

THE KISS OF DEATH



**Contagion, Contamination,
and Folklore**

ANDREA KITTA

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Andrea Kitta

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Preface

THE WORDS “CONTAGIOUS” AND “CONTAMINATED” are frequently used to describe several thoughts and fears about society and culture, and we attach them to more than just diseases. For example, emotions are contagious; people try to avoid others with bad attitudes, thinking that others’ world-views can contaminate their own (see Hatfield, Cacioppo, and Rapson 1994; Doherty et al. 1995; Totterdell et al. 1998; Totterdale 2000; Barsade 2002; Totterdale and Holman 2003; Christakis and Fowler 2009). We also attach them to noncommunicable diseases such as obesity for the sole reason that we perceive them to be contagious (Christakis and Fowler 2007; Cohen-Cole and Fletcher 2008; Smith and Christakis 2008). Moreover, we avoid those who we perceive have infectious diseases, recoiling from passersby or those in our company every time we hear a cough or a sneeze. At times, the words “contagious” and “contaminated” are even used interchangeably, indicating that those with contagious illnesses are somehow contaminated by their illnesses—or that those with noncontagious diseases, such as mental illness, are somehow both unclean and infectious. But what do the words “contagious” and “contaminated” actually mean to people living in the United States and Canada? How do we understand contagion and contamination outside of the biological sciences? Who is at risk, and who is to blame?

The Kiss of Death: Contagion, Contamination, and Folklore explores vernacular beliefs and practices that permeate notions of contagion and contamination, with the primary aim of understanding lay beliefs and legends about contamination and contagion. An understanding of health is ideally community based, addresses local anxieties, and involves joint partnerships between populations, investigators, and service providers (Goldstein 2004; Kitta 2012), or what are often referred to as social determinants of health. To come to an understanding of health and health choices, we must explore the diversity of cultural matters and influences that establish risk for the groups and individuals in question. Risk classifications and risk perception are multidimensional and linked to culture; they are intimate and political (Goldstein 2004; Kitta 2012). Using ethnographic, media, and narrative analysis, this book explores the vernacular explanatory models used in

decision-making while attempting to understand contagion and contamination. My research is targeted at understanding the real fears, real understandings of risk, real concerns, and real doubts of the lay public. Exploring the nature of contagion and contamination, I isolate areas that require better communication and greater cultural sensitivity in the handling of infectious disease, public health, and other health-related disciplines and industries. Simply put, we cannot have conversations about health and risk without considering positionality and intersectionality.

This book is divided into seven chapters; each one examines a different topic and how the notions of contagion and contamination affect health and legend. The intent of this book is to inform those studying folklore, especially in graduate programs, of the breadth and depth of the discipline, demonstrating both traditional modes and topics of legend scholarship as well as media, Internet, and popular culture analysis. My hope is to demonstrate the innumerable ways one can study folklore and the many applications of the discipline. Chapter 1, "Introduction," serves as a primer to the topic, considering past research from folklore and other related disciplines on the topic of contagion and contamination. In it I offer definitions of contagion and contamination along with a discussion of why this topic is important and what other research and fields have contributed to the subject.

Chapter 2, "The Disease Is Coming from Inside the House! Contagious Disease, Immigration, and Patient Zero," looks at narratives of immigration and contagious disease, especially the well-established notion that these narratives reinforce the self and Other. I consider contagious disease narratives, or outbreak narratives, using the concept of "patient zero" and "super-spreader" as a way of contextualizing disease and controlling the outbreak. For example, the Disneyland measles outbreak, in the context of patient zero, demonstrates that in recent years the fear is not only of foreigners but also of those who are already inside the United States.

Slender Man, the "first Internet ghost story," or, more specifically, the illness known as "Slender Sickness," is the topic of chapter 3, "Supernatural Contagion: Slender Man, Suicide, Violence, and Slender Sickness." Slender Sickness and bullying share many common symptoms, indicating that Slender Sickness may be a vernacular illness and a way for teens and pre-teens to discuss the topic of bullying. Fan fiction about Slender Man may be an outlet for rage and frustration and an alternative to other forms of violence, which is considered to be contagious by some scholars. Bullying can and does result in more extreme forms of violence, such as suicide, as is demonstrated by incidents on the Pine Ridge Reservation, where several

suicides have been linked to Slender Man and a traditional Oglala Lakota character known as Tall Man by the media.

Viral zombies and vampires make up the content of chapter 4, “*Ostensis Mori*: When We Pretend That We’re Dead.” Vampires and zombies in popular culture and legend have becoming increasingly common, in particular the viral supernatural creature. However, these creatures are not only physically viral but also morally contaminated. In more recent years, thanks primarily to the paranormal romance genre of literature and later film and television, we see a different approach to the moral contamination of the viral vampire. Instead of depravity, the vampire now spreads tolerance and acceptance.

HPV legends and spread are discussed in chapter 5, “Why Buy the Cow When the Milk Has HPV? The HPV Vaccine, Promiscuity, and Sexual Orientation.” In it I consider two primary legends: that the HPV vaccine causes promiscuity in women and that the HPV vaccine is offered only to male children who are perceived to be homosexual. Vaccination has become a political issue as well as a personal medical decision and a choice made for the greater good. The intersection between public and private belief and medical decision-making is explored in this chapter, as are ongoing beliefs about purity, hypersexuality, and vulnerability.

Kisses that kill, organized by intention and relationship, are the subject of chapter 6, “The Kiss of Death.” The legend of “The Peanut Butter Kiss,” which mirrors the real death of Christine Desforges, is also examined, along with the role of gender and comfort in contamination and contagion narratives. Chapter 7, “Conclusion,” surveys the roles of systemic racism, homophobia, and misogyny in North American culture in an effort to understand why these particular contagion and contamination narratives have become increasingly important in this particular moment. I suggest areas for future research and an ongoing call for advocacy. Legends are often used as a means of social control, so they must be carefully deconstructed to understand both surface meanings and those more deeply embedded. It is my hope that this book contributes to that discussion.

Acknowledgments

I AM DEEPLY INDEBTED TO THE INFLUENCE AND WORK of many scholars—too many to count, in truth, but I feel the need to try. I apologize to anyone forgotten in this list. It is inevitable that I will forget someone, as I did in *Diagnosing Folklore* with Daniel Goldberg, who was kind enough to not care but who, nonetheless, deserves my deepest thanks. I would also like to thank all of those who have contributed to this work in a multitude of ways. Those who attend the International Society for Contemporary Legend Research's annual meetings have heard me drone on for years now about vaccines, contagion, and contamination, and I am grateful for their feedback and continued support. The same can be said of the American Folklore Society, which has created a welcome environment for me in a variety of ways throughout my career, but most notably in its annual meetings. I could not ask for a better professional experience than these meetings.

I shall now (albeit nervously) start mentioning the names of those who deserve my thanks: Gail de Vos, who always sends me information on vaccines and makes me laugh; Libby Tucker and Yvonne Milspaw, who remain inspirational as scholars and kind people; Erika Brady and Diane Goldstein, who trained and mentored me and remain crucial to my development as a scholar; Leonard Primiano, who shows me through example how to be a mentor; Trevor J. Blank, who read an early version of this work and kept me sane during many days while working on this and other scholarship; Ian Brodie, who came up with the name for chapter 4 and helps me keep my sense of humor, no matter what; Jodi McDavid, who always has great ideas; and Lynne McNeill, who helps me remain one of folklore's cheerleaders.

My department and university also inspire me through their hard work and dedication. They may not always completely understand what I'm doing, but they support me nonetheless. I am indebted to Jim Kirkland, who does understand what I'm doing; the Femidemics, who read early drafts of these chapters; members of the Gold Writing Group, who tolerate me talking too much and my obsession with stickers; and many individuals

who have supported me and listened to me for years, including—but not limited to—Lisa, Olga, Teal, and too many others to list. I am grateful for the mentoring and support I've received from Rick Taylor and indebted to my assistant, Tim Putnam, who made my job easier once I became Director of Graduate Studies during this process. I am also thankful for my students, who consistently say brilliant things and inspire me to learn more every day. I would like to thank Michael Spooner, my former editor, who always has a kind word and a helpful suggestion, and Rachael Levay, my current editor, who assured me that I was on the right track. I would also like to thank the fan fiction writers I quoted here; I made every effort to trace and contact them, but, alas, they did not respond.

I am lucky to have a supportive family, including my mother, grandmother, and uncle, who don't always know exactly what I'm up to (mostly because I forget to tell them) but who know I will be there when I can. My husband, Craig Brown, supports me unfailingly—even when my chores become his burden, I bring too many cats home, and I forget important information and need to be told something multiple times. I am lucky to have someone who loves the things about me that others might only tolerate.

The Kiss of Death

Introduction

TO DATE, THE STUDY OF CONTAGION AND CONTAMINATION has been the domain of health professionals, public health professionals, and epidemiologists, but there are gaps in their work. For example, while historical texts have been published on contagious disease, they do not always offer suggestions on how to address the complex issues surrounding lay perceptions of contagion and contamination. Frequently, medical articles only state that more research or education is needed. In light of this, it can be difficult to consider the cultural or social implications of not understanding contagion and contamination narratives. As anthropologist Emily Martin (1993, 67) notes, “The practices and concepts that pertain to the human body often provide singularly telling clues about the nature of power in different historical and cultural contexts.”

Some studies from the humanities and social sciences exist that approach the topic of contagion and contamination from a different angle. As examples, researchers have published on thought contagion, noninfectious disease as contagious, contagion and finance, collective behavior and contagion, contagion and commerce, and sacred contagion. Concepts from other works, such as James George Frazer’s notions of sympathetic and contagious magic (1935), Emily Martin’s *Flexible Bodies* (1994), Mary Douglas’s *Purity and Danger* (2003),¹ Priscilla Wald’s *Contagious* (2008), and Gillian Bennett’s *Bodies* (2009) are utilized here, as these are the most relevant contemporary works that directly address the concepts of contagion and contamination in the United States and Canada.²

Since the early 2000s, there has been a steady stream of popular culture and academic texts concerning contagion and contamination (Lavin and Russill 2010, 66). This indicates and reflects a growing concern about the topic. Priscilla Wald refers to these stories as “outbreak narratives” and states that the outbreak narrative “follows a formulaic plot that begins with the identification of an emerging infection, includes discussion of the global

networks throughout which it travels, and chronicles the epidemiological work that ends with containment” (2008, 2). Wald states that these outbreak narratives have been present in journalism and popular culture since as early as the late 1980s. These outbreak narratives were coupled with public health threats such as HIV/AIDS, SARS, West Nile Virus, antibiotic-resistant bacteria, bird flu (H5N1), swine flu (H1N1), Ebola, and Middle East Respiratory Syndrome (MERS).

Many of these diseases are linked to geographical space and how it is used is a significant factor in popular culture, folklore, and epidemiological narratives. Concerns about shipping technologies, increasing international travel, overpopulation, national security, and foreigners often accompany these narratives. They share anxieties that “focus on destabilized spatial arrangements, and how this destabilization has produced more and more efficient vectors for disease” (Lavin and Russill 2010, 68).

Contagion and contamination narratives are unique in that these stories—as actual accounts, legends, rumors, epidemiological descriptions, belief statements, and other types of narrative—seem to resonate with the dominant narrative in North American culture surrounding both science and scientific metaphors. As Lavin and Russill (2010, 73) state, “The logic of contagion organizes a series of metaphors and images that our society uses to make sense of social interactions; these images animate cataclysmic end-of-days nightmares to rags-to-riches style narratives of marketing success to the pedestrian and chronic medical conditions of the overweight. What is most interesting is not that somebody sought to explain these situations as contagious diseases, but that these descriptions have proven so persuasive to large numbers of people.” In this book I hope to contribute to the discussion of why these narratives speak so clearly to us.

My research draws on and is consistent with a number of studies that apply vernacular health belief research to health education and health promotion policy. My work uses as its central premise the notion that health education must be based on community understandings of risk and that such understandings require ethnographic investigation (Hufford 1982 and 1997; O’Connor 1995; Brady 2001; Goldstein 2004; Kitta 2012; J. Lee 2014). Goldstein (2004, 56) notes, “Culturally sensitive health education must adapt itself to existing beliefs, attitudes and practices within a community rather than expect that the community will change to fit the educational program.” As Sobo (1995, 3) notes, research on risk perception suggests that the meanings associated with a given risk affect how individuals “personalize, internalize, and apply to themselves the information they receive about that risk.” Without an understanding of how individuals perceive

contagion and contamination, recommendations for how to handle contagious and contaminated situations and the legends and beliefs associated with them may be detrimental to all of those involved. At their best, they will be ineffective and, at their worst, deadly.

A folklorist like myself is uniquely positioned to understand contamination and contagion for a variety of reasons. To begin, folklorists spend a great deal of time looking at the transmission of information and the networks associated with that information. Although folklorists track information differently from, for example, epidemiologists, the process is not all that dissimilar. Folklorists often concern themselves with how narratives are transmitted, how they circulate, how people meet and know each other, and how those people interact.

Significantly, folklorists also understand the importance of narrative. As Priscilla Wald (2008) points out, the outbreak and carrier narratives are a crucial part of how we understand and process information about disease and spread. Additionally, folklorists offer an understanding of the effect tradition has on these topics.³ Certain diseases are traditionally more feared than others. Polio, for example, triggers more fear than chicken pox, which is seen more as a nuisance (Kitta 2012) than a serious illness.⁴ Other diseases and conditions, such as diabetes, are accepted more readily because they are normalized through the process of tradition (Bock and Horrigan 2015).

Folklorists also understand the importance of dynamism and variation to our field of study. In other fields consistency is crucial, and variants become outliers to be eliminated instead of an important part of the picture. Local variations (“oikotypes”) underscore the importance of a narrative because they add to its believability and validity. If the narrative was not important, then there would be no need to make it more believable by localizing a version. Variations—especially those that do not last long—can also help scholars understand an individual’s level of belief in the narrative (or at least the level of belief that they⁵ will admit to believing). Finding failed variants that were short-lived demonstrate what is *not* believable in a given situation.

Oikotypes, because they involve local, deeply embedded information, show that even when people are unaware of it, they are communicating something, especially by the narratives they choose to tell. While at first reading, many legends may sound implausible, they often express a more general anxiety, such as the fear of contagion or contamination. These narratives can and do affect medical decision-making and take the place of factual information (Goldstein 2004; Kitta 2012; J. Lee 2014). Even when individuals tell narratives are not believed or are treated as “just stories,” they

can still negatively affect decision-making processes. This, in turn, could be detrimental to the health of both individuals and communities.

Folklorists seek to understand the nature of representation and often choose to study—and sometimes speak for—those who they perceive do not have a voice. Folklore scholars have long studied issues associated with representation; they continue to be engaged in conversations about how to collaborate with their participants so as to best represent them. Representation is often missing in vernacular discussions about disease, especially in narratives about carriers, “superspreaders,” and “patient zeros.” These narratives can turn people into patterns and networks, and thus the humanity of the individual and their story is lost. While containing and preventing further infection is important, people should not be thought of only as viruses to be controlled. They should also be considered a participant in the process, and perhaps a part of the solution.

It is important to recognize that people need to be a part of this process and that society cannot be controlled with information alone. My past scholarship on the vaccination discourse demonstrates that even with pertinent health information, rumors and legends will persist and become a part of the medical decision-making process (Kitta 2012). However, both folklorists and health communicators have noted that recitation of facts is not the most effective way to communicate scientific information to the lay public. A greater understanding of the above-mentioned factors could lead to better communication between the lay and medical communities. Folklorists, for example, analyze how stories can be used as a way of articulating what is difficult to discuss, because it is difficult emotionally, culturally, or even because it is too abstract.

Stories are a way of processing information. They give structure and create meaning. Not only do they let people articulate beliefs that they are currently processing, but they also allow for the sharing and testing of those beliefs with others. They give the storyteller the opportunity to see how others react to that information. And yet not all beliefs that are articulated are actually believed by the person speaking about them. Some beliefs are traditional, such as telling someone that if they break a mirror they will have seven years of bad luck. The person who articulates this information may or may not believe it but will still pass on this information.⁶

Stories can often highlight bias, and there are inherent biases in people, organizations, and disciplines. One publication that sheds light on such biases is the 2013 “CDC Health Disparities and Inequalities Report,” issued by the Centers for Disease Control and Prevention. This report clearly demonstrates that people of color in the United States receive a lower quality of

care than others in the same socioeconomic bracket (Centers for Disease Control and Prevention 2013). Recognizing those biases and the agendas associated with them may help medical professionals and scholars to unpack narratives associated with contagion and contamination. Understanding that there is a desire to assign blame, even in situations where blame is not helpful, may help scholars to identify situations where this occurs and attempt to eliminate the associated stigma.

Additionally, it is important to stress that I am neither anti-establishment nor anti-medicine. I do not see official medical establishments or practices as presenting ideas that are in stark contrast to those I present here. Instead, my methods can commingle with established practices: each can reinforce the Other, offer opportunity for discourse, and be mutually beneficial. It has been my experience that people enter the field of medicine because they want to help people. Unfortunately, the structural bias within the system does not always allow for individuals therein to make changes, in part because the system does not teach them how to deal with some of the issues raised by this (and other) work. Those within the system, no matter how much they wish to help or how they feel about bias, also benefit from structural biases in other ways, including the power and privilege associated with the medical establishment. Research in areas like folklore, medical humanities, anthropology, narrative medicine, sociology (and others, all of which have their own sets of biases, issues, and privileges) seeks to offer more information and counterbalance these systems of power. Thus, it is folklorists' deepest hope that those in the medical establishment read our work, reflect, and engage with us to make our ideas more practical and useful for those working within institutionalized medicine.

Reciprocally, other disciplines have much to offer folkloristics, and folklorists have worked with scholars from a multitude of other disciplines. In particular, narrative medicine, public health, medical humanities, sociology, and other disciplines are often quoted throughout this book. Concepts such as pandemic, epidemic determinant, health outcome, intervention, prevention, and population health are used throughout this text and are all derived from my research and readings in public health. My approach to the materials, while folkloric in its fundamental nature, is also strongly influenced by narrative medicine. Narrative medicine, with its focus on voice and representation, demand for deep readings of text, nonneutral language, and "nondualistic effort to appreciate the spatial nature of a body, both within its individual biological frame and within its social and political and professional frame" (Charon 2017, 191), is a natural fit with both this research and folklore studies at large.

Additionally, I understand that the primary aim of those dealing with disease is the eradication of that disease, and I am in no way trying to hinder their efforts or undermine the importance of what they do. Ebola and HPV, two of the diseases that I discuss in this work, are devastating (albeit in different ways), and the primary focus as regards those diseases should remain on prevention and elimination. From 2014-2016 there were over 28,000 suspected cases of Ebola in West Africa that resulted in 11,320 deaths (Centers for Disease Control and Prevention 2016). The statistics for HPV are also staggering, and while fewer people die of the disease, it is so virulent that almost every person gets the virus at some point in life (Centers for Disease Control and Prevention 2017).

While disease eradication is vital to a healthy planet, I do not think that introducing cultural sensitivity into the equation presents a distracting contrast. When done well, exercising cultural awareness increases uptake of a treatment. It is far easier for the smaller group of medical practitioners to change their tactics than ask those at risk, especially those who are already suffering and stigmatized, to make significant changes to their way of life. Major organizations, such as the aforementioned Centers for Disease Control and Prevention (CDC), have created official statements and publications that directly address stigma as it relates to Ebola (Centers for Disease Control and Prevention 2015d, 2015e). In so doing, the CDC is clearly striving to be culturally aware and is encouraging those involved to work to fight stigma.

WHY DO UNDERSTANDING CONTAGION AND CONTAMINATION MATTER?

It is crucial to understand the concepts of contagion and contamination for a variety of reasons. Firstly, these concepts demonstrate the common concerns of the lay public and reflect sources of apprehension within the culture. Specific themes seem to recur in contagion and contamination literature, such as immigration; racial and class conflicts; “slut shaming” and misogyny; homophobia; the struggle between authoritative and vernacular knowledge and belief; and victimization caused by the abuse of authority. These matters go beyond contagion and speak to other medical circumstances as well as social conditions. A knowledge and understanding of these broader social trends inform potential concerns and help to focus on the larger fears, as opposed to specific incidents.

Secondly, the aforementioned contagion and contamination themes recur consistently over time and across space, typically when a new virus

emerges or a health concern comes to light. If medical professionals want to educate and inform the public about particular diseases, they must be aware of the themes that occur at the onset of a disease or the introduction of a vaccine. Understanding these subjects may also help identify which rumors and legends are likely to occur and provide the public with health information in a timely manner. History has shown us that some of these legends are true and, if taken seriously, may lead to the discovery of safety issues for a variety of conditions. Even when these narratives are questionable, they still give insight into lay understandings of health and wellness, including perceived risk and risk behaviors.

The presence of contagion narratives gives the lay public a forum to discuss their concerns, dispute them, and subsequently deny or accept them. When the perceived threat is based on a misunderstanding of science or medicine, professionals from academic and medical communities have the opportunity to discuss their knowledge with the public. In these situations experts can clearly communicate with the public, trusting that they will make an informed decision for themselves. However, denying or dismissing information instead of working with the public to understand is one way experts can lose their authoritative voice within the community. This issue has become increasingly complex over time due to the amount of information available to the public, what information is not readily available to the public (for example, information that is behind paywalls), and the promotion of politically charged information that focuses on the maintenance of a specific set of beliefs instead of on the presentation of a balanced viewpoint.⁷

The persistence of these narratives does not demonstrate public ignorance. Instead, it shows that the public is interested and involved in their own health care. It reveals their desire to be active participants in their well-being and indicates they are knowledgeable and capable of observing trends. It demonstrates they can approach the subject logically by investing in understanding their experiences and the described experiences of those around them. All these characteristics imply that the public can properly describe symptoms and understand cause and effect.⁸ In a time when some of our most pressing health concerns are preventable through lifestyle choices, a patient's ability to observe trends in their own wellness is crucial. When the lay public uses scientific terminology or attempts to discuss science in public, it is an indicator that they are interested and want to engage with scientific knowledge. These attempts, even if misguided, should be encouraged by medical professionals since they demonstrate the public's investment in its own health care.

Additionally, as academics, we do not want to further the elitist notion that, as experts, we hold all knowledge. The communities we study and the people we interview are fully capable of analyzing their own culture and can understand and comment on the role of narrative in meaning-making. We should ask not only for their stories but also for their input and insight. Additionally, we are a part of the communities we study, as participant observers, but also as consumers of culture and as users of biomedical systems, we should be invested in these processes.

Just as medical and scientific professionals should engage the public when their specialties are prevalent in the public discourse, social scientists and humanities scholars should also engage with the public when their own areas of expertise are at the forefront. One of the roles of the specialist should be to address current events, both in the classroom and in more public settings. Educational institutions and other workplaces should acknowledge and encourage public communication and engagement as a part of the working conditions of the individual.

The rumors, legends, and personal experience narratives mentioned above provide insight into deeply embedded social issues. In certain social situations these stories may express thoughts and deeply held feelings that may not be able to be expressed publicly in another narrative. The structure of legends and rumors allows a distancing between teller and the story being told. If the story involves contestable or offensive themes, the teller can create distance by stating that it is “just a story” or something they read online. This allows a flexibility not always present in other types of narratives and gives both teller and listener room to engage with the narrative without owning it.

CONTAMINATION, CONTAGION, AND HYBRIDITY

The words “contamination” and “contagion” have a complicated history and usage. They are frequently used as though they are interchangeable, which at times makes writing about these topics more complex. The word “contagious” nearly always applies to the spread of something through contact. Technically, for a disease to be contagious, it is spread by touch (the term used to describe diseases spread by microorganisms in the air or water is “infectious”); however, the words “contagious” and “infectious” are often used interchangeably. While “contagious” is used to describe diseases, it is also used to describe the spread of thoughts, feelings, or attitudes. Typically, “contagious” is used to describe both positive and negative feelings, while “infectious” is used to describe only positive feelings.⁹

Although “contagious” is perceived as a medical word to those outside of medicine, it is rarely used in modern medicine. Martin S. Pernick states that “as contagion became equated with modern microbiology in mass culture, the term was dropped from the lexicon of medical science. Ever since its creation in the late 1910s, the official US public health handbook of infectious diseases has used the term communicable instead of contagious, and its extensive glossary of technical terms completely omits contagion” (2002, 860). It seems that current medical thought has left the notion of contagion behind, perhaps because it is not descriptive enough to cover everything necessary for medical practitioners’ needs. The question then becomes, why is the word “contagious” used so often in North American culture? Peta Mitchell (2012) addresses this issue in a variety of ways in her book *Contagious Metaphor*, though she admits that a complete study of what North American culture considers to be contagious is impossible. *The Kiss of Death* attempts to see contagion and contamination metaphors in relation to the discipline of folklore. It looks specifically at contemporary legend, rumor, gossip, and the ways people express belief in the concepts of contagion and contamination both online and in person. However, as with Mitchell’s study, there are certainly more instances of contagion and contamination in folklore than the ones given here.

Contamination refers to the idea that something that was previously untainted is made impure by exposure to or addition of something poisonous or polluted. While contamination can also be used figuratively, it usually suggests corruption or debasement of the physical. Touch is still a key feature in the word “contaminate,” and indeed both “contact” and “contaminate” come from the same Latin root, *contingere* (*con* meaning “with” and *tangere* meaning “touch”). Contamination can also refer to blending, such as the blending of two or more stories or plots so as to form something new. The notion of blending shares much with the concept of hybridity.

By these definitions, something can be contaminated without being contagious, but all contagious things are contaminated in some way. There is also the notion that blending two different things is both harmful and immoral, harking back to the idea of purity. Hybrids are sometimes seen as inferior to the original, as if the positive attributes have been tainted instead of enhanced or improved. Racism may be deeply embedded in this perspective since hybrids mirror “impure” bloodlines. Past folklore scholarship that has looked at hybridization includes D. K. Wilgus’s 1965 study of hillbilly music, Deborah A. Kapchan and Pauline Turner Strong’s 1999 work on Creolization, and, more recently, Robert Glenn Howard’s work (2000, 2008, and 2015) and Trevor J. Blank’s (2013a) examination of hybridity in a digital

world. Hybridity, even within the context of folklore, has multiple meanings and definitions.

Robert Glen Howard (2010, 682) defines hybridity as “an analytic term referring to a cultural form, expressive behavior, or identity that exhibits features thought to originate from two or more distinct realms.” For the purposes of this book, I use a similar definition, defining hybridization as “the blending of two things.” While I cannot outright reject the complicated history of this term (see Howard 2010 and 2008; Blank 2013a), I use modifying words to describe hybridization so as to clarify my meaning. It is important to mention a few things about hybridity, especially in the context of this work. To start, both institutional and vernacular cultures are affected by their means of production, so the participation often characterized in this book, while certainly folk, is affected and effected by its mode of communication. The Internet, in many ways, is a great equalizer, offering access to those who may have previously been without, especially in the cases of disability (see Blank and Kitta 2015) or geography. Nevertheless, many North Americans still criticize the Internet, blaming it for people’s actions (as we will see with both cyberbullying and Slender Man in chapter 3). No matter one’s view of the Internet, it is difficult to deny that it both has changed communication and is a hybrid, at least in its current usage.

The hybridity of the Internet is apparent in several ways, including that Internet content amalgamates vernacular, commercial, and institutional interests. Additionally, the Internet incorporates folk culture with popular culture at both the official and unofficial levels (Howard 2008, 194), and the vernacular cannot exist without (and feeds on the power of) the official (Howard 2015). We also see the combination of public and private space, where an individual may post with different privacy settings on a single platform, have multiple accounts, and simultaneously manage both a public and private persona online. Additionally, certain spaces can become communal and have their own communal authority, which allows for the constant generation of shared meaning. This is distinct from a static text (Howard 2008, 199). Communal authority is often challenged in “zones of contestation” (Appadurai and Breckenridge 1995, 5) where debates happen as more of a process than an object (Howard 2008, 200). A consequence is that these “texts” are left fluid. Much of the research for this book occurred in these zones of contestation, where meaning and function are debated, modified, and altered according to the community.

Since these online communities have no physical location, they are often dependent on the “ongoing enactment of the shared expectations that are both witnessed and enacted by the participants in the discourse” (Howard

1997, 2000, 2008). The shared aesthetic for group communication, along with the communication itself, becomes the locus of the entire group, even when individuals within a group are at odds with each other. As readers will see throughout this book, many of these aesthetics are remarkably similar, even when the group is discussing seemingly different topics. In the comments section of online articles—no matter what the topic is—disagreements are standard, and political affiliation is crucial. While there certainly are the rare individuals who post to support the article, there are still critiques in their compliments, and it is inevitable that someone will comment negatively to even the positive initial comments.¹⁰ Howard (2013, 82) also notes that comments sections below articles show “the vernacular and the institutional stand side by side in the same medium. Both are marked, but they are marked in distinction from each other: one as an institutional product and one as the vernacular commentary.” This tension is interesting and certainly demonstrates the intersection of the institutional and the vernacular.

I should also note that while, at times, the notion of hybridity can be perceived as negative, especially respecting notions of purity, not all hybrids are negative.¹¹ Deborah Kapchan and Pauline Turner Strong (1999) note that there is an overemphasis on the new in conceiving the hybrid instead of a focus on the hybrid as a product of its history. The hybrid is simultaneously old and new. That amalgamation gives it a certain power because it is liminal and able to move in spaces and access different authorities not available to the nonhybrid. The hybrid’s power and movement are crucial for understanding why the hybrid is often seen as contagious: hybrids can move between groups where movement is normally discouraged, leaving it to infect and contaminate, literally and figuratively. The hybrid is also able to provide commentary on the groups it moves through, as it is outside the institutional frame and is, itself, vernacular. The vernacular’s power, in part, derives from its ability to either support or challenge the institutional, and often it does both (Howard 2008, 205).

In certain circumstances, the hybrid or vernacular can move into the institutional frame. This happens in folk medicine because folk remedies are studied by official medical institutions, such as the US Food and Drug Administration (FDA), given approval by the authoritative body, and adopted into procedural practices in health care. However, when the vernacular becomes a part of the institutional, it is often consumed by the centralizing power of monologic discourse (Bakhtin 1982, 666), either by bringing the vernacular into the official (as in the above example) or by declaring the superiority of the official over the vernacular (as frequently seen in arguments that place biomedicine over alternative therapies).

However, the vernacular is at its most disruptive when it is able to challenge the institutional, showing that there are alternatives to the dominant discourse, or at least demonstrating that there is the possibility of more than one authority (Howard 2008). The Internet has certainly shown this in both positive and negative ways. Diane Goldstein's (2000) research on menopausal women's communities demonstrates how these women changed the care they received (and future women will receive), taking their own experiences and making them a part of the institutional discourse on menopause. My own research (Kitta 2012) on vaccination discourse demonstrates how a single medical study, which was retracted by all but one author, became crucial in the anti-vaccination and vaccine-reluctant communities found online. The belief that vaccines can cause autism is widespread in multiple online communities and has resulted in numerous responses and studies conducted by medical institutions and agencies. It does not seem to matter if the vernacular is acting for or against an institution; in either situation, those involved see themselves as alternative to that institution (Howard 2008, 207). Therefore, while the belief that vaccines cause autism is traditional in that it has existed consistently for an extended period of time, it is also traditional because it is a "vernacular authorizing force" (Howard 2013, 73). The Internet has changed our methods of communications: because participatory media allows us to express ourselves alongside institutions, it has given agency to vernacular authority (Howard 2013).

The notion of contagion is not only a term used by institutions and medical professionals, such as epidemiologists; it is also a concept that is linked to religion and the study of belief. James George Frazer (1935) used the term "contagious magic" to describe mundane objects that were thought to be magical because they came in contact with other objects deemed to have mystical properties. These previously mundane objects were then thought to contain magical properties due to the contagious effect of being near or touching the sacred object. A classic example of this would be second-class saints' relics (items that were touched or used by the saint, such as an article of clothing), or third-class saints' relics (items that have touched a first- or second-class relic, such as many medals sold at religious institutions). These objects have power because their proximity to the sacred object makes them contagious.

Past folklore scholarship on contagion and contamination legends is almost too numerous to list. Contamination in contemporary legend research is a frequent topic. Legends such as "The Kentucky Fried Rat," "The Mouse in the Coke Bottle," and others have received extensive attention. While I discuss contaminated objects and contagious ideas in the legends and their

symbolism, I also consider the idea that thoughts, morals, and behaviors are overtly and directly contaminated. For example, Gary Alan Fine's (1980, 233) scholarship on "The Kentucky Fried Rat" considered that in some versions, one of the implications within the legend is that it was the woman's fault that her family had eaten the fried rat. If she had only cooked a homemade meal, thereby fitting into notions of what a "good" wife or mother would do instead of working or being otherwise too busy to tend to her family, the entire incident would not have happened. While this legend, at first glance, seems to be about food contamination, there is also a secondary lesson in place—one of social control. Marianne H. Whatley and Elissa R. Henken (2000) demonstrate similar implications in their analysis of "The Peanut Butter Surprise."¹² While at first glance the legend appears to be about a woman and her unusual relationship with her dog, there is also a judgment about the woman and her nonsexual activities. She lives alone and works, demonstrating that she has no need for a man. This is an important component of some narratives. In these cases, the text is about a specific object, but the text carries within it a subtler, deeper secondary meaning.

Some of the legends I explore in this book, such as HPV vaccine contamination, also fall into this category where legends can indicate deeper meanings. While the focus of HPV legends seems to be on the safety and efficacy of the vaccine, there is a more complex concern about identity and group dynamics. In other legends, such as that of Slender Man—an entity invented by Internet users that has reached legendary status—the primary concern of those participating in Slender Man narratives is more overt. Some believe that Slender Man is literally causing people to be violent. However, this legend addresses more complicated beliefs as well, such as concerns about technology. While many of the legends examined in this book also have deeper secondary meanings, some of them are relatively distinct in that they directly state the moral issue they are exploring through narrative. The moral of the story is not in the symbolism; instead, it is overt. This demonstrates how complex function and use can be for both the teller and the listener. There is no single meaning embedded in any rumor or legend. Rather, multiple meanings are possible and likely.

UNDERSTANDING THE IMMUNE SYSTEM

One fundamental concept that varies between communities is how contagious disease and contamination work on the body. In current medical discourse the focus is less on how the virus affects the immune system and more on how the immune system responds to the virus.¹³ The notion of

the body as active rather than passive is relatively new to Western medicine, likely brought about by the discovery of antibodies in the 1890s. The idea that the body is flexible, responding to stimuli and relating to the world, only surfaced in the 1970s (Martin 1993, 70–71).¹⁴ In one interpretation of this context, our bodies are no longer passive, docile things with external forces acting on them. They are reactive and empowered.

This seems very different from the way many North Americans articulate how disease works. The North American focus tends to be on how viruses attack the body and in what manner the body defends itself. The military metaphors for this exchange abound (Martin 1994). Phrases such as “battling,” “losing,” “winning,” and “defeating” are common in the language used concerning external forces on the body. People lose their battle against cancer, they fight a cold, they triumph over disease, and vaccines are a defense against illness. The notion of an active, flexible body also stands in stark contrast to discourse about medical treatments: a pill is swallowed; intravenous solutions are inserted through the skin; or a surgery is performed on the body as the patient passively waits for external forces to heal it. In these scenarios the body is not itself actively doing something to facilitate the healing.¹⁵ Preventing germs and disease has been a long-standing part of North American culture, beginning in the early part of the twentieth century with its focus on hygiene and antiseptics (Martin 1993, 71–72) and persisting into the present, with its myriad products marked as antibacterial and the ubiquitous hand-sanitizing stations.

Additionally, bodies are influenced by culture and privilege. Emily Martin (1993), in her own ethnographic work on Infectious Disease Grand Rounds, found that all the cases presented were in stark contrast to white male bodies. The bodies represented in Martin’s study of Grand Rounds were said to all have “compromised” immune systems that had been “breached.” Even though those in attendance were not all white, middle-class, or male, all bodies mentioned were held in stark contrast with white, middle-class, male bodies (Martin 1993, 70). Martin goes on to comment, “Whether working class, female, elderly, or of color, the bodies presented are not up to par: they fail when challenged, they have inadequately flexible responses, or inadequately specific ones. We are seeing here the process of creation of a norm focused on a healthy immune system, in which some individuals have healthier ones than other individuals” (73).

The unmarked category of the white, male body as the norm is prevalent in both medical literature and lay perceptions of the body, and gendered metaphors are commonly used throughout medicine (Martin 1994; Condit and Condit 2001; Lupton 2012; Dragusin 2014). Even cells

themselves are given a gender in the immune system, with cells such as macrophages—which engulf and act as “housekeepers”—being designated female; and with killer T cells—which attack and penetrate and which are associated with “higher function”—being labeled male (Martin 1994, 55–59). These metaphors often break down when it comes to more complex conversations about how the immune system works. Although these comparisons likely say more about the masculine bias in the sciences, metaphors like this exist nonetheless and continue to permeate conversations about both the immune system and the body. The indication here is that there are right and wrong types of immune systems that are attached to right and wrong types of bodies. Those who have the “right” kind of immune system are stronger than others and survive (Martin 1994, 231).

Charles L. Briggs and Clara Mantini-Briggs also put language under the microscope in their 2003 work on a 1992 outbreak of cholera in Venezuela, in which they bring to light ways in which infected individuals are stigmatized through naming. “Sanitary citizens” are “civilized” and “cultured,” while “unsanitary subjects” do not understand disease transmission, are “inferior” or “pre-modern,” and belong in “natural” habitats. The Briggs and Mantini-Briggs critique is just one example of the perceived inferiority or superiority of the immune system (as a representation of the body), or the body itself, which is prevalent in current and past discourses. Perceptions of the immune system are reflections of the self and not-self (Martin 1994, 52–55), a distinction that is demonstrated throughout this book. This is often intimately linked to racism, as I show in chapter 3 while discussing patient zeros.

Many of these narratives make moral judgments on nonwhite, homosexual, and/or nonmale bodies, and it is critical to deconstruct and analyze outbreak narratives since these narratives clearly have consequences. As the disease spreads, so too do the narratives about the disease. These narratives can affect contagion routes and survival rates, promote stigma, and influence the perception of the disease and its consequences. The ways in which the narrative is framed can turn individuals, groups, and places into legends, changing the victim(s) into the embodiment of the contagion and/or contamination. Pathways of communication can turn into the networks of infection (Wald 2008, 3–4).

Outbreak narratives tend to have a formalized structure that “begins with the identification of an emerging infection, includes discussion of the global networks throughout which it travels, and chronicles the epidemiological work that ends with containment” (Wald 2008, 2). This structure helps to contain both the narrative itself and our perceptions of that narrative. By

encasing the outbreak into a narrative structure, we are attempting to control the outbreak itself. If it fits the formula, it can be controlled—thus the importance of identifying a patient zero character to act as a scapegoat and object of control. If we can quarantine patient zero, then we can control both the narrative and the outbreak associated with it.

Turning the infected into the embodiment of the infection, outbreak narratives cast individuals into the realm of a stock character. They are denied any individual personality or agency. By casting them into the role of superspreader (an individual who infects disproportionately more secondary contacts than other hosts), they move from an individual person to a threat. They are “figures of fascination as well as of fear because of the connection they elucidate” (Wald 2008, 9). Not only do these narratives turn people into stereotypes about their folk groups, but they can also turn people into representations of the diseases and dangers that are most feared. The attraction we see in these outbreak, superspreader, patient zero, and other narratives is that these narratives and stock characters simplify the problem and the networks. We are no longer fighting an unseeable, unknowable virus; we are fighting something tangible that can be blamed and, most importantly, contained. As Mary Douglas (2003, 3) notes in her discussions about dirt, “In chasing dirt, in papering, decorating, tidying, we are not governed by anxiety to escape disease, but are positively re-ordering our environment, making it conform to an idea.” The same could be said for the body, which we also clean, adorn, and sanitize.

