, it 'unfolds an entire hierarchy of significations' among which 'permanence in time constitutes the highest order'.[13] Relying on a sense of sameness 'over time and for all time', a confidence 'in some minimal degree of self-continuity' that allows the subject to position himself within and in relation to the world,[14] identity is not an essential notion. Its creation and maintenance is product of a certain discursive reiteration whose function is to locate the subject in relation to others and in relation to

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10 Charles Taylor, *Sources of the Self: The Making of the Modern Identity* (Cambridge: Cambridge University Press, 1989), p. 27.

11 Ibid., p. 27.

12 Though Ricoeur himself posits an alternative definition of identity anchored in the more fluid ipse, its use here will be restricted to the more commonly-accepted definition of the term as 'the quality or condition of being the same in substance, composition, nature, properties, or in particular qualities under consideration'. 'Identity, n.', *OED Online* (Oxford University Press, March 2016), <http://www.oed.com/view/Entry/91004>, [Accessed 23 May 2016] and Paul Ricoeur, *Oneself as Another*, trans. by Kathleen Blamey (Chicago: University of Chicago, 1992), p. 2.

13 Ricoeur, p. 2.

14 Anthony Elliott, *Concepts of the Self*, 2nd edn (Cambridge: Polity, 2008), p. 15.

himself. It is the product of a language whose ability to repeat and re-iterate allows the emergence of the possibility of affirmation of an 'I', the voicing of a singular entity that is the same today as it was yesterday. In a move parallel to that through which the object is itself constituted—'it is through nomination that man makes objects subsist with a certain consistence […] the word, the word which names, is the identical [...] the name is the time of the object'[15]—the subject constructs his identity by re-narrating his own story in a continuous attempt to (re-)anchor himself within a collective discourse and to give himself a sense of continuity over time. From this stable position, the subject can then begin to process the world around him, that is, to 'define who [he is] by defining where [he] speak[s] from',[16] or, more accurately, what language he adopts as his own.

Circumscribed as it is by this framework, the intrusion of disease and the change it triggers can therefore but become the source of intense identificatory anxieties and the root of a fundamental identity crisis. The second episode of *Being Human* opens on the instant following both Josh and Aidan's transformation. To images of Josh and Aidan respectively waking up in the forest, naked and covered in blood or afraid and disoriented in a pile of dead soldiers in eighteenth-century America, the series superimposes a monologue in which Sally explains that it in moments of great transition where the subject finds himself locked 'in an eternal nowhere, between human and thing', essential yet unanswerable questions arise: 'what am I now? Where do I go from here?'[17] A disruption of the identical economy of the body, the introduction of contagion forces the subject to adapt his own narrative around this new information. It fractures the sense of continuity and purity inherent to the self, triggering a 'biographical shift from a perceived normal trajectory through relatively predictable chronological steps, to one fundamentally abnormal and inwardly damaging'.[18] Confronting the subject with

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15 Jacques Lacan, *The Seminars of Jacques Lacan, Book II: The Ego in Freud's Theory and in the Technique of Psychoanalysis, 1954-1955*, ed. by Jacques-Alain Miller, trans. by Sylvana Tomaselli (Cambridge: Cambridge University Press, 1988), pp. 169, 170.

16 Taylor, p. 35.

17 'There Goes the Neighborhood Part Two', *Being Human*. Season 1, episode 2, (Syfy, 24 January 2011). The notion of loss is already played out in the previous episode when Bishop, Aidan's maker, tells his protégé he believes him 'lost. I think if you're not careful, you might never find your way back'. *Being Human* 1.1.

18 Michael Bury, 'Chronic Illness as Biographical Disruption', *Sociology of Health and Illness* 4.2 (July 1982), 167-182 (p.171).

'a future that differed from the future he had previously anticipated',[19] disease throws him into a new network of significations within which he has to 'find himself' all over again.

If identity unfolds as a 'symbolic project',[20] illness marks a form of symbolic crisis, that is, a crisis 'in the name and in the morphological stability that the name is said to confer'.[21] As Josh explains, 'the wolf doesn't just change you physically. It changes who you are'.[22] Illness touches the subject in his ontology and modifies precisely that which should remain unchanged. Shattering the subject's sense of identity by introducing difference within sameness, it forces him to reconstruct his self from the ground up, to rebuild a new identity around his new status as contagious. Breaking the linearity of the self, contagion constitutes 'a structuring element' whose primary effect is to challenge the subject's 'ongoing narrative, an individual's particular trajectory of health and sickness, recovery and death'.[23] As the examples of Josh and Aidan show, the diagnosis, marked as it is by the recognition of the symptoms as signs of the disease, confronts the subject with and forces him to account for a new and differential element, ultimately triggering precisely the kind of becoming which the self cannot abide; a becoming Other.

When Josh attempts to explain his own situation to his sister and to justify his initial reaction—he ran away from his family, his studies and his fiancée—he tells her that 'something happened to me […] my life is different now. I'm different'.[24] Despite Aidan's claim that human and monster 'walk the *same* streets. We wear the *same* clothes. You take a breath and there we are, gulping the *same* air',[25] the economy set up by the discourse of public health and reiterated here by the series clearly establishes

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19 Lisa Baumgartner and David N. Keegan, 'Accepting Being Poz: The Incorporation of the HIV Identity Into the Self', *Qualitative Health Research* 19.12 (2009), 1730-1743 (p. 1737)

20 Elliot, p. 9.

21 Judith Butler, *Bodies That Matter: On the Discursive Limits of 'Sex'* (New York: Routledge, 1993), p. 138.

22 'Rewind, Rewind...', *Being Human*. Season 4, episode 8 (Syfy, 3 March 2014).

23 Charles E. Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge: Cambridge University Press, 1992), p. 313.

24 *Being Human* 1.2.

25 'It Takes Two to Make a Thing Go Wrong', *Being Human*. Season 1, episode 6 (Syfy, 21 February 2011), my emphasis.

a fundamental schism between health and illness. Once infected, the subject is forever transformed at an ontological level. When Josh finds himself 'forced' to invite his sister to stay at his and Aidan's place for a few months, his reaction is to remind himself that 'we were humans once, we can do this'.[26] Similarly, when Aidan attempts to quiet down Rebecca, a woman whose present condition results from his own inability to control his impulses, he emphasises how, when confronted with the disease, 'you have to remember who you were'.[27] As this reiterated emphasis on linearity paradoxically exposes, the intrusion of the disease enacts a drastic pull away from sameness and towards difference, a biographical shift away from the familiar self and towards something unknown, inviting the subject to remember precisely that which he is no more.[28]

As Aidan and Josh's comments already signal, the self has predominantly been understood within Western culture as a construction 'that the individual actively and creatively forges'.[29] The two men's respective emphasis on an 'I' whose role it is to remember the self—to literally re-call it to mind, to re-iterate it in memory—projects an impression that the subject constructs his own self in isolation from others. However, this reading overlooks the fundamental role played by the collective in its constitution. In season four, Aidan sires Kenny, a young man whose disease had until now forced to live in a glass cage inside the hospital. Following a blood contamination, Kenny ends up heavily disfigured. In episode three, he finally discloses his true appearance to Aidan and, in answer to the latter's incomprehension, explains that 'I can't control what I look like. I can control what people see. I can compel vampires'.[30] Opposing Nora's earlier assertion that 'we choose what we are' and that one 'can't be corrupted unless you wanna be corrupted',[31] Kenny's confession reveals the essential role played by others

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26 *Being Human* 1.6.

27 *Being Human* 1.2.

28 This relation between renegotiation and uncertainty is confirmed by Green and Sobo when they argue that the intrusion of disease 'involves major biography-altering facts, altered relationships, and a changed vision of the future, and the unpredictability inherent in this process ensures that uncertainty is a key aspect in the disruptive experience'. Green and Sobo, p. 71.

29 Elliott, p. 9.

30 'Compelling' refers to a vampire's ability to manipulate other people's thoughts and impressions. 'Lil' Smokie', *Being Human*. Season 4, episode 3 (Syfy, 27 January 2014).

31 Ibid..

in the subject's conception of his own sense of self. Outside of the significations given to this or that feature by a culture, the self is essentially empty. As Kenny explains to Aidan, 'if it's not real, what's the point?'[32] Apprehended in isolation, the self is but a fictional construct whose reality comes as a result of its appraisal by the collective.

Creation of a subject whose foundations are always already social, the self therefore asks to be understood not simply as an isolated relation between subject and self but rather as a public extension of this subject in a continuous relationship with the culture through which it emerges and in which it navigates. It is not the result of a solipsistic activity but rather the reified presence of 'a particular object within the experience of the subject'[33] whose objectal nature invariably entails a form of externality. It is the product of a process through which 'the person who speaks, whether he appears in the sentence as the subject of the verb or as qualifying it, in either case asserts himself as an object involved in a relationship of some sort'.[34] To be enselved involves the inscription of the self within a broader nexus of discourses and relations, a wide web of interwoven and co-constitutive narratives; one self 'among other selves'.[35]

Similarly product of a discursive nexus, contagion forces an overall re-articulation of the subject's relation to the world, a shift in agency that sees the subject's identity essentially robbed of all power over his self. Indeed, if the intrusion of illness demands 'a reinterpretation of recent life history',[36] by shifting the position of the subject in the referential framework through which this history is itself apprehended, it also removes the subject from this re-interpretative process. Josh's confession to his sister that 'something happened *to* [him]',[37] like the voice over opening the series—'what if some cruel twist of fate *makes you* something else, something other'[38]—both emphasise actions whose roots are somewhere beyond the reach of the subject. As demonstrated in chapter two, the intrusion of contagion within a framework that can only account for a

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32 *Being Human* 4.3.
33 Lacan, *The Seminars, Book II*, p. 44.
34 Jacques Lacan, 'Some Reflections on the Ego', *The International Journal of Psycho-Analysis* 34.1 (1953), 11-17 (p. 11).
35 Taylor, p. 35.
36 Jackie Stacey, *Teratologies: A Cultural Study of Cancer* (London: Routledge, 1997), p. 101.
37 *Being Human* 1.2, my emphasis.
38 *Being Human* 1.1, my emphasis.

self-enclosed and singular subject invariably triggers a fundamental loss of sovereignty, a giving away to the disease. However, the understanding of dispossession promoted here by *Being Human* exposes a more social shift in which the move to illness is felt by the subject as a fundamental loss of control over the privileged object that was until then his self. When Josh confesses to Sally that he was once engaged before his infection, his excuse for leaving his fiancée relies precisely on a form of agentic loss. As he explains, 'what would I say? I'm… what? It's a miracle I got her to love me once'.[39] Exposing an inability to control the outcome of his transformation, that is, the perception his own fiancée might have of him, this short exchange reveals how little power the contagious being has over his own identity.

In episode four, during an evening out before the full moon, Josh notices how the young waitress repeatedly eyes Ray, the middle-aged, shabby man who infected him. When he confronts him, Ray explains that 'women love the wolf'.[40] If the distinction between wolf and man is not essential to Ray—when Josh asks him whether this is 'the wolf or is that you?' he simply answers 'does it matter?'[41]—it becomes, for Josh, a central epistemological and ontological anchor. Beyond articulating the 'alienation from the world' Frederik Jacobus Johannes Buytendijk posits as the core feature of illness,[42] the distance expressed in Josh's question marks a more profound sense of dispossession, a rupture in the privileged relation the subject entertains with his own self. To be ill implies a giving away to others; it signals a violent de-centralisation and re-distribution of the subject's identity to the point it itself becomes othered.

Josh's own refusal to recognise the wolf, that which Ray argues 'is you, and you are the wolf',[43] operates precisely on the basis of this dispossession. Though it partially stems from a perceived ontological schism, his rejection of the wolf—when Ray accuses him of 'talking about the wolf like it's some kind of monster in a fairy tale, like it's not

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39 *Being Human* 1.2.

40 'Wouldn't It Be Nice (If We Were Human)', *Being Human*. Season 1, episode 4 (Syfy, 7 February 2011).

41 Ibid.

42 Frederik Jacobus Johannes Buytendijk, *Prolegomena to an Anthropological Physiology* (Pittsburgh: Duquesne University Press; Distributed by Humanities, 1974), p. 62.

43 'The End of the World as We Knew It', *Being Human*. Season 1, episode 5 (Syfy, February 14, 2011).

you', he replies that 'it isn't me! It's an infection, a disease'[44]—does not solely result from misrecognition. Its roots lay instead in the felt dispossession it signals, the giving away of the self to a power outside the subject. It signals the erection by the subject of a defence mechanism aimed at distancing himself from this element whose primary effect is to rob him of his control over who he is and who he can be perceived to be. Confronted with an event that opens him up to the world and therefore re-makes him into a passive object for others to shape, illness leaves the contagious subject entirely defenceless against social perception. Foregrounding the inherently social dimension of the self and its intrinsic vulnerability to others, illness unfolds primarily as a shift, an ontological re-positioning product not of the self but of others. Through contraction, the subject suddenly sees his foundations relocated outside of himself, his being re-drawn only as 'a pure reference to the Other'.[45] Forced to admit his own objectal nature, the subject has little choice but to attempt to once again differentiate himself from the source of his objectification. Yet, it is precisely by distancing himself from his new contagious identity that he invariably finds himself alienated from himself.[46] Caught between alienation and objectification, the subject is left with what Sally coins in her opening monologue 'the most important choice' of all; 'do you accept what you are, or do you refuse?'[47]

4.2 Being Name(d), Becoming Monster

How one copes with the identificatory shift disease brings about is at the centre of *Being Human*. Yet, as Sander L. Gilman argues, this question is one we are all, to a greater or lesser extent, subjected to throughout our lives: 'all of us, past, present, and future, men and women, poor and rich, black and white, spend a great deal of our psychic energy constantly defining and redefining who we are'.[48] If disease implies transformation, it also would appear to entail much more than that. Lisa Baumgartner and David N.

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44 *Being Human* 1.5.

45 Jean-Paul Sartre, *Being and Nothingness: An Essay on Phenomenological Ontology*, trans. by Hazel E. Barnes (London: Routledge, 2003), p. 284.

46 Green and Sobo, p. 69.

47 *Being Human* 1.2.

48 Sander L. Gilman, *Inscribing the Other* (Lincoln: University of Nebraska, 1991), p. 1.

Keegan divide the models of illness available in the Western world in two distinct categories: on the one hand, the identity change model, perceiving the emergence of illness through the notions of status passage; on the other, the negation model, which 'is used to show the effect of such illnesses on the self and the struggle to be normal' in an economy in which a return to the norm is a predominant preoccupation.[49] If this reading in many ways appears to echo Sally's 'most important choice',[50] the dynamic it opposes is in fact more problematic than the 'simple' duality suggested by her opening monologue.

As the mobilisation of 'choice' confirms, contagion seems, when apprehended as an emic phenomenon, to revolve around questions of agency. It focuses on how the subject appraises his new situation in light of both previous expectations and future relations. When Ray finally reveals to Josh that he is responsible for his current condition, he frames their respective transformations as a gift: 'the wolf is a gift, Josh […] we're faster, we're stronger than any human […] we're more alive, Josh. We're the best of human and animal'.[51] To Ray's positive reading, Josh opposes his own, defining the disease not as a gift but 'a curse'.[52] For him, the wolf signals a form of barrier separating him from the world, leaving him on the sideline watching other people live their 'normal' lives, that which he precisely can no longer do. The dual structure set up here by Josh and Ray operates along the logic developed by George Canguilhem in his reading of the abnormal as a simultaneously quantitative and qualitative notion.[53] Indeed, in his defence of the wolf as gift, Ray uses numerous superlatives to describe both his and Josh's newly gained abilities. Earlier in the same episode, Bishop mobilises a similar rationale in his description of the vampires: 'we live forever. Humans don't. Do the *math*. It's *evolution*'.[54] Both vampire and werewolf are

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49 Baumgartner and Keegan, 1731.

50 *Being Human* 1.2.

51 *Being Human* 1.5.

52 Ibid. The vampire's condition is similarly posited by the series as both 'gift' and 'curse' depending on the approach adopted. See Bishop's argument that 'it is a gift, you do understand?' in 'You're the One I Haunt', *Being Human*. Season 1, episode 12 (Syfy, 4 April 2011).

53 Georges Canguilhem, *The Normal and the Pathological*, trans. by Carolyn R. Fawcett and Robert S. Cohen (New York: Zone, 1989).

54 *Being Human* 1.5, my emphasis.

here perceived as quantitative improvements on their human counterpart. To become sick, for Ray and Bishop, does not simply imply the intrusion of difference within sameness but a moment of unbalance, the leaning of the subject towards either hypo- or hyper-valuation. Ray and Bishop's interpretation of vampirism and lycanthropy as improvement therefore conforms to a reading of illness that apprehends ill health as a variation on the homeostatic natural order of the body or the idea that 'ill health arises when the balance is disturbed'.[55] This articulation posits health and illness as a set of positions located on a single spectrum, differing only by degree. Seen as a deviation from the norm by way of either shortcoming or excess, the sick individual is here perceived as a mode of being human *plus* or *minus*, where illness is apprehended not necessarily as an abnormal state of being but rather as an anomaly.[56]

The idea of a 'better monster' here suggests a potential reading of the sick individual in quantitative terms, where illness may be apprehended as an anomalous state of being positioned along a rhizomatic structure of health.[57] Progressive as this interpreation may be—and I shall return to it in the next chapter—*Being Human* more closely follows the path traced by the contagion narrative in general, one which tends to apprehend illness in qualitative terms and through the prism of the negation model. Indeed, throughout the course of the narrative, Ray and Bishop, the two main advocates of the quantitative model, are not only continuously opposed in their approach—as Josh tells Ray at the end of episode five, 'I'm not like you, Ray'[58]—they are ultimately silenced when both characters are killed by those they themselves infected.[59] This violent rejection also underlies Connor and Brynn's representation, two purebred

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55 Mildred Blaxter, *Health*, 2nd edn (Cambridge: Polity, 2010), p. 7.

56 Though abnormality and anomaly have tended to be more or less perceived by popular discourse as synonyms, the two terms are etymologically distinct: 'in a strictly semantic sense "anomaly" points to a fact, and is a descriptive term, while "abnormal" implies reference to a value and is an evaluative, normative term'. Canguilhem, p. 132.

57 This notion derives from Gilles Deleuze and Félix Guattari's reading of the anomalous in Gilles Deleuze and Félix Guattari, *A Thousand Plateaus: Capitalism and Schizophrenia*, trans. by Brian Massumi (Minneapolis: University of Minnesota, 1987), p. 239.

58 *Being Human* 1.5.

59 Bishop is killed by Aidan himself in the final episode of season one Ray is in fact killed twice, first murdered by Josh in season three and by Aidan in an alternative timeline later in season four. 'Always a Bridesmaid, Never Alive', *Being Human*. Season 3, episode 12 (Syfy, 1 April 2013); and 'Too Far, Fast Forward!', *Being Human*. Season 4, episode 9 (Syfy, 10 March 2014).

werewolves Josh meets in episode four. When Josh learns that the siblings' interest in his experiments stem not from finding a cure to their lycanthropy but from their humanity—as Brynn explains to him 'everything's that's special, everything that I love about me, I have to push down' in order to pass as human[60]—his initial response is once again shaped by his intense bias towards normality, arguing as he does that their human side 'is the best version of you'.[61] By effectively dismissing all potential positive alternatives,[62] the series re-affirms the normative dominant assessment that reads in the contagious identity not only a danger to the public but one the narrative itself cannot abide, confirming the overwhelming predominance of the negation model of illness over any other alternative.[63]

Promoting a qualitative appraisal of illness, the reading offered by the series therefore clearly identifies in health and illness two mutually exclusive ontological states. After Aidan harms a young teenage werewolf whom Josh and his girlfriend Nora had taken under their care in season three, the couple discusses their next move. Confronted with this renewed violence, Josh explains that he 'know[s] that Aidan is our friend. I do. And part of me honestly does believe that he wants to be, I don't know… a *better* vampire'.[64] Josh's reference to a better vampire here would seem to mark the continuation of the quantitative approach underlying Bishop and Ray's rhetoric, suggesting an approach in which the 'better' or 'good' vampire would, in some way, cross over the line differentiating him from the human.[65] However, as his next comment identifies—'if there is such a thing'[66]—the qualitative understanding of illness suggests

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60 '(I Loathe You) For Sentimental Reasons', *Being Human*. Season 2, episode 4 (Syfy, 6 February 2012).

61 Ibid. Like Bishop and Ray, Connor and Brynn are later eliminated by the series' protagonists in 'The Ties That Blind', *Being Human*. Season 2, episode 7 (Syfy, 27 February 2012); and 'I'm So Lonesome I Could Die', *Being Human*. Season 3, episode 4 (Syfy, 4 February 2013).

62 Both Conor and Brynn are killed later int he series by respectively Aidan and Nora.

63 Another positive reading of vampirism is offered in episode five when a vampire priest attempts to claim vampirism as an act of God only to find this claim rejected by Aidan as a 'perverted theology' before the latter violently proceeds to pull out the priest's fangs. *Being Human* 1.5.

64 'One Is Silver and the Other Pagan', *Being Human*. Season 3, episode 7 (Syfy, 25 February 2013), my emphasis.

65 The whole series itself revolves around its protagonists' desire to become 'better monster[s]' or maybe 'dignified monster[s]' as both Josh and Aidan reveal in the first episode. *Being Human* 1.1.

66 *Being Human* 3.7.

a dualistic structure in which both human and monster find themselves invested with a set of similarly dualistic oppositions whose relation remains invariably caught up within an economy of positive and negative assessment. To the 'good' and 'healthy' human, it opposes the inexorably 'bad' and 'sick' vampire or werewolf.

Though in and of themselves not mutually exclusive,[67] the relation between quantity and quality seems to become more ambiguous and problematic when apprehended in relation to the body. Where, considered outside any actual application, normality and abnormality can be conceived as part of a quantitative structure, once integrated to the definition of pathology, it becomes difficult to maintain the terms' 'purely quantitative meaning'.[68] Instead, the shift to illness has tended to be apprehended through the prism of the negation model, model which presumes a fundamental schism at the ontological level, a projection of the subject into the realm of abnormality, or here, monstrosity. In his opening voice over, Aidan draws the lines of what quickly becomes the directing thread of the series:

> Every human spends a night or two on the dark side and regrets it. But what if you only exist on the *dark side*? […] We just want the same things that you do: a chance at life, at love. We're not so different in that way […] And so we try, and sometimes fail. But when you're *something other*, a *monster*, the consequences are worse. Much worse. You wake up from your nightmares. We don't.[69]

The negation model operates as a fundamental 'loss of self into some sort of other'.[70] It considers 'health and sickness as qualitatively opposed'[71] and takes disease to imply difference not in degree but in kind. Despite Aidan's claim of a certain shared commonality between humans and monsters, even he is forced to admit their essential

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67 Drawing on Hegel's own reading of the notions, Canguilhem argues quantity and quality operate in a relation of transitionality in which, 'by its growth or diminution, quantity changes into quality'. Canguilhem, p. 110.

68 Ibid., p. 111.

69 *Being Human* 1.1, my emphasis.

70 Alison Bashford and Claire Hooker, 'Introduction: Contagion, Modernity and Postmodernity', in *Contagion: Historical and Cultural Studies*, ed. by Alison Bashford and Claire Hooker (London: Routledge, 2001), pp. 1-14 (p. 7).

71 Canguilhem, p. 42.

difference. Rooted in a model that defines pathology by 'the presence or the absence of a definite principle, or by an alteration of the total organism',[72] his argument here invites us to understand illness as the establishment of a fracture in the temporality of the self and the setting up of differential economy that reads in the human and the monsters the two sides—light and dark if we borrow Aidan's own terminology—of this fracture; separated, distanced and fundamentally different.

Being Human circumscribes its monsters within a framework through which they can only be apprehended, by others as well as by themselves, as utterly other. The wolf, for Josh, is neither 'better' nor 'faster', as Ray claims, but rather something 'not quite real'.[73] It is precisely that which is *not* capable of 'being human', yet continuously strives to gain re-entry into the privileged realms of health and humanity. Like the zombie, the state of pathology is here not defined in essence but by its lack. Being sick is not being at all. When Ray confesses to Josh that, upon learning the latter was alive, he 'had to see what was [his] life like', Josh violently discards Ray's good intentions by arguing that he does not 'have a life. My family, my fiancée, my whole future… You should have killed me'.[74] Similarly, after learning that the same Josh may soon become a father, Aidan reminds him that their enterprise, their attempt at 'playing house',[75] was precisely predicated on their agreement 'to make a go at having a *real* life'.[76] Both Josh and Aidan's responses display an understanding of illness perceived as negation. In contrast to Mildred Blaxter's definition of health as 'not being ill',[77] what *Being Human* exposes here is a reading of illness defined not in itself but by what it is no more. Being other is, in other words, a mode of *not being*.

Structuring illness as absence, this articulation reads in the imposition of a name—the act of diagnosis—an end to life, a locking of the subject in a temporality without future. In the voice-over introducing episode eleven, Aidan argues that 'the only constant in life is change', that 'people, as a species, are in a constant state of

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72 Canguilhem, p. 41.
73 'Some Thing to Watch Over Me', *Being Human*. Season 1, episode 3 (Syfy, 31 January 2011).
74 *Being Human* 1.5.
75 *Being Human* 1.2.
76 'Going Dutch', *Being Human*. Season 1, episode 11 (Syfy, 28 March 2011), my emphasis.
77 Blaxter, p. 4.

metamorphosis'.[78] Yet as he himself recognises, change is also precisely that which we resist and fear, 'so we wrap a pretty word like "evolution" around it and hope that it will make the pill easier to swallow'.[79] As Aidan's comment suggests, the paradoxical nature of identity lies in its simultaneous supposition of a form of staticity and a capacity for fluid adjustment. To be self entails a fundamental perception of sameness over time; yet, it is also marked by an ability to change this 'sameness' as time goes by. Every event in his life compels the subject to, in one way or another, re-organise his sense of self and relocate it within a new dynamic while simultaneously attempting to maintain the linear and fragile thread of his identity.

It is precisely this ability for change, this sense of control over his own identity that the subject loses in contraction. After learning the true nature of his connection to Ray, Josh frames their tie as the 'connection of a murderer to the man he's killed'.[80] A similarly bleak reading is offered in the opening voice to the series when Aidan claims that monsters 'just want the same things that [humans] do: a chance at life'.[81] Josh and Aidan's emphasis on the link between monstrosity and death here signals the impact the contagious diagnosis can have on the subject when apprehended through the prism of the negation model. Constructed around the labelling of the subject, the diagnostic apparatus entails a foreshadowing of mourning, the announcement of 'a death to come'.[82] Through the reduction to a pre-existing stigmatised category it enacts,[83] the negation model imposes a reading of contraction as a form of identificatory interruption, the signs of a life that cannot move any further, that locks the subject in a dead-end situation or a state of suspended animation and inscribes his experience within a category whose status never entirely manages to qualify as 'life'.

In a paradoxical move, contraction triggers a becoming whose particularity is to precisely announce, in its own transitional capacity, the catastrophic end of all future

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78 *Being Human* 1.11.
79 Ibid.
80 *Being Human* 1.5.
81 *Being Human* 1.1.
82 Jacques Derrida and David Wills, 'The Animal That Therefore I Am (More to Follow)', *Critical Inquiry* 28.2 (Winter, 2002), 369-418 (p. 389).
83 Green and Sobo, p. 13.

potential becomings.[84] At the end of season one, after learning about Nora's pregnancy and in response to her claim that she would be hard pressed to find something she would not give to be normal again, Josh jokingly confesses he would 'give [his] life to be normal'.[85] Josh's willingness to sacrifice life at the altar of normality exposes how, within the economy of the show, the norm of health comes to signify life itself. It reads in illness a symbolic death, a move not to another self, but rather to the impossibility of selfhood. As Josh himself suggests when he explains that he hates '*what* I am, *what* I've become',[86] the shift implicit in contraction is more directly akin to objectification, to the semantic emptying of life. Processed through the lens of the biomedical discourse of health, the diagnosis does not so much operate as an additive element in the temporality of the subject's life[87] than it signifies a semantic purge. In the moment the symptoms are read as the signs of infection, the subject undergoes a sort of symbolic subtraction, an emptying of the self's positive signification and a violent reduction to a static label, a state of 'infection' essentially defined not by what it is but by its strict opposition to everything that makes up the norm he, in turn, is required to consistently try to return to.

4.3 The Pathology of Perversion

In his study on disease and representation, Gilman argues that the core foundation of our anxiety regarding diseases stems precisely from this recognised loss of control. As he explains, it is our shared cultural 'fear of collapse, the sense of dissolution, which contaminates the Western image of all diseases'.[88] Disease implies not only losing one's own sense of self, but also losing the ability to control this self. When, as part of a voluntary neighbourhood-watch program, Josh spots a tagger in episode three, he almost beats him to death before his partner tells him to 'chill!'[89] Two episodes

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84 Lauro and Embry argue a similar status to be the predicate of the zombie in which the latter signals 'a becoming that is the end of becomings'. Sarah Juliet Lauro and Karen Embry, 'A Zombie Manifesto: The Nonhuman Condition in the Era of Advanced Capitalism', *Boundary* 2 35.1 (2008), 85-108 (p. 107).

85 *Being Human* 1.12.

86 *Being Human* 1.4, my emphasis.

87 Rosenberg, p. 313.

88 Sander L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca; London: Cornell University Press, 1988), p. 1.

89 *Being Human* 1.3.

later, he and Ray run into a couple of vampires. After he stops short of killing them, Josh tells Ray that for a short moment he 'lost control [and] gave in to the wolf'.[90] To become contagious means, for Josh at least, giving away part of his agency to something he perceives as being outside himself, a distanced 'wolf' whose animality he himself continuously needs to restrain. Josh and Aidan's concern with issues of control therefore participates in a broader discourse on infection that reads in contagion a form of animalisation of the human, a reduction of the subject's ability to contain his own violence and, more problematically, his own sexuality.[91] At the same time, it also locates in this reduced capacity the source of a paradoxical sense of heightened responsibility. As Josh explains, 'the hardest thing about knowing you're capable of inflicting pain, death even, is constantly trying to avoid doing such a thing, especially when every fibre of your being wants to hurt and consume everyone it comes into contact with'.[92] Involving a paradoxical reduced sense of agency and a heightened feeling of responsibility, or the simultaneous establishment of a distance between subject and self and their convergence, contagion seems to therefore leave its subject in a problematic double bind.

Problematic as it may be, this paradox is not the privilege of contagion but stems instead from a broader cultural understanding of victimhood, a state itself often linked to the notion of illness.[93] Indeed, within Western culture, the nature of victimhood has been predominantly apprehended through the prism of two dominant theories: first, an approach which explores the relation between aggressor and victim and tends to posit a form of (at best unconscious) collaboration between the two;[94] second, a theory

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90 *Being Human* 1.5.

91 The link between violence, sexuality and animality is most clearly exposed in season 4, episode 7 when Josh almost rapes Nora before turning into a wolf mid-coitus, leaving her terrified and defenseless. 'Gallows Humor', *Being Human*, season 4, episode 7 (SyFy, February 24, 2014).

92 *Being Human* 2.3, my emphasis.

93 As Battin et al. argue, the appraisal of illness by clinical medicine is often predicated on a view 'in which the patient is characteristically seen primarily as victim'. Margaret P. Battin, Leslie P. Francis, Jay A. Jacobson and Charles B. Smith, *The Patient as Victim and Vector: Ethics and Infectious Disease* (New York: Oxford University Press, 2009), p. 87. Similar conclusions are raised by Patricia G. Devine, E. Ashby Plant and Kristen Harrison, 'The Problem of "Us" Versus "Them" and AIDS Stigma', *American Behavioral Scientist* 42 (1999), 1212-1228 (p. 1217); Gilman, *Disease and Representation*, p. 252; and Susan Sontag, *Illness as Metaphor; And, AIDS and Its Metaphors* (New York: Picador USA, 2001), p. 99.

94 Michel Wieviorka, *Violence: A New Approach* (London: Sage, 2009), p. 57.

which implicitly articulates victimhood as the result of the specific psychological constitution of victims and explores 'the basic personality traits or psychic mechanisms that make some people more likely than others to become crime-victims'.[95] In the event of violence, our initial impulse is to establish a pattern differentiating both actual and potential victims from the rest of the population. Responding to a desire to 'project [our] fear onto the world in order to localise it and, indeed, to domesticate it. For once we locate it, the fear of our own dissolution is removed',[96] the constitution of a form of victim identity establishes a distance between those already fallen and the rest of the population, allowing the re-framing of violence as a result of the victim's own nature or actions. Josh's comment that his present condition is something he deserves in episode one explicitly places blame on the infectee rather than the infectant.[97] Similarly, despite Aidan's claim that Rebecca is in no way responsible for her infection, that 'it's not [her] fault' and that she 'didn't choose',[98] her own re-telling of the incident—'I was pathetic. I fell into bed with you after two glasses of wine and twenty minutes of swagger'[99]—suggests a more balanced sense of responsibility. As Gilman argues, in the projection of our fear of collapse, 'it is not [the subject] who totter[s] on the brink of collapse, but rather the Other […] an-Other who has already shown his or her vulnerability by having collapsed'.[100]

By emphasising agency, the discourse of contagion clearly positions responsibility on the side of the victim rather than that of the perpetrator. Decreasing the impression 'that the disease is capricious',[101] it implies that contagion is not so much the action of a contagious organism on a neutral individual but rather a form of collaboration between two willing co-agents. From Josh's own self-stigmatising perspective to the numerous references the series makes to the notion of choice—be it Sally's assertion in episode two that 'life is a series of choices' or Bishop's similar claim that 'the choices you

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95 Wieviorka, p. 58.
96 Gilman, *Disease and Representation*, p. 1.
97 *Being Human* 1.1.
98 *Being Human* 1.4.
99 *Being Human* 1.2.
100 Gilman, *Disease and Representation*, p. 1.
101 Devine, Plant and Harrison, 1223.

make, the people you lose, your mistakes are indelible'[102]—both vampire and werewolf are presented as responsible for their current state and therefore held accountable by their own narrative not only for what they are and what they are doing *as* infected, but for what they did and what led them there.[103]

This reading of contagion not only suggests that 'victims somehow contribute to their own victimization [and] that the perpetrators are not really responsible for their actions',[104] it also marks the victim himself as having always already been victim *in potential*. It reframes the act of violence not as a transformative action, but a revelatory one whose unfolding exposes the true nature of both participants as well as their respective perversity. As Kurt Goldstein explains:

> One must refrain from thinking that the different attitudes possible in a sick person merely represent a kind of residue of normal behavior, what survived destruction. The attitudes which have survived in the sick person never turn up in that form in a normal subject, not even in inferior stages of its ontogenesis or phylogenesis, as it is all too frequently admitted.[105]

The introduction of the disease provides the subject's actions with 'particular forms [that] cannot be understood well unless the morbid state is taken into account'.[106] It shapes the sick individual's behaviour to the point that the latter can only be the result of the disease he so apparently readily contracted. Becoming what Foucault calls an 'active principle', disease here conflates ontology and performance to the point that

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102 *Being Human* 1.2 and 1.9.

103 This dynamic is not the privilege of the either vampire or werewolf. As numerous studies on the cultural stigma attached to HIV/AIDS have already demonstrated, a belief in some form of responsibility of the infected individual in his own contamination plays an important role in the attribution of blame. See Devine, Plant and Harrison, 1217; or Gregory M. Herek, John P. Capitanio and Keith F. Widaman, 'HIV-Related Stigma and Knowledge in the United States: Prevalence and Trends, 1991-1999', *American Journal of Public Health* 92.3 (March 2002), 371-377.

104 Barbara E. Johnson, Douglas L. Kuck and Patricia R. Schander, 'Rape Myth Acceptance and Sociodemographic Characteristics: A Multidimensional Analysis', *Sex Roles* 36.11/12 (1997), 693–707 (p. 694).

105 Kurt Goldstein, 'L'analyse de l'aphasie et l'étude de l'essence du language', *Journal de la Psychologie* 30 (1933), 437, quoted in Canguilhem, p. 86.

106 Ibid., 437.

both notions become consubstantial with their referent.[107] To a specific state of health corresponds a specific performance and a specific identity, a way not only of *being* but also of *acting*.

Here again, the logic of victimhood product of the inscription of illness within a rhetoric of conflict is characterised by a violently tautological structure. Indeed, if contagion is primarily understood as transformation, a clear ontological shift from human to monster, the discourse of public health also seems to paradoxically structure it as the revelation of its victim's true and until-now-hidden nature, therefore highlighting the continuity of both statuses. This impossibility is, as Goldstein's argument already signals, not the product of the paradoxical essence of illness but of its inscription within a discourse intent on containing its object through linguistic intervention. The correlation between ontology and behaviour it posits is thus not the result of a causality internal to the relation itself, but rather that of a retroactive projection upon the behaviour of the infected of a rationale that views these actions in light of his present state. If it forces us to read in contraction a 'site of moral revelation', the act of a disease that 'breaks through the wall of the body from within in order to "speak for" some inner secret',[108] this construction is not inherent to the contagious body but is the product of its inscription within a specific discourse that reads in all the signs produced by this body the symptoms of its contagious status.

By re-locating contagion within the causal structures of morality, the popular discourse of health extracts contagion from its purely biological setting and re-articulates it as the result of a specific ontology. Allowing the retroactive localisation of the source of the subject's infected status in a form of ontological tainting whose origins predate contraction, it re-manufactures a form of linearity it can then mobilise as a rationale for the separation of the contagious subject from the rest of the population.[109] Within the

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107 Michel Foucault, *The History of Sexuality. Volume 1: An Introductio*n, trans. by Robert Hurley (New York: Vintage, 1990), p. 43.

108 Ernest B. Gilman, *Plague Writing in Early Modern England* (Chicago: University of Chicago, 2009), pp. 39, 40.

109 In many ways, this process mirrors and complements the sacrificial economy promoted by the State and exposed in chapter two. By naturalising the monstrous status of the infected being, the collective effectively removes the traces of its own actions and legitimises the violence implicit in its normative response to the monster.

economy of the contagion narrative, and in particular that of *Being Human*, the prime instrument deployed by the discourse of public health in this differentiation has been the retroactive imposition on contagion and its process of a sexual and gender component. As Gilman explains, despite its strong connection with certain forms of sexuality, the HIV epidemic, for example, is viral in essence. It is the product of 'a viral disease that can be transmitted sexually but can also be transmitted by other means'.[110] Its cultural inscription within a heavily sexual and gender-informed framework results not from its nature, but from the powerful role sexuality and gender both play in the identificatory network available to the subject.[111]

Though both Josh and Aidan are clearly portrayed as heterosexual prior to contraction—Josh being engaged to Julia and Aidan married to Suzanna—they also both contract the disease that will change their lives at a moment of cultural ambiguity. Aidan encounters Bishop during the war, a world typically dominated by male relations. After waking up for the first time as a vampire, his first reaction is to attempt to 'return to my men, to my life',[112] hinting at a possible conflation between life itself and an androcentric and homoerotic world. Josh similarly falls prey to Ray's attack one night while on a camping trip with Stu, a male friend of his. In season two, episode nine, Josh is visited by Stu's ghost, who takes possession of his body in order to have sex with Julia.[113] Here again, the ambiguous relationship the two men share and their subsequent co-habitation within a single body mark Josh as queer prior to his attack by Ray already. The initial inscription of both transformations within queer settings marked by androcentricism therefore retroactively projects upon both Aidan and Josh homoerotic tendencies the series directly associates with vampirism and lycanthropy, distancing both men from the general heteronormative population and highlighting their always already 'perverted' essence.

