Stigma isn't all bad: How storytelling and monster metaphors in *Anita Blake* challenge existing notions of health-related stigma and generate productive stigma outcomes

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Abstract

Stigma has long been associated with disease and illness, whether communicable or non-communicable, chronic or acute. In a medical context where the physical signs of disease and 'sick' behaviours help everyday people and medical professionals identify and segregate the infected from the uninfected, stigmatizing behaviours can *sometimes* be productive because they can limit the spread of disease and save lives. And yet, scholarly research and everyday discussions about health-related stigma often emphasize its counterproductive outcomes, such as when stigma discourages or undermines testing, treatment and other public health interventions.

Like people living with HIV/AIDS, zombies, vampires and werewolves which are found in fictional narratives experience a variety of stigmatizing behaviours. They are diagnosed as 'sick' or 'diseased', labelled and stereotyped as dangerous and contagious, and separated physically as well as rhetorically from human beings. They are also quarantined, ridiculed, experimented on, and executed by medical professionals, military and law enforcement officials, and everyday citizens.

While the zombie narrative has been useful for understanding the outbreak of disease and the spread of a global pandemic, when the nature of a disease changes from acute to chronic and is of a prolonged nature, these narratives are less useful. Instead, more sympathetic 'monsters' such as the vampire and the werewolf can act as a vehicle for understanding that disease does not equal death. Using the vampires and werewolves of the *Anita Blake, Vampire Hunter* series as a case study, this research explored the role of monster metaphors and storytelling in popular culture as a health communication intervention strategy for challenging the counterproductive stigma outcomes experienced by those living with a chronic, transmissible disease.

The analysis of the *Anita Blake* series conducted in this dissertation clarifies how stigma could be presented in popular culture narratives to account for both the experience of stigma and the stigmatized experience of those living with chronic, infectious diseases like HIV/AIDS. In particular, three criteria were identified in the series that lay the foundation for creating a productive learning opportunity for understanding chronic, transmissible illness and disease: the use of health-related indicators linking 'monstrous' conditions with the diagnosis of illness or disease; the presence of all of the steps in the stigma process; and, the inclusion of a variety of differential and discriminatory responses to 'monstrous' characters by the medical, legal and social systems present within the fictional world.

When these criteria are met, monster narratives can achieve three objectives. First, they can demonstrate how structural and public stigma behaviours – whether differential or discriminatory – impact individuals and groups who are recipients of such treatment through the generation of self-stigma. Second, they draw attention to the counterproductive stigma outcomes that result from self-stigma sentiments. Third, they can show how groups and individuals generate productive stigma outcomes through a variety of stigma management practices.

This analysis also led to important precisions to the existing understanding of the process of health-related stigma and stigma-related behaviours that may not have been possible without popular culture. In particular, it was determined that for those being stigmatized, it matters little whether treatment is differential or discriminatory for the effect on the individual or group is the same – the internalization of stigma and the generation of self-stigma sentiments. It was also confirmed that stigma management practices can result in both counterproductive and productive outcomes and, finally, it was possible to identify four personas that emerged from these outcomes: 'villains', 'victims', 'survivors' and 'thrivers'.

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Prologue: And So It Begins…

"So,… do you want to be a vampire?" This question – a question asked to me by one of my favourite undergraduate professors – is a question that I will never forget. I had just finished presenting an early draft of my doctoral research proposal alongside my peers in my PhD program at a conference organized by the Department of Communication at the University of Ottawa and I was eagerly awaiting my feedback. My colleagues had received questions and comments about the substance and content of their work, their methodology, and their underlying theoretical foundation… and then I was asked about whether I wanted to become a vampire. I was stunned, dismayed, and deeply disappointed.