IS FOLKLORE CONTAGIOUS?

While there certainly is some truth to the contagious nature of folklore in that it spreads and highlights our networks, it is not a useful metaphor for a variety of reasons.¹⁶ First, the association with disease may indicate that there is something “wrong” with folklore and that is it something that should be contained. Second, it indicates that folklore *can* be contained. One cannot “immunize” or “quarantine” oneself from folkloric processes. It is impossible to trace an item of folklore back to its original form. It is possible for multiple versions to arise at different times, or even contemporaneously. Such a phenomenon is known as polygenesis. Relatedly, an oikotype is a regional or localized variant. While certainly multiple strains of an epidemic can arise in different locations, this is nevertheless another place where the metaphor breaks down. No physical contact or even close proximity is required for folklore to spread. All that is required are the networks, which can exist in both the physical and virtual world.

Other medical metaphors abound in folklore. Folklore spreads “like a virus,” and we attempt to think of ways to “inoculate” ourselves against folklore. No matter how hard we may try, there simply is no way to stop folklore. Individuals can and will choose whether a tradition, narrative, or other element of folk culture has meaning for them personally. They may continue to pass on this information, regardless of their own personal belief in it, or they may not. There is nothing folklorists (or others) can do to prevent or treat this expansion. Pertinent information can help, but it is not always the cure-all that some hope it will be. Thus, while medical metaphors are certainly a popular way to make sense of the world around us, they are not always useful. Additionally, medical and military metaphors can be condescending and frequently demonstrate privilege more than they explain concepts.

Folklore does not always show society at its best, and its negative aspects can also be contagious. Folklore can be dangerous, racist, homophobic, sexist, xenophobic, ableist, and inappropriate. We cannot only focus on the positive aspects of folklore; instead we must acknowledge these realities of culture and be critical of what they say about the folk group (Dundes 1991; Ellis 2001). While folklorists certainly want to honor the narratives received, it is possible to be both sensitive to the fears and concerns of our participants while also critiquing how folklore contributes to society and culture in negative ways. As Stephen Olbrys Gencarella (2013, 50) notes, “In an attempt to foster a more equitable world, a critical folklore studies seeks to redress some of the most pernicious expressions of tradition still thriving today, including racism, sexism, classism, ageism, homophobia, and xenophobia.” A critical study of folklore does not diminish or ignore the role of tradition; rather, it acknowledges the political and social roles that systemic racism, sexism, homophobia and ableism, along with a variety of other social issues, have on the discipline and its subjects. Tradition is always intimately linked to the values of the participants, either because they support or are trying to subvert these values. In addition to looking at what is being transmitted in these contexts, it can also be crucial to consider what is not being said or otherwise expressed (Gencarella 2013, 58). Of course, by expressing the differences in communities, we also may need to reject some traditions within those communities because they conflict with moral ideologies (Gencarella 2013, 62). Additionally, by breaking with these traditions, we may expose the community (and ourselves) to other voices that have gone previously unheard because they were heretofore constrained by tradition.

To do this, folklorists may need to accept that not all traditions are good or even interesting and that some of these traditions must be betrayed

to examine them critically (Gencarella 2013, 63). Throughout this book, I attempt to call out traditions that lead to marginalization—both those based on medical models and those based on cultural norms. As a folklorist, I still struggle to strike a balance between portraying my subjects fairly and analyzing their culture critically. I believe this struggle is crucial to our discipline as we constantly challenge our own biases and assumptions. We try to faithfully represent the people we study while still being critical of their—and our own—actions. I am cautious of placing folklorists in the role of elitist cultural critic, as many of us are a part of both the elite and the subaltern (see Gramsci 1971; Strine 1991; Madison 2005; Gencarella 2011).¹⁷ I do believe that many folklorists utilize critical ethnography as both “traditional” and “organic” intellectuals. As Gencarella (2001, 263) mentions, due to the place in the communities we inhabit, at times we are at risk of destroying relationships with these communities because of the way in which we critique these communities. However, that does mean that, unlike the detached cultural critic, we are able to participate in dismantling domination as a community member. Yet it is difficult to take this analysis past description and interpretation, as folklorists have done historically, primarily due to the fact that folklore changes constantly. This is reminiscent of Gillian Bennett’s criticism of the vicious cycles in studying the supernatural: one reproof is that when we put our informants’ words into print, we can make them canonical, especially if no one else continues our research. Then, like Bennett’s criticism of studying the supernatural, we are reduced to old, outdated critiques and calls for action as our only sources and descriptions of the communities we are trying both to accurately represent and, as sources of domination, to dismantle. That is not to say that we should not publish such things (as often oppression is systemic and relatable); rather, it is to serve as a critique of the outdated model used by most universities and academics. The model to which I refer is the one in which the focus is on publish-or-perish over community engagement, the latter not always directly resulting in the traditional forms of publication recognized by academic institutions or organizations.¹⁸ I find in the writing of this very book that I am caught between conflicting desires: to be more critically engaged in a way that is unusual in academic writing and to meet the criteria for academic writing, which is seen as the gold standard among many folklorists and academe at large. This latter achievement also directly affects practical concerns such as promotion and compensation.

Nevertheless, I am unapologetic in my aim to demedicalize the way we talk about people with disease, disability, chronic conditions, mental illness, neurodiversity, and any other way that medicine portrays some bodies as

“not normal,” including race, sex and gender, size, age, and ability (both visible and invisible). My goal is to place the person first and the institutions (official or unofficial) second.¹⁹ As Gencarella (2013, 65) notes, “Critical folklorists must turn their attention to inciting crises in traditions that prohibit social justice.” A part of this critique is not just to confirm or deny vulnerability but to “show how vulnerability is defined, navigated, and critiqued in informal folkloric expression” (Wilson 2013, 3).

Even in areas where the stakes are lower, folklorists should still be aware of intolerance and silencing voices. While all areas of folkloristic inquiry find intolerance, in my own research (and teaching) I find that most people are the most comfortable with being intolerant about medicine, belief, and the supernatural. As David Hufford (1982) discusses in his notion of the traditions of disbelief, just as it is traditional to believe in certain things, it is also traditional to not believe. Additionally, people hold beliefs that they do not express to others or that they know are culturally inappropriate to express in certain situations (e.g., telling a racist joke or otherwise publicly expressing racism). However, it is often deemed culturally appropriate to express disdain for others’ beliefs in the supernatural or distrust of medicine. While these beliefs do not have the same consequences as, say, a religious belief that announces the inferiority or inherent evil of other religions, it is still important to be aware that silencing others’ beliefs, no matter what they are, is not in the best interests of society or the study of folklore.

POPULAR CULTURE, MEDIA, AND FOLKLORE

It should be noted that folklore and popular culture are not the same thing. Folklore, with its focus on variation, repetition, and transmission, clearly differs from popular culture, which focuses on the analysis of fixed texts. Nevertheless, the two genres borrow from each other, thus perpetuating a great deal of exchange. Throughout this book I use examples from popular culture and media, such as movies and television shows, as well as examples from the folk tradition.

Folklorist Paul Smith (1992, 41) notes that “in the real world, not just a single *oral* medium of transmission is utilized to communicate folklore, but *any available and relevant media* is employed.” Dégh and Vázsonyi (1973, 36–37) also observe that it is impossible to find the origins of legends and that it can be difficult to comprehend the intersections between legends and the mass media. Similarly, Diane Goldstein (2007a, 4–5) states, “Intricately woven together, popular culture uses folklore continuously to tap into traditional cultural values and to satisfy audience expectations. But just as

popular culture appropriates folklore, folklore too appropriates popular culture.” So multiple forms of media, popular culture, and folklore combine to reinforce older beliefs and traditions or establish new ones.

Popular culture texts, such as movies, television shows, and other forms of media, clearly reflect belief traditions (Koven 2003, 176), both informing and replicating what concerns and fears are relevant to those who consume them. In her research examining how people understand the immune system, Emily Martin (1994) drew on a number of movies, such as the science fiction film *The Fantastic Voyage* (1966), to demonstrate that many people visualized the immune system as they saw it in movies. She also often referenced other popular culture sources as both a source of understanding and a common language between investigator and participant. While this process is certainly more complicated than mirroring culture,²⁰ popular culture texts are useful to researchers as additional examples of current cultural themes already noted in more traditional folkloric forms, such as contemporary legends and rumors, as well as in newer folkloric forms, such as fan fiction, Internet memes, and comments made in forums or posted elsewhere.²¹ Folklore and popular culture are more closely related than they are different and should be considered as a part of a larger collection of texts by a variety of groups using a range of types of media (Narváez and Laba 1986, 1; Goldstein 2007a, 5).

I also recognize that “cultural critics have long recognized that mass media often serves the interests of institutions instead of communities” (Howard 2008, 200, referencing Adorno and Horkheimer [1947] 2002; Habermas [1962] 1992; Marcuse 1964; Marx [1845] 1998; see also Arato and Gebhardt 1990). While I do discuss mass media and popular culture throughout the text, both as dominant narrative and as a reflection of the culture it represents, I also consider folkloric expressions that defy mass media and popular culture. Those who utilize popular culture are not passive recipients of culture; participants discuss, joke, create memes, write fan fiction, and engage in a variety of activities that demonstrate their involvement with these genres. Those who create movies, television shows, and other forms of media certainly pay attention to these creations and often respond to fans in social media and through the creation of new texts. Fans can influence storylines, keep television shows on the air, or even cause television shows to come back into production (see Foster and Tolbert 2015; Blank 2015). Fortunately, folklore scholars have been long aware of these trends (and their precedents) and have been studying these interactions for years, challenging the “notion that folk belief expressed in popular or commodified culture is any less serious, any less important, any less rational,

or any less a belief than what is expressed more traditionally” (Goldstein 2007a, 16). This volume hopes to add to the study of this relationship between folklore and popular culture.

HYBRIDITY AND MONSTERS

Throughout this text I will use the ideas of “hybrids” and “monsters” in a variety of ways, most of them demonstrating how both are frequently negatively conceived, even though I do not believe that they are necessarily negative (see this chapter). I also recognize that not all hybrids are considered monstrous (e.g., liminal creatures such as angels, which are neither divine nor mortal but perhaps a hybrid of the two), nor are all monsters necessarily hybrids, although many of our classic movie monsters, such as Dracula and Frankenstein’s creation or even classical monsters, such as the Minotaur or Sphinx, could certainly be considered liminal hybrids by some definitions. Despite this, some monsters are monstrous because of their size, such as Godzilla or the Kraken. With these in mind, I am compelled to challenge Cohen’s (1996, 6) idea that the monster is a hybrid all of the time, though I do agree that it refuses to be easily categorized. I also agree with Cohen’s assertion that the monster “resists any classification built on hierarchy or merely binary opposition, demanding instead a ‘system’ allowing polyphony, mixed response (difference in sameness, repulsion in attraction), and resistance to integration” (7). Simply put, it is very difficult to discuss hybridity without discussing monsters, and much that has been written about monsters is relevant to the discussion of hybridity.

TELLABILITY AND THE STIGMATIZED VERNACULAR

Goldstein and Shuman use the phrase “the stigmatized vernacular,” which “is intended to capture not only the emic experience of stigmatization, but also the *contagion* of stigma—the way it spills over beyond the topic into the means of articulation” (2012, 116; emphasis mine). In other words, the stigma extends beyond the topic at hand. Some narratives are additionally untellable due to the nature of the stigma associated with them. Goldstein and Shuman further address the concept of “untellability” to explain narratives that

can or cannot be talked about in particular context, the factors that limit such narrating, and the risk-taking inherent in the telling of certain types of personal narratives. Stories become untellable because the content

defies articulation, the rules of appropriateness outweigh the import of content, the narrator is constrained by issues of entitlement and storytelling rights, or the space the narratives would normally inhabit is understood by the narrator as somehow unsafe. Narrative telling can be risky business, not just in terms of the personal discursive risk for the tale teller, but also as narration reflects on, and acts upon, others potentially implicated in narrative events. (119–20)

Untellable narratives differ from chaotic narratives: the latter includes “situations in which narrative confusion, fragmentation, or disorder is the result of traumatic, psychological, or intellectual challenge; where it results in an inability to articulate experience; and/or where their chaos of the experience itself becomes larger than any narrative can handle” (Goldstein 2012, 184). Goldstein goes into more specifics about the forms of chaotic narratives, which can include (but are not limited to): “(1) performances produced prior to competence acquisition, as might be found in young children or new culture members; (2) performances resulting from different cultural aesthetics; (3) the performance of purposeful incoherence directed at specific ends and goals; (4) performances in which consciousness or performance capacity is altered by drugs or alcohol; (5) inability to articulate coherency due to health or intellectual challenge; and (6) ineffability or inarticulateness due to traumatic experience” (183–84). She goes on to discuss that these texts might also be considered unwritable since the chaos is more noticeable during the transition from oral to written form (184). It is unfortunate that this untellability, which is often marked by narratives that seem disjointed or incoherent, is the very thing that marks these narratives as happening; yet survivors are required to tell their stories in an organized way or risk having them be dismissed (Goldstein 2012; Blank and Kitta 2015; Willsey 2015). While these narratives can become more formulaic over time, they are always at risk of disintegrating during distressing instances of recollection (Goldstein 2012, 187). Both audience and teller are aware of both this chaos and the knowledge that these stories are ineffable and untellable in both discourse and experience (185).

When a story is untellable, it may be easier to substitute it with a similar story. For example, an individual may be unable to express their concerns about an epidemic in a way that is socially appropriate, knowing that even approaching the topic may open them to ridicule, scrutiny, or other stigmatizing actions. Instead, they tell another story—one that is similar to their own concerns but not exactly like theirs. Narratives such as contemporary legends provide opportunities to discuss concerns without directly linking the story, and therefore the stigma, to the individual. Many of the stories

contained in this book are untellable, chaotic, and result in extensive stigma, which is precisely why they need to be discussed. As researchers, we cannot ignore the unpleasant parts of a culture simply because they make us uncomfortable. Instead, we must understand why the discomfort exists in the first place and critically consider the role of stigma in our own lives and stories as well as in the stories we study and tell.

The Disease Is Coming from Inside the House!

Contagious Disease, Immigration, and Patient Zero

NARRATIVES ABOUT DISEASE OFTEN FUNCTION as a simple, shorthand way to stigmatize outsiders. Moreover, linking an outbreak to a foreigner or immigrant can immediately exacerbate their outsider status. In this chapter I discuss narratives that link contagious diseases to perceived outsiders, such as recent immigrants, marginal groups, and individuals who are given medicalized terms such as “patient zero” or “superspreader.” I argue that while these terms seem to have additional importance due to their association with the medical community, they are cultural designations that often are not supported by empirical evidence. Later on in the chapter I also consider insiders who become outsiders, which are sometimes perceived as more threatening by the dominant culture as they are the self, transformed, and their existence questions the entire dominant culture itself.

Ella Shohat and Robert Stam (2014, 24) discuss how the media associates the “Third World with violent, unnecessary, random death, or with disease and natural disaster.” Deeply embedded in folkloric, popular culture, and epidemiological sources are colonial themes concerning outsiders, especially those from places considered to be “third world.” These areas are thought to be the locus of disease, and those unfortunate enough to live there are perceived to be somehow inferior to those who live in “first world” countries. Additionally, those who travel to these regions, or who travel at all, are suspect. In this chapter I look at perceived patient zeros to see why they are considered outsiders to the dominant group, noticing specific patterns about geographical location, activity, race, ethnicity, sexuality, and other factors that mark them as outsiders to the dominant group, which is white, mostly male North Americans.

I also examine how many of the diseases that we apply to outsiders are in fact coming from inside North America, as was exemplified in the 2015

Disneyland measles outbreak in the United States. Much like the classic contemporary legend “The Babysitter and the Man Upstairs,” the threat of contagion or contamination is not from the outside; rather the call, or in this case, the disease, is coming from the *inside*. In order to disrupt this narrative, these insiders who have left the group, either physically or intellectually, must be made into outsiders—or into what Priscilla Wald (2008) calls “monstrous hybrids” since they are both insiders and outsiders at the same time.

XENOPHOBIA AND DISEASE

The intriguing part of disease legends is that, in addition to fear of illness, they express primarily a fear of outsiders. Certain groups are more likely to feel the weight of the stigma of “diseased outsider.” Alan Kraut’s (1995) term “medicalized nativism,” as used in Wald (2008), describes how the stigmatization of immigrants is justified by their association with contagious disease. So is the stigmatization of other groups when they have been associated with the spread of disease, most recently gay men with HIV/AIDS, “hypersexual” women with HPV, Asians with SARS and the recent flu outbreaks, and Africans with Ebola. The 2015 outbreak of measles in North America has led to further stigmatization of foreigners who bring diseases into North America, and also of parents who question vaccination.

Crucial to this conversation is the connection between contagious disease and fear of foreigners that single narratives often make. There is a tendency to consider the origins or “ground zero” of a disease as dogma, not recognizing that perceived origins are also affected by culture. Examples of this include the individual or patient zero and the geographical location given as the “ground zero” of the disease. Narratives constructed by epidemiologists, while perceived as solely scientific, are not without cultural bias. If we consider recent pandemics, such as SARS (2002–3), H1N1 (2009), and past and future threats of avian flu and Ebola, we can see that these outbreaks were originally linked with their countries of origin, even to the point where these outbreaks were known as Asiatic flu (SARS), Mexican flu (H1N1), and Middle East Respiratory Syndrome (MERS) previous to their renaming.¹ Diseases such as Ebola, named after the Ebola River, which flowed near the first documented case of the disease, also have strong associations with location.

With Ebola, there is a cultural link with the entire continent of Africa, even though the 2014 outbreak existed only in a few countries in West Africa. Turner (1993, 25) and Douglas (2003, 124) point out that when

physical, social, or political boundaries are threatened, those threats are reflected in rumors and legends about the body. It is no coincidence that our most recent pandemics, in particular SARS and H1N1, originated in countries or populations that are perceived to be threats to the United States.²

As Diane Goldstein (2004, 77) suggests, a part of disease narratives is the preoccupation with the origins of the disease, which can illuminate the parallels between vernacular and scientific theory. Thus, origin is important for a variety of reasons. For one, from an epidemiological stance and according to current methods, finding the origin is necessary in order to limit and eliminate the disease. However, finding the origin point can result in that location becoming itself blameworthy (77–78). Epidemiologists are not necessarily seeking to assign blame: their primary concern is stopping the spread of a disease. But over time, the contextual situation has long-term effects. I am in no way suggesting that avoiding the stigmatization of individuals is more important than saving their lives, but survivors will certainly feel the effects of long-term stigma, and those can also be deadly. For example, Salome Karwah, a Liberian nurse who graced the cover of *Time* magazine during the Ebola epidemic of 2014, died from complications related to childbirth in 2017. Karwah returned to the hospital with what was likely blood poisoning following a cesarean, but because the people working there were afraid to touch her, she did not receive the treatment she needed (Baker 2017). While lives should not be put in peril to reduce stigma, more effort should be given to stigma reduction in the epidemiological moment. There is a complex ethical trade-off that happens in these crucial moments, and it would behoove those involved in the epidemiological moment to have someone who understands belief and narrative. Disease narratives indicate a significant shift in culture; things have changed in an irreversible way. Understanding why that has happened and who caused the change is an important part of the perception of controlling the disease.

Patient zero not only provides a scapegoat but also serves as an example to others: as long as people do not act in the same way as patient zero, they are safe. It is patient zero's risky behaviors or (in the case of nonwhite bodies) cultural norms that make them a victim of the disease. This generates a clear delineation between self and Other. Of course, avoiding particular behaviors or locations does not in actuality guarantee safety. Neither communicable diseases nor real life function this way. And yet reality is not the purpose of disease narratives. Instead, one population tells these narratives about another population, thus giving the stories a focus that is elsewhere and defining the infected population as something that is definitively Other. In this way, disease narratives are similar to the *blason populaire*—which is a

stereotypical characterization of a group of which one is not a member. The term means literally a “popular emblem or badge,” but it is given to a group by an etic group; it is not something the group itself would wish to be called. The term relies on the notion that the members of a single group are homogenous, ignoring individuality and regional variation. An example of this in medical legends is the idea that Ebola comes from Africa. Such a tale ignores that Africa is an entire continent, that Ebola has been found only in a very small region of Africa, and that not all people in Africa as a continent, in West African countries, or even in countries specifically affected by Ebola have the disease. We find a similar example in Diane Goldstein’s (2004, 121–28, 134–37) work on HIV/AIDS in Newfoundland, where the presumption was that people from Conception Bay North were all infected with HIV/AIDS.

The groups blamed in the above examples are not only stigmatized but also thought to be infectious both virally and culturally. While the *blason populaire* can also refer to positive characteristics taken to the point of excess, the vast majority of the legends are negative. Not only will the stigmatized group make other groups physically ill, but these groups will also infect and transform the groups with whom they come in contact. As Priscilla Wald (2008, 8) states, “Medicalized nativism involves more than superimposing a disease threat on an unfortunate group. Rather, the disease is associated with dangerous practices and behaviors that allegedly mark intrinsic cultural difference, and it expresses the destructive transformative power of the group.” The transformative power to which Wald refers is seen by other cultures as almost unswervingly negative, even if the transformation is actually positive. For example, we speak admiringly of “adventurous eaters” and derisively of someone who will “eat anything,” even though the distinction between those two actions is essentially nonexistent. The latter, however, we tend to apply to outside groups when their food of choice is something the emic group finds disgusting or disturbing. Multiple minority groups in North America have been assigned with such perceived “disgusting” habits, ranging from rumors and legends about cats in Chinese food, to Southerners (especially African Americans) eating pigs’ feet, to other groups eating offal or other parts of animals thought to be disgusting by the dominant group.³

Dominant groups in North America sometimes view these activities as both suspect and perverted. Priscilla Wald (2008, 260) states, “Speculations about activities and conditions that may have led to the barrier crossings show how the concept of viral hybridity slides into characterizations of afflicted people and how the imagined practices and behaviors of those

people are racialized and sexualized. Images of perversion are explicit or implied.” This is especially true of HIV/AIDS narratives. Dominant narratives abound with speculations about exactly what “they” were doing with that monkey (Goldstein 2004) and are rife with questions about the types or amounts of sex that caused the disease to spread. The assumption is that outsiders’ sexual contact is excessive in some way: there is either too much of it with too many people or the people are the wrong sort of people. There is also the colonialist assumption that somehow the outsiders’ sex lives are depraved, excessive, and animalistic (see Goldstein 2004). This not only applies to different national and racial groups but also to those with different sexual orientations—or even to heterosexual females who have sex without procreating, which I discuss in chapters 5 and 6.

PATIENT ZERO AND SUPERSPREADERS

Patient zero, as a concept, is frequently misunderstood. The epidemiological and medical definition of patient zero is the first patient in a given population of an epidemiological investigation or the first patient described in the medical literature. This differs greatly from the common misconception that patient zero is always the first person to get the disease. As patient zero is perceived in popular culture, the figure is complex. Patient zeros are often the recipients of some sympathy, but even then, and far more often, they are somehow seen as blameworthy. They have clearly done something to deserve this disease. Even when the person is living in poverty, there is a presumption by the population that patient zero is to blame—that if patient zero had only worked harder or worked more, then they would not be in this situation. This supposition underscores the fact that the mechanisms of systemic poverty are misunderstood and that it cannot be overcome by hard work alone.

In some versions of the outbreak narrative, it is patient zero’s risky actions that frequently result in their infection. Even if they do not engage in behaviors traditionally thought of as risky, such as infidelity, anonymous sex, or homosexual sex, they are deemed guilty of risky behaviors that are not as stigmatized but are still telling about the culture. For example, they travel, eat foods unknown to them, and meet strangers. While these activities may not be perceived as entirely taboo, they are certainly avoidable and perhaps even frowned upon by other members of the group. After all, why does the person need to leave if they are perfectly happy within the group? Why do they need to eat something different than the group does or meet people who are not members of their folk group? While the judgment is

not overt, it certainly is present—if patient zeros just stayed at home, ate what they normally ate, and spent time with people they already knew, this would not have happened to them. As Cohen (1996, 12) states, “One is better off safely contained within one’s own domestic sphere than abroad, away from the watchful eyes of the state. The monsters prevent mobility (intellectual, geographic, or sexual), delimiting the social spaces through which private bodies may move. To step outside this official geography is to risk attack by some monstrous border patrol or (worse) to become monstrous oneself.” In these terms, patient zero is a hybrid and a monster, contagious and contaminated.

Mary Mallon, or “Typhoid Mary,” is perhaps the best-known patient zero. Mallon, an Irish immigrant to America and cook, was the first asymptomatic carrier identified for typhoid fever. She is the “mythic archetype of the pestilent immigrant infecting a healthy Western society” (O’Toole 2003).⁴ Her representation in film and television is often as a well-meaning cook who simply does not understand how infection works. In these portrayals she frequently points out that she is not ill, demonstrating that she does not understand her status as an asymptomatic carrier. She continually goes back into the workforce, despite being repeatedly warned that she is a carrier. Her own financial situation and status is rarely mentioned, even though she obviously needs to work and has no other means of caring for either herself or those dependent on her. No other solutions are offered to her; instead, she is merely told that she must not work.⁵

Another famous patient zero is Gaëtan Dugas, who was thought to be the index case for the spread of HIV/AIDS from Europe to North America and a superspreader of HIV/AIDS, even though it is more likely that HIV/AIDS spread from Europe through Haiti in the late 1960s. Since the HIV/AIDS epidemic needed a narrative, people quickly latched onto Dugas as a way to process their own fears about the spread of HIV/AIDS.⁶ Priscilla Wald (2008, 216) argues that Dugas’s humanity was discarded and he was turned into a human/virus hybrid. This aligns with Cohen’s (1996, 9) observation that “deviant” sexual identity is susceptible to monsterization and that national difference can also be transformed into sexual difference (15). Dugas is a case in point for both. However, it could also be argued that Dugas reached a liminal state of someone who appears healthy but is not. This in itself is perceived as extremely dangerous, since there are no indicators of sickness.

The most recent manifestation of a patient zero in an outbreak is Thomas Duncan, the first person to be diagnosed in the United States with Ebola. Duncan, who has been dubbed “Ebola Tom” (see “JASmius”

2014 and Walker 2014), was diagnosed with Ebola on September 30, 2014, and passed away on October 8, 2014.⁷ Two nurses, Nina Pham and Amber Vinson, came in direct contact with Duncan and were also infected. Both nurses survived but were also harshly judged for some of their own actions, especially in the case of Vinson, who flew from Dallas, Texas, to Cleveland, Ohio, shortly after treating Duncan but before being diagnosed with Ebola. Vinson, who had received permission to fly from the Centers for Disease Control (CDC), stated that she would have never traveled had she thought she was contagious (Horowitz 2014; Klein 2014). Vinson was also accused of being responsible for the closing of a bridal shop merely because she visited it (RT USA 2015).⁸

The emotions—often vitriolic—expressed by those reading and commenting on patient zeros and their activities, typically in the comments section of online articles or forums, is nearly palpable. Alana Horowitz’s article in the *Huffington Post* received 1,155 responses, most of them berating Vinson’s actions, the CDC, and the government.⁹ A similar experience occurred in the case of Esther Mok, the perceived patient zero for SARS in Singapore. The forum ExpatSingapore, which is a resource for expatriates living in Singapore, discussed Mok in both sympathetic and scathing terms. The original post on this forum, titled “Poor Old Ester [*sic*] Mok . . . Leave Her Alone” says, “As if she hasn’t been through enough already (lost both her parents, pastor caught SARS when visiting her, labelled super infector), some cretin at a press conference asked the PM whether any lessons could be learnt from Esther Mok’s ‘lifestyle’!!! All the poor woman did was go to HK for a few days before the symptoms and effects of SARS were documented—what are the lessons to be learnt?? Sit in your flat in Singapore and never leave the country, never travel . . . what kind of bs is this” (Outsider Looking In 2003). While some participants supported this statement, others viciously attacked Mok’s actions, even indicating that there was a rumor that she would be charged with manslaughter. The forum participants also quickly became confused about the details of which SARS patient they were discussing—Esther Mok or Chong Pei Ling, another person infected by SARS after traveling. One participant stated:

Esther Mok—was like any other tourist (it could have been you or me) who went on a trip to HongKong. No one in Singapore even knew about SARS then. She was one of the unfortunate first infectors in Singapore.

Chong Pei Ling—was a different case.

She left when there was more awareness of SARS for a business trip in China. She got sick there, decided to fly home and notified her mother

who was waiting at the Singapore end to whisk her immediately away to hospital. (witch hunting 2003)

The differences Mok and Ling do not seem to matter to the forum posters. Immediately following the above post, user E.Mok (2003) posted, “Come on, she went all the way to Guangzhou and came back very ill. She should be hanged since she knew she had Sars and still flew back infecting and KILLING other people. Hanged as just to set an example what happens to the people like her.” These and other comments demonstrate the animosity and vitriol often expressed toward those who infect others, even if the act of infecting is unintentional. Patient zeros and superspreaders quickly move to legendary status, and the details are no longer important to those hearing and telling them because the particulars represent something bigger than the actual person: they become the illness itself.

Even when the medical community becomes involved in the narrative, the patients can become vilified. As Diane Goldstein (2015) states, “While the graphics and case histories associated with superspreading and contact tracing may seem necessary and relatively non-legendary themselves, they frequently evolve into demonized caricatures of the patients.” The perceived objectivity of biomedicine is only that—a perception. Medicine and those who practice it are affected by culture and not without individual bias. This is not to say that those who practice medicine are a homogenous group; rather, they are all individuals who bring their own experiences and beliefs into their work. Unfortunately, sometimes that bias shows itself in biomedical research, especially in areas where women, people of color, and minority groups are excluded from data sets or compared with white, male bodies (see Martin 1993, 1994).

Above all else, these cases argue that infectious people should not be allowed in. Mallon represents the fear of letting immigrants into the house. Symbolically, this represents the larger fear of permitting immigrants into a country. Mallon becomes a symbol of what happens when a society allows immigrants into its intimate spaces, allowing them to prepare food that others consume. In the case of Mallon, the legend has a gendered layer since, historically, women have been the primary preparers of food. Women who allow immigrants into the home are perceived as not fulfilling their primary gender roles; they are choosing to do something with their time other than cooking. Consequently, their activities and motivations are suspect (see chapter 1 and Fine 1980, 233).

Gaëtan Dugas represents a different type of fear of the Other. Mallon represents the immigrant as outsider. While Dugas may also qualify as an

outsider given his status as French Canadian, the focus on Dugas has not been on his ethnicity or nationality but on his activities. Although he looks a lot like the perceived self of the emic group, there are significant “tells” that he is not like them, the primary one being that he is a flight attendant—a male in a field that is traditionally female. His occupation is our first indication that something is different about this person. His status as a flight attendant also increases his areas of exposure and transmission, making him more dangerous. It is no wonder that one version of the HIV/AIDS outbreak narrative features Dugas as patient zero; he already fits the expected profile. Crimp (1987, 244) describes Dugas as the “very figure of the homosexual as imagined by heterosexuals—sexually voracious, murderously irresponsible.” Dugas is an outsider due to ethnicity and sexual orientation, he conducts himself in a way that is perceived as “not normal” in both his profession and sexual activities, and he is in a profession that causes him to have a great deal of contact with people from a variety of areas. From a narrative perspective, he is everything threatening about the HIV/AIDS epidemic, and he fits into a tradition already established in outbreak narratives.

If we consider all of the well-known patient zeros and superspreaders, it is easy to see an established pattern in the narratives (see table 2.1). It begins with the first major epidemiological study, the 1854 cholera epidemic in London that led the physician John Snow to the Broad Street pump, in spite information that questions this legend (Mold 2017), and continues through to the most recent Ebola epidemic. This chart is not exhaustive, as it would be nearly impossible to create a single chart with every known patient zero or superspreader. Nevertheless, I have included some of the most famous cases, organized by the disease, time period, location, race, age, otherness, or perceived dangerous activity of said person.

A few things become immediately apparent from the chart. First is the ethnicity or race of the infected. Of the thirteen cases listed, only four are “white.” There are, however, degrees of whiteness (see Dyer 1997): if we consider these cases within the context of their time periods, then the infant who was infected with cholera and Mallon—both immigrants—would not have been considered fully “white.” Dugas, as both a gay man and a French Canadian, while technically “white,” would have also achieved outsider status through his sexuality and ethnicity. Dugas and Gitchell (the “superspreader” in the 1918 flu epidemic as mentioned in the chart) both worked in fields considered to be more traditionally feminine; although Gitchell was in the military, he was still a cook (like Mallon) while Dugas was a flight attendant. Both Mallon and Dugas, in addition to not being fully “white,” are also terrifying because they look like the perceived self. They appear

healthy, giving no indication of the disease inside. The ill are expected to show symptoms so that the healthy have the opportunity to distance themselves. In the case of the healthy or asymptomatic carrier, the threat is hidden and could come from anywhere. Clearly, even these “white” patients were considered to have broken immune systems by the dominant culture. In the “white” patient zeros, the spread of disease is a result of both their actions and their otherness. It is also interesting to note that all of the “white” patients except for Dugas (75 percent) survived their illness (with Mallon being the only asymptomatic carrier), while only three of the nine nonwhite patient zeros (33.3 percent) survived theirs.

While travel figures predominantly in a number of the narratives, the women who travel have as their objective something that is significant to a study of contagion as it pertains to gender: all of the women in this chart traveled so they could go shopping. That this fact was pertinent to those recording their illnesses demonstrates that travel may have been a stereotype of women’s activities, but perhaps it was also to indicate women’s frivolousness since the travel was unnecessary. None of the women mentioned were traveling for work or even to visit an unwell family member. In every instance the only reason mentioned for the travel was shopping. The nonwhite patient zeros were also to blame because they became ill as a result of their actions, but there is more of an implication in these reports that they became sick because they were in the wrong place—typically a place perceived as “third world.” For them, living in the wrong place was the risky activity, and when they traveled, they spread the disease to white bodies. The perception is that these things simply happen to nonwhite bodies in “third world” spaces.

When it comes to blame, children who get sick are rarely themselves to blame; however, their parents are. Reports charged parents of sick children for not taking proper care of the children; washing their clothes in the wrong water; or allowing them to play in inappropriate places. Or reports noted that their nonwhite bodies were simply in the wrong location, even if that was not directly the reason for infection. For example, the five-year-old Édgar Enrique Hernández, listed as the patient zero for the 2009 H1N1 epidemic, lived in a rural area of Mexico near a pig farm. Although the pigs near him were not infected with H1N1, Hernández’s location has been thought by some to be the reason that he contracted H1N1. Those who believed this assumed that surely some pigs in the area must have had the H1N1 virus, even if those pigs could not be located (Partlow 2009).

Even though there is some indication that Hernández should not be blamed for contracting the illness, the structure of the narrative about

TABLE 2.1. Well-known patient zeros and superspreaders

<i>Patient Zero/ Superspreader</i>	<i>Nickname</i>	<i>Disease</i>	<i>Time Period</i>	<i>Ethnicity/Race</i>	<i>Location</i>	<i>Age</i>	<i>Survived</i>	<i>“Otherness”</i>	<i>Dangerous Activity</i>
Baby		Cholera	1854	British, white	London	Infant	Yes	Lived in an immigrant area; sex trade was popular in this region	Diapers washed in infected water
Mary Mallon	“Typhoid Mary”	Typhoid	Early 1900s (1938)	Irish, white	New York City	Adult	Yes	Immigrant	Cooked for others
Albert Martin Gritchell		1918 flu (Spanish flu)	1918	American, white	Kansas	Adult (28)	Yes	In the military	Cooked for others
Mabalo Lokela		Ebola	Died in 1976	Zaire, black	Traveled on the Ebola River (near the border of the Central African Republic)	Adult (44)	No		Traveled
Gaëtan Dugas	“HIV Patient Zero”	HIV/AIDS	1984	Canadian, white	Quebec, California, New York (primarily)	Adult	No	Homosexual	Traveled; homosexual sex with multiple partners
Esther Mok	“SARS Esther”	SARS	2003	Asian	Singapore’s first case, infected in Hong Kong	Adult (26)	Yes	Flight attendant	Traveled; went shopping

continued on next page

TABLE 2.1—continued

Patient Zero/ Superspreader	Nickname	Disease	Time Period	Ethnicity/ Race	Location	Age	Survived	“Otherness”	Dangerous Activ- ity
Chong Pèi Ling		SARS	2003	Asian	Singapore’s fourth death	Adult	Yes		Traveled; went shopping
Liu Jianlun		SARS	2003	Chinese (from Guangdong Providence), Asian	Hong Kong hotel	Adult (64)	No		Physician; traveled
Édgar Enrique Hernández		2009 H1N1	2009	Mexican, Latino	La Gloria, Veracruz, Mexico	Child (5)	Yes	Rural area	Lived near pig farms (but pigs were not infected)
Unknown		MERS	2012	Probably Saudi Arabian	Bishah, Saudi Arabia	Adult (60)	No	Multiple wives; Muslim; owned camels as pets; rural area, possibly from a nomadic tribe	
Emile Ouamouno		Ebola	2014	From the Republic of Guinea (West Africa), black	Meliandou, Guéckédou (located in the Nzérékoré region of Guinea)	Child (2)	No	Rural area	Played near con- taminated bats
Thomas E. Duncan	“Ebola Tom,”	Ebola	2014	Liberian, black	Liberia, Dallas	Adult (45)	No		Traveled, lied on a form stating that he had not come in contact with Ebola
Amber Vinson		Ebola	2014	American, black	Dallas	Adult	Yes	Nurse	Traveled, went shopping

him—in this case, generated by newspaper articles and comments made online—clearly indicates that someone needed to be blamed. To turn an outbreak into an outbreak narrative, you need a patient zero (Wald 2008, 216). Controlling the fear surrounding the outbreak also requires a patient zero. Others can only be assured of their own safety when someone's actions appear—or their situation arises—as an example of what activities or experiences should be avoided.

There is a touch of the tragic in patient zero and superspreader characters, primarily when they come home and infect those around them, making them a threat not only to themselves but also to their entire group. These people are “figures of fascination as well as of fear because of the connection they elucidate” (Wald 2008, 9). In a changing world, where travel is common, disease can “light up the social interaction—the spaces and encounters, the practices and beliefs—of a changing world” (Wald 2008, 9). Simply put, we cannot avoid contact or people. Those who are infected demonstrate how deeply interdependent people are. Wald states of “the carrier who both suffers and represents the sins of the modern world” that “this figure embodies not only the forbidden intrusions, the deep connections, and the most essential bonds of human communion but also the transformative power of communicable disease” (Wald 2008, 10). Patient zero must suffer. It is a required part of the narrative. Additionally, those surrounding patient zero must also suffer, as future chapters will demonstrate.

DISEASES COMING ACROSS BORDERS

A typical xenophobic rumor involves immigrant children from Mexico bringing diseases such as measles, chicken pox, mumps, H1N1, and even Ebola into the United States. This is particularly interesting since the vaccination rates in Mexico are higher than those in the United States (World Health Organization 2014) and there has never been a documented case of Ebola in any part of Latin America. The idea that immigrant children from Mexico might be infected with Ebola as well as other diseases became popular in conservative circles after a letter from US Representative Phil Gingrey (a Republican from Georgia) stated, “As you know, the United States is currently experiencing a crisis at our southern border. The influx of families and unaccompanied children at the border poses many risks, including grave public health threats. As a physician for over 30 years, I am well aware of the dangers infectious diseases pose. In fact, infectious diseases remain in the top 10 causes of death in the United States. . . . Reports of illegal migrants carrying deadly diseases such as swine flu, dengue fever, Ebola

virus and tuberculosis are particularly concerning” (2014). Gingrey later commented that his statement was only responding to the Border Patrol’s list of diseases it was concerned about and that he did not know specifically if there was any Ebola (Sakuma 2014). The rumor, which already seems to have been in common circulation even before this incident, was furthered by Gingrey’s comments.