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110 Gilman, *Disease and Representation*, p. 247.

111 Ibid., p. 258. As Butler reminds us, both notions are prime among 'the differentiating relations by which speaking subjects come into being'. Butler, *Bodies*, p. 7.

112 'What's Blood Got to Do With It?', *Being Human*. Season 3, episode 6 (Syfy, 18 February 2013).

113 'When I Think About You I Shred Myself', *Being Human*. Season 2, episode 9 (Syfy, 12 March 2012).

The retroactive projection of queerness upon both Josh and Aidan's pre-infection selves participates in the series' broader portrayal of both werewolf and vampire as queer figures.[114] Indeed, despite its ultimately matriarchal structure, the vampire society Aidan joins after his infection unfolds as a heavily androcentric one in which, from Aidan and Bishop's 'children' to the three Dutch leaders of the 'Boston family', every single vampire is male.[115] Similarly, the lycanthropic world Josh finds himself projected into revolves primarily around male figures. Though it does contain some women (Brynn, Nora, Erin, Wendy and a few others), Josh's own interactions remain predominantly masculine, engaging as he does mainly with Ray, Connor, the Professor, Mark and Andrew. This violent form of androcentricism in turn accounts for the ways in which the series rapidly makes way with every single female intrusion into these male-dominated territories: Rebecca dies at the hands of Aidan, only a few episodes after her transformation; Suren is killed within one season by her Mother; Suzanna, is killed by Aidan himself a few episodes after her re-appearance; Brynn is killed by Nora in season two; Wendy is quickly discarded as a 'swinge[r] or something';[116] and Erin, the young female werewolf Nora and Josh adopted as surrogate daughter is attacked by Aidan and later murdered by Liam in season four. Outside of Nora, *Being Human* continuously portrays, throughout its four seasons, vampirism and lycanthropy not only as male conditions but also as modes of being seemingly strictly androcentric, if not homoerotic, in nature.

Opening their representation to queer readings, Aidan and Josh's ambiguous gender and sexual statuses confirm the reading promoted by public health in which infection unfolds as the site of solidification of pre-existing 'unnatural' or 'perverted' tendencies, a reification of the contagious subject's innate queerness. From its first images, in which Josh awakens naked in the woods and is forced to cross-dress on his

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114 It is interesting to note that the first flashback returning to the moment of contraction does not come in episode one but in episode two, after the series established both characters as respectively vampire and werewolf.

115 The exception being Mother, her daughter Suren, Josh's ex-wife Suzanna and ex-lover Rebecca, both turned by Bishop against the will of Mother herself, suggesting that outside the royal family, female vampires are strictly forbidden.

116 'Cheater of the Pack', *Being Human*. Season 4, episode 6 (Syfy, 17 February 2014)

way home, inviting Aidan's feminising insult—'you little slut'[117]—to the title of the second episode of its fourth season, 'That Time of the Month',[118] which re-iterates the age-old correlation between the lunar cycle attached to lycanthropy and menstruation,[119] *Being Human* consistently portrays Josh as tiptoeing the line between masculinity and femininity, homo- and hetero-sexuality. As he himself admits in season three, through contagion, he metaphorically 'turned into [his] mother',[120] a comment whose particular terminology—to 'turn' remains, except in this precise instance, exclusively used throughout the series to indicate animal or vampiric transformation—once again reinforces the link between lycanthropy and queer or fluid gender identities. Aidan's sexuality, though arguably less ambiguous, is nonetheless similarly subject to numerous references to potential queerness. Beyond his homoerotic relation to Bishop and Henry, it is primarily his unusual relation to Josh that opens him up to queer insinuations. When Aidan meets Josh's parents for the first time, the latter's mother takes Aidan to be her son's lover, asking him, innuendo intended, whether the two of them are 'happy as roommates'.[121] Later in the series, Bishop directly refers to Josh as Aidan's 'wife'[122] and, a few episodes later, Nora herself asks her now-boyfriend Josh, 'if it really came down to it, which one of [them] would [he] choose',[123] effectively signalling their interchangeability.[124]

Beyond their respective identificatory ambiguity, the fluidity of the vampire and the werewolf's sexuality is also inscribed at a more directly material level. Indeed, Aidan and Josh share in common the experience of having both been bitten by other men. Their infected condition effectively re-makes their male bodies into always already

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117 *Being Human* 1.1.

118 'That Time of the Month', *Being Human*. Season 4, episode 2 (Syfy, 20 January 2014).

119 Barbara Creed, 'Dark Desire: Male Masochism in the Horror Film', in *Screening the Male: Exploring Masculinities in the Hollywood Cinema*, ed. by Steven Cohan and Ina Rae Hark (London: Routledge, 1993), pp. 118-133 (p. 124).

120 *Being Human* 3.6.

121 'I See Your True Colors... And That's Why I Hate You', *Being Human*. Season 1, episode 7 (Syfy, 28 February 2011).

122 *Being Human* 2.6.

123 *Being Human* 3.7.

124 A similar scene is played out in season two when Henry tells Aidan that 'together, we have a fighting chance, but you have to leave [Suren] behind', effectively suggesting his and Suren's interchangeability. 'Partial Eclipse of the Heart', *Being Human*. Season 2, episode 12 (Syfy, 2 April 2012).

penetrating and penetrated surfaces, bearers and bringers of the marks of male sexual violence. The mouth of the monster is here remade into a space conceptualised not only in terms of absorption but also in terms of intrusion and transference, an ambiguous two-way topology, which tends to blur the lines between subjectal and objectal positionings. As Christopher Craft argues, 'luring at first with an inviting orifice, a promise of red softness, but delivering instead a piercing bone, the [monster's] mouth fuses and confuses [...] the gender-based categories of the penetrating and the receptive',[125] active and passive roles, male and female. Presenting vampire and werewolf as both penetrating and penetrated bodies, it establishes a framework in which the monster connotes the corporeal 'inconsequentiality of sexual difference'.[126] Within a narrative that conflates genital sexuality and oral consumption as sites of parallel forms of pleasure,[127] Aidan and Josh's infected status becomes the materialised trace of past queer encounters, trace which inexorably re-frames contagion as the perverting action of a polymorphous entity defined not by a single gender role but precisely by its capacity to invest both male and female territories.

This re-framing of the contagious being as a perverse poly-sexual and polymorphic entity is not a unique feature of the series but participates instead in a long tradition within Western culture that has tended to project upon 'abnormal' and 'peripheral sexualities' a potential for contagion.[128] From the relationship sixteenth-century public health discourses outside of France established between syphilis and the French fop, an 'outsider already associated in German myth with sexual excesses and deviancy',[129] to the more recent emergence of HIV/AIDS and its initial labelling as the 'Gay Related Immune Deficiency Syndrome' or 'gay plague',[130] the popular

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125 Christopher Craft, *Another Kind of Love: Male Homosexual Desire in English Discourse, 1850-1920* (Berkeley: University of California, 1994), p. 74.

126 Kelly Hurley, 'Reading Like an Alien: Posthuman Identity in Ridley Scott's Alien and David Cronenberg's Rabid', in *Posthuman Bodies*, ed. by Judith Halberstam and Ira Livingston (Bloomington: Indiana University Press, 1995), pp. 203-224 (p. 213).

127 This is most clearly exposed in Aidan's sexual and oral encounters with first Rebecca and later Suren in which both partners mutually bite each other for pleasure. *Being Human* 1.5 and 2.5.

128 Foucault, *The History of Sexuality*, p. 39.

129 Gilman, *Disease and Representation*, p. 250.

130 Ibid., p. 247; and Paula A. Treichler, 'AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification', *October* 43 (Winter, 1987), 31-70 (p. 32).

and public discourses of health have tended to historically associate contagion with moral depravity and to project a contagious dimension upon socially rejected forms of behaviours, sexuality included.[131]

More interestingly, what this historical connection inherently implies yet simultaneously silences is the predominant absence in both popular and public health discourses concerned with contagion and the propagation of diseases of the hetero-normative couple. As Margrit Shildrick argues in her exploration of the AIDS epidemic, 'the initial widespread public reception of the condition as figuring a gay plague' allowed the construction of the dominant category of the 'blameless heterosexuals' as inherently immune to the disease and of those infected as in effect 'paying for sins in their past'.[132] If *Being Human* rejects any strict representation of homosexuality on screen, the queer settings within which its protagonists contract their respective diseases as well as the portrayal it presents of the vampire and the werewolf as continuously struggling to maintain their polyvalent and omnidirectional sexual impulses clearly identify disease as a the result of queer encounters. Participating in a long tradition within Western culture that has tended to associate morality, pathology, mind and body[133] and to read in disease the result of a problematic failure of the subject to protect himself against the psychic or moral polluting dimension of contagion,[134] *Being Human*'s portrayal of contagion as a queer condition not only sets up a fundamental and original distance between sick and healthy subjects, between the perverted and the norm; it constructs a

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131 As Gilman explains, HIV arose within a climate that inscribed the disease within four at-risk groups: Haitians, haemophiliac, heroin addicts and homosexuals. Sander L. Gilman, 'AIDS and Syphilis: The Iconography of Disease', *October* 43 (Winter 1987), 87-107 (p. 87).

132 Margrit Shildrick, 'Vulnerable Bodies and Ontological Contamination', in *Contagion: Historical and Cultural Studies*, ed. by Alison Bashford and Claire Hooker (London: Routledge, 2001), pp. 153-167 (p. 157).

133 As John Block Friedman argues, notions of monstrosity were already imbued with moral valuation during the Middle Ages. John Block Friedman, 'Foreword', in *The Ashgate Research Companion to Monsters and the Monstrous*, ed. by Asa Simon Mittman and Peter Dendle (Farnham: Ashgate, 2013), pp xxv-xxxix (p. xxxii).

134 The correlation between contagion and madness is part of a long tradition which, since the nineteenth century, has read in 'a wide range of behavior, from fairly benign acts like yawning, facial tics, laughter and tears, to more dangerous activities like murder, rioting, madness and suicide […] the result of what physicians and other observers called "moral" or "mental" contagion'. Christopher E. Forth, 'Moral Contagion and the Will: The Crisis of Masculinity in Fin-de-siècle France', in *Contagion: Historical and Cultural Studies*, ed. by Alison Bashford and Claire Hooker (London: Routledge, 2001), pp. 61-75 (p. 61).

fiction of anteriority out of the present illness that enables it to re-draw the history of this now-Other in order to secure his forever otherness and to therefore protect not only the sexual but the ideological superiority of the heteronormative couple.[135]

4.4 Control, Containment and the Power of the Norm

If, within the medical discourse of health, the conflation of moral and physical realms has given rise to the important notion of predisposition, that which 'explained the selective deaths of those constitutionally at risk' as well as the apparent immunity of others,[136] its mobilisation within the contagion narrative has primarily been used as an instrument in the affirmation and enforcement of often violently normalising measures of control and containment. Establishing the infected and infectious being as a perverted and lawless yet at the same time guilty and responsible creature,[137] the discourse of contagion has ensured the containment of the epidemic by imposing upon the contagious subject two strictly delineated possible models of performance: on the one hand, the unruly monster whose rejection of order opens up to external measures of containment; on the other, the responsible and sick individual whose 'desire' to adhere to the norm may yet allow back on the side of normality. In this last section, I propose to explore how the inscription of contagion within the framework of morality enforces the internalisation by the contagious subject of a non-reciprocal sense of duty, an obligation, as Josh himself phrases it, to 'contain [his] own private hell'[138] so as to being allowed to return within the boundaries of 'normal' society.

Towards the end of season one, Josh is made prisoner by Bishop who plans on having him take part in a ritual fight against an aging wolf the series only refers to as 'the Professor'. During a conversation between the two men, the Professor confesses that the reason for his voluntary imprisonment—in contrast to Josh, he is not caged but simply provided with a cell—lies in the realisation that 'out there I could hurt

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135 Treichler, 49.

136 Rosenberg, p. 296-7.

137 This paradox is the cornerstone of the popular discourse on homosexuality, perceived both as an innate condition that is seemingly open to 'cures' and a wilful decision from which people can be swayed.

138 *Being Human* 1.4.

someone' whereas 'here it's contained'.[139] Similarly, in the first episode—appropriately entitled 'There Goes the Neighborhood'—Josh explains that 'the whole point of this house was having one place where *monsters aren't*, where we don't have to apologize or hide or think about what we are. Where we can eat pizza, or pretend to eat pizza, where we can be human for, like, just an hour or two'.[140] Beyond the re-articulation of space as a site of identificatory distribution, that is, a re-framing of space in terms of available behaviours, the geographic fragmentation implicit in both comments marks the internalisation of a politics of risk in which the public 'out there' becomes, for the contagious subject, a forbidden territory. When Ray takes Josh to an abandoned shack in the woods at the approaching full moon, he provides as rationale for their relocation a 'need to be *out* here' whose source comes from the danger Josh presents 'to [him]self and to others'.[141] Inscribed within a discourse that continuously reads in the presence of the contagious being a potential for danger, Ray's affirmation only signals the active internalisation of the contagious being's need for containment.

Ray's understanding of the situation and the careful fragmentation of space he promotes is itself built as a response to Josh and Aidan's earlier failure to integrate Josh's transformation in the space of the city. Operating on the assumption that Josh 'shouldn't have to run into the woods every time that [he] turn[s]' and having recently discovered an abandoned room in the basement of the hospital, Aidan manages in episode one to convince Josh to 'turn' there.[142] Acting as a disruption of the geography of the monster,[143] this re-location within the civilised space of the hospital—that space Aidan himself defines as precisely 'off-limits'[144]—ultimately only reinforces the necessity of exclusion when, having following her brother down to the basement, Emily finds herself locked in with him mid-change. As Josh's statement that 'if someone doesn't open that door, I will kill her'[145] suggests, the space of the polis and the performance and

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139 'Dog Eat Dog', *Being Human*, season 1, episode 10 (Syfy, 21 March 2011).
140 *Being Human* 1.1, my emphasis.
141 *Being Human* 1.4, my emphasis.
142 *Being Human* 1.1.
143 Jeffrey Jerome Cohen, 'Monster Culture (Seven Theses)', in *Monster Theory: Reading Culture*, ed. by Jeffrey Jerome Cohen (Minneapolis: University of Minnesota, 1996), pp. 3-25 (p. 7).
144 *Being Human* 1.1.
145 Ibid.

danger implied in monstrosity are mutually exclusive notions. Indeed, although Emily is luckily rescued by Aidan, the same basement only a few episodes later becomes the site of Nora's infection when, similarly intrigued by the behaviour of her boyfriend, she decides to follow him into the basement despite his multiple warnings and gets scratched as he pushes her out of the room.[146] Outside of its own carefully delineated space, monstrosity implies danger, potential harm and the collapse of the boundary which is precisely supposed to protect those contagion threatens.

As this suggests, normality is a concept heavily invested in geography. Its scope is, in other words, dependent on the occupation of a specific space by specific people. To be normal is not simply to occupy a normal body, but to do so within a certain territory. Later in season two, when Josh discusses normality with his sister, he tells her that 'people think they want to be edgy and rebellious, but really all they want is a cosy house to come home to and someone who loves them'.[147] As Josh suggests, normality is, within the contagion narrative, closely associated with spatiality. To each territory corresponds a specific type of performance and identity. Confirming this reading, episode four opens on Josh and Aidan both attempting to find spaces where they can, as Josh himself explains, '*be [themselves]*, let go, howl at the moon'.[148] Josh's narration here draws a line between ontology, performance and space whose direct implication is not only the re-articulation of normality apprehended through geography, but the constriction of space in terms of identity. By asking us to consider what it means to be self in what space and, more importantly, within what space can the self actually reveal or be itself, it normalises the rejection of the contagious being to a space of his own, here the woods or the den, in which he can finally be or reveal himself.

If, historically speaking, werewolves and vampires have been tied to the territory of the foreign,[149] the relationship established in *Being Human* between both figures and

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146 *Being Human* 1.13.

147 'I've Got You Under Your Skin', *Being Human*, season 2, episode 8, (Syfy, 5 March 2012), my emphasis.

148 *Being Human* 1.4, my emphasis.

149 On the vampire as foreign, see Alain Silver and James Ursini, *The Vampire Film: From Nosferatu to Interview with the Vampire*, 3rd edn (New York: Limelight Editions, 1997), pp. 22-23; on the werewolf's relation to space, see Cohen, p. 12.

issues of space is more directly linked to the containment and control of the invariably public dimension of the contagious body. Itself a reference to a song suffused with issues of space and belonging, the fourth episode's title, for example—'Wouldn't It Be Nice (If We Were Human)'—by superimposing geography with the notion of humanity, invites a reading of space in terms of signification and identification, turning space into an essentially normative notion. In its inscription of identity within specific territories, it indeed restricts the monster to a realm of its own, a space outside the bounds of the normal site of cohabitation defined for humans. Bishop and Aidan's, as well as later, Kenny's blood dens all act as safe-spaces where the blood lust of the vampire can be contained and kept under control. As Bishop himself explains, their function is to offer a space where 'the agreement is that we feed, not kill',[150] where the vampire's thirst can be addressed within the bounds of a certain form of accepted abnormality. By delineating a privileged territory for the monster, this structure constitutes it as the only space where, as Josh already explained, monsters are not.[151] Delineating a space of abnormality in which sick individuals do not have to hide their difference, it inherently implies that concealment is required everywhere else, thus imprisoning the contagious subject to his own little world.

By establishing a dualistic system in which the stigmatised individual either accepts and therefore re-affirms the expectations of the social group or denies them and thus proves 'to the dominant group the validity of its perception of the inherent difference of the Other',[152] the discourse of public health forces the contagious subject to adopt its own normative measures. That is to say, it imposes an economy in which the contagious subject either opens himself up to violent external measures of control—within the contagion narrative, this more often than not implies death—or internalises these same measures and himself enforces their application. Either he accepts his difference and submits to the dominant social perception of his nature, in effect abjecting himself from society in the form of a self-exile; or he rejects it and justifies

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150 *Being Human* 1.11.
151 *Being Human* 1.1.
152 Gilman, *Disease and Representation*, p. 6.

through this act the necessity of his expulsion. Within the economy of the series, the woods, the den, the hospital basement and, to a certain extent, the house therefore all participate in the constitution of a space where, '*the state of exception begins to become the rule*' as the rule itself enters a temporality of suspension.[153] In this carefully delineated territory, the monster is 'given a permanent spatial arrangement' allowing it to exist in a state 'outside the normal order'.[154] It permits the abnormal individual to finally exist in a space where the model of being he embodies is not only permitted but made indistinguishable, in both qualitative and quantitative terms, from other modes of performance, while simultaneously constricting his existence to that space, a space forever distant and separated from that of the norm.

If the norm therefore finds in this exclusion a means to re-ascertain its dominance over all modes of life;[155] if through the delimitation of a symbolic and real territory of monstrosity, the discourse of public health allows itself control over the distribution of bodies, preventing their mobility and delimiting 'the social spaces through which private bodies may move'[156] while simultaneously cladding itself in the appearance of care,[157] it also opens up a very narrow pathway for the contagious subject's reintegration within the normative patterns of 'normal' society. Indeed, by defining a space in which the abnormal identity can be given free expression, the normative social discourse of health implicitly imposes a certain mode of performance upon the contagious subject, enforcing as it does a space of compulsory normality whose outside only can accommodate the pathologically Other. However, in its mobilisation of performance, it also suggests a renewed form of 'agency', a possible return of the abnormal subject within the normative space of society defined not in ontological but performative terms.

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153 Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. by Daniel Heller-Roazen (Stanford: Stanford University Press, 1998), p. 168.

154 Ibid., p. 169.

155 As both Foucault and Agamben argue, the strict delineation of spaces of exception seemingly outside itself remains entirely caught up within the norm's power, 'included through its own exclusion'. See Agamben, p. 170; and Foucault, *The History of Sexuality*, p. 4.

156 Cohen, p. 12.

157 As Baumgartner and Keegan argue, involvement in the HIV/AIDS community, for example, can help 'the integration of the HIV identity into the self' as well as 'decreas[e] the sense of isolation [of] most participants', despite the fact that the territorialisation of abnormality ultimately participates in and reinforces precisely the exclusionary pattern which caused this sense of isolation in the first place. Baumgartner and Keegan, 1734.

Indeed, the association of perversion and contraction marks the perverse act and its result, the abnormal state, as essentially discursive and performative notions. By tying action and ontology, performance and its resulting labelling, this re-articulation re-frames the contagious process as a mode of acting rather than a pure state of being and therefore opens up the contagious being to the possibility of cure.

A tale of love at heart, *Being Human* participates in a long tradition of narratives that present the struggle of primarily male protagonists attempting to overcome their conditions in order to gain the love and affection of their heterosexual partners. Opening as the story of two single 'monsters' attempting to regain or maintain control over their lives, the series unfolds as a conventional story of love lost and found, culminating with Sally sacrificing herself to grant Aidan the humanity he lost and so desperately sought after for centuries and with Josh and Nora awakening in the woods with their two children after a night of full moon. If it structured contagion as the result of a specific 'abnormal' behaviour anchored around queer sexuality and gender roles, this ending marks the series' investment of heterosexual normativity with curative potential. By presenting heterosexual love as the only form of cure opened to its protagonists, it clearly identifies in the 'proper' performance of heteronormativity a path towards a regained agency and a perception of control, that which in turn can allow a return to the norm of health. Josh's obsession with fixing things and his self-imposed duty to protect Nora—despite her insistence that she does not need him to, continues to claim throughout the series that 'all [he's] ever done... all [he's] ever wanted to do is protect [her]'[158]—as well as Aidan's sense of responsibility for Rebecca—'I feel responsible for her'[159]—therefore both participate in a broader attempt to regain control, that which, within the contagion narrative economy, comes to signal 'healthy' masculinity.

By precisely and skilfully targeting the capacity of certain behaviours, those it itself labels as 'at-risk' or 'dangerous', to threaten 'the epistemology of modernity, and the compliant identities it lovingly nurtures within the strict categories of gender, race

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158 *Being Human* 1.9 and 2.7.
159 *Being Human* 1.6.

and sexuality',[160] the popular and public health discourses of contagion has managed to both tie in contagion with perversion and construct the heteronormative relation as the only possible site of normality and sole purveyor of health and safety. This re-framing of peripheral sexualities as both sources and symptoms of contagion is not the unique privilege of *Being Human*. It participates in a broader movement that has found in 'abnormal' gender norms and sexualities a potent instrument in the enforcement of normativity, a powerful tool 'used to frighten people into behaving according to the cultural expectation for "clean and sober" heterosexual monogamy'.[161] Contributing to this discursive economy, the ending of the series only reinforces the connection the popular discourse of contagion establishes between abnormality and perversion. Having found in his relationship with Nora a viable means to contain both his condition and his 'perverted' tendencies, Josh is allowed to, if not directly return to health, at least operate with a semblance of regained normality.[162] Aidan's death, triggered by Sally's loving sacrifice, similarly signals the return to the norm to be product of heteronormativity. Having dispensed with Bishop, Henry and Kenny, his relationship to Sally re-affirms the potential of the heterosexual norm to 'cure' the queer vampire from his infection. It re-frames any return to health as a necessary return to heteronormative sexuality, the re-entrance of the queer monster into the normative structures of the 'proper' family unit.

Compelling the contagious subject to control and contain his own potential for harm, the conflation of ontological and behavioural difference implicit in this normative reading of health invests the contagious subject 'with an introjected guilt and sense of responsibility' whose function is to enforce 'the internalization of "transmission category" as dangerous self-identity'[163] and therefore guarantee, at the emic level already, a form of containment. As Aidan himself acknowledges, upon infection,

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160 Simon Watney, 'Introduction', in *Unbecoming*, by Eric Michaels, ed. by Paul Foss (Durham: Duke University Press, 1997), pp. xxi-xxv (p. xxii).

161 Green and Sobo, p. 23.

162 It is important to notice that Nora, in contrast to the 'decent, and beautiful, and normal' Julia, is herself infected as well, which also suggests that the infected Josh can find comprehension and 'normality' only within the confine of yet another space of monstrosity. 'Don't Fear the Scott', *Being Human*. Season 2, episode 11 (Syfy, 26 March 2012).

163 Cathy Waldby, *AIDS and the Body Politic: Biomedicine and Sexual Difference* (London: Routledge, 1996), p. 121.

'obligations sneak up, duty, moral code';[164] the subject is entrusted with a certain set of obligations and responsibilities, a duty to care for those who do not care for him and to protect the collective against his own potential violence. Though it appears to provide a semblance of agency to the contagious subject, the systematic and enforced nature of the internalisation upon which it relies exposes its true purpose: the silencing of the norm's own pernicious effects. As Aidan's follow-up comment confirms—'some of us are *wired to put ourselves* back into cages. Freedom is just that moment of calm before the dread sets in […] before *you are forced* to take a turn, make a choice, and sentence yourself to the next adventure'[165]—the primary impact of performance is its ability to 'naturaliz[e] itself and rende[r] itself as the original and the norm',[166] effectively erasing the cultural and arbitrary nature of its origins.

Whether in its potential for harm—'once a month I'm an animal. A killer. I *have to* run away from my home, my friends, everyone. I *have to* protect the world from myself'[167]—or its desire to return to normality—'I *need to* fix this! I *need to* try and fix this for you'[168]—the contagious subject's actions are framed by a sense of inexorable obligation, a duty to either isolate or cure himself. Compelled by the rhetoric of public health to a certain mode of acting, a specific behaviour, the contagious monster in effect naturalises its own abjection and ostracisation. By 'choosing' to behave 'like' a monster, it erases the roots of this decision and the origins of the performance it is here forced to enact. By naturalising the mode of performance attached to contagion—as Bishop reminds Aidan, being a vampire is 'your *nature*, man'[169]—it allows the removal of any necessary involvement of the public health apparatus in the containment of contagion and the erasure of its own violent action in the process. Providing the subject with an illusion of control and choice—as signalled by Aidan's belief that 'curse or no curse, we can still *choose* who we wanna be'[170]—it ultimately re-assess the contagious

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164 *Being Human* 2.1.
165 Ibid., my emphasis.
166 Butler, *Bodies*, p. 126.
167 *Being Human* 1.4.
168 *Being Human* 2.2.
169 *Being Human* 1.12, my emphasis.
170 'If I Only Had Raw Brain', *Being Human*. Season 3, episode 11 (Syfy, 25 March 2013), my emphasis.

subject's actions according to an economy through which they either become those of an out-of-control 'beast' or 'monster' overtaken by the disease itself or the acts of a being in potential remission. Appraised according to their relationship to a norm it sets up as both curative and preventive, the behaviours of the contagious being are therefore continuously re-captured by the normative framework of a public health apparatus that has found in the co-opting of morality and ethics a powerful way to distribute its own structures of control while simultaneously silencing its own discursive and structural part in the forced containment of the contagious subject.

4.5 Conclusion

Despite Aidan's own claim that 'different isn't wrong',[171] the contagion narrative continues to perceive all forms of otherness as perversion, as an impossible mode of ontology it can only perceive as a form of *not-being*. Product of a neo-liberal discourse claiming to promote idiosyncrasy, tolerance and equality over difference as its core foundation,[172] *Being Human* nonetheless remains essentially inscribed within a broader discourse that continues to see in categorisation a means to safeguard the privileged position of the norm. Constricted as it is by the limits of this position, the experience of illness logically can but lead to a fundamental rejection. A non-identity, sickness is processed through a normative apparatus that conceives of the 'norm' not only as anterior to its alternative but as a site of obligatory return. As Josh himself confesses, 'when this first happened to me, all I could think about was finding a cure […] I wanted to fix this […] I wanted to actually be human again'.[173] Confronted not only with the difference inherent to illness but with the semantic and identificatory void it symbolises, the contagious subject is forced to adopt as his own the rhetoric that allowed his social abjection in the first place. It compels him to hope and desire a return to the status quo of normality and in the case where such return is in fact rendered impossible, to take upon himself the enactment of the violent measures culturally thought to be the

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171 *Being Human* 4.8.

172 Lisa Duggan, *The Twilight of Equality?: Neoliberalism, Cultural Politics, and the Attack on Democracy* (Boston: Beacon, 2003), p. 21.

173 'All Out of Blood', *Being Human*. Season 2, episode 3 (Syfy, 30 January 2012).

privilege of the State-driven apparatus of public health.

If the etic construction of the contagious being as 'out-of-control' could therefore be interpreted as participating in the legitimisation of the legally problematic techniques of containment imposed by public health, its unfolding at the emic level exposes another dimension of strategic control. Confronted with an overpowering discourse of risk, threat and dangers, the infected and infectious being is quickly made to understand that, in contrast to the healthy individual, his potential for danger cannot abide for any weakness. As Aidan explains in the introductory monologue to episode one, monsters and humans are 'all hiding something, aren't we? […] And why not? What's the penalty? What are the consequences, really?'[174] Error, after all, is only human. Yet, this fairly benign statement also purposely leaves aside the issue of what happens 'when you're something other, a monster', when you do not entirely qualify as the *bios* core foundation of public health. Then, as Aidan affirms, 'the consequences are worse. Much worse'.[175] As Aidan's recognition already signals, the internalisation of the rhetoric of risk by the contagious individual results in a subject who, like the public discourse, perceives himself as dangerous, abnormal and monstrous, 'an "unhealthy" other' who understands himself 'not only as a physical danger, but as an equally threatening and dangerous identity'.[176]

In its emphasis on stigma and its effects, *Being Human* exposes how, by enforcing a form of internalisation, the discourse of public health manages to impose a framework that not only perceives illness as an individual responsibility but also creates for itself an important space of intervention in simultaneously positing this individual as essentially out-of-control. By re-framing contagion as the result of a specific form of behaviour, the monster's abnormality is re-articulated as no longer simply juridico-natural 'but juridico-moral; a monstrosity of conduct rather than the monstrosity of nature',[177] a shift whose primary effect is to open up the contagious being to new and

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174 *Being Human* 1.1.

175 Ibid.

176 Robert Crawford, 'The Boundaries of the Self and the Unhealthy Other: Reflections on Health, Culture and AIDS', *Social Science & Medicine* 38.10 (1994), 1347-1365 (p. 1348).

177 Michel Foucault, *Abnormal: Lectures at the Collège De France 1974-1975*, ed. by Valerio Marchetti and Antonella Salomoni, trans. by Graham Burchell (London: Verso, 2003), p. 73.

more violently normative means of control and containment. By implying an emic form of responsibility in the disease's propagation while simultaneously circumscribing him within a rhetoric of abnormality, perversion and out-of-controlness, the discourse of public health creates a tautological and circular apparatus within which it can contain its object *ad vitam æternam*. Surrounding him on all sides, it leaves the contagious subject with no choice but to conform and return to the norm or to suffer, often literally, the consequence of his refusal.

By proposing an emic approach to contagion while at the same time participating in the discourse and practices that have so violently restricted the identificatory positions available to the subject of contagion, *Being Human* showcases how the dominant discourse of health systematically promotes the importance of the collective life at the expense of the infected and infectious individual's rights, liberties and well-being. Through the discourse of and on monstrosity it promotes, the series not only confirms the role played by the infected in his own infection and thus reinforces the sense of inherent difference that separates the norm from its outside; it also ultimately entrusts upon him an ambiguous form of agency. Caught somewhere between a responsibility or civic duty to protect others, to attempt to cure himself as well as to submit himself to different strategies of control and a recognition of inherent weakness, he is framed as essentially unable to control himself while being simultaneously entrusted with an ability to make the 'right' decision. Where Josh, Aidan and Nora may tell themselves over and over again that 'the curse doesn't have to define us',[178] that 'we choose what we are',[179] the truth *Being Human* exposes is much closer to Nora's own dualistic reading of the world.[180] When confronted with contagion, the subject can, in other words, either try his best to return to a status quo he, by definition, can never truly achieve; or he can become the monster he always already was perceived to be. If, as Sally puts it, the most important and perhaps the only choice left to the contagious subject is to decide

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178 *Being Human* 3.11.

179 *Being Human* 4.3.

180 As she claims in the opening monologue to season two, episode seven, 'from the moment we're born, we're put into categories. We spend so much of our lives trying to define ourselves. But the truth is there are only two categories: predator and prey […] Once you choose which side you're on, can you live with the consequences?' *Being Human* 2.7.

whether he accepts or rejects what he is,[181] what *Being Human* ultimately reveals is that 'choosing' one side or the other does not in fact constitute a difference at all.

[181] *Being Human* 1.2.

5.0 Becoming Multiple and the Networked Contagious Body in Octavia E. Butler's *Clay's Ark*

As chapter two already highlighted, Michel Foucault, in his study on abnormality, outlines two different dreams of the plague. In the first, the 'political dream', he exposes how the conditions raised by an epidemic provide a unique ground for the deployment of political and medical power and their absolute and totalised distribution over the entirety of the territory through the fragmentation of its population and its subsequent responsibilisation. If the previous chapters focused on texts that all, in one way or another, participate in the reinforcement of this first dream, Foucault also suggests a counterpart to this authoritative fantasy in which the plague opens up the possibility of structural dissolution and cultural re-articulation, 'a kind of orgiastic dream in which plague is the moment when individuals come apart and when the law is forgotten'.[1] Through the chaos and the evanescence of boundaries associated with contagion emerges a new space filled with potential for re-organisation. From the space that witnessed and allowed the re-affirmation of the authority of the State and the confirmation of the medical discourse as leading voice in the epidemic, arises another discourse anchored around disorder, that which 'provides the material of pattern', a new and unlimited space in which 'no pattern has [yet] been realised' but whose 'potential for patterning is indefinite'.[2]

While the first three chapters exposed the heavily conservative and often normative aspects of the contagion narrative, the following two chapters explore how two texts in particular, Octavia E. Butler's *Clay's Ark* and Charles Burns's *Black Hole*, appropriate contagion as a starting point for a wider questioning of Western ideas of subjectivity, selfhood and identity. Positing the state of contagion as an alternative mode of being rather than a fundamentally abnormal ontological status, both authors signal possible new lines of flight or strategies for cultural re-articulation of contagion and the

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1 Michel Foucault, *Abnormal: Lectures at the Collège De France 1974-1975*, ed. by Valerio Marchetti and Antonella Salomoni, trans. by Graham Burchell (London: Verso, 2003), p. 47.

2 Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*, 1966 (London: Routledge, 2002), p. 95.

network of signifiers its apprehension involves. Like *Being Human*, both texts approach contagion from an emic point of view, a frame that allows them to relate the experience of those it infects and impacts rather than those threatened by it. Providing a glimpse into the experience of infection, they also distance themselves from the narratives under study in the previous chapters by moving past the trauma of individuation and the restrictive definition of selfhood and subjectivity which the normative narrative of contagion invariably returned to and thus signalling new ways of apprehending contagious diseases that do not subject their host to the kind of traumatic or violent shifts that characterises the dominant approach.

The work of feminist and African-American author Octavia E. Butler, *Clay's Ark* participates in a broader post-humanist strategic engagement Butler has had with notions of alienness, ostracisation and difference.[3] Offering a dual narrative separated by a few years, *Clay's Ark* tells the story of Eli, an astronaut sent to a distant planet, who, upon returning to earth host to an extra-terrestrial virus, microbe or organism, begins the creation of a new society. In the parallel 'present' section, Butler re-tells the story of Blake, a doctor, and his two twin daughters, Rane and Keira, as they are abducted by Eli's community and infected by the 'disease' affecting the latter. Focusing on the juxtaposition of multiple idiosyncratic narrative voices and points of view Butler's novel offers, this chapter explores how the re-framing of infection as a revelatory event allows Butler to expose the inherently plural and fluid dimension of the body and the subject it harbours. Re-articulating vulnerability as an essential dimension of life, *Clay's Ark* allows the emergence of a new positive reading of contagion that apprehends the act of infection as a confirmation of our shared 'humanity'. Focusing on the different perspectives Butler's novel offers, this chapter exposes how contagion, acting as an embodied materialisation of the collective, highlights the need for a re-thinking of the subject in terms of porosity, fluidity, incompleteness and multiplicity. Proposing a reading diverging from the perception of contagion as the site of fabrication of new

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[3] It also inscribes itself within a longer tradition, within science fiction, interested in the prospect of a possible alien invasion, from H.G. Wells's *The War of the Worlds* to the 2016 film *Independence Day: Resurgence*, and here played out at the level of the virus.

differences whose effect is to open the collective to fragmentation and categorisation, it exposes how contagion can effectively act as basis for a new ethical understanding of the subject as always already part and product of the collective within which she emerges, that is, as a being forever plural in nature.[4]

Product of a writer who witnessed first-hand the violence implied in social and cultural hierarchisation[5] and written during the decade that saw the emergence of new technologies of global communications,[6] Butler's Patternist series participated in a broader cultural movement which saw the public discourse focus its attention on the impact this new worldwide rapid exchange of information had or could have upon identificatory practices. Questioning how human and non-human contacts shape the construction of the subject's own identity, her series challenges some of the foundational notions at the heart of the self, from its stability over time and for all time to its inherent and necessary enclosure. Focusing on the ways in which Butler mobilises contagion as a narratorial and epistemic tool in her re-articulation of humanity as a mode of being defined by plurality, fluidity and transitionality, this chapter explores how the representation of the 'disease' in *Clay's Ark* in particular allows her to not only criticise the dominant epistemic model enacted here by the early iteration of Eli as well as by Blake and Rane but to also promote an alternative discourse of public health rooted in a form of ethical co-responsibility, a duty to live and let live.[7]

Confronting two storylines, *Clay's Ark* opposes the approach originally taken by Eli and later sustained by Blake and Rane to that of Keira, a young woman of

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4 As was already mentioned in the introduction, the mobilisation of a feminine pronoun in reference to a generalised subject marks here a move away from the androcentric vision of subjectivity and towards a subject defined in terms traditionally associated with femininity.

5 Octavia E. Butler, 'NPR Essay – Un Racism Conference', *NPR Weekend Edition Saturday*, 1 September 2001, <http://www.npr.org/programs/specials/racism/010830.octaviabutleressay.html>, [Accessed 9 September 2016]

6 In December 1974, Vinton Cerf, Yogen Dalal and Carl Sunshine made the first use of the term 'internet' in their publication 'Specification of Internet Transmission Control Program', *RFC*, 675 (December 1974), <https://tools.ietf.org/pdf/rfc675.pdf>, [Accessed 9 September 2016].