I recognize now that this question *can* be interpreted as quite profound. The vampire is, after all, a complex and contradictory figure. At the time, however, it seemed like another example of the trivialization of popular culture studies – an experience that I was all-too-familiar with having originally proposed to study the television series *24* for my master's thesis – and how could it not? I mean, are scholars who explore the psychology of or cult fascination with serial killers asked whether they want to become one? I doubt it. What about researchers who investigate the communicative practices of neo-Nazis, the ANTIFA or the Taliban? Or those who study the interpersonal dynamics of Alcoholics Anonymous and other addiction or victim support groups? Again, I think that this is highly unlikely. While these are but a handful of examples – some of which are quite extreme – they do raise another important question: why is it permissible to ask such questions of popular culture scholars?

"The purpose of research", states Hsia (1988), "is to gain knowledge", gathered through the collection and analysis of information, or data, with the goal of predicting or explaining various phenomena (p.35). This is precisely what scholars and especially, I would argue, scholars of

popular culture, do. Whether broadly or narrowly defined, popular culture is all around us. From iPhones to Yeezys, TikTok to Netflix, Coachella to the Olympics, to name but a few examples, we spend a countless number of hours and amounts of money on popular culture products and texts – and we begin doing so from a very early age. Popular culture truly is a ubiquitous and omnipresent constant in our everyday lives and, as I tell the students in my undergraduate popular culture course, we should (and arguably have a responsibility to) be aware and critical of its content and potential impact.

Positionality: The Intersection of Fandom, Scholarship and the Law

> *Bert had been thrilled that the police wanted to put me on retainer. He had told me I would gain valuable experience working with the police. All I had gained so far was a wider variety of nightmares.*
>
> - Anita Blake, in *The Laughing Corpse,* p. 22

Like so many people, popular culture has been a constant and consistent presence in my life. I grew up watching television programs ranging from *Rainbow Brite* and *Fraggle Rock* to *Saved by the Bell* and *The X-Files*, imitating the *Teenage Mutant Ninja Turtles* and the Spice Girls, reading *Nancy Drew* and *The Babysitters' Club*, and playing *Super Mario Bros*. and *Captain Planet and the Planeeters* on Nintendo. I collected everything from NHL hockey cards to *Star Trek* cards and *NSYNC figurines, and would spend all of my time at *Music World, EB Games* or *Blockbuster Video*, where I ended up with a part-time job, immersing myself in music, video games and film. I lived and breathed popular culture, creating fan websites and playing my own versions of *Six Degrees of Kevin Bacon*, fascinated by the interconnectivity of Hollywood, musicians, and even Stephen King's alternate universes.

My experience with the *Anita Blake, Vampire Hunter* series, and monsters more broadly, has been more or less the same. I was first introduced to *Anita Blake* at the age of 12 or 13, when my father mentioned that he had heard about a book series that was similar to *Buffy the Vampire Slayer* – a television program whose fandom we shared – but involved police work and crime scene investigation rather than high school students trying to prevent the coming apocalypse. He lent me the first novel, innocently and not realizing that the series would evolve from detective fiction to vampire erotica *(Sorry Dad!)*, and I was hooked. I quickly read through the remaining seven books from the series that he had purchased, which was all that was available back in 1998.

Fascinated by the plotline and characters at an early age, I eagerly awaited the release of each subsequent novel and fondly recall writing a high school book report on *Obsidian Butterfly*, the ninth novel in the series, recounting with vivid detail to my classmates how Anita Blake encountered mythological creatures, mercenaries and vampires while investigating a series of gruesome serial mutilations in New Mexico. I proceeded to loan copies of the books out to anyone who would read them, and spent lunch hours and bus rides commuting to school discussing them with my friends, asking them if they had "met" specific characters yet.

This, it turned out, would be a pattern that I would repeat for the next 20 years, for I have gifted or lent out copies of the books to colleagues and acquaintances alike. In addition, up until the release of *Serpentine* in August 2018, which was in the middle of my doctoral studies, every time a new book was published, I went back and re-read the series from the beginning.[1] After more than 20 years of engaging with the series, reading each book anywhere from a minimum of 2 to

[1] During the pursuit of my doctoral studies, with the goal of maximizing my efficiency as a researcher, I turned to the audiobook versions of the *Anita Blake* series. I have listened through the series more times than I can count since my first purchase in September 2019. This has kept me immersed in my data sets while inspiring additional projects that I hope to explore with the material.