In addition to rumors about Ebola, many other diseases are said to come across the US–Mexico border, primarily from the children who are crossing the border.¹⁰ These children seem to be especially worrisome because they are often immigrating without their parents present. While some see this as an act of desperation on the part of the parents, others perceive it as a sign of poor parenting, stating that it is also unlikely that these parents have vaccinated their children. These children (and their parents) are perceived by pro-vaccinators as crafty and dishonest, since they are trying to find a way to sneak into the United States illegally as a way to gain all of the advantages that US citizenship brings without paying their due to the government. Much like the “Ebola Tom” rumors, the idea that people are coming to the United States not only to steal jobs but also to steal health care is prevalent in these narratives. Even for supporters of universal health care, there is a tension between wanting to help those in need and fearing the diseases they are imagined to have contracted. These fears are further complicated when returning potential Ebola patients are people who have volunteered to help, especially in the cases of medical professionals. While there is a desire, even among those who protest aid to other countries, to protect those who are from the United States, especially those willing to risk their lives to help others, there still is a fear of the disease spreading throughout the county, causing some to stigmatize those who volunteered to help with the Ebola crisis, both at home and abroad (see Gounder 2014).

Adia Benton (2014) links the fear referenced above to what she calls “racial *immuno*-logic,” which, she states, “rests on a critical assumption: that wealthy whites are not supposed to die or fall ill when they are helping ‘others’; they are believed to be immune to the tragedies that befall black Africans. In some ways, it seems that falling ill is a failure to fully capitalize on protection of privilege. It is why we hear, ‘how could *this* have happened to *them*?’ or ‘Why were they there in the first place?’” It is not just a matter of helping those in other countries; it is also the belief that if white people are helping, they should be immune to whatever has befallen others because they are somehow superior. Their whiteness is proof of their healthy immune system—a system that should be able to handle the challenges of disease. Cohen (1996, 10) states, “From the classical period into

the twentieth century, race has been almost as powerful a catalyst to the creation of monsters as culture, gender, and sexuality.” In these narratives race and its associated weakness are also contagious and contaminating, infecting white bodies.

THE MONSTROUS HYBRID GOES TO DISNEYLAND

While the majority of the narratives already discussed are xenophobic in nature, some also demonstrate our fears of the familiar becoming strange. As Mary Douglas (2003) notes, those things which fall outside of categories can be threatening. The traveler who returns with a disease is simultaneously familiar and strange. The traveler embodies the liminal, or what Wald (2008, 261) refers to as a hybrid: “Monstrous hybrids . . . are not strangers, but transformed familiars. . . . they embody the dangerously transformative nature of global networks.”

The dangerous hybrid is another type of outbreak narrative, typically relating the tale of an infection occurring in a place that seems wholesome or safe, like Disneyland. The notion of danger at a vacation spot or some other place where children would gather is particularly alarming because pleasure trips and vacations are times when one’s guard is down. Likewise, the notion of danger in these times or places may also indicate issues of class as well since a trip to a location such as Disneyland might not be something the average working-class family could afford, especially during a time of recession.¹¹ The Disney Parks (Disneyland and Disney World) have also been called “The Whitest Place on Earth,” which may indicate that there is an underlying current of racial tension in these narratives. Much like the middle-class ennui that was once described as “Affluenza,” diseases caught as a result of white privilege, such as the rejection of a vaccine by an affluent white family, may be a different strain of the same metaphorical virus.

While many news outlets reported that there was no known patient zero in the measles outbreak at Disneyland, others reported that patient zero either was likely from “outside the Western Hemisphere” (Neighmond 2015) or was a native Californian who had recently traveled.¹² This either/or scenario is interesting since it is just as likely that patient zero was from a state other than California or from a country inside the Western Hemisphere, since there have been multiple measles outbreaks in recent years.¹³ Other claims concerning a patient zero in the Disneyland case is that it was a “young woman” or a “woman in her 20s” (Guilford 2015), and there have been debates on her vaccination status. Some sources indicate that she was unvaccinated (Carroll 2015; Valles 2015), while other rumors persist

that she was vaccinated and that this is proof that vaccines do not work (“Measles Outbreak Patient Zero Was Fully Vaccinated” 2015). Both pro- and anti-vaccination groups seemed to ignore the idea that a person can be vaccinated but that the vaccine can, albeit rarely, simply not cause an immunological response, leaving the person unprotected. Perhaps both pro- and anti-vaccinators neglect to discuss this information since a pro-vaccinator mentioning this would lead to anti-vaccinators stating that the vaccines did not work. Of course, if anti-vaccinators use this as proof that vaccines did not work, they would have to admit that vaccines do work sometimes.

Rumors associated with who was patient zero of the Disneyland measles outbreak have joined the already prevalent anti-vaccination movement online and even spurred a strong reaction from those who choose to vaccinate. This recent epidemic of measles caused a dramatic increase in the number of pro-vaccination posts and memes online as well as a change in the tone of those with a pro-vaccination sentiment. Prior to this outbreak, there were certainly outspoken members of the pro-vaccination movement; however, the overall tone was more reserved and involved less shaming. After the Disneyland measles outbreak, pro-vaccination sentiment became more aggressive. It involved public shaming of anti-vaccinators and online posts. Facebook groups such as Refutations to Anti-Vaccine Memes and The Vaccination Meme Machine significantly increased their number of likes almost overnight. The Facebook group Refutations to Anti-Vaccine Memes, which was founded on October 28, 2012, and has 238,447 likes (as of September 27, 2018) was extremely active at this time. The page description, which includes “Revealing the facts through memes and refuting the lies and misinformation,” only asks that participants keep the “hardcore swearing” to a minimum (“About” 2012).¹⁴ The group does not claim to exist primarily for the educational purpose of others, although many of their memes contain educational materials. They state that their modus operandi and mandate is to “post sarcastic and serious memes, as well as factual articles and/or information about vaccines and the benefits they offer. Our sole purpose is to debunk and refute the anti-vaccination movement with memes; not walk on eggshells making sure to please everyone, as it won’t happen” (“About” 2012).

The Facebook group also states that they can provide “factual/informative websites . . . on request” and that they are “not responsible for any anti-vaccination fanatic unfriending you as a consequence of you sharing the memes and the factual information contained therein; nor are we doctors and therefore, we don’t give out medical advice” (“About” 2012). The Facebook group primarily posts memes they and their followers create

about anti-vaccinators or those who question vaccines. These posts are generally condescending in tone toward anti-vaccinators and frequently rely on biomedical research to support the participants' claims. They often feature and respond to posts made by anti-vaccinators or vaccine safety advocates. Other posts mock alternative health systems, like homeopathy or other unofficial health belief practices. In this way the Facebook group reinforces the idea that "good citizens" need not understand the science behind medicine; instead, they need to trust the scientific process (Wald 2008, 243).

While I do critique the negativity expressed toward those questioning vaccination because I feel it is not a useful technique if my goal is promoting conversation or engaging alternative viewpoints, it seems apparent that the goal of this Facebook group is not to engage others in discussion but rather to express a viewpoint. Daniel Goldberg and I have written on the idea of shaming in the pro-vaccination community (Kitta and Goldberg 2016) and concluded that it may be impossible to shame some who question vaccination because of the amount of privilege they already have. That is not to say that we promote the shaming of others but rather that shame is something that cannot be experienced to the same extent in certain situations. However, I still do not feel that shame is constructive in many contexts. While the participants in pro-vaccination groups benefit from exchanges in those groups and likely find hope and relief in others who think like they do, this does not move conversations about vaccine safety forward.

Using a similar format to that of the previous chart, table 2.2 compares Disney's patient zero legends with past patient zeros. As seen previously with patient zero narratives, white people usually survive. However, the Disney outbreak was very different from previous outbreaks since the majority of potential patient zeros here were presumed to be white. Only one version of the narrative suggested that patient zero might not be white, which was not overtly stated. This indicates that the new patient zero is someone from within since they are thought to be a resident of the United States instead of a foreigner. Their outsider status is now based not on their geographical location but on their refusal to accept biomedical treatment.

Travel is still seen as dangerous, as are foreigners and immigrants; however, the usual narrative about outsiders does not work in this circumstance. While many narratives pointed out that many non-US citizens go to Disneyland, there were typically other narratives pointing out that vaccination rates in other countries were higher than those in California, negating the previous argument.

The memes from the Disneyland measles outbreak may be the most telling aspect of the public's opinion about who is to blame in that case. Not

TABLE 2.2. Comparison of Disney's patient zero legends with past patient zeros

<i>Patient Zero/ Superspreader</i>	<i>Nickname</i>	<i>Disease</i>	<i>Time Period</i>	<i>Ethnicity/Race</i>	<i>Location</i>	<i>Age</i>	<i>Survived</i>	<i>"Otherness"</i>	<i>Dangerous Activity</i>
Woman in her early twenties (vaccinated)		Measles	2015	American, white	Disneyland, California	Early twenties	Yes		Traveled
Woman in her early twenties (unvaccinated)		Measles	2015	American, white	Disneyland, California	Early twenties	Yes		Traveled
Person from "outside the Western Hemisphere"		Measles	2015	Unknown (sometimes here legally, sometimes not)	Disneyland, California	Unknown	Yes	Immigrant or visitor from another country, maybe in United States illegally	Traveled
Californian who recently traveled		Measles	2015	American, white	Disneyland, California	Unknown	Yes		Traveled

only do we see defamatory memes from pro-vaccinators but we also see a series of memes involving Disney characters. These memes primarily rely on some knowledge of the plots to the movies and include references to Disney storylines, such as a measles-covered Cinderella, pre-transformation, with her fairy godmother with the words “Cinderella won’t get into any palace looking like that.” Perhaps the most telling part of these memes is that the ones that are the most widely shared feature white princesses. While there are a few that involve Jasmine and Mulan, the majority are white. This could, in part, be due to the lack of diversity in Disney’s movies, which affects the popularity of the individual princesses; however, it is telling that the memes with princesses of color are not as widely shared.

As mentioned, media fueled public thinking about patient zero’s possible foreignness. However, the vast majority of public online debate was not over immigration status or nationality; rather, it was over whether or not the individual was vaccinated. In other words, the individual’s country of origin was not relevant. As I mentioned above, many pro-vaccination advocates pointed out that in some countries vaccination rates are higher than they are in the United States, so it was likely that patient zero was someone from the United States who chose not to vaccinate. This is an interesting turn since clearly outsiders are no longer seen as the primary threat; rather, it is the unvaccinated or undervaccinated insider who is seen as the diseased carrier. Unlike in the past, this diseased carrier is not an immigrant or even of a lower socioeconomic class. Rather, they are wealthy, affluent, privileged, and likely white. The self and the Other have combined into the monstrous hybrid.

Overall, one lesson we learn from these narratives is that managing the stigma associated with illness is no easy task. The World Health Organization (WHO) has issued a statement on the naming of diseases and illness to lessen the stigma attached to persons, animals, and locations. The new statement says: “Terms that should be avoided in disease names include geographic locations (e.g., Middle East Respiratory Syndrome, Spanish Flu, Rift Valley fever), people’s names (e.g., Creutzfeldt-Jakob disease, Chagas disease), species of animal or food (e.g., swine flu, bird flu, monkey pox), cultural, population, industry or occupational references (e.g., legionnaires), and terms that incite undue fear (e.g., unknown, fatal, epidemic)” (World Health Organization 2015b). However, this policy applies only to new diseases and conditions. The WHO has explained that diseases and conditions that already have names will not be renamed.

The decision not to rename some diseases is unfortunate. While arguments could be made that the renaming of disease could cause confusion,

there is certainly a precedent for doing so. Medical professionals have shifted from using names of illnesses with stigmas attached to them. For example, leprosy is now referred to by its official name, Hansen's disease. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) changes definitions and names,¹⁵ so it seems unusual that some of the more stigmatizing illnesses, especially those based on regions or animals, are not changing. This, along with how long it has taken the WHO to issue a statement on the naming of such conditions, is likely demonstrative of deeply embedded national and regional notions of wellness. Wald (2008, 260) addresses this by stating, "The outbreak narrative registers at once the tenacity and the porosity of national boundaries, among other social borders, and thereby manifest—and medicalizes—the tension of the changing spaces and social groupings of global modernity." These borders are invented physical manifestations of the dividing lines and tensions felt by those who live near them.

Supernatural Contagion

Slender Man, Suicide, Violence, and Slender Sickness

IN THIS CHAPTER I TAKE A CLOSER LOOK at the Slender Man phenomenon and how it links to “Slender Sickness,” a specific condition created online by Slender Man enthusiasts that includes symptoms such as paranoia, insomnia, memory loss, lethargy, depression, nosebleeds, coughing fits, insanity, and sometimes even death. Both the media and participants in the Slender Man phenomenon have linked Slender Man to bullying, violence, and death—especially by suicide. This chapter explores Slender Sickness and its possible connection to depression and cyberbullying. It also looks at the concept of suicide contagion, in particular as it regards the Pine Ridge Reservation and its inhabitants’ interactions with Slender Man. I also consider the ways in which Slender Man both helps and harms those fan fiction participants who believe in Slender Man.

The supernatural has often been thought of both as contagious and as having the ability to contaminate others. Gillian Bennett’s (1999) work on women and the supernatural indicates that there is often a taboo against mentioning or attempting to contact the supernatural, as acknowledging its existence is enough to cause infection. Furthermore, beliefs about divination, especially as regards Ouija boards, typically include an understanding that contact with the spiritual world leaves one open to influence by spirits. The concept is that doors, once open, cannot be closed. From this idea sprang common taboos against talking about or acknowledging the supernatural, along with the conviction that even thinking about it can trigger an unwanted visit from the spirit world. Moreover, some who believe in the supernatural are convinced that, as with genetic conditions, certain people attract the supernatural and supernatural powers run in families. Even places can become contaminated with supernatural energy, which can be contagious to those who are around it (Goldstein 2007c, 180). The notion that Slender Man is both contaminant and contagion certainly fits within the preexisting scope

of supernatural tradition as well as with previous academic work on “contagious magic.”¹ Likewise, the concept of Slender Sickness certainly aligns with the tradition, even if Slender Man is not a part of the oral tradition.

Slender Man is an excellent example of the folkloresque—that is, that which looks like folklore but is not actually a part of any tradition.² Specifically, Slender Man looks and sounds like he is a part of a much older tradition; however, he has no connection to any preexisting tradition (see Tolbert 2013 and 2015; Blank and McNeill 2015; Kitta 2015; Peck 2015a and 2015b). Slender Man falls under what Michael Dylan Foster (2014) calls “fuzzy allusion,” whereby folklore is alluded to in a general way: there is no specific connection to a particular folkloric genre or motif that already exists.

The term “Slender Sickness,” or sometimes just “The Sickness,” first appeared in the web series *Marble Hornets* (2009–14) but has since become a part of the larger “Slender Man Mythos.” A quick Google search of “Slender Sickness” leads to 643,000 results (as of June 5, 2016) that guide users to everything from lists of symptoms (“HTF Happy the Raccoon” 2013), to a quiz to see if you have Slender Sickness (“Do You Have Slender Sickness?” 2014), to an explanation of the process of becoming a proxy of Slender Man (“Jenny and Slender Man” n.d.). Typically, symptoms include any or all of the following: insomnia, memory loss, déjà vu, paranoia, nosebleeds, coughing fits, nausea and vomiting, amnesia, hallucinations, and even a type of radiation poisoning frequently called “sigma radiation.”³ One website has even offered a theory behind how the illness progresses:

STALKED:

Nose bleeds with fever like the common cold, mild amnesia

FIRST ENCOUNTER:

Nose bleeds, exhaustion, nausea, strong cough, vomiting, amnesia, slight signs of radiation poisoning, aches and pains, slight trauma of the eyes (i.e., blood shot, vesial [*sic*] popping etc . . .), déjà vu is commonly seen at this point.

MORE THAN FIVE (5) SIGHTINGS:

Coughing up blood, blood in vomit, many signs of radiation exposure, painful breathing, difficulty in swallowing, violent convulsions and major amnesia.

NOTE: If you have these symptoms, instead of yapping about it to us about it and freaking out, see a doctor. Many of these symptoms apply to non-Slender Man related illnesses, some of which are serious. If you really have these symptoms, seek medical help.

We are not Doctors, we cannot help you or diagnose you. (“The Sickness” n.d.)

The line between reality and fiction, especially in the above example, is often blurred by information that appears organized and scientific. The list of symptoms and the warning certainly sound real, but not all those who participate in the “Slender Man Mythos” are sure if it is fiction or reality. The original creators and contributors are aware that they are creating fiction; however, some readers are not always conscious of the fact that Slender Man was originally created on the Internet in 2009 on the “Something Awful” forum.⁴ As I have mentioned in previous research (Kitta 2015), regardless of its origins, Slender Man has taken on a life of its own and has gained notoriety because of violent events associated with him. These events have led to increased belief in Slender Man not as an “Internet ghost story” but rather as a real entity that has actually been seen by people who often report these events on the Internet. Even though these reports frequently involve comments stating that Slender Man is purely an Internet invention, belief in Slender Man has not necessarily decreased. In fact, it has possibly grown. Today one can find information on what to do if they are being stalked by Slender Man or how to become Slender Man’s proxy, as mentioned above.

Often the first symptom of Slender Sickness is seeing Slender Man himself. If we consider this from an experience-centered standpoint, using methodological populism⁵ as our basis (therefore assuming that those who see Slender Man really believe they are seeing him), we are forced to consider that not only is Slender Sickness real but may also be a folk explanation for depression, suicidal thoughts, stress from bullying, and violence (or a way to discuss these conditions).⁶ To begin my experience-centered approach to Slender Sickness, I started with the displayed symptoms of Slender Sickness and then compared them to other conditions. I found that the symptoms most closely matched the symptoms of bullying.

In the table 3.1 that follows, all of the Slender Sickness symptoms marked with an X are symptoms described by the vernacular authorities found online. The symptoms of bullying marked with an X are the officially designated symptoms of bullying as described by those who study it and try to prevent it (US Department of Health and Human Services n.d.; National Society for the Prevention of Cruelty to Children 2015). I’ve marked some of the symptoms with a question mark because, while they are not officially recognized symptoms of bullying, they illustrate experiences of those who have been bullied. For example, symptoms like amnesia may not be directly listed, but when a child is asked about their day, or how school was, they often utter replies such as, “I don’t remember” or “I don’t know.” Such

TABLE 3.1. Symptoms of Slender Sickness and bullying

<i>Symptoms</i>	<i>Symptoms of Slender Sickness</i>	<i>Symptoms of Bullying</i>
Paranoia	X	X
Headaches	X	X
Insomnia	X	X
Memory loss	X	X
Lethargy	X	X
Anxiety	X	X
Depression	X	X
Obsessive behavior	X	X
Thoughts of suicide	X	X
Unexplainable injuries		X
Hallucinations	X	
Insanity	X	?
Déjà vu	X	?
Nausea and vomiting	X	?
Nosebleeds	X	?
Coughing fits	X	?
Amnesia	X	?

replies may or may not indicate their actual memories and/or their desire to forget the day’s events.

This list is not meant to be exhaustive but rather illustrative, showing different interpretations of symptoms. Slender Sickness may be a way to discuss the horror of being bullied without actually discussing bullying or a type of culture-bound illness, whereby the condition is recognizable only to others within the specific culture. Instead, the bully becomes a faceless Other, not another child or someone that is known to them. Cyberbullying, like Slender Man, can happen at any given time and there is no safe space.

Of course, not all cases of Slender Sickness directly link to bullying, and not all participants believe Slender Man is real. Some participants have indicated that he could be the result of a tulpa, a concept borrowed from Tibetan Buddhism (see Lewis 2014; Luhrmann 2013; Stollznov and Smith 2014; “The Tulpa Effect” n.d.; Thompson 2014); a thoughtform, a term used in the Western occult tradition; or an egregore, a term also used in occultism (Gray 2014; Stanley 2014); all of which are used to describe something that comes into being through either a thought or a focused meditation by an individual or a group. According to this theory, Slender

Man came into being not as just an abstract concept but as a real entity because of the attention he was given by a number of online communities, such as creepypasta and Slender Nation. While the creator and early contributors of Slender Man originally gave him specific attributes, anybody can add their own beliefs to Slender Man's story. According to Core Theory, by adding weakness to Slender Man's mythos Slender Man could be defeated.⁷ It follows that Slender Man can be defeated only if he has weaknesses, which anyone is at liberty to assign to him and in which people need to believe. Of course, competing logics about Slender Man could turn him into multiple versions or a single convoluted version of the same figure. The confusion left in the wake of so many creators could give Slender Man an advantage—it may make him stronger instead of weaker—and keep him from being able to be defeated.

Interestingly enough, there are some theories about Slender Man that use scientific methods in their explanations of Slender Man's existence. Some participants argue that Slender Man is a transdimensional being. Other theories, such as quantum theory, rely on an understanding of physics and quantum mechanics to explain the actual physical existence of Slender Man.⁸ Such a practice aligns with findings in Diane Goldstein's (2007b) work, which indicate that those who tell supernatural narratives are aware of scientific rationalism. The narrative structure of memorates exists because of scientific knowledge, not in spite of it (Goldstein 2007b,78). Theories of Slender Man's origins and modus operandi are under constant debate online. As an example, I have provided (immediately below) a discussion that begins with a post by the author of the *Encyclopedia Slenderia* blog: "From a purely realistic outlook, the Tulpa Theory isn't possible. Human belief on its own cannot create objective beings; if it could, then we'd be up to our necks in gods, faeries, and spirits. Human belief has never been capable of creating a being independent of the believer on its own, and I highly doubt that the first thing would be a minor internet meme. Longcat will probably be given form before Slender Man is" (Omega 2011). Commenter "DragonSovereign" responds to this blog, stating:

Just thought I'd say a quick thing in regards to the fallacy on the Tulpa Theory, the conflicting thoughts bit. I consider myself a bit of a theoretical physics and metaphysics nerd so I couldn't help myself:

Well CERN, a theoretical physics organization in Geneva, tested the Tulpa Effect basis in lab conditions. Basically the ideal [*sic*] of it, humans creating beings with their mind, is perfectly plausible. You see, on our own, a single human has the power to do minimal things, change how ice crystals freeze, the direction a goldfish might swim, the

trajectory of an object thrown, little things. We do this by observation, subconsciously altering energy and matter (which is basically trapped energy). If enough people are thinking about something they can alter the energy and matter to their will, shift it to such an extent that their dreams become reality. But they thought of the same fallacy as you and tested it too, with fairly surprising results. For reasons that we still don't quite get, when two conflicting thoughts exist, one to create something and the other to destroy I [*sic*], the "creator thought" will almost always be expressed. This could be due to the idea that the "creator thought" is active and trying to change whereas the "destroyer thought" is more passive, trying to keep everything the same but not exerting any particular force. (Omega 2011)

The comments section goes on to debate the scientific aspects of these posts, indicating varying levels of certainty in Slender Man and his relationship to science and belief. These types of comments are typical, as participants debate the following: the origins of Slender Man; whether or not he has a physical body; if he is a supernatural creature or can be explained by scientific theory; and what Slender Man actually *does*.

Slender Man was well known on the Internet long before the Slender Man stabbing in May 2014 ensured that his became a household name. Two Wisconsin girls, hoping to gain Slender Man's favor, stabbed their friend multiple times and left her for dead. The victim was found and she recovered. The court trial for the perpetrators resulted in both girls being sentenced to a mental facility (one for twenty-five years, the other for forty years), following much debate about the mental state of the offenders. This event brought an Internet phenomenon into the mainstream media, ensuring that Slender Man evolved from purely an online legend into a more broadly known phenomenon. Other acts of violence by teenagers around the time of the stabbing were also linked to Slender Man, including a Florida teenager who set her house on fire in September 2014 and an unnamed teen who stabbed her mother in Ohio in June 2014 (see Murray 2014). Acts of violence by adults have also been linked to Slender Man, including a Las Vegas couple who shot two police officers and a civilian before turning the gun on themselves. The couple, who were known as right-wing extremists who expressed an interest in killing cops, had only a casual connection to Slender Man: they occasionally cosplayed in a Slender Man costume. Nonetheless, their involvement in the Slender Man narratives was quickly linked to their violent acts (Murray 2014).

Violence is believed to be a type of contagion by some researchers. The ways in which violence is contagious has been long theorized,

demonstrating that those who have been exposed to violence—either because they have witnessed it or experienced it—are more likely to engage in violent acts (Widom 1989; Stith et al. 2000; Reitzel-Jaffe and Wolfe 2001; Widom and Maxfield 2001; Ehrensaft et al. 2003; Guerra, Huesmann, and Spindler 2003; Crooks et al. 2007; Huesmann and Kirwil 2007; Kokko et al. 2009; Roberts et al. 2010). Physician and epidemiologist Gary Slutkin (2013) argues that violence acts very much like an infectious disease. He suggests that if we approach violence as something that is infectious—if we consider symptoms, incubation, how certain individuals can be carriers of violence without being violent themselves (demonstrating an immunity to violence), and potential treatment—we may actually discover that violence has a specific pathogen or that, at least, it is infectious. Violence also appears to be transmissible. Slutkin suggests, “In the case of violence, we are looking at a process clearly mediated by the brain, with transmission appearing to come from at least two possible pathways: visual observation (o) and direct victimization (v). A third mechanism may be considered intentional training (t), for example by the military. Following transmission, there are mediating factors that help predict the likelihood of a ‘take,’ and intervening or mediating mechanisms facilitate whether exposure or infection is likely to result in disease, which in this case is a violent act” (2013, 12). However, this is a topic under much debate, and it may not be entirely useful to think of violence as “contagious.”

While Slender Man is not directly violent, as a stalker he certainly exhibits psychologically damaging terror. Moreover, in the narratives about Slender Man he can cause unexplained violence in others as a result of his stalking. The violence associated with Slender Man is not necessarily a part of the original “mythos”; rather, that aspect of his character seems to have been added later, especially in the case of fan fiction. Many participants in the “mythos” were shocked to hear about the Slender Man stabbing case, including Slender Man creator Eric Knudsen. Knudsen issued a formal statement expressing his horror at the stabbing (see Anderson and Johnson 2014). Additionally, it is interesting to note that creepypasta has not allowed any Slender Man posts since 2012 because of the number of stories about Slender Man and in the interest of encouraging creativity among users (Anderson and Johnson 2014). Users have still engaged in Slender Man narratives, both on creepypasta and on other websites, or used alternative names, such as The Operator, The Tall Man, The Thin Man, and Fear Dubh, among others. The continuous recreation of the narrative online is what allows for changes to the initial narrative. This allows Slender Man to evolve from a vague narrative component into more complex,

communally recreated variants, some of which involve violence but most of which involve narratives in which Slender Man causes insanity, depression, and other harmful but not necessarily directly violent outcomes.

Since Slender Man does not engage specifically in direct violent acts, why does the media (alongside other groups) insist on linking him with violence? Perhaps it is because children experience violence in other areas of their lives and it is easier to blame Slender Man than it is to deal with the real issue. Folklore is often the “target of action” in such cases (Ellis 2000, xviii) and, like video games or violence on television, provides an easy and convenient scapegoat. The real issue is the violence people experience in everyday life, from bullying and cyberbullying to more complex types of systemic hatred. Like many who experience violence, Slender Man fan fiction and art often discuss how Slender Man was once a nonviolent person who was negatively affected by bullying and who then turned to violence as a reaction to that which he had experienced. Slender Man fan fiction and art are certainly underutilized areas of research that could offer insight into the function and role that Slender Man plays both on the Internet and in real life.

Since Slender Man fan fiction is very diverse and is written for a variety of reasons, there is much to study here. The tales range from humorous stories to terrifying and often violent scenarios, sometimes with an erotic twist. In many of the stories the writer implicitly identifies with Slender Man, especially when the narrative involves a storyline about bullying. In some of the fan fiction Slender Man even becomes a protector of those who have been bullied, sometimes acting in very violent ways against the bullies and creating a space for the writer to articulate anger, frustration, and sorrow. While the majority of these stories aim their primary attention at the main character’s relationship with Slender Man (sometimes romantic, sometime not), in the ones in which Slender Man is violent, there is frequently an element of bullying in these narratives. For example, MadameBlackSpades’ fan fiction about Slender Man begins with an incredibly violent act of bullying, which causes the tale’s narrator, only listed as First Name, who is also the main character in this story, to be hospitalized. The main character finds herself alone in the hospital, abandoned by her mother, with Slender Man as the only one who cares about her. Slender Man teleports the narrator to another location where her bullies have already been captured by his proxies. Slender Man threatens to harm them, but the main character begs for her tormentors’ lives. What happens next is very violent:

His appendages wrapped themselves around each girls’ waist and pulled them apart.

Bones were crushed as he tore open his face and revealed a mouth aligned with sharp teeth as he ripped apart the skin and flesh of the girls.

They screamed and screamed.

“Please stop!”

“Help!”

“Ahhhhhh!”

“HELP!”

“(FIRST NAME)! FUCKING HELP US!”

“AHHHHHHHHHHHHHHHHH!!!”

Screams of agony and pain never ended.

He made sure they didn’t.

“Oh God, no . . .” I whispered, shakily. “This is a nightmare . . . a bad dream . . . he killed them, probably he’s going to kill me, too. . .” I choked my sobs down and tried to block my ears.

Of their screaming.

Of his snacking.

Of their ripping flesh.

Of his swallowing.

Of their crushing bones.

Of his licking.

“(First name) . . .” he whispered.

I looked up.

The place looking like a battlefield.

Blood dripping and draining.

Flesh exposed and drying.

Veins pumping and spewing.

Skin torn and scattered.

Organs ripped and bitten.

Matter scattered and broken.

The smell was revolting.

Heavy blood was scented.

He still had his tentacles out, each coated in bloody paint.

His suit was splattered with noticeable justice.

His pale skin was skimming in blood and the facial tears were visible and he flicked out his tongue to lick away any blood or remains that were out. (MadameBlackSpades 2015)

Shortly after this, Slender Man demands the main character’s servitude, stating that he is now her owner. The story ends there for now, but the author is currently working on future additions.

While this piece of fan fiction is one of the more violent ones, violence is certainly not uncommon in Slender Man stories that involve revenge and bullying. In some cases, the violence is less overt, but still present, such as

in the example below, which demonstrates the frustration the author feels toward her bully (Missy) even if she knows that her violent urges are wrong:

I want to grab her hair and yank it until she screams. I want to slam her stupid face into the wall. I want to scratch deep cuts in that perfect skin of hers so she has hideous scars. I want her to just go and die.

My vision suddenly blurs, and I feel lightheaded for a moment, like I'm about to faint. When I recover, my eyes widen in shock.

There, standing behind Missy at the top of the stairs, is Him.

The next few moments seem to happen in slow motion. His tentacle-like arms extend and grip Missy's shoulders. She turns her head to see who's grabbed her, and He gives her a good shove. Her eyes go wide in terror as her body is thrown down the stairs. She lands face-first on one of the steps, and I hear her nose break. One of her arms gets caught between two steps, and bends the wrong way with a snap. A bloodcurdling scream of pain erupts from her as she continues to tumble down the stairs, blood staining the wood. Her scream is cut off as her head makes contact with the concrete floor, her body moving in a contorted way so that her neck bends too far backwards. It breaks with such a sickening crack that I feel nauseous. There's another noise, somewhere, but I can't make it out.

Missy's fall finally stops, and she lays [sic] there in a heap on the ground. Her face is contorted with agony, blood covering her nose and mouth. Bone protrudes from the arm that had caught between the two stairs. Her head is cocked at an angle that would not be possible for a living person. A pool of blood slowly seeps out from her body.

I stand there, in utter shock. It takes me a moment to realize that the other noise is Missy's friend. She's screaming bloody murder. No pun intended.

I don't need to check her pulse to know. Missy Carson is dead.
(ErinnMellas n.d.)

Once again, the bullied person does nothing to actually cause harm to the bully. This story shares the conventional narrative arc of many Slender Man tales: the main character is bullied, and Slender Man does something—usually violent—to protect them. In most cases the violence is extreme and graphically described (as in the examples above), there is bloodshed, and the bully or bullies are killed. The comments sections that follow these stories tend to be overwhelmingly positive, and there is a noticeable lack of criticism about the narrative's violent aspects.

There is no doubt that these narratives are violent and disturbing, and folklorists would be remiss to say that they are entirely benign. As Bill Ellis states, "Folklorists must acknowledge that traditional narratives exist not simply as verbal texts to be collected, transcribed, and archived. They are

also maps for action, often violent actions. Our conception of folklore, therefore, must be expanded to consider the ways in which legends reflect both what has ‘really’ happened but also what a person or persons can make happen” (1989, 218). Certainly, authors and readers should be cautious of these narratives, as there is always the possibility that readers could use these texts as inspirations. Indeed, this is precisely what happened in the Slender Man stabbing case. However, the focus should still remain on the core problem: that bullying and cyberbullying exist, not that these texts exist.

The current comments section displayed under each story also indicates that other readers enjoy this type of story. In particular, there are several interesting details to note about this story and stories like it:

1. In many of these stories the parents of the bullied protagonist are not involved in their child’s life; they are uncaring, or ineffectual. This perceived negligence may fuel the child’s frustration with their parents, especially regarding their parents’ failure to offer help in bullying situations.
2. The main character does not ask for the bullies to be harmed, or even begs for them not to be harmed, showing that violence is not the intended outcome of these situations.
3. Since the narrator has not given permission to harm the bullies, Slender Man becomes a retaliating agent and is violent toward the bullies, giving both power and responsibility to Slender Man, not the narrator.
4. These stories are written by people who identify as female.
5. Many of the stories have only one name in the narrative, Slender Man. Many of these stories do not include names of the main character or the bullies, intentionally using “(First name)” or “f/n” to indicate where the main character’s first name should go. They sometimes also include a similar option for the names of bullies, and all pronouns are listed as “he/she” for the narrator and bullies.
6. If the narrator or bullies are given names and/or genders, they are always female.
7. The relationship between the narrator and Slender Man is unequal, with Slender Man being clearly in the position of power.

Slender Man narratives may help both their authors and readers process and heal from the trauma of bullying and cyberbullying. Clearly the authors are attempting to express their frustration about bullying

scenarios—their own or others that they witness. The authors are upset that their parents and other adults cannot help in these situations, especially in cases of cyberbullying. They also indicate that in some way, they understand that violence is not the solution to the problem and that it has consequences, which is why the main characters never ask for vengeance or even beg Slender Man not to harm the bullies. However, it is clear that the authors are engaging in a type of revenge fantasy, which likely gives them a therapeutic release from their negative emotions. They imagine what they would do if there were no consequences and find some relief in what their imaginations conjure. Lastly, we see that the authors understand that these stories may be therapeutic to others, which may be one reason why they share these stories as well as why they leave the main characters unnamed. The anonymity of the main character and the bullies may allow readers to substitute themselves and their own bullies into the already established narrative, allowing the readers to live vicariously through the tale.

That these are primarily female narratives is also interesting,⁹ especially since women rarely kill in violent ways, and their gender is always noted when it comes to murder (Birch 1994; Seal 2010). Writing these stories may help channel female aggression, which societal norms have strongly curbed. Females who experience bullying may have to deal with the double stigma of not only being bullied but also being prohibited from expressing their frustration and anger. Terminology that indicates slut shaming is also common in these narratives, in which the narrators often find themselves being called names such as “slut” or “whore.” This attention to women’s purity puts these tales in stark opposition to narratives (factual or fictional) about bullied males who are typically judged for their sexual orientation rather than for their perceived promiscuity. Additionally, these violent acts and the narrator’s reactions to them could be a response to toxic masculinity, especially since Slender Man is the only male in the narrative. Slender Man certainly displays qualities of toxic masculinity, such as aggressiveness, violence, and abuse. They may also reflect a response to other genres, such as fairy tales and contemporary legends, wherein a female is usually rescued by a male.

Not all of these fan fiction Slender Man narratives are violent. Indeed, some are even told as jokes (although, some of the violent ones are also told as jokes). For example, the story below begins with references to some Slender Man parodies, such as Trender Man and Splendor Man. The narrative later justifies why Slender Man became violent:

Slenderman was a horrible nickname given to this boy in elementary school.

He was made fun of for being too tall and having no eyes. He couldn't take it any more, so he killed the boys that made fun of him, and ran into the woods. He was terrified of what might have happened to him should he return to the world. But when he sees children, he is not trying to kill them. It is a desperate cry for attention, and the companionship he so longed for in school.

The pages found in the game "Slender" are real pages of the journal he kept as a boy, littered with the jeering of other students, and the feelings he felt inside.

Next time you bully someone, think about what might happen.
(TheLoudOne22 n.d.)

While this story does involve violence—we see Slender Man killing even here—it is not graphically described. Even fan fiction like this, which was originally told as a joke, led to conversations about bullying, showing a sense of solidarity and sympathy among those who read these stories.¹⁰ For example:

THELOUDONE22 SEP 5, 2012 STUDENT DIGITAL ARTIST

This was a half joke, but being serious moment for me. I used slenderman as a joke for a friend but i cannot stand bullying. People need to realize that calling someone a name can really hurt.

THEOMGOSHAWOTT SEP 5, 2012

I couldn't agree more people bully my bestfriend all the time when he's really sweet and one other person likes to make up rumors about my rumor saying she's a "hooker" and stuff like that and that same girl called me ugly -_-'

THELOUDONE22 SEP 5, 2012 STUDENT DIGITAL ARTIST

I don't think many people realize that words can hurt more than being punched some times. Whoever said that to you should be punched or shown how bad things like that are. Don't listen to them.

THELOUDONE22 SEP 5, 2012 STUDENT DIGITAL ARTIST

People are dumb, rude, and jerks. They'll probably realize that once they hit the real world, things change.

THEOMGOSHAWOTT SEP 5, 2012

yes it's usually the ones that are spoiled rotten to the core (TheLoudOne22)

This fan fiction is tapping into something more profound. It provides a space for those affected by bullying to discuss their issues and work out some of their own anger and frustration. Even when the stories involve violence, it is in the context of what should happen rather than what will happen, demonstrating that participants in fan fiction clearly understand that violence is not the solution and that the bullying will stop eventually. It also gives participants a place to find solace and solidarity: when they read these stories, they know that they are not alone. They know that others also experience bullying or find themselves helpless to prevent it.

A student told me a similar story to the fan fiction above that she heard from her cousin: “She told me that Slender Man was a guy that got made fun of when he was in school because he was very tall and very thin. She said that the kids bullied him and teased him so much that he ran off into the woods where he stayed for many years. She said that he finally came out of hiding and went back to his old school where he befriended a little girl that was being bullied by her peers. She said that Slender Man convinced the girl to kill all of the people that bullied her at her school.”¹¹

In this story the girl is the one who kills off her bullies rather than Slender Man, but Slender Man is the one who convinces her to do it. This is the only instance I have encountered in which someone other than Slender Man is murdering bullies. Another student told me that her neighbor, who was also being bullied, claimed that he saw Slender Man in his backyard (personal communication, June 7, 2015).

Perhaps those writing this type of fan fiction and telling stories about Slender Man are trying to process their own fears about bullying—trying to imagine not only the possible outcomes but also the changes that being bullied can make in a person. Maybe these narratives are a way for these people to process their own reactions to bullying, specifically the anger they feel toward their bullies and the fear that this anger will change them, that is, that they (like Slender Man himself) started out “normal” and then became violent. This may also parallel changes they are feeling in their own bodies as they reach puberty and grow toward adulthood, which itself can strike fear in a person: will they be unlike who they are now? Additionally, Slender Man can also represent the “face” of bullying and, in particular, cyberbullying. Both Slender Man and bullies can suddenly appear, be everywhere, be unpredictable, be uncontrollable, and drive the victim insane. Since both originate on the Internet, Slender Man may be the anthropomorphized representation of cyberbullying.