7 Though *Clay's Ark* participates in a broader narrative spanning five novels—*Wild Seed* (1980), *Mind of My Mind* (1977), *Clay's Ark* (1984), *Survivor* (1978) and *Patternmaster* (1976)—this chapter only engages with *Clay's Ark,* as the issue of contagion does not appear in any of the other texts (with the exception of *Survivor* which Butler herself later disowned) focusing as they do more directly on the other 'race' peopling the world these novels share in common: the eponymous Patternists.

mixed descent suffering, at the onset of the novel, from leukaemia, for whom infection represents a positive opportunity—'the organism had given her a great deal'[1]—as well as the possibility of a re-configured new 'family'. By foregrounding the discourse promoted by Butler through Eli's own evolution and through Keira's intrusion within the Clayarks community, this chapter offers a counterpart to the reading presented by the zombie, vampire and werewolf figures of the previous chapters. Where those located in infection the signs of a reduction to biology, a sign of the subject's perverted objectness and his fall outside the ethical realm of the human, this chapter uses Butler's novel in order to invite a re-framing of subjectivity through contagion as fluid, porous and fundamentally unstable. Proposing a re-conceptualisation of the body as a paradoxically plural unit, an idiosyncratic node captured within a broader network composed of other idiosyncratic bodies with which the individual subject is in continuous interaction, this chapter offers an alternative reading of contagion that re-situates it as the necessary basis of our shared living condition. Reading in infection the signs of the subject's being-in-the-world, it ultimately compels the re-articulation of our public health policies according to new ethical understanding of the collective; or, rather, it invites a re-framing of the collective as necessarily ethical in nature.

5.1 Illness, Identity and Biology

As the previous chapter identified, within the dominant narrative of contagion, infection implies the replacement of the expected order by 'another order which either makes no difference or from which one suffers'.[2] Infection is conceptualised as a fundamental and ontological shift in which 'to be sick means that a man really lives another life'.[3] The identificatory shift triggered by the introduction of the disease therefore operates on the basis of an implicit belief in the idea that the body 'has an identity that coincides with its essence',[4] biological materiality providing the idiosyncratic foundations of the

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1 Octavia E. Butler, *Clay's Ark* (New York: St. Martin's Press, 1984; repr. London: VGSF, 1991), pp. 191-192.

2 Georges Canguilhem, *The Normal and the Pathological*, trans. by Carolyn R. Fawcett and Robert S. Cohen (New York: Zone, 1989), p. 194.

3 Ibid., p. 88.

4 Lennard J. Davis, 'Introduction: Normality, Power, and Culture', in *The Disability Studies Reader*, ed. by Lennard J. Davis (New York: Routledge, 2013), pp. 1-14 (p. 4).

identificatory process.[5] Apprehended within this framework, disease naturally implies interruption, the intrusion and introduction of a new element and, with it, of a new identity. To a changed body corresponds a changed identity. The traditional referential framework of identity theory therefore functions through the imposition of a continuity of selfhood over time, a linear yet repetitive structure, which inherently conceives of any deviation as a form of temporal suspension, a pause in the 'normal' course of life. For the subject to *become* sick, abnormal or monstrous means to find herself projected through time yet simultaneously locked in it; it signals a paradoxical motion towards inertia.

Though this understanding of illness continues to play a fundamental role in Butler's novel, its mobilisation exposes how this conceptualisation of contagion has predominantly been the product of a masculinist logos that, in its creation of a whole and unified self 'affirmed by reference to an ideal of unvarying sameness' inexorably 'demands the disavowal of the dynamics of becoming'.[6] Indeed, the 'Past' narrative, re-telling as it does the arrival to earth of the contagious Eli, in many ways echoes the kind of assumptions and beliefs found in the texts under study throughout the previous chapters. As Eli explains, his own transformation is inscribed within the kind of animalistic rhetoric that suffuses the lycanthropic myth, forcing him to question his own essence: 'in his own mind, his humanity had been in question for some time'.[7] Eli's self-understanding is circumscribed by the dominant normative perspective that sees in the human a standard from which all other kinds of embodiment divert. This conception in turn not only accounts for his expressed wish that somehow 'his frozen sperm could have been used to impregnate Meda';[8] it also drives his subsequent rejection of Jacob, his own son, whose sphinxian appearance he continues to identify as 'not human […] a freak who could not hide his strangeness'.[9] For the early Eli, any form of change to the

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5 One only has to consider the cultural prevalence attached to DNA, finger or retinal prints as markers of identity to recognize the cultural investment shaping the body as idiosyncratic basis of identity.

6 Margrit Shildrick, *Embodying the Monster: Encounters with the Vulnerable Self* (London: SAGE Publications, 2002), p. 104.

7 Butler, *Clay's Ark*, p. 3.

8 Ibid., p. 155.

9 Ibid., p. 166.

human form can only signal aberration, a passage to the abnormal realm of the monster.

This perspective is re-duplicated in both Blake and Rane's perspective on the disease. Faced with an organism whose beneficial effects he himself recognises—as he explains, 'the *disease* organism caused changes that could be *beneficial*'[10]—Blake remains throughout the novel thoroughly unwilling to process it as something other than a '*disease*—no, call it what it was, the invasion', a dangerous entity which 'had to be stopped at any cost'.[11] Later in the novel, Rane confirms this reading when she claims that, contrary to others, she 'won't change'.[12] Envisioning in any changing modality an alteration of the perceived purity and originality of the self,[13] Rane and Blake's belief system compels them to conceive of the disease as an essential form of loss. The symbolic representatives of the dominant articulation of illness, they show a reluctance to evolve or mutate which itself becomes a source of violence, leaving the infected being with but two possible ends, suicide or the cure attached to what Blake significantly refers to as 'the profession of healing'.[14]

This refusal to see in the organism anything other than a disease highlights a strong investment in the epistemological structures of the medical discourse. Even faced with the choice between 'liv[ing] with such signs or d[ying]',[15] Blake and Rane select death over illness and its mutational prospect. However, whereas the texts studied in the previous chapters all tended to idealise this irreducible drive towards a cure, this vital impulse to do 'the right thing',[16] Butler's re-appropriation of the moralising rhetoric of public health participates in a broader critical movement aimed at exposing the limitations

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10 Butler, *Clay's Ark*, p. 45

11 Ibid., p. 138.

12 Ibid., p. 90.

13 This perspective is echoed later in the novel when Zeriam, a recent addition to Eli's community, leaves a letter to his unborn child in which 'he talked about his fear of losing himself, becoming someone or something else' before taking 'one of Meda's sharp butcher knives and cut[ting] his throat'. Ibid., p. 134.

14 Ibid., p. 137.

15 Ibid., p. 78.

16 References to 'the right thing' can be found in numerous other contagion narratives such as *The Crazies*, dir. by George A. Romero (Cambist Films, 1973); *The Crazies*, dir. by Breck Eisner (Overture Films, 2010); Garth Ennis and Jacen Burrows, *Crossed* 4 (Avatar Press, March 2009), Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'Safety Behind Bars', *The Walking Dead* 18 (Berkeley: Image Comics, April 2005); and Scott Sigler, *Infected* (London: Hodder & Stoughton, 2008), p. 98.

imposed by the androcentric and normative teleology from which it derives.[17] In one of his first conversations with Blake, Eli explains that his mission's reliance on faster-than-light travel received violent resistance from the scientist community itself and that 'some scientists in particular found their prejudices too strong to overcome'.[18] Singling out the core foundation of Butler's criticism, this short comment signals the problematic nature of a structure, the scientific logocentric apparatus, whose reliance on deeply rooted and unwavering assumptions—including the predominance of sameness over difference, the possibility of universal truth and its correlative, an arrogant tendency to claim a privilege relation to knowledge[19]—forces the subject to approach disease as a necessary life-threatening and identity-altering event.

This understanding of illness also in many ways relies on a perception of the body as precisely that which remains imperceptible, invisible, a prosthetic object instrumentalised by the subject and whose continuation with the self is absolute yet paradoxically distant. Within this approach, every deviation from pure invisibility becomes abnormality. It signals a body 'experienced as that which "stands in the way"'.[20] Eli's initial resistance to the disease is articulated precisely around this notion of a body whose own agentic capacity comes to be felt by the subject as contrarian to her own. As he relates soon after landing, 'his body demanded that he go to the woman. He understood the demand, the drive, but he refused to be just an animal governed by instincts'.[21] Remaking himself into 'a prisoner within his own skull, cut off from conscious control of his body',[22] Eli conceives of his own body as a site of continuous control and containment. Rooted in a proprietary approach to embodiment, it posits an essential and realised distance between subject and body as well as the creation of

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17 See for example Margaret P. Battin, Leslie P. Francis, Jay A. Jacobson and Charles B. Smith, *The Patient as Victim and Vector: Ethics and Infectious Disease* (New York: Oxford University Press, 2009).

18 Butler, *Clay's Ark*, p. 153.

19 As Alvin I. Goldman argues, 'science is interested in true answers to a special class of questions, questions about lawful relations, explanatory relations, causal relations, and so forth'. Alvin I. Goldman, *Knowledge in a Social World* (Oxford: Clarendon, 1999), pp. 245-246.

20 Drew Leder, *The Absent Body* (Chicago: University of Chicago, 1990), pp. 83-84.

21 Butler, *Clay's Ark*, p. 16.

22 Ibid., p. 29.

two different and often opposed forms of agencies.[23] It positions body and self on two separate sides of the human equation, with a body clearly located on the side of the Animal and a self holding on to a fantasy of humanity.[24]

Rooted in the dominant androcentric discourse of transcendental cogito, disembodied rationality and autonomy,[25] this exclusionary approach is here countered by an alternative proposal materialised through Eli's own changed perspective and, more importantly, later through Keira, Blake's second daughter. Eli's change in point of view is first illustrated through his argument that 'the organism doesn't use cells up the way a virus does. It combines with them, lives with them, divides with them, changes them just a little […] it's a *symbiont*, not a parasite'.[26] From an entity distant and separated from the subject with its own distinct agency, the organism becomes in Eli's words '*a part of her cells*',[27] a mutational force whose existence cannot be separated from the host's own vital energy. Sign of an epistemological shift towards fluid, unstable and liminal definitions, it is this move that allows him, and later Keira, to recognise Jacob's beauty. Evident in Keira's realisation that 'her children would do that someday. They would have four legs and be able to bound like cats, and they would be beautiful',[28] this new model reads in the contagious body not the signs of abnormality, the result of an ontological transformation product of perversion, but rather those of a welcomed difference, an invitation not to judge but to see differently, to re-structure the epistemic framework of our perception.

Though popular challenges to racial, gender and other forms of embodied discriminations have tended to often disregard, if not directly erase, embodied

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23 This construction in opposition operates according to Drew Leder as a defence mechanism allowing the subject 'to experience the painful body as merely an "it," that which is separate from the essential self' and to find 'some relief and re-establish one's integrity in the face of an overwhelming threat'. Leder, p. 77.

24 The reference to a capitalised Animal here echoes Derrida's reading of the Animal as an entity 'in the singular and without further ado, claiming thus to designate every living thing that is held not to be man'. Jacques Derrida and David Wills. 'The Animal That Therefore I Am (More to Follow)', *Critical Inquiry* 28.2 (Winter, 2002), 369-418 (p. 400).

25 Margrit Shildrick, *Leaky Bodies and Boundaries: Feminism, Postmodernism and (bio)ethics* (London: Routledge, 1997), p. 148.

26 Butler, *Clay's Ark*, p. 37, my emphasis.

27 Ibid., p. 48

28 Ibid., p. 191.

differences in the name of equality,[29] Butler's critique firmly locates itself within the body of her protagonists. Emphasising a model of subjectivity whose emergence is made not against but through the body, her narrative conceives of identity as 'an identical relationship with the body'.[30] However, contrary to the staticity implied in Lennard Davis's appraisal—'the identity is unchangeable and indelible as one's place on the normal curve'[31]—and against a dominant tendency in the social sciences to shun biological determinism on the ground of its inherent fixity,[32] Butler's recuperation of biology here promotes rather than negates movement and idiosyncrasy. This is nowhere more evident than in the relation she sets up between Keira and Rane. Described as 'fraternal twins' yet 'different in [both] appearance and behavior',[33] the two sisters are more directly defined by what separates them than what brings them together. As Blake explains, 'Keira had too many fears, Rane had too few'.[34] Despite their initial biological closeness, Rane and Keira grew up to be drastically different people, to the point that their own father feels the need to introduce a fictional age distinction between the two, as expressed in the comment that 'somehow, Blake had slipped into the habit of thinking of the hardier, more impulsive Rane as his younger daughter'.[35] Though in itself not surprising—sociology has long since established that the social environment at least as much as biology can account for differences in personality—the most interesting part of the distinction Butler introduces between the two sisters comes from the suggestion that their difference is itself born out of Keira's own idiosyncratic biological status. As her father continues, 'Keira had been pretty once-when she was healthy, when she looked so much like her mother that it hurt him. Now she was ethereal, not quite of this world,

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29 Gisela Bock and Susan James, 'Introduction: Contextualizing Equality and Difference', *Beyond Equality and Difference: Citizenship, Feminist Politics, and Female Subjectivity*, ed. by Gisela Bock and Susan James (London: Routledge, 1992), pp 1-16 (p. 4).

30 Davis, p. 4.

31 Ibid., p. 4.

32 As Shildrick suggests, the difficulty in speaking of embodiment 'is particularly acute for postmodernists in so far as it appears to speak to a biologism which is firmly rejected, [to] the idea that there could be anything fundamental and certain about the body', a stance she herself recognizes 'seems to invite at least some turn towards biological determinism'. Shildrick, *Leaky Bodies*, p. 175.

33 Butler, *Clay's Ark*, p. 5.

34 Ibid., p. 5.

35 Ibid., p. 5.

people said'.[36] Keira's inherent difference, Butler suggests, is rooted in her diseased body. It is her illness which not only distances her from her sister on an aesthetic level—as Eli tells them, 'the two of you barely look like members of the same family, let alone twins'[37]—but which accounts for their difference in personality.

However, to read here a pure biologistic reduction to corporeality would be to misunderstand the complexity of Butler's novel. Indeed, though it is rooted in the idiosyncrasy of her body, Keira's difference is not simply the product of an essence external to discourse. Her identity, her body and her illness all rely, as her father emphasises, on what people say about her,[38] that is, they are shaped and informed by the epistemic framework within which Keira herself is apprehended. During a conversation with his people, Eli expresses his concerns about the future of their children: '"I know." He paused. "What in this world is going to happen to kids with human minds and four legs? Think about it!"' To this, Meda simply retorts 'who says they have human minds? […] their minds may be as different as their bodies'.[39] If Meda's comment may seem to entail an identical relationship between body and mind and therefore to promote a deterministic agenda, Butler's understanding of the relationship between embodiment and consciousness or identity is in fact informed by a strong investment in the social construction of embodiment and in the importance of idiosyncratic and cultural readings of the body. For her, the body is not simply a 'passive surface, but the site of sensation and libidinal desire which are in continuous interaction with textual practices'.[40] Conflating biology and discursivity, her approach does not so much pit the biological against the social but proposes instead a relational perspective in which biology is read idiosyncratically through social discourses. As Arthur Kleinman acknowledges, 'we do not discover our bodies and inner worlds *de novo*'; instead, 'all humans learn methods to monitor bodily processes and rhetorical idioms (verbal

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36 Butler, *Clay's Ark*, p. 6.
37 Ibid., p. 15.
38 Ibid., p. 6.
39 Ibid., p. 180.
40 Shildrick, *Leaky Bodies*, p. 178.

and nonverbal) to communicate bodily states, including states of illness'.[41] Bodies are sites of social investment just as they are sources of experience. Their significance is produced precisely at the intersection between idiosyncratic evaluation and politico-social discourse.

In his work on the body, Mark Johnson argues that 'cultural institutions, practices, and values provide shared ("external") structures […] that influence the development of our bodily way of engaging our world'.[42] The social context within which a body emerges shapes our experience of this body. Yet at the same time, Butler's narrative and the multiplicity of point of views it offers signals that each body retains a certain essence both distant and separate from the meaning provided to it by culture, ensuring the possibility of alternative perspectives on this body. It is precisely this recognition which, for Butler, allows a reading of biology as fluid and shifting. Her novel therefore does not suggest biology to be static. Biology in and of itself is invariably mutational, made of assemblages and re-assemblages to an infinite degree. Yet at the same time, biology is invested with an inalienable dimension which, in its strictest and most restrictive reading, can indeed lead to biological determinism, to a static and identical relationship between body and subject.

Going back to the limited prospects available to his own progeny, Eli explains that he knows 'what their lives will be like if they can't fit in—and, of course, there's no way they can fit in'.[43] Clayarks, according to him, will never fit within the carefully fragmented structures of society. Caught within the ordered system of culture, the contagious monster, a being fundamentally in between, represents an impossibility, a simultaneous occupation of the 'both' and the 'neither'. However, his vision is also countered by Meda's more progressive reading that sees in her children a magnificent yet unknowable potential. As she explains to Eli, 'we can teach them, but we can't know ahead of time what they'll become'.[44] Unstable in essence, biology is made

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41 Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic, 1988), p. 13.

42 Mark Johnson, 'What Makes a Body?', *The Journal of Speculative Philosophy* 22.3 (2008), 159-169 (p. 166).

43 Butler, *Clay's Ark*, p. 180.

44 Ibid., p. 180.

of catastrophic assemblages whose future is itself impossible to foresee.[45] Its re-appropriation within Butler's novel therefore participates in a violently progressive movement in which contagion becomes a site of resistance to what Luce Irigaray refers to as the 'dominion of the philosophic logos', a hegemonic position stemming from its 'power to *reduce all others to the economy of the Same*'.[46] Re-centring attention on the body and its impact on the self, the reading she proposes opens up a new space for the re-articulation of illness in which biology and the discourse on biology can be re-appropriated as powerful instruments in the resistance to the normative discourse of health.

By presenting her audience with a fragmented narratorial structure in which she multiplies both timelines and points of view, Butler acknowledges that nature and biology are not, in and of themselves, fixed entities. Rather, they are caught up within 'a teleology of reabsorption of fluid in a solidified form',[47] a referential frame whose primary effect is to fix what would otherwise remain unstable and protean. In other words, Butler exposes how the suspended dimension of illness, its invariable return to a temporality in deferral, is not itself product of nature but of discourses, practices which 'are not neutral forces but solidifying and organizing forces with ambivalent effects'.[48] The recognition of biology's 'artifactualism', to borrow Donna J. Haraway's terminology,[49] in turn allows Butler to move beyond this strict identical relation and to acknowledge both the fundamental role played by embodiment in the determination of subjectivity as an idiosyncratic and individual experience, as well as the heavily social and cultural nature of our perception of this body. It allows the opening up of a process

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45 The term 'catastrophic' is here understood in its definition as 'an event producing a subversion of the order or system of things'. 'Catastrophe, n.' *OED Online* (Oxford University Press, March 2016), <http://www.oed.com/view/Entry/28794>, [Accessed 14 June 2016].

46 Luce Irigaray, *This Sex Which Is Not One*, trans. by Catherine Porter and Carolyn Burke (Ithaca: Cornell University, 1985), p. 74.

47 Ibid., p. 110.

48 Andrea Beckmann, *The Social Construction of Sexuality and Perversion: Deconstructing Sadomasochism* (Houndmills: Palgrave Macmillan, 2009), p. 35.

49 Artifactualism for Haraway implies that 'nature for us is made, as both fiction an fact. If organisms are natural objects, it is crucial to remember that organisms are not born; they are made in world-changing technoscientific practices by particular collective actors in particular times and places'. Donna J. Haraway, 'The Promises of Monsters: A Regenerative Politics for Inappropriate/d Others', in *Cultural Studies*, ed. by Lawrence Grossberg, Cary Nelson and Paula A. Treichler (New York: Routledge, 1992), pp. 296-297.

of re-articulation of the corporeal through the social, whose primary effect is the re-imagining of the subject as a fluid entity in continuous process of becoming.

5.2 Touching Otherness: Ontology and the Kinaesthetic Body

Early in the novel, while on their way to Rane and Keira's grandparents, Blake hears his younger daughter moaning on the back seat. Turning to look at her, he 'felt rather than saw that Rane also turned to look' while 'Keira, thin and frail, slept on'.[50] In this short comment, Butler hints at one of the primary impact of the re-articulation of identity as a partially biologically-determined creation, that is, its invitation to consider the ways in which embodiment intervenes within consciousness, not only as an interruption or prison in ill health, but as a general fact of living. A few pages before Blake's introduction, Butler recounts Eli's return to earth after his ship crashed in the American desert. Having 'wandered for nearly three nights with no destination, no goal but food, water, and human companionship',[51] he finally locates a small farm when he suddenly notices he can 'smell water the way a dog or a horse might'.[52] Re-invigorated by this discovery, 'he beg[ins] to climb, rousing to notice the change only because moving began to require more effort'.[53] Confirmed a few sentences later by Eli's own recognition that, 'for a few moments, he was alert, sensitive to the rough, eroded granite beneath his hands and feet, aware that there were people in the direction he had chosen',[54] the establishment of a direct link between experience, embodiment and identity forces the promotion of proprioception—the sense 'of how our own body parts are currently oriented in space'[55]—as a main instrument in the subject's understanding of both the world and herself. Emphasising the corporeal experience of the subject, Butler's reading of illness not only allows her to challenge the invisible body posited by the androcentric approach promoted by Western philosophy; it also invites a new understanding of consciousness as 'self-presence, as the perception of self

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50 Butler, *Clay's Ark*, p. 6, my emphasis.
51 Ibid., p. 3.
52 Ibid., p. 3.
53 Ibid., p. 3.
54 Ibid., p. 3.
55 Andy Clark, *Natural-Born Cyborgs : Minds, Technologies, and the Future of Human Intelligence* (Oxford: Oxford University Press, 2003), p. 106.

in presence',[56] linking the experience of subjectivity to the body and the perception of the body to a mode of embodied perception.

In opposition to the texts studied in the previous chapters, the conception of the body presented by Butler's novel is not solely built around a hindering force, an anchor whose cumbersome presence continuously obstructs a form of desired transcendence. Instead, experience, thoughts and ultimately identity are re-articulated through the sensuous body. As Eli explains Loren, a young women who recently joined his community, framing the body as site of consciousness invites the subject to construct *being* as a result of *feeling*: 'to understand what you are– why you feel what you feel'.[57] Though their respective significations remain socially informed, as indicated by the fact that different individuals react differently to the embodied change brought about by the disease itself, the re-articulation of essence through perception enacts a re-inscription of identity within the arrangement of the body. Adopting a phenomenological stance rooted in an understanding of thoughts as embodied—a 'thinking through the body' that acknowledges 'the bodily basis of thought and the cognitive component of bodily processes and vice versa'[58]—Eli's comment suggests a new approach to the body as a site of investment. Embracing kinaesthesia or the idea of 'a body which is sentient and which moves and engages with the world through a form of *corporeal consciousness*',[59] it moves away from an articulation of the relation between body and mind as distinct and separate entities and towards a re-localisation of experience and consciousness within the body.

Rejecting the kind of construction of the disease as agency that led the zombie, vampire and werewolf narratives to read in the sick body an 'enemy' of medicine, Butler proposes a more positive model rooted in a continuity between body and self, in the notion that 'we humans learn "which thing we are" by moving and listening to our own movement […] we perceive the *qualia* of our own movement; our bodily

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56 Jacques Derrida, *Margins of Philosophy*, trans. by Alan Bass (Chicago: University of Chicago Press, 1982), p. 16.
57 Butler, *Clay's Ark*, p. 104.
58 Lisa Blackman, *The Body: The Key Concepts* (Oxford: Berg, 2008), p. 5.
59 Ibid., p. 83.

feelings of movement have a certain *qualitative character*'.[60] Though it retains traces of the vision promoted by the contagion narrative presented in the first three chapters, most notably in Eli's forceful rejection of the demands of his body—'he refused to be just an animal governed by instincts'[61]—and in Rane's comment, later in the novel, that the organism made her feel 'as though she were two people. One wanted, needed, was utterly compelled to have this man […] yet some part of her was still her. That part screamed soundlessly weeping, and clawed with imaginary fingers at the ape's ugly, stupid face',[62] *Clay's Ark* proposes, through both the 'Present' incarnation of Eli as well as through Keira, a re-articulation of consciousness, subjectivity and lived experience through movement, where living is always already thinking.

Resisting the dominant androcentric bias towards the predominance of vision over other senses that defined Western philosophy,[63] Butler's emphasis on a feeling body allows her to re-frame experience as the product of a more diffuse sensibility. First suggested when Keira explains that 'she wanted to visit [her grandparents] in the flesh, not just see them on a phone screen',[64] this sensuous re-distribution implies a re-thinking of the body, here both her grandparents' and her own, as more than a visual apparatus of apperception. To touch or smell presents its own particular form of information. Where the gaze, and in particular the classificatory gaze of medicine, is 'sensitive only to surface divisions',[65] that is, where it defines itself by a paradoxical emphasis on fragmentation and totalisation—as Irigaray argues, 'vision is effectively a sense that can totalise, enclose, in its own way. More than the other senses, it is likely to construct a landscape, a horizon'[66]—the felt body offers a more porous understanding

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60 Maxine Sheets-Johnstone, *The Primacy of Movement* (Amsterdam: John Benjamins Publishing, 2011), p. 49.

61 Butler, *Clay's Ark*, pp. 16-17.

62 Ibid., p. 173.

63 Discussing the popular idiom 'seeing's believing', Mark Paterson argues that 'at least in Western industrialized cultures, such attitudes maintain the sensory stereotype whereby vision is predominant' among senses. Mark Paterson, *The Senses of Touch: Haptics, Affects, and Technologies* (Oxford: Berg, 2007), p. 12.

64 Butler, *Clay's Ark*, p. 4.

65 Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (London: Routledge, 1989), p. 6.

66 Luce Irigaray, *An Ethics of Sexual Difference*, trans. by Carolyn Burke and Gillian C. Gill (London: Athlone, 1993), p. 175.

of the relationship between subject and world. Disrupting the androcentric construction of the body as fundamentally enclosed, *Clay's Ark* materialises the body called forth by Haraway: a body that refuses to take the skin as its end point and instead consistently incorporates its environment as it itself changes it.

The alternative model introduced by Butler emerges primarily through the emphasis she puts on culturally disregarded senses as well as on the notion of corporeal or body language. Beyond Eli's improved sense of smell, sense which later becomes so vivid as to eventually reach the certainty historically associated with vision alone[67]—as Keira explains, 'the new scent confused her for a moment because of its clarity. She was so utterly certain it was her father's that for a moment she thought she had actually seen him'[68]—Clayarks can also 'hear better than most people'.[69] Their taste bud functions according to different criteria, preferring 'food raw and unseasoned. It tasted better'.[70] Yet, if upon contamination, the organism seems to affect the entire olfactory apparatus of its host, effectively making her more acute to her surrounding, more able to 'take in' the world around her, it is primarily through touch that Butler disrupts the androcentric dream of the self-enclosed body. When he first arrives at the ranch, Eli approaches one of the windows at night and, staring at one of the women, has to remind himself that 'if he touched her at all, she might die. He had watched it happen before, and it had driven him to want to die, to try to die himself'.[71] Within the economy of the contagion narrative, to touch is always already to enact and impose transformation.

Materialising the subject's ability to 'touch' the object in its ontology with each contact, touch becomes, in *Clay's Ark*, the primary means through which the organism jumps from host to host. Whether it is through cuts—'she lifted his right arm, exposing the bloody scratches she had made'[72]—or simply contact—'no doubt, the perspiration was loaded with disease organisms'[73]—it finds itself invested with communicative

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67 Paterson, p. 12.
68 Butler, *Clay's Ark*, pp. 189-190.
69 Ibid., p. 22.
70 Ibid., p. 71.
71 Ibid., p. 17.
72 Ibid., p. 35.
73 Ibid., p. 38.

potential. Towards the end of the novel, as Blake is dying of the wounds he suffered during his attempted escape, Eli approaches him and takes his hand. Witness to the situation, Keira describes how 'she felt that something happened between them, a moment of nonverbal communication',[74] an impression confirmed a few seconds later when Eli explains to her that her father's 'organism "knew" something mine want[ed] to know'.[75] The mark of an unspoken form of communication, touch opens the body to the Other and allows a form of 'intercorporeity',[76] the creation of a topological space in which subjectivity and objectness collide and confuse each other.

Indeed, as Eli's earlier comment about the sleeping woman already suggested, touch, more than any other sense, implies a dual directionality. Even in its most brutal and careless incarnation, in the touch that hurts and harms, it implies an ontological shift in its actor as much as it does in its object. Disrupting the reading that has tended to view in touch the act of an active giver on a passive receiver, a subject touching an object,[77] the relation established by Butler in her novel signals a more complex interpretation. In *Clay's Ark*, touching is always already a mode of being touched; it involves a touching subject who, in touching the object, 'incorporate[s] the touch of the host, a malign presence that could not be eradicated from the exchange'.[78] In this way, touching always implies the haunting remaining traces of something of the Other in the self, a part of her objectness transposed within the subjectivity of the touching subject. It paradoxically means both 'enter[ing] into a communality with it' *and* 'confront[ing] it as something that is at least marginally separate from the perceiver'.[79] Involving both parties into a space of exchange and mutual re-making, it signals separation while simultaneously implying transfer. Like contagion itself, it breaches over domains it

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74 Butler, *Clay's Ark*, p. 194.

75 Ibid., p. 195.

76 Maurice Mérleau-Ponty, T*he Visible and the Invisible; Followed by Working Notes*, ed. by Claude Lefort, trans. by Alphonso Lingis (Evanston: Northwestern University Press, 1968).

77 This relation has also problematically tended to be constructed through the prism of gender and sexual opposition as the act of a male agent over a female object, thus re-framing touch as a feminising act itself. Sander L. Gilman, 'Touch, Sexuality and Disease', in *Medicine and the Five Senses*, ed. by W. F. Bynum and Roy Porter (Cambridge: Cambridge University Press, 1993), pp. 198-224 (p. 215).

78 Lisa Blackman, 'Bodily Integrity', *Body & Society* 16.3 (2010), 1-9 (p. 7).

79 Leder, p. 77.

simultaneously marks as distant and contiguous.

Ending her novel with Keira and Stephen contemplating the future worldwide propagation of a disease now entirely outside their control, Butler describes how 'they held each other until they could no longer tell which of them was trembling'.[80] Challenging the notion of touch as being a sense of verification—as Leder explains, touch implies an 'awareness of the materiality of the object and an awareness of the spatial limits and sensations of our lived body'[81]—*Clay's Ark* reads in the connection it establishes both the reification of a boundary and the paradoxical dissolution of the latter. In opposition to the distance implicit in vision, touch is essentially proximal. It disrupts the erection of the limit it itself constructs, and in this disruption, establishes a 'point of both convergence and divergence', not an entire loss of distinction, but 'a coming together in difference'.[82] As Mark Paterson argues, touch is not about feeling but about *feeling-with*.[83] It involves communality as it sets up distinction, a singular yet plural event that forces us to re-draw the imaginary anatomies posited as essential to subjectivity.[84]

In *Clay's Ark*, the body becomes a topological site of uninterrupted communication, with the skin and other organs acting as the continuous receptors and diffusors of information. As Meda explains after Blake asks her whether she and her people are telepathic, 'we read body language. We see things you wouldn't even notice—things we didn't notice before. We don't work at it; it isn't a conscious thing. Among ourselves, it's communication'.[85] This embodied mode of communication for Eli's people, not only includes visual cues but also smells—'you don't feel or smell like one of us'[86]—and touch—'Meda examined it minutely, touching and looking […]

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80 Butler, *Clay's Ark*, p. 201.
81 Paterson, p. 12.
82 Shildrick, *Embodying the Monster*, p. 111.
83 Paterson, p. 23.
84 As Cathy Waldby explains, 'imaginary anatomies come about through the necessity that subjects be able to choreograph themselves in space, that they be able to negotiate self/other relations and that they be able to identify themselves with a singular bodily assemblage'. Cathy Waldby, *AIDS and the Body Politic: Biomedicine and Sexual Difference* (London: Routledge, 1996), p. 43.
85 Butler, *Clay's Ark*, p. 36.
86 Ibid., p. 38.

He took it eagerly, needing to hold it and look at it and understand that this was his son'.[87] By emphasising a body re-conceptualised as an information structure, a map or a network of signifiers and interpreters, the approach promoted here by Butler moves away from the model of the body understood in terms of enclosure and defences that suffused the dominant popular and medical perspective and presents a vision defined by what Scott L. Montgomery refers to as bio-technology, a model in which:

> Instead of war, the computer is now our model. Rather than a battlefield, we have become a network. More than a meeting between 'self' and 'non-self', we are at once a kind of technical device and a competitive free market (a barter system?) for the production, transfer and appropriation of 'data'.[88]

For Butler, this epistemological shift allows the constitution of the body as precisely that which never ceases to expand and to draw new connections, a body continuously open to new encounters.

Embracing vulnerability as an intrinsic dimension of living and breaking through the cultural desire for safety and enclosure that defines Blake's perspective—'like most enclave parents, Blake had done all he could to recreate the safe world of perhaps sixty years past for his children'[89]—*Clay's Ark* showcases the danger inherent to life. However, it also re-frames this vulnerability itself as a positive and ultimately necessary source of renewal. During his attempt to escape Eli's community and as he is trying to break into his own car, Blake is joined by Keira. Throwing him his key, she explains to him that 'now you won't have to worry about touching me',[90] that, having stolen the keys from Eli, she exposed herself in a way her father denied her earlier. Both angry and confused at his daughter's rebellion, Blake asks her whether she 'exposed [her]self just to get the keys'.[91] Keira's negative answer signals an inherent desire for human contact,

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87 Butler, *Clay's Ark*, p. 156.
88 Scott L. Montgomery, 'Codes and Combat in Biomedical Discourse', *Science as Culture* 2.3 (January 1991), 341-390 (p. 353).
89 Butler, *Clay's Ark*, p. 32.
90 Ibid., p. 62.
91 Ibid., p. 62.

a desire to be touched and to touch others, to be confirmed in her being by this touch as she herself confirms it through touching. A form of sexuality in its own right—as Meda confesses to Blake 'touching you is almost as good as screwing. It would be good even if I didn't like you'[92]—touch becomes, within the economy of the novel, a site of pleasure, 'a startlingly intense sensual experience'[93] rooted in the communion it establishes between individuals. Signalling the constitution of a collective form of togetherness, it unfolds as the reification of a vulnerability essential to being subject, an openness to the world that exposes the illusionary dimension of the symbolic unity projected upon both body and subjectivity by the dominant Western discourse. To be, according to Butler, always implies contact, contamination, communication and the communion of all beings within the subject. It remakes the subject as a being in bits and pieces, a constellation of possibilities whose futurity more than its presence shapes the being she is always in the process of becoming.

5.3 Becoming Plural and the End of the Body

Over the course of its narrative, Butler's novel unfolds as a dialogue between two conceptions of contagion, themselves tied in to two broader and distinct epistemological structures: on one side lies Eli and his fundamental need to believe that Clayarks are 'holding on to [their] humanity by [their] fingernails';[94] on the other, Meda, whose approach she qualifies as 'more realistic than h[is] is', and who doubts Eli's 'humanity' is more than an illusion, the remnant of an archaic system of thought.[95] Departing from the narratorial and epistemic structures which underlied the texts under study in the previous chapters, her exploration of contagion relies not on a vision of 'humanity' as a point of departure from which the 'abnormal' contagious being departs, a normal state of being against which culture constructs those states it deems abnormal. Rather, humanity is nothing more than the materialised and discursive presence of a normative and exclusionary epistemological model crystallised in this notion of the human.

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92 Butler, *Clay's Ark*, p. 50.
93 Ibid., p. 70.
94 Ibid., p. 48.
95 Ibid., p. 48.

Re-articulating the self not as a definite and stable entity but as the product of a retroactive movement of re-capture whose primary effect is the phantasmagorical solidification of what remains a space forever in flux, her novel exposes a body understood as processual. Indeed, as it enacts the dissolution of the categories of 'active giver' and 'passive receptor', touch inexorably also challenges the position that situates 'as its point of departure a stable body that exists in a pre-given space-time'.[96] It reveals a body in continuous dialogue with the world, forever moving 'in excess of its-self toward the world'.[97] The Clayarks embodies that specific mode of becoming which eludes the "Thou art that" […] that is, any definite identification'.[98] Echoing Luce Irigaray's reading of touch as a 'searching for what has not yet come into being',[99] touch unfolds in Butler's novel as the site of a subject's re-making, her individuations or that 'capacity to become *beyond* identity'.[100] To touch is therefore always to reach towards the *not yet*. It means to try to catch precisely that which cannot be caught, to stabilise what always remains fluid. It is to touch that which is changed by touch and simultaneously changes touch. It signals an attempt 'to touch the incorporeality of a body', that is, a body which 'is always what it has not yet become', a body in metamorphosis.[101] It implies a mutual or 'reciprocal reaching-forward';[102] not a capture but a movement, a becoming.

In this way, the contagious Clayark offers a positive counterpart to the zombie. It symbolises an opening up of the subject to the impossibility of the clean and proper body signifier of subjectivity and her subjugation to the Symbolic order that was so violently rejected by the zombie narrative. It showcases a mode of embodiment in expansion, a body that consistently reaches beyond the strict boundaries of the skin in order to become what it is not yet. If this notion of becoming here suggests an opening up of the subject to spatial and temporal exploration, it is not to be taken as a simple

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96 Erin Manning, *Politics of Touch: Sense, Movement, Sovereignty* (Minneapolis: University of Minnesota, 2007), pp. xii-xiii.
97 Ibid., p. xiii.
98 Irigaray, *This Sex*, p. 117.
99 Irigaray, *An Ethics of Sexual Difference*, p. 187.
100 Manning, p. xv.
101 Ibid., p. xix.
102 Ibid., p. 88.

shift. Understanding becoming as a mode of transformation, as do Zeriam, Rane, Blake and Eli in his initial incarnation, would simply mean returning it to ontology. It would imply reducing it to a process defined by a form of movement between two separated yet stable states. Blake's understanding of the disease, for example, is restricted to a form of abnormalisation, reading in the organism the opening of a new world, 'Eli's world', where his daughters would be 'going underground, becoming whatever the organism would make of them'.[103] The link drawn here by Blake between a different world and the notion of becoming therefore harkens back to the particular geography of monstrosity previously evoked in the werewolf and vampire myths.