40 times or more, it is safe to say that not only am I a fan of the series, but also an expert in the intricate details of its character and plot development.

A ubiquitous presence in my own life, it is perhaps not surprising that I recognized similarities in the legal framework and treatment of the transmission of vampirism and lycanthropy that occurs in the novels when learning about the role of consent in Canadian criminal law while pursuing my Juris Doctor at Queen's University in Kingston, Ontario.

> *[Richard] "It's illegal in most states to contaminate anyone willingly with a potentially fatal disease, regardless of age"*
> *[…]*
> *[Anita] "I guess I'm starting to treat lycanthropy the way the law treats vampirism. If you're eighteen you can choose."*
> *[Richard] "The law doesn't treat it the same"*
>
> - *Incubus Dreams*, p.174

Further, in my introductory criminal law course, we examined the scope and limits of consent in the context of HIV transmission through *R v. Cuerrier*, *R. v. Mabior* and *R. v. Williams*, and briefly touched on the stigma and consequences of being charged or convicted with transmitting HIV and how such cases are portrayed in the media.

Then, a little over a year later as a Legal Intern with the Human Rights and Law Division of Joint United Nations Programme on HIV/AIDS (UNAIDS) in Geneva, Switzerland, I saw first-hand the work being undertaken to eliminate the differential and often discriminatory treatment of those living with HIV/AIDS. I was struck by the challenges that arose when working with stakeholders that did not, for example, fully recognize LGBTQIA2S+ rights or the rights of women and the need to therefore frame HIV/AIDS policy using a different rights-based narrative, in a more 'palatable' context, such as labour rights or the rights of children. I wondered whether fictional representations of characters living with disease and illness – or disease- and illness-like conditions – could be one of those alternative frames, but it was beyond the scope of my work at

UNAIDS and my legal studies. My doctoral research project has, at long last, afforded me the opportunity to explore this question.

My study of the *Anita Blake* series is therefore not only rooted in media studies theory, but also a nuanced understanding of the legal and public policy framework pertaining to HIV/AIDS. In addition, my extensive knowledge of the series built up through more than two decades of readership and fandom has been an asset to my analysis. Fandom activities and academic scholarship are, after all, similar; both assume that a text or phenomena is "not ephemeral or trivial" and both are premised on the idea that a particular topic or text is worth engaging with (Hill, 2002, p. xvii). Tsutsui (2013) notes that "the scholar-fan subject-position [can] be both gratifying and valuable intellectually" (p.351). Indeed, it is my expertise and familiarity with the alternate history, intergroup dynamics, plot and characters of the *Anita Blake* series that have facilitated the storytelling which takes place in this dissertation.

Thus, this research is about more than just vampires and werewolves. It is about exploring a long-running, successful, *New York Times* best-selling series and understanding how popular culture, and in particular metaphors and storytelling, can educate, challenge and hopefully change misconceptions and improve the lives of those with HIV/AIDS – as well as other transmissible, chronic illnesses and diseases – by reducing the stigma that they encounter in their everyday life.

When a topic is taboo, frightening or uncomfortable to talk about because of the circumstances within which it arises or because of its consequences, we need to find alternative tools that we can use to do so. I posit that monsters and monster narratives that include specific medical, legal, and socio-cultural structures identified in this research project can function as such a tool.