The relationship between the narrator and Slender Man in this type of fan fiction also highlights a few societal issues. Since the people in the narratives

identify as female and identify Slender Man as male, the narratives seem to reinforce traditional heterosexual relationships in which the male is the protector.¹² In my graduate-level class on the supernatural, this topic became a large part of a discussion among the women in the class. One woman stated:

I think you're onto something there with the sexual thing. I wonder how many adolescent girls use images like Slender to explore the seductive but also scary elements of learning what sex means, especially within the power dynamic of patriarchy. Even with things like 50 Shades, there's a constant debate about whether the man is an abusive predator or a super awesome sexy lover. I think the power dynamic, rape culture and sometimes predatory nature of men who are marketed as sexy can be very confusing for women coming of age, and Slender Man's ambiguity is no exception. He's seductive and scary for a reason—because culturally, straight men are too. (Class Discussion Board, February 26, 2017)

Another female student responded to the above remark as follows:

I believe that the faceless aspect of Slender Man lends to a mysteriousness about the fictional character that allows people to perceive what they want of the “man.” It is tricky to get into the mind of an adolescent and determine the cognitive structures that dictate their actions, words, or even emotions. However, I would say that we are not reaching far to consider the sexual entity of Slender Man—the fear that he provokes could certainly entertain a young female in more than one way. And while hormones are changing on a daily (sometimes hourly) basis for these young females, I imagine that it is easy for Slender Man to adopt a sexy or tantalizing character quality. The fact that he has no face allows for the imaginations of many to run wild—and I wouldn't be surprised if it produces a sort of *longing* for Slender Man in some adolescent girls. Not to mention if Slender Man is considered a “villain” or a character that parents want their children to stay away from . . . it can easily be flipped in the adolescent mind of a rebellious teenager that Slender Man becomes more desirable because family authorities demand the fictional character remain at bay. (Class Discussion Board, February 26, 2017)

This led to a discussion about the mysterious nature of Slender Man and the attraction that he might elicit, especially from girls who might not be socially popular:

It makes sense that young girls would use Slender Man to explore their sexual identities, especially if they were socially isolated. It is not uncommon that preadolescent girls first develop crushes on boys that are inaccessible

[sic] (musicians, actors, etc). In the documentary *Slenderman*, one of Anissa's childhood friends commented on her social situation. These two girls apparently didn't attend the same school or run in the same social circle anymore. Anissa had told this friend that she had lots of friends and boyfriends at school. This lie shows her desire to be accepted as a friend by her girl peers and romantically by the boys. Given this desire and the nature of preadolescent crushes, it wouldn't be a stretch to find out that the Wisconsin girls viewed Slender Man as more than just a character that would break their social isolation. (Class Discussion Board, February 26, 2017)

Of course, the girls' social isolation also could have been a direct result of the bullying.

Although Slender Man fan fiction can be disturbing, it can be emotionally beneficial to those who read and write it. Focusing on the effect the violence of these narratives may have on their readers ignores the real problem: bullying and cyberbullying. Fan fiction may be therapeutic for those who experience bullying or who witness bullying but are unable to do anything about it. Fan fiction may help victims work through the trauma they are experiencing. Thus, the fiction itself should not be seen as problematic when the real problem is a larger issue: bullying. If fan fiction prevents victims from engaging in violence against themselves or others, it is clearly working. As news correspondent Chris Lemus (2014) states, the Slender Man incidents in the news "have connections to bigger social issues such as accessibility to weapons, bullying, and (potential) child abuse, yet the number one concern is the consumption of fictional content created for leisure without any malicious intent?" While those who already are mentally disturbed could take these narratives and other legends to violent conclusions rather than seeing them as ends in themselves, it is not the fault of the narrative or folklore. Rather, the fault can be found in larger social issues such as the stigmatization of mental illness, a lack of resources and solutions for those who experience bullying, and other factors that are to blame. It has been suggested that the girls involved in the Slender Man stabbing were themselves bullied (Woolf 2014; *Beware the Slender Man* 2016). It is time to take the focus off Slender Man and place it on larger social issues.

Media attention on these events, especially when the event is linked with taboo subjects such as the supernatural, can cause an increase in the number of people participating in these events. Bill Ellis (1989, 209) mentions that when the rate of ostension increases, especially in adolescents, so too does the number of people who blame these incidents on Satan. This is also true with Slender Man. The more Slender Man is mentioned in the media and forbidden by parents, the more likely adolescents will be to

experiment with beliefs and customs associated with Slender Man; in this way adolescent interest in taboo subjects is a sort of taboo contagion.

The topic of supernatural contagion, violence contagion, in the context of larger social issues concerning bullying, is especially relevant when it comes to the rash of suicides on the Pine Ridge Reservation in South Dakota. While bullying is at the core of this issue, as above, these events are further complicated by systemic racism and suicide, neither of which were seen in the above discussion. In the case of the Pine Ridge Reservation, these forms of contagion are a matter of life and death.

PINE RIDGE RESERVATION'S TALL MAN

Another type of violence associated with Slender Man is suicide. In recent years the rate of teenage suicide on the Pine Ridge Reservation in South Dakota has increased at an alarming rate. The federal Indian Health Service reported that between December 2014 and May 2015, 9 people ranging in ages from 12 to 24 died by suicide, with at least 103 attempts by people ages 12 to 24 occurring from December 2014 to March 2015 (Bosman 2015). A total of 19 young people on the reservation died by suicide between December 2014 and October 2016, with 176 youth suicide attempts and 229 people being treated for “suicidal ideation,” meaning that they were thinking about suicide (Stasiowski 2015).

The Pine Ridge Reservation is known to have issues with poverty, unemployment, alcohol addiction, and domestic violence, which likely also contribute to the high rates of teenage suicide. Local leaders on the reservation have stated that they are not precisely certain why the rates have suddenly increased but have listed cyberbullying as a possibility in addition to the above-mentioned issues. A group of female students interviewed in March 2015 said bullying, including cyberbullying on social media outlets such as Facebook, often pushed youngsters on the Pine Ridge Reservation further toward suicide (Stasiowski 2015). Beulah White Crane, a counselor at Little Wound School on the reservation, stated that she thought that girls were at particular risk and remarked that she met and helped one of the suicide victims through “typical teen issues, such as bullying, as well as with the absence of female figures in her life, such as her mother and a grandmother” (Potter 2016). Dr. Richard McKeon, chief of the Suicide Prevention Bureau of the federal Substance Abuse and Mental Health Services Association, stated that “suicide clusters” such as these have happened in the past on reservations and that they tend to happen when suicide is seen as an alternative to hopelessness and depression: “When a young

person has been exposed to multiple suicide deaths it normalizes suicide as a response to problems” (Stasiowski 2015).

The reservation’s high suicide rate and its alleged link to Slender Man gained national attention when a *New York Times* piece written by Julie Bosman was published on May 1, 2015. In the article several local leaders contributed to some of the theories surrounding Slender Man and what they claim is a traditional spirit who drives people to suicide. The article included a quote from Chris Carey, a local minister who worked with suicidal youths on the reservation, stating that the teenagers called him the “Tall Man Spirit”: “He’s appearing to these kids and telling them to kill themselves” (Bosman 2015). The article goes on to summarize an interview with John Yellow Bird Steele, the Oglala Sioux tribe president, who stated that “many Native Americans traditionally believe in a ‘suicide spirit’ similar to Slender Man.” In the same article Steele also discussed how “young people had been sharing disturbing videos on Facebook that encourage suicide. One video, he said, gave instructions on tying a hangman’s noose. Another directed children to go to a specific place outside the village, saying there were ropes there. ‘Go use them,’ the video instructed” (Bosman 2015). After rushing to this location outside the village, a local pastor, John Two Bulls, was able to counsel the people who had gathered. Two Bulls reported that those at the scene told him “they were tired of the lives they had at home, no food, with parents all intoxicated, and some were being abused, mentally or sexually” (Bosman 2015). Another one of the individuals who died by suicide on the reservation told family prior to his death that he had seen dark spirits (Stasiowski 2015).

There seems to be a deadly mixture of a traditional supernatural creature similar to Slender Man and more recent versions of Slender Man inspiring these teenagers to die by suicide instead of (or in addition to) writing about violent acts. Bosman’s article goes on to discuss the contagious nature of suicide: “‘Contagion does occur with teenagers,’ said Stephanie Schweitzer Dixon, the executive director of the Front Porch Coalition, a suicide prevention group in Rapid City, S.D. ‘Kids are young, they don’t think clearly, their brains aren’t fully developed. I know that things seem to be getting worse for kids. Things seem to be getting more dire’” (Bosman 2015). Later the article quotes Ted Hamilton, the superintendent of a Jesuit school on the reservation, the Red Cloud Indian School: “Children on Indian reservations have extraordinary challenges: the legacy of oppression and forced removals, the lack of jobs and economic opportunity, and the high levels of drug and alcohol use around them” (Bosman 2015). Additionally, there is a lack of mental health services in the area. Keith Janis, a longtime activist

and grandfather of one of the teens who died by suicide, points to the “multigenerational trauma” inflicted on Native Americans by whites and the tensions that still exist between the groups. He argues that these contribute to both bullying and cyberbullying. Others in the article also link systemic racism to cyberbullying, including family members of those who have died by suicide.¹³ Forms of microaggression (such as bullying), racism, and poverty were blamed as stressors for Native adolescents, leading to “suicide waves” (Romano 2015). Another article stated that “Generational trauma runs deep in Lakota communities. For years after the Wounded Knee massacre in 1890, youths were forcefully assimilated and their culture destroyed in boarding schools. Families who were forced off their property were left with no land, no resources. For many, the cycle of disenfranchisement continues” (Potter 2016).

Research by the National Institute of Justice found that children who experience abuse or neglect are 30 percent more likely to be arrested for a violent crime by the time they reach their early thirties than peers who grow up in safer homes (Widom and Maxfield 2001). Victims of violence, especially sexual violence, are also much more likely to experience violence again. (Kennedy et al. 2012). Based on this research, even if the residents of Pine Ridge do not attempt suicide, the odds that they will be unscathed by violence are not in their favor.

The mention of Slender Man in the *New York Times* article indicates that there is a link between this character and a spirit known as “Walking Sam,” who has been described as a tall man in a top hat. Walking Sam also has connections to Bigfoot legends in the geographical region on and near the Pine Ridge Reservation. Whether or not Walking Sam is cryptozoological or paranormal seems to be a much-debated topic online (Coleman 2009). While all of the accounts found online indicate that Walking Sam is an established traditional character in Lakota culture, those writing the accounts provide few citations to support such a claim. The lack of evidence might be related to the primary role of oral culture in this group. The oldest source I could find was from 1980, and it is tenuous at best: the entity described is not called “Walking Sam” but rather “Big Man” or “Hairy Man” and is linked more closely to Bigfoot and rougarou narratives than anything resembling Walking Sam (Matthiessen 1980). Although Walking Sam is often seen as a harbinger of unfortunate times, Matthiessen, mentions nothing specifically about suicide.

Other blogs have made the connection between Walking Sam and Slender Man, including the *The Daily Dot*, which stated that people from the Pine Ridge Reservation believe in Walking Sam and have mentioned him in

tribal council meetings with government officials (Rayner 2015; Romano 2015). Other websites have attempted to explain this belief system:

In order to understand how Walking Sam came about, you must first be told about the *shadow people*, or *stick people*, which is what my father called them. Growing up, young native children are told about these *shadow people*, who are dark demonic forces that stalk reservations and convince their prey that they are not worthy of life. For the Pine Ridge Indian Reservation in South Dakota, these *shadow people* took the form of Walking Sam. He has been described as a seven foot tall man that has no mouth and wanders the land at night, carrying the bodies of Lakota men and women. Pine Ridge has been hit by the legend of this haunting figure, with reports saying that he has been strongly encouraging younger tribal members to take their lives because they are not worthy of the company of others. (Bort 2015)

This topic was even mentioned on a sports forum, in which one poster stated:

It's a pretty interesting case. There have been a rash of suicide attempts and suicides at the Pine Ridge Reservation, which some are attributing to Walking Sam, a tall humanoid in a top hat that has been compared both to Bigfoot and to Slenderman, and lies somewhere [*sic*] in between. They say he walks through the streets and peers into windows, and brings with him such a palpable feeling of despair that his presence is responsible for the rash of suicides and suicide attempts. They you have the plucky basketball player, Janay Jumping Eagle, who wrote a message of hope on her basketball and has since dedicated much of her time to fighting against suicide, seemingly exorcising or at the least limiting the influence of Walking Sam. It has the feel of something out of a horror movie, but the suicides and Janay are all very real, as is the belief in Walking Sam by some on the reservation. (BlkSabbath74 2016)

Blogger Mike Crowley explained how at one meeting

one local woman, who left before I could talk with her personally, asked Washington for help dealing with Walking Sam. The woman, who was elderly but otherwise quite lucid, described Walking Sam as a big man in a tall hat who has appeared around the reservation and caused young people to commit suicides. She said that Walking Sam has been picked up on the police scanners, but that the police have not been able to protect the community from him. She described him as a bad spirit. She wanted help from Washington with foot patrols for the tribal communities to protect them from Walking Sam. (Crowley 2009)¹⁴

Crowley also stated that he didn't find any information on Walking Sam and reported meeting a local bookstore owner who also did not know anything about Walking Sam. Instead, the business owner told him, "There really are bad spirits out there on the reservation, and you need to be careful. She said that if you go looking for them, you might just find them" (Crowley 2009). Crowley added, "It's an interesting story, but shouldn't distract the reader from the fact that people on the reservations are distraught about teen suicides. Whether Walking Sam represents Bigfoot, an evil spirit, or is just a manifestation of the fear that people have about losing their loved ones to what seems an incomprehensible type of event, the teen suicides are real" (Crowley 2009).

These suicides are part of a variety of past and ongoing traumas on the Pine Ridge Reservation. They cannot be linked to only one cause—not even to an all-encompassing entity like Slender Man. Additionally, placing a focus on Slender Man as the root of the problem shifts what should be the actual issue: systemic racism, trauma, and bullying. Dr. Maria Yellow Horse Brave Heart discusses the ongoing effects that historical trauma in particular has on individuals and the group, stating, "Historical trauma is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma. Native Americans have, for over 500 years, endured physical, emotional, social and spiritual genocide from European and American colonialist policy" (Yellow Horse Brave Heart n.d.).

While there needs to be a focus on the real issues—trauma, racism, bullying—I must also add that beliefs should be respected. The eradication of indigenous belief systems in the wake of colonization must be taken into account, alongside the issues of trauma, racism, and bullying, when we consider teenage suicide on reservations. As Romano states, "For members of the Lakota tribe, these beliefs aren't just a result of a whimsical belief in the supernatural. They are a way for members of the tribe to feel a connection to the land, as well as to their own history. The spirituality of Pine Ridge is as political as it is mystical, and politics have played a more direct role in the fate of Pine Ridge than perhaps anywhere else in North America" (Romano 2015).

Politics and what is happening in Pine Ridge is also apparent in the responses to these articles online. A few responders to these articles make a connection between Walking Sam and Uncle Sam, including one that followed Karly Rayner's article on that very connection, on the website *Movie Pilot*: "If you ask me Walking Sam sounds like the dark side of Uncle Sam. So basically the dark side of America/US, because this country was

founded historically by the displacement of its natives who had already been living in Americas before colonists. By being forced off their homeland they lost their heritage, livelihood, and culture. Drugs, alcohol, and suicide are responses to their living conditions, like the article said” (Wolfe 2015). Sadly, these comments are further proof of the racism that is directed at Native Americans. They also reflect a general disbelief in the supernatural, with a more specific repudiation of Native American belief systems. The following conversation serves as an example of the disbelief Native American encounter, where we see one individual who has been affected by this tragedy attempt to explain her belief system, only to be dismissed by other readers.

BRIAN PROXY MAY 7TH, 2015

As soon as a description of Walking Sam came up I busted up laughing. Why? Not sure . . . I’m hoping this redirects peoples [*sic*] attention so they would leave the creepypasta fandom alone.

JASMINE BEAR MAY 7TH, 2015

Its real . . . i seen him myself. One of my best friends died from that shit!

DANNY M ROMERO

@Jasmine Bear well if u seenhim [*sic*] ur [*sic*] next isn’t it stupid that people actually believe in this like cmon [*sic*] get real now (Rayner 2015)

This dismissal of Jasmine Bear’s experience and claim to the reality of the situation is immediately dismissed. This dismissal, while short, demonstrates a lack of understanding and empathy of another’s personal experience and culture. It is also a microcosm of the types of microaggression and cyberbullying experienced on the Internet.

There are certainly societal issues at play here, including but not limited to systemic racism, poverty, and class issues, all of which must be addressed. But there is also a belief element that must be acknowledged and that may uniquely enable the community at Pine Ridge Reservation to cope with some of these systemic issues. If we take an experience-centered approach to this issue and consider for a moment that there is a suicide spirit at Pine Ridge, what steps can the community take to immunize themselves from this spirit? What preexisting methods within the culture can combat this spirit? Can something like narrative, either through fan fiction or more traditional storytelling, help in this situation? If storytelling is a type of medicine, how can the community help these teenagers while greater change happens? Can these stories help to contribute to the elimination of racism, poverty, domestic violence, and suicide spirits? Of course, members of the

community have certainly thought of these solutions; the onus is on the rest of us to help end systemic racism, violence, and poverty.

With a combination of tradition and technology, we may be able to learn to cope with issues of bullying, racism, poverty, domestic violence, and suicide spirits. Of course, we cannot always control the narrative. Currently, the Slender Man mythos and fan fiction does not provide a cure to Slender Sickness. As it stands, the infected either become proxies of Slender Man or they die—a grim outcome if we think of Slender Man in terms of contagion and epidemiology. This fatalistic attitude certainly demonstrates the desperation felt by those who are coping with bullying, depression, and suicidal thoughts—all issues that institutional medicine believe are contagious. Perhaps, once again, thinking of these ailments as contagious is not useful, even though incorporating biomedicine into the discussion might add the weight of authority to it. Although it is unlikely that official medicine will add the term “Slender Sickness” to its lexicon, perhaps thinking of Slender Sickness as an emic term for bullying, depression, and suicide takes some of the stigma surrounding these issues out of the discussion. Slender Sickness, as an emic culture-bound illness, might be a useful stop-gap measure, in some instances, to discuss stigmatization, microaggressions, bullying, depression, and suicide.

Ostensio Mori

When We Pretend That We're Dead

MONSTERS HAVE CONTINUALLY SYMBOLIZED current fears, both real and imagined. One of the reasons why monsters (and the monstrous) function well as metaphors is because they are a flexible rhetorical tool that can be easily utilized and changed at will. Vampires and zombies have permeated folklore and popular culture for centuries and are perhaps two of the most popular modern-day monsters used in film, media, and on the Internet. In this chapter I will consider the relationship between the recent rise in popular television shows and movies about zombies, catalyzed by the contemporary explicit correlation of zombies and epidemics. This correlation, which is found in both popular culture and folklore, has also been used by institutional medicine to highlight fears about pandemics and the fall of Western civilization. This same process can be seen in some interpretations of vampirism as well, which is also historically directly linked to both metaphorical viral contagion and, more recently, to actual viruses. Past popular culture representations of the vampire, such as the 1922 German horror film *Nosferatu*, also show the correlation between the supernatural and moral contagion. More specifically, they illustrate the fear of outsiders in our midst whose otherness may sicken us and our offspring, through intermarriage, sexual activity, and reproduction.

Both vampire and zombie narratives often draw a clear distinction between self/other as victim/perpetrator and innocent/deviant. These narratives represent fear of the self-transformed since monsters appear to look like us but are not us. The self and the Other can shift and meld, depending on the performance context. Additionally, vampires and zombies are polyvalent and can be applied to different fears at different times, with the “they” in these narratives referring to both the legend about the specific disease and a metaphorical representation of the disease. However, one area where we see some changes in these narratives is in paranormal

romances, where the Other is embraced by an individual, causing tension and (sometimes) acceptance in the community. Relatedly, in these newer versions of the classic monster motif, the female character is no longer either compelled to enter or forced into a relationship with the supernatural. Instead, she chooses to accept the Other, which also marks a change in these narratives. The genre of the paranormal romance, and its depictions of vampires and zombies, is slowly changing the face of these creatures from beings whose horror is infectious into characters whose sympathy and empathy is contagious.

As Jeffrey Jerome Cohen (1996, 4) states, the monster's body is a cultural body that demonstrates an embodiment of a certain cultural moment, be it a time, feeling, or place. Our vampires and zombies certainly demonstrate this. Throughout this chapter I not only highlight a range of monsters we encounter in popular culture but also examine what we perceive as monstrous. In some ways monsters have changed very little, but in other ways monsters have changed significantly. Fear of death, of change, and of the Other remain throughout the examples I give; however, our reactions to these monsters have shifted, especially in the case of paranormal romance. The monster, while initially perceived as terrible and an outsider, proves himself through his actions and his ability to care for others. While monsters have relentlessly been the object of fear and repulsion, there has nevertheless always been something strangely attractive about them. We are drawn to them for a variety of reasons, one of which is that the monster can be and do things that we are not and cannot. In many ways we are attracted to the freedom that the monster offers us. In this way monsters fulfill an escapist fantasy (Cohen 1996, 17), but they are also so much more than that. Monsters allow us to consider what we could be—what we might be—if we were not constrained by social expectations.

While I have decided to divide this chapter into sections specifically about vampires and zombies, it can be difficult to determine what exactly qualifies as one or the other. Early depictions of vampires in the Eastern European tradition, typically described as walking corpses, sound very much like our current ideas of what constitutes a zombie. In later years, in part because of texts such as *Varney the Vampire* (Rymer and Prest 1845–47) and Bram Stoker's *Dracula* (1897), the vampire arose as an aristocratic creature: suave, debonair, and rich. Later still, texts and movies, such as Anne Rice's *Vampire Chronicles* (1976–present), gave us the brooding vampire, a sympathetic monster who is driven to kill but does not want to. More recent films, books, and television shows have gone in several different directions, including the paranormal romance and fight for equality that we see in

television series such as *True Blood* (2008–14), and in storylines about monstrous creatures, such as the ones found in *The Strain* (2014–17).

The process of creating a vampire has also changed radically over time. In the Eastern European tradition, a range of circumstances prompted vampires to rise from their graves, including unpaid debts, an animal jumping over their corpse, or other mishandling of cadavers or the affairs of the deceased. Later vampires, such as the one featured in *Dracula*, were cursed. Anne Rice's *Vampire Chronicles* indicated that vampirism was originally a type of spiritual possession by a demon, which we also saw in the television series *Buffy the Vampire Slayer* (1997–2003). The television show *Supernatural* (2005–present) also makes a demon the source of vampires and other malevolent creatures, thus highlighting the connection between these types of vampires and contagion and contamination. Vampires in recent years have been linked to viruses, such as the vampire viruses in *Modern Vampires* (1998), the *Blade* series (1998–2004), *I Am Legend* (2007), *Underworld* (2003–present), *Daybreakers* (2009), *American Horror Story: Hotel* (2015–16), and many others.

Zombies, too, have changed over time. As Platts (2013, 250) states:

Thus, one of the biggest problems associated with zombie studies has been determining the contours of the zombie itself. Defining the nature of the creature remains problematic, in part, due to its lack of anchoring literary tradition (Bishop 2006) and the capricious brandishing of the term with few purists to police the monster's "appropriate" boundaries (Dendle 2001, McIntosh 2008, Russell 2006) until recently (Dendle 2012). As a result, no definitional consensus exists. According to Dendle (2001, 13), "the substantial overlap among the various movie monsters precludes the possibility of an all-encompassing definition of a zombie." What nearly all understandings and depictions of popular culture zombies have in common is a flexible creature designed to evoke our macabre fascination and whose likeness adapts to contemporaneous tumult, concerns about manmade and natural disasters, conflicts and wars, and crime and violence. This does not solve the problem of definition, but it is along this logic that the diachronic and synchronic evocation of zombies should be comprehended (cf. Muntean and Payne 2009).

Generally speaking, the zombie originates in two distinct traditions: the Haitian zombie, or *zombi*, and the American film tradition of the zombie, which begins in many (but not all) ways with George Romero's *Night of the Living Dead* (1968).¹ The zombie's original purpose, in Haitian folklore and early American film, as a slave doing the bidding of a master, sounds very different from our more recent brain-eating zombie who will stop at

nothing to feed. Indeed, the modern zombie is not unlike our recent depictions of vampires.

The (current) primary difference between zombies and vampires is in the public perception of the two. We no longer see vampires as reanimated corpses. Unlike zombies, who clearly are just that, vampires are, in the public perception, simply immortal or undead (with rare exceptions). Thus, there is no longer a direct link between dead bodies and contagious diseases in the modern vampire, given that they are the undead (Bahna 2015, 295); this does not mean vampires are not associated with contagion and contamination, however, as the vampire's bite can still bring death or transformation. Folklorist Lynne McNeill suggests, "It seems that as a society we have a psychological need to confront the horror of the decomposing body and the dangers of contagion, as our vampires have grown more sanitized and beautiful (to the point where we would perhaps *want* to become one), we have increasingly turned our cultural attention towards the zombie apocalypse" (2015, 132–133). Regardless, the self is certainly transformed into something else.

WHY SHOULD WE CARE ABOUT VAMPIRES AND ZOMBIES?

Vampires and zombies are a crucial rhetorical tool and significant cultural form in North American culture. Furthermore, they resonate with many who engage with the narratives and popular culture forms of which they are a part, making them significant cultural objects (Griswold 1987; Alexander 2003; Griswold 2008; Platts 2013). These objects give us a way to understand how people process information and reflect on social processes. For example, much of Romero's work is his reflection on consumer and capitalist society. The public reacted not only to his story and aesthetics but also to his metaphor and message. Items of popular culture resonate because the audience connects in a meaningful way both to the aesthetics and to what the creator is trying to communicate.² In some cases audience-based creation becomes a new, related art form, as we see, for example, in parodies, fan fiction, cosplay, and other forms of folkloric engagement that involve the manipulation and personalization of the original text. As Platts (2013, 553) points out, "Although zombies are fictional, they comment and respond to the real." Platts (2013, 548–49), also writing about zombies (although he could be easily writing about vampires or a multitude of other supernatural creatures), states: "As part of an extended family of horrific antagonists, zombies have offered bureaucratically managed

representations of cultural anxiety for more than 80 years. To ignore these mass-mediated cultural representations of fear and terror is to ignore one of the largest and most enduring cultural sites in which thought and discussion of and about fear and terror occurs.”

Although the specifics of how they are created, what they do, and how they act change over time, both zombies and vampires are common representations of fear in North American popular culture. Folklorist Paul Smith (1999, 140) indicates that legends appearing in films can be both textual and visual, and Diane Goldstein (2015, 160) states, “There is good evidence that society (much like folklorists) reads legend, fiction, and those narratives provided by the popular media as parallel texts or as overlapping accounts leading to a larger and symbolically meaningful picture.” When we are ignorant of the culture around us, we fail to see some of the symbolic or cultural significances latent in a particular text.

In many ways vampire and zombies represent not only fear and anxiety of the unknown other, but also the dark side of life and even death. While serious discussions can be had about the undead, there is also room for dark humor. There are many parodies and jokes about death in zombie and vampire popular culture and narrative. For example, the film *What We Do in the Shadows* (2014) parodies the everyday life of both vampires and werewolves. As folklorist Peter Narváz (2003, 5–11) points out, applying humor to our discussions about death can help us cope with present realities, alleviate the pain of loss, lessen fear of the unknown, or celebrate life in the face of demise. Cerulo (2006, 70) observes that zombies give us the opportunity to “suspend reality and belief . . . [and] consider, momentarily, the unthinkable dark side of life.”

Additionally, zombie narratives demonstrate the fear of a changing world due to the collapse of society. Such an interpretation can be grounded in left- or right-wing world views. In the left-wing view, the zombie world represents what happens when consumerism and corporations take control: the way to survive the new world order is through collaboration with others. However, right-wing readers of zombie texts see in them the celebration of a “rugged individualism” in which the best armed are the survivors. Peter Dendle (2012, 9) comments that “the gun fetishism in survivalist message boards on zombie forums is striking, with users posting jpegs of their personal arsenals, and discussing in highly technical detail the advantages of different weapons for different scenarios.” Again we see that the zombie apocalypse narrative is flexible and can be read to fit the consumer.

It would be untrue to say that zombie narratives have ever left popular culture. However, mainstream popular zombie movies and television shows

have seen a recent increase in the past fifteen years. Annalee Newitz (2009) demonstrates that in times of war and social upheaval, there is an increase in zombie movies. Stephanie Boluk and Wylie Lenz (2010) believe that the viral zombie links to growing concerns about the virality of capitalism. Others believe the rise in zombie narratives is a result of the September 11 attacks (Bishop 2008; Froula 2010). While all these arguments for the rise in zombie popularity in recent years are convincing, there is an additional contributing factor: our obsession with linking contagious disease narratives with the zombie narrative.

ZOMBIES AND EPIDEMICS IN POPULAR CULTURE AND FOLKLORE

The 2009 influenza outbreak was strongly linked to zombies, both in popular and folk culture.³ Several websites and Facebook pages suddenly appeared, declaring that H1N1 was going to turn everyone into zombies. Most of these pages seemed to be in jest and quickly became places to share H1N1 jokes and commentaries on zombie movies, television shows, and other forms of popular culture. In short, they were generally places for socializing. Perhaps the correlation between zombies and H1N1 was made because zombies were prevalent around that time in movies and television shows like *28 Days Later* (2002), the 2004 remake of *Dawn of the Dead*, *Shaun of the Dead* (2004), *28 Weeks Later* (2007), *I Am Legend* (2007), *Dead Snow* (2009), *Zombieland* (2009), and *The Walking Dead* (2010–present). Many of these shows have strong outbreak narratives, directly linking the zombies not to a zombie master, revolution, or any other cause but rather to a virus. Both before and after the 2009 outbreak, multiple forms of popular culture originated concerning outbreak narratives that also included an element of the supernatural. While there have been television shows and movies that directly correlate with pandemics alone, such as the movie *Contagion* (2011) and television show *Survivors* (2008–10), the clear majority contain a supernatural (or unexplained) element, most commonly zombies or zombie-like creatures that have a virus that causes extreme rage and violence.⁴ In all the narratives one thing is clear: there is a virus or contagious disease of some description, and it is particularly virulent.

Unfortunately, many Internet trolls capitalized on the idea of a zombie outbreak. A website made to look like the BBC News World Edition published a story stating that there had been a “small outbreak of ‘zombism’ in a small town near the border of Laos in North-Eastern Cambodia.” The article went on to say, “After death, this virus is able to restart the heart of

its victim for up to two hours after the initial demise of the person where the individual behaves in extremely violent ways from what is believe to be a combination of brain damage and a chemical released into blood during ‘resurrection’” (“Cambodian Troops Quarantined Quan’sul” 2005).

The previous “article” was cited several years later on another fake site that mirrored the BBC News website (“EU Quarantines London in Flu Panic” 2009), bringing it to light again in 2009 during the H1N1 outbreak. Even though both stories were published on April Fool’s Day, many people, especially on Twitter, where the web address was not easily seen, retweeted these articles (Stransky 2009). This “new virus” was quickly named H1Z1 to associate it with the H1N1 virus. This hoax and other references to “H1Z1” later inspired a video game titled “H1Z1.”

The 2014 outbreak of Ebola in West Africa also saw its share of zombie rumors attached to it.⁵ As folklorists have noted for decades in research on legend cycles (most recently in J. Lee 2014), narratives are often recycled from time to time or situation to situation. Here we see some of the same narratives about H1N1 being recycled to suit the Ebola epidemic. The main difference is the transmission; in the case of Ebola, we see the appearance of either more photoshopped images or real images once associated with other things now connected with Ebola. However, the stories remain the same: the dead are rising from their graves as zombies and are infecting others.

Much like the H1N1 stories, these Ebola narratives also rely on stereotypes about the disease and who contracts it, with people of color and “third world” locations being the focus of these narratives. For example, a story about two women with Ebola dying and coming back to life was reported on multiple websites—some that were clearly parody websites, others that were not.⁶ Regardless of the veracity of the websites themselves, the comments sections clearly demonstrated a variety of belief about these incidents. It contained everything from parody comments to explanations for concerned readers about how someone could appear dead while really still being alive. These reports always came from places associated with the epidemic—in this case Liberia—and they consistently presented images of black, diseased bodies and/or poverty. The message clearly was that this was something to worry about, but not something that was currently affecting white bodies or “first world” spaces. While at first the news articles did not specifically mention the word “zombie,” a later parody article did use the term, complete with a picture of said zombie (“BREAKING NEWS!! Ebola Victim Rises from the Dead in Africa Fear of Zombie Apocalypse!” 2014).

A single attempt was made to bring the Ebola virus out of the “third world,” bridging it into the “first world” by raising concerns among *The Walking Dead* fans. Danai Gurira, the actor who plays the character Michonne, was “reported” in a parody article to have been bitten by an extra while filming in Sudan (which did not have any documented cases of Ebola) and to have contracted Ebola from this interaction (News Nerd Staff 2014b). The article also mentioned that Gurira is a “Zimbabwean-American actress,” locating her in the danger zone between the United States and Africa as a transnational hybrid. Although the site is a parody, the comments section once again demonstrated that the parody was lost on some of the readers.

To complicate matters of race once more, an additional rumor began that the Ebola vaccine works only on white people. Again, this rumor began with a parody website. On September 19, 2014, News Nerd published an article positing that the CDC announced trials of an Ebola vaccine that had proved effective only among white people:

In an excerpt from the statement, the government agency stated, “Early tests of an experimental drug, which would effectively combat the spread of Ebola, have proved successful only in those with white skin—We are working diligently to improve the sample to be able to help all those who are in need.”

The vaccine, which was developed by ThomasSmithCharles in conjunction with the BIP, has began [*sic*] a trial phase. The vaccine uses a strain of a West Nile monkey cold virus called ape multivirus type 5 to deliver benign genetic material of the West African strain of Ebola. The genetic material given to the patient is not able to replicate and poses virtually no health risk. The sample instead strengthens the immune system to fight off the virus. If successful, ape multivirus type 5 could stop the spread of Ebola.

According to the CDC, the trial was doled out [to] 200 people, but only proved effective to those with white skin. Some scientists believe high levels of melanin may somehow be affecting the sample.

Many citizens voiced concern when two white Americans were flown to Emory Hospital in Atlanta and were cured of the deadly disease, while 1,000’s in Africa continue to die. Conspiracy theorists believe the American Government has a cure for the disease, but has no plans to dole it out to Africans.

A Twitter member, who goes by @Sidney_Bingham wrote, “Ebola was a [*sic*] incurable disease when it was killing Africans by the hundreds but now that 2 white people have it suddenly there’s a cure.”

User @J_Nuclear wrote, “Ebola death camps in Africa . . . now when white people start getting it all of a sudden an experimental cure comes out.”

With the disease seeming to only work on those with white skin, the conspiracy theorists certainly have been provided with more fodder for their beliefs. (News Nerd Staff 2014a)

This post resulted in 723 responses on the News Nerd website alone, and the site shows that the story was shared over 54,000 times (News Nerd Staff 2014a). Once again, it is clear that not everyone participating in the forum understands that this is a parody site. Perhaps even more interesting, however, are the discussions about racism that follow this post. These debates demonstrate that Ebola certainly is a racial issue, and also that discussions about zombies and Ebola are still linked to racial issues. Once again, the supernatural is an excellent place to discuss issues deeper than we might be able to discuss otherwise. Sociologists examining zombie movies state that “these supposedly viewer-friendly depictions of racial cooperation stem from deeply entrenched racial logics of contented Black servitude and White racial paternalism” (Hughey 2012, 752; Platts 2013, 553), showing that even when there is racial cooperation in zombie films, racial stereotypes still exist.

Other stereotypes still abound as well, such as the resourceful nonwhite character and the redneck. Perhaps one of the things that appeals to us the most about zombies and those who survive is that “ordinary people can become extraordinary when battling zombies” (Rushton and Moreman 2011, 1). Skills that were previously disregarded or underrated suddenly become crucial during the zombie outbreak. Glenn in *The Walking Dead* is the perfect example of this as he moves rapidly around Atlanta through a series of shortcuts, a skill he learned while delivering pizzas. The zombie narrative requires a new set of skills that many did not previously have but that others have always had, such as the skills traditionally possessed by the stereotypical “redneck” character. This individual can survive on their hunting, fishing, and survival skills or purely their adeptness with the many weapons at their disposal. Closely related to the “redneck survivor” is the survivalist/end-of-the-world conspiracy theorist who has prepared for a world exactly like the one they find themselves in (or some other end-of-the-world situation), even though everyone else thought they were stupid or paranoid. The zombie narrative calls for a new set of rules, a new world order, as we see in movies such as *Zombieland* explicitly and *The Walking Dead* more implicitly.

Zombie narratives frequently focus on the local—that is, on what is happening in a specific location during the time of crisis. While other stories are likely happening everywhere (since the apocalypse is often

assumed to be universal), the narrative tends to focus on a specific group attempting to get to a location they believe is safe. Sometimes that location is a city rumored to be zombie-free or protected in some way; other times safety is an abstract concept that the characters must define and find in the chaos. Other groups may be accepted into the larger group, but they are primarily seen as dangerous (and often turn out to be in shows like *The Walking Dead*). As viewers, we contemplate what we would do in a similar situation and deem the characters' actions either moral or amoral. We wonder who would be on our zombie apocalypse team, what special skills we have that would enable our survival, and what the world would be like if everything was different and our focus turned back to survival. Even though we know that "the zombie apocalypse is always accidental, unexplained, or somehow both" (Rushton and Moreman 2011, 4), we still wonder how we could prepare for such a situation. After all, as Rushton and Moreman go on to explain, the zombie apocalypse is "above all . . . unexpected, with a key generic feature being the disruption of normal life" (4). There is thus an element of wistfulness in these stories. While things are certainly hard, necessities are scarce, and people are suffering trauma, there is a simplicity to the zombie world that our own world does not have. We find myriad expressions of a desire for a postapocalyptic world, including in online forums and even on bumper stickers. One succinctly remarks, "The hardest part of the zombie apocalypse will be pretending I'm not excited."⁷

Of course, things are not always simple in the zombie world, and the groups portrayed in these films must make difficult moral choices. As Rushton and Moreman state, "The community in which the group finds itself has also had to make hard choices, reminding us that the perfect moral community is difficult to achieve both externally and internally; the whole direction of the series [*The Walking Dead*], however, has taught us that before the zombie apocalypse, we didn't even know we had to make moral choices. To 'start living' is to be forced to think" (2011, 5). However, these moral choices are only difficult when compared to the morality that ruled the world prior to the zombie outbreak. The tension in this regard is between the morals of the past and the current state of things, where the old morals may no longer apply. For those who wholeheartedly embrace the new world, the choices are simple. Only the characters who cling to the past have difficulty making moral decisions in a new world order. Pagano (2008, 71) speaks to this "apocalyptic paradox," stating that, in Romero's films in particular, "the world must end in order for there to be any future for the world."