To this perspective, Butler opposes an alternative reading of contagion as a continuation of the inherently unstable dimension of the subject. Early on in the narrative, we learn that Keira, due to her illness, was subjected to a treatment that mobilised 'some kind of protein medicine' whose effect was to 'reprogra[m] the cells'.[104] Though this alteration is here a result of Keira's particular condition, what the Clayark's 'disease' highlights is the vulnerability to becoming inherent to existence. Contrary to the perspective upheld by Blake and Rane, Keira's experience is informed by her understanding of the mutational dimension of biology. For her, becoming is not transformation, but the acceptance of the forever-incompleteness of being, the transitionality of existence and the impossibility of purity. Echoing Gilles Deleuze and Félix Guattari's definition of becoming as a form of anti-being—as they explain, becoming is not a 'correspondence between relations […] neither is it a resemblance, an imitation, or, at the limit, an identification';[105] to become does not imply 'progress [n]or regress along a series';[106] it is neither evolution nor devolution, nor it is 'truly' becoming something else—Keira's perspective exposes a reading of the subject as forever caught up within a system of de-territorialisation and re-construction.

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103 Butler, *Clay's Ark*, p. 165.
104 Ibid., p. 11.
105 Gilles Deleuze and Félix Guattari, *A Thousand Plateaus: Capitalism and Schizophrenia*, trans. by Brian Massumi (Minneapolis: University of Minnesota, 1987), p. 237.
106 Ibid., p. 238.

Predicated on movement and instability, becoming therefore unfolds here as more than a simple transition; it implies a radical shaking up of the epistemic structures underlying subjectivity and experience. Rejecting the dominant system of difference, its reliance on an economy of sameness and its description of time and space in terms of clearly delineated states and realms, it promotes instead a form of continuous re-territorialisation in which subjectivity is re-framed as a fluid and continuously moving process, a perpetual transition towards a future never reached. As the temporal conflation implicit in Eli's comment that Clayarks are 'the future' suggests,[107] becoming refutes the stability necessary to ontology. It reduces the self to 'a threshold, a door, a becoming between two multiplicities'[108] and re-makes it into an ephemeral discursive notion forever caught up in a process of self-re-iteration where being always already refers to a past state of things and the subject to something she is not yet.

Becoming continuously deconstructs and reconstructs being to the point it renders any notion of ontology fictional. It re-articulates experience, the idiosyncratic foundation of the subject's sense of self, as 'a traversal, something that traverses and travels toward a destination for which it finds the appropriate passage'.[109] In this movement forward, the subject is not only traversing space and time; she herself becomes object of traversals, crossings and encounters. Eli's description of the organism and its effects, in this way, comes to materialise the symbiotic relation becoming promotes:

> They had made themselves at home in human cells in a way that should not have been possible—like plasmids invading and making themselves at home in bacteria. But these were hardly plasmids—solitary rings of DNA. These were more complex organisms that had sought out higher game than bacteria and managed to combine with it without killing it. They had changed it, however, altered it slightly, subtly, cell by cell. In the most basic possible way, they had tampered with Meda's genetic

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107 Butler, *Clay's Ark*, p. 181.

108 Deleuze and Guattari, p. 249.

109 Jacques Derrida, 'Force of Law: The "Mystical Foundation of Authority"', *Cardozo Law Review* 11.919 (1990), 920-1045 (p. 947).

blueprint.[110]

Reducing all notions of originality and primacy to fictional fantasies, becoming marks the opening of the subject to vulnerability, her remaking both *in* relation and *as* relation. Defined through the emission of 'particles that take on certain relations of movement and rest because they enter a particular zone of proximity',[111] it invites us to re-articulate subjectivity as a positionality forever in flux. Refusing to anchor the self in ontologically definable states, it re-conceptualises it as an entity product of assemblages that continuously de- and re-territorialise it.[112]

Through this process, the subject's form, her boundaries are projected into a movement of continuous re-shaping where every new encounter becomes an opportunity for the integration and distribution of new information. As a mode of existence, becoming therefore 'spatially encourages an address to the multiple within a dividuated organism and the organism as part of a teeming series of relations with its inextricable environment, both conceptual and material'.[113] It posits bodies that 'individuate in response to a reaching-toward and they reach toward as a response to their individuation';[114] a continuous and uninterrupted dialogue whose infinitude impedes identification. When Meda holds her son for the first time, she 'examine[s] it minutely, touching and looking' before Eli 'took it eagerly, needing to hold it and look at it and understand that this was his son'.[115] If touch acts as a means to re-ascertain or reify their child's presence, it also marks a deeper understanding of touch as a medium in becoming, a way for them to materialise their reciprocal bond, their *becoming-together*. Indeed, for both Keira and the Clayarks, touching is an act of re-affirmation of the collective; it is the mark of a belonging that implies not only inscribing the subject within a community but also understanding that subject as always part and product of the collective. First hinted at in Keira's desire to see her grandparents in person

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110 Butler, *Clay's Ark*, p. 49.
111 Deleuze and Guattari, p. 273.
112 Ibid., p. 291.
113 Patricia MacCormack, 'Posthuman Teratology', in *The Ashgate Research Companion to Monsters and the Monstrous*, ed. by Asa Simon Mittman and Peter Dendle (Farnham: Ashgate, 2013), pp. 293-309 (p. 295).
114 Manning, p. xviii.
115 Butler, *Clay's Ark*, p. 156.

rather than on a screen—essentially confirming their familial bond *in the flesh*—this notion is re-affirmed later in the novel through the process of re-infection animating the Clayark community. As Eli explains, his people continuously require re-inoculation or repeated touching, in order to live: 'reinfection was the answer, then—or, *an* answer […] without it, everyone died. With it, some lived'.[116] The means of their becoming, touching signifies for the Clayarks more than the constitution of a relation between subjects; it signals a mode of co-constitution, a co-subjectivation.

In *Clay's Ark*, contagion materialises mutual becomings. It not only shatters the traditional conception of the self and the idealised fiction of the body as temporally stable, linear or fixed, product of the biomedical imagination,[117] it also re-articulates the self as a constant bi-directional movement—both centripetal and centrifugal—a point of exchange, a network. When he finally manages to observe the operations of the organism on the host, Eli himself is forced to acknowledge that the alien organisms had 'made themselves such fundamental parts of his body' that distinguishing one from the other had become a futile exercise.[118] Describing the organism's action a few pages later, Meda tells Blake that, according to Eli, 'the organism doesn't use cells up the way a virus does. It combines with them, lives with them, divides with them, changes them just a little […] it's a symbiont, not a parasite'.[119] If Meda's definition here actually replicates the functioning of viruses more than it contradicts it—'a virus modifies the intracellular environment of its host in order to enhance the efficiency of the replication process' and, through this process, is absorbed by the host to the point of misrecognition[120]—what it suggests is an opening up of the subject to her own exteriority, or rather a collapse of the notion of exteriority altogether, and an embrace of the plural and dialogistic nature of being.

In his work on the posthuman in the writings of William S. Burroughs, Steven Shaviro argues that when one looks at the molecular-genetic basis of life, 'all we can

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116 Butler, *Clay's Ark*, p. 45.
117 Waldby, p. 31.
118 Butler, *Clay's Ark*, p. 30.
119 Ibid., p. 37.
120 John B. Carter and Venetia A. Saunders, *Virology: Principles and Applications* (Chichester: John Wiley & Sons, 2007), p. 6.

find are differences and singularities: multiple variations, competing alleles, aberrant particle distributions, unforeseeable sequence transpositions'.[121] This plurality of organisms, these multiplicities never actually 'add up to anything like a distinct species identity'[122] but rather signal a more porous epistemology. For Shaviro as for Butler, the respective unity of the body, the self and the subject are but the result of a mirage, a lack in the capacity of the subject to perceive the numerous exchanges continuously occurring at all levels of her being as well as between herself and her environment. To argue that becoming lies at the core of our essence as living beings therefore implies a mode of becoming- or living-*with*. Processed through this framework, the relationship between host and disease, but also between subjects, becomes a symbiotic one, a relationship which, though it retains the marks of division, is also fundamentally invested in couplings and alliances, in the dissolution of our cultural empowering of the unique, the singular, over the multiple. Materialised in contagion, the process of becoming is always already a move towards plurality, a rejection of the notions of singularity and duality so fundamental to Western ontology. It invites the de-framing of the subject and her re-articulation as an entity constantly subjected to forces both within and outside itself that pulls it apart to the point of explosion, extending it 'in multiple directions beyond unity and identity'.[123]

After finding the corpse of Zeriam, Meda and Eli ponder what to do with the letters he left before his suicide, addressed as they were to Lorene and to his son. In a moment of 'weakness', Meda silently starts crying: 'she never liked him to see her when she cried. She thought it made her look ugly and weak'.[124] However, contrary to Meda's perception, Eli's reading of her tears is far from negative: 'he thought it made her look *humanly vulnerable*. She reminded him that they were still humanly vulnerable in some ways'.[125] The re-articulation of the subject as product of a process of becoming invariably forces us to recognise the inherent vulnerability of life. It calls

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121 Steven Shaviro, 'Two Lessons From Burroughs', in *Posthuman Bodies*, ed. by Judith Halberstam and Ira Livingston (Bloomington: Indiana University Press, 1995), pp. 38-54 (p. 51).

122 Ibid., p. 51.

123 Manning, p. 93.

124 Butler, *Clay's Ark*, p. 140.

125 Ibid., p. 140.

for a re-thinking of the opposition between self and not-self, between an 'I' and what it is not as the result of an arbitrary decision of the part of our culture. Focusing instead on a subject whose relation to the Other is not one of opposition but co-constitution, the re-articulation proposed here by Butler signals a shift towards what Irigaray calls the evanescence of subject and object, the 'lifting of all schemas by which the other is defined. Made graspable by this definition'.[126] It imposes a 'nonregressive in-finity of empathy with the other',[127] the establishment of an interactive dialogue whose primary effect is to continuously dissolve and re-make the boundary between the two entities, leaving in its wake traces of their relationship within both subjects.

5.4 Becoming in *Différance* and the Ethics of Public Health

If touch invariably calls for a breaching of the strict boundary of the skin, that is, a dissolution of the body as a separated epistemic entity, what contagion in Butler's novel ultimately exposes is a mode of existence predicated not on the evanescence of the subject but rather on her re-articulation as a node in a wider network of interconnected subjectivities, a topological space of exchange. Within this new paradigm, the subject is not only made of the traces of the Other within; she is re-articulated as the unique and idiosyncratic point of conflation for a multiplicity of traces. In this way, contagion involves the constitution of 'an ecosystem of bodies'[128] within which bodies are continuously exchanging information. Like Meda and the other Clayarks, they read and absorb other bodies' language. Through visual cues, sounds, tactile perception and smells—as she explains to Blake, 'part of your body language, part of your identity is your odor'[129]—the body integrates parts of other bodies and subjectivities into its own making, effectively re-making itself in the encounter. Revealing the natural tendency of our bodies to de- and re-territorialise themselves—an action it is important to understand not as something happening *to* the body but '*of* the body, operational constitutively within its system of in-formation'[130]—the model of contagion mobilised by Butler also

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126 Irigaray, *An Ethics*, pp. 185-186.
127 Ibid., pp. 185-186.
128 Manning, p. 95.
129 Butler, *Clay's Ark*, p. 38.
130 Manning, p. 93.

exposes a different understanding of the immune system than the contagion narrative has presented thus far. Instead of a conception organised around notions of invasion, defences and resistance, the body gives way to a new paradigm articulated around notions of openness, communication and topology, a body framed, or rather un-framed, as 'an open system that combines with other systems so that it always extends beyond itself'.[131]

Butler's understanding of contagion participates in a broader cultural movement beginning in the middle of the twentieth century which has seen the body re-captured as an entity in a 'delicate relationship to its environment, a complex system nested in an infinite series of other complex systems'.[132] Promoting a 'new' body defined by openness, it has re-articulated the subject as a network dynamically engaged with its surrounding itself understood as a series of similarly complex networks. As Eli explains to Andy, a new addition to their collective, the recognition of the body's interactive essence implies a re-thinking of the subject as a multiplicity wrapped within a fictional or discursive singularity. It means understanding the human as the 'host to millions, or more likely billions, of extraterrestrials',[133] a being 'colonized by tens of trillions of microorganisms, both internally and on its surface', an entity re-framed as 'a way-station, a breeding ground [or] launching pad for enormous multitudes of smaller life'.[134]

If this re-conceptualisation of both subject and body exposes them as but 'the latest episode in a series of trans-formations',[135] an iteration always already in disappearance, what it also effects is the temporalisation of all identificatory processes. If, as contagion exposes, the body always emerges in relation to other bodies, reaching forward and towards others in an attempt to define itself, it means that to be embodied, to become, always already implies a form of what Derrida called *différance*, that is, a relation of 'discernibility, distinction, separation, diastem, *spacing*' whose primary

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131 Blackman, *The Body*, p. 114.

132 Emily Martin, 'Flexible Bodies: Science and a New Culture of Health in the US', in *Health, Medicine, and Society: Key Theories, Future Agendas*, ed. by Simon J. Williams, Jonathan Gabe and Michael Calnan (London: Routledge, 2000), pp. 123-145 (p. 123).

133 Butler, *Clay's Ark*, p. 132.

134 Battin et al., p. 80.

135 Manning, p. 94.

effect is the introduction of 'a detour, a delay, a relay, a reverse, a representation'.[136] *Différance* entails a temporalisation of ontology, a postponement of meaning as 'every concept is necessarily and essentially inscribed in a chain or a system, within which it refers to the other, to other concepts, by means of the systematic play of differences'.[137] It sets up the sign as a forever elusive notion, constantly reaching forward towards other signs who themselves are part of a new and continuously expanding network of signifiers.

What *différance* allows is a thinking of difference against the return to the Same. Its importance, for the contagion narrative, resides in its capacity to think our relationship to the otherness of the contagious subject in and for itself and not simply in relation to the level zero of health. As Eli's comment that Clayarks are 'a human gathering, not a herd'[138] suggests, thinking difference through *différance* implies rejecting the simplistic dualism suffusing the normative dominant contagion narrative and promoting instead a reading of the collective as an idiosyncratic structure. Disrupting the reading of the multiple as a '"spoiling" of identity' and a reduction of the subject's 'ability to distinguish self from non-self',[139] it re-articulates the collectivity as the foundational site of the epistemological and ontological emergence of the subject. Within the economy of the novel, the organism functions as the site of creation of the collective. As Eli explains, 'when the organism "decides" whether or not we're going to live, it shares the differences it's found in us with others who have changed. At least that's what we've decided it's doing'.[140] Foregrounding a body-network, a relay point between exchanges, Eli's approach re-conceptualises the subject as a being whose engagement with the collective is not only continuous but irreducible. It posits a becoming-plural in which the individual is herself constantly re-made through an assemblage of relations into a global biological network of her own.

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136 Derrida, *Margins of Philosophy*, pp. 18, 8.
137 Ibid., p. 11.
138 Butler, *Clay's Ark*, p. 87.
139 Robert Crawford, 'The Boundaries of the Self and the Unhealthy Other: Reflections on Health, Culture and AIDS', *Social Science & Medicine* 38.10 (1994), 1347-1365 (p. 1349).
140 Butler, *Clay's Ark*, p. 135.

Promoting a vision of the subject as 'never coherent and never self-identical precisely because it is founded and, indeed, continually refounded, through a set of defining foreclosures and repressions that constitute the discontinuity and incompletion of the subject',[141] Butler's embrace of vulnerability in turn foregrounds the collective ethical imperative upon which the subject herself is built. When she is finally left alone with Eli for the first time, Keira finds herself confronted with increasingly conflicting emotions. As she explains, 'her liking for Eli could not matter. The fact that she was not afraid for herself could not matter. She had a *duty* to help her father and Rane to escape-and that terrified her'.[142] Pulled between an internalised sense of obligation towards her family as healthy beings and her present situation in which, though she fully understands 'the capacity of Eli's people to do harm',[143] she has yet to see them actualise this potential, Keira finally sides with the Clayarks, realising that, dangerous as Eli's people may potentially be, 'her escape, her family's escape would endanger their families' as well.[144] Keira's response here, like Meda's earlier acknowledgement to Eli that 'your holding back hurts me',[145] showcases a different understanding of the collective in which all lives are fundamentally interconnected and where the ethical obligation to care is re-made into a bi-directional relation. Like Keira who voluntarily 'reache[s] out and [takes] Eli's hands' not despite but because of the implied loss intrinsic to Eli's touch,[146] the subjectivity introduced here by Butler acknowledges the vulnerability inherent to the experience of living and embraces risk as a common and shared trait of experience rather than something one needs, and ultimately can, shun away.

To posit a *différantial* subjectivity implies a re-articulation of existence as a mode of presence always already 'related to something other than itself, thereby keeping within itself the mark of the past element, and already letting itself be vitiated by the

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141 Judith Butler, *Bodies That Matter: On the Discursive Limits of 'Sex'* (New York: Routledge, 1993), p. 190.
142 Butler, *Clay's Ark*, p. 114, my emphasis.
143 Ibid., p. 114.
144 Ibid., p. 114.
145 Ibid., p. 74.
146 Ibid., p. 114.

mark of its relation to the future element',[147] a becoming outside oneself and through others; a 'being' always already other to one's self.[148] By positing the relation to otherness as central to subjectivity, this re-conceptualisation of existence through *différance* positions openness and vulnerability as the central defining features of living. If, as Emily Martin argues, this re-framing of the subject as one system among other systems inexorably 'carries with it the possibility of catastrophic collapse',[149] it also recognises the inevitable dimension of risk and the potential it actually presents for re-articulation. In what Montgomery refers to as 'the end of Man',[150] that is, the de-centralisation of our human epistemological privilege, it reveals not the collapse of the subject but rather her re-positioning within a rhizomatic structure of signification, a 'web of constitutive connections that disturb the very idea of human being'.[151] Butler's engagement with becoming is not so much informed and driven by a desire for containment than by an ideal of collectivity understood as a mode of 'being no longer side by side but *with* one another of a multitude of persons', a multitude which, though it moves communally towards a shared future, also 'experiences everywhere a turning to, a dynamic facing of, the other, a flowing from I to *Thou*'.[152] Through the disease of the Clayarks, Butler exposes a biotic and symbiotic community, 'an ecosystem comprised of interdependent human bodies, animals, and plants',[153] a collective made of fluid and ever-changing bodies and subjectivities in constant relation with each other.

Within this framework, pain does not come from touch, from the violent contact of the infected, but from its lack, its suspension. Expressed in Eli's early compulsion 'to touch [Meda], take her hands perhaps, scratch or bite if she pulled away'[154] and in the

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147 Derrida, *Margins of Philosophy*, p. 13.

148 As becoming unfolds, the notion of 'being' itself is re-framed as an epistemic illusion and one which should be taken here only as a linguistic shortcut rather than a re-affirmation of the fixity which becoming precisely precludes.

149 Martin, p. 130.

150 Montgomery, 380.

151 Margrit Shildrick, 'Some Reflections on the Socio-cultural and Bioscientific Limits of Bodily Integrity', *Body & Society* 16.3 (2011), 11-22 (p. 13).

152 Martin Buber, *Between Man and Man*, 1947, trans. by Ronald Gregor Smith (Mansfield Centre: Martino, 2014), p. 37.

153 Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham: Duke University Press, 2008), p. 118.

154 Butler, *Clay's Ark*, p. 43

pain that self-imposed enclosure triggers—as Meda guesses 'it must hurt you to hold back'[155]—the notion of collective becomes in *Clay's Ark* a necessity, an intrinsic part of what it means to be self and to be alive. This pain in turn emphasises the obligation of contact and the obligation stemming from contact. Indeed, within the *différantial* economy promoted by the novel, to become subject is to relinquish part of one's agency to others, to recognise and accept that the subject is herself as much as she is for others and part of them. Negating the possibility of finalised identity and individualism, contagion replaces the concept of separation 'with a radical relationality that explores the connections and linkages which make it possible to enact *multiple* bodies that do not end at the skin'.[156] Disrupting the dominant reading of contagion as the death of the subject, this approach understands the collective not as a total dissolution of boundaries, a removal of all sense of agency, but rather as a foregrounding of idiosyncrasy and the ethical imperative that comes with the recognition of the Other's alterity, 'that which cannot be reduced to the Same, that which escapes the cognitive powers of the knowing subject'.[157] As Keira tells Eli, her embrace of the Clayarks is not predicated on her complete absorption within a unified collective—'it is you I want. Not just a warm body'[158]—but on a recognition of the unalienable dimension of idiosyncrasy.

Signalling a move beyond what Vicki Kirby refers to as the narcissistic structures of knowledge, its invariable and necessary reliance on familiarity, on the same, in order to process the alterity of the Other,[159] Butler's mobilisation of contagion invites us to re-think the subject in her relation to the infinite, that which cannot 'be stated in terms of experience, for infinity overflows the thought that thinks it. Its very *infinition* is produced precisely in this overflowing'.[160] Pointing at a potential alternative pathway for the contagious subject, *Clay's Ark* therefore calls for a broad re-thinking of the epistemological structures of subjectivity that have so violently confined our

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155 Butler, *Clay's Ark*, p. 74.
156 Blackman, *The Body*, p. 120.
157 Simon Critchley, *The Ethics of Deconstruction: Derrida and Levinas* (Oxford: Blackwell, 1992), p. 5.
158 Butler, *Clay's Ark*, p. 123.
159 Vicki Kirby, *Telling Flesh: The Substance of the Corporeal* (New York: Routledge, 1997), p. 89.
160 Emmanuel Levinas, *Ethics and Infinity: Conversations with Philippe Nemo*, trans. by Richard A. Cohen (Pittsburgh: Duquesne University Press, 1985), p. 25.

cultural appraisal of contagion and the individual it affects. Opening up the tautological structures of our politics of risk to catastrophic becomings, Meda's acknowledgment that, though they can teach their children how to behave and how to protect themselves, neither her nor Eli can know predict their future becomings,[161] invites an embrace of the unknown and the unknowable. It calls for a turn towards a new epistemic approach that refuses any foreclosure of the possible in the name of the certain or the norm. Moving beyond the need for a return to what is known in order to process what is not, this new epistemic structure rejects the originary moment as primary and primordial and instead posits an infinite recursivity, a circular epistemic movement in which origin and ends collide.[162]

What this new paradigm in turn entails is a potential move away from the logocentric structures that have been source of so much of the violence targeted at the contagious individual and towards a new mode of thinking disease and contagion not through the same but in difference, or rather, a shift towards not thinking her at all. Within the epistemological economy promoted by Butler here, 'infinite alterity is quite simply *what there is*'.[163] Her embrace of the mutational, the allied and the symbiotic creates a multiplicity whose essential underlying structure is not vertical but horizontal,

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161 Butler, *Clay's Ark*, p. 180.

162 The constitution of the contagious being as a plural and connected entity is not the privilege of Butler's novel. In June 2009, the Canadian company Bleublancrouge released an HIV/AIDS-screening advertising campaign based on posters in which partners engaged in different sexual practices were joined by the haunting hands of ex-lovers. Accompanied by a tag line reading 'each time you sleep with someone, you also sleep with his past' and a campaign titled 'One Life, Multiple Pasts', the campaign played precisely on the notion of a palimpsestic and plural form of subjectivity. In 2007, a Swiss campaign ran by Euro Rscg Zurich played on a similar basis, exposing intimate scenes between lovers haunted by the seemingly innocuous presence of past sexual partners. Building upon the notion that, when sexually contagious diseases are concerned, one does 'not sleep with one partner […] but with all of the partners that that person had had over the past few years', these two campaigns mobilized the notion of a plural and collective individuality as a means to responsibilise, if not directly shame, the contagious population into protecting their healthy counterpart. Bleublancrouge, *One Life: A new way to look at HIV, Bristol-Myers Squibb*, 2009, <http://www.bleublancrouge.ca/en/case-studies/one-life-a-new-way-to-look-at-hiv/>, [Accessed 18 June 2016]; Euro Rscg Zurich, *One Life (Each time you sleep with someone, you also sleep with his past)*, June 2007, <http://www.advertolog.com/brands/one-life-4257355>, [Accessed 18 June 2016]; quote from John S. Bak, *Post/modern Dracula: From Victorian Themes to Postmodern Praxis* (Newcastle: Cambridge Scholars Publishing, 2007), p. xiii.

163 Alain Badiou, *Ethics: An Essay on the Understanding of Evil*, trans. by Peter Hallward (London: Verso, 2002), pp. 25-26.

not hierarchical but rhizomatic, a structure of 'transversal communications'.[164] It imposes a levelling of difference whose effect is not to reduce differences to sameness, its plurality to a totalised mode of singularity, but rather to generalise individuality. It signals a shift to an epistemic impossibility in which idiosyncrasy is made law; the only valid universal truth. Problematising the categorical essence of thought, this re-articulation promotes instead a model in which the only possible epistemic approach to the Other is 'to not thinking it at all beyond thinking through grace as the pure allowance of the other to be, without intervention'.[165]

As Patricia MacCormack suggests, the embrace of the Other as Other, that is, through alterity rather than sameness, inherently compels us to re-draw the ethical and epistemic foundations of our public health apparatus. Grounded, as the previous chapters exposed, in a reading of contagion as threat and of the contagious Other as hierarchically lesser than her healthy counterpart, the discourse of public health has tended to approach difference through the prism of the norm and its inexorable return. Both Blake and Rane's approach is precisely predicated on an understanding of Eli and his people as either sub- or super-human. To this hierarchical structure, Eli opposes a rhizomatic reading of the situation, arguing that, despite all appearances, Clayarks are '"not superhuman," Eli said quietly. "We're not anything you won't be eventually. We're just… different"'.[166] To the localisation of the other in relation to a level zero of humanity or health root of the vertical organisational tree posited by Rane and her father, Eli simply substitutes a horizontal structure in which Clayarks and humans lay side by side. Against the filial relation implied by vertical structuring—a 'conception of a humanity united by resemblance, a multiplicity of diverse families arisen from the stones cast behind by Deucalion, and which, across the struggle of egoisms, results in a human city'[167]—it promotes a fraternal system that not only 'involves individualities whose logical status is not reducible to the status of ultimate differences in a genus,

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164 Deleuze and Guattari, p. 239.
165 MacCormack, p. 301.
166 Butler, *Clay's Ark*, p. 25.
167 Emmanuel Levinas, *Totality and Infinity: An Essay on Exteriority*, trans. by Alphonso Lingis (Pittsburgh: Duquesne University Press, 1994), p. 214.

for their singularity consists in each referring to itself', but finds its roots in 'the commonness of a father',[168] that is, a shared ethical anchoring in life.

To become, for Butler, signals a dual and paradoxical existence. It suggests commonality, a mode of belonging to the collective, as it simultaneously posits idiosyncrasy as the core and inalienable foundation of all relations. It re-structures the collective as a model in which unities are aggregated along each other without precedent, original nor followings, each life, 'my unicity qua I', divided between 'self-sufficiency of being and my partialness, my position before the other as a face'.[169] Though Eli's people may all 'look scrawny and sick';[170] though they can be reduced to 'stick people', Blake's mobilisation of a generalising rhetoric here only emphasises how reductive and biased his approach ultimately is, exposing it instead as the violent product of a certain set of doxas, an accepted-value system that promotes order over disorder, purity over impurity and simplicity over complexity. However, as Butler suggests—Blake and Rane both die, primarily as a result of their reluctance to accept who they have become—these doxas have little to no grounds outside themselves. The distinction they posit is product of the logocentric economy and the classificatory system they impose upon the world. Once the fictionality of their truistic structure is exposed, they reveal themselves to be but an epistemological shortcut, a way to apprehend the world according to simple and simplistic structures—an 'us' versus 'them' dualistic rhetoric—whose reflective value is too rarely questioned.

As Meda's comment upon the unknowability of the future suggests, this challenge of traditional epistemology in many ways results in 'an initial loss of epistemological certainty'.[171] It implies accepting risk and vulnerability as 'facts' of life. However, to embrace this loss does not necessarily imply surrendering all hopes to a form of political nihilism. On the contrary, as Judith Butler argues, 'such a loss may well indicate a significant and promising shift in political thinking'.[172] As Erin Manning

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168 Levinas, *Totality and Infinity*, p. 214.
169 Ibid., p. 214.
170 Butler, *Clay's Ark*, p. 25,
171 Butler, *Bodies*, p. 30.
172 Ibid., p. 30.

already recognised—'our political worlds are profoundly altered by a conception of the body that does not depend on systematic fixity, territorial unity or identity'[173]—the re-casting of both body and subject within a wider system of interconnectivity not only compels us to re-consider its implications for the self, but to re-assess our broader ethical, political and social structures. To reject a narrative of selfhood constructed around notions of enclosure, autonomy and individual agency can but imply an openness to risk, to vulnerability and the possibility of catastrophe.

By re-framing ontology as an illusionary projection, a fantasy of order, this new epistemological model confronts its subject with two distinct choices: 'either being sucked into one of the black holes of fundamentalist totalisation and absolutism or accepting the condition of ideological non-givenness and negotiating from deconstructive positions the terms of its relations to others'.[174] In other words, if all others are involved in the subject's own becoming and if she, in return, has the ability to fundamentally affect all other becomings, then their becoming together implies them both in a relation neither can entirely negate, one they have to live and become with, and more importantly, one they cannot hide from. The re-structuring of the collective inherent to becoming and the positing of the body as a multiplicity therefore necessarily involves all bodies and all subject into the health of the network. Yet, if this responsibility primarily unfolds in *Clay's Ark* through the infected and infectious being's sense of control—as Meda explains to Blake, 'nobody can fight the compulsion alone. We need each other'[175]—it does not restrict itself to the infected community. It is not simply about re-affirming the duty of the contagious individual towards the public which the contagion narrative tends to promote. Instead, it is about re-valuing all forms of life and re-positioning the idiosyncratic individual at the core of our ethical duty to others so as to constitute a 'new' communal responsibility, 'a commonality among equals which is at the same time based on the inegalitarian moment of the ethical relation'.[176]

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173 Manning, p. 100.

174 Barry Rutland, 'The Transject: The Ethical Subject of Postmodernity', in *Post-modernism and the Ethical Subject*, ed. by Barbara Gabriel and Suzan Ilcan (Montreal: McGill-Queen's University Press, 2004), pp. 75-87 (p. 85.)

175 Butler, *Clay's Ark*, p. 39.

176 Critchley, p. 227.

In contrast to the epistemic assessment proposed by the dominant discourse of public health—one which, as Battin et al. argue, does not account for our inherent vulnerability as embodied beings and, as a result, 'has relied on paradigms of analysis that are too impoverished to deal with the newly apparent challenged of infectious disease'[177]—the approach suggested here by Butler invites a re-thinking of the bio-ethical foundations of medicine and public health as a more inclusive process, a form of *zoē*- or *eco*-ethics in which the distinction between lives that matters and lives that do not is dissolved and all life becomes fundamental and foundational to the subject. Emphasising an absolute definition of life—as Eli explains, even the snake who bit him died as a result of its infection[178]—the vulnerability exposed by contagion does not signal yet another call for control and re-enclosure, a confirmation of the politics of risk that suffused the texts under study in the previous chapters. The framing of Blake's perspective of the organism as a disease that 'could be studied, understood, stopped, or at least controlled—and it had to be'[179] is not here validated by the narrative the way *Being Human* validated Josh and Aidan's quest for control. Instead, through Keira and Eli's approach, Butler signals an alternative pathway for public health in which the inevitable interdependency of all living beings 'becomes acknowledged as the basis for global political community'[180] and where the globalised network materialised by contagion is not taken as a re-affirmation of the need for borders but as the proof of their inexorable insufficiencies and inefficiencies.

Through the network of subjectivity it posits, contagion engages all subjects 'in a web of relationships that establish themselves without their knowing' and that sets up responsibility not just for the single event of distribution or transmission of disease but for 'the whole web of disease relationships in which all participate'.[181] As the subject, healthy or not, finds herself inscribed in a globalised network of bodies,

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177 Battin et al., p. 77.

178 This comment in many ways functions as a metonymic parable for the rest of the story in which Blake's own violence against the Clayarks causes his demise and the spread of the organism beyond the confines of Eli's community.

179 Butler, *Clay's Ark*, p. 64.

180 Judith Butler, *Precarious Life: The Powers of Mourning and Violence* (London: Verso, 2004), pp. xii-xiii.

181 Battin et al., p. 91.

the limits of her responsibilities move beyond her encounter with an Other to include her potential ties to all others. Like her postponed subjectivity whose boundaries never cease to expand, her responsibilities in effect become limitless. Manifested most clearly in Eli's comment to Lori that 'chances are, you'll be taking someone else's husband soon', the implicit risk underlying all actions is 'something we can't forget or ignore'.[182] Generalising the inescapability of responsibility—as he explains 'we've changed, but we have ethics'[183]—*Clay's Ark* re-articulates it as a broader and intrinsic element in the constitution of all forms of subjectivity. If contagion makes the subject dangerous to others, risk and danger are not the privilege of the contagious individual. As Meda confesses to Blake, 'we're afraid of you'.[184] Like the monsters of *Being Human*, the Clayarks are vulnerable to the will of the majority. Their survival depends on their appraisal by the dominant discourse of public health and the violence it has historically deployed against those it qualifies as 'dangerous' or 'abnormal', whether it is being put 'in a goddamn cage',[185] becoming 'a quarantined guinea pig in some hospital or lab', being 'treated like little animals […] sterilized so that no more children like them could be born'[186] or simply reduced to a thing-like status.[187] By vocalising the contagious subject's concerns, Butler provides a counterpart to the ethical duty imposed upon the latter and suggests instead a shared burden in the contagious event.

5.5 Conclusion

As Lupe explains to Rane after her capture, 'you're bright… Very bright, but stubborn. You think you can choose your realities [but] you can't'.[188] Negating the fiction of vulnerability and fundamental difference that has tended to plague the politics of risk promoted by the public health discourse, Butler's novel opens up a new space of re-articulation through which she reveals not only the impact of medical violence upon the contagious subject but the infinitely problematic dimensions of bio-ethics, that is,

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182 Butler, *Clay's Ark*, pp. 104, 37.
183 Ibid., pp. 104, 37.
184 Ibid., p. 39.
185 Ibid., p. 47.
186 Ibid., p. 191.
187 Ibid., p. 51.
188 Ibid., p. 79.

an epistemic structure that posits as worthy of value only the life of the healthy subject without consideration for the well-being of those that threaten its dominance. By re-appropriating the cultural and epistemic structures surrounding contagion, it highlights the real danger as stemming not from the contagious individual's behaviour but from the refusal of the 'normal' subject to embrace and accept her own transformation.[189] Exposing the individualistic economy underlying our public health rhetoric, Butler's novel emphasises the need for a revision of *bio*-ethics and its opening up to different forms of lives, to those lives purposely refused access to the polis. Calling for a re-distribution and re-evaluation of the power relations and agencies involved in the control and prevention of epidemics, the critique it presents forces us to acknowledge that one 'cannot think the question of responsibility alone, in isolation from the Other',[190] that public health ethics not only requires individual engagement but demands that we hear the voices of those whose presence invariably seems to threaten the position and safety of the norm itself.

In the vulnerability exposed by contagion, Butler locates not the re-affirmed source of a need for a politics of risk as the narratives previously studied have tended to do, but an opportunity to inscribe subjectivity as fundamentally ethical in its multiplicity. Disrupting the dominant reading of the subject of public health as secured within the enclosed and majoritarian notion of the 'public', she calls for a rejection of the comforting certainty implicit in the medical discourse and promotes instead a thinking through singularity *and* multiplicity whose first effect is to negate the possibility of totalisation. It signals a recognition of the 'obligation to protect the other's otherness'[191] and to guarantee her alterity against the generalising forces of epistemology while at the same time inscribing her idiosyncrasy within a broader relation of ethical obligation to all others. Signalling the potential of contagion to stand as a materialised reminder

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189 As Sandra Panem argued in 1988 already, 'anyone knowledgeable knows that to pin a global epidemic on the actions of a single individual is absurd'. See Sandra Panem, 'A Drama and Questions', *Science* 239.4843 (26 February 1988), 1039-1040 (p. 1040).

190 Butler, *Precarious Life*, p. 46.

191 Jacques Derrida, '"Eating Well," or the Calculation of the Subject', in *Who Comes after the Subject*?, ed. by Eduardo Cadava, Peter Connor and Jean-Luc Nancy (New York: Routledge, 1991), pp. 96-119 (p. 111).

of our globalised and universal unalienable responsibility towards all, *Clay's Ark* short-circuits the structure of the normative contagion narrative in order to advance a more egalitarian model of public health.

By re-framing contagion as a mode of *feeling with*, Butler's novel embraces vulnerability as the root of the collective. In *Clay's Ark*, contagion exposes the subject as forever caught up in an uncomfortable (because dangerous, risky and threatening) yet empathetic and ethical relation to the other. Presenting an alternative and positive reading of contagion, it requires us to move beyond the kind of egotistic politics that suffuses public health policies and to abandon the kind of thinking Butler exposes in its narrow-mindedness.[192] Inviting her readers to embrace their own inalienable vulnerability not as a weakness but as an essential part of existence, she re-frames life as a process of becoming *with* or *through* others. Discarding the threat implicit in contagion not because it does not exist nor because death, transformation or disease are dissolved in it but because 'each of us was, and is, already vulnerable, without unity or closure',[193] the Clayarks reveals the essence of existence itself to lay in an irreducible sense of risk. To attempt to restrict this risk therefore invariably means a form of violence done to both ourselves and others. To recognise vulnerability as the core foundation of the subject's being means acknowledging that no amount of grand narrative of security, risk, safety or public interest will ever entirely legitimise a violence effected in its name, that any breaching of our ethical relation to others, infected included, invariably implies a dehumanising of those in the name of whom it is mobilised.

By emphasising our shared global vulnerability, Butler's novel suggests a new paradigmatic understanding of contagion in which contagion exposes the ethical grounding of life itself. Challenging the dominant narrative of health, it compels us to grant the contagious subject the discursive position that she has historically been refused. By providing voices to the infected, it signals the dissolution and fragmentation

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192 As Badger, the head of the car-family, tells Blake 'most of you walled-in-types don't give a piss for each other, Doc. You don't know family like we do'. Butler, *Clay's Ark*, p. 146.

193 Margrit Shildrick, 'Vulnerable Bodies and Ontological Contamination', in *Contagion: Historical and Cultural Studies*, ed. by Alison Bashford and Claire Hooker (London: Routledge, 2001), pp. 153-167 (pp. 165-166).

of the 'public' dimension of public health. By multiplying the narratives and perspectives on contagion, it deconstructs the possibility of a unified public and invites its replacement by a recognised form of multiplicity, effectively turning a single entity in which idiosyncratic individualities could be hidden under the guise of a broader and disinterested authority into a congregation or agglomerate of individual agencies without possible recourse to any greater justifying narrative. Offering an exploded narrative made of contradicting narratological perspectives, *Clay's Ark* challenges the unified and unifying epistemic structures of public health, resulting, as Keira herself concludes, in a situation in which to be subject is always already to be 'so right, so wrong, and so utterly helpless'.[194] Emphasising the impossibility of a singular and generalised 'truth', *Clay's Ark* exposes how the subject can but be both right *and* wrong. It locates as her essence an inescapable responsibility born out of a universal uncertainty. In other words, as it re-makes the subject into both the source and product of her own epistemology, this new paradigm ultimately forces her to remain forever open to judgment no matter how right, or wrong, she might in fact be.

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194 Butler, *Clay's Ark*, p. 200.

6.0 Re-Thinking Illness Through Performance: The Gaze and the Aesthetics of Contagion in Charles Burns's *Black Hole*

To embrace contagion as the materialisation of our shared différantial economy implies the collapse of all grand, universal and totalising narratives. It entails reducing truth to an irreducible plurality of idiosyncratic realities. Within the rhizomatic structures of *différance*, all hierarchy is invariably lost, leaving each subject with a set of equally true and false beliefs she is forced to seep through herself, without any potential recourse to higher forces or authority. Dissolving truth and enacting its re-distribution into an infinite amount of competing realities and beliefs, this epistemological model therefore inexorably disrupts the possibility of any binary logic, that which until recently defined traditional epistemology. Focusing on Charles Burns's *Black Hole*, this last chapter explores the relationship established by the medical apparatus between the contagious body, the gaze, aesthetics and identity. Addressing the impact of this narratorial and epistemic explosion on the construction of identity in the face of contagion, it exposes how the plurality of narratives made available to the contagious subject by the re-articulation of identity as product of a performative process allows her to challenge the official positionality given to her by the dominant discourse of health.

In the opening pages of Charles Burns's *Black Hole*, the protagonist Keith narrates a memorable biology lesson during which his class were tasked with the dissection of frogs. While 'all the other girls were squealing and stuff', he notices that his male classmates 'were sort of taking over and putting on the whole tough guy act', a performance he then himself tries to emulate: 'I guess I was trying to do the same thing… I went ahead and pinned the arms and legs down like you were *supposed to*'.[1] Narrating the story of an American suburban adolescent community confronted with the emergence of a sexually transmitted organism whose introduction transforms the body of its host, *Black Hole* presents its reader with two parallel narratives following Chris and Keith in their attempt to position themselves in relation to a narrative of health and illness and to the normative identities it factures. However, as these first

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[1] Charles Burns, 'Biology 101', *Black Hole* 1 (Princeton, WI: Kitchen Sink Press, March 1995).

pages already indicate, it also re-articulates identity as a performative practice. Keith's reference to 'acting' indeed suggests the establishment of a distance between appearance and ontology, between being and performing. Focusing on the question of performativity and the link it entertains with identificatory practices in the light of illness, this chapter explores how Burns's comic, like Butler's novel, participates in a broad cultural movement whose objective is to challenge the hierarchical structures of Western normativity and their implied violence. By embracing the potential offered by performance theory to re-articulate identity as the product of a dialogue between the subject and her environment, this chapter opens up new lines of flight for the contagious subject, a way for her to resist the abjecting process to which she has historically been subjected and to begin to re-claim an active position within the socio-political discourse of health.

Following its two protagonists as they navigate the path from health to illness and deal with bodily transformations, cultural stigma and identity re-formations, *Black Hole* opens up illness and its narrative to idiosyncratic re-telling. By offering its readers two different approaches to illness, it signals the individualistic and *différantial* nature of our response to disease and its experience. Embracing the disruptive potential of this dual articulation, this chapter explores how, by materialising *différance*, contagion effectively reduces all ontological realms and oppositions to the status of mere theoretical fictions.[2] Emphasising the role of categorisation in the experience of illness while opening it up to the notion of performance, this last chapter reveals the potential implicit in performance to subvert the assumption of ontological equivalence between appearance and signification conveyed by the narrative of contagion and thus impedes the 'kind of transparent seeing, where what appears and what it means coincide'[3] which have tended to suffuse the dominant epistemic model of health. By emphasising performance as a means to re-frame ontology, it highlights not only the violence inherent to the enforced internalisation of stigma and the objectification implied in abnormality;

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2 Jacques Derrida, *Margins of Philosophy*, trans. by Alan Bass (Chicago: University of Chicago Press, 1982), p. 18.

3 Judith Butler, *Bodies That Matter: On the Discursive Limits of 'Sex'* (New York: Routledge, 1993), p. 129.

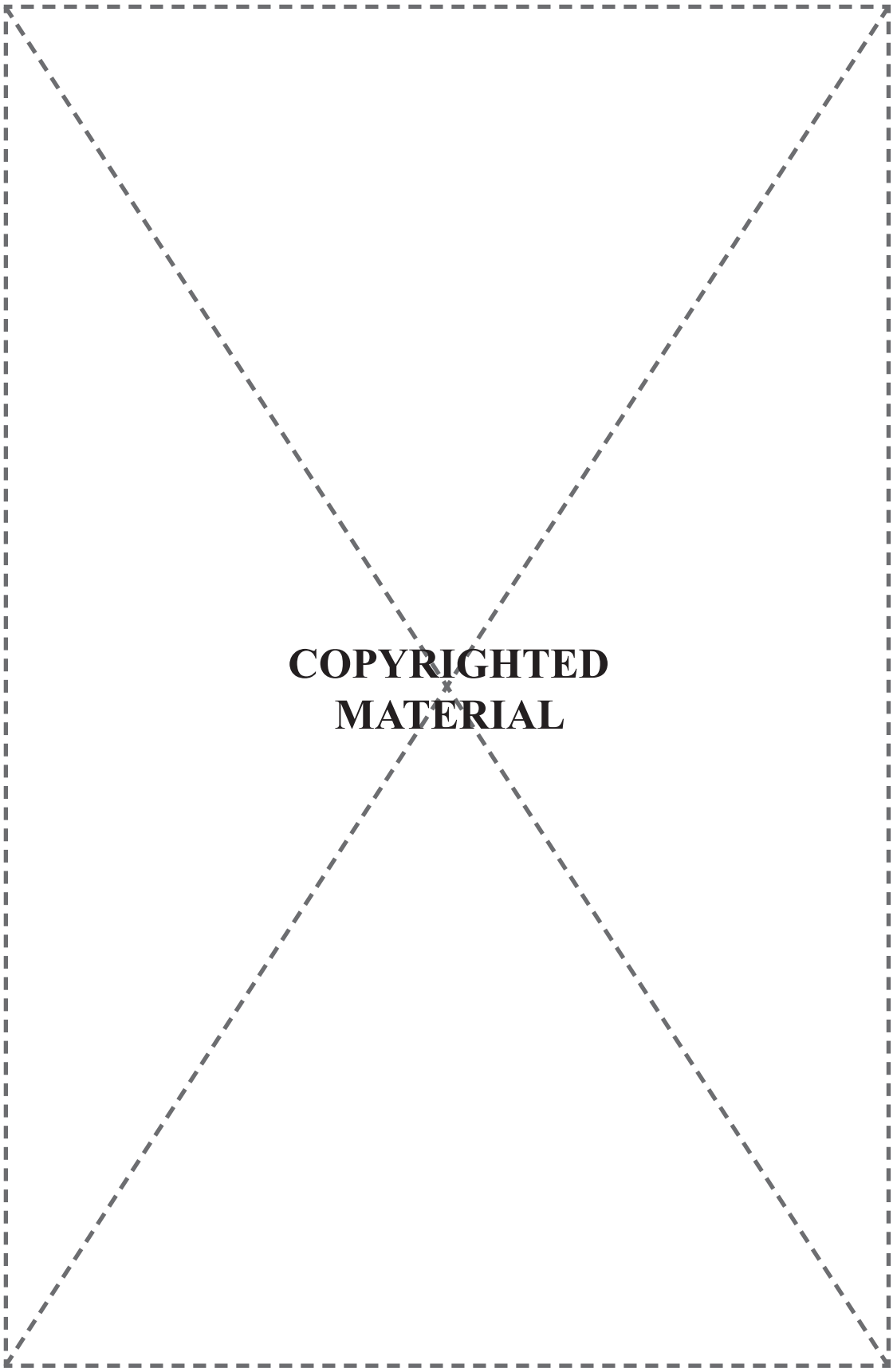
it also signals a means of resistance to the dominant cultural belief in the accuracy of the equation between ontology and aesthetics.

Rejecting the idea that the symptom necessarily operates as a 'showing through' of the disease, a revelation on the outside of what lies beneath, this re-articulation allows us to address the connection the medical discourse establishes between aesthetics, the gaze and the diseased body. *Black Hole*'s opening page already signals the important role played by the gaze in our understanding of both illness and the set of identities produced by its discursivisation. Over three panels presenting a 'normal' American biology classroom situation, it creates an intricate game of looks (see Figure 6.1). In the top panel, Keith and Chris sit quietly at the same table, their eyes focused directly on the task at hand in front of them. Underneath, in a closer shot, Keith observes Chris, her eyes closed. Superimposed to Keith's comment that Chris 'was a total fox',[4] the unreciprocated look presented here already suggests the potential of the gaze to make an object of what it touches. More interesting, though, is the last panel in which, as Keith observes one of his classmate attempting to frighten his female lab partner at the back of the room, Chris now observes an unknowing Keith. Focusing on the ways in which Burns circumscribes the relations of his protagonists within a scopophiliac economy, this chapter exposes how the gaze continuously shapes and re-shapes the dynamics at play and how by repeatedly shifting the roles of gazer and gazed-at, *Black Hole* signals a new pathway for the re-appropriation of the normative aesthetic structures of health.

Materialising a long-lasting cultural dream of biologism, a fantasy in which ontology and appearances find themselves conflated to the point that disease becomes its own aesthetic force, while simultaneously pairing this fantasy with performative practices of dissimulation and concealment, *Black Hole* re-articulates the invisibility which has historically been forced upon the contagious subject by lieu of self-exile or self-imprisonment as well as its visible counterpart, 'normality', as complementary modes of performance. Focusing on the ways in which *Black Hole* engages with this dualistic identificatory framework, this chapter exposes how the active and wilful

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4 Burn, *Black Hole* 1.



6.1 Charles Burns, ‘Biology 101’, *Black Hole* 1 (Princeton, WI: Kitchen Sink Press, March 1995).

adoption of a certain mode of performance by the contagious subject not only effects the denaturalisation of the norm and the subversion of the gaze so central to stigmatisation and objectification; it also re-positions the sick body as a potential site of desire, a model of beauty in its own rights. Exposing the shift implied by disease as yet another form of performance whose signification is defined neither by ontology nor biology—as Judith Butler argues, performance reveals all political signifiers to be but 'empty signs which come to bear phantasmatic investments of various kinds'[5]—this chapter promotes a re-articulation of illness in which the contagious subject can be apprehended outside of the relations of abjection and fetishisation that have tended to constrict her sexuality and in which the embrace of monstrosity as performance allows the contagious body to be re-captured within the active economy of desire and eroticism from which it has for so long been excluded.

6.1 The Gaze and the Aesthetics of Health

In his history of the clinic, Michel Foucault locates the rise of modern medicine not in the creation of a new body of knowledge but in the adoption of a new epistemic apparatus or method he describes as 'a return—over and above all theory—to the modest but effecting level of the perceived'.[6] According to him, the primary root of this change emerged as a result of the reduction of the diagnostic process to the 'simple, unconceptualized confrontation of a gaze and a face, or a glance and a silent body; a sort of contact prior to all discourse, free of the burdens of language, by which two living individuals are "trapped"'.[7] Whereas, prior to this shift, medicine defined itself through its understanding of the body in terms of humours and balances, the modern epistemic model proposed to strip down all preconceptions and to re-appraise the body through unmediated observation, to apprehend disease through the visibility of the symptom and to construct it as a result rather than a source of the signification inscribed to this symptom. The possibility of a discourse of health therefore relies on the clinic's ability

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5 Butler, *Bodies*, p. 191.

6 Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. by Alan M. Sheridan (London: Routledge, 1989), p. xii.

7 Ibid., pp. xiv-xv.

to let 'things surface to the observing gaze without disturbing them with discourse'.[8] Taking as it basis a temporality in which gaze and signification simultaneously co-emerge, it sets up an economy in which 'the clinical gaze has the paradoxical ability to *hear a language* as soon as it *perceives a spectacle*';[9] discursive creation and visual observation being, in other words, product of the same moment.

Shortly after having introduced his two main protagonists, Burns stages a scene in which, while sharing a smoke by the woods with Keith and Dee, Todd relates having witnessed Rob, a fellow classmate, 'checking himself out in the mirror' while in the bathroom. After first thinking that Rob may simply be 'workin' on a zit or something' he realizes his mistake: 'then I *see* it's something big he's looking at […] I got a *good look* at it… it was like this tiny little mouth, right on his chest… nasty *looking*',[10] leading Dee to conclude that 'that's the last we'll see of that guy… he's got the bug for sure'.[11] Two issues later, an almost identical scene takes place. Todd and Keith are once again sharing a smoke on the outset of a party by the lake when, Dee returns having just witnessed a scene already played out earlier in issue two from Chris's perspective in which she undressed and joined some of her friends for a swim:

> We're all watching, and there she is, taking her clothes off! She's stripping down to her underwear and oh, man! She's got it! She's got the bug! Her back was all messed up! The skin on her backbone was like… breaking open… yuck![12]

Confronted with Keith's disbelief, Dee then reiterates his belief, arguing that 'nah, there's no way! She's got it! *Everyone saw it*!'[13] Confirming Foucault's argument, these two conversations highlight the role played by the gaze in the diagnosis of illness. As Dee's comment suggests, Chris's disease is not only discovered but reified through the gaze. The fact that 'everyone saw it' becomes evidence of its reality, the guarantor of its

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8 Foucault, *The Birth of the Clinic*, p. xix.
9 Ibid., p. 108.
10 Burns, *Black Hole* 1, my emphasis.
11 Ibid..
12 Charles Burns, 'Who's Chris?', *Black Hole* 3 (Princeton, WI: Kitchen Sink Press, July 1996).
13 Ibid., my emphasis.

actuality. Chris's diseased body is here defined by its visibility, its reality being 'only established by the observing eye that reads it'.[14] Remade pure surface, it becomes a site of exposure through which a cause can be seen, a symptom gradually discovered and a principle deciphered.[15]

Implying a form of simultaneity, a co-emergence of the symptom as visual trace and its apprehension by the discourse of health, the conflation of appraisal and signification implicit in Dee's comment is not without problems. Indeed, if 'the manifestations of disease are like symbols, and the diagnostician sees them and interprets them with an eye trained by the social determinants of perception',[16] within the economy set up by medicine, this social dimension is itself 'denied by an ideology or epistemology which regards its creations as really lying "out there" – solid, substantial things-in-themselves'.[17] Indeed, if modern medicine has, since its emergence, claimed as its own a gaze conceived as an 'intermediary device that permits the *exact description* of the body as thing-in-itself', a process that guarantees the '*perfect representation*, a *one-to-one correspondence* between the thing described and its description',[18] the presumption of access to a pre-cultural body it posits, that is, a body whose existence resides outside signification,[19] necessarily entails the intervention of a fantasised and strictly impossible pre-cultural gaze, a means to assess the world outside of culture. Epistemology, like epidemiology, does not arise from the gaze and from the encounter of the gaze with a pre-cultural body; it emerges from the reading of the body as a cultural creation.

Allowing the medical discourse to silence its own social and political dimension under the guise of the unmediated gaze and to naturalize in the process its own discursive authority, the assumption of a possible literal reading of the body in turn conceals the

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14 David Armstrong, *Political Anatomy of the Body: Medical Knowledge in Britain in the Twentieth Century* (Cambridge: Cambridge University Press, 1983), p. 2.

15 Foucault, *The Birth of the Clinic*, pp. 5-6.

16 Michael T. Taussig, 'Reification and the Consciousness of the Patient', *Social Science and Medicine* 14.1 (February 1980), 3-13 (p. 5).

17 Ibid., 5.

18 Cathy Waldby, *AIDS and the Body Politic: Biomedicine and Sexual Difference* (London: Routledge, 1996), p. 26, my emphasis.

19 The notion of pre-cultural body is borrowed from Florence Dee Boodakian's definition as 'the physically nude human body, male and female that exists outside of a cultural context', a body that 'is not seen [and] is not the subject of any gaze'. Florence Dee Boodakian, *Resisting Nudities: A Study in the Aesthetics of Eroticism* (New York: Peter Lang Publishing, 2008), p. 11.

fundamentally tautological nature of the diagnostic process. Claiming to recognise in the symptoms the traces of a disease whose existence lays in the body itself, what the medical gaze in effect perceives is its own constructions. Because in order to recognize a disease, it always has to first be 'in possession of the knowledge that will lend support to his recognition',[20] the medical gaze effectively operates not towards discovery, the revelation of knowledge under guise of embodiment, but towards production of this knowledge. Its goal is 'the transformation of symptom into sign and the passage from patient to disease and from the individual to the conceptual'.[21] Yet, as Dee's argument to Keith that 'I was just *telling* you what I *saw*'[22] exposes, it purports to an invisible transfer, a process of ekphrasis which makes away with interpretation. Implying a direct and pure relation between the object, its perception and re-telling, medicine operates on the basis of an absolute equivalence between disease, symptom (its actual materialisation on the body), diagnosis (understood here as a sensory process) and the discourse resulting from it. Its suggestion of a correlative process in which nothing is neither added nor lost in the translation from body to language implies not only the transparency of language itself but also an ability to reach for a body which, in essence, does not exist, a body outside or before signification.

When Keith adventures into the woods after he and his friends find an abandoned campsite, he first stumbles upon the remnant of Chris's shedding, an entire skin left hanging on a branch. As he grabs it, he realizes that 'it was a girl's skin', finding in its 'moles [and] childhood scars… a map of some girl's life'.[23] To see is always already to mark the object seen within the cultural structures of the gaze. The gaze, objective as it may seem, therefore always implies the simultaneous inscription of its object within a broader epistemic structure. Keith's assessment, from the temporality it posits to the sheer recognition of moles and scars, relies on a specific set of doxas or cultural conventions. Returning us to the temporality posited by Georges Canguilhem when he

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20 Foucault, *The Birth of the Clinic*, p. 9.
21 Ibid., p. 114.
22 Burns, *Black Hole* 3, my emphasis.
23 Burns, *Black Hole* 1.

argues that 'the abnormal, while logically second, is existentially first',[24] Dee's earlier description and Keith's appraisal both suggest a more complex relation in which that which stands outside the norm can only be processed through the pre-existence of a realm of normality or standard of health. The gaze does not construct a norm in its encounter with the body; it does not extract the norm from the body it perceives but rather produces it in a moment which is always prior to the apprehension of this body. It reads the body according to an atlas or, as Keith suggests, a 'map' that enables it, 'when faced with the undifferentiated amorphous mass of the body, to see certain things and ignore others'.[25]

A page only after finding Chris's skin, Keith encounters one of the infected Others for the first time. Hearing the noise of branch cracking under foot behind him, he turns and notices 'something' looking at him from behind the trees:

> I couldn't figure out what it was at first… it looked like one of those cheap, rubber Halloween masks you see in dime stores. It was just too fucked up to be human, but somehow, deep down inside I knew it was. His mouth was all busted up… broken teeth sticking out of pink gristle.[26]

Keith's understanding and recognition of the Other is here rooted in a process of progressive comparison that allows him to move from mask to face through the assimilation of different familiar elements. Suggesting a reading of the body done not only through the accumulation of visual cues but through their respective connection to an aesthetic normative standard, 'a dominating, hegemonic vision of what the human body *should* be',[27] Keith's description directly links the diagnosis process to aesthetics,[28] exposing the close ties that medicine, in its recognition of the symptom, entertains with

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24 Georges Canguilhem, *The Normal and the Pathological*, trans. by Carolyn R. Fawcett and Robert S. Cohen (New York: Zone, 1989), p. 243.

25 Armstrong, p. 2.

26 Burns, *Black Hole* 1.

27 Lennard J. Davis, 'Introduction: Normality, Power, and Culture', in *The Disability Studies Reader*, ed. by Lennard J. Davis (New York: Routledge, 2013), pp. 1-14 (p. 5).

28 In its original Greek, aesthetics (αἰσθητικός) relates directly to sensory perception, its meaning being simply that of 'relating to sense perception, sensitive, perceptive'. 'Aesthetic, n. and adj.', *OED Online* (Oxford University Press, June 2016), <http://www.oed.com/view/Entry/3237>, [Accessed 22 June 2016].

the appraisal of the body as a mode of relation to an ideal or a norm, cornerstone of the aesthetic apparatus.

This shared epistemic structures in and of itself is not surprising. As Clive Cazeaux explains, in ancient Greek philosophy, '*aisthesis* refer[red] to lived, felt experience, knowledge as it is obtained through the senses, in contrast to *eidos*, knowledge derived from reason and intellection'.[29] Though the meaning of the term became over the centuries progressively detached from the articulation of knowledge, what Keith's reaction exposes is the fundamental role that *aisthesis* continues to play in our epistemic reading of the world and those who inhabit them. In issue five, Chris remembers a party during which she got heavily intoxicated: 'at some point I finally got drunk… and then beyond drunk, drifting off somewhere, connected to nothing. I don't remember much after that'.[30] Over the next two pages (see Figure 6.2), Burns displays an assemblage of almost abstract images: a shoreline, fragmented body parts, monstrous staring eyes, merging into each other to the point of indistinction, to the point where all that is left are 'things turning. Seeing double, triple [...] Dull images slowly floating up to the surface. Ugly things that made no sense'.[31] Chris's conflation of ugliness and meaninglessness confirms here the strong ties that signification and aesthetics entertain, suggesting that beauty lies in that which contagion precisely negates, that which 'is clear, distinct, or demarcated'.[32]

Within the economy of *Black Hole*, knowing the Other, like knowing her disease, is perceived first and foremost through an aesthetic epistemology of health in which what takes precedence is 'not the atlas as a representation of the body but the body as a representation of the atlas'.[33] It operates upon the basis of a structure in which the normative and ideal representational model of the body does not only come prior to the body but surrounds it both before and after, through and through. Circumscribing

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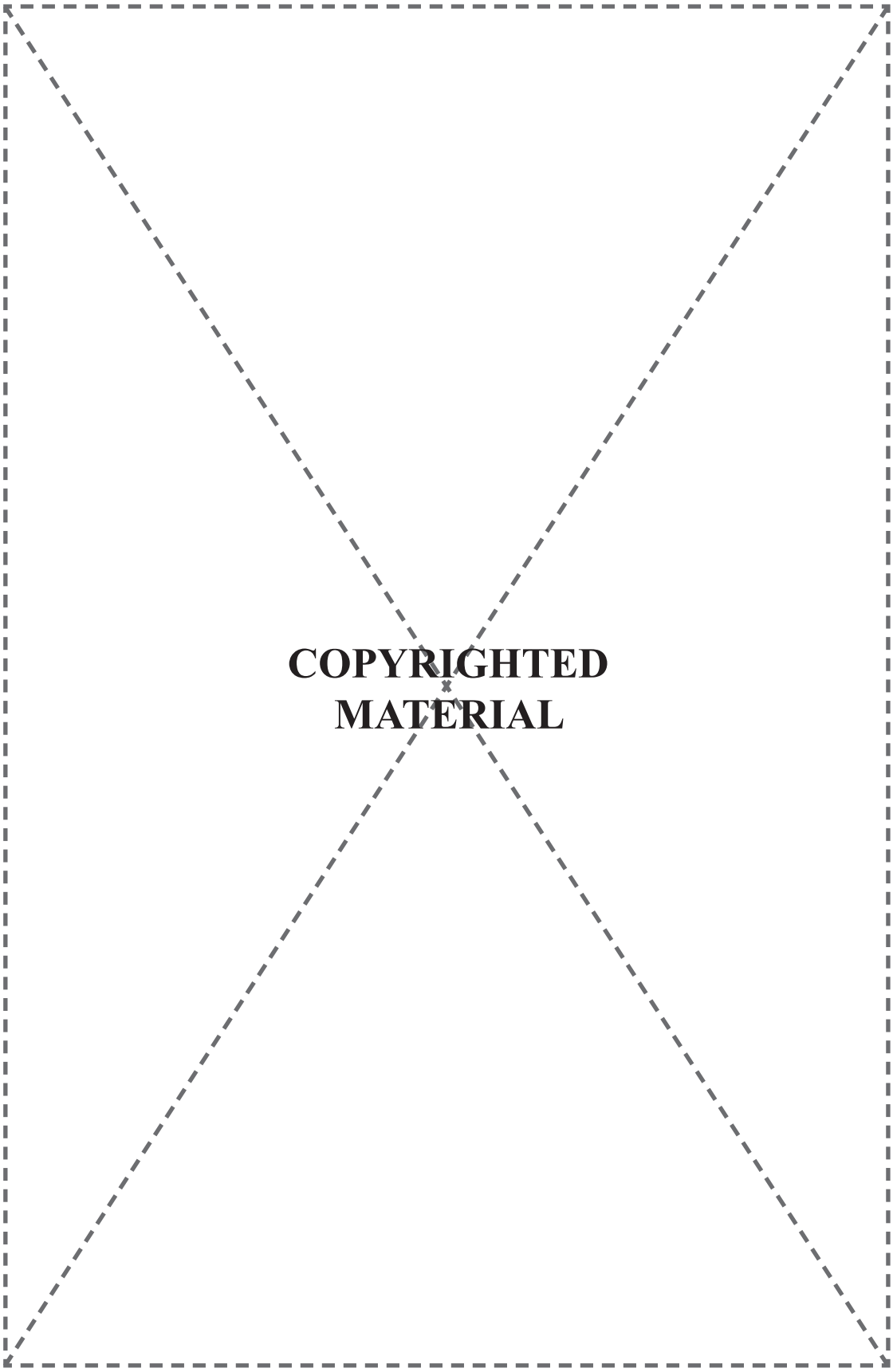
29 Clive Cazeaux, *The Continental Aesthetics Reader* (London: Routledge, 2000), p. xv.

30 Charles Burns, 'Cook Out', *Black Hole* 5 (Seattle: Fantagraphics Books, March 1998).

31 Ibid.

32 Barbara M. Stafford, John La Puma and David L. Schiedermayer, 'One Face of Beauty, One Picture of Health: The Hidden Aesthetic of Medical Practice', *The Journal of Medicine and Philosophy* 14 (1989), 213-230 (p. 215).

33 Armstrong, p. 2.



6.2 Charles Burns, 'Cook Out', *Black Hole* 5 (Seattle: Fantagraphics Books, March 1998).

its reading from all sides, the atlas becomes the image of the body upon which all bodies are assessed. Structured around an economy in which epistemic and aesthetic assessments both operate according to a differential dynamic in which the proper, the clean and the distinct is upheld as superior to that which disrupts order, the unclean and the liminal, the introduction of disease can but be perceived as an aesthetic debasement, a fall into the realm of the ugly and the disgusting. In issue three, as Rob wakes up, he finds his nude girlfriend staring at him with tears in her eyes, accusing him of having called out Chris's name while asleep. As she tells him 'you may know how to lie but that little mouth on your neck sure as hell doesn't'.[34] Showing him her palmed hand, she then suggests that 'maybe it's this! Maybe now that I'm starting to *show* you're getting grossed out and want to move on… move on and find a *clean* girl'.[35] The relation between cleanliness and aesthetics produces here a disease whose primary effect is to de-aesthecise the host body, that is, to abnormalise it and effectively render it visible.[36]

Apprehended through the aesthetic epistemology of health, the symptom not only marks the moment in which 'the invariable form of the disease—set back somewhat, visible and invisible' is allowed 'to *show through*',[37] it also signals a shift in ontology towards a reading of the aesthetic body itself as revelation. When, in issue four, Keith meets Eliza for the first time, she takes him down to her room to show him her art. As he enters the room, Keith is confronted with dozens of strange sculptures, drawings and paintings, either hanging from the ceiling or posted against the walls. When he finally takes the time to look at them all, 'staring into her dark drawings, really seeing them', he describes how 'it was all there. Somehow she'd figured it out', telling Eliza that 'these are so good' because 'they *say* so much'.[38] Keith's emphasis on the idea that Eliza's art speaks for itself, that her monstrous drawings contain a certain form of signification outside of their interpretation, literalises the naturalisation of aesthetics

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34 Burns, *Black Hole* 3.

35 Ibid., my emphasis.

36 A similar dynamic animates Butler's portrayal of the Clayarks as 'stick people – menacing, utterly terrifying in their difference and their intensity'. Octavia E. Butler, *Clay's Ark* (New York: St. Martin's Press, 1984; repr. London: VGSF, 1991), p. 62.

37 Foucault, *The Birth of the Clinic*, p. 90.

38 Charles Burns, 'Bag Action', *Black Hole* 4 (Princeton, WI: Kitchen Sink Press, August 1997), my emphasis.

as a form of knowledge in its own right. Exposing an epistemic system that locates knowledge neither as an act nor a process but as a part of being, an intrinsic quality of its object, the aesthetic epistemology underlying Keith's comment, by establishing beauty or ugliness as integral parts of their object—a form of ontological aestheticism—removes the subjective judgment or interpretative aspect inherent to aesthetics[39] and replaces it instead with a conceptual or ontological model whose pretention is purely *object*ive, thus erasing its own implication and action in the process.

Allowing the kind of assessment that Gilman posits as the core foundation of our understanding of illness—as he explains, within the dominant Western discourse, 'the diseased and the beautiful cannot be encapsulated in one and the same category'[40]—the articulation of aesthetics as an ontological feature of the object positions illness and beauty as two antithetic qualities. Product of a logic in which 'it is not only that the healthy becomes beautiful, but that the beautiful becomes the healthy; the diseased is not only the ugly, but the ugly is the diseased',[41] this reading participates in a long tradition within Western culture that has tended to wish to read in beauty the signs of moral or biological purity. Conflating internal and external features, this epistemic structure constructed an economy in which moral, or in this case biological, 'composition makes itself discernible in the mien or facial features' of each individual.[42] According to this approach, illness implies a literal marking of the body understood as surface, a writing *on* the body of the un-aesthetic effects of the disease hidden *within* it. In opposition to the distance implicit in the 'rubber Halloween mask' for which Keith initially mistakes one of the infected teens, disease is here apprehended as a circular process in which the

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39 As Immanuel Kant explained, 'a universality that does not rest on concepts of the object (not even on empirical one) is not a logical universality at all, but an aesthetic one'. Immanuel Kant, *Critique of Judgment: Including the First Introduction*, trans. by Werner S. Pluhar (Indianapolis, IN: Hackett, 1987), p. 58.

40 Sander L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca; London: Cornell University Press, 1988), p. 4.

41 Sander L. Gilman, *Health and Illness: Images of Difference* (London: Reaktion, 1995), p. 51.

42 Immanuel Kant, *Observations on the Feeling of the Beautiful and the Sublime*, trans. by John T. Goldthwait (Berkeley: University of California, 2003), p. 87. This belief served as foundation for the century-long scientific practices of phrenology and physiognomy initiated around 1800 by Johann Caspar Lavater. Johann Caspar Lavater, *Physiognomy; or the Corresponding Analogy Between the Conformation of the Features, and the Ruling Passions of the Mind*, trans. by Samuel Shaw (London, 1800?).

monstrous outside becomes both result and source of a monstrosity within.

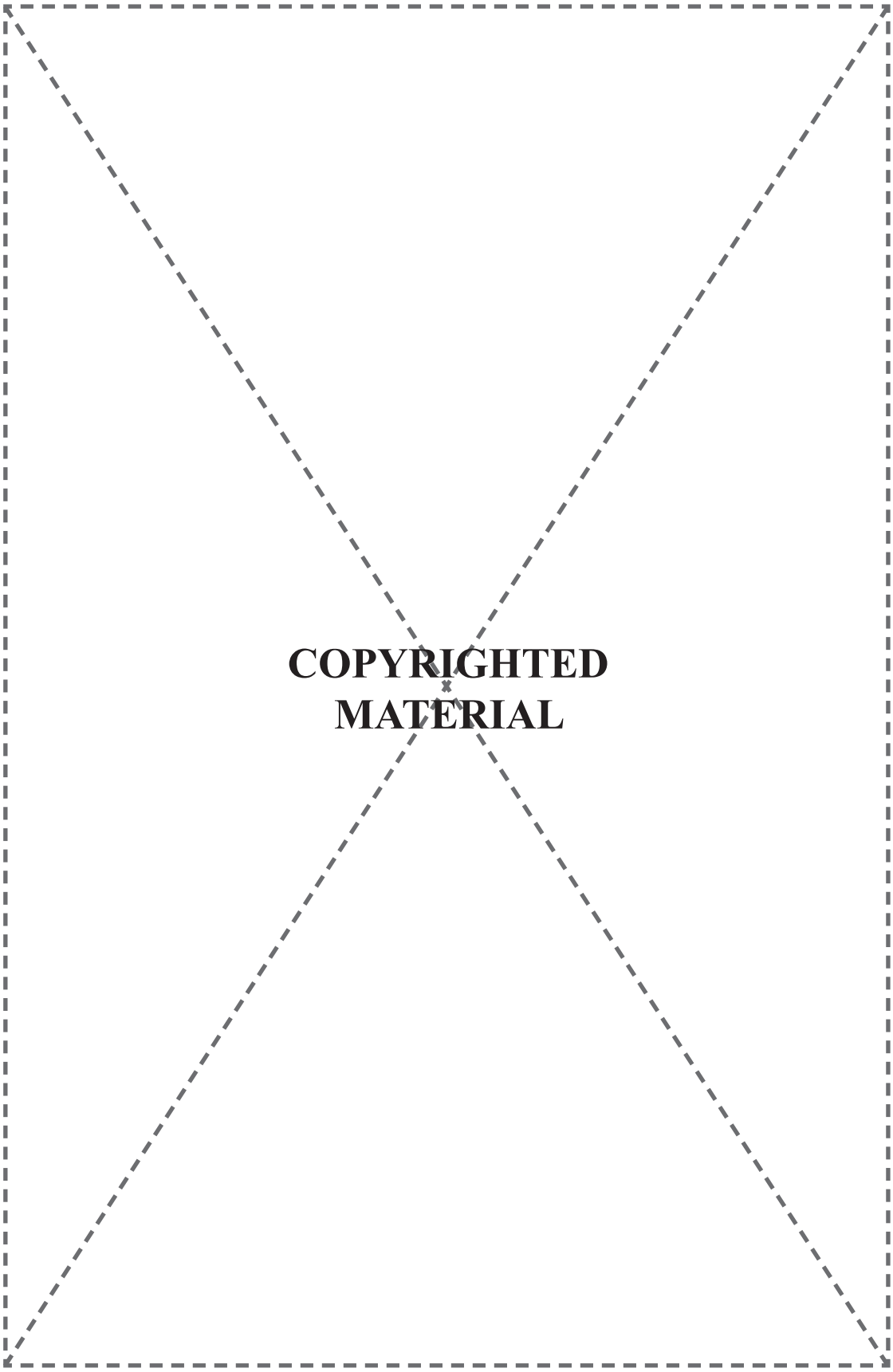
As Alphonso Lingis argues in his work on collective ethics, 'a thing *is* by engendering images of itself, reflections, shadows, halos'.[43] These images, in turn, become part of that thing's essence; they 'cannot be separated from the core appearance which would make them possible, for they make what one takes to be the core appearance visible'.[44] Surface and essence collide to the point where 'the reality that engenders the phantasm is engendered by it'.[45] Waking up after a nightmare in which she found herself drowning in the sea, 'being pulled down… pulled under',[46] Chris tears her own skin off and, in a gesture of obvious rejection, throws it out of the tent in which she now sleeps. Right before doing so, however, she stops for a second, holding her skin at arm's length. In two mirroring panels, Burns offers a shot reverse shot in which Chris stares at her own deformed shedded face (see Figure 6.3). Itself an echo of the mirroring yearbook images opening and closing its collected edition,[47] the oppositional structure which both visuals present exposes the inescapable circularity of our relation to visibility. From appearance derives essence, which in turn accounts for the object's form. Caught up within this tautological economy, the contagious subject finds herself defined by what she looks like, as her appearance becomes both source and result of her essential abnormality.

6.2 Monstrosity, Disgust and the Passive Object of the Gaze

Reminiscing upon the night during which she contracted 'the bug', Chris recounts in issue two a sexual encounter she had with Rob, a fellow classmate, following a party at Marci's house. After taking her to the cemetery, Chris starts kissing Rob. Over the following three pages, Chris narrates her experience using a wide array of sensory perception. From 'feel[ing] the cold wind from his wet kiss' which she describes as 'all wet and sexy' to 'feel[ing] him, hard, straining up against me, hands on my hips' as

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43 Alphonso Lingis, *The Community of Those Who Have Nothing in Common* (Indiana University Press, 1994), p. 41.
44 Ibid., p. 41.
45 Ibid., p. 41.
46 Burns, *Black Hole* 1.
47 Charles Burns, *Black Hole* (London: Jonathan Cape, 2005).



6.3 Charles Burns, 'Biology 101', *Black Hole* 1 (Princeton, WI: Kitchen Sink Press, March 1995).

her 'heart was pumping, racing harder and harder, trying to push though the darkness', Chris's description relies on a multi-sensory apprehension of the events, that is, of their communal togetherness: 'we were alive… we were so alive and that's all that mattered'.[48] Focusing almost exclusively on Chris, her face, her eyes, his hands upon her body as Rob attempts to find 'his way into [her]', the sequence of fragmented images Burns constructs is then violently broken up when, directing her gaze towards Rob for the first time and 'kind of pulling open his shirt' Chris describes '*seeing* something… something weird'.[49] Feeling her backing away, Rob asks her 'what's the matter?' to which she simply answers 'I just *saw* something… there's something on your neck'.[50] Noticing a change in Rob's appearance—'he froze. His perfect dark eyes clouded over and turned cold'—she is left to conclude that, despite the passionate connection they shared only a page ago, things were now over and that 'there was nothing left to *say'*.[51]

If this short scenes occupies a fundamental place within Chris's own narrative, retrospectively marking her entrance into the realm of the monster, it also exposes the close relationship monstrosity, abnormality and the discourse of health entertain with the gaze and its ability to inscribe the body within the epistemic structures of normality. In most horror stories, monsters and humans have tended to be positioned in a relationship of continuous conflict, 'the humans regard[ing] the monster they meet as abnormal, as disturbance of the natural order' and identifying in her presence a 'breach [of] the norms of ontological propriety presumed by the positive human characters in the story'.[52] Though not directly nor entirely related to the horror genre, *Black Hole* in many ways operates on a similar basis, emphasising the distance—both spatial and ontological—that the human characters perceive to exist between their own normality and the abnormality of the monster. As the language used by Chris suggests, her sexual encounter with Rob, unfolding under the scope of normality, allows her

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48 Charles Burns, 'Racing Towards Something', *Black Hole* 2 (Princeton, WI: Kitchen Sink Press, November 1995)

49 Ibid., my emphasis.

50 Ibid., my emphasis.

51 Ibid., my emphasis.

52 Noël Carroll, *The Philosophy of Horror, Or, Paradoxes of the Heart* (New York: Routledge, 1990), p. 16.

to feel and express her pleasure in terms of a relationship, a *being-with* the Other. Challenging the boundaries between self and Other, the multi-sensory dimension of her sexual experience continuously breaches and re-affirms them as both partners lose themselves into each other and the singularity of the 'I' dissolves into commonality: 'I was gone… I couldn't help myself'.[53] The intrusion of monstrosity triggered by Chris '*seeing* something' therefore not only signals a breach in their commonality—whereas the previous panels all worked towards disorienting the reader's identificatory ability, the panels following Rob's revelation are clearly marked by division and distance, a relation itself confirmed by Chris's 'we were quiet, distant… strangers'[54]—it also marks the return of a dominance of the visual over all other modes of perception.