ZOMBIES AND EPIDEMICS IN MEDICINE

The Centers for Disease Control and Prevention (CDC) capitalized on the zombie trend in popular culture and created a reaction plan based on a zombie outbreak (Centers for Disease Control and Prevention 2015f), demonstrating the close relationship between the spread of infectious disease and zombies. Overall the CDC found the Zombie Preparedness campaign to be very popular, remarking on its website: “Wonder why Zombies, Zombie Apocalypse, and Zombie Preparedness continue to live or walk dead on a CDC web site? As it turns out what first began as a tongue in cheek campaign to engage new audiences with preparedness messages has proven to be a very effective platform. We continue to reach and engage a wide variety of audiences on all hazards preparedness via Zombie Preparedness” (Centers for Disease Control and Prevention 2015f). The campaign was so popular that it crashed the CDC’s website. The CDC built on the success of the endeavor by creating a zombie blog, novella, educational tools for the use in classrooms, T-shirts, and posters. The state of Illinois followed suit in 2017 and declared October to be zombie preparedness month, stating, “Whereas, if the citizens of Illinois are prepared for zombies, they are prepared for any natural disaster; while a zombie apocalypse may never happen, the preparation for such an event is the same as for any natural disaster” (Strunk 2017).

The CDC later created a short guide to so-called vampire nutrition (Centers for Disease Control and Prevention 2015a), which was not as successful as the previous Zombie Preparedness campaign. Employing supernatural creatures to define and demonstrate scientific concepts has been common for years, from the naming of vampire bats and zombie bees, to mathematical modeling of zombie and vampire outbreaks (Munz et al. 2009; Smith? 2011; Strielkowski, Lisin, and Welkins 2013; Verran 2013; Cartmel 2014; Smith? 2014). The supernatural has also been utilized as an example in international relations (Drezner 2010; Drezner 2011; Hall 2011; Blanton 2013), physics (Duda 2011), microbiology (Verran 2013; Verran et al. 2014), geography (May 2010), and, of course, epidemiology (Watson et al. 2014; Alemi et al. 2015; Smith 2015). Academics have even studied the efficacy of these types of narratives on the American public (Nasiruddin et al. 2013; Fraustino and Ma 2015; Kruvand and Bryant 2015; Houghton et al. 2016). While most of these studies found that most Americans either did not follow the preparations suggested or did not remember the information given, there is no doubt that many people went to the CDC’s website, possibly for the first time ever.

Clearly, hoaxes and joke pages are effective at getting people to view websites.⁸ Whether they retain or use that information is debatable.

However, even the act of getting people to the website is good publicity for the company or agency it represents and may lead users to other information on the site that viewers may continue to revisit. Certainly, some people who read the CDC's zombie apocalypse plan did follow through on some of the suggested changes, so even if it was only moderately effective, it did make a difference in some people's lives.⁹

VAMPIRES AND VIRUSES IN POPULAR CULTURE AND FOLKLORE

The history of the vampire is complex, beginning with ancient Roman stories of strigoi, to Bram Stoker's *Dracula*, to the modern-day popular culture versions of vampire tales.¹⁰ In this section I would like to focus on how the vampire has changed in recent years to reflect the general public's fear of outbreaks and viruses. If we look at recent history of vampires in popular culture,¹¹ we see that the vampire previously demonstrated a foreign or ancient evil that invaded the modern environment (Abbott 2006, 125). Fears of viruses and disease can certainly still demonstrate this anxiety about a foreign or ancient interloper invading our pristine, sanitized environment. Thus, this element has certainly not changed in either popular culture or folklore. However, in the late 1960s and early 1970s we see an "increased self-consciousness and experimentation with generic convention that challenged and helped redefine traditional vampire mythology" (Abbott 2006, 125). Classic examples of this change to the genre include Anne Rice's *Vampire Chronicles* (1976–present), Stephen King's (1975) *Salem's Lot*, and the television series *Dark Shadows* (1966–71, with a revival in 1991 and a movie in 2012), featuring a reluctant vampire named Barnabus Collins. Moreover, a new cycle of vampire films in the 1980s and 1990s used both old and new vampire conventions; despite each one's deliberate use of original material, consistent across these movies is that the vampire is an urban creature (Abbott 2006, 126). Examples of films in this series include *The Lost Boys* (1987), *Blood Ties* (1991), *Blade* (1998), and *Modern Vampires* (1998).

In this new cycle of vampire films, Abbott (2006) argues, we see the New York vampire films and the Los Angeles vampire films, which focus on the female vampire and the vampire gang, respectively. The female vampire in the New York films literally "takes back the night," while the Los Angeles vampire gangs move from loner to gang of vampires (Abbott 2006). More recent films, such as *Only Lovers Left Alive* (2013), with scenes set in Detroit, demonstrate the living dead city in all of its dark and fragile beauty. Later

films, such as the *Underworld* series (2003–present), and television shows, such as *True Blood* (2008–14), show a narrative more complex than the gang and complicated vampire politics. These later presentations seem rife with sects, classism, and notions of purity—all subjects relevant to modern society. We also see mundane issues plaguing our modern vampires in movies such as the parody film *What We Do in Shadows* (2014) and the television series *True Blood* (2008–14). In a desire to fit in and survive in modern society, we watch vampires deal with ordinary issues such as food supply, shelter, clothing, making friends, and finding acceptance. These both humanize them and highlight the ordinary nature of life, even for the undead.

However, in other series, there is nothing mundane about vampires. Their actions certainly demonstrate virality; for example, in the television series *The Strain* (2014–17) infected individuals are contaminated by blood-consuming worms lurking in their bloodstreams. These worms are actually rewriting human DNA. Only the “Ancients,” the seven original vampires, are sentient. The rest are zombie-like creatures commanded by their makers, which bridges modern concepts with traditional ones found in zombie and vampire narratives.

Ryan Murphy, one of the creators of *American Horror Story*, describes the vampire-like qualities of some of the characters in *American Horror Story: Hotel* (2015): “I prefer the term ‘ancient blood virus.’ It’s really a form of hemophilia, in a way. There’s no capes or fangs” (Adame 2015). *American Horror Story: Hotel* also features a strong pro-vaccination narrative. Alex, a physician, treats Max Ellison, a young, unvaccinated patient, for the measles. As he worsens and is hospitalized, Alex, who has recently become a vampire, decides to save the child from certain death. She takes some of her own blood and injects it into an IV bag. Max has a seizure, and the spots on his body turn bright red before disappearing entirely. He is released shortly after this episode, having made what appears to be a miraculous recovery. Later, however, he kills his parents and infects most of the other children at school. Even though the school is in lockdown, the newly infected children escape and tell the adults about a man in a mask who killed everyone to cover the murders the children committed. The audience knows that these children will kill again and that these children are contagious with both measles and vampirism (“Room Service,” season five, episode five).

These infected children do kill again in episode nine, in which Alex walks in on the children in an empty home with a room full of dead adults, clearly killed by the children inside. All the children still have measles, which is temporarily healed when they drink blood. Some of the children do not want to kill anymore, but another child remarks that it’s been four

days and they need to drink blood again because the spots are coming back. Alex attempts to take them someplace safe, but the children refuse to be under the influence of adults again and allow Alex to leave only because they feel an obligation to her since she made them (“She Wants Revenge,” season five, episode nine). This plot is especially poignant since the story, located in California, aired less than a year after the Disneyland measles outbreak of 2015. Much like the measles outbreak in the same state, the vampire virus to which these children have been exposed is extremely fast-moving and contagious. The teleplay almost unfolds like a revenge fantasy, with its blood virus and vampiric children: had these children been vaccinated, they would not have contracted eternal measles that has forced them into vampirism, and their parents and other adults would be alive.

The television series has, unsurprisingly, found its faithful media following. One blogger posting about episode five pointed out that the way the scenes were shot connected two subjects: vaccination and school shootings. The blogger stated: “The measles breakout at school is what this show should be all about: horrors that are also a comment on modern life. Parents not vaccinating their children are a real problem, especially in L.A. where Ryan Murphy is now worried about his baby’s health. And not only that, but the carnage the kids unleash is then likened to a school shooting. The most terrifying moment for me was not the kids clawing at the principal to get his blood, but when he shows up at the office window and the secretary gets on the intercom and puts the school on lockdown. School shootings now happen so frequently that there is a protocol for it, and the staff is almost expecting someone to break out at any moment” (Moylan 2015). This coupling demonstrates not one, but two ways that children are perceived as both dangerous and in danger.

Online comments reacted positively to the series’ measles storyline, one stating, “After all the stories about kids fighting cancer only to have to be kept out of school cause of moron parents and other shit like that I was beyond happy at that scene. I wouldn’t even care if it ended up having absolutely nothing to do with the rest of the season; someone has to call them out on their bullshit” (InfernosEnforcer 2015). Another poster responded, “AHS: Anti-Vaccers. It’s honestly a *true* American horror story. Terrifying” (rjh24503 2015). Even the negative comments about the episode’s pro-vaccination stance demonstrate that some pro-vaccinators indeed used this episode as evidence of the importance of vaccinations (in spite of it also being about vampirism) (Webber 2017).

THE LOST COLONY MOTIF

The Lost Colony is another common motif used in popular culture, and it is associated with outbreaks as well as with the supernatural. Much like individuals involved in other outbreaks, the members of the Lost Colony begin by traveling to a new place. It began with John White who, in 1587, took more than 100 settlers to Roanoke Island as a part of Sir Walter Raleigh's second attempt to colonize North Carolina. A resupply trip sent White back to England, where he was delayed for three years due to a naval war with Spain. When White finally returned to Roanoke Island, everyone had vanished, leaving behind only the word "Croatoan" carved into a fence post and the letters "CRO" on a tree. The fate of the colonists has been debated for many years. The historical disappearance of the settlers, which has since become legend, has traditionally been explained as the result of either a combination of disease and a lack of nutrition or murder by local Native American tribes. Many people have also thought perhaps the settlers joined Native American groups in the area or split into several groups. However, no definitive evidence has been found to substantiate any of these claims (Emery 2015).

Popular culture versions of the Lost Colony legend abound, certainly more than are mentioned here. Most recently two television shows capitalized on the Lost Colony narrative, connecting it with a specific virus. In *Sleepy Hollow* (2013–17), the Lost Colony is infected by a plague from Pestilence (or Conquest), one of the Horsemen of the Apocalypse. The residents are both living and dead, not unlike zombies. In *Supernatural* (2005–present), the word "Croatoan" is the name of a demon of plague and pestilence who started the virus, which is why it was carved into the fence post at Roanoke Island. This demonic virus, which includes violence and rage as the primary symptoms, functionally turns the infected into zombies.¹² The timing of these episodes is especially telling—much of the Croatoan plotline in *Supernatural* aired in the fall and winter of 2009, while the episode that featured the Lost Colony in *Sleepy Hollow* aired in the fall of 2013—both during and after the initial H1N1 epidemic was described in April 2009. The Lost Colony, especially the word "Croatoan," also appears in both the book and movie versions of *Abraham Lincoln, Vampire Hunter* (2012; Grahame-Smith 2010), in which the colony is wiped out due to a vampire attack. One of the potential reasons for the abundance of stories about the Lost Colony and zombies, even decades after the original colony was lost, is due to the perceived mysterious circumstances by some who believe that there is more to the story.

In all of the above, we have examples that connect the idea of otherness with infection. In these stories loved ones become the Other. These

examples, from popular culture and folklore, have a common theme—the familiar becoming strange. In the Lost Colony popular culture storylines and folklore, the focus is often on the disappearance of the group and the idea that they have become a hybrid—in many cases integrating into local Native American groups. However, there are many hypotheses about supernatural circumstances since the notion of the white body and non-white body coming together to form a hybrid is difficult for some to accept and may not align with preconceived notions of purity. The monstrous hybrid (to return to Priscilla Wald’s aforementioned terminology) of the zombie or vampire may be a metaphor in some cases, such as in the Lost Colony narratives, for biracial couples and their children. These individuals and their offspring still look like a loved one, but now they are perceived as someone different since they did not follow the cultural norms of their group. Although the recent season of *American Horror Story: My Roanoke Nightmare* (2016–17) does not directly address these ideas, they do place an interracial couple at the center of the story and show some of the difficulties the couple experiences because of their race and their refusal to leave the area.

MORAL CONTAGION AND THE VAMPIRE IN PARANORMAL ROMANCE

For the purposes of this discussion, I use folklorist Linda Lee’s definition of a paranormal romance as a “catchall category that includes diverse topics such as time travel, futuristic settings, magic, shapeshifters, supernatural creatures like werewolves and vampires, or other-world settings” (2008, 53). Lee sees paranormal romances (and romance novels in general) as a type of reworked fairy tale. She states that both paranormal romances and fairy tales are: “highly formulaic; involve a fantasy realm; focus on the creation or reconciliation of a romantic pair; exist in an infinite variation of texts that fall into distinct types; and are often dismissed as being ‘trivial’” (52). However, a major divergence in many paranormal romance novels from the traditional fairy tale and contemporary legends is that in the romances, the female is no longer passive and in need of rescue.

Paranormal romance is an extremely popular genre,¹³ and vampires are one of the most commonly appearing supernatural entities in the storylines. This is so for a variety of reasons, one of the more obvious being the history of the vampire as a sexual object/predator.¹⁴ There is a long-established gothic literary tradition that connects with paranormal romance, and in many ways vampires readily fit into the stereotypical gothic

“dark and brooding” romance hero (see Bailie 2011, 142). The shift from seeing vampires as a type of moral contagion, ready to prey on (mostly white) women, to the vampire as a romantic figure that is willingly desired by the (mostly white) woman is significant.¹⁵ While the vampire in Stoker’s *Dracula* was compelling and desirable, he was not necessarily desired by the “proper” kind of woman. The focus has primarily been on the physical effects of vampirism in *Dracula*, such as

pallor, loss of appetite, loss of blood, and eventually death (or “un-death”)—and moral effects—libidinousness, selfishness, and a rejection of domesticity and motherhood. But because Stoker’s readers and critics have so often concentrated on what the disease of vampirism might represent, the pairing itself of physical and moral contagion has gone unnoticed. Scrutinizing this particular aspect of vampirism—one that, like so many others, seems “natural” to the generations of Westerners familiar with the vampire myth—reveals yet another link to contemporary representations of the residuum. For it seems that nowhere else in Stoker’s culture were physical and moral deterioration paired and figured as contagious but in descriptions of the lumpenproletariat. (Croley 1995, 88–89)

This connection between physical and moral contagion is often both visual and strongly suggested. Although we are often told that anyone can become a zombie, the vampire remains a member of the elite and is often pictured just as they were in Stoker’s *Dracula*. Vampires tend to look unwell, gaunt, cold, and pale—as if their suffering is coming from the inside and being reflected on the outside. After feeding, of course, the vampire becomes warm and flushed as the blood temporarily makes them more human.

In more recent years, although there is some pushback to woman and her relationship to the monstrous, most narratives involve a specific reason why she is either drawn to the supernatural entity (or they to her) and/or a defense of the monstrous—i.e., monsters aren’t as bad as they initially appear. Sociologist Bernard Beck argues that the shift from seeing vampires as creatures of terror to enticing monsters demonstrates the possibility of a more open attitude to outsiders. Additionally, Beck argues that women are seen as the intermediary in these forms of popular culture, either as love interest or assassin, placing them as pioneers in symbolic “alien” contact and demonstrating that the connection between women and outsiders is historical in film (Beck 2011, 92). Beck states that in the past this relationship to the monstrous demonstrated that women were vulnerable and needed to be protected by men from outsiders, but now, in *Twilight*, *The*

Vampire Diaries, and *True Blood*, this shows an acceptance of the outsider and a desire to work with them (92).¹⁶

Of course, the very nature of the woman who connects to the monstrous is suspect because of her desire to work with outsiders. In many ways she herself is an outsider even though she has grown up in the community. Judgment of the main female character, who falls in love with the supernatural creature, is debated but often overlooked by her community because she may not be perceived as a “real” member of the community. In *True Blood*, Sookie Stackhouse, who has always lived in Bon Temps, is an outsider due to her psychic abilities. Bella of *Twilight* is new to town, and Elena in *The Vampire Diaries* has recently undergone a significant loss that has resulted in her pulling away from her community and, conversely, her community distancing itself from her.

Because all of these women are in liminal states, they are open (or perhaps vulnerable) to romantic partners who are also liminal. Due to their liminality and their decentralized location in their communities, they are able to “forsake the structures of moral judgment that exist in their own culture” (Houston 2014, 282). The lead female character is often already thought to be mentally unstable or different (as we see in Sookie Stackhouse in the *True Blood* television show and books)—or fully *compos mentis* but with a special hidden power that only the vampire can see (as in Bella’s character in the *Twilight* series or Elena’s character in *The Vampire Diaries*).

Despite warnings from others, the women in paranormal romances are drawn to the vampire. As Houston (2014, 269) describes, “These romantic couplings also engender various alliances that allow viewers to question the organizing principles of human culture, implying a rejection of the moral judgments made by a binary system of self and other that undergirds conservative politics. Moral judgment, in fact, is the enemy of true love in the world of paranormal romance, thwarting the politics of hegemonic social control. The critique is not necessarily only of religious doctrine: moral judgment as defined in the shows happens both inside and outside practiced religious doctrine.” Houston goes on to suggest that these shows and movies “use desire in productive forms in order to require viewers to question traditional methods of social organization and, in turn, imagine new ones” (270). As Linda Lee (2008, 58–59) states, the most common structure of paranormal romances mirrors that of the famous tale, “Beauty and the Beast” (ATU 425C), which itself clearly directly connects to the female/vampire relationship. The vampire in the paranormal romances is a literal beast, unlike what we see in romance novels in which the beast is more metaphorical and therefore connects more closely to the fairy tale tradition (Lee 2008).

The vampires in these stories are Others. In the first novel of the Southern Vampire series (on which the *True Blood* television show is based), *Dead until Dark*, Sookie states directly, “I’d hoped one would come to Bon Temps. We had all the other minorities in our little town—why not the newest, the legally recognized undead? But rural northern Louisiana wasn’t too tempting to vampires, apparently” (Harris 2001, 1). In the *True Blood* television series, characters often refer to vampires as coming “out of the coffin,” mirroring the phrase “coming out of the closet,” associated with the LGBTQ+ community. Additionally, the vampires in *True Blood* are also fighting for civil rights, such as the right to marry humans and own property, giving the series racial overtones as well, even though the majority of the vampires in these series are white. We see these overtones of inequity mirrored in other vampire series. For example, Caroline in *The Vampires Diaries* television show is rejected by her gay father when she tells him she’s in love with a vampire. As well, Jessica is rejected by her boyfriend’s mother when she finds out Jessica is a vampire in *True Blood*. As Cohen (1996, 8) states, “Political or ideological difference is as much a catalyst to monstrous representation on a micro level as cultural alterity in the macrocosm.” These shows, as examples, may indicate greater social change on the macro level. Both the vampire and the woman who loves him are monstrous, and their differences to their community are “cultural, political, racial, economic, sexual” (202).

Many of the storylines in *The Vampire Diaries* also link to drug/alcohol addiction, demonstrating prejudice toward those with addiction. The “founding families” storyline in *The Vampire Diaries*, with linked notions of racial purity and the idea that white settlers were the founding members of the region instead of Native Americans, looks a lot like racial prejudice. In *Twilight* we see what looks like a strong anti-colonialist agenda played out between the vampires (who have recently moved into the area) and the werewolves (who are represented by a Native American group). Additionally, *True Blood* has both the Fellowship of the Sun (a religious group that forms an army to fight vampires) and a group that mirrors the KKK in season five.

Moreover, we see that there are some themes of liberation in these narratives. As Jeffrey Jerome Cohen states, “The habitations of monsters . . . are more than dark regions of uncertain danger: they are also realms of happy fantasy, horizons of liberation. Their monsters serve as secondary bodies through which the possibilities of other genders, other sexual practices, and other social customs can be explored” (Cohen 1996, 6). All the shows mentioned in this section explore gender fluidity, sexual freedom,

and even social custom; however, they often highlight the theme of controlling one's desire. Desire still manifests itself in the characters, but those who are unable or unwilling to control their desires are portrayed as nefarious at worst, tragic at best. In these series there is a moment that is almost always portrayed negatively when the vampire either loses control or nearly loses control. Even within the context of freedom, some control is not only necessary but expected by his community and the woman who loves him.

In a wonderful ironic twist, many of these shows critique the hypocrisy of the dominant culture's moral judgment. In all cases those accusing the vampires of immoral behavior are arguably some of the most immoral people of all. Additionally, characters who should be more sensitive to the marginality of vampires due to their own status as members of minority groups are sometimes the most hypocritical. For example, Tara in the *True Blood* television series hates vampires but never makes the link between her discrimination toward them and her own experience of discrimination as an African American. Sam, a shapeshifter in the *True Blood* series, believes that vampires should stay with their own kind while he himself attempts to live undetected among humans. Jacob, a Native American werewolf in *Twilight*, sees the vampires as only evil, never recognizing that they, like him, are part of a marginalized group. In *The Vampire Diaries* series, Caroline's father rejects her once she becomes a vampire, not connecting this repudiation of his own daughter to his own rejection by the town because he is gay. The werewolves in these series openly reject vampires, even when they have a truce, not seeing that they are all outsiders, excluded from the dominant culture.¹⁷

What mortals all seem to fear is not the outsider but themselves and what they have the capacity become. This requires the humans to redefine what they consider to be monstrous. This hatred of both the Other and the reflected self extends out to the women who are sympathetic to vampires, causing conflict in all the communities mentioned. In *True Blood* this conflict frequently turns violent, and spectators see violent acts executed by vampire killing squads and a serial killer, the latter of whom murders women involved with vampires.

It is also interesting to note that all three series are set in small towns that seem to be situated in remote, rural areas. There is the assumption that these are the types of places where this type of moral judgment and conservatism is common, but of course such an assumption fails to take into account the diversity of many small towns and the fact that big cities also see frequent displays of these types of prejudice. Houston (2014, 273) notes, "The similarity of these locations in each story makes evident

the critique leveled against a certain brand of American politics that are binary ('us versus them'), exclusionary ('they don't belong here and must go'), oppressive ('we actively persecute them and deny them personhood'), tribal ('people's identities are fixed within a few mutually exclusive categories of allegiance'), and ultimately result in a moral judgment ('they are evil and mean us harm') that helps to perpetuate violence." Two of the narratives are also set in the South (*True Blood* and *The Vampire Diaries*), which also underscores a common assumption that the South is less open to outsiders and more morally and religiously conservative. On this subject, Houston (2014, 273–74) states:

These politics are most recognizable as those on the right of the political spectrum. It is no wonder, then, that two of the stories—*True Blood* and *The Vampire Diaries*—are set in the South (where certain prejudices that exist elsewhere in the country seem to be more concentrated). The American South has a long and violent history of inter-racial conflict and little tolerance for diversity. The narrow-minded Christian fervor of the region, known also as "The Bible Belt," contributes to the dark humor of HBO's television show. In the opening sequence of the show, a shot of the kind of sign that normally sits in front of Evangelical churches reveals the message "God hates fangs." With the addition of one letter, Alan Ball and the makers of *True Blood* have taken a message about the Christian position against homosexuality and allied it with the hatred against vampires they explore in the show, thus further serving to question the credibility of this moral judgment by making it sound hollow, if it could just as easily (and for the same reasons) be leveled as a critique against any number of groups. Even vampires whose families have a long ancestral history in the Southern towns in which they live—Bill Compton in *True Blood* and the Salvatore brothers in *The Vampire Diaries*—are subsequently seen as enemies of those places. This suggests that these moral judgments prevail even over revered values of the conservative South such as historical tradition and genealogy. In fact, reaction against the South's history of discrimination and persecution of cultural "others" is a strong theme in both *True Blood* and *The Vampire Diaries*.

What Houston's remarks fail to include is that what she has described is a *perceived* vision of the small-town South as a homogenous place. It is a stereotype of the South. There are a few incidents in which characters surprise the audience, such as when Amy (*True Blood*), a liberal and open-minded hippie, in contrast with the "redneck Southerner" stereotypes often used in the series, uses vampires for the drug-like qualities of their blood but still hates vampires and refuses to accept them as human.

It seems that in these towns, while the humans are concerned about moral contagion and physical contamination of the “pure” human body, the real issues of contagion and contamination are homophobia, racism, and a desire to maintain the status quo. The romance between the woman from the community in each series and the vampire openly challenges all of this.

At the heart of many of these narratives is a critique of dominant institutions, perhaps most clearly seen in *True Blood*’s negative appraisal of organized religion. Folklorist and religious studies scholar Leonard Primiano (2011) argues that the images used in the opening credits of the *True Blood* series set up the idea that the true evil of this series is organized religion. It is under the guise of such morality that some of the worst incidents in the series happen, both with the humans and with the fundamentalist religious organizations of which many characters are a part. These institutions include the anti-vampire church group called Fellowship of the Sun and the vampires’ own fundamentalist religious movement, the Sanguinistas. The violence that these religious organizations participate in is perhaps more brutal than the individual vicious acts of any of the supernatural creatures, in part because it is carefully planned out instead of accidental or reactionary. The link between religious organizations and right-wing politics also remains strong, as if one contaminates the other. Houston (2014, 275) notes:

This notion is advanced in the right-wing, extremist rhetoric of the hate group that appears in the fifth season of *True Blood*. Their manifesto reads: “Vampires and other covert mutants are stealing our jobs, buying our politicians, controlling the media, and seducing our children. If we have any chance of keeping America human, brave citizens like us have got to stand up and fight back.” . . . Undocumented immigrants, fags, or fangers (a slur for vampires in *True Blood*): any minority group will do to serve as the right-wing Christian scapegoat for everything that is wrong with the world. Simplistic logical formulas abound in the shows as examples of undesirable moral judgment. These simplistic logical equations are troubled by the existence of sub-strata within vampire culture: some vampire characters in the show are capable of love and sacrifice, and others are not. Just like the human characters, vampires experience internal struggles between good and evil.

Just like the assumption that all vampires are the same, these shows also assume that all members of all groups are the same.¹⁸ The most interesting characters are the ones who go from believing the dominant rhetoric of their group to coming to their own conclusions about the supernatural creatures based on their experiences with them. In many ways they become

“cured” from the dominant groupthink (although some do revert to their original belief systems after additional exposure to the vampires and their culture, primarily because they believe the vampires are too much trouble and the cause of all the strife in their lives).

Other metaphors for fundamentalist belief systems are present in these series as well, especially in *Twilight*. This may not be surprising if we agree with Primiano (2011) that the series is more about the author’s experience in the Mormon church than it is about vampires. Vampire narratives, as previously mentioned, have always had sexual undertones, which often are contrary to organized religion’s stance on sexuality. This becomes more pronounced in *Twilight* since the lead male vampire, Edward, wants to marry Bella but simultaneously fears that he will hurt her through both intercourse and his desire to drink her blood. The couple does finally consummate their relationship but only after marriage, and the act leaves Bella horrifically bruised and battered. While other vampire narratives show a similar connection between drinking blood and sexuality, *Twilight* is the only series that mentions marriage before changing the female character into a vampire specifically beforehand. Vampires such as those found in *Twilight* have made a strong departure from the vampire normally seen in popular culture, who is considerably more deviant. *Twilight*’s vampires are hetero-normative in comparison, which is certainly driven by author Stephenie Meyer’s religious beliefs.¹⁹

In many ways the vampire represents the contagion and contamination perceived to be part and parcel of so-called deviant behavior. Vampires are sexual, frequently portrayed as hypersexual and bisexual. Humans who interact with them often engage in sexual relationships with them, which the humans find to be more satisfying than their previous relationships with other humans. The obsession on the types of sex that vampires have with humans is apparent in Sookie’s ability to read minds, and it often means that she can hear what people are thinking about her, most of which is speculation about her sexual behavior with vampires.²⁰

Power is an important part of the relationships that develop between mortal and immortal in all three of the aforementioned vampire narratives. While at first glance it seems the male vampire is in control, a deeper reading of each text demonstrates that the female is in control.²¹ In all three of these vampire narratives, the vampire himself is drawn to the female character. She is in control, and he often states that he is under her power. This switch in paranormal romance from the woman-as-victim to the empowered woman may also contribute to her perceived deviant behavior in the community. Other signs include the woman living alone (as Sookie does)

and the woman being the head of the household (as we see in Elena of *The Vampire Diaries* and, to a lesser extent, in Bella in *Twilight*). Not only do these characteristics mark the woman as deviant,²² so too does power become part of her deviant behavior—power over herself and the vampire.

On the subject of power, Linda Lee (2008, 62) suggests, “If we reposition the conflict in romance novels from the quest for a love that conquers all to a struggle for power through knowledge of the other, it becomes possible to read these novels also as fantasies of female empowerment.” Additionally, these romances all aim some attention at the collaborative work between the woman and the vampire. They thus rework the definition of power to include women, which may suggest they are creating what could be called a feminine notion of power—one that privileges cooperation and endurance over a rigid chain of command and competition (Gordon 1988, 230) and celebrates equality above hierarchy (Bailie 2011, 142). Additionally, the romances postulate that knowledge is power: in knowing the vampire, the female character gains power, becoming equal to him. We see this acquisition of power quite often when, for example, the vampire must confess a horrible past to his mortal girlfriend—a confession that is filled with the fear of her leaving him after she learns the truth. In every situation the woman eventually forgives the vampire for his crimes, and the couple reunites. Not only does *she* decide whether to continue the relationship after this confession but she also offers absolution for past sins. She forgives him and, in her forgiveness, saves his soul.

In more recent years we have also seen the zombie emerge as a romantic figure, most notably in the novel *Warm Bodies* (Marion 2011) and in the movie adaptation by the same name (2013). While the zombie as romantic figure has been present in paranormal romance for much longer than this, its increase in recent years is notable. Although this particular genre has not yet caught on in mass-produced popular culture, it is becoming increasingly present. If the popularity of the paranormal romance, with which it shares many of the same motifs, is any indication, it will likely become more popular in the future.

As in vampire and zombie storylines and as Willem de Blécourt (2016) suggests concerning werewolves, the primary focus then becomes about self-control and responsibility. The same could be said for the paranormal romance in which the focus of the supernatural entity must be mastering their urges to enter both the relationship and be accepted into society. Again, there is a moral judgment still present because their natural state of being is not congruent with society's. Even though the supernatural creature may eventually be accepted, they will still always be suspect and marked. In

True Blood, for example, William Compton is referred to as “Vampire Bill” by many of the locals even though there is no other Bill. It is simply an issue of the locals wanting to single him out as Other. He is accepted, but only conditionally, and still marked (while the vampires in *Twilight* and *The Vampire Diaries* remain firmly “in the coffin” except to a select few humans).

Nina Auerbach (1995, 17) states that we create the vampires we need, noting that as society changes, so do our vampires. The same could be said of zombies and other supernatural creatures as well. It seems that right now our vampires and zombies reflect our fears about viral contagion as well as moral contagion. Referring to zombies and vampires can be an excellent approach to discussing contagious disease in a way that is both interesting and accessible to many people. Health organizations should continue to capitalize on interest in supernatural topics as a way of reaching a broader audience, even if the research indicates that it is not the most effective means of reaching certain groups. Other groups will still receive some of the message, and while they may not prepare as much as hoped by public health organizations and disaster relief organizations, it is still likely that they will do something to prepare for a disaster and will know where they can find more information.

Additionally, these monsters allow us some escape—from the moral constraints of society, gender, and sexuality, among other things. However, our abandonment of cultural norms is only allowed up to a point. Losing control is still seen as negative, and while some cultural constraints can be challenged, not all will be tolerated.

As the field of folklore has demonstrated time and time again, there is nothing trivial about folklore or popular culture. These monsters reflect ourselves and tell us about our current fears and desires, showing that we all have the capacity to be monstrous—especially when we reject outsiders without reason. Moral contagion appears in at least two ways in these narratives: not only does the supernatural infect humans, but humans infect each other with fear, hatred, and anger as well. In considering these supernatural texts, we must reflect on what they say about us.

“Why Buy the Cow When the Milk Has HPV?”

The HPV Vaccine, Promiscuity, and Sexual Orientation

PERHAPS THE MOST DISTURBING NARRATIVES about contagion and contamination involve intimacy. This may be because contagion and contamination narratives seem to accentuate the intensity of our networks and interactions, highlighting where we should be the most careful and yet are not—especially in the cases of what we consume and who we touch. This chapter explores occurrences when our tight networks and connections break down in the following instances: without our knowledge; within institutions (e.g., medicine) that have authority and are supposedly trustworthy; and within relationships that are perceived to be the most intimate (i.e., that of parent and child or of doctor and patient).

Since its initial introduction in 2006, the HPV vaccine has been the subject of public controversy. Some of the primary areas of concern include the safety and/or efficacy of the vaccine; the link between the vaccine and promiscuity; the angle of advertising campaigns, in particular Gardasil’s “Because I’m Smart” campaign; and the male uptake of the vaccine, specifically regarding the rumor that the vaccine is only given to males thought to be homosexual. The majority of these concerns demonstrate that the public judges the vaccine in so far as they connect it to risky lifestyles and assume that vaccine uptake and risk behavior is related to lack of intelligence. Additionally, like the virus itself, the notions that homosexuality and/or hypersexuality are contagious and can contaminate the innocent are inherent in these narratives.

Perhaps due to its recent widespread release, the HPV vaccine is sometimes perceived as a new and untested vaccine in spite of the clinical trials, recommendations from major health organizations, and FDA approval. In particular, it has been linked to a number of injuries and deaths,

demonstrating again that these are common themes in vaccination narratives (Kitta 2012). A famous example can be found in the case of Gabi Swank, who was the subject of a popular anti-vaccination YouTube video.¹ When it was available online, this video received over 409,153 hits as well as 798 “thumbs up” and only 67 “thumbs down” via YouTube’s public adjudication process (September 12, 2014). As previous research has shown, anti-vaccination videos on YouTube receive more “thumbs up” than pro-vaccination messages (Keelan et al. 2008), especially when it comes to HPV (Ache and Wallace 2008; Briones et al. 2012). This is primarily due to the pervasiveness of anti-vaccination vaccine questioning individuals on the Internet.

Anti-vaccination, pro-vaccination, and vaccine safety movements have proved to be highly successful at using social media and websites to spread their messages. By contrast, individuals in the medical community have lagged behind or relied instead on the official presence of large organizations such as the Centers for Disease Control and Prevention (CDC), the Mayo Clinic, and other major health organizations to educate individuals. Few individuals who have championed the pro-vaccination movement have established an official presence on the Internet, with notable exceptions being some authors and celebrity doctors, such as Dr. Oz.² Because of this, those who oppose or openly question vaccination have established a greater presence on the Internet, skewing the information found on the Internet toward questioning vaccination.

One frequent public concern is the ingredients found in vaccines (see Kitta 2012). This concern is fueled by some popular websites. For example, a post on the website Natural News asks, “Why does Gardasil cause so many problems?” It also provides an answer: “*The vaccine contains polysorbate 80, which is carcinogenic and mutagenic. When injected into rats, it causes their reproductive organs to grow abnormally and then become sterile. When used intravenously with vitamins it has been known to cause anaphylactic shock.* The vaccine also contains sodium borate, which is widely known for its use as a roach pesticide, and the U.S. National Library of Medicine lists its side effects as vomiting, collapse, convulsions, and coma. Sound familiar?” (Wells 2011). Reports such as these understandably appeal to people’s fear of the unknown, thus increasing public concern about the dangers of vaccines.

Additionally, several online anti-vaccination posts indicate that leading HPV researchers, including both those who treat the disease and those who manufacture the vaccine, have “come out,” stating the vaccine is unsafe and contaminated. Most of these beliefs are tied to an article and follow-up an August 19, 2009, CBS interview with Dr. Diane Harper, which has

been discussed online by pro-vaccinators and anti-vaccinators alike. The following is from a pro-vaccination website, and on it the author draws on Harper's remarks, along with those who engaged with her interview online, to exoterically elucidate their perception of how anti-vaccinators think.

According to transcripts, during the meeting Dr. Harper actually stated:

About eight in every ten women who have been sexually active will have HPV at some stage of their life. Normally there are no symptoms, and in 98 per cent of cases it clears itself. But in those cases where it doesn't, and isn't treated, it can lead to pre-cancerous cells which may develop into cervical cancer.

Wait, did she say that the HPV vaccine wouldn't help? That's not what I'm reading with that quote. But here's how one anti-vaccine lunatic interprets her comments:

One must understand how the establishment's word games are played to truly understand the meaning of the above quote, and one needs to understand its unique version of "science." When they report that untreated cases "can" lead to something that "may" lead to cervical cancer, it really means that the relationship is merely a hypothetical conjecture that is profitable if people actually believe it. In other words, there is no demonstrated relationship between the condition being vaccinated for and the rare cancers that the vaccine *might* prevent, but it is marketed to do that nonetheless. In fact, there is no actual evidence that the vaccine can prevent any cancer.

That's not what she said. What she is saying is that the event is statistically rare, but it is not 0. When science says "it may develop into cancer" it means that for each individual the risk that the cancer "may develop" is small, but when looking at a large group, it's no longer "may"—it is definite that some number of that group will contract the cancer as a result of an HPV-infection. We don't know why some women will get cervical cancer and some won't. Some women have better screening (but even finding it early can have bad consequences for reproductive health). Typically, science deniers, including the antivaccination gang, lack understanding of how statistics work. A low risk is not a zero risk. But on the other hand a low risk is not a 100% risk (the antivaccine crowd works both angles). (Original Skeptical Raptor 2015).

Not only does this provide an example of the difference between medical language and the vernacular, it also illustrates the ways in which medical language enters the vernacular—in this case, ineffectively. Looking at the way anti-vaccinators use and understand scientific information is more complex than the one post above. It is also interesting to note the focus of much of the research is on the layperson understanding medicine instead of on how the medical person can understand the layperson. This points to the

dominant role medical institutions play in American culture—a role that puts the onus on the public to make sense of the medical narrative rather than demanding that medical institutions communicate more effectively.³ This then influences how individuals articulate medical information to others, again anticipating that it is their responsibility to either accept medicine without understanding it or learn to understand it themselves (and be ridiculed when they do not understand instead of helped). The implications of the language here is clear: either the anti-vaccination movement is composed of ignoramuses, or advocates on that side are intentionally promoting their message by twisting words. A third alternative is that anti-vaccinators are a composite of the two and are both stupid and manipulative.

This troubling notion of intelligence and stupidity has extended out to advertisements about HPV. While proponents of the HPV vaccine have supported its efficacy and safety, they have also criticized the HPV vaccine companies' advertising campaigns—in particular Gardasil's "Because I'm Smart" campaign—and the recommended ages for vaccination. The outcry about these commercials from the lay public, especially on the Internet, was significant. However, the entire official "Because I'm Smart" campaign itself was completely absent from the Internet.⁴ All that I was able to find online were parodies and criticism of the campaign. It is as if the entire campaign never actually happened, even though there are responses to it online and many of the people I interviewed in my previous work on vaccination mentioned it. For example, these comments made on the *Mothering* forum evidence the apparently extinct campaign: "I HAAAAAATE vaccine commercials/ads whatever. They are horrible and manipulative! I especially hate the Gardasil one where the girl says 'I got the vaccine because I'm smart,' so what does that make me stupid because I'd never get it??? Pharmaceutical companies are truly evil, it's really depressing" (fawny 2007). One person responded to this post with "I hate that one, too. AS IN . . . it makes me want to vomit. AS IN . . . I turn it on mute when it comes on. AS IN . . . I actually was HAPPY when I saw the new Gardasil ad" (MilkTrance 2007).