The emphasis put here on *seeing* the monster participates in a long tradition which has tended to perceive monstrosity as 'a visible symbol of something important and usually ominous'.[55] Bridging the gap between two of its Latinate derivations—'*monere* "to warn" and *monstrare* "to show"'[56]—this definition locates in the monster both a warning and a spectacle, or that which announces in the form of her particular visibility a specific form of danger or risk. Though the visibility of the monster may appear a natural result of her own abnormality, what Chris's comment exposes, by linking vision to discourse, is the intricate tautological structure operating under the surface of the monster's definition. Indeed, as Abigail Lee Six and Hannah Thompson themselves recognise, 'a monster is something *to put on display* as a warning'.[57] Her spectacularisation, in other words, is not predicated on the monster's essence itself but on the act of those who, gazing upon her, make a spectacle out of her. Her seemingly ontological visibility, her actual 'monstrosity', is therefore not the product of any essential feature, but rather the result of a circular movement in which the normative discourse of health, upon perceiving an entity outside the norm, constructs her as a

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53 Burns, *Black Hole* 2.

54 Ibid.

55 Abigail Lee Six and Hannah Thompson, 'From Hideous to Hedonist: The Changing Face of the Nineteenth-Century Monster', in *The Ashgate Research Companion to Monsters and the Monstrous*, ed. by Asa Simon Mittman and Peter Dendle (Farnham: Ashgate, 2013), pp. 237-256 (p. 237).

56 Ibid., p. 237.

57 Ibid., p. 237, my emphasis.

special and spectacularised object.[58] In a movement reminiscent of the circularity Laura Mulvey locates as the foundation of female cinematic representation—'in their traditional exhibitionist role women are simultaneously looked at and displayed, with their appearance coded for strong visual and erotic impact so that they can be said to connote *to-be-looked-at-ness*'[59]—the discourse of health creates in the monster a visible object upon which it inscribes, in a retroactive motion, a form of ontological visibility it can later call forth when the need to emphasise the monster's object-ness arises. Naturalising the effect of its own discourse, it promotes the objectal dimension of the monster while simultaneously erasing the actions that led to her definition as object.

As the previous chapters already emphasised, the objectification of the monster responds to a perception, real or not, of danger. It emerges as a result of the impression of risk that quickly comes to define the monster's presence. Within such an economy, the gaze becomes an important instrument in the objectification of the Other. Not only is it able to introduce a distance between subject and object—as Margrit Shildrick argues, the gaze has the particular ability to 'create a spectacle that allows [the subject] to approach the other without immediately being open to his, or her, senses'[60]—it also inscribes both participants within a specific dynamic marked by imbalance. Implicit already in Keith's comment, upon meeting Eliza, that he 'kept glancing over, *stealing looks* at her',[61] the gaze indeed has the ability to mark its object *as object*, forcing both subject and object into a possessive relation in which power resides solely in the literal eye of the beholder.[62] Made more manifest later in the series when, day-dreaming during a biology class, Keith conflates his own fantasy of Eliza with the pornographic

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58 As MacCormack argues, 'defined through this word "marvel," teratology describes a study of relation more than of an object […] the monster is nothing unto itself except aberrant to the other'. Patricia MacCormack, 'Posthuman Teratology', in *The Ashgate Research Companion to Monsters and the Monstrous*, ed. by Asa Simon Mittman and Peter Dendle (Farnham: Ashgate, 2013), pp. 293-309 (p. 302).

59 Laura Mulvey, *Visual and Other Pleasures* (Bloomington: Indiana University Press, 1989), p. 19.

60 Luce Irigaray, *An Ethics of Sexual Difference*, trans. by Carolyn Burke and Gillian C. Gill (London: Athlone, 1993), p. 174.

61 Burns, *Black Hole* 4.

62 To 'behold' not only implies observation but also connotes possessiveness, meaning as it does 'to hold by, keep hold of, retain'. 'Behold, v.', *OED Online* (Oxford University Press, June 2016), <http://www.oed.com/view/Entry/17232>, [Accessed 06 September 2016].

imagery he found in her bathroom earlier in that same issue (see Figure 6.4), this process of spectacularisation enacts the absolute and total objectification of its target, remaking Eliza as a pure spectacle destined for consumption. Connoting her inherent spectacularised dimension, Eliza's posing allows the foregrounding of 'a moment of invisible stillness, in which the body is displayed for the spectator's visual pleasure' only.[63] By slowing down time into contemplation of the human form, this process in turns allows 'for a moment of possession in which the image is extracted' from the flow of reality and becomes a pure object for the subject to hold.[64]

Setting its subject at a removed distance from whatever it 'touches', the gaze constructs the Other as spectacle and thus allows the kind of conflation established by Keith between the object of his desire, Eliza, and the pornographic image. One of the most violent form of objectification and denaturalisation of the human body offered by the series,[65] this conflation presents Eliza as the fixed and fetishised object of Keith's desire, an object for him to literally possess. It allows him to 'grab hold of something that can be taken away', to transpose the relentless temporality of life into the 'more manageable temporality of contemplation' and possession.[66] What Burns exposes here is the privileged position held by the gaze in the objectification of the Other, the way in which 'objectification operates in the gaze in a privileged way'. Allowing 'the object disclosed, discovered, appearing, a phenomenon', that is, the visible object to be 'interpreted without the other sensations taking part in it',[67] vision establishes a unidirectional form of relation, a subject-to-object process, whose primary function is to reify the Other in her otherness.

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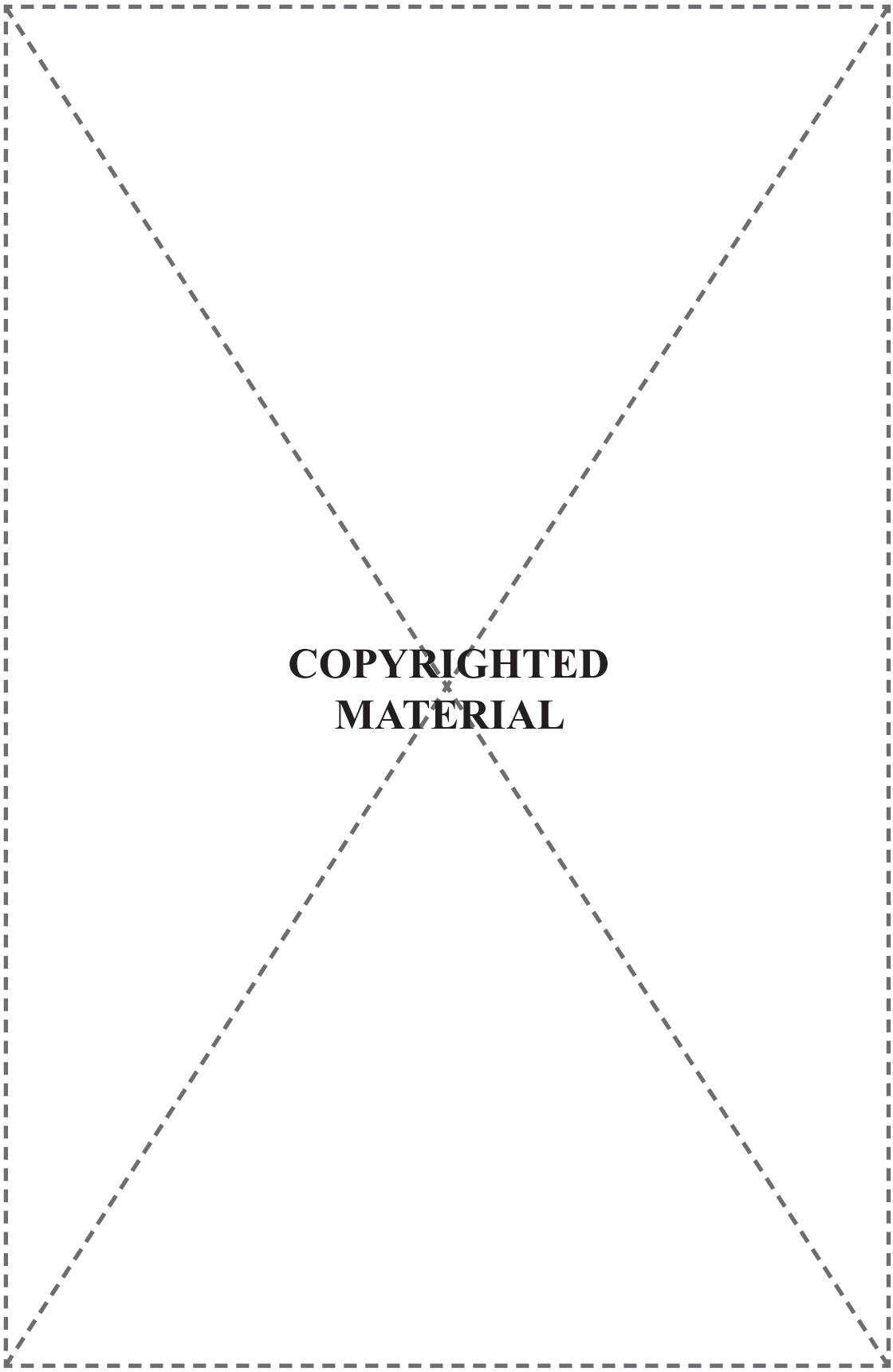
63 Laura Mulvey, *Death 24x a Second: Stillness and the Moving Image* (London: Reaktion, 2006), p. 162

64 Ibid., pp. 163-164.

65 The most obvious case being that which sees Eliza waking up after having been raped by her roommates 'naked, sick… I was sore between my legs… sore all over. They'd written things on me… all kinds of nasty, ugly stuff'. Charles Burns, 'Rick the Dick', *Black Hole* 11 (Seattle: Fantagraphics Books, December 2003).

66 Mary Ann Doane, 'The Close-up: Scale and Detail in the Cinema', *Differences: A Journal of Feminist Cultural Studies* 14.3 (Fall 2003), 89-111 (p. 97).

67 Emmanuel Levinas, *Totality and Infinity: An Essay on Exteriority*, trans. by Alphonso Lingis (Pittsburgh: Duquesne University Press, 1994), p. 88.



6.4 Charles Burns, 'A Dream Girl', *Black Hole* 10 (Seattle: Fantagraphics Books, December 2002).

Offering a meta-discursive guide on how to read his own novel, Burns's depiction of Eliza here exposes the ways in which the spectacularisation of the dangerous body allows the subject to arrest its object, 'fixing the other at a safe distance […] beyond the capacity to touch [yet] nonetheless a privileged object of the gaze'.[68] Particularly important when confronted with an event whose primary characteristic is its ability to breach over spatial boundaries, this distal dimension becomes a central element in Keith's relation to first Chris and later Eliza, whom he engages primarily *as* contagious beings. When, walking through the woods, Keith stumbles on an undressed and unaware Chris, he describes how '[he] felt like a total pervert… a peeping tom… but I couldn't look away'.[69] His guilt here does not simply emerge from having caught a fellow classmate in the act of undressing; its primary source comes from the distance that separates him from her, distance that allows him to remain unnoticed. Reinforced by Burns's progressive increased visual distance—over the course of two pages, he introduces a series of visual layers by first distancing forefront and background, interposing trees and finally, a page later, dividing the image into four separated panels (see Figure 6.5)—this distance establishes a safe zone of non-reciprocity and thus confirms the objectal dimension of the observed, stopping the contagious Other in her approach and ultimately rendering her powerless.

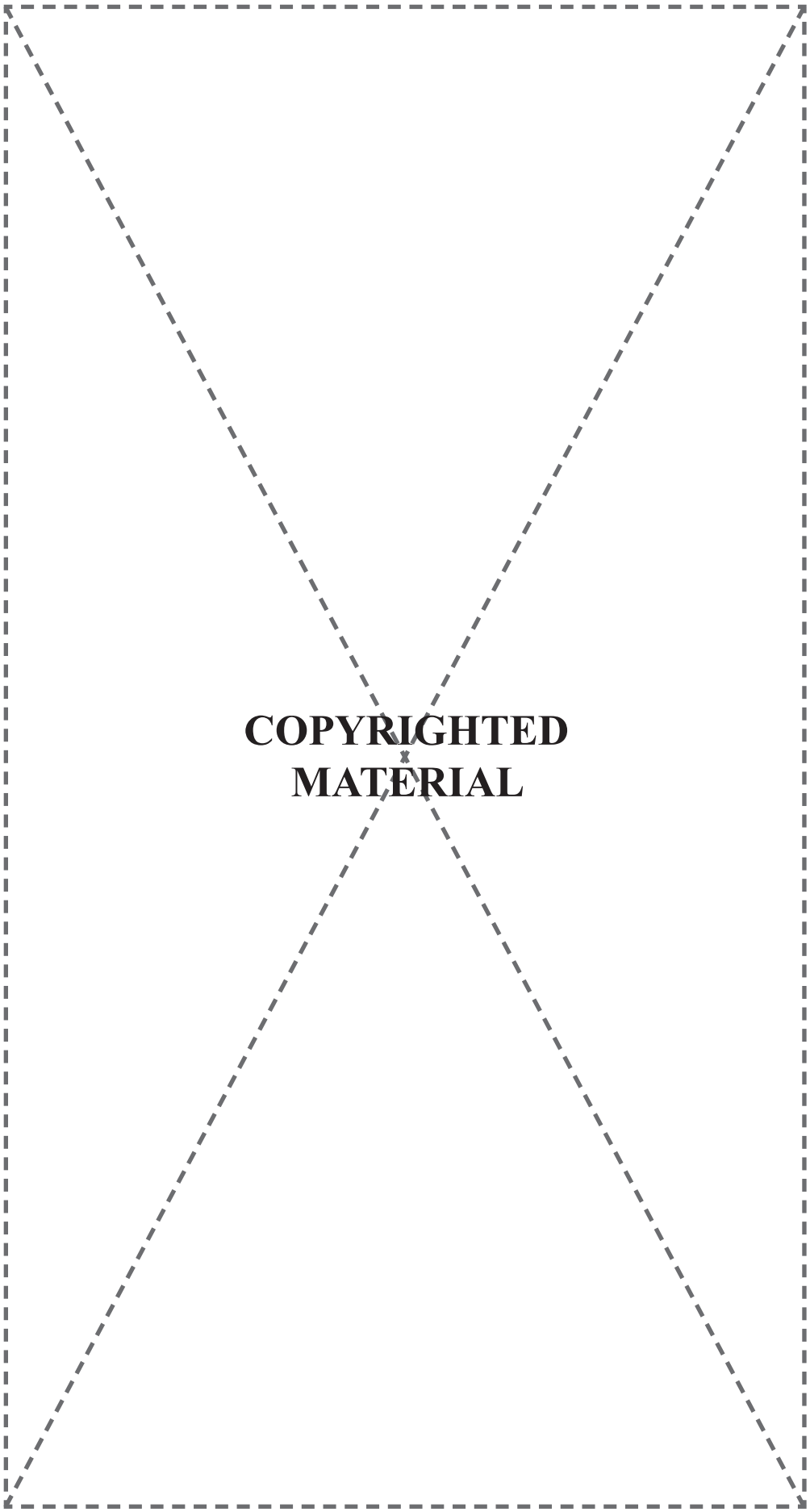
Marked by the specific distribution it establishes between observer and observed, the distance the gaze establishes effectively removes the subject from the dangerous situation. By producing its object *as object*, it creates a unidirectional relation whose objectifying effects leave its subject untouched while it confirms the vulnerability of the object. When, alone in the woods, Keith hears a branch cracking, only to find himself observed by the monsters, he describes how frightened he instantly became: 'scared shitless' and unable to move, 'I just stood there staring at him, listening… trying to figure out what he was saying'.[70] Later in issue twelve, during one of his own dreams, he finds himself looking through a hole at 'the bad place I always come back to in my

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68 Margrit Shildrick, *Embodying the Monster: Encounters with the Vulnerable Self* (London: SAGE Publications, 2002), pp. 68, 73.

69 Burns, *Black Hole* 3.

70 Burns, *Black Hole* 1.



6.5 Charles Burns, 'Who's Chris?' *Black Hole* 3 (Princeton, WI: Kitchen Sink Press, July 1996).

dreams' and notices Chris, naked, sitting in the middle of a pile of 'endless garbage'.[71] Returning his gaze, she calls out to him: 'I see you… I know you're watching me'.[72] His reaction—he apologises, telling her that he is 'sorry, I really am. I never wanted to hurt you or make you feel bad'[73]—just like his fear at finding himself object of the gaze of the monster, exposes the violent effect of the gaze, opening as it does its object to an infinite potential for harm.

In this way, the gaze operates as the simultaneous establishment of a distance and a power. As Jean-Paul Sartre famously explained, the gaze contains within it a fundamentally imbalanced dimension through which 'the look is upon me without distance while at the same time it holds me at a distance—that is, its immediate presence to me unfolds a distance which removes me from it'.[74] Confirming the inescapable vulnerability of its object, the gaze establishes a relationship in which the subject holds absolute power over those upon which it looks. As Sartre himself acknowledges, the gaze reifies its object's corporeal presence, its openness to harm:

> What I apprehend immediately when I hear the branches crackling behind me is not that *there is someone there*; it is that I am vulnerable, that I have a body which can be hurt, that I occupy a place and that I can not in any case escape from the space in which I am without defense—in short, that I *am seen*.[75]

To be seen is to exist not only for the Other but through her. It means a being outside the subject's control, outside her self. In the process of spectacularisation, the subject makes of the Other a thing. He signals to the Other that her nature 'is—over there, outside [her] lived freedom—as a given attribute of this being which [she is] for the [subject]'.[76] In the look of the subject, the Other grasps not so much a loss, as for loss she would have to have owned first, than the 'solidification and alienation of [her] own

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71 Charles Burns, 'The End', *Black Hole* 12 (Seattle: Fantagraphics Books, December 2004).
72 Ibid.
73 Ibid.
74 Jean-Paul Sartre, *Being and Nothingness: An Essay on Phenomenological Ontology*, trans. by Hazel E. Barnes (London: Routledge, 2003), p. 282.
75 Ibid., p. 282.
76 Ibid., p. 286.

possibilities',[77] the crystallisation of her irreducible position as object and the reduction of her world.[78]

Within the economy of contagion, the gaze is invested with a capacity to distance the contagious Other from the healthy self. It creates or constitutes a specific fantasised territory of the monster, caught up between visibility, a desire to retain the monster *in sight*, and invisibility or her rejection *out of sight*, beyond the boundaries of the visible. Imposing on the infected and infectious teenager as it did with the werewolf and vampire a space of paradoxical exclusion through inclusion, the gaze allows the re-establishment of a boundary, of a fundamental distinction between the agentic intrinsic ability of the subject and the exclusionary passivity of her object. Yet, if the gaze appears to function as a form of prevention against further contact; if, as Margrit Shildrick argues, 'insofar as the gaze remains operative, we might say that no real encounter takes place, for the emphasis is not on exchange in which mutual transformation might occur, but precisely on forestalling such a move',[79] the gaze also seems to itself recognise, in the necessary distance it calls forth, a form of bi-directionality. Reflecting upon the dynamic of fascinated disgust suffusing the 'freak show', Shildrick argues that 'what is striking about such spectacles […] is that they may elicit the contradictory responses both of horrified disengagement, and of fascination and recognition'.[80] They are defined by a paradoxical desire for distance born out of a recognition of potential threat and a simultaneous invitation to closeness, to *looking*.

Already present in Marci's comment in *Black Hole* when, upon noticing two infected teenagers scavenging the content of a garbage bin for food outside the local fast food restaurant, she exclaims that 'it's disgusting!' before rhetorically asking 'why do

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77 Sartre, p. 286.

78 This objectifying dimension is also at work when, witnessing Mary, one of his friends' older sister, crying in her car, Keith finds himself object of her violent rejection—'what are you looking at? Get the fuck out of here you little shit!'—rejection whose source lies in the reifying power of his gaze, its ability to crystalize her 'patheticness'. Charles Burns, 'Windowpane', *Black Hole* 6 (Seattle: Fantagraphics Books, December 1998).

79 Shildrick, *Embodying the Monster*, p. 74.

80 Margrit Shildrick, 'Vulnerable Bodies and Ontological Contamination', in *Contagion: Historical and Cultural Studies*, ed. by Alison Bashford and Claire Hooker (London: Routledge, 2001), pp. 153-167 (p. 158).

they have to come here and ruin everybody's good time?',[81] this sense of visual tainting is more directly literalised later when, in the same restaurant, Dave is confronted with one of the healthy teenagers who, claiming that Dave is 'scarin' the waitress, advises him to leave, adding that 'nobody wants you here'.[82] This rhetoric of exclusion and the underlying threat that the sheer visibility of the monster introduces indicates how the monster is invested with a paradoxical form of power.

Locked between the absolute passivity of objectification and the kind of powerful agentic ability histrorically only reserved for the 'normal' subject, her position echoes another cultural doxa, that which surrounds the naked body. Indeed, like the monster, the power invested in nudity paradoxically arises as a result of its exclusion. As Boodakian argues, Western cultural attempts 'to hide the genitals, to suppress a sexual viewing/reading often ha[ve had] the reverse effect'.[83] By covering or clothing the sexual organs, it 'creates the sexual titillation'.[84] In this way, the attempt at rendering the monster invisible by excluding her to a realm outside the norm—materialised in the creation by the monstrous teenagers of 'sad little forts […] piles of sticks and boards surrounded by a litter of candy wrappers' marking the entrance into their own realm[85]—becomes the source of her overt visibility. Signalling, in its invitation to control and containment an implicit recognition of power, Marci's remark and the violent response given to Dave's presence both expose the inalienability of the subjectal dimension of the contagious monster. It re-articulates the objectification of the contagious subject as a defence mechanism whose roots are not located in any inherent objectness but precisely in the acknowledgment of the incredible potential contained within abnormality itself to challenge the norm. Though only marginally dangerous, the adolescent monsters of Burns's novel nonetheless symbolize a 'disturbance of the natural order', a breach of 'the norms of ontological propriety presumed by the positive human characters in the story',[86] or those remained untouched by the disease. The predominance of the

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81 Burns, *Black Hole* 5.
82 Burns, *Black Hole* 11.
83 Boodakian, p. 13.
84 Ibid., p. 15.
85 Burns, *Black Hole* 1.
86 Carroll, p. 16.

gaze in our cultural response to abnormality does not therefore emerge in response to any essentially visual dimension of the monster, to her ontological visibility but serves instead as a means to arrest and contain her potential for disorder, her inherent ability to reverse the objectifying gaze to which she finds herself subjected. It allows the re-affirmed separation of 'the symbolic order from all that threatens its stability'[87] and marks the totalised absorption of the Other's alterity within a safe economy of sameness.

In this way, the distribution of the medical gaze to all citizens argued in chapter two and three, their investment in a normative epistemology of health whose prime directive is the localisation and definition of a realm of abnormality, does not signal a multiplication of the medical authority outside of the normative scope of its territory of application or a democratisation of the discourse of health. Instead, it marks the expansion of its space of exercise. Like the multiplication of the discourse on sexuality Foucault identifies as the moment of its institutionalisation,[88] the multiplication of the gaze in Burns's novel exposes the absolute internalisation of its epistemic normative structure. Allowing the complete re-capture of the monstrous body within an economy of sameness and health, it enacts the forceful integration of the monster and her power within the carefully delineated space left by her objectification. Unable to entirely suppress the abnormality constitutive of the monstrous, the discourse of health managed instead 'to give it an analytical, visible, and permanent reality', that is, to establish it 'as a *raison d'être* and a natural order of disorder'.[89] Circumscribing it within a gaze whose underlying doxastic sources and impact it purposefully erases, the medical discourse constricts the 'dangerous' contagious monster within a doctrine of concealment and exposition, invisibility and visibility, whose primary effect is to contain the monster to an objectal position defined by passivity.

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87 Barbara Creed, 'Horror and the Monstrous-Feminine: An Imaginary Abjection', in *Horror: The Film Reader*, ed. by Mark Jancovich (London: Routledge, 2002), pp. 67-76 (p. 75).

88 Michel Foucault, *The History of Sexuality. Volume 1: An Introductio*n, trans. by Robert Hurley (New York: Vintage, 1990), p. 32.

89 Ibid., p. 44.

6.3 Passing, Performing and Resisting the Gaze

Defined by objectness and passivity, the abnormal object of medicine is left seemingly powerless against the discourse that defined her as such. Constructed as ontologically different, she can but conclude, as Chris does, that she will 'never be like them ever again',[90] that normality will forever remain a realm out of her reach. Yet, the gaze itself, in the structure of equivalence it establishes between ontology and appearance, suggests a potential alternative route for the contagious subject, a means for her to not only challenge the normative discourse of health but to begin to regain the active position she has so far been excluded from. When Rob joins the infected teenagers at the pit after being kicked out by his girlfriend Lisa in issue five, one of the 'monsters' asks him whether Lisa is 'still trying to pass'.[91] Rob's answers that Lisa is 'telling everyone she burned [her now palmed hands]' and that she 'keeps 'em wrapped up in bandages'[92] signals here the powerful potential of performance to disrupt the ontological dualism root of the medical discourse and its labelling and stigmatising effects. Indeed, Lisa's ability to 'pass' foregrounds the insufficiencies at the heart of the dream of equivalence posited by the dominant discourse between ontological and visual appraisal, between essence and appearance. It sets up a possible distance between being and acting which in many ways goes against cultural expectations of difference. Creating a certain form of uncertainty as to 'whether a particular person really is what they claim or appear to be or have historically been',[93] it allows the infected and objectified object of medicine to begin to constitute herself according to an anti-gaze movement whose primary effect is the destabilisation of the structures of objectification that so drastically reduce her ability for action.

As Burns clearly identifies in the opening pages of *Black Hole*, performance plays an integral part in his protagonists' understanding of identity. Keith's comment about his own classmates playing a role indeed signals a general adoption of the

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90 Burns, *Black Hole* 5.

91 Ibid.

92 Ibid.

93 Arjun Appadurai, 'Dead Certainty: Ethnic Violence in the Era of Globalization', *Development and Change* 29 (1998), 905-925 (p. 908).

dominant normative gender roles designed by Western culture. It exposes a certain awareness of the reiterative process that defines performativity, process through which, by inscribing herself within a system of signs whose recognition provides value to her performance—as Jacques Derrida emphasised, meaning inherently relies on a process of citation[94]—the subject locates herself within the cultural structures that give meaning to her own position as subject. It indicates an implicit recognition of the cultural norms upon which normative subjectivity itself relies and, through Keith's own attempt at replicating them, a willingness to participate in their reiteration. However, in this attempt, it also precisely exposes their insufficiencies. Indeed, beside Chris's own calm and level-headed response to the frog's dissection—itself an opposition to the disgusted and frightened reaction of the girl sitting behind her—Keith's own confession that he 'was trying to do the same thing'[95] as well as his ultimate failure—he faints when confronted with the frog's insides—clearly suggest a possible resistance to the necessary reiteration called forth by the norm.

Of course, Keith's failure to comply with the norm of masculinity is itself quickly socially punished. Waking up surrounded by his classmates, he finds himself labelled 'a pussy', a derogatory terminology whose feminine implications, processed as it is within the heavily normative environment of the novel, in turn account for the debasement implied in his own comment that he 'felt like a total dipshit'.[96] Unconscious and undesired as it may be, this failure of performance already signals the opening up of a space of resistance, a 'slippage between discursive command and its appropriated effect' whose primary result is the establishment of a 'linguistic occasion and index for a consequential disobedience'.[97] Keith's inability to perform according to the standards expected of the normative masculine subject exposes the cracks within a discourse whose forceful and imposed reiteration always already marks its own insufficiencies. Insinuating itself within the specific temporality of performance—'construction not

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94 Jacques Derrida, *Limited Inc*., trans. by Samuel Weber and Jeffrey Mehlman (Evanston: Northwestern University Press, 1988), p. 18.

95 Burns, *Black Hole* 1.

96 Ibid.

97 Butler, *Bodies*, p. 122.

only takes place *in* time, but is itself a temporal process which operates through the reiteration of norms'[98]—Keith's failure to conform and repeat the norm foregrounds what Butler calls the 'gaps and fissures' whose remaining presence at the core of the re-iterative operation allow for the possibility of rupture.[99] By marking a divergence from the naturalised and therefore invisible dominant discourse, it forces the performance to appear; it signals a momentary lapse during which 'what appears and how it is "read" diverge' and through which 'the artifice of the performance can be read as artifice; the ideal splits off from its appropriation',[100] exposing the action of the norm *as norm* and thus already beginning to thwart its authority and power.

Keith's fainting thus initiates a longer process whose primary objective is, throughout the novel, to de-naturalize the norm, to deconstruct it and expose it as a social convention defined not by stability and coherence but by a precarious form of discontinuity. By enforcing the repetition of a norm, performance tends to erase the latter or at least and 'to the extent that it acquires an act-like status in the present, [to] concea[l] or dissimulate[e] the conventions of which it is a repetition'.[101] However, in the concealing economy it sets up, performance also opens up a space for the monster's re-integration within normative society. In issue five, pondering her present state as infected while gazing at herself in the mirror, Chris recognizes that she 'shouldn't look like this. I look normal but I'm not. I'm a monster'.[102] Coming only a few panels after, while exiting the toilet stall she was hiding in, Chris is forced to confront two of her classmates who, she believes, 'know… everybody knows',[103] the difference posited here between appearance and essence signals a breach in the dominant discourse of health whose association of beauty and health had until now rejected the sick to the side. Though her performance is here ultimately undermined by the adolescent community's gossiping network, the potency of her ability for concealment remains largely untouched, as illustrated by Keith's comment that he 'knew she was sick, but I didn't care. If

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98 Butler, *Bodies*, p. 10.
99 Ibid., p. 10.
100 Ibid., p. 129.
101 Ibid., p. 12.
102 Burns, *Black Hole* 5.
103 Ibid.

anything, I thought maybe it would give me a little bit more of a chance with her'.[104] Challenging the dominant reading of illness as inherently un-desirable, Chris's ability to perform normality allows her to challenge and disrupt the abnormalising capacity of the gaze and to re-inscribe her own body within the economy of desire privilege of the healthy subject.

This dislocation of aesthetic and ontological definitions is also what allows Keith, later in the novel, to evolve undetected and to continue living a 'normal' life as a store clerk. Having first tried to cut off the appendices resulting from his infection, the purple-grey 'little tails… like tadpoles' that developed around his ribs 'about a week after [having been] with Eliza',[105] Keith resorts in issue ten to hiding them under bandages, undergoing what he labels as his 'usual morning bullshit. Shave, shower… do my whole thing with the ace bandage… dress for work—black pants, white shirt, clip-on tie'.[106] This concealment allows him to not only pass as normal but to re-make himself, that is, to effectively exit the abnormality that had, since his initial fainting in issue one, characterised him and had later been confirmed by his infected status. As Chris narrates, while at the pit one night, she finds herself confronted once again with 'Keith, the nice, nice, super nice guy from biology class'.[107] Her initial reaction, however, is one of misrecognition: 'the first time I saw him down at the pit, I hardly recognized him. He'd cut his hair and was wearing this dorky white dress shirt'.[108] Adding to the description, Burns's artwork opposes her mental projection or memory of Keith—in an echo to the opening biology classroom image—to this new version of him, a version that, like her, the reader may not instantly recognize (see Figure 6.6). Hinting at the potential for reinvention contained within performance, Keith's transformation indicates a rejection of the dominant implication of corporeal and ontological equality associated until then with the infected identity.

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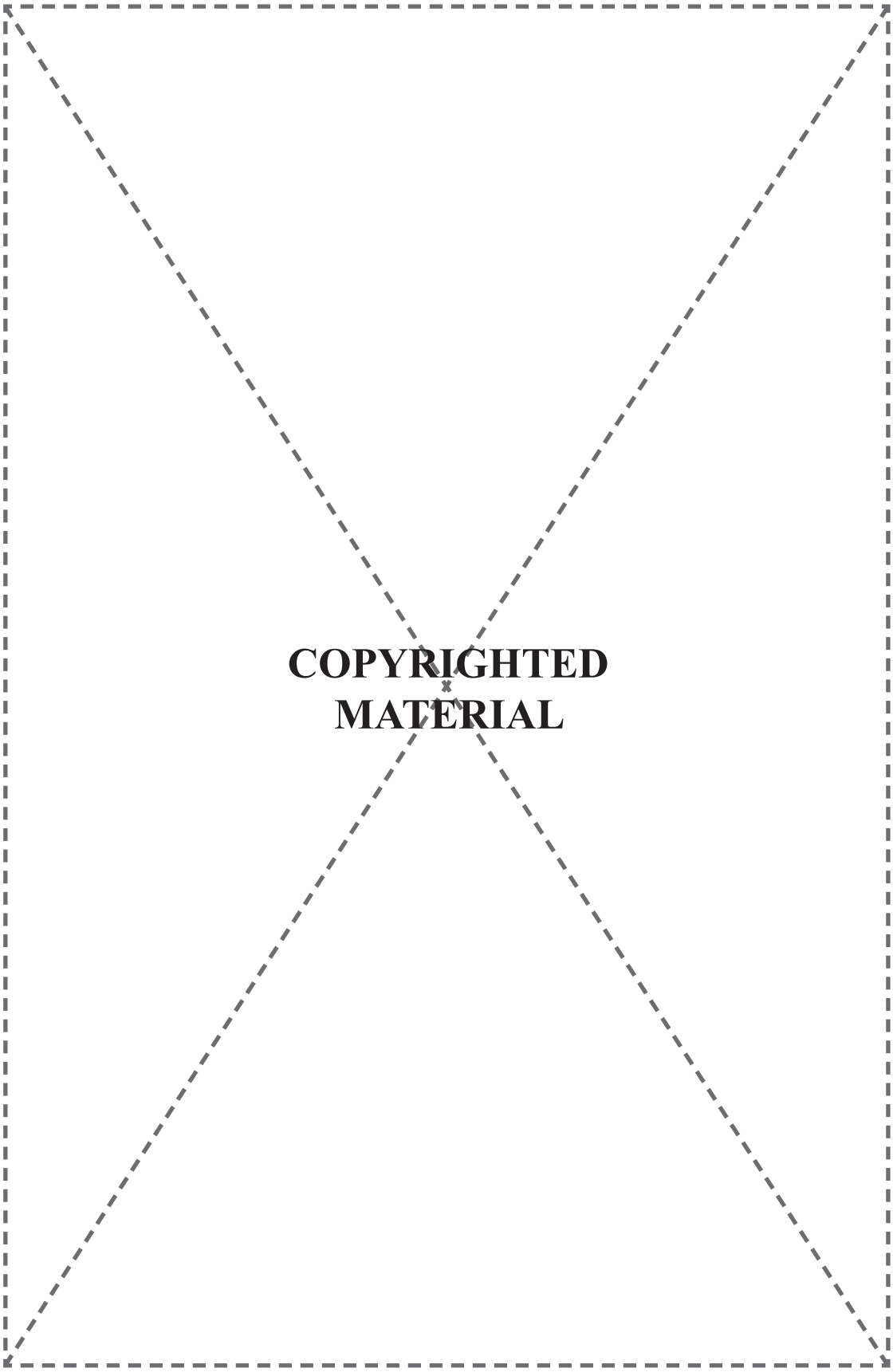
104 Burns, *Black Hole* 4.

105 Charles Burns, 'A Dream Girl', *Black Hole* 10 (Seattle: Fantagraphics Books, December 2002).

106 Ibid.

107 Charles Burns, 'Summer Vacation', *Black Hole* 9 (Seattle: Fantagraphics Books, December 2001).

108 Ibid.



6.6 Charles Burns, 'Summer Vacation', *Black Hole* 9 (Seattle: Fantagraphics Books, December 2001).

Co-opting a dominant conception of contagion that 'constantly attributes it with a repertoire of mimicry, deceitfulness and false identity' and effectively remakes infection into a 'drama of concealment, disguise, misrecognition and protean formation',[109] the performance mobilised here by Burns exposes the body as a potentially deceptive surface.[110] Dislocating identity from its embodied roots, *Black Hole* exposes through its two protagonists the ways in which bodies can come to 'betray the very cosmologies they are meant to encode'.[111] Whereas the dominant discourse of health had so far constructed the body as a 'map for a secure cosmology, a compass from which mixture, indeterminacy, and danger may be discovered',[112] what performance exposes is the fantasised dimension of this assumption. In contrast to its representation, the body displayed here signals a reality rooted in instability and deception, an identity just as 'malleable and multifaceted'[113] as the body within which it is supposed to be anchored. Confronted with the objectifying and abnormalising gaze of the healthy subject, all the subject is required to do is to 'get [her] *act* together and… [she]'ll be ok',[114] to perform so as to conceal and contain her identity, to remake herself culturally invisible and thus impede the gaze from precisely, as Chris herself phrases it, 'see[ing] through all [this] bullshit'.[115]

Besides outlining the label and the gaze as core instruments in the solidification of essentially fluid and metastable identificatory affiliations, *Black Hole*'s foregrounding of performance opens up a potent site of resistance for the contagious teenager. Indeed, if Chris's performance already marks a blurring of the line between normality and

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109 Waldby, p. 117.

110 The notion of the sick individual going undetected has been a corner stone of the campaigns against sexually transmitted diseases since the beginning of the twentieth century at least. Emphasizing the potential trap of beauty, the American public health service released a campaign advert in the 1940s which, over a picture of a beautiful young woman, plastered the following warning: 'she may look clean-but; pick-ups, "good time" girls, prostitutes spread syphilis and gonorrhea'. Unknown, *She May Look Clean—But*, c. 1940 <http://www.nlm.nih.gov/hmd/ihm/>, [accessed 22 March 2016]. For more on the historical relation between beauty and illness, see Gilman, *Health and Illness*.

111 Appadurai, 911.

112 Ibid., 911.

113 Gill Green and Elisa Janine Sobo, *The Endangered Self: Managing the Social Risk of HIV* (London: Routledge, 2000), p. 202.

114 Burns, *Black Hole* 2, my emphasis.

115 Burns, *Black Hole* 12.

abnormality, re-casting it in performative rather than ontological terms, it is mostly through Keith's own progressive fall outside of normality that *Black Hole* indicates a path towards a potential unravelling of the exclusionary structures of health. Initially relatively firmly anchored within the normative dominant discourse, Keith's ideological participation in the doxastic structures of society begins to falter as he progressively uncovers the performative nature of his and others' identities. Initiated by his own performatory failure, this realisation is later confirmed when he witnesses one of his friends' sister 'trying to act all cute and sexy' for some boy on the phone.[116] Though prefaced with an initial negative judgment –'it was pathetic'[117]—Jill's capacity for re-making herself nonetheless presents the first real instance of ontological and performative dislocation. As he 'watch[es] her transform, her hard ugly voice suddenly sweet and tender... her face soft and vulnerable',[118] the spectacle offered by Jill's transformation opens up Keith's universe to the ability of performance to challenge the simplistic dichotomic structure implied by the normative dominant discourse and to disrupt its epistemic foundations.

Far from restricting itself to the portrayal and representation of the contagious being, this revelation drastically transforms Keith's subsequent conception of the world. Indeed, only a few pages later, upon coming back from the bathroom after taking acid for the first time, Keith finds himself facing a laughing Todd, sitting on the couch in front of the television. Gazing upon his friend's face, Keith notices how 'his face had changed. The skin was all pulled back in a horrible grin and his teeth were showing. Suddenly his body started shaking and he let out an awful barking sound'.[119] This inability to apprehend his friend's action, to inscribe them within his own existing epistemic structure is later echoed in his experience of the town centre. Walking alongside 'window after window filled with the most ungodly shit imaginable', he realises that, 'none of it made any sense to me'.[120] Though evidently drug-induced, Keith's experience here nonetheless reveals

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116 Burns, *Black Hole* 6.
117 Ibid.
118 Ibid.
119 Ibid.
120 Ibid.

the epistemic shift inherent to any exposure to the performative nature of signification. The spectacle of horrifying normality apprehended by Burns's protagonist—reinforced by the artist's own artwork and the use of skewed perspectives—is nothing but the result of the uprooting implied by performance, that is, an assessment whose ontological anchoring is now rendered moot.

Reducing the ontological value of all signifiers to naught, performance impedes reading and thus functions as a leveller of difference. Its primary effect is not to eradicate all symbolisation but rather to re-inscribe what was so far perceived as its outside within the symbolic realm. Confronting the subject with an 'outside' that can never be thought as 'an absolute "outside," an ontological thereness that exceeds or counters the boundaries of discourse'[121] but rather needs to be re-appraised as an anomalous entity, a being both at the border and itself a border, the performance of illness operates here a de-realisation or de-naturalisation of the norm, as it re-makes the gaze into an idiosyncratic apparatus whose main effect is to refuse the dominant tendency to, as Keith puts it, 'shut out all the ugly stuff' under the guise of the abnormal.[122] As it re-makes signification into the rigidified result of arbitrary repetition and re-presentation, performance unleashes a new 'potential to realize different futures emerg[ing] from within the slippage of meaning that this re-presentation involves',[123] a way of reading the sick and infected body not according to the normative standards of health but according to the idiosyncratic aesthetics developed by each individual subject.

6.4 Embracing Perversion, Desiring the Gaze

Rather than simply opening up the modes of performance available to the contagious subject, the idiosyncratic reading of the contagious body rendered possible by Chris and Keith's embrace of performativity signals a possible re-articulation of desire itself, that which until had previously inherently escaped the sick individual. Indeed, if Keith's desire for Chris is mainly rooted in her continuing, despite the infection, to be this 'girl from one of my classes' who 'was so perfect', the 'total fox' he once conceived

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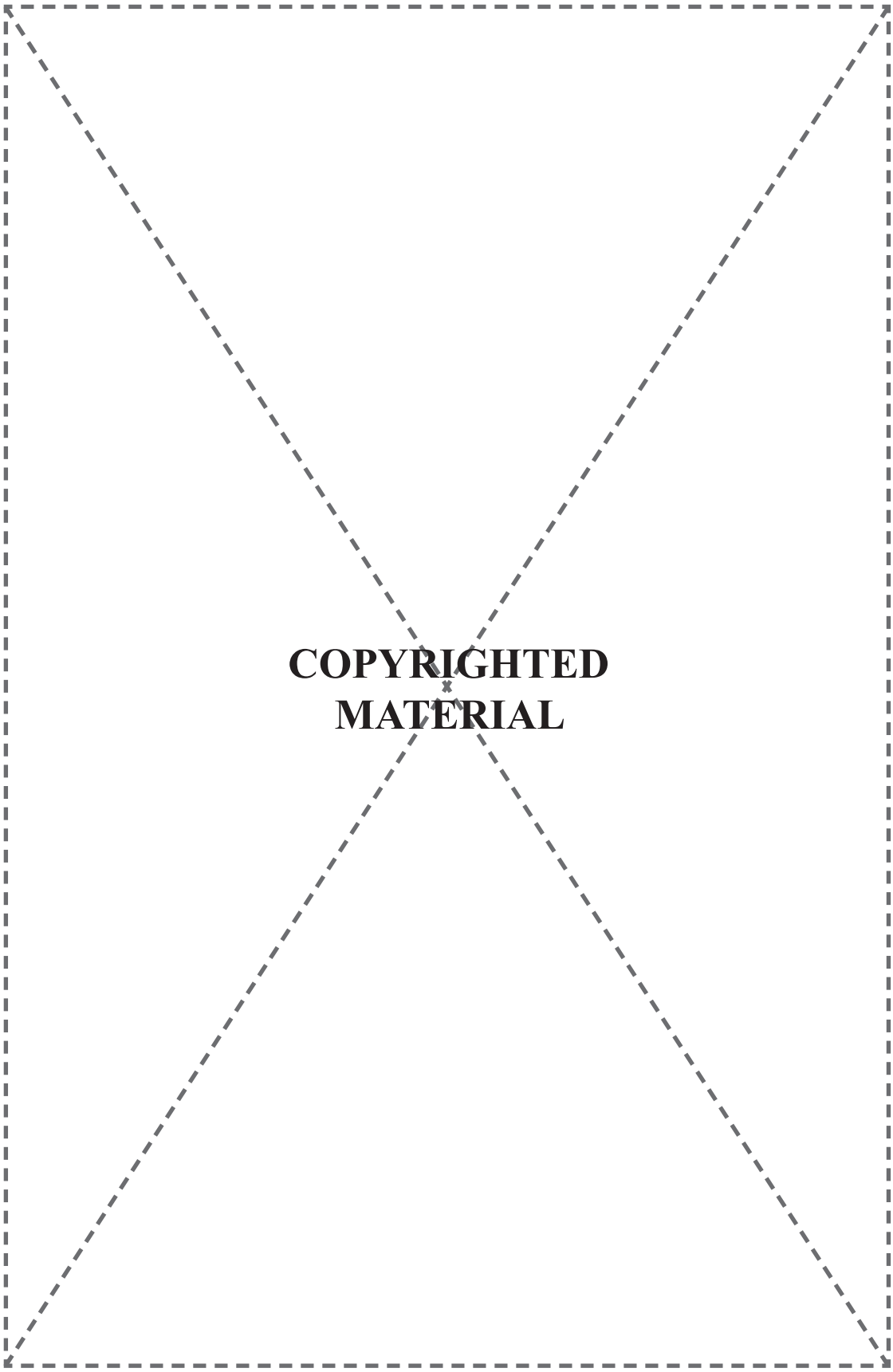
121 Butler, *Bodies*, p. 8.
122 Burns, *Black Hole* 10.
123 Vicki Kirby, *Telling Flesh: The Substance of the Corporeal* (New York: Routledge, 1997), p. 88.

of her,[124] Burns also signals, in their first post-infection encounter, the possibility for a more progressive and disruptive attraction. When Chris falls to the ground while undressing in the forest and Keith steps out of shadows to rescue her, she explains to him that it is her 'foot… I cut the hell out of it… I think the glass is still in there'.[125] Over the six following panels, Burns introduces the possibility of an alternative model of desire, born out not of the ideal body but rather of its 'abnormal' counterpart (see Figure 6.7). If the superimposition of Keith's comment, his disbelief at the fact that 'I was taking over… acting like I was in charge. I was touching her and she didn't even seem to mind',[126] and a close up of Chris, eyes closed in a framing reminiscent of her earlier mid-orgasm pose, already hints at the erotic nature of their encounter, it is in the following two frames that *Black Hole* highlight the particular nature of Keith's desire. Over a series of close up of Chris's wounded foot (see Figure 6.8), Burns superimposes Keith's internal monologue whose echoes—'the cut… dark and open… it hit me hard. I could feel something turning inside of me. I'd seen it before… that same dark opening'[127]—harkens back to another series of images presented in issue one, images which at the time precipitated his fainting. Forcing the reader to connect Chris's open wound to an earlier 'hole… a black hole and as I looked, the hole opened up'[128] itself inscribed within a series of sexually loaded images—over four interconnected panels, Burns successively presents the dissected frog, Chris's wounded foot, her skin-torn back and finally an image of her pubis, concealed under her hiding hand—Burns introduces a direct relation between the vertical cut in Chris's foot, her status as infected, symbolised by her open back, and her sexual organ, the 'black hole' within which Keith fears being swallowed, thus identifying in Keith's approach an alternative model of desire whose object is not the healthy body but its wounded and stigmatised counterpart.

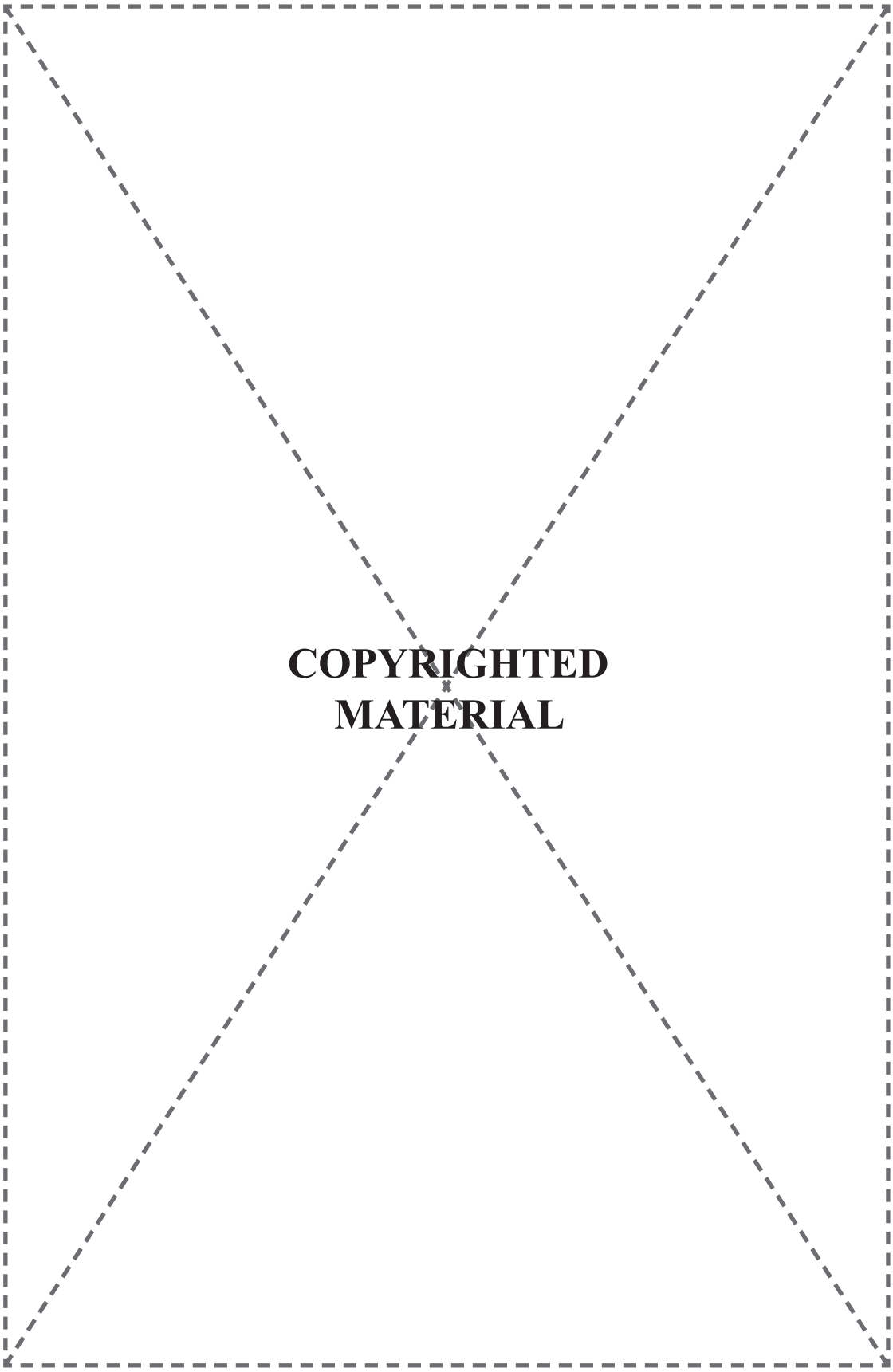
The connection between desire and the abjection signalled here by the wound is not a new concept. Usually closely linked to a form of impulsive return to the pre-

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124 Burns, *Black Hole* 3 and 1.
125 Burns, *Black Hole* 3.
126 Ibid.
127 Ibid.
128 Burns, *Black Hole* 1.



6.7 Charles Burns, ‘Who’s Chris?’, *Black Hole* 3 (Princeton, WI: Kitchen Sink Press, July 1996).



6.8 Charles Burns, 'Biology 101', *Black Hole* 1 (Princeton, WI: Kitchen Sink Press, March 1995).

lapsarian and pre-oedipal *chora*, approaches to the desired abject have tended to read in desire a fundamentally perverse and un-fruitful form of atavism whose directionality goes against the 'normal' development of the subject.[129] Marking the end of the subject and object relation, the moment when the object 'bursts with the shattered mirror', when 'the ego gives up its image in order to contemplate itself in the Other',[130] the dominant definition of abjection imposes its reading as 'a state of alarm and emergency, an acute crisis of self-preservation'.[131] Within this economy, the desire *of* or *for* the contagious subject can only be interpreted as a negative form of breaching, a refusal and rejection of the boundary necessary to successful symbolisation and therefore a form of perversion of the accepted and acceptable norm.[132]

Locating desire not so much in the contagious body itself but rather in the ban to which it is subjected, this approach involuntarily invests the contagious monster with a form of fascinating freedom or absolution. By marking the monster as a territory 'outside' the normative structures of society, it effectively constitutes her as an object of desire whose appeal lies precisely in *being-outside*, whose force stems 'from the knowledge that what culture declares forbidden might become desirable for that fact alone'.[133] In other words, the relationship this reading posits is not one unfolding between a desiring subject and an object of desire, that which lies behind the ban, but one between the subject and the ban itself. Whatever lies behind it has little impact on desire itself; matters only that its access is denied to the subject.

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129 Allan Lloyd-Smith, 'Abjection/abjectivism', *European Journal of American Culture* 24.3 (2005), 191-203 and Barbara Creed, *Phallic Panic: Film, Horror and the Primal Uncanny* (Carlton: Melbourne University Press, 2005), p. 17.

130 Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. by Leon S. Roudiez (New York: Columbia University Press, 1982), p. 9.

131 Winfried Menninghaus, *Disgust: The Theory and History of a Strong Sensation* (Albany: State University of New York, 2003), p. 1.

132 Though it has been celebrated for its ability to resist the dominant model of embodied hyper-regulation promoted by Western capitalism, abjection remains here a concept that cannot be 'experienced as simply positive', one that forever remains 'disturbing on [its] own ground; the ground of matter and its organizations/disorganizations'. Hanjo Berressem, 'On the Matter of Abjection', in *The Abject of Desire: The Aestheticization of the Unaesthetic in Contemporary Literature and Culture*, ed. by Konstanze Kutzbach and Monika Mueller (Amsterdam: Rodopi, 2007), pp. 19-48 (p. 46).

133 William Ian Miller, *The Anatomy of Disgust* (Cambridge, MA: Harvard University Press, 1997), p. 112.

Where this approach suffused the presentation of the vampire and the werewolf as attractive objects, Keith's desire for Chris does not stem directly from her infection. Rather, it operates according to another common dynamic in which desire for the infected being is retained *in spite of* her status as infected. As he explains in the opening pages of issue four over images of an imagined sexual encounter with her, his obsession for Chris is predicated on an idealised pre-infection body the disease cannot entirely invalidate: 'I knew she was sick but I didn't care'.[134] Reading the present through the lens of a past retained through denial, Keith's comment foregrounds a relation that purports to transcend the boundary normally perceived as existing between the desiring subject and the culturally impossible object of her desire. Persisting in spite of Chris's abnormality, his desire functions on the basis of a violent silencing of a fundamental part of her identity as 'monster', invariably remaking her into something she is not or at least is no more. Whether it is the fetishisation of the infected state or the apprehension of the contagious body through erasure and past-idealisation, neither frameworks truly engage with contagion as a potentially positive feature of the subject, a part and function of her desirability. Instead, both mark a condemnation of the perverse by inscribing it within a broader movement within Western culture that has tended to construct all alternative modes of desire as challenges to the normative order and structures of society and to read in peripheral sexualities a fundamental perversion of the underlying structures of subjectivity itself.[135]

Disputing the reproductive economy of sexuality, Keith's relationship to the contagious Chris would therefore normally lead to its inevitable suppression, its representation as a perverse fantasy whose repression is imperative if he is to remain within the productive economy of health. However, in *Black Hole*, this initial obsession operates instead as an introduction to what will become the only truly positive relationship offered by the novel: his relationship to Eliza. Indeed, by opening Keith up to the realisation that the object of his desire can retain her privileged position *despite*

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134 Burns, *Black Hole* 4.

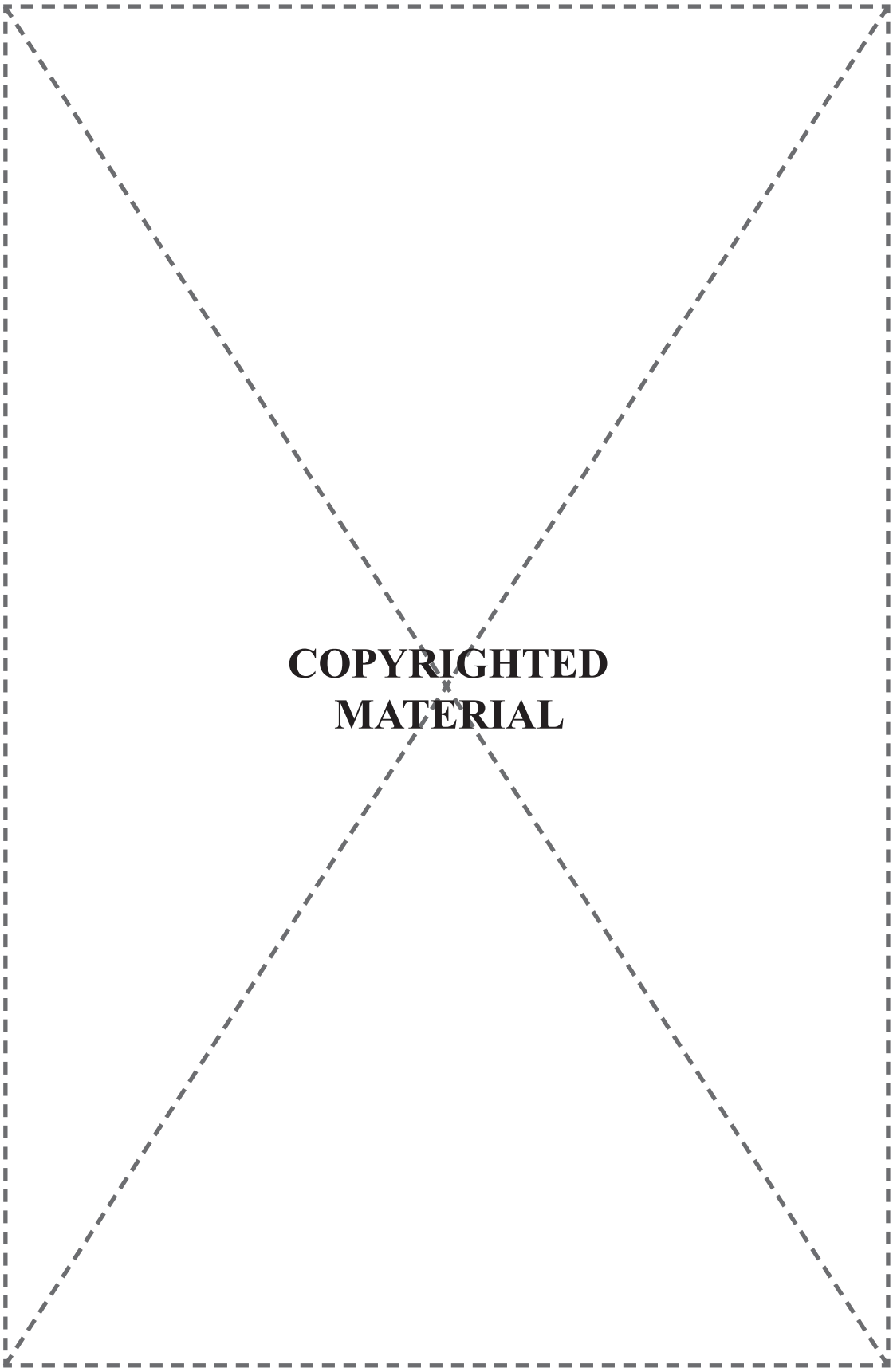
135 Patricia MacCormack, 'Perversion: Transgressive Sexuality and Becoming-Monster', *Thirdspace: A Journal of Feminist Theory & Culture* 3.2 (March, 2004) <http://journals.sfu.ca/thirdspace/index.php/journal/article/view/maccormack/174>, [Accessed 4 July 2016].

her illness, Chris's shift from health to illness allows him to move from a state of acceptance of the disease to its embrace as an essential part of the diseased subject herself. It allows the re-drafting of desire as a yearning for a subject defined not *outside of* nor simply *by* but *through* illness, a being whose ontological position is informed by and yet never reduced to the disease she hosts.

When Keith first meets Eliza, his initial desire remains caught up within the distanced mode of spectacularisation that suffused his relation to Chris. As he walks into the kitchen, he finds her standing by the counter, half-naked. After the initial discovery shot in which Eliza is presented in full, from Keith's point of view, standing by the counter, halfway turned to look at him yet offering to his gaze her extraordinary appendix, a skin-covered tail beginning at the bottom of her back, Burns offers his reader a six-panel page in which Keith deconstructs and fragments her representation (see Figure 6.9). Beginning with a waist shot of Eliza 'turn[ing] towards me', the second panel already focuses on a close-up of her face, upon which is super-imposed Keith's description: 'her eyes were so dark… deep blue eyes with huge dilated pupils'.[136] Moving progressively down, Burns presents first a shot of her right breast and shoulder—'black hair against white skin'—her left breast and shoulder—'so white it was almost transparent, you could see a network of soft blue veins just under the surface'—before moving to a shot of her hairy sex, which she quickly hides with her hand in the following panel.[137] Creating a spectacle in which 'the beauty of the woman as object and the [visual] space coalesce', Eliza is remade here into 'a perfect product, whose body, stylised and fragmented by close-ups, is the content of the [image], and the direct recipient of the spectator's look'.[138] Reducing Eliza to a pure embodied spectacle, this deconstructive gaze, like the dominant gaze imposed upon the monster, establishes a purely distanced and disengaged mode of relation in which the being of the object is

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136 Burns, *Black Hole* 4.
137 Ibid.
138 Mulvey, *Visual and Other Pleasures*, p. 23.



6.9 Charles Burns, 'Bag Action', *Black Hole* 4 (Princeton, WI: Kitchen Sink Press, August 1997).

itself erased under her objectal essence.[139]

Yet, whereas Chris continuously rejects the objectifying and spectacularising dimension of Keith's gaze—even in his own dream she tells him to 'gowah gowah' (go away) when he finds her naked in a filled bathtub, his gaze focusing here again on her hairy sex[140]—Eliza's reaction is one of invitation. After Keith apologizes for walking onto her, she explains that 'it's no big deal' and that 'we're pretty loose around here… sometimes I get a little too loose for my own good', before admitting that she '*should* cover up… I just forget sometimes'.[141] As she grabs he towel, wrapping it around her waist, she starts doing 'a little dance… it was sweet, something a little kid would do. I couldn't help smiling'.[142] If Eliza's initial acknowledgement of her duty to cover up her abnormality—her tail is itself sexualised by the conflation Burns effects between the image of her pubis and Keith's comment that he 'had seen it already… I'd seen what was back there', effectively equating one with the other'[143]—already signals her reticence to conform to the normative standards of invisible monstrosity, it is through her voluntary self-spectacularisation that she more directly challenges the status quo of normative performance and the 'proper' narrative of health and illness.

From her first apparition onwards, Eliza is thus defined by her openness to spectacularisation, her active embrace of the gaze as vehicle of desire. After inviting Keith to 'show you my room… it's nice you'll like it',[144] she voluntarily positions herself in front of him, walking in her wrapped towel along the hallway leading to her room. Following behind her, Keith notices that 'it was dark but that didn't stop me from getting a good look at her from behind. I could see it, pressed up against the back of her towel… a long slender shape tucked over to the side'.[145] If this apparatus, supported by a visual in which, over three panels, Burns focuses the gaze of both his character

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139 It is important to note here that, though the intra-diegetic temporality of the novel allows Eliza to hide her sex, the co-presence on the page of both her hidden and exposed sexes removes this ability, providing instead the reader with an absolute control over her exposure and thus reinforcing her objectification.

140 Burns, *Black Hole* 10.

141 Burns, *Black Hole* 4, my emphasis.

142 Ibid.

143 Ibid.

144 Ibid.

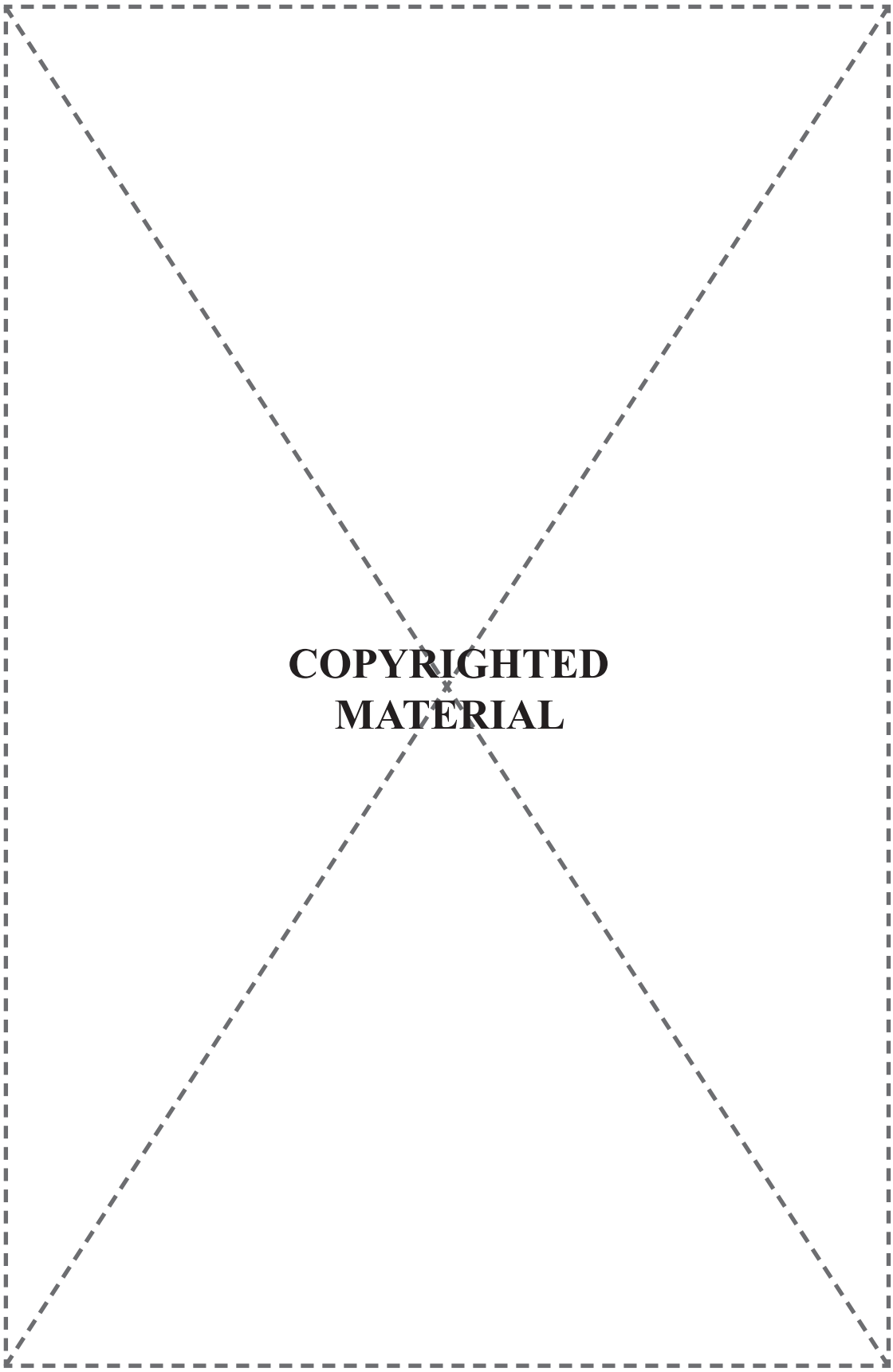
145 Ibid.

and reader on Eliza's bottom (see Figure 6.10), would normally invites her pure and passive objectification—or as Sartre calls it 'our defenceless state as objects'[146]—the conjunction of his realisation that, gazing upon her spectacle, he 'could feel [him]self getting hard' and that, arriving at the door of her room, 'she stopped […] and looked at me. It was like she was checking me out again… waiting for some kind of reaction',[147] suggests a more complex agentic relationship in which gazer and gazee share a form of common subjectivity. Already implicit a few issues earlier when, as one of his classmate undresses, one of Chris's friends warns the women in the audience to 'watch out' as 'this might be too much for [them]',[148] what Keith's comment foregrounds is the ability of the desirable object to herself affect the desiring subject, that is, to disrupt the traditional economy of both desire and the gaze.

In *Visual and Other Pleasures*, Mulvey suggests a potential alternative form of relationship between subject and object, outside of the phallocentric structures of the traditional cinematic experience in which eroticism had found itself coded 'into the language of the dominant patriarchal order'.[149] As she explains early in her study, 'there are circumstances in which looking itself is a source of pleasure, just as, in the reverse formation, there is pleasure at being looked at'.[150] If Freud, she continues, 'associated scopophilia with taking other people as objects, subjecting them to a controlling and curious gaze',[151] what she posits is a more complex relation in which being object of the gaze can itself become a form of active participation in the scopophiliac economy of desire and pleasure. It implies a bi-directional movement in which gazer and gazee enter into a form of dialogue whose outcome becomes the constitution of the desiring bond itself. Keith and Eliza's relationship, from their first encounter to their shared voluntary exile, unfolds precisely as a materialisation of this new model of relations based neither on the dominant and historical model of the gaze and its implication of active and passive positionality nor on the dominant model of desire as something

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146 Sartre, p. 312.
147 Burns, *Black Hole* 4.
148 Burns, *Black Hole* 2.
149 Mulvey, *Visual and Other Pleasures*, p. 16.
150 Ibid., pp. 16-17.
151 Ibid., p. 17.


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6.10 Charles Burns, ‘Bag Action’, *Black Hole* 4 (Princeton, WI: Kitchen Sink Press, August 1997).

essentially escaping both subject and object.[152]

Indeed, if Eliza's initial visual representation may have participated in the objectifying fragmentation denounced by Mulvey and if Keith's noticing her 'dark… deep blue eyes with huge dilated pupils' could signal the evanescence of her own ability to gaze, her representation past this initial encounter is marked by an emphasis, both visual and narratorial, on her ability to return the gaze which so readily objectified her.[153] At the end of her 'little dance' already, her direct address to both Keith and the reader—the frame, offering a perception through Keith's point of view, conflates his gaze with that of the reader (see Figure 6.11)—that 'that's better! I like it when you smile'[154] not only emphasises her own ability to return the gaze of which she so readily makes herself the object but posits an economy in which both parties are engaged in a relation of mutual re-making, where subject and object coalesce into a symbiotic relation. Diffusing the objectifying power of the gaze by challenging its unidirectional and unreciprocated dimension, Eliza's embrace of her own spectacularisation here already signals a breach in the illusion of fetishistic representation. By voluntarily exhibiting her position as object and her own spectacularised dimension, she threatens to let 'the erotic image on the screen appea[r] directly (without mediation) to the spectator', that is, to 'freez[e] the look, fixat[e] the spectator and prevent[e] him from achieving any distance from the image in front of him'.[155] By returning both Keith and the reader's gaze, she collapses the distance required for her sexual objectification and offers a spectacle whose subjectal dimension can never entirely be negated.

Positioning both Keith and the reader in the uncomfortable position of being looked at, Eliza's representation presents her audience with an open invitation to gaze

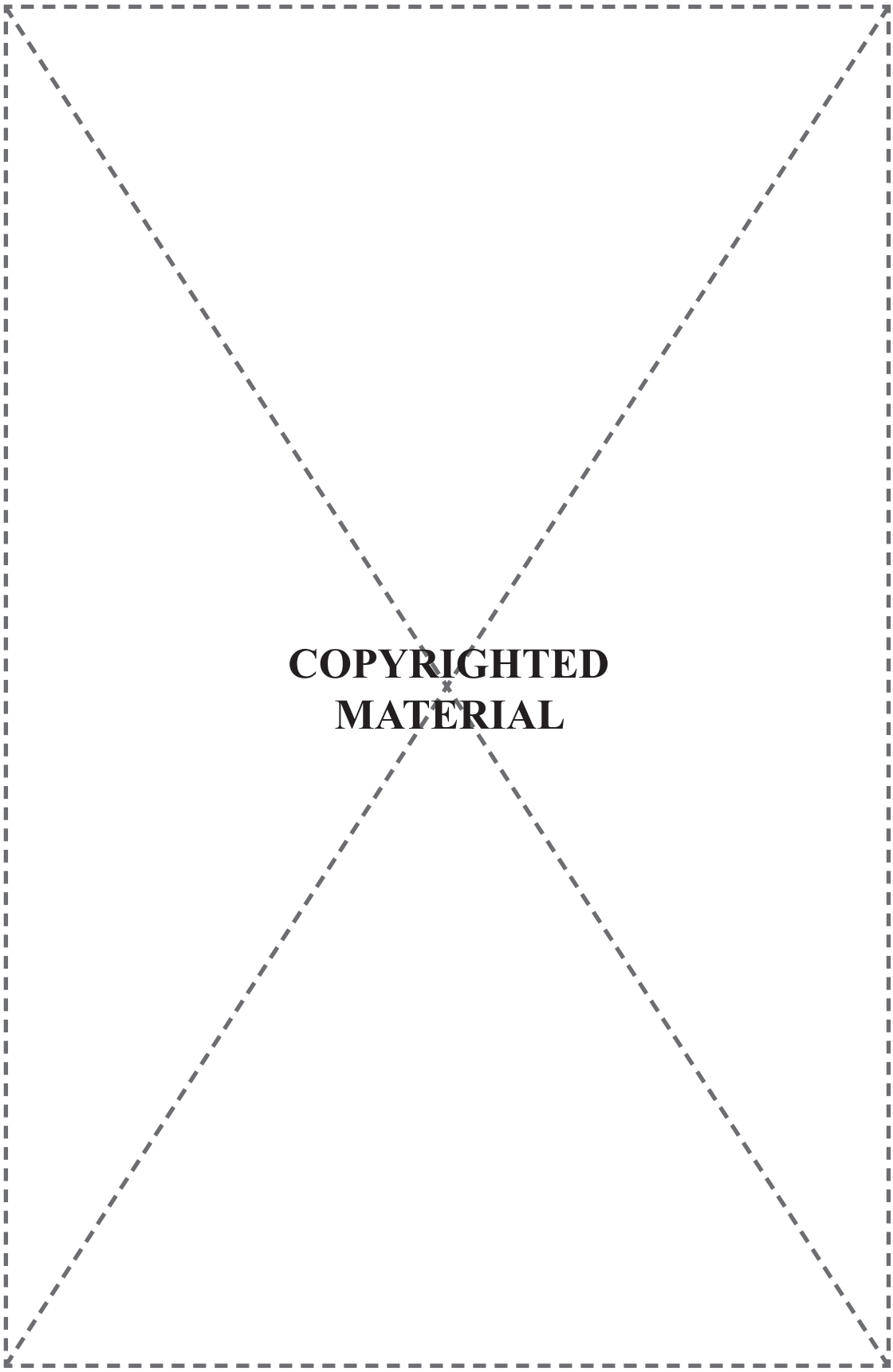
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152 As Lacan himself explains, 'the object of man's desire, and we are not the first to say this, is essentially an object desired by someone else'. Jacques Lacan, 'Some Reflections on the Ego', *The International Journal of Psycho-Analysis* 34.1 (1953), 11-17 (p. 12).

153 The fragmented body, she argues, 'destroys the Renaissance space, the illusion of depth demanded by the narrative, it gives flatness, the quality of a cut-out or icon rather than the verisimilitude to the screen' and therefore abandons all pretentions to identification. Mulvey, *Visual and Other Pleasures*, p. 20; and as Sartre explains, the apprehension of the gaze and that of the eyes are in effect mutually exclusive, 'the Other's look hid[ing] his eyes' as 'it seems to go in front of them'. Sartre, p. 282.

154 Burns, *Black Hole* 4.

155 Mulvey, *Visual and Other Pleasures*, pp. 26-27.


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6.11 Charles Burns, 'Bag Action', *Black Hole* 4 (Princeton, WI: Kitchen Sink Press, August 1997).

that also simultaneously posits its return. Through this new dynamic, *Black Hole* effects the reduction of the distance inherent to both the spectacle of monstrosity and its fetishisation as well as the re-capture of the reader within the position usually associated and reserved to the abnormal monster. Most clearly emphasised in issue ten, when day-dreaming, Keith imagines Eliza replicating the poses he found earlier in a porn magazine, with one slight difference—whereas the models in the latter were shown eyes closed, Eliza never removes her gaze from Keith/the reader (see Figure 6.4)—the continuous link that her gaze initiates signals her ability to actively re-make herself into a spectacle, that is, to actively derive pleasure from her own spectacularisation and therefore to already 'convert a form of subordination into an affirmation'.[156]

Though fundamental in its challenge to the dominant economy of the gaze, Eliza's active self-spectacularisation and the effect it holds upon Keith is more directly interesting in the impact it bears on our cultural conception of desire. A socially dictated mode of relation—as René Girard argues, desire has been primarily read, over the past decades, as an essentially mimetic process 'directed toward an object desired by the model'[157]—desire emerges neither from the subject herself nor from the object but through the mediation of a rival whose own desire similarly derives from mediation, thus capturing desire within a différantial structure of infinite postponement. Not only informed but shaped and limited by cultural expectations as to what qualifies as desirable, desire is therefore predetermined by 'the big Other, the symbolic space within which [the subject] dwell[s]'.[158] Relying on what the hegemonic discourse itself deems desirable, this approach conceives of desire as a fundamentally conservative and circular process in which to be desirable implies an absolute compliance with the structures of desire promoted by a culture at a given time. Delineating the circumstances within which the contagious body can be appraised, this framework imposes an economy of desire defined by sameness, that is, a relation that takes the normative subject 'as

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156 Luce Irigaray, *This Sex Which Is Not One*, trans. by Catherine Porter and Carolyn Burke (Ithaca: Cornell University Press, 1985), p. 76.