The website FitSugar also discussed the "Because I'm Smart" advertising campaign in a more general discussion about the vaccine:

When I first heard about the vaccine I thought it sounded like a great thing "Wow a way to protect against a pretty deadly cancer with just a simple thought." Then I picked up a news magazine (MacLean's-Canadian News Magazine) and it had an article about the potential risks and all the unknowns. It opened my eyes to the idea that it might not be so great. I'm not saying don't get the vaccine. But at least try and look at the opposing

view points and research it a bit before running out [to] the doctor. I mean everyone thought thalydimide [*sic*] was a wonder drug until the long term effects were realized. On a side note I really dislike the commercials for Gardasil. I don't know if they are the same in the States but here we have one that starts off "I chose Gardasil because I'm smart." Anyone who just listens to a drug company's commercial about their OWN product and gets it because they say its [*sic*] good does not seem like someone who is smart to me. I choose to not get the vaccine at this point because I too am smart and would like to know a little bit more about long term risks. (Hotpinkgiraffe 2007)

A drug ad parody found online mocks the commercial with its product, Protectasil. This commercial shows a young woman who states:

I could give you a million reasons why I've chosen the Protectasil vaccine, but really, it just comes down to one. I'm smart. Smart enough to know that when a major pharmaceutical company tells me to take a drug that's long-term effectiveness is unproven, I should just trust them. Why? Because smart girls do what they're told and they don't ask questions, especially about stuff that happen 'down there.' So, be a smart girl and check out the Protectasil vaccine. Go see a doctor. Ask if Protectasil is right for you. What are you waiting for? Do you need a ride? Because I can drive you. Or I can pay for the cab. The drug company reimburses me. Did I mention that you get free juice and cookies afterwards? What's your address? Because I could just come over and inject you myself.

The male announcer follows this with "Protectasil. Just be a smart girl and get it."⁵

The parody is explicit. Its creators mock the idea that women should not ask questions, instead simply doing what they are told. The contrast between the male announcer as the voice of authority and the female trying so hard to please everyone is a deliberate rebuke of what actual drug companies are implying: women should listen to the (male) authorities and not question the decision to get vaccinated for HPV.

While I cannot compare this parody to the original video since I cannot find a copy of the Gardasil ad, later commercials for Gardasil only have female voices. These videos come in primarily two types: in the first, mothers who want their daughters to be safe are the narrators; in the second, women who are considering the vaccine are talking themselves. The women in these ads are frequently pictured engaging in a variety of activities, depending on the video. They are portrayed primarily either performing passive actions (e.g., sitting on a couch or standing) or doing sports

(e.g., skateboarding or surfing), which is not a “traditionally feminine” activity. In a few rare instances we see a mother teaching her daughter how to dance or helping her put on a necklace. These are the only two videos in which women are in active roles but are still engaging in more traditionally feminine activities. It seems that the company was attempting to show empowered women in nontraditional roles in these later “Be One Less” commercials, perhaps because of the reaction to the earlier “Because I’m Smart” campaign.

Many of my participants as well as these discussion boards and blogs online discussed their reactions to the “Because I’m Smart” campaign. In every case they felt the implication of the campaign was that anyone who didn’t get the vaccine was stupid. Additionally, the age range eligibility for the vaccine, typically between ages 10–12 and 22–23, has also had its critics: regarding the lower end of the range, parents have spoken out because they feel it is “too young” for their child to get the vaccine. Of course, the entire point is to give the vaccine before a child becomes sexually active. Mentioning sexual activity as a reason to vaccinate early has led to controversy since it forces parents to think about difficult topics, ranging from their children’s sexuality to issues of rape and incest.

The general cut-off age for being eligible for the HPV vaccines—22 or 23—is a sore point for women who have exceeded this age. Some of these women have spoken out, arguing that they should have the opportunity to receive the vaccination (and have their insurance pay for it) even if they have already been exposed to HPV through sexual contact. Those issuing the vaccine argue that it is so likely that women in this age range have already had multiple partners and have thus already been exposed that providing the vaccine at this late date is an exercise in futility. Since the upper age range indicates an age by which medical professionals assume one has engaged in sexual conduct, those who have not had sex by this age or have had fewer partners than average feel judged by medical professionals as being “not normal.” In either case women who are older than the recommended age range find themselves either unable to receive the vaccine or unable to afford the vaccine since insurance will no longer cover it. Without any consideration given to their personal history, they are deemed too sexually active to merit the vaccine. In other words, as one participant in my interviews put it, they are “slutty by default.”⁶

Groups such as the Family Research Council and Focus on Family have spoken out against the HPV vaccine, suggesting that it will increase promiscuity in preteen and teenage girls. These groups propose that only two things would prevent a woman from sexual conduct: either a fear of cancer or a

conviction that the vaccine itself causes hypersexuality. This public outcry led to a landmark medical study that attempted to prove there is no link between the extent to which individuals are sexually active and the vaccine (Bednarczyk et al. 2012). A variety of other studies also showed no link (Marchand, Glenn, and Bastani 2013; Aujo et al. 2014; Hansen et al. 2014; Mayhew et al. 2014; Jena, Goldman, and Seabury 2015; Sadler et al. 2015; Smith et al. 2015; Madhivanan et al. 2016; Mullins et al. 2018). Perhaps the most interesting outcome of the original study is its effect on Google search results when someone searches for vaccines and promiscuity. Now most Google searches immediately list links to sites about the study instead of to sites where people have attempted to show that there is a connection between the HPV vaccine and promiscuity. While the original study was certainly effective in demonstrating that researchers are listening to the concerns expressed by the public, it may have unintentionally fed conspiracy thinkers.

This alleged contagious link between HPV, the vaccine, and promiscuity has been a frequent topic of jokes, primarily aimed at the ridiculousness of the idea and those who believe it, breaking the stigma of promiscuity, even momentarily, by owning it. HPV humor has become a popular joke among female comedians, in particular, Amy Schumer who is known for her sexual comedy.⁷ Indicating that she is HPV positive, Schumer often jokes about her own supposed promiscuity and frequently makes wisecracks about her own HPV status. She then links her HPV status to promiscuity, which she also connects to a lack of intelligence.⁸ Her jokes have included statements such as “I’ve got a BA in theatre and HPV, no one’s buying my stock” (*Mostly Sex Stuff—Amy Schumer* 2012) and “My mom’s always saying really smart things . . . like, you probably heard this one, ‘Why buy the cow when the milk has HPV?’” (Comedy Central 2010). Other comedians have tackled the issue as well. A *Saturday Night Live* parody suggested a doll that would inject children under ten with the HPV vaccine (*Saturday Night Live* 2011). A *Funny or Die* video tackled rumors concerning how one contracts HPV, facetiously suggesting that it can be passed to humans from cats (Funny or Die 2007).

While humor can be a useful tool for dealing with the stigma of a condition like HPV, it has also been used to shame those who question the science behind the vaccine. Perhaps the best-known example is Michele Bachmann’s public stance on the HPV vaccine and comedian Stephen Colbert’s take on her statement. The incident began on September 13, 2011, when Bachmann stated on the *Today* show, “I had a mother come up to me last night here in Tampa, Florida, after the debate. She told me that her little daughter took that vaccine, that injection. And she suffered from

mental retardation thereafter. The mother was crying when she came up to me last night. I didn't know who she was before the debate. This is the very real concern and people have to draw their own conclusions" (cited in Melnick 2011). A day later, Stephen Colbert took up Bachmann's remarks about the HPV vaccine on his own show. His scathing criticism included statements like "Bachmann, of course, always strongly pro-choice as long as that choice is cervical cancer" and "On one side you have the full weight of the medical and scientific establishment, and on the other side you have Michele Bachmann citing studies in the *New England Journal of Some Lady I Just Met*" (*Stephen Colbert Show* 2011).

HPV and vaccine humor is funny and subversive, especially when discussing promiscuity, but it is also problematic because it pokes fun at the vernacular, or lay beliefs of others. Assuming that "some lady I just met" is a real person (if nothing else there are people out there like her),⁹ the presentation of this belief, via Michele Bachmann, may make similar narratives more untellable. It certainly makes statements like Bachmann's a part of the stigmatized vernacular, demonstrating that it is not only the "emic experience of stigmatization, but also the contagion of stigma, the way it spills over beyond the topic into the means of articulation" (Goldstein 2012, 116). Although some might argue that being associated with Michele Bachmann is more stigmatizing than the belief that vaccines cause developmental delay, Bachmann's comments opened her up to criticism and brought vaccination discourse into the news once again, leaving those who refuse vaccines open to a new level of criticism. There is a dominant message being reinforced here: not only is HPV contagious, but so is stupidity.

After Bachmann's statement, Art Caplan, a bioethicist at the University of Pennsylvania, made an offer via Twitter (which was later picked up by multiple news sources) that if Bachmann could find anyone who could substantiate her claim, he would donate US\$10,000 to a charity of her choice. If she could not find anyone within the week, then Bachmann would be required to donate the same amount of money to a pro-vaccination charity. Another bioethicist, Steven Miles of the University of Minnesota, also offered US\$1,000 for proof of a patient with brain damage from the HPV vaccines. Bachmann did not respond to either of these challenges (Herper 2011; Husted 2011; Lavin Agency 2011).¹⁰ If we consider "double stigmas" or "those situations where not only are individuals stigmatized, but so are the vernaculars associated with them" (Goldstein 2012, 114), there is the possibility of a third stigma for those who refuse vaccines: being associated with a celebrity who is controversial or even "stupid," such as Michele Bachmann.

Michele Bachmann is not the only celebrity associated with an anti-vaccination stance. Indeed, many celebrities are connected with the vaccine controversy. Another example is Jenny McCarthy. The actress and model took an anti-vaccine stance, claiming that her child's autism was caused by vaccines and "cured."¹¹ McCarthy is joined by other celebrities with similar positions, including Mayim Bialik's controversial vaccination safety stance.¹² Distinct from these women, we see celebrities such as Amanda Peet, Sarah Michelle Geller, and Jennifer Lopez being situated by the media as "pro-vaccination" on account of statements they have made.¹³

Some celebrities have been more specific about their views on vaccination, narrowing their arguments specifically to HPV. Katie Couric featured the HPV vaccine (and controversy surrounding it) on in an episode of *Katie* on December 4, 2013. Because the show paired vaccine advocates alongside those who have been injured by the HPV vaccine, Couric's show was considered to be controversial since it did not emphasize the safety of the vaccine. She later made a public statement on *Huffington Post* that indicated that while she supported HPV vaccine uptake, she felt it was her duty as a journalist to include information on the safety and efficacy of the vaccine (Couric 2014). Couric was lambasted online following this show (Orac 2013) while others pointed out the sexism in some of the remarks about Couric and others (Sarah The Healthy Home Economist 2014).

Another celebrity, Michael Douglas, also made a statement associated with HPV that was widely publicized. Douglas allegedly told the *Guardian* that HPV was the cause of his stage-four throat cancer. He was reported to have said, "Without wanting to get too specific, this particular cancer is caused by HPV, which actually comes about from cunnilingus." His publicist later said Douglas's statement was misinterpreted. Douglas was not saying that his disease was specifically caused by HPV, but that cancers like his can be caused by HPV (Jaslow 2013; Melnick 2013). There is no currently approved test for HPV other than a Pap test (therefore there is currently no approved test for men),¹⁴ and HPV can certainly cause throat cancer,¹⁵ although Douglas admitted to multiple risk behaviors (such as smoking) that could have contributed to his diagnosis. The incident with Michael Douglas is particularly interesting since the assumption is that his wife, Catherine Zeta-Jones, infected him with HPV. Even though Douglas has admitted that his previous promiscuity is to blame for his HPV-related cancer, people continue to blame Zeta-Jones, who has refused to comment on her HPV status (Ensor 2013). This is not surprising since early rumors of heterosexual HIV spread were also linked to women, even though all known carriers were men (Fine 1987, 195).

HPV seems to be not only a serious health issue but a celebrity and political talking point as well. Because of both previous promiscuity arguments and issues of individual freedom, HPV has been addressed multiple times in the political arena, with groups such as liberal Democrats and conservative Republicans holding strongly to polarized arguments. Additionally, studies on promiscuity have caused concern that the “liberals” and the “liberal media” have funded these studies in an effort to promote this vaccine. Even news articles concerning the vaccine that do not mention politics still seem to spark political debates in the comments section online. For example, the following comment was posted below an article on male uptake of the HPV vaccine: “when the hpv virus vaccine shot was aimed at girls, the republicans talked about freedom of choice, govt [*sic*] run medicine, and costs. now that boys are involved, republicans will be more open-minded [*sic*] about giving this vaccine to all children. republicans assault on women continues. only now, just a bit more obvious” (Smithfield 2011). TopReb1 immediately responded with “Where do you Liberals come up with this stupidly [*sic*]? Is it in your genes?” (TopReb1 2011). Immediately below this comment was the following remark: “What does politics have to do with a HEALTH ISSUE? What is with you radical so called ‘conservatives’??? Are you going to blame Obama for THIS TOO? Not anyone;s [*sic*] fault that YOU don’t have the BRAINS or edication [*sic*] to teach YOUR OWN KIDS! And you’re so IGNORANT of ALL medical facts on this particular issue that rather than EDUCATE YOURSELF. . . . you simply blame it on the President, and maybe you feel a little better in your personal life” (Bpdarling 2011). To this, another commenter replied: “You must have missed something, it was Bobbie that started with the politics. And we do have the brains, it is you Mr. trust everyone, because you know the govt [*sic*] never lies to you, or tells you do this it is for your own good, then comes back in a couple years and says oh wait that is bad don’t do that. YOU DON’T even know what is good or bad. So I choose to trust mother nature the natural course of action has worked for eons. Oh and I will not suggest my son have it since he isn’t gay, and if he is I’m ok with where this might go” (Integr8er 2011).

These comments certainly demonstrate that the question of the HPV vaccine is as much about politics as it is about health concerns. Making a vaccine about politics is certainly nothing new; indeed, a range of vaccines have often been associated with political movements (see Durbach 2004; Kitta 2012). However, the last comment by user Integr8er demonstrates that stereotypes are frequently incorrect; not all “natural” arguments are solely made by liberals, and homosexuality is not always condemned by

conservatives. We also see an example of the belief that the HPV vaccine is only given to boys who are perceived to be homosexual, an issue I take up in the next section.

MALE UPTAKE OF THE HPV VACCINE

There has been a great deal of confusion surrounding males receiving the HPV vaccine, which has led to rumors that the vaccine targets boys who are presumed to be gay. I first heard this rumor in a casual conversation I had with a family member, which took place after a doctor's appointment with Carol and her son's pediatrician.¹⁶ She was unsure as to why he needed the HPV vaccine because she had heard that doctors give the HPV vaccine only to boys they think are gay. Carol was thus concerned both about the safety of the vaccine and about the sexual orientation of her son. She was worried that there was a way that doctors could tell that he was gay, and she was apprehensive about telling her husband about the vaccine since he also understood that the vaccine was given only to boys who were perceived to be homosexual. She stated several times that she would love her son no matter what, but worried that he might experience bullying at school or even from friends and family members who might feel uncomfortable about his sexuality. She also wondered if, like the doctor, other people could also tell that her son was homosexual. She wanted to know if there were any "tell-tale signs" of homosexuality.

Rumors aside, here are some facts: the HPV vaccine is primarily known to prevent cervical cancer and the spread of cervical cancer; however, it can protect both men and women in a variety of ways. Since inevitably some women who get the vaccine do not have an immunological response, while others are unable to get the vaccine for a number of reasons, including the aforementioned question of age, a high uptake of the vaccine is necessary for herd immunity. Vaccinating males therefore helps to prevent the spread of HPV. Additionally, the HPV vaccine can also prevent genital warts (from any type of sex) and cancers of the penis, anus, or oropharynx.¹⁷ While women are at a much higher risk for HPV-related conditions, men are also at risk for HPV-related cancers.¹⁸ The CDC states that some men, including gay and bisexual men and men with weakened immune systems, are more likely to contract HPV-related diseases than others (Centers for Disease Control and Prevention 2014h). However, because of double standards when it comes to promiscuity (i.e., society accepts male promiscuity more than female promiscuity), it might be easier for parents to accept the vaccine for males than females. In an interview for National Public

Radio concerning male uptake for the vaccine, Dr. Don Dizon, a Brown University oncologist, stated, “There’s been a surprisingly muted reaction. We tend to believe that girls are chaste and are going to ‘save themselves for marriage.’ But, you know, sexual activity is something that’s almost expected of boys” (Dizon 2011).

This notion that promiscuity is more acceptable for males is concerning for a variety of reasons and can lead to safety concerns for the sexual health of women. Young women are unlikely to seek out birth control or items that help facilitate safe sexual practices due to the shaming involved in seeking out those items (Valenti 2009). Additionally, they are less likely to seek services when being sexually assaulted or for sexually related illnesses and pregnancies (Valenti 2009). Young women may also be reluctant to even ask for the HPV vaccine if they believe that the exoteric perception is that they are promiscuous.

Additionally, it is unlikely that parents will want to vaccinate their sons for a disease associated primarily with men who sleep with men. Dr. Ranit Mishori, a family practice doctor in Washington, DC, and an assistant professor at Georgetown University School of Medicine stated, “Preventing a cancer that’s associated with gay men may not be much of a selling point. Some parents may say ‘Why are you vaccinating my son against anal cancer? He’s not gay! He’s not ever going to be gay!’ I can see that will come up” (Mishori 2013). While it seems to be more acceptable for males to be promiscuous, it may only be when they are having sex with women. Gay and bisexual men are often perceived to be hypersexual, the most promiscuous of all groups, but they receive criticism for their promiscuity as it is seen as too extreme. There does seem to be a limit to male promiscuity, depending on who their partners are and what their risk behaviors might be.

When it comes to discussions about homosexuality, the comments section of online articles often prove more interesting than the articles themselves. While the National Public Radio (NPR) article previously cited chose to moderate its comments section, there is some indication that anti-gay sentiment was expressed about the article. One poster, whose remarks the moderators chose to keep, stated, “Again we protest this NPR Blog for its censorship of our pointed but correct condemnation of promoting homosexuality among our male children!” (Novello 2011) While this is probably for the greater good that more offensive statements were deleted, it is a little disappointing for this research, which explores why people fear others. However, other websites do not have moderators and permit all comments on their articles. For example, the following comment, related more to promiscuity than homosexuality, was linked to a recent *Huffington Post*

article on boys receiving the HPV vaccine: “WHAT YOU HAVE POSTED IS ALL LIES !~!~ SEX WAS NIOT [*sic*] MADE FOR CHILDREN OR THOSE WHO ARE NOT MARRIED.!!!~ IT HAS BEEN QUITE OBVIOUS SINCE THE PILL WAS MARKETED, THAT IT WOULD ONLY BE A SHORT TIME UNTIL MANKIND WOULD CREATE A DISEASE THAT NO ONE WILL BE ABLE TO CURE !!! HOW COULD ANYONE EXPECT ANYTHING ELSE ????” (hmary8 2011). Comments like these are often disputed by other posters, frequently resulting in disagreements, name-calling, and other negative interactions.

Some parents might fear the idea of raising a gay child more than they fear contagious illness. Homosexuality is still sometimes perceived as a choice and as something that can be spread, especially if there is repeated exposure. Religious figures such as Pat Robertson have made claims that homosexuality is contagious (Tashman 2013), and it is clear from Google’s autofill option that questions about both contamination and contagion and homosexuality are quite common.¹⁹ Even though same-sex marriage is legal in all states in the United States, acceptance of homosexuality lags behind legislation.²⁰

It is possible that public lack of acceptance of homosexuality is not entirely connected with personal conviction that the orientation is a choice. For example, some parents may feel as if they are somehow to blame if their child is homosexual. Parents are often cautioned against letting their children play with toys or games that are perceived to be for the opposite gender. Costumes, in particular, have been thought to contribute to “turning children gay,”²¹ and critics advocate instead for a reinforcement of gender roles. Parents of children who are gender fluid or gender creative have spoken out on this topic, but this issue is highly contested and a topic of concern for many parents.

Even in legends, shifts in gender are indicative of social norms and often reinforce these social norms. In legends we see that women and gay men are the ones punished for their sexual practices while heterosexual men are not (Henken 2004, 252). Folklorist Elissa Henken states, “Whereas women are punished for being sexually active and interested, gay men seem to be punished simply for being gay” (Henken 2004, 253). As Henken discovered in her own work, “When the protagonist of a legend is originally a female and shifts to being a male protagonist, that man is gay. However, when the legend originally features a male protagonist, no matter whether he is straight or gay, and then switches to a female protagonist, the punishment to crime ratio increases. The woman either incurs the same punishment for a lesser transgression or incurs a greater punishment for the same transgression” (246).

Punishment for transgressions also plays into our fears of those close to us being a threat, as well as our fear of the known becoming the unknown. When it comes to sexuality, before HPV the threat was in the form of infidelity and STIs that were immediately known. However, with HPV, which can lie dormant for years after it has been contracted, the threat is now hiding in the guise of a loved one—someone who is known to us and “safe.” This is also true with the rumors of homosexuality in children. Again, there is the issue of the known becoming the unknown; in this case, the threat is that a child that you have raised and assumed was heterosexual may turn out to be bisexual or homosexual. For those who perceive this to be a threat, or even for those who have denied that their children will become sexually active, the mere rumor of the HPV vaccine being offered to male children forces them to confront their own fears about parenting and the future.

Reminding parents that they have little control over the lives of their children is not reassuring to parents since it asks them to think of the children as sexually active adults. Thus, raising the issue of children’s future sexual activities may not be the most efficacious approach to encouraging the HPV vaccine. Indeed, there are a variety of difficulties in presenting scientific information to the public. For example, while the information provided to the public about HPV may be technically correct, it does not always answer the questions parents have. Moreover, it can contribute to legends and rumors concerning the HPV vaccine. Parenting already comes with a great deal of stress, and contagion, contamination, and vaccination discourse taps into those fears. Parents may experience a great deal of doubt when it comes to knowing what is right for their children. Not only do some of these HPV discourses add to the stress of parenting, but some anti-vaccination discourse also attempts to reassure parents that indeed they do know what is best for their children. While at times this knowledge could be comforting, it does put pressure on parents who may not feel certain it is true. Also, if they do believe they know what is best, they may not bother to seek advice from others. On the one hand, some anti-vaccination discourse assures them that they are making the correct decisions for their child, but on the other hand, parents are also told that they possess a sort of “sixth sense”—that is, they are told that parenting is an innate ability. Parents who do not identify with this experience or require help in making parenting decisions might feel as if they are not good parents or feel that something is wrong with them. Adding to these fears is the weight of the medical establishment telling the parents that it knows what is best for the children. In so doing, it treats the parents like children themselves. This can be very paternalistic, even when those who proselytize them are trying to empower

others. Never is this truer than when people adopt the attitude that these types of decisions are linked to both parental intelligence and the innate ability to raise children.

Paternalism is rampant in pro-vaccination narratives. The most recent tactic has been to publicly shame those who oppose vaccination. This is not a new tactic and, when tried previously, was done to no avail (see Durbach 2004; Kitta 2012). While this tactic may at first glance appear to be a strengthening of the pro-vaccination public voice, this stance, when coupled with additional negative rhetoric, has been ineffective in the past, causing a decrease in the uptake of the vaccine, increased distrust of the medical establishment, and increased resentment of biomedicine (Durbach 2004; Kitta 2012). As I've suggested previously (Kitta 2012), calling people names simply doesn't work. What is effective is sharing personal experience narratives (Kitta and Goldberg 2016). However, since it is impossible to know how many times a vaccine (or even quarantine) has prevented a disease, positive vaccination narratives are difficult to tell.

Clearly a new tactic is needed, one that does not resort to name-calling, shaming, or the citation of facts over attempting to understand each other's beliefs (Kitta and Goldberg 2016). The trite phrase of "more education is needed," better known as the deficit model in public health, is often used but is not effective. One thing that could help is less polarizing language. If we consider previous academic and medical publications concerning vaccine safety and communication, there was (briefly) a tendency to use terms like "vaccine safety advocate" over more black-and-white terminology like "anti-vaccine" or "pro-vaccine." However, the rhetoric used by both sides has become increasingly negative and aggressive over the past few years, often equating vaccination status with stupidity or lack of concern for others. Previously neutral terms such as "vaccination safety advocate" have fallen out of use in favor of more polarizing terms that seem to lump anyone who questions any vaccine into a single group, pitting them against those who choose to vaccinate. This turn toward shaming places participants on the defensive instead of engaging them in the conversation. A more humane, measured approach to the difficulties those making vaccination decisions face would certainly be more inclusive.

Parents may also feel societal pressures when making vaccination choices. Other parents or even family members, no matter what their stance on vaccination, may harass others or attempt to bully them into espousing their own viewpoint on vaccination or other parenting issues. Parents are left in the unfortunate circumstance of being expected not only to have an innate sense of what is right for their children but also to be able

to understand the science behind vaccination. They are then expected to decide what is correct for their family, often in a short time period.

There is no simple solution to this issue. Vaccination must be approached on a case-by-case basis. Simply using one strategy for every community, every parent, and every socioeconomic group is not going to work (although community-based health information programs are certainly useful). While health care professionals bemoan the time it takes to explain vaccination to the public, it is their duty to provide the public with health information in a way that is accessible. Negative language, insults, and paternalism are poor strategies to use when dealing with the public.

The Kiss of Death

ONE OF THE MOST WELL-KNOWN MOTIFS in contagion and contamination is the “Kiss of Death” and its variants. The core of this narrative is the motif of a kiss that is followed by the death of one of the participants in that kiss. There is something about the combination of intimacy and tragedy, familiarity and betrayal, that speaks to us. However, this motif is not as simple as it first appears. There are many variants, and we must consider in our analyses who is doing the kissing, whether the kiss results in death, and the original intention of the kisser.¹

Of course, there are instances in which the narrative does not establish the intention, and the Tale Type and Motif indexes show multiple cases of these stories.² Tale Type 313C and Motif D 2004.2 warn us about the potential danger of kissing, offering taboos against kissing, most notably that kissing causes disenchantment or magical forgetfulness. Motif 81.5 reminds us that we are not safe once we are reunited with our beloved, showing us that sick lovers die from the exertion of the loving embrace. Not every kiss brings misfortune, of course. Tale Type 410 and Motif D 1978.5 show the kiss as being restorative, such as we encounter in “Sleeping Beauty.” Similar to Motif 81.5 is the legend of “The Last Kiss,” wherein a laborer is crushed by a piece of machinery. Removing him from under it will cause his death. His wife is called to the scene, where they share one final kiss before he dies (Brunvand 2012). There are too many specific instances of kisses that kill (or just harm) to mention all of them; instead, I have chosen stories that typify the genre and are the most well known. As I have tried to do throughout this book, I have drawn on examples from both popular culture and folk culture since the two continually interact.

WHO IS DOING THE KISSING AND WHY?

Our first taxonomical consideration is the kisser’s identity. For the purposes of this chapter, we can assume that the kisser is the Other in the scenarios

I describe below and that we are meant to identify with the person being kissed. In both folkloric and popular culture sources, we see that there are three possible relationships to the person being kissed: a stranger, a loved one, and what I am terming an “intimate Other” or “intimate stranger” for the purposes of clarity in this discussion. The intimate other or intimate stranger is a person who shares a degree of intimacy with the individual being kissed but is not a beloved. In some circumstances, such as the case of a one-night stand or date, they are not a loved one because they are still unknown, or mostly unknown, to the person receiving the kiss. Occasionally there is the potential for them to become a loved one, but in other sources the intimate contact is brief. The exact nature of the relationship is typically unknown to the person receiving the kiss, but the kisser may already know that this is either a one-time event or the beginning of a short-term intimacy.

Priscilla Wald argues that “the carrier is the archetypal stranger” (Wald 2008, 10); however, these narratives certainly show that this is not always the case. Sometimes the carrier is someone very close to us—someone we love—which makes the harm they cause (be it intentional or unintentional) all the more heartbreaking. Wald later mentions that the carrier might also be “the uncanny figure of the familiar estranged” (Wald 2008, 22). This description aligns better with notions of contagious disease, travel, and the unintentional infection by someone who has left the community, become infected themselves, and brought an illness back to the community. In the case of contagion with an allergen, the familiar has not left but has changed without notice.

The intent of the kisser—that is, whether they intend to harm or not harm—is crucial to both the narrative and the success of the kisser. As we consider the following categories that demonstrate the relationship with the kisser and their kisser’s intent, a pattern emerges demonstrating the ultimate fate of the person being kissed: if they are doomed to die or be merely harmed, sometimes both physically and emotionally.

KISSES WITH STRANGERS WITH THE INTENT TO HARM

Kisses from total strangers are rarer than any other form of kiss in both folkloric and popular culture sources. The kisser primarily appears in the form of a supernatural creature, specifically a demon or an angel. In some tales in this literary tradition, the kisser seals a pact with the devil with a kiss, most commonly giving the devil an “obscene kiss” (Burns 2003, 157; Durrant and Bailey 2012, 154)—that is, on the devil’s anus rather than on

the mouth. Pacts with the devil through a kiss abound in popular culture and folklore, including the television series *Supernatural* (2005–present), well known for its relatively accurate use of folk beliefs. This show features a kiss (on the mouth) as the way of sealing a deal with a crossroads demon in multiple episodes. The participant is typically given ten years’ reprieve before hellhounds collect their soul in a horrifically violent death.

There is a strong suggestion of sexual overtones in these kissing motifs, such as temptresses who purposefully poison their lips. There have been multiple examples of the poisoned lipstick motif in popular culture in recent years.³ As part of a revenge plot that started a period of conflict, *Game of Thrones* (2011–19) featured a poison-lipped kiss, given by one woman to another, in a shift from the more common motif of a woman kissing a man as a means of murder. The short-lived series *666 Park Avenue* (2012–13) also included a kiss from the poisoned lips of a woman. Poison Ivy, from the *Batman* series (TV Tropes n.d.a), often used a poisoned kiss as a weapon as well. There is only one kiss from the poisoned lips of a man in popular culture, that of the Joker in *The Dark Knight Returns*. For this scene, he is dressed as a woman, specifically as a nurse, which calls to mind the “Angel of Death” motif. He wears lipstick, a typically feminine product, further marking him as both dangerous and uncanny.

These stories of contaminated lipstick may also link to legends about lead in lipstick, either as an intentional poison from an uncaring company or as an unintentional poison from a lover with a high tolerance for lead. Typically, these narratives tend to weave a tale about the lead in the lipstick poisoning the wearer, a woman. They usually include the not-so-subtle subtext that the woman was killed as a result of her own vanity. Other narratives tend to focus either on a list of companies that have been proven to have lead in their lipstick or on how to best detect whether the lipstick that one uses contains lead. These tests typically involve putting a small amount of lipstick on the back of the hand (or another surface) and then running a gold ring over it. If the lipstick turns black, then it must contain lead and is, therefore, contaminated (Mikkelsen 2015).

In folk narrative most of the fatal kisses mentioned are given by either God (Motif Q 147.3) or a ghost (Motif E 217). Those who hear the tales can assume the kiss was intentional, although malevolence may not have been the driving force behind it. Popular culture echoes these kisses in *American Horror Story: Asylum* (2012–13), which features Shachath, the Angel of Death, who kisses the dying as a way of taking their souls.

KISSES WITH INTIMATE STRANGERS AND/OR INTIMATE OTHERS WITH NO INTENT TO HARM

The only type of a kiss from a stranger with no intent to harm are kisses between two people who do not know they are related. These situations always result in embarrassment for everyone involved. Incidents of accidental incest occur when the face of the woman is hidden either in the shadows or by an article of clothing her attackers place over her face, or when the history of the woman is unknown to the kisser. For example: “Once there was a freshman guy at a large university. He and his friends went out drinking one night and he ended up going home with a girl. After they had sex, he asked her where she was from. She replied that she was from Dallas, Texas. ‘Oh, really,’ he said, ‘I have cousins there.’ She asked him what their names were, thinking she might know them. He told her their names and she said, ‘That’s my last name!’ They figured out they were first cousins. He never slept with anyone on a one-night stand again” (Whatley and Henken 2000, 148–49).

There are also narratives of the “close calls” regarding incest, in which, typically, a man orders a sex worker to his room or visits a brothel only to discover the woman he is planning on having sex with is his daughter:

OK, there was this young woman studying abroad, in Berlin. Her father, on somewhat short notice, was being sent by his company to Berlin on business. So he thought he’d pay his daughter a surprise visit. Well, he arrived after dark, and he thought his daughter might be busy studying, so he decided not to contact her till the next morning. After he got checked into his hotel, he wasn’t sleepy, so he went out on the town. Specifically, he visited a classy brothel that the bellhop had recommended. He paid his money and was ushered into a small room, to await the arrival of the prostitute who had been assigned to service him. Imagine his surprise when the door opened and a beautiful young woman exclaimed, ‘Daddy, what are YOU doing here!’ (Whatley and Henken 2000, 150).

Another variant on this legend is that the father and daughter meet online, engage in cybersex, and then agree to meet. Whatley and Henken offer an example of this type of narrative:

A young woman in college is a computer science major and, because she spends all her time at the computer, has little time for a social life. She decides to get into a chat room and hooks up with a guy, with both of them using fake names. Then chat turns to sex and soon they’re into cybersex. Eventually, they decide to have real sex and plan a meeting. In order

to avoid any confusion or the need for red carnations, they agree that he'll book a room and they'll both check into it. She gets there first and is waiting in bed naked. The door opens and with horror she recognizes her father. (Whatley and Henken 2000, 152–53)⁴

In these narratives, while there was no clear intent to harm by either party, there is nevertheless psychological harm.

In narratives that cause both psychological and physical harm, Whatley and Henken offer several versions of sexually transmitted infections spread by a kiss and other types of contact:

This guy was at a party, and when he went to leave the hostess gave him a huge kiss. He noticed after the kiss that the hostess had a big nasty cold sore on her lip. He didn't think anything of it. Later, he was with his girlfriend and gave her oral sex. He ended up giving her herpes, too.

A girl at college had this cold sore on her face and washed it and then left the washcloth sitting in the sink. Her roommate gets her period unexpectedly, comes back, and cleans herself off with the same washcloth. The second girl contracts herpes in the same way.

This guy has oral sex with a girl who's menstruating. He notices white spots in his mouth. He's gotten thrush from her yeast infection. (Whatley and Henken 2000, 173–74)⁵

Although the degree of the relationship is not explicitly established, the stories imply that these people are at least familiar since they allow such intimate access to each other's bodies and since the relationship is not directly mentioned.

KISSES WITH INTIMATE OTHERS WITH THE INTENT TO HARM

One of the most well-known kisses with the intent to harm is the kiss of the succubus or incubus.⁶ These demons are said to sexually assault humans in their sleep. Narratives of the assaults demonstrate that these incidents are never welcome and sometimes leave the assaulted person weak, bruised, or even dead. An anonymous poster, identifying themselves as “Claws” from Georgia, posted this narrative on the website *Your Ghost Story*:

It suddenly felt like two hands were pressing down on my shoulder blades, pushing me into the bed. The pressure felt so real, I can even remember it now. Then it felt like someone straddled me and was trying to get itself inside me. I remember hearing the bed creak when it started rocking. I was

unable to move and all I could think was, “No no no no.” That’s when my eyes shot open—I woke up—and I immediately jumped up and turned on the light.

The pressure left me as soon as I got up. Of course, I felt terrified and my room had an ominous feel afterwards. I slept with the light on for the rest of the night and it didn’t happen again. It hasn’t happened since.

I know the whole closet door opening/me getting up was a dream, but the pressure I felt on my back and the movements on my body felt so real. I’ve been wondering ever since if it was and I would love anyone’s input. (“Claws” 2012)⁷

Claws’ narrative shows that they took this attack very seriously. So, too, did those responding, who offered advice and sympathy. Although this attack does mention pressure on the upper body, the supernatural assault that Claws describes differs from other supernatural assaults, like the “Old Hag” tradition, indicating that this assault is either a distinct subtype or a different phenomenon (Hufford 1982, 131).

There is considerably more written on the incubus tradition, especially respecting tales of incubus assaults on women, than on the succubus tradition. I believe this is, in part, due to the Freudian conviction that women had these “nightmares” because of suppressed sexual tension. The majority of academic work on incubi comes from the field of psychology and primarily focuses on the diagnosis of the (mostly) women who have been subjected to supernatural assaults. More modern psychological studies suggest these women have experienced sexual assault by a nonsupernatural attacker and have translated that experience into an encounter with an incubus as a way of coping (Davies 2003, 192–93). Only Hufford suggests that these experiences require further investigation in so far as they relate to, but nevertheless differ from, Old Hag experiences (Hufford 1982). I would also suggest that we should not assume that the incubus tradition is more common just because there is a greater frequency in the number of narratives. It may be that both traditions are equally common but that in Western culture we are hesitant to accept that men can be sexually assaulted by women and uncomfortable with the consequences and significances of a male who has been raped by a person of any gender.

While kissing is not mentioned specifically in the following legends, it can be inferred from the “AIDS Mary,” “AIDS Harry,” and “Welcome to the World of AIDS” legends in which, again, intention to harm is present. Typical in, for example, the “Welcome to the World of AIDS” narratives, the antagonist in these AIDS legends, whether male or female, intentionally infects people with HIV/AIDS. In some cases they construct a detailed

and drawn-out ruse to infect others. While contact with the infected does directly result in illness and death, the results are not immediate but rather unfold over time. The true punishment for the infected is the impending doom they feel as the recognition of what has happened unfurls.⁸

In contrast, in legends about rape, the horror is immediate. Whatley and Henken (2000) offer two separate versions of a rape, both of which conclude with the realization that a brother has raped his sister. There is no kiss involved in these narratives, primarily because that would indicate the identity of the woman involved since they would see each other's faces, but these narratives are still related since they involve an intimate stranger. In the first version, the brother does not realize it is his sister because her head is outside the window:

There was a guy in this frat who brought his younger sister to Athens for a weekend. The frat was having a big party and he thought she'd enjoy it. The party came, and bro and sis were hanging out, getting really ripped. Sis excused herself to go to the john. A good while later, she had not yet returned, so bro went to look for her. While stumbling around the frat house, completely soused, he happened upon a room full of guys, "enjoying" some poor girl who was apparently too sick to worry about it, because her head was stuck out the window and it sounded like she was throwing up. Bro joins in the fun. When everyone has had their turn, they pull the girl, who has passed out, back into the room. Bro realizes with horror that he has just participated in gang-raping his sister (Whatley and Henken 2000, 143).

In the second version, the girl is passed out with her head outside of the window:

At a fraternity party, a girl drank too much and passed out leaning out the window. One of the fraternity brothers came into the room and saw her. He lifted up her dress and violated her. When he was done, he went and retrieved one of his friends from the party. He brought his friend into the room, and his friend violated the woman also. They decided to see who she was and so they pulled her in. They looked at her face and the second frat boy said, "Oh my God, that's my sister!" (Whatley and Henken 2000, 144).

Although in neither version of the story does the brother have any intention of harming his sister, he certainly intends to harm someone. Nevertheless, many of these types of legends seem to blame alcohol or the victim more than they blame the male rapist. He is not punished for rape per se; rather, he is horrified because he has raped his sister (Whatley and

Henken 2000, 144–45). Since these stories do not tell us of the ultimate fate of the woman, we do not know what happens to her. Instead we only see this legend through the male gaze.⁹

An example of a tale of warning that links to “Kiss of Death” legends is “The Cannibal/ Necrophiliac’s Kiss,” or “The Cannibal’s Gift”:

A girl goes on vacation with some friends out of the country. Her and her friends are at a club one night, when she meets a handsome foreigner. After a few drinks and a little dancing, she ends up making out with the handsome foreigner. He tries to convince her to come home with him, but she refuses. She goes home a few days later and begins developing a rash around her mouth. She goes to the doctor, and the doctor starts acting really weird. After a lot of questioning about her recent activities, they finally tell her that the rash she has can only be contracted through the ingestion of human flesh or contact with someone with that rash. She tells the police about the handsome foreigner she kissed. The police begin doing some investigating and find that this man has been on a most-wanted list for some time. He’s a suspected serial killer and cannibal (“Caterpillar” 2011).