157 René Girard, *Violence and the Sacred*, trans. by Patrick Gregory (Baltimore: Johns Hopkins University Press, 1979), p. 146.

158 Slavoj Žižek, *How to Read Lacan* (London: Granta, 2006), p. 42.

the measure of perfection' and therefore 'thinks anything that reflects his image back to him is beautiful'.[159] Discarding even the possibility of an alternative to its own guidance—as Green and Sobo argue, the contagious body is continuously inscribed within an economy 'in which any possibility of identification with—or desire for—that body is denied'[160]—this structure effectively negates all forms of desire predicated on otherness, all 'desire for a difference that would not be repeatedly and eternally co-opted and trapped within an economy of "sameness"'.[161]

Eliza's appropriation of the spectacularising mechanisms of the gaze in *Black Hole* therefore opens up a possible new pathway outside of the circular logic underlying this traditional reading of desire. Because it suggests a more communal integration of subjectivity, a co-subjective emergence through the desiring gaze, Eliza and Keith's relationship indicates a powerful site of cultural re-articulation in which not only the positionality of power intrinsic to desire is challenged but the necessary social and cultural inscription of desire within the normative aesthetics of health finds itself disrupted. Rejecting the dominant reading of Eliza as the 'lizard queen'—a direct reference to her tail and not, as Eliza herself suggests 'a take off on my name… Eliza, Liz, lizard'[162]—Keith finds instead in her tail a mark of her idiosyncratic appeal. Though initially surprised when, during their first sexual encounter, she tells him that, being 'almost there', she wants him to 'do [her] from behind' and to grab her tail, he quickly finds that doing so 'felt good… it was strong and alive in my hand… something to hold on to' as 'Eliza was getting louder and louder'.[163] Later in the novel, sitting on top of a hill, he looks at her from behind:

> Eliza sitting naked on a pink towel. So beautiful I could die. Concentrating, all focused in on her sketchbook, but aw, God… her tail. *Her cute little tail* moving slowly back and forth, making a fan shape in the dirt. She's

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159 Friedrich Wilhelm Nietzsche, *Twilight of the Idols, Or, How to Philosophize with a Hammer*, trans. by Duncan Large (Oxford: Oxford University Press, 2008), p. 52.

160 Green and Sobo, p. 23.

161 Irigaray, *This Sex*, p. 130.

162 Burns, *Black Hole* 8.

163 Ibid.

the one. She really is. I know that now.[164]

The re-articulation of her 'abnormality' as a 'cute little tail' signals Keith's move away from the acceptance of the disease that had marked his relation to Chris—as well as Chris's own relation to Rob—and towards a more direct embrace of Eliza's condition as part of her appeal, that is, towards a desire for the body *as diseased*, a *diseasedbody*.[165]

By re-articulating desire as the product of a relation between two co-subjects, a performative act emerging through the active re-capturing of spectacularisation by its object, Burns indicates here a potential pathway for the contagious being. Re-capturing desire's potent ability to challenge the normative order—as Samuel R. Delany argues, desire always contains 'that tiny part of the freedom of language associated with abjection' whose positioning 'always draws us to "The Unspeakable" in the first place'[166]—and asserting a form of liberatory force in perversion, *Black Hole* signals through Keith and Eliza's relationship a possible new aesthetic of illness understood in its epistemic implication. In Eliza, Keith finds an outlet for his own scopophiliac desire whose refusal to be reduced to an objectal position invariably forces him to re-think his own positionality as subject. Embracing perversion not simply as the breaching of a boundary but rather as a way to re-think the setting up of this boundary itself,[167] Keith's perverse desire unfolds here as neither strictly ontological nor behavioural but more directly epistemological in nature. It invites a cultural re-structuring, the establishment of a new system of thought in which thinking desire and thinking through desire invariably implies a plural and therefore idiosyncratic dimension. In this idiosyncratic value, desire and sexuality in turn find the roots of a broader critique, allowing as it does the constitution of a dialogical space in which individual and cultural ideals collide and in which the inscription of the desirable object within a desiring economy always already signals contention, re-appropriation and resistance to cultural norms.

Embracing a vision of desire 'as immanent, as positive and productive, a

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164 Burns, *Black Hole* 11, my emphasis.

165 The merging of the terms here signals the impossibility of a distinction between disease and body, between illness and the subjectivity whose performance it is product of.

166 Samuel R. Delany, 'On the Unspeakable', in *Avant-pop: Fiction for a Daydream Nation*, ed. by Larry McCaffery (Boulder: Black Ice, 1993), pp. 141-155 (pp. 141, 154-155).

167 MacCormack, 'Perversion'.

fundamental, full and creative relation […] a relation of effectuation, not of satisfaction',[168] *Black Hole*'s representation of Eliza therefore invites a broader cultural re-framing of the object of the desiring relation it sets up, that is, the contagious body. By actively embracing the sexual objectification of her own idiosyncratic body, Eliza exposes how perversion can open up a space of challenge to the norm. Mobilising a reading of the perverse as a deliberate mode of resistance effected 'through thinking and doing desire differently',[169] *Black Hole* allows us to posit desire as a relation and to frame perversion as the pushing of that relation to its limits, to a point of both rupture and departure. By inviting its reader to share in on Keith's own perverse scopophiliac pleasure and by locating the sources of this pleasure in what the dominant discourse would tend to perceive as an 'abnormal' and therefore undesirable object, it not only signals a moving beyond the boundary of 'normal' sexuality but a fundamental questioning of both participant's ontology. As MacCormack suggests, 'if we read desire as abundance, the desire for a monster *changes* both the subject desiring and the monster of desire'.[170] And because individual desire always implicates the culture within which this desire emerges, the relation it sets up also implicitly marks a potential space of reorganisation of culture itself. Structured around a paradigm in which 'power is embedded in the situated practices of agents' and in which desire itself is invested with a political form of agency,[171] Keith's desire for Eliza marks a re-distribution of power *within* the relation between subject and object itself and a re-localisation of the agencies involved in the desiring process. It signals a re-articulation of both gaze and desire as mutual operations through which subject and object are not only 'undone by each other',[172] but re-made by each other. It marks a space in which the contagious being can finally become both subject and object of her own desire, thus re-capturing precisely the position that, in its dominant incarnation, the discourse of health continuously refused her.

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168 Elizabeth Grosz, 'A Thousand Tiny Sexes: Feminism and Rhizomatics', *Topoi* 12.2 (September 1993), 167-179 (p. 195).

169 MacCormack, 'Perversion'.

170 Ibid.

171 Allen Feldman, *Formations of Violence: The Narrative of the Body and Political Terror in Northern Ireland* (Chicago: University of Chicago, 1991), p. 4.

172 Judith Butler, *Precarious Life: The Powers of Mourning and Violence* (London: Verso, 2004), p. 23.

6.5 Conclusion

Rejecting both the fetishisation and erasure that suffused the vampire and werewolf narratives—and one could potentially argue the same of the zombie narrative—Burns hints in *Black Hole* at the possibility of an alternative model of pleasure neither based on transgression nor on the breaching of a limit, but rather emerging from and in the limit itself. Opening up desire to the abnormal body, it presents a new economy in which it is neither the symptom nor the disease that are aestheticised but the *diseasedbody*, the body understood and apprehended through disease. Presenting in Eliza an acceptable object of desire, *Black Hole* not only challenges the aesthetic norm and the medical gaze upon which it relies, it exposes the violence inherent in the idealistic construction of illness promoted by the dominant discourse of health. Embracing perversion as a political and ethical act,[173] it marks the constitution of a new desiring relation through which it is allowed to confront and disrupt the normative framework which had so continuously remade the erotic object 'into a subjectless object completely bared/ *dénudé* while simultaneously being denuded/*l'être-à-nu*'.[174] Inviting a redefinition of perversion and the perverse desire as positive forces of contestation, sites of resistance to the dominant normative discourse of health, *Black Hole* introduces a different form of desiring relation, one defined not in terms of power but rather in terms of becomings and mutuality.

By re-framing perversion not as a simple crossing, a breaching or transgression, but rather as a performance whose outcome stands at odd with the normative impulses of culture, *Black Hole* not only suggests the potential re-appropriation of one of the most fundamental notions in the dominant Western construction of contagion, that is, its reading of contagion as the result of a transgression of culture, but it also re-deploys 'abnormality', the anomalous and illness as positive forms of identity. As it proceeds to re-make Eliza into what Haraway calls an innapropriate/d Other, a geometry that

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173 As MacCormack explains, 'perversion is an ethical tactic towards transformation as much as it is a subversive one, because it refutes the desirability of being accepted within dominant discourse, without refuting its own history or forgetting the accountability of the dominant'. MacCormack, 'Perversion'.

174 Boodakian, p. 21

sees relations of difference approached through a rejection of hierarchy, incorporation, projection, fusion, opposition and instrumentalisation,[175] *Black Hole* signals new lines of flight for the contagious subject away from the restricted and restrictive role she had been thus far assigned by the dominant discourse of health, and towards a more empowering form of identification. By juxtaposing Chris's more directly normative narrative of contagion and its implications of internalised stigmatisation, self-blame and disgust, to the more positive relation actualised by Keith and Eliza, it opens up the experience of illness to idiosyncratic readings, allowing, by this very disposition, a certain form of resistance to the universalist impulse that has tended to direct medical and public health structures.[176]

Embracing vulnerability—Keith's relation to Eliza is predicated on his acceptance of the disease as a fact of their being together—Burns's story disrupts the structures of the contagion narrative, structures that have been and continue to be driven primarily by control, containment and a return to normality. By rooting the experience of illness within a performance by and through the *diseasedbody*, it signals an alternative positive model of being, a subjectivity made in and through contagion. And though this subjectivity continues to appeal to notions of responsibility, disclosure and to a certain extent control, it does not reduce it to a single forceful abnormalisation of the self, a seemingly self-imposed but ultimately internalised objectification of the body as distanced. In contrast to the dominant model which, especially in the case of illness, continues to impose a rejection of the corporeal as a precondition to full subjectivity, the model introduced here by Burns marks a body that the subject can re-make as her own. Through this re-appropriation of corporeality, she can then begin to thwart the economy of the gaze that, too often, reduced her to the passive role of object, erotic or

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175 Donna J. Haraway, 'The Promises of Monsters: A Regenerative Politics for Inappropriate/d Others', in *Cultural Studies*, ed. by Lawrence Grossberg, Cary Nelson and Paula A. Treichler (New York: Routledge, 1992), pp. 295-337 (p. 300).

176 In this, Eliza's embrace of monstrosity re-duplicates the approach delineated by Nancy Mairs when she explains that 'people – crippled or not – wince at the word cripple, as they do not at handicapped or disabled' and that 'perhaps I want them to wince. I want them to see me as a tough customer, one to whom the fates/gods/viruses have not been kind, but who can face the brutal truth of her existence squarely. As a cripple, I swagger'. Nancy Mairs, *Plaintext: Essays* (Tucson: University of Arizona Press, 1986), p. 9.

medical, and of patient. Exposing the violence inherent to any discourse predicated on the erasure of the body, *Black Hole* ultimately signals a new way of giving a voice back to the voiceless objects of health and of the contagion narrative and, through that, to introduce a new structure for a contagious subjectivity modelled around and through a voluntary and active performance of illness.

7.0 Conclusion: Thinking through Contagion

On 10 March 1995, Wolfgang Petersen's movie *Outbreak* opened on American screens pre-empted by a single quote attributed to the American molecular biologist and Nobel laureate Joshua Lederberg: 'the single biggest threat to man's continued dominance on this planet is the virus'.[1] Almost twenty years later, in March 2014, the World Health Organization reported the onset of what would become the largest Ebola epidemic recorded in human history, affecting multiple countries in West Africa and, as of 9 December 2015, killing 11,315 people and infecting a grand total (suspected, probable and confirmed) of 28,637.[2] Dramatic as it may be, this latest outbreak pales in comparison with the death toll attributed to other viruses and microbes throughout Western history. By the end of the fourteenth century, the bubonic plague had claimed between seventy and eighty percent of the British and Italian population and caused an estimated fifty million deaths.[3] Smallpox, officially eliminated in 1979, has been estimated to have killed up to five hundred million people in the twentieth century alone.[4] If both have now been largely eradicated, other viral diseases continue to 'wage war' on the human race to this day. The WHO estimates at thirty-five million the amount of lives claimed by the human immunodeficiency virus since its official discovery in the fall of 1982 with a death toll for 2015 alone rising over a million deaths.[5] It further estimates that approximately 36.7 million people were living with HIV globally by the end of 2015, with two million people newly infected each year on average.[6]

As these few reminders suggest, contagious diseases still are if not directly *against* at least very much *with* us today. The dramatic effect that they have had upon the history of humankind has left lasting marks upon our collective imagination. By offering

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1 *Outbreak*, dir. by Wolfgang Petersen (Warner Bros., 1995).

2 World Health Organization, *Ebola Situation Report* (9 December 2015).

3 David Herlihy, *The Black Death and the Transformation of the West*, ed. by Samuel Kline Cohn (Cambridge: Harvard University Press, 1997), p. 17; and World Health Organization, *Plague Fact sheet N°267* (September 2016) <http://www.who.int/mediacentre/factsheets/ fs267/en/> [Accessed 21 September 2016]

4 David A. Koplow, *Smallpox the Fight to Eradicate a Global Scourge* (Berkeley: University of California, 2003), p. 1.

5 World Health Organization, *AIDS/HIV Fact sheet N°360* (July 2016) <http://www.who.int/mediacentre/factsheets/fs360/en/> [Accessed 12 January 2016].

6 Ibid.

a deconstruction of its most popular iteration, this thesis has attempted to understand how these effects have shaped and informed the narrative we culturally created around contagion. Addressing first its physical and corporeal dimension, it has exposed how the zombie, a creature primarily defined by scholars as a negation of consciousness, in fact signals a more progressive form of presence whose own implications for our ontological construction of the subject explain its absolute rejection by a culture invested in a rigid and narrow delineation of the individual. Focusing on Robert Kirkman's *The Walking Dead* and reading in the zombie the signs of a forever expanding mode of corporeality, it proposed to re-articulate the paradoxical response the zombie has historically been seen as triggering, that is, a sort of fascinated repulsion, as a result of the disruptive and liberated mode of subjectivity the figure invariably comes to embody. Arguing for its appraisal as an alter ego of the survivor, it exposed how the uncanny reaction the zombie consistently awakens in both characters and audiences alike stems not from the violence it unleashes but rather from the de-framing of subjectivity it represents. Bringing the subject back to a pre- or post-structural mode of existence, it located in the zombie the signs of an active embrace of plurality, relationality and symbiosis, dimensions whose repression precisely forms the foundation of our culture.

Building upon this conclusion, the second chapter explored the relation that the plurality inherent to the contagious monster entertains with the distributed and fragmented structures of our bio-political system. By analysing Richard Matheson's novel and its three adaptations in parallel with theories on the ethics of public health, the nature of the State and the foundation of our liberal legal framework, it revealed how the mobilisation by both medical discourses and State powers of a politics of risk emphasising the threat of contagion has allowed them to confirm and re-establish their own authority as sole purveyors of safety. Indeed, by continuously highlighting the narrative of conflict it itself constituted around contagion, the State apparatus of public health not only allowed the establishment of a fundamental and ontological distance between contagious monster and human survivor, it also affirmed its own role in the valuing of the latter's life over that of the former. A breach in the ethical imperative it

claims as its own foundation, this systematic appraisal in turn serves as a legitimising structure in the deployment of a specific form of 'legal' violence the State can claim as its own privilege. Deconstructing the inner monologues which form the backbone of Matheson's text, this chapter exposed how the promotion by public health rhetoric of a politics of risk has allowed the discourse of public health to conceal the sacrificial foundations of its own authority under the guise of public safety. Reading *I Am Legend* through the prism of Derridean legal theory and René Girard's study on sacred violence, this second chapter showed how, by emphasising the disinterested dimension of its own epistemic structures, public health has found a way to re-affirm its own position of sovereignty over all bio-ethical issues while continuously justifying the sacrifices it requires in order to assert its own bio-political power.

If chapter two highlighted the violence inherent to medicine and the State structures of public health, chapter three revealed how its most pernicious and effective instrument in the containment and control of all its subject revolved not around physical division, isolation or any form of 'direct' contact but rather in the inscription of contagion within the heavily normative framework of morality. Focusing on the Syfy television series *Being Human* and its two main protagonists, Josh the werewolf and Aidan the vampire, this third chapter showed how the promotion of a narrative of contagion suffused with morality clauses allowed public health to enforce an absolute internalisation of its own authoritative epistemology upon those it precisely aims to contain. Highlighting how both Josh and Aidan organise their own lives around a sense of intrinsic responsibility result of their contraction, it exposed how the narrative promoted by public health imprisons the contagious subject within a double bind situation in which control is either enacted by the subject himself or becomes the rationale behind his extermination. Positioning the contagious monster within a framework in which he either thoroughly internalises the discourse of health and its direct implications of abnormality and monstrosity or rejects it and thus opens himself up to more drastic and violent means of containment, the inclusion of contagion within the structures of morality has allowed the discourse of public health to distribute its

own rationale to those subjects it itself seems to refuse to protect or count as its own ethical charge. Emphasising the link between control, sexuality and perversion set up by this arbitrary inclusion, this chapter revealed the roots of the perverse aura which has so often surrounded the contagious monster to stem not from the monster himself but rather from a power structure whose own interest lies in ensuring the contagious subject continues to understand himself as both infinitely responsible for his infection and inherently out of control, guaranteeing thus both the continuation of its own epistemic model or, in the case where this continuation is itself disrupted, its violent enforcement.

A violent threat to human existence as well as a reminder of its inherent vulnerability—as Priscilla Wald argues, the emergence of contagious diseases 'dramatizes the dilemma that inspires the most basic of human narratives: the necessity and danger of human contact'[7]—the emergence of contagion seems to invariably require a communal act of imagination whose primary function is to provide the conditions of its containment. Having highlighted the three core issues underlying its narrativisation—corporeality, violence and perversion—the two last chapters of this thesis proposed to explore how the event of contagion itself has also, in minoritarian readings, given rise to some positive portrayals and representations. Focusing on Octavia E. Butler's 1984 novel *Clay's Ark*, the fourth chapter exposed how Butler appropriates the vulnerability inherent to contagion as a starting point for a re-imagining of the subject as a forever plural and fluid mode of existence in continuous process of becoming its own future. Exposing how the introduction of a viral organism in *Clay's Ark* leads not to a fatalistic death of all subjects but rather to a re-birth of their communal and collective dimension, this chapter highlighted the potentially positive power contained within contagion to challenge and disrupt the increasingly limiting epistemic structures dominating our cultural understanding of subjectivity. Promoting instead a reading of contagion as a revelatory event whose prime effect is to bring to the surface the intrinsic incompleteness of our being, it put forth a new *différantial* model of selfhood in which the self becomes a singular and idiosyncratic node in a large network constituted of similarly singular

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7 Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham: Duke University Press, 2008), p. 2.

and idiosyncratic other nodes. Re-articulating subjectivity as a continuous process of exchange, it exposed how the primacy of vision over other senses has allowed the dominant androcentric model to discard any alternative forms of embodiments and to restrict subjectivity to those lives it deemed enclosed and contained. Using contagion as a basis to re-think the subject, this chapter highlighted how any de-framing of the body inexorably compels a re-conceptualisation of the subject as an entity in forever movement towards others and whose own boundaries are themselves consistently breached by those others, inviting a parallel re-thinking of our ethical relation to the collective we are inherently part and product of.

Confronted with a structure in which idiosyncratic epistemology becomes rule, the next chapter attempted to re-ground the subject within a framework in which not only could she organise her own identity but also challenge the one provided to her by the dominant discourse of health. Focusing on Charles Burns's *Black Hole*, this last chapter exposed how the re-framing of subjectivity and selfhood as idiosyncratic notions allowed for their re-capture within a performative structure whose primary effect is to re-grant the infected and infectious subject a form of agency and thus to give her the opportunity to begin to regain the discursive and political positionality she lost in contraction. Through Keith and Chris, Burns indeed emphasises how the possibilities offered by performance opens up the contagious subjectivity to a form of re-articulation in which ontology and appearance do not necessarily collide anymore. Disrupting the fantasy suffusing the monster narrative at large, a belief in the equivalence of essence and aesthetics, *Black Hole* re-frames performance as a way for contagious subject to challenge the position she has been forcibly offered by the dominant discourse. Though it already hints at a powerful mode of resistance, this notion of dissimulation is itself disrupted by what ultimately proves to be the most progressive representation of illness and its experience offered by the novel, that is, Eliza's own self-spectacularisation. Offering herself up for objectification, Eliza's embrace of abnormality indeed opens up a new space of resistance in the wilful and mindful assumption of the perverse as a form of identity in its own right. Emphasising rather than concealing her abnormality,

she signals a new model for the contagious identity in which the infected subject embraces her own abnormal dimension and re-makes it as a potential and open site of desire. Disrupting the traditional aesthetic economy of health, Eliza's refusal to let herself be objectified by the gaze therefore opens up a new pathway for the contagious subject whose existence was until then reduced to that of passive object of the medical apparatus. Assuming a directly more active position—mainly through her continuous emphasis on a returned gaze—she produces herself as abnormal while continuously rejecting the perverting effects of the culture she is inherently part of and thus signals a potential new avenue for re-thinking the subject's own relation to her contagious identity.

If both chapter four and five already addressed the positive and disruptive potential of contagion, I would like, in this last section, to expand upon the arguments raised throughout this thesis in order to explore further the speculative potential of contagion itself, that is, the invitation it offers to a re-conceptualisation of the cultural and epistemic bedrock foundations of Western philosophy. During one of the few flashbacks to the beginning of the pandemic that will eventually wipe out the human race introduced by the 2007 *I Am Legend*, Neville explains to his terrified wife that right now, 'the window is still open' and that, if 'we find something in a week, two weeks, we can reverse the spread'.[8] In many ways, the purpose of this thesis has been to precisely attempt to 'reverse the spread', that is, to expose, disrupt and ultimately challenge dominant conceptions of what contagion is and means. Like Neville's comment, its originary impulse stemmed from a belief that the window is indeed open and that the re-conceptualisation called forth by contagion is itself still a possible project. In other words, if, as this thesis already demonstrated, we can conceive of science as 'more than a body of knowledge' and instead apprehend it as 'a way of thinking',[9] the question I would like to raise in this final section is whether we can mobilise contagion, itself a scientific construct, as an instrument in the re-assessment and re-organisation of

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8 *I Am Legend*, dir. by Francis Lawrence (Warner Bros. Pictures, 2007).

9 Carl Sagan, 'Interview', *Charlie Rose*, 27 May 1996 <https://charlierose.com/videos/9094> [Accessed 12 September 2016].

the broader cultural and epistemic structures that sustain our society. From thinking contagion, this final section therefore invites us to think through it.

To think contagion is always already to think about a different if not abnormal body. It implies a body whose general rejection of boundaries has become source of violent fictional anxieties. From Matheson's novel to Stephen King's *The Stand*, from Chris Marker's short film *La Jetée* to its 1995 remake by Terry Gilliam *Twelve Monkeys*, contagion has been consistently presented as a negative event whose repercussions announced the invariable death of the subject, often by way of the human. However, more than a simple collapse of the body understood as a physical entity, what contagion entails is a fundamental re-assessing of the body as an epistemic instrument, that is, of the body understood not only as the product of a specific epistemic event, a thinking of the body, but as itself source of the possibility of epistemology. Indeed, as Maxine Sheets-Johnstone suggests, the roots of our epistemic structures are and can but be embodied. Because 'at their most fundamental level, subjective experiences are tactile-kinesthetic experiences. They are experiences of one's own body and body movement; they are experiences of animate form' and because these experience in turn form 'the bedrock of thinking',[10] to re-think the body always already entails a re-thinking of the act and sources of thinking itself. In this way, contagion not only signals a dislocation of the certainties surrounding the human body, it marks the deconstruction of certainty itself.

By challenging the construction of the human body as a transcendental and privileged site of epistemic production and by instead inscribing it within a broader network of similarly non-transcendental and vulnerable bodies, contagion promotes a different epistemic model rooted in a body understood as idiosyncratic, relational and therefore open to catastrophe. The epistemological re-articulation called forth by contagion therefore organises itself around a symbiotic signifying process in which, as both Butler and Burns already emphasised, the paradox that sees contagion mark both the introduction of difference within the same and the recognition of sameness in

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[10] Maxine Sheets-Johnstone, *The Primacy of Movement* (Amsterdam: John Benjamins Publishing, 2011), p. 376.

difference itself becomes rule. Source of violent de- and re-territorialisations, contagion emerges as a disrupting force able to both challenge 'the assumption of a gender-neutral, ageless and universalised body as the centre of lived experience'[11] at the same time as it universalises this same body's idiosyncratic nature, promoting *différance* as the prime active principle of its 'new' epistemic structure. Of course, this paradoxical positioning of the body is not without problematic consequences for epistemology itself. In the reduction of all narratives and experiences to the idiosyncratic unicity of the 'I' it suggests, it tends to precisely impede the kind of universalist desire that has suffused both philosophy and epistemology.[12] By enforcing a conceptualisation of the subject in terms of fluidity, relationality and multiplicity, contagion signals the end of thought as a universal and fixed medium. Emphasising the plurality of experiences emerging from illness, it dramatises the conflict between the thinking of contagion itself and its materialised form. Invariably leading the subject towards Keira's paradoxical realisation—'he had been so right, so wrong, and so utterly helpless'[13]—contagion therefore announces the collapse of the possibility of universal truth as it simultaneously exposes the failure of humanist philosophy.

Literalised in the apocalyptic scenario it usually brings about, this epistemic shift invited by contagion aligns itself with the kind of posthumanist movement called forth by R. L. Rutsky when he proposes a re-thinking of the posthuman as 'a mutational, autopoietic, performative process, which is only obliquely related to what human beings might think about themselves' and, more importantly, to the way in which human beings think themselves.[14] It entails a move beyond the androcentric structures of thoughts and a more dynamic apprehension of epistemology in which notions of mutation, unpredictability and randomness, that which 'cannot be reduced simply to a

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11 Margrit Shildrick, *Embodying the Monster: Encounters with the Vulnerable Self* (London: SAGE Publications, 2002), p. 50.

12 As Alain Badiou explains, 'philosophy proposes to think the universal – that which is true for all thinking'. Alain Badiou, *Infinite Thought: Truth and the Return of Philosophy*, trans. and ed. by Oliver Feltham and Justin Clemens (London: Continuum, 2004), p. 47

13 Octavia E. Butler, *Clay's Ark* (New York: St. Martin's Press, 1984; repr. London: VGSF, 1991), p. 200.

14 R.L. Rutsky, 'Mutation, History, and Fantasy in the Posthuman', *Subject Matters* 3.ii (2007), 99-112 (p. 108).

narrative of passage, shift, or break [nor] be narrativized',[15] become central elements.[16] As this suggests, the elevation of contagion as an epistemic model invariably implies the collapse of the traditional structures of Western epistemology. Rutsky's emphasis on randomness, mutation and unpredictability, like contagion itself, opens up the structures of contemporary epistemology to incredible vulnerability. Reducing 'truth' to a pure fiction, a set of shared and culturally accepted beliefs, it posits instead a system of continuous re-address and systemic postponement. Like *différance*, it is built not upon singular and ontologically isolated units of signification but rather around a global network of co-significance in which each single item calls to all others in order to define itself.

As Rutsky himself confesses, from the perspective of the human subject, the posthumanist epistemology called forth by contagion 'is bound to seem inhuman, or perhaps even antihuman, for it is no longer centered on humanity, no longer figured in terms of the human subject's sense of empowerment or lack thereof'.[17] However, it is precisely in this inhumanity, in this anti-humanism, that lies contagion's most humanely potent implication. Indeed, by disrupting the foundations of universality, what it invites is a re-thinking of the universal in truly universalist terms. Bringing about the kind of movement suggested by Slavoj Žižek when he explains that the 'exclusion of some form of otherness from the scope of our ethical concerns is consubstantial with the very founding gesture of ethical universality' and that 'the more universal our explicit

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15 Rutsky, 107.

16 Though numerous scholars have tried to inscribe the contagious monster or being within a posthuman economy, their readings have tended to promote a conception of posthumanism which in and of itself tends to re-inscribe posthumanism within a humanist perspective, arguing the posthuman to stand as a form of being beyond humanity, often through species crossings and technological assemblages. Their absence in previous chapters is explained by the limitations intrinsic to this perspective. Indeed, contagion does not signify a move away from the human but rather marks the emergence of those facts and issues about the human which certain lines of enquiries have until now mostly attempted to silence, that is, its inherent vulnerability, fluidity as well as its inherent fantasmatic quality. Insofar as, like contagion itself, the human is but a cultural creation, product of a specific epistemic structure, the move 'beyond' the human promoted by posthumanist theory only marks the evanescence of a specific label whose replacement by another label, the 'posthuman', ultimately seems to re-produce precisely the kind of thinking it itself purports to challenge. As this chapter shows, however, Rutsky's perspective circumvents this issue by rejecting any form of collective re-labeling and by promoting instead the absolute prevalence of the idiosyncratic over any attempt at re-symbolisation.

17 Rutsky, 108.

ethics is, the more brutal the underlying exclusion is',[18] contagion imposes a framework in which all engagements with otherness can but be inherently made on the basis of the other's singularity, negating thus precisely the kind of categorical modalities that have tended to underlie our apprehension of the other as Other. Emptying the semantic foundations of all categories—as Rick already signalled in *The Walking Dead*, whether we call them biters, lurkers, walkers or things, the walking dead are nothing but our own becoming selves[19]—the adoption of contagion as an epistemic model therefore requires a more connected yet singularised form of engagement with others as well as with the collective itself.

Organised around a just distribution of our relation to others—in his work on the law, Jacques Derrida defines justice as a mode of address aimed at 'the singularity of the other, despite or even because it pretends to universality'[20]—contagion reduces the solid foundations of traditional epistemology to a fantasised creation and elevates mutationality and idiosyncrasy to the status of active principles. Eradicating any possibility of recourse to grand narratives, truths and other certainties, the epistemic structure it calls forth requires the subject to call upon the other as other as it reduces the 'I' to an uncapitalised 'i',[21] a single and singular node caught in a rhizomatic structure of similarly positioned 'i's. Materialising the 'irreducible particularity of my obligations to the singular other, prior to procedures of universalisation and legislation, in the anarchy of generosity',[22] contagion forces the subject to recognise her and the other's co-vulnerability and through it the epistemic responsibility emerging from their

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18 Slavoj Žižek, *Violence: Six Sideways Reflections* (London: Profile, 2008), p. 46.

19 Robert Kirkman, Charlie Adlard and Cliff Rathburn, 'The Heart's Desire', *The Walking Dead* 24 (Berkeley: Image Comics, December 2005).

20 Jacques Derrida, 'Force of Law: The "Mystical Foundation of Authority"', *Cardozo Law Review* 11.919 (1990), 920-1045 (p. 955).

21 The idea of the uncapitalised 'i' is derived from Luce Irigaray's introduction to *This Sex Which Is Not One* in which she states that 'And since it can't be simply a matter, here, of Michel Soutter's film, nor simply of something else—except that "she" never has a "proper" name, that "she" is at best "from wonderland," even if "she" has no right to a public existence except in the protective custody of the name of Mister X—then, so that she may be taken, or left, unnamed, forgotten without even having been identified, "i"—who?—will remain uncapitalized'. Luce Irigaray, *This Sex Which Is Not One*, trans. by Catherine Porter and Carolyn Burke (Ithaca: Cornell University Press, 1985), pp. 21-22.

22 Simon Critchley, *The Ethics of Deconstruction: Derrida and Levinas* (Oxford: Blackwell, 1992), p. 18.

relation. Negating precisely the kind of behaviour it has tended to evoke as response—that is, a response predicated on exclusion, isolation and at times eradication—it invites a re-thinking of epistemology's own ethical responsibility. Breaking up the pattern of universality often idealised as the foundation of knowledge—as Donald Davidson explains, epistemology relies on the assumption that 'belief is personal, and in this sense subjective' whereas 'truth is objective',[23] impersonal and therefore absolute—contagion promotes instead a form of idiosyncratic universality, a belief in the fundamentally ethical dimension of belief itself.

As W. K. Clifford explained in 1877 already, 'no real belief, however trifling and fragmentary it may seem, is ever truly insignificant'.[24] Imposing a universal sense of relationality, contagion establishes as the root of all epistemic relations—including that of the subject to herself—a form of unescapable ethical obligation. By inscribing the subject within an ever-widening epistemic network composed not only of other subjectivities but of each subject's own idiosyncratic epistemologies, contagion precludes any form of isolation. Leaving the subject confronted with 'a cypher without truth, or at least a system of ciphers that is not dominated by truth value',[25] it dissolves any fantasy of independence and re-articulates the actions of all subjects, be they physical, epistemic or discursive, as essentially ethical in nature.

In this way, contagion itself stands in dire opposition to the narrative it produces. Indeed, whether it is the zombie, the vampire, the werewolf and even to large extent the Clayarks or the bug-infected teenagers of Butler and Burns's novels, all figurations, all attempts at narrating contagion and its effect already signal a desire to contain its uncontainable and disruptive potential. Predicated as they are on categorisation, evaluation and differentiation, these texts all mobilise contagion in an attempt to 'make sense' of it, to provide it with coherence and signification. Yet, as Rutsky points out, the primary feature of the posthumanism called forth by contagion

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23 Donald Davidson, *Problems of Rationality* (Oxford: Clarendon, 2004), p. 7.

24 W. K. Clifford, 'The Ethics of Belief', *Contemporary Reviews* 29 (1877), repr. in W. K. Clifford, The Ethics of Belief and Other Essays (Amherst, NY: Prometheus, 1999), p. 73.

25 Jacques Derrida, *Speech and Phenomena, and Other Essays on Husserl's Theory of Signs*, trans. by David B. Allison (Evanston: Northwestern University Press, 1973), p. 149.

is its rejection of narrativisation, its untamability. Rejecting any attempt designed to make it neatly fit within the categorising structures of language, contagion in essence exceeds the possibilities of narrativisation.[26] Any pursuit aimed at re-inscribing contagion within the linguistic structures that would allow its epistemic apprehension, its thinking—and this observation applies to this thesis as well—therefore inexorably stands against the 'natural' impulse driving contagion. Answering a perceived need to grasp at the indescribable, to re-locate it within the boundaries of the thinkable, its epistemic apprehension inherently signals a renouncement of unicity in the name of the universality of language,[27] a move towards realising the unrealisable dimension of contagion and thus fixating its inherently fluid and mutational potentiality.

Mobilising language as a means to escape the ethical relation contagion invariably imposes, the contagion narrative therefore tends to re-affirm the necessity of thought and the capture of contagion's potential within the 'productive' structures of society. Re-channelling and re-directing contagion, its narrativisation invariably negates the more progressive potential contained within the notion. However, to think this a pure coincidence would be to misunderstand the imperative driving the narrative of contagion itself. As Charles Rosenberg argues, 'fear and anxiety create an imperative need for understanding and thus reassurance'.[28] Fiction, like science, allows precisely such reassurance. By providing a familiar structure to an otherwise chaotic event and by circumscribing the infinite mutational ability of contagion within language, a system praised for its capacity to categorise, fix and divide, it acts as an instrument in the negation of the subject's responsibility toward others. Re-establishing boundaries, the narrativisation of contagion offers a powerful apotropaic instrument able to precisely contain not only the power of contagion to breach the boundaries of the body but its ability to disrupt, challenge and ultimately dismantle the entire epistemic edifice upon

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26 It is interesting, in this respect, to note the often open-ended nature of the contagion narrative. Be it *The Walking Dead*, *Clay's Ark*, *I Am Legend* or *Black Hole*, all are indeed marked by open endings in which the potential of contagion is only cut short by the limitations of the narrative itself.

27 Emmanuel Levinas, *Totality and Infinity: An Essay on Exteriority*, trans. by Alphonso Lingis (Pittsburgh: Duquesne University Press, 1994), p. 217.

28 Charles E. Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge: Cambridge University Press, 1992), p. 294.

which Western culture itself has been built, structure whose primary objective has been and remains the continued re-assertion of difference, hierarchy, division and dominion.

Whether any alternative to this epistemological re-inscription is itself possible remains open to question. One could imagine an alternative form of narrative, a re-, or more accurately, de-structuring of language able to represent contagion in all its impossible complexity.[29] If, as Derrida himself recognises, this exercise may be difficult—'to think through the ontological difference doubtless remains a difficult task, a task whose statement has remained nearly inaudible'[30]—difficulty does not implies impossibility. Maybe, just like Neville, we are, at this point in time, privileged in being offered a precious opportunity, an open window onto a different future. Maybe, having recognised the essentially arbitrary dimension of belief, having accepted that 'in place of grand narratives of illusory totalisation', we are now left with nothing but 'little narratives, which preserve and put into play one's alterity in the ethical game, the game of justice',[31] we can begin to build a new epistemic model rooted not in a necessary return to sameness, in an idealised past or a status quo of fantasised invulnerability, but rather one organised around an embrace of openness, change and mutation as well as the unpredictable and, more importantly, uncontrollable 'reality' of contagion.

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29 This attempt to re-structure language and narratives around the economy of contagion is one which, to the knowledge of the author, has been attempted only by William S. Burroughs. Famous for his admiration for the virus, he systematised cuttings, automatic writing and other randomising techniques in order to bring narrative structure close to the kind of 'conceptual drift or dérivé' called for by Rutsky. For more on Burroughs and his relation to the virus, see Steven Shaviro, 'Two Lessons From Burroughs', in *Posthuman Bodies*, ed. by Judith Halberstam and Ira Livingston (Bloomington: Indiana University Press, 1995), pp. 38-54; quote from Rutsky, 108.

30 Derrida, *Speech and Phenomena*, p. 154.

31 Barry Rutland, 'The Transject: The Ethical Subject of Postmodernity', in *Post-modernism and the Ethical Subject*, ed. by Barbara Gabriel and Suzan Ilcan (Montreal: McGill-Queen's University Press, 2004), pp. 75-87 (p. 85).

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