In these legends a woman goes to her doctor complaining of either a rash on her genitals or a rash in or around her mouth after an encounter with a stranger (sometimes they only kiss, other times they engage in oral sex or intercourse). After further investigation or testing, it is found that the cause of the rash is from an insect (sometimes called a “corpse worm”) or bacteria found only on corpses, leading the physician to believe the woman or a person she came in contact with is a cannibal or necrophiliac. In some variants, the man is found and arrested. In others, after he is found, it is discovered he not only had inappropriate contact with the dead but also murdered these people. What is more, he would have killed the woman with the rash around/inside her mouth as well if she had gone home with him or called him.

Typically, the focus in these tales is on the woman and the infection she receives as a punishment for her promiscuity. It does not matter if she kisses or has sex with a stranger: she is punished either way for any type of sexual activity. Moreover, in the variant in which we learn that the man is also a killer, she is usually not killed because she chooses not to go home with him, instead only kissing him. Thus, her choice to break from him at this juncture saves her from promiscuity and murder. Her horror is not an STD; rather, it is an infection around the mouth—as well as the knowledge that she was nearly murdered and assaulted when she receives

medical treatment. In this scenario, where she has an infection around her mouth, she is certainly being “marked” for her actions, but the mark isn’t, presumably, indelible. Nevertheless, it is something that she cannot hide, which makes it more public than an STI. Of course, an STI isn’t visible to the casual onlooker’s eye, but the consequences are more horrifying to the infected.

It is interesting to note that in some variants of this legend, there is either an ill-defined consequence or no consequence for the actions of the cannibal/necrophiliac. In some versions, he is caught or arrested and the bodies of his victims are found, but there is no mention of what happens to him next. The consequences of his actions are vague, whereas hers are detailed and we hear more about the humiliation and pain she endures. The woman and her suffering are the primary focus of this legend, and the message to women is clear: Don’t be promiscuous because even kissing has consequences (see “Sex, Death, and Maggots” 2005; Mikkelsen 2010; Emery n.d.).

KISSES WITH LOVED ONES WITH THE INTENT TO HARM

The “Kiss of Death” is more common in acts of betrayal (Motif K2021), such as Judas betraying Jesus with a kiss or the Kiss of Death used by the Mafia. Of course, these lead to eventual death to the recipient of the kiss by means other than the kiss itself, which makes them slightly different from the other “Kiss of Death” narratives. In popular culture we see the Mafia-related Kiss of Death motifs in, unsurprisingly, many Mafia films, such as *The Godfather II* (1974), and in parodies of Mafia culture, such as *Analyze This* (1999) and episodes of *The Simpsons* (1998, 2011). Outside of these contexts, however, the Kiss of Death that we relate to the Mafia (where the death is more eventual) is fairly uncommon.

KISSES WITH LOVED ONES WITH NO INTENT TO HARM

There seems to be a new trend in popular culture narratives in which a kiss unintentionally brings harm, or even death, to a love one. In the *X-Men* series, both the comic books (1963–present) and the movies (2000–present), Rogue is a superhero who can steal another’s life force and abilities through touch. She discovers this power quite unintentionally by harming her boyfriend during a kiss (in *X-Men Unlimited* #4, published in 1993). Similarly, a succubus named Andie in the television series *The Gates* (2010) has this ability, which she inherited from her mother. In

this series the capacity to harm through touch is explained as a disease in which the succubi cannot generate energy and must take it from others. Unfortunately, this is something Andie learns only after causing her boyfriend's hospitalization because of a kiss. *Lost Girl* (2010–15), another television series, also features a succubus as a main character—Bo. We learn that Bo had to learn how to control her feeding because she had previously caused several people to die. To keep people safe, she was forced to flee her home and live on the run. Finally, in *American Horror Story: Coven* (2013–14), we are introduced to Zoe, who accidentally kills her boyfriend through intercourse. While this plotline may also link the series to vagina dentata legends—in which a woman's vagina contains potentially perilous teeth—its unintentional consequences, which lead to Zoe's removal from her family and home, link the plotline to Kiss of Death legends and also to legends about contagion.

Many communicable diseases can be unintentionally spread in a variety of ways, including a kiss. We even call mononucleosis the “kissing disease” because it is disseminated through saliva, although it can be spread in other ways (Mayo Clinic 2015). However, many other conditions can be spread by a kiss and are commonly transmitted among loved ones.¹⁰ The legend of a child who is harmed by a parent's kiss certainly falls into the category of unintentional harm caused by a loved one. This story typically involves a baby who is harmed by the kiss of a parent, typically the mother.¹¹ In these stories a child, who is typically a female premature baby under medical treatment and hospitalized, contracts the herpes simplex virus (HSV) from the mother's kiss. The mother, who does not realize that she has HSV or does not realize that HSV can harm the child, has no idea that her kiss will be fatal to the child, who is already struggling for life. In these narratives the child always dies, typically days after the kiss (Bunyan 2009; Narain 2009).

One of my students told a version of this strand of the Kiss of Death narrative (unintentional harm) in class: “In nursing school they told us not to kiss any of the babies, especially if we get cold sores. They said we could accidentally get the baby sick and they could die or something.”¹² Other versions of similar narratives include the father kissing the baby (Chitale 2008; Tomlinson 2013; Vultaggio 2013). It seems that in these “Kiss of Death” narratives, mothers accidentally kill their daughters while men kill both daughters and sons. News articles that report “Kiss of Death” narratives lead to many interesting public comments, primarily expressing sympathy for the bereaved parent(s) and sharing personal experience narratives about childbirth and childhood illnesses. In these comments the narrator often

recalls their own reaction upon hearing that cold sores could be damaging to children. One post was particularly detailed:

My daughter was in an abusive relationship during her pregnancy. Turns out she also had at least one STD other than genital Herpes. Feb.24, 2009 she gave birth to a perfect little boy while running a 105 degree fever. After the birth the baby had a fever too. The hospital staff ask her about STD's & Herpes and she lied to keep friends from knowing. Her own words. The baby died on day four. She did not tell a doctor, receive treatment & lied to hospital staff who were giving her a last opportunity to come clean so alternate birthing plans could be made that may have saved this baby. After autopsy she came clean to family about her secret. Did she murder her baby by not getting treatment or telling hospital? This baby died in a horrible way. What should i do? (Karen n.d.)

Many posts also pointed to how tragic it was that the parent in question was probably blaming themselves even though the harm was unintentional. These comments also included evaluations concerning the amount of stress and pressure that comes from parenting.

Another more violent version of the Kiss of Death narrative in which harm is unintentional typically features a father with a weapon. In this variant the father leans in for a goodnight kiss, but his gun drops out of his pocket and accidentally discharges, shooting his daughter in the head. She dies, typically a few days later (“Dad’s Goodnight Kiss Fatal to Baby Girl” 1946). In yet another variant of this legend, although less popular, a man accidentally shoots his wife/girlfriend when his gun accidentally goes off while he is hugging and/or kissing her (Edwards 2013).

In these narratives it seems that women kill passively, through infection, while men kill violently, using weapons, even if it is unintentional.¹³ It is also interesting to note that the majority of the victims, even the children, are female. While the child remains the obvious victim in the narrative, it also seems that the woman is still the victim in these stories via the death of her child, just as they are in most contemporary legends. I could find only one example in which a woman unintentionally harms a man because she gave him a “love bite,” which caused a blood clot (Mansfield 2016). However, even this story states that the original narrative involved a woman as the victim (although she did not die). Neither of these incidents seems well known, and I could find only one article outside of the original reporting news organization that mentioned these incidents. In this incident the point of the article was to demonstrate how unlikely it would be for a love bite to cause a blood clot (Baggley 2016).

THE PEANUT BUTTER KISS

In 2005 fifteen-year-old Christina Desforges of Saguenay, Quebec, was attending a party with her boyfriend and others when she went into anaphylactic shock. Adrenaline was administered, but it had no effect. According to the original autopsy report, she died of “cerebral anoxia,” or lack of oxygen to the brain, following a severe asthma attack (Profita 2006). The coroner rejected the hypothesis that her death was caused by anaphylactic shock due to a peanut allergy, in spite of her boyfriend’s admission that he had a peanut butter sandwich earlier in the day and kissed Christina (Profita 2006). However, many online posters on allergy forums felt that a complete autopsy was not performed. A later autopsy report confirmed that Ms. Desforges’s death was caused by an acute asthma attack brought on by physical exertion (Braunstein 2013). However, by that point Ms. Desforges’s untimely death had become a cautionary tale for those with anaphylactic allergies—especially peanut allergies.

There is another story of a twenty-year-old named Myriam Ducre-Lemay who died in 2012 after a fatal kiss from her boyfriend, who had recently eaten a peanut butter sandwich. Ms. Ducre-Lemay was also from Quebec, and the stories of her death sound alarmingly similar to Desforges’s death. Interestingly, her death was relatively unreported, gaining traction only when, four years later, multiple news outlets covered Ms. Ducre-Lemay’s mother’s call for more awareness of common allergens and the need to carry an EpiPen. I could not find any news articles about her 2012 death before the 2016 articles featuring her mother, Micheline Ducre.¹⁴ Although it is possible that Ducre-Lemay’s death was not reported, it seems odd that all of the news stories about her did not come out until 2016 and that they sound nearly identical to Desforges’s death.

Tales of the Peanut Butter Kiss still circulate, but later narratives drop the name of the protagonist—Desforges—entirely, while still recounting the details. In doing so, they reduce the legend to a narrative format similar to a rumor. In all of the legends and rumors I found, it was always a female who was allergic to peanuts (or another common allergen, such as shellfish), and there were no instances of a woman accidentally killing a man with any type of allergy. A common element in all these narratives is the way in which they demonstrate a relatively accurate lay understanding of contamination, especially to allergens. If we consider articles in medical journals that may have either been published in response to rumors and legends like these or sparked further cycles of these legends, we see that science supports these narratives. A study done in 2006 showed that peanut protein can be found in saliva up to 4.5 hours after ingestion (Maloney,

Chapman, and Sicherer 2006). This substantiates the claim that a kiss could induce an allergic response, which could in turn lead to death. A 2003 study outlined an individual's severe allergic reaction to shrimp that took place after a goodnight kiss (Steensma 2003). Both of these studies demonstrate that the lay public does understand how allergic reactions work and that their concern for their own allergic reactions and the allergic reactions of their loved ones are justified.

The Desforges legend also seems to involve a degree of slut shaming. The original coroner's report on Desforges noted that smoking and physical exertion may have been contributing factors to her demise, as both can cause and worsen the symptoms of asthma. Speculation about the fifteen-year-old's arguably illicit behavior in the early hours of the morning (3:00) emerged on allergy forums. Posters in these forums included speculation about her smoking cannabis and engaging in sexual activity ("Coroner's Report on Christina Desforges" 2005). Some posters even questioned whether peanut proteins were present in the boyfriend's semen rather than in his saliva. Again, the lay public shows an understanding of medical research, and their logic predated the 2007 study done in Britain demonstrating that in the case of Brazil nuts, it is possible to have an allergic reaction to proteins from common allergens found in semen (Bansal et al. 2007). This study also confirmed that saliva has the potential to carry common allergens such as nuts, fish, eggs, or milk, causing "broncho-spasms," which are theoretically present in both an asthma attack and an allergic reaction.

While the Desforges coroner's second (and final) report did confirm that Desforges had smoked cannabis earlier that evening, it also stated that her condition as an asthmatic was worsened by engaging in sexual activity. How the coroner knew of her sexual congress, confirmed it, or knew that it was the cause of the worsening of her condition is not mentioned in any of the news reports. While there is no way of knowing how much the coroner was influenced by public opinion of the incident, one can only assume that the coroner was aware of the incident's report in the media.

Although it is unlikely that someone could die from a kiss in circumstances such as Desforges's, studies show us it is not impossible. Allergens can trigger reactions even if they're not being consumed. For example, the allergic person may come into contact with the unwashed hands of a person who has handled the allergen or another contaminated surface, such as a countertop, which may trigger an allergic reaction. Additionally, there are varying degrees of allergic reactions, not just between people but also within an individual. Childhood allergies may disappear as the individual

moves into adulthood. Or an individual's reaction can have different levels of severity on different days (Wood 2003). These changes in reaction and changes over time often do not help those with severe allergies explain their condition to those without allergies. Many allergy patients report stigmatization, stating that others do not necessarily believe in allergies or underestimate their severity. In casual conversations with those who have anaphylactic allergies, nearly all of them have reported at least one event, but typically multiple events, in which they were hospitalized, nearly hospitalized, or had another type of "close call" when they were with people who had misunderstood or refused to believe their allergies were real.

After the Desforges story was released, many who encountered it in the news demonstrated a mixed reaction to the news reports.¹⁵ While some were certainly pleased that allergic reactions were being taken more seriously by the general public, the coroner's report stating it was an asthma attack, not an anaphylactic reaction to an allergen, may have lessened the concerns of those without allergies. Posters worried that, with this new information, would people take anaphylactic allergies more seriously and not equate them to dislike or allergen sensitivity? Or would the allergic person and their loved ones need to be even more careful?

The story of "The Peanut Butter Kiss/Kiss of Death" and its link to an anaphylactic reaction to peanut butter over an asthma attack seems to have won out over the coroner's report initially, but the long-term effects of this story seem to be present in both folklore and popular culture. While the "Kiss of Death" legend is certainly older than the "The Peanut Butter Kiss" story, perhaps this narrative is partially responsible for the resurgence of the "Kiss of Death" motif in popular culture.

WOMEN IN CONTAMINATION AND CONTAGION NARRATIVES

If we consider other legends about unintentional death, women, and contamination, we could even go as far as to say that all of these legends link to contaminated food legends, such as "The Kentucky Fried Rat." In early versions of this legend, the function was to warn women about not properly fulfilling their role as wife and mother (Fine 1980, 233). Bennett notes that since women traditionally oversee food production, they are also linked to intentional or accidental food poisoning (Bennett 2009, 94). Indeed, there is an underlying current of sexism in "The Peanut Butter Kiss," both as a legend and a true story. If the woman in question had made the meal instead of the man, no allergens would have been present and she would

have survived. If the mother had been more careful about kissing her child or watching whom her child had kissed, her child might have lived. While in some of these narratives fathers are also to blame for not taking proper care of their children, there is a different sense of their responsibility for the child since women are often seen as the primary caregiver. What is more, readers may wonder where the mother was when the gross negligence occurred.

As Bennett notes, there are many contemporary legends that are concerned with the pleasures, comforts, and necessities of life (Bennett 2009, 60). Legends about kisses, certainly one of life's pleasures and comforts, remind us that even something as innocent or loving as a kiss can lead to contamination. But kisses aren't the only apparently innocuous physical exchange that can turn sour. Bennett's consideration of poisoned garment legends shows how fear can even factor into the arguably mundane: clothing. Like legends about kissing, modern versions of the poisoned garment legends are infected by the touch of death, demonstrating that some deaths are contagious (Bennett 2009, 65). Since many of these poisoned garment legends also have sexual overtones, "the promise of sex is touched by the hand of death" (66).

Priscilla Wald notes that one of the characteristics of a healthy carrier is "a figure conventionally marked as an object of desire and fear" (Wald 2008, 22). Bennett demonstrates that poisoning legends tend to show women as being harmful to men, rather than the opposite. She states, "No one is safe. It is not just poisoned sex men need fear; it is the poisonous sex" (Bennett 2009, 89). These women are harmful, sometimes intentionally, and sometimes unintentionally. Infectious disease, whether intentional or not, is one of the few ways in which women traditionally kill men (Bennett 2009, 104). In contemporary legends men have the means of killing and torturing women in a variety of ways, but most of the ways in which women kill are passive, even accidental, and tend to be less gory, as we see in legends such as "La Llorona/Women in White" (typically drowning or poison) and "The Kiss of Death" (poison). In other legends, such as "The Boyfriend's Death," the man is killed because of the woman, although not directly by her—the male's death occurs when he gets out of the car to check on a noise. He does this under the guise of protecting the woman or placating her fear and request to leave by showing her that there is nothing there. He would not be outside the car in the first place if it were not for her. Furthermore, if she had given into his sexual advances, he would not have left the safety of the car. (Of course, had they both stayed in the car, they would have both been killed by "The Hook.") One scholar suggests that in this narrative death is

the only appropriate punishment because men cannot get pregnant (Carroll 1993).¹⁶ The same comment can be made about some variations of “The Peanut Butter Kiss” legend. In recent years there have been a few instances of a gender reversal in that narrative, with the male being the victim of the kiss. Perhaps, as Carroll suggests, the male figure must be punished by death for his sexual activities since he cannot be punished via pregnancy.

However, tales in which men receive their comeuppance are heavily outweighed by tales in which the woman is the villain. Sociologist Gary Alan Fine believes that stories in which women get retribution work as a “subtle revenge against men” and points out that “the image of the evil woman, the castrator, has a long history in folklore and literature” (Fine 1987, 196–97). Fine also feels that women are able to tell stories that indicate their fear of men, but that men are not able to tell similar stories discussing their fear of women, and so they must rely on these types of legends to express their fear. Fine (1987, 197) states, “The woman with her red lipstick, who disappears after intercourse, is such a fantasy figure—a modern succubus. The story indicates for men that their illusion of control may be just ‘an illusion.’” While I agree with Fine that these stories are told as a way of expressing fear not otherwise able to be expressed, I do not agree with his statement that men only have the illusion of control. A quote often attributed to Margaret Atwood comes to mind: “Men are afraid that women will laugh at them. Women are afraid that men will kill them.”¹⁷

Elissa Henken (2004, 252) states, “Women (of any sexual orientation) are far more vulnerable. Men are occasionally punished for going too far with their sexual activity, but women are punished for any sign of sexual autonomy or enjoyment or even letting their guard down and allowing themselves to become more vulnerable (e.g., by drinking in a bar).” Perhaps the shifts to women as aggressors in contemporary legends are not about revenge but rather about trying to make corrections to past legends, which have often framed women as victims alone.

The story of Ms. Desforges, which has morphed into the legend of “The Peanut Butter Kiss,” reads more like a warning against sexual acts than a caution against allergens, although both certainly have the capacity to contaminate the recipient. The legend of “The Peanut Butter Kiss” more generally warns about the contagion and contamination of allergens. The girl in the later narrative is often pictured as innocent and in love, where the narrative about Desforges has elements of slut shaming and judgment. Desforges is punished for her actions, while the girl central to “The Peanut Butter Kiss” legend is seen as a tragic victim. This is because sexual activity other than kissing is not present in “The Peanut Butter Kiss” legends. These tales often

report that the girl had the reaction later on that night, *once she was home* or while engaging in another wholesome activity, like watching a movie. The kiss reminds the audience that any level of sexual activity is unsafe.

As Bennett states, legends are “punitive embodiments of conservative attitudes toward sex, especially promiscuous sex and above all homosexual sex” (Bennett 2009, 121). The punishment for promiscuity could not be clearer in these legends, yet there is also something else present. Some fates are worse than death—especially causing the death of a loved one or being punished for a lifetime because of a kiss. There is an obvious fear of contagion in these legends, both from loved ones and from strangers.

THE RESULT OF THE KISS

One other notable characteristic of kissing narratives comes from the result of the kiss. As we can see from these legends, the more beloved the person is, the more likely they are to die from the kiss. Complete strangers are rarely successful in physically harming anyone with a kiss, unless they are an intimate stranger. Intimate strangers are always successful if the intent is to harm; their victims may not die in the narrative, but the audience is left to imagine the details of the character’s fate since their ultimate suffering and death is implied by their infection. Those kissed by loved ones with the intent to harm do die, typically within a short period of time, but they do not die as a direct result of the kiss. Rather, the kiss is used as a way to identify them or seal their fate. The betrayal is made known to the person being kissed, and they typically die within a short period of time, surprised at this disloyalty. Finally, those who are unintentionally harmed by the kiss of a loved one always die as a direct result of the kiss, typically within a short period of time or even immediately. If they are allowed any amount of time, it is usually spent in the hospital, and they are generally in a coma. The only digression from this that I am aware of is in Shakespeare’s *Romeo and Juliet*, in which Juliet seeks traces of poison on the dead Romeo’s lips because she wants to die. Thus, her kiss is not accidental, and in any case she is forced to find another means to commit suicide.

RISKY BEHAVIORS OR RISKY PEOPLE?

The focus on legends about sexual activity is on the risky behavior more than it is on the risky person. As Bennett and Goldstein note about HIV/AIDS legends, the focus was on risky people, showing that if you were not a certain type of person, you would be safe (Bennett 2009, 131). However,

I agree with Mary Douglas (2003, xix), who remarks, “We draw on the idea that risk is like taboo. Arguments about risk are highly charged, morally and politically. Naming a risk amounts to an accusation. The selection of which dangers are terrifying and which can be ignored depends on what kind of behavior the risk-accusers want to stop.” While the shift in emphasis from risky people to risky behaviors is important because it takes the blame off the person’s inherent traits, risky behaviors still stigmatize and label those who behave in risky ways. And, furthermore, we still associate risky behaviors with risky people. The stigmatization of individuals and the groups they belong to are still present, even if we have aimed our attention away from the people themselves. In terms of stigmatization, it is nearly impossible to separate the behavior from the people and their associated groups, be those group distinctions esoteric or exoteric.

In terms of risk, legends shifted as the “Welcome to the World of AIDS” narratives, or, as Bennett calls them, “casket narratives,” became more popular. In these narratives even innocent people who fell in love were at risk. The risk was no longer sex with a stranger but a relationship in which a commitment was made. Needle attack legends took this one step further, turning ordinary events like going to the movies, using a gas pump, or receiving change from vending machines or phone booths into a risk. In fatal kiss narratives we are warned against intimacy of all types, even the loving innocent intimacy between a parent and child. We have moved from risky “others,” to risky behaviors, then back to the loved one being the source of contagion. This is interesting to note because both Goldstein and Bennett show that we perceive risk as not being related to our own behavior, but instead as being related to the behavior of someone else (Goldstein 2004, 59; Bennett 2009, 131). It seems the blame has shifted from the unknown “other” to the known loved one, at least in the case of kisses without the intent of harm.

Both “The Kiss of Death” and “The Peanut Butter Kiss” underscore our concern about possible contagion and contamination. The act of kissing, primarily seen as a loving occurrence, turns devastating when connected to the spread of disease or a contaminant. These legends, with their affectionate and sexual overtones, remind us to be careful about whom we kiss or whom we choose as intimate partners. It reminds us that things like STIs, allergens, and other forms of contagion and contamination are invisible. They lurk where we least expect them, while our guard is down, and when we are most vulnerable.

These narratives also seem to enforce gender stereotypes, punishing sexually active women and the men who choose to be with them. As

Bennett notes, females willing to engage in sexual activity are dangerous and polluted (Bennett 2009, 134). While there are some cases in which women are the victims, we overwhelmingly see the woman as the aggressor in these legends, even if she is not fully aware of it. Her sexuality is a threat to men and sometimes even to herself. It seems as if her sexuality itself is the aggressor; she is at the will of her own sexual desires, unable to defend herself, as is typical in contemporary legends.

The placement of blame—particularly as it pertains to female sexuality—highlights an opportunity for advocacy. Folklorists can continue to interpret these legends, share their interpretation with their students, and dismantle the subtle ways in which women are disempowered in these legends. By speaking out about, educating about, and researching legends that reinforce misogyny, homophobia, and other forms of shame associated with embodiment and sexuality, folklorists can demonstrate the power of narrative and how it shapes perception. Nowhere have I found more opportunity to do this effectively than in offering students the opportunity to undertake their own analysis. After teaching my students what legends are and how to interpret them, I then give them legends such as the ones I have explored above to analyze in the classroom, then in small groups. Finally, they collect legends like these (both through interviews and in archival and Internet research) to analyze in small groups and individually. This hands-on approach gives students the opportunity to see how prevalent these narratives are in their everyday lives and the ways in which they have internalized the information disseminated in popular culture and folklore. It also empowers them to find the deeper meanings that those narratives subtly reinforce in their own cultures.

Conclusion

THROUGHOUT THIS BOOK, I INVESTIGATED the intersection of contagion and contamination in the myriad ways the public conceives them. Starting with the immigrant as diseased outsider, I examined the extent to which we still perceive immigrants and those from other countries to be diseased and inferior to white, North American bodies. Modern versions of disease legends, both in the form of Ebola legends and tales of diseased immigrants crossing borders, demonstrate that immigrants are still stigmatized as outsiders. This trend has not changed; however, there are instances in which white bodies are also made into the Other or the monstrous hybrid through their association with disease. Their bodies become both contagious and contaminated. In these narratives the white body becomes an outsider due to their actions. Travel is one of the primary transgressions in modern disease narratives. Patient zero travels, meets new people, and becomes contaminated. Even in the 2015 Disneyland measles narratives, those whose primary offense is not engaging in vaccination also travel and infect others. What becomes the Othering factor in these narratives is the individual's decision to opt out of vaccinations and, by extension, Western biomedicine. Clearly, both travel and participating in the hallmarks of Western culture (such as embracing Western medical practices) are important ways in which North Americans distinguish themselves from others. Disease is for those who do not stay at home, and their activity indicates that if they get the disease, they deserve it.

The notion that disease is a punishment for transgressions has existed for centuries. Even though certain conditions, such as contagious disease, are perceived as democratic and universal, health care and resources are not.¹ Diseases highlight areas of privilege and power. Embedded in these discussions is the idea that some people are just weaker than others and that weakness can be overcome in some way. Patients' diseases are linked to poverty or other social conditions, and while poverty certainly is a factor

in disease management, it does not recuse the responsibility of medical institutions or those in powerful positions. Instead, confronting it should be a challenge: how can medical institutions more effectively treat patients in areas perceived as dangerous or underserved? What can those in positions of power and authority do to improve health in all populations? As folklorists, we should also be asking ourselves these questions, and also asking the following: how we contribute to this narrative? Does the focus of our work reinforce dominant, powerful institutions? Are we aiming attention at traditions that reinforce or challenge official culture? How does our work empower or disempower people through the authority of folklore?

Not only can bodies become contagious and contaminated, but thoughts can be contagious and contaminated as well. Thought contagion, such as a supernatural being like Slender Man, who is brought into existence via thought, either in actuality or because he helps to articulate a problem that cannot be otherwise articulated, is an excellent example. Some members of the public may use Slender Man and Slender Sickness as a folk explanation for bullying and cyberbullying. While this was not the intended purpose of the original posts, it seems that online communities—and in particular females who experience bullying—are interacting with the Slender Man storyline and using it as a coping mechanism. Additionally, the outbreak of suicides at the Pine Ridge Reservation has been linked to both Slender Man narratives and the narratives of a suicide spirit, thus aligning Slender Man with previously established traditions in Lakota culture. Suicide is thought to be contagious, and one of the ways in which professionals try to help those at risk of harming themselves is by encouraging them to express their frustration through talk therapy, writing, or other forms of communication.

In the examples summarized above, writing and storytelling are ways of both spreading a contagious thought and dealing with one. However, dealing with contagious thoughts through writing and storytelling is only a stopgap measure. Clearly in the case of the Pine Ridge Reservation, systemic racism and other social ills need to be addressed. We also need to be careful when a supernatural creature becomes linked to tragedy because that connection tends to sensationalize the incidents and take the focus away from the real issues. In the case of Slender Man and Walking Sam, aiming attention at these characters takes the focus off the more pertinent issues—bullying, systemic racism, and poverty. We like the idea of linking these incidents to something supernatural, not only because supernatural cases are more interesting but also because it reinforces stereotypes that already exist.

Blaming things outside of our control takes the onus away from us, as a society, to make changes. For example, the media like to blame mental

illness for the cause of incidents such as the Slender Man stabbing, especially if the perpetrators are white. This tendency is demonstrated by many other people and institutions who also prefer to point fingers at mental illness. The media also focus on the narratives of those associated with the individual instead of on the medical diagnosis (Bronner 2014), which is troubling and demonstrates one means of vernacular authority. However, the way that media often use mental illness is akin to blaming an incident on a supernatural creature or the Internet: they do not address the root of the problem, instead shifting the focus and making us feel as if we are safe and not implicit in this stigmatization when in reality people who are mentally ill are more likely to harm themselves than others. Mental illnesses, including conditions such as schizophrenia, are serious conditions and may be a part of the story in the case of the Slender Man stabbing; however, once again mental illness shifts the focus, placing blame for the individual's behavior squarely on mental illness instead of seeing it as multifactorial. The media also tend to focus on one version of the perpetrator, as a mentally ill person exhibiting traits such as lack of empathy; it fails to understand the boundary between play and reality (Bronner 2014). The intersection of play and reality are both apparent in the Slender Man stabbing narrative, especially in media coverage and the documentary *Beware the Slender Man* (2016). Again, these can certainly be characteristics of mental illness, and mental illness is likely one factor in the Slender Man stabbing case; however, the portrayal of the girls (especially one girl in particular) involved in the stabbing favors this structure, which mimics older "wild child" narrative forms.

Vampires and zombies have been used in a variety of ways to discuss contagion and contamination, and they continue to prompt these discussions today. The recent focus on viral vampires and zombies certainly reflects current fears about contagious disease and contamination. Additionally, we see moral contagion narratives changing in popular culture. Part of this is because of the rise of the paranormal romance, which makes room for greater equality in romantic relationships and an acceptance of perceived outsiders. However, this is only one small area where acceptance and equality are the result of contagion and contamination narratives, and they are often not the immediate response to an outsider.

HPV narratives also demonstrate a lack of medical knowledge about the HPV virus and the ways in which it spreads. Stereotypes about sexuality and gender are also apparent in legends about the HPV vaccine; primarily, they underscore the stereotype that promiscuity is somehow contagious and that there is a link between women and promiscuity as well as between homosexuality and promiscuity. Homosexuality and a lack of morality in

women, especially regarding sexual activity, is seen by the dominant culture as contagious. Women and children in these narratives need to be controlled because of their vulnerability; clearly anything injected into them can cause them to become unstable. Mary Douglas (2003, 4) states that “ideas about sexual dangers are better interpreted as symbols of the relation between parts of society as mirroring designs of hierarchy or symmetry which apply in the larger social system.” Once again, we see that the failing is not in medicine or the vaccines themselves; instead, the failure is within systemic misogyny and homophobia.

Even an apparently simple kiss can mirror the intimacy and dangers more commonly associated with other forms of intimate contact. In many of the legends discussed in chapter 6, kissing is intimate and therefore dangerous. From the above analysis, I hope to have shown that kisses from loved ones appear to be the most contaminated and deadly. If harm is unintentional, then the person being kissed will die. Outside contaminants, such as allergens or contagious diseases, turn loved ones into monstrous hybrids, demonstrating that even our loved ones can be dangerous. Perhaps even we ourselves are dangerous. As Cohen (1996, 9) states, “The disturbing suggestion arises that this incoherent body, denaturalized and always in peril of disaggregation, may well be our own.”

In many of these legends women are still the victims, even in contemporary tales and sometimes even when they are the aggressors. Nevertheless, this shift toward narratives in which women are aggressors may indicate a slow change in culture. Although the majority of women in contemporary legends are the victims, we do see a few instances, as in the “AIDS Mary” legends, for example, in which women are strictly the aggressors. It only makes sense that as these narratives evolve, we will see women in the dual form of aggressor and victim; emerging from these intersections, therefore, is a type of monstrous hybrid. These monstrous hybrids should lead us to question our assumptions about gender, sexuality, and race. Do we create these monsters in order to understand them and their effect on society or because we revile them? Perhaps by creating monsters that look like us and then accepting those monsters (as we see in paranormal romance), we are working toward understanding ourselves and the differences that all of us contain and learning to accept those differences.

At the core of these narratives are homophobia, racism, and misogyny. Institutionalized racism and homophobia are both well documented in a variety of medical articles. If we consider these articles to be “texts people create about themselves for themselves” (Dorst 1989), then it is clear that the medical community is aware of these issues.² Institutionalized racism,

sexism, and homophobia are still present in modern medicine, but they are more evident in modern politics, and since the election of the forty-fifth president, the world has seen an uptick in far-right and racist candidates, clearly demonstrating that many feel they are able to be openly racist and sexist now and that these thoughts, may, in fact, be contagious, contaminating our once-reasonable discourse.

In terms of women's rights, this is troubling, especially given the paucity of female and feminist voices in government and leadership positions where political discussions on, for example, women's health may take place. I would argue that this gap in politics has led to a surge in arguably misogynist policies and actions, including the defunding of Planned Parenthood; the 2012 House Committee on Oversight and Government Reform's contraception hearing featuring an all-male panel; the 2012 demonstration by Representative Todd Akin, a Republican from Missouri, of his lack of knowledge about women's reproductive health, claiming that in the case of rape, women rarely become pregnant because, in his words, "If it's a legitimate rape, the female body has ways to try to shut that whole thing down" (cited in Gentilviso 2012); and the vilification of Dr. Christine Blasey Ford, who received death threats and experienced other forms of psychological violence while speaking out against the nomination of Brent Kavanaugh for the Supreme Court. While recent movements such as the Women's Marches, Women's Strike, and the #MeToo movement have brought attention to women's health issues (as well as other issues), women's bodies and women's health are not being represented in political decisions. It is everyone's responsibility to speak out about this.

Additionally, it is also our duty to defend science, especially medicine. While I am sometimes critical of scientific and medical institutions, my intention is to support the individuals involved and assist them in making changes to the institution itself. Supporting science is now more important than ever when hugely influential figures are trying to debunk it. Take, for example, the belief of the forty-fifth president of the United States that there is a link between autism and vaccines (Daileida 2017; Entis 2017; Spector 2017), in addition to many of his other denials of scientific facts. Decisions concerning the Affordable Care Act are ongoing as I write and seem to have little to do with what is in the best interest of both health care professionals and the people they serve, and the decisions being made have little to do with medical science.

This leaves us with the question: why do contagion and contamination narratives speak to us? According to Lavin and Russill (2010, 73), "We think that this epidemiological imaginary is persuasive today because it appeals



Figure 7.1. Anthony England's first map, demonstrating that Ebola was only in certain regions of Africa. Map created by Anthony England 2014.

to an anxiety about the changing nature of space and offers a mechanism for coping with the mundane and the epochal experiences of subjects of global capitalism.” This preoccupation with spread and space can be seen in the way it is visualized in cartography. Maps influence our perceptions of disease. Regions can be visually designated as “clean and safe” or “dirty and unsafe.” These designations become associated with certain countries long term, causing regions to be stigmatized long after the outbreak of a disease (Ostherr 2005; Wald 2008; Lavin and Russell 2010). For example, after the 2014 Ebola crisis was given the locus of “Africa” (as discussed in chapter 2), a map created by Anthony England (figure 7.1) that quickly went viral on Twitter and Facebook.³ England mentioned that someone complained to him that the map also stigmatized the three countries mentioned, pointing out that the population of people with Ebola in those countries was still very small.⁴ This inspired England to create a second map (figure 7.2), demonstrating that even those who live in countries affected by Ebola were stigmatized and they were ultimately still people, not viruses.

This misunderstanding of the regions and the populations Ebola affects clearly demonstrates that disease is a social issue, not just a medical



Figure 7.2. Anthony England's second map, which acknowledges that even within the countries affected by Ebola, very few people contracted the disease.

issue. Stories tell us how legends and rumors shape our perceptions and are a part of our lives. Not only do they modify our behavior, they justify it. As Gillian Bennett (2009, 308) states, “Legends are a part of life, not merely reflections of life but shapers of life views and instigators of political action.” These stories are more than “just folklore”; they inform and justify our actions. Bennett states that these stories are “fear itself and have led to fearful actions—crime, suffering, agony of mind and body, and persecution on a frightening scale and at the highest level” (308).

The stories we tell and the language we use is important. As Judith Butler (1997, 8) states, “We do things with language, produce effects with language, and we do things to language, but language is also the thing that we do. Language is a name for our doing: both ‘what’ we do (the name for the action that we characteristically perform) and that which we effect, the act and its consequences.” The stories, belief statements, legends, rumors, and other forms of folkloristic expression mentioned here are not just stories. These narratives help us understand our reality, and their importance cannot be overstated. Moreover, just as the formation of narratives and their use is a complex process; so is dismantling narratives. There is no

simple or quick solution to this process, but we can begin by acknowledging and being critical of these types of stories, no matter who tells them. Folk voices are not sacrosanct, and folklorists can be fair to their participants by trying to understand them and the stories they tell. However, not all traditions are worth studying (or maintaining). Not all social norms are in the best interest of all members of the folk group. Finally, not all voices are the voice of all members of the folk group.

Epidemiological outbreak narratives and the legends associated with them reinforce the authority of medicine, making scientists, medical professionals, and epidemiologists into heroic characters battling the disease (see Wald 2008, 260). However, this disease and the people associated with it are often blended together into a monstrous hybrid. In these stories we cannot fight the disease without also fighting the person with the disease. And yet it seems that the linkage between people and the conditions that affect them continues. This needs to change.

Until we stop linking people and conditions and uncritically believing everything we read, we will continue to make dangerous assumptions and adopt unfair stereotypes—mistakes we make not only with diseases “from foreign lands” but also with diseases here at home. Take the example of Alzheimer’s disease. On September 9, 2015, several news organizations posted articles with titles linking Alzheimer’s disease to contagion and contamination, including “Is the Alzheimer’s Protein Contagious?” (Underwood 2015) and “Study: Alzheimer’s Disease May Be ‘Contagious’” (Tecson 2015). While the study cited made it clear that Alzheimer’s was not contagious and that additional research was necessary, terms like “contagious” and “contaminated” were still used. It seems our obsession with contagion and contamination continues.

While I certainly encourage others to continue to write on the topics of contagion, contamination, stigma, systemic racism, homophobia, and misogyny, I also hope that those involved in this work will draw attention to these issues in their daily lives. There is no quick fix to any of these issues; however, individuals can make a difference in the world and continue to draw attention to these issues. Advocacy has long been a part of folklore studies and should continue to be a part of the discipline in the future. As Judith Butler (1990, xi) states, “The point is not to stay marginal, but to participate in whatever network of marginal zones is spawned from other disciplinary centers and which, together, constitute a multiple displacement of those authorities.” Folklore as a discipline has much to contribute to this conversation, and we can no longer afford to be marginal as a field of study—not as academics or as individuals. We must fight our way into the

conversation and offer our expertise. Additionally, we must use our research to help amplify the voices of the marginalized; we must use our privilege to push others voices to the forefront. Even when diseases are emergent and time is a factor, researchers, academics, medical professionals, epidemiologists, and others can choose what language they use to describe people affected by the disease and be aware of their own inherent biases.

APPENDIX

Reading Guide

THIS BOOK WAS DESIGNED AS A CONTRIBUTION to the academic field of folkloristics, but it was also written to be useful to those in other disciplines and for graduate students in folklore programs. Here I offer some suggestions on how to read and teach this text and recommend companion texts to further discuss some of the ideas mentioned here. While I do suggest texts throughout the book for further reading, I will reference readings that I think work in conjunction with this book to deepen one's understanding of folklore scholarship or something I feel folklorists should read from other disciplines if they are interested in the topic.

Overall, I think the following full texts pair well with this one, either for the further education of the reader or for use in the classroom.

- Bennett, Gillian. 2009. *Bodies: Sex, Violence, Disease, and Death in Contemporary Legend*. Jackson: University Press of Mississippi.
- Goldstein, Diane. 2004. *Once upon a Virus: AIDS Legends and Vernacular Risk Perception*. Logan: Utah State University Press.
- Wald, Priscilla. 2008. *Contagious: Cultures, Carriers, and the Outbreak Narrative*. Durham, NC: Duke University Press.
- Whatley, Marianne H., and Elissa R. Henken. 2000. "Did You Hear about the Girl Who . . . ?" *Contemporary Legends, Folklore, and Human Sexuality*. New York: New York University Press.

I would also strongly recommend the following articles:

- Blank, Trevor J. 2013. "Hybridizing Folk Culture: Toward a Theory of New Media and Vernacular Discourse." *Western Folklore* 72 (2): 105–30.
- Centers for Disease Control and Prevention. 2013. "CDC Health Disparities and Inequalities Report (CHDIR)." November 26. Accessed on January 13, 2017. <https://www.cdc.gov/minorityhealth/chdireport.html>.
- Cohen, Jeffrey Jerome. 1996. "Monster Culture (Seven Theses)." In *Monster Theory: Reading Culture*, ed. Jeffrey Jerome Cohen, 3–25. Minneapolis: University of Minnesota Press.
- Frank, Russell. 2015. "Caveat Lector: Fake News as Folklore." *Journal of American Folklore* 128 (509): 315–32.

- Gencarella, Stephen Olbrys. 2013. "Critical Folklore Studies and the Revaluation of Tradition." In *Tradition in the Twenty-First Century*, ed. Trevor Blank and Robert Glenn Howard, 49–71. Logan: Utah State University Press.
- Gencarella, Stephen Olbrys. 2011. "Folk Criticism and the Art of Critical Folklore Studies." *Journal of American Folklore* 124 (494): 251–71.
- Goldstein, Diane. 2007. "Old Ghosts in New Bottles." *Haunting Experiences: Ghosts in Contemporary Folklore*, ed. Diane E. Goldstein, Sylvia Ann Grider, and Jeannie B. Thomas, 1–22. Logan: Utah State University Press.
- Goldstein, Diane. 2007. "Scientific Rationalism and Supernatural Experience Narratives." In *Haunting Experiences: Ghosts in Contemporary Folklore*, ed. Diane E. Goldstein, Sylvia Ann Grider, and Jeannie B. Thomas, 60–78. Logan: Utah State University Press.
- Howard, Robert Glenn. 2015. "Introduction: Why Digital Network Hybridity Is the New Normal (Hey! Check This Stuff Out)." *Journal of American Folklore* 128 (509): 247–59.
- Howard, Robert Glenn. 2013. "Vernacular Authority: Critically Engaging 'Tradition.'" *Tradition in the 21st Century: Locating the Role of the Past in the Present*, ed. Trevor J. Blank and Robert Glenn Howard, 72–99. Logan: Utah State University Press.
- Howard, Robert Glenn. 2008. "Electronic Hybridity: The Persistent Processes of the Vernacular Web." *Journal of American Folklore* 121 (480): 192–218.
- Kitta, Andrea, and Daniel Goldberg. 2016. "The Significance of Folklore for Vaccine Policy: Discarding the Deficit Model." *Critical Public Health* 27 (4): 1–9. <http://www.tandfonline.com/doi/abs/10.1080/09581596.2016.1235259>.
- Martin, Emily. 1993. "Histories of Immune Systems." *Culture, Medicine and Psychiatry* 17 (1): 67–76.
- Smith, Paul. 1992. "Read All About It! Elvis Eaten by Drug-Crazed Giant Alligators: Contemporary Legend and the Popular Press." *Contemporary Legend* 2: 41–70.
- Thomas, Jeannie Banks. 2007. "Ghosts and Gender." In *Haunting Experiences: Ghosts in Contemporary Folklore*, ed. Diane Goldstein, Sylvia Grider, and Jeannie Banks Thomas, 81–110. Boulder: University Press of Colorado.

Depending on your goals or interests, you might want to consider the following questions before or while you read the following texts with the mentioned chapters.

CHAPTER 1: INTRODUCTION

Questions to consider:

1. What is your understanding of the words "contagion" and "contamination"? Do you use these words often to describe things other than disease or medicine? Where else do you notice these words in use in the media and in everyday life?
2. What decisions do you make that are "risky" and have the potential to affect your health? Do you think that people's choices to engage in risky behaviors are something that should be controlled or punished? How? Do you think the risks you take are different from the ones taken by others?

3. Why do people think of something that is a hybrid as “impure” or lesser in some way instead of something that gets all of the best qualities from a mix of two or more different things? How does this relate to past and current issues of race in North America?

If your goal is to build a strong foundation in folklore, health, and belief, the following readings are essential: Blank and Kitta 2015; Brady 2001; Goldstein 2004; Goldstein 2000; Hufford 1982, 1997, and 1998; Hufford and O'Connor 2001; O'Connor 1995. You may also want to supplement with Adler 1991 and 2001; Bock and Horrigan 2015; Briggs and Mantini-Briggs 2003; Kitta 2012; J. Lee 2014; and Wilson 2013.

If you're interested in concepts of contagion and contamination from both folklore and other disciplines, please read Bennett 2009; Douglas 2003; Frazer 1935; Lavin and Russill 2010; Martin 1993 and 1994; and Wald 2008.

There has been much written on bias in medicine, but I would start by looking at “CDC Health Disparities and Inequalities Report (CHDIR),” which clearly demonstrates such biases, such as how people of color receive less than average quality of care than others in the same socioeconomic bracket (Centers for Disease Control and Prevention 2013).

Folklorists have been interested in authenticity and hybridity for a long time. To begin, I would recommend Bendix 1997; Blank 2013a; Howard 2000, 2008, and 2015; Kapchan and Turner Strong 1999; Whisnant 1983; and Wilgus 1965. Hybridity, even within the context of folklore, has multiple meanings and definitions, so there is much to explore here, and I've barely scratched the surface on possible readings for such a broad topic.

Folklore has both positive and negative aspects, which is something that is crucial for the study of the discipline. Dundes 1991 is a classic text as well as Ellis 2001. Gencarella (2013) looks at traditions that include racism, sexism, classism, ageism, homophobia, and xenophobia. Blank and Kitta (2015) look at medical stigma and ableism in folk traditions.

When it comes to the study of legend, there is far too much to list, but I recommend looking at the publications of the International Society for Contemporary Legend Research, including their journal *Contemporary Legend*. Since folklorists tend to use the term “contemporary legend” over “urban legend,” much of our scholarship has gone ignored or unnoticed, which is a significant problem, so I urge you to use the term “contemporary legend” when looking for materials on what is known in the vernacular as urban legends.

To learn more about the intersection of folklore and popular culture, consider Goldstein 2007a; Koven 2003; Narváez and Laba 1986; and Smith

1992 to start. If you would also like to connect this to fake news, read the *Journal of American Folklore's* Fall 2018 special issue on fake news.

If you are interested in exploring untellability and the stigmatized vernacular, read the following texts to begin: Bock and Horrigan 2015; Goldstein 2012; Goldstein and Shuman 2012; Willsey 2015; and the special issue on the topic in the *Journal of Folklore Research* 49 (2).

CHAPTER 2: THE DISEASE IS COMING FROM INSIDE THE HOUSE! CONTAGIOUS DISEASE, IMMIGRATION, AND PATIENT ZERO

Questions to consider:

1. Consider the most recent epidemics and their locations. Do you see a link between the diseases and people North Americans fear? Do you think diseases that come from places we fear get more publicity than other conditions? Do we focus on disease as coming from somewhere else and not from our own population?
2. How do we define self and other? Does it change depending on context?
3. In addition to disease, are immigrants contagious or contaminated in other ways?
4. Why do we need someone to be patient zero?

This chapter is a great place to read more about risk and blame in medicine, in particular, Goldstein 2004, but you may also consider Farmer 2001 and 2006; Kitta 2012; J. Lee 2014; Treichler 1999; and Wilson 2013. The intersection of legends about the body and physical barriers is fascinating, and you should consider Bennett 2009; Douglas 2003; and Turner 1993.

CHAPTER 3: SUPERNATURAL CONTAGION: SLENDER MAN, SUICIDE, VIOLENCE, AND SLENDER SICKNESS

Questions to consider:

1. Why do people believe in Slender Man? What might he represent?
2. Do you see any connection between Slender Man, Internet pranks, satirical news sites, and fake news?
3. Do you see comments sections and fan fiction as “texts people create about themselves, for themselves”?
4. How do legends and other forms of folklore contribute to racism, microaggressions, and other negative aspects of culture?

Folklorists have written a great deal on Slender Man, including a special issue of the journal *Contemporary Legend*, which was expanded and published as *Slender Man Is Coming: Creepypastas and Contemporary Legends on the Internet* (Blank and McNeill 2018). Previous articles on Slender Man are also useful, including Peck 2015a and 2015b and Tolbert 2013. Reading the original article about Pine Ridge by Bosman (2015) might also be useful.

Additionally, consider looking at Foster and Tolbert 2015 and past debates on the use of the term “fakelore.”

If you are interested in supernatural contagion, consider reading Goldstein, Grider, and Thomas 2007, in particular Goldstein 2007b; Bennett 1999; and Thomas 2015 also cover the contagious nature of the supernatural.

For more on moral panics, consider Best and Bogle 2014; Ellis 1989, 1991, 1992, 2000, 2001, and 2004; and Fine, Campion-Vincent, and Heath 2005.

CHAPTER 4: **OSTENSIO MORI: WHEN WE PRETEND THAT WE'RE DEAD**

Questions to consider:

1. What do you think vampires and zombies represent in our culture? How do you think that's changed over time?
2. Have you seen the influence of a particular movie, television show, or text on how people see a particular monster?
3. What are some issues we're able to discuss and comment on through supernatural creatures that we aren't able to discuss otherwise?

This chapter is another good place to discuss the intersection of folklore and popular culture, especially when it comes to the supernatural. If you're interested in the history of vampires and zombies, both in folklore and in the media, there are many sources cited in this chapter, but they are just a small percentage of what is available on this topic.

If you're interested in death and humor consider Blank 2013b and Narváez 2003 to start. For more written by folklorists on paranormal romance, see Lee 2008 and McNeill 2015. For a wonderful perspective on ghosts and gender, see Thomas 2007.

CHAPTER 5: “WHY BUY THE COW WHEN THE MILK HAS HPV?” THE HPV VACCINE, PROMISCUITY, AND SEXUAL ORIENTATION

Folklore in general (and legends specifically) contribute to sexism and homophobia, but they also contribute to access to medicine and medical stigmatization. I would suggest reading Whatley and Henken 2000 alongside this chapter and would add in Henken 2004 and Kitta and Goldberg 2016.

CHAPTER 6: THE KISS OF DEATH

This chapter is probably the most traditional study of a specific legend, which looks at historical precedents and links, comparing them to a modern legend found online. You may want to read more on these legends to get a stronger sense of their structure, motifs, and variants.

Notes

CHAPTER 1: INTRODUCTION

1. Douglas first published *Purity and Danger* in 1966, but I am using the 2003 edition.
2. It is intentional that the majority of the texts are focused on folklore and related studies. While I agree that this work should be interdisciplinary, I also feel that folklorists need to focus on the work of other folklorists, not only to promote the work within the discipline but also to show areas where we need to do more research.
3. Throughout this text I attempt to recognize that tradition can be a thing or action that is handed down (and empirically verifiable), as well as a type of noninstitutional authority (see Howard 2013). I encourage you to read more on the complicated notion of tradition in folkloristics.
4. Before the chicken pox vaccine, approximately 4 million people contracted the disease with between 10,500 and 13,000 of those people hospitalized per year. Death rates were around 100 to 150 people per year (Centers for Disease Control and Prevention 2014).
5. I purposefully use the gender-neutral pronouns “they,” “them,” and “their” instead of “he/she” or “him/her” since there has yet to be an established singular gender-neutral pronoun that is widely used, and I do not wish to contribute to the ongoing stigma of trans and gender-fluid individuals.
6. For more on this, see the multiconduit theory, originally conceived by Dégh and Vázsonyi (1975).
7. Robert Glenn Howard (2014, 82) refers to these as “vernacular webs,” where people consume and exchange vernacular expressions quickly that already align with their values and traditions; this increases the visibility of these expressions and the perception that these beliefs are common, acceptable, and popular, giving such voices more vernacular authority.
8. This does not, however, indicate that the public is always correct, just that they have the ability to describe symptoms and understand cause and effect.
9. For example, laughter is described as both infectious and contagious, but violence is nearly always described as contagious over infectious.
10. This is further complicated by the use of bots, which are software applications that are programed to run automated tasks (e.g., bots that automatically post inflammatory remarks to disrupt the forum and cause arguments). While bots are not real people, they are certainly created and designed by people with the purpose of spreading a particular message. Thus, I still believe that their presence on the Internet constitutes the beliefs and opinions of their creators and are, therefore, important in the communicative process. Additionally, people often do not realize that they are arguing with a bot when they post their responses, so their reaction to this disruption is also important as it reaffirms the responding individual’s identity and belief.
11. According to Bhabha (1995) and Howard (2008), everything is essentially a hybrid: there is no “pure” or “authentic” vernacular, as the vernacular needs the institutional to define itself. Therefore, no pure vernacularity exists—just varying degrees of hybridity.

12. The “Peanut Butter Surprise” legend has many variants, but at the core of the narrative is a woman who covers her genitals in peanut butter for her dog to lick. She is somehow discovered (either by an individual or a group of people, sometimes in the context of a surprise party) and typically disappears after she has been exposed.

13. Emily Martin’s 1993 and 1994 work on how people discovered and understood the immune system is crucial to understanding these issues.

14. I am vastly understating how complicated the process of health communication is here and would strongly suggest that the reader take more time to investigate what I am unable to cover here. For example, although the deficiency model, which assumes that the public is deficient in information that the scientific community has, is a popular one, I do not agree with this model for many reasons, but here primarily because it functions under the belief that communication is a one-way flow from the scientific community to the public; see Kitta and Goldberg 2016 for more thoughts on the deficiency model and the entire field of health communication. I would recommend starting with Gross 1994, which compares the deficit model with the contextual model and which foresees health communication as a two-way street.

15. This may be why we see so many problems with preventable diseases. Patients and practitioners are used to a model whereby the patient passively receives treatment instead of being actively involved in healing and wellness.

16. Here I am making a reference to Richard Dawkins’s (1989, 192) definition of a meme as a “unit of cultural transmission” and William J. McGuire’s (1961) Inoculation Theory, as well as responding to a question I’m often asked at many of my public presentations.

17. I understand that many people may disagree with me here, arguing that you cannot be both elite and subaltern. On one level, I do agree with that criticism because of things such as class, power, and socioeconomic status. But I also feel that we underestimate how many people straddle both worlds. These people, while they have more privilege than the subaltern, still have entirely different sets of issues that should be acknowledged. All this to say, intersectionality is crucial to these arguments. (This is also an excellent time to state that I dislike the term “subaltern” because it is elitist, but I’m using it here because it is ubiquitous.) Additionally, I do not think we can ignore the dire state of academic employment. Academic institutions have turned to hiring more and more adjunct faculty, and there is a lack of jobs in folklore. Consequently, while many of our colleagues are educated, they are not well-off financially. It would be insensitive to assume that all those engaging in folklore research or cultural critique are in positions of power or have financial stability, even if they have the privilege of being well-educated.

18. Gencarella (2011, 265) also critiques this, although I have concerns about autoethnographies. They can be excellent, but they can also be more about the self than the community—more akin to an autobiography or a memoir. Autoethnography, when done well, can show the reflexivity of the observer, be an excellent cultural critique, and accurately and fairly portray the culture. I’m also cautious about unmasking (Gencarella 2011, 266) because it can be dangerous to the researcher and powerless members of the community because of systemic violence. Unmasking could result in these vulnerable individuals (especially women and children) being stereotyped or rejected by outsiders and by their own community.

19. I do recognize, however, that this does link to identity politics in disability studies. There is an ongoing argument about using people-first language (i.e., “person with disabilities”) over identity-first language (i.e., “disabled person”), with different people preferring different terminology. As in all cases with identity, it is best not to assume any one thing

about a group of people and instead ask individuals their preference. However, I feel that when it comes to individuals versus institutions, we must draw the line between what an individual thinks and what they must do because of the institutional affiliation. Specifically, in my past research on vaccination, I often found medical professionals who refused vaccination and who were at odds with their institutional affiliation about this practice. However, when working within their official role, some would promote vaccination.

20. Trevor J. Blank (2013a, 107) gives us another definition of hybridity that applies to the interaction between the digital and physical world, stating that, “‘hybridization’ exemplifies the process by which ‘real world’ discursive practices significantly influence, and are reciprocally influenced by, virtualized discursive practices.”

21. Robert Glenn Howard (2008, 200) mentions that new media “can be more folkloric than old media because much online communication is more like a process than an object.”

CHAPTER 2: THE DISEASE IS COMING FROM INSIDE THE HOUSE! CONTAGIOUS DISEASE, IMMIGRATION, AND PATIENT ZERO

1. With the exception of MERS, which, to date, has retained its name.

2. The intersection of cartography and epidemiology is also discussed by Ostherr (2005) and Wald (2008).

3. These foods are even further complicated by colonialism, especially in the American South, given that historically they were not culinary choices; they were the only foods available.

4. Priscilla Wald (2008, 9), referring to O’Toole (2003), notes that “he has turned her into a stereotype, the paradigm of the superspreader. Critical of the stigmatizing, he uses ‘mythic’ synonymously with false belief, but more specialized meaning of the term aptly describes the representational potency of the paradigmatic figure and of the outbreak narrative to which the figure is central.” This demonstrates that O’Toole does not apply the same meaning to the word “mythic” as academic folklorists, who apply it to sacred narrative. Rather, O’Toole applies the lay use, meaning incorrect or false.

5. Typhoid Mary was portrayed in the television series *The Knick* (2014–17), but popular culture references to her abound. See TV Tropes (n.d.b) for more information.

6. For more on this, see Crimp 1987 and McKay 2014. For more information on stigma, culture, and HIV/AIDS, see Crimp 1987; Farmer 2001 and 2006; Goldstein 2004; and Treichler 1999.

7. It should be noted that Duncan sought medical care as early as September 25, 2014, and was sent home with a diagnosis of sinusitis (Wilonsky 2014). While Ebola protocols were not in place at this time, it has been theorized by Duncan’s family, Rev. Jesse Jackson, and others that Duncan may not have received proper medical attention because of racial bias and negative opinions about immigrants (Fagge 2014).

8. Coming Attraction Bridal Shop actually did not close immediately. The shop opened with the hopes of receiving money from a Go Fund Me campaign, but it did not receive the requested \$20,000 (Crispin 2015). According to the latest news on this shop, the bridal shop is being sued by FirstMerit Bank for not repaying \$34,469.98 on a \$100,000 loan taken out in 2010 (Harper 2015). The shop formally closed on May 30, 2015, and still claims that it is because of Vinson and her association with Ebola (Coming Attractions Bridal and Floral 2015).

9. Klein's later (and shorter) article received only forty comments, including one that stated that, posteleciton, no one cared about Ebola anymore (DiGiuseppe 2014).

10. Both Donald Trump and Phil Gingrey claim that immigrants are bringing diseases across the US-Mexico border. Additional articles (and their comments) report diseases coming across the US border from Mexico (Duke 2014; Grider 2014; Top Right News 2014). Other articles, such as E. Lee 2014 and Jacobson 2015, address and refute these claims. The CDC's page on travel between the United States and Mexico clearly states that the threat of disease exists on *both* sides of the border (Centers for Disease Control and Prevention 2015b).

11. It is interesting to note that one of the titles was "Too Rich to Get Sick?" (Carroll 2015).

12. "Patient zero was believed to have either been from somewhere else where measles is common or from California but who traveled to a place where measles is common" ("Measles Cases Continue to Spread in California" n.d.).

13. For a complete list of recent measles outbreaks, see Centers for Disease Control and Prevention 2015c.

14. The Vaccination Meme Machine does not seem to have this policy.

15. For the latest highlights of the changes from the DSM IV to DSM 5, see American Psychiatric Association 2013.

CHAPTER 3: SUPERNATURAL CONTAGION: SLENDER MAN, SUICIDE, VIOLENCE, AND SLENDER SICKNESS

1. See the discussion of Frazer's notions of contagious magic in chapter 1.

2. For more information on the folkloresque, see Foster and Tolbert 2015.

3. Sigma radiation was first mentioned on the YouTube series *EverymanHYBRID* (2010–19).

4. For more academic information on Slender Man, see Tolbert 2013, Peck 2015a, and the special issue of *Contemporary Legend* on Slender Man, which includes Blank and McNeill 2015; Kitta 2015; Peck 2015b; and Tolbert 2015.

5. As defined by David Hufford (1998, 302).

6. I fully recognize that it is very problematic to immediately equate a vernacular belief tradition to a "real" condition. I am using this as a place to begin, not an endpoint, and I do not believe that all belief traditions link to or explain physical or psychological conditions.

7. At the heart of Core Theory is the idea that if people thought Slender Man into existence, then the only way to defeat him is for participants to give him weaknesses that would ensure his defeat. For those readers interested in Slender Man and the importance of narrative, see "Core Theory" n.d.

8. As it is nearly impossible to summarize or simplify the quantum theory of Slender Man, it is best to start with "Quantum Theory" n.d.

9. This may, in part, be because fan fiction is seen as a primarily female genre.

10. People often forget that these stories aren't just static texts. As Robert Glenn Howard (2008, 200) states, "To fully document the vernacular online, researchers must not imagine static texts distributed by networks. Any given communication on the Internet may be static in the sense that some producer has placed it online and does not intend to change it. It is not, however, static in the same way as the physical object. . . . Because it persists at a specific

network location, individuals can return to it repeatedly. With each visit, there is the potential that the content has been changed, because there is no single external published version, final product, or physical object.”

11. Collection Project submitted to author, March 23, 2015, Greenville, NC.

12. Of course, since we cannot be sure that all of the narrators identify as female in all areas of their lives, there is the possibility that these could be read as queer texts.

13. Family members were quoted as saying: “Additionally, the families of Janis and another teenage girl who committed suicide believe they were each cyberbullied prior to their deaths”; and “There are a lot of reasons behind [the suicides],” Poor Bear told the Associated Press. “The bullying at schools, the high unemployment rate. Parents need to discipline the children” (Cano 2015).

14. Others have mentioned this meeting, but I’m not sure if they are taking their information from Crowley’s blog or if they were in attendance. One states, “At a meeting for the tribal council at the Cheyenne River Sioux Reservation many stressed their concern about Walking Sam. One elder woman even begged for help from the torment Walking Sam is bringing them. She claimed that he can be seen, he can be picked up on police scanners, but still he cannot be caught or stopped” (Bort 2015).

CHAPTER 4: *OSTENSIO MORI*: WHEN WE PRETEND THAT WE’RE DEAD

1. I realize I am horribly oversimplifying the history of zombies here. For more information, see Platts (2013, 249), who states, “Though some popular accounts of the creature date its presence back to the epic of Gilgamesh (e.g., Walz 2010), most scholars track our modern understanding of the zombie to US misappropriations of Haitian spiritual ontologies (Bishop 2006, 2008, 2010, 37–63; Dendle 2001, 4–7; 2007, 45–48; Kawin 2012, 118–20; McAlister 2012; McIntosh 2008, 1–6; Moreman 2010, 264–68; Pulliam 2007, 724–30; Richardson 2010, 121–28; Russell 2006, 9–17), but some go further back to the New Testament Book of Daniel (e.g., Mulligan 2009, 350; Toppe 2011).”

2. Platts (2013, 548) notes: “Zombie inflected popular culture, however, now contributes an estimated \$5 billion to the world economy per annum (Ogg 2011). In addition to movies, comics, books, and video games, individuals routinely don complex homemade zombie costumes to march in zombie walks and/or engage in role-playing games like *Humans vs. Zombies*. This is not to mention zombie-related merchandise (e.g., T-shirts, coffee mugs, mouse pads, toys, and bumper stickers), music (e.g., *The Zombies* and *Evenings in Quarantine: The Zombie Opera*), and fan sites (e.g., allthingszombie.com and zmdb.org).”

3. “Real” zombie attacks were also mentioned in the media: in particular, three attacks were reported in which three separate men bit, chewed, and swallowed flesh from another person’s body. These certainly contributed to belief in zombies. These three attacks (see Hunter 2009; Associated Press 2012; Caulfield 2012), which took place between 2009 and 2012, directly mentioned the term “zombie.” One incident in particular quickly became known as the “Miami Zombie.” Typically drugs or psychological problems were blamed for the incident, but there has been some speculation in the “Miami Zombie” case since only cannabis was found in the bloodstream (Associated Press 2012). Some believe that Rudy Eugene, the purported zombie, was affected by supernatural forces and have remarked that he was from Haiti after his girlfriend mentioned she thought he was under a “voodoo spell” (Green 2012).

4. Including television shows such as *Supernatural* (2005–present), *The Walking Dead* (2010–present), *Sleepy Hollow* (2013–2017), and *The Strain* (2014–2017) and movies such as *I Am Legend* (2007), *Zombieland* (2009), *Dead Snow* (2009), and *World War Z* (2013).

5. For more on Ebola legends and rumors, see chapter 2.

6. Multiple websites featured this story; see “Africa Confirms Third Ebola Victim Rises from Dead” 2014; Bond 2014; “Dead Ebola Patients Resurrect” 2014; Doloquee 2014; and Schachtel 2014.

7. Seen on a jeep in Greenville, North Carolina, on April 25, 2017, and available for purchase on Amazon as both T-shirts and bumper stickers.

8. See the *Journal of America Folklore’s* Fall 2018 special issue on fake news.

9. Personally, it made me realize that I should keep more flashlights and batteries on hand, primarily in the case of hurricane emergencies. My students reported that they bought flashlights, batteries, bottled water, and downloaded some of the available Red Cross apps. A few also purchased “Bug Out Bags” or made their own bags, while others made sure to keep matches nearby. One student even informed us that dryer lint makes good kindling, leading several students to start keeping their dryer lint. This turned out to be effective during Hurricane Matthew when several of the same students were forced to leave their homes because of flooding. While they did not necessarily need matches or dryer lint, their supplies of batteries, backup chargers, water, and other items turned out to be useful.

10. Like zombie rumors and parody sites, both real and hoax vampires exist on the Internet and in other social media spaces. We cannot ignore that “real vampire communities” exist on the Internet and are very active. While only a few of these vampires drink blood, many “feed” off of the energy of humans and perceive their condition to be genetic or viral, frequently referring to an endogenous retrovirus, which is sometimes known as vHERV (Leighton n.d.; Hogg 2014), Code V, Code 5, or Virus V5 (Robinson 2016). There are many posts in which people are trying to discern if the virus is real and determine how one can become a real vampire. For example, if you type “how to become,” Google auto-suggests either “famous” or “a vampire” (February 9, 2016), and the phrase “how to become a vampire” has about 22,600,000 results on Google. However, not all of the ways listed are viral; some involve spells that can turn you into a vampire, amulets and talismans, or blood exchanges, none of which specifically mention viruses.

11. As Lynne S. McNeill (2015) has noted, very few people believe in literal vampires-as-bloodsuckers.

12. In many ways, this is similar to the “rage virus” that infects people, turning them into zombies in *28 Days Later* (2002)—although in the case of the film the virus is caused by animal rights activists releasing infected chimps. These “rage zombies,” which are also seen in *I Am Legend* (2007), *World War Z* (2013), and *The Maze Runner* (2014), frequently move very quickly, unlike the traditional zombie, who is slow-moving. Dendle (2012, 6) suggests that “the essence of the fast zombie is rage—uncontrollable, impersonal, insatiable rage.” It’s interesting to note that all of these films, with the exception of *28 Days Later*, began as graphic novels or novels. *I Am Legend* was published in 1954 and has more of a vampire narrative in the print version, demonstrating that vampires and zombie often have interchangeable characteristics when it comes to viral infection.

13. According to the Romance Writers of America (2016), romance fiction had US\$1.08 billion in sales in 2013. Moreover, paranormal romance makes up 19 percent of romance novels read in print and 30 percent of those read in electronic formats. Linda Lee’s (2008, 52) research indicates that “more than 64 million Americans read at least one romance

novel in 2004, and 42 percent of these readers hold at least a bachelor's degree (Romance Writers of America). Studies of romance readers suggest that a third of all women who read, read romance novels (for example, Radway 2009; Williams 1998; Williams and Freedman 1995). These statistics demand we take romances seriously." Additionally, romance and paranormal romance make up a large part on online fan fiction, which is more difficult to track but clearly very popular.

14. Also see my previous discussion on Slender Man and fan fiction.

15. Of course, vampires are also portrayed as mostly white, with a few exceptions, such as Nosferatu.

16. I have decided to focus on three texts for this section, *True Blood* (2001), the *Twilight* series (Meyer 2005, 2006, 2007, 2008), and *The Vampire Diaries* (Smith 1991–92) because these three novels and their adaptations as television/movie series (*True Blood* 2008–14; *The Twilight Saga* 2008–12; and *The Vampire Diaries* 2009–17) have been popular in recent years and because they are the ones most referenced by my students in classes.

17. The vampire's complicated morality is primarily centered on their perception of human beings: "good" vampires respect and value humans and the human experience, while "bad" vampires see humans as inferior and food.

18. Perhaps one of the best uses of this occurs in the opening scene of the pilot of *True Blood*, where we see the stereotypical redneck character reveal himself to be a vampire. Houston (2014, 280) states: "By casting the redneck figure as the vampire, this scene undoes on television what has become a major cinematic convention. In typical monster movies, rednecks are the heroes who defend the rest of civilization through their survival skills (perfected by their hobbies, such as hunting) and their collections of guns and ammunition. Here, the redneck is not the hero who defeats the monster; he is the first face of the 'monster' in the television series." The same could be said of the redneck characters in the zombie television series *The Walking Dead*. While the redneck characters sometimes conform to stereotypes, they are often more complex than this surface appearance suggests. Daryl, who is perhaps one of the best-loved characters in the series, is more than his redneck stereotype. He is often kind to other characters, cries on several occasions, and comfortably joins a gay couple for dinner.

19. I agree with Florian Grandena's (2013) statement that Meyer's vampires constantly try to monitor and control the female body.

20. Houston (2014, 283) sees the disruptions of telepathic thoughts in *True Blood* and *Twilight* as indicative of the absence of moral judgment.

21. See Lee 2008 for an excellent explanation of this.

22. See Thomas 2007 for more about women—especially those involved with the supernatural—being deviant solely because they live alone.

CHAPTER 5: "WHY BUY THE COW WHEN THE MILK HAS HPV?" THE HPV VACCINE, PROMISCUITY, AND SEXUAL ORIENTATION

1. This video was found at <https://www.youtube.com/watch?v=R2z6RK2uTWc> but was no longer available as of February 8, 2018.

2. However, it may not actually be celebrity doctors tweeting from their official accounts.

3. In health communication this is more commonly known as the deficit model. This concept centers on the idea that the public lacks information about scientific knowledge and that providing them with that knowledge will change their minds. There have been many critics of this model, who have accurately pointed out that there are a wide variety of reasons why people accept or reject science. For more information see Boykoff 2009; Brown 2009; Dickson 2005; Gregory and Miller 2000; Hobson-West 2003; Kearnes, Macnaghten, and Wilsdon 2006; Lawrence, Hausman, and Dannenberg 2014; and Kitta and Goldberg 2016.

4. This campaign seems to have run primarily in Canada, but it may have extended to the United States as well as to other countries. I could not find a single copy of the video, and the Merck-Frosst website makes absolutely no reference to this campaign. Connell and Hunt (2010, 73) also briefly mention this campaign.

5. This video was found on http://www.youtube.com/watch?v=Tvam_2s0Sq8; however, I am fairly sure it is a skit from the Canadian television comedy *This Hour Has 22 Minutes*.

6. Interview with author, July 20, 2013, St. John's, Newfoundland.

7. I agree with Ian Brodie's research that stand-up comedy is a type of "vernacular ethnography." He states that stand-up is "a description of culture that isn't intended to integrate with and contribute to an ongoing and established discourse on culture like the academic, but nevertheless draws on keen observation and creative word choice to communicate an experience to another (or, in the case of 'making the familiar strange,' providing an exoteric perspective on something so close to the audience that its oddities are not noticed). What is more, I feel that—understanding poetic license is in play—the academy can nevertheless draw on these forms of observation as ethnographic data" (Brodie 2014).

8. The following clip is an excellent example of all of these: <http://www.youtube.com/watch?v=PFFsd6NFwr4>.

9. Celebrities are real people as well, and their public personas may not always be representative of themselves. For more on this, see the discipline of Celebrity Studies, including that field's journal of the same name. For information on the intersection of celebrities and folklore, see Blank 2013b.

10. Some vaccine safety websites and anti-vaccination websites reported that Bachmann did produce someone who was injured by the vaccines but that it was unethical to share the information of the person injured, so they were unable to discuss it publicly (Botha 2011).

11. McCarthy later retracted this statement (Ratledge 2013).

12. Many people consider Bialik to be anti-vaccination, but her official stance is that she has concerns about the number of vaccines children receive. Thus, by definition, she is a vaccination safety advocate, or an undervaccinator. She is not overtly anti-vaccine (Bialik 2012).

13. These are certainly not the only celebrities who have contributed to the discourse, rather being notable examples.

14. Technically speaking, men can be tested using a DNA assay for HPV, or they can be given an anal Pap smear; however, the CDC states that there is "currently no approved test for men" (Centers for Disease Control and Prevention 2015h). The CDC also says, "There is no test to find out a person's 'HPV status.' Also, there is no approved HPV test to find HPV in the mouth or throat" (Centers for Disease Control and Prevention 2015g).

15. According to the National Cancer Institute (2015): "Most recently, HPV infections have been found to cause cancer of the oropharynx, which is the middle part of the throat including the soft palate, the base of the tongue, and the tonsils. In the United States, more than half of the cancers diagnosed in the oropharynx are linked to HPV-16. The incidence

of HPV-associated oropharyngeal cancer has increased during the past 20 years, especially among men. It has been estimated that, by 2020, HPV will cause more oropharyngeal cancers than cervical cancers in the United States.”

According to the institute, the risk of developing cancer following a high-risk HPV infection may increase due to such factors as smoking, a weakened immune system, having many children, long-term oral contraceptive use, poor oral hygiene, and chronic inflammation.

16. All names of participants are pseudonyms.

17. The back of the throat, including the base of the tongue and tonsils.

18. According to the CDC, “About 1% of sexually active men in the U.S. have genital warts at any one time. Cancers of the penis, anus and oropharynx are uncommon, and only a subset of these cancers are actually related to HPV” (Centers for Disease Control and Prevention 2015h). The CDC notes that annually in the United States about 400 men get HPV-related cancer of the penis; about 1,500 men get HPV-related cancer of the anus, and about 5,600 men get cancers of the oropharynx, but “many of these cancers are related to tobacco and alcohol use, not HPV” (Centers for Disease Control and Prevention 2015h).

19. For more on the notion that sexuality is contagious, see Plummer and McCann 2007.

20. For example, in 2015, county clerk Kim Davis refused to issue marriage certificates to same-sex couples in Kentucky. See Mura and Pérez-Peña 2015 for more information.

21. In particular, Sarah Manley’s (2010) blog post about this very topic went viral. Multiple comments after the post came from parents who have let their children wear Halloween costumes that oppose gender norms or let male children attend princess parties in costume (see “When a Little Kid Gives Adults Lessons in Humanity” 2013 and “Princess-gate” 2014).

CHAPTER 6: THE KISS OF DEATH

1. It should be noted that Chagas disease, also known as American trypanosomiasis, is an illness caused by the protozoan parasite *Trypanosoma cruzi*, which is transmitted to humans by “kissing bugs,” or triatomine (World Health Organization 2015a). However, I have chosen to only discuss people and supernatural entities in this chapter.

2. For more information on these indexes, please see University of Washington Libraries 2019.

3. There is also evidence that the KGB had a “lipstick gun,” which was a 4.5 mm single-shot weapon that looked exactly like a tube of lipstick (Cable News Network 2005).

4. Whatley and Henken (2000, 153–54) also discuss whether the incest actually occurred, the conclusion to which depends on one’s definition of sex, including whether cybersex counts as sex.

5. Whatley and Henken (2000, 174–76) also observe that all of these scenarios are possible but unlikely.

6. This tradition seems in some ways to be reflected in popular culture, in both the Dementors in the *Harry Potter* series and the film *It Follows* (2014). While Dementors are not explicitly sexualized, they are able to suck the soul out of a person through the mouth, leaving them alive but in a persistent vegetative state. “The Dementor’s Kiss” is a punishment for the worst offenders: those who try to escape the prison of Azkaban and reach the outside world. Indeed, this kiss is considered to be worse than death (Rowling 1999). *It Follows* also features an entity that stalks and kills people after a sexual encounter unless they have

intercourse with another person. While the kiss is merely implied in this film, the contagion and malevolence are certainly overt.

7. This story was not uncommon. On this website alone, there were at least 183 personal experience narratives about sexual assault that were given their own category, “Succubus/Incubus/Sexual Ghosts.”

8. Many of these narratives existed prior to the current forms of treatment for HIV/AIDS. While HIV/AIDS is still a serious illness, it is often seen more as a chronic condition than a terminal one.

9. Even in the following narrative, where the rape is avoided, there are still no details of the fate of the girl or what the brother does following the rape of his sister. His relief is the end of the story: “A slightly milder version (which I HAVE heard) of the fraternity legend has the girl being banged on the bed, and the late arriving participant discovers WHEN his turn comes that it’s his sister, i.e., he doesn’t actually COMMIT the act (though since his ‘brothers’ do, I reckon it’s still incest)” (Whatley and Henken 2000, 147).

10. Any disease that can be transmitted orally is contagious, but many diseases are also infectious (as in they have an infectious agent, such as a virus or bacteria). Many respiratory illnesses, the herpes simplex virus (HSV-1), strep throat, and many other diseases could be spread by kissing.

11. There are some variants of this story, including a circumcision that causes the infection (Robbins 2012) and a “mystery person” who kisses the baby with fatal results (Tooly 2014). Another similar narrative involves a seven-year-old girl who gives her grandfather a kiss while he is in the hospital with *E. coli*. Her family does not know that *E. coli* can be transmitted by a kiss. She ends up dying from an *E. coli* infection ten days later. (Armour 2012).

12. Author interview with Student A, March 30, 2015, Greenville, NC.

13. When women kill, they most often kill either expressively (to show frustration or anger) or defensively. Thus, it could also be argued that the kiss is an expressive kill, even if it is unintentional (Thomas 2007, 87).

14. Here are some of the articles I did find, but as is immediately evident, most are syndicates, which are not entirely reliable: Blakinger 2016; Chai 2016; CTVNews.ca Staff 2016; Daily Mail.com Reporter 2016; Horton 2016; Koman 2016; and Mullin 2016.

15. Another contagion many people worried about was spreading gluten through a kiss, which is theoretically possible (see Gluten Free Gigi 2012; Lady_Arwen 2014). Moreover, the topic of dating and food allergies is actively and ardently discussed on several forums (see Dimov 2007 and Allergic Girl 2008 for two commonly shared posts).

16. Although one could also argue that the woman’s concerns were justified and that, if her original wishes had been honored, they would not have been in the situation in the first place. This is why it is important to know the intention of the teller (when possible).

17. There are multiple versions of this quote, and people continue to disagree on its origin. For more information, see Wikiquote 2014 for discussion on this topic.

CHAPTER 7: CONCLUSION

1. A Google search of “disease doesn’t discriminate” resulted in 19,700,000 results on the universality of both infectious and noninfectious disease.

2. A PubMed search results in 870 articles on homophobia; 2,570 on racism; 121 on heteronormativity and/or homophobia in health care; and 43 on institutionalized racism. All of the searches in this section were conducted on September 11, 2015.

3. It is difficult to track their popularity since they were also shared without a link to their original author. On Twitter the original link was retweeted 1,750 times, but it was also on Facebook and shared extensively (England 2014).

4. England was kind enough to provide this information via direct message in Twitter. I am grateful to him for taking the time to share his insights with me. I also appreciate that he was willing to share his maps and even provided high-resolution versions for free use.

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