Overview: Popular Culture and the 'Humanization' of the AIDS monster

> *"So hard to tell fact from fiction when we live in a world where myth is real"*
> - Dr. Memphis, in *Skin Trade*, p.137

In the world of *Anita Blake, Vampire Hunter*, vampires, werewolves and other preternatural citizens don't just hide in their coffins or lurk in the shadows. They go to school, maintain steady jobs, run successful businesses and enter into matrimonial relationships. And yet, preternatural characters and groups are treated differently from – and by – human characters in the *Anita Blake, Vampire Hunter* series. They're often feared and treated as dangerous; viewed as a disease and as contaminated; and, seen as some*thing* to be controlled or exterminated rather than as a person. Despite this treatment, many preternatural characters in the world of Anita Blake do not merely survive, they thrive by managing their interactions with and responses to the complex medical, legal and socio-cultural stigma structures that exist within the series.

Using the *Anita Blake, Vampire Hunter* series as a case study, this research explored the role of metaphors and storytelling in popular culture as a health communication intervention strategy for challenging counterproductive stigma outcomes experienced by those living with chronic, transmissible illness and disease. A qualitative approach rooted in content analysis that incorporated elements of narrative and thematic analysis was used to identify the medical, legal, and socio-cultural stigma structures present in the *Anita Blake, Vampire Hunter* series, track the evolution of those structures over time and, ultimately, understand their impact on the stigma management practices engaged in by the series' characters and their resulting outcomes. Ultimately, this research sought to answer the questions:

RQ1: What infrastructures need to be present in monster narratives to account for the stigma experience of people living with a chronic infectious disease such as HIV/AIDS?

RQ2: And, when those infrastructures are present, what stigma outcomes can those narratives generate for fictional characters and, potentially, their audiences?

To answer these questions, **Chapter 1** of this dissertation establishes the definition of stigma and the constitutive elements of the stigma process relied upon in this research. It then considers the connection between health-related stigma and the creation of identity and Otherness. Next, as one of the most stigmatized groups living with illness and disease, the types of stigma and stigmatizing behaviours encountered by people living with HIV/AIDS are discussed along with their implications for public health interventions and efforts. An alternative model of the stigma process as well as a typology of stigmatizing and stigmatized behaviours was then proposed. From here, on the premise that media plays an important role in all public health interventions including the reduction of stigma, how HIV/AIDS has been represented in both fictional and non-fictional media in North America is explored.

Finally, Chapter 1 concludes by describing what characteristics of popular culture must be harnessed in order to create effective health-related communication interventions. The utility of metaphor and metaphorical language as a tool for telling complex and taboo health-related stories as well as some of its risks are also explored. Monsters metaphors, while useful, are identified as particularly problematic, especially when applied in health-related contexts because they may

influence how ‘monstrous’ patients or patients living with a ‘monstrous’ illness or disease are perceived and treated by both themselves and others

Chapter 2 begins by examining the history of monsters before considering how monsters are viewed today and what their place is in society. Then, after calling attention to the frequent use of medical language and scientific imagery in monster narratives, the construction of zombies, vampires and werewolves in the context of illness and diseases is discussed. In particular, these preternatural characters are examined in terms of transmission and the creation of a new ‘sick’ identity; the stigma that they encounter when compared to human – or uninfected – characters; and, the outcomes of stigmatized treatment. It is concluded that while once useful for understanding pandemics and outbreaks, the zombie narrative is of limited use for understanding now-chronic illnesses that result from the transmission of infectious diseases, like HIV/AIDS. Instead, it is posited that other monsters such as vampires and werewolves, who are ‘sympathetic’ and have retained their ‘humanity’, may be more useful.

Chapter 3 introduces the long-running *Anita Blake, Vampire Hunter* series, written by Laurell K. Hamilton, as an example of these new ‘humanized’ monsters. Premised upon an alternate history that weaves together mythology, religion, medicine, science, real-life events and popular culture, the series follows Anita Blake, vampire executioner, preternatural expert and ‘so-called’ zombie queen, as she immerses herself in the preternatural community to solve heinous, gruesome crimes. Along the way, she befriends and is wooed by werewolves and vampires alike, in addition to several wereleopards, weretigers, werelions, wererats, were--- well, you get the idea. In order to understand the complex web of narrative infrastructure present in the series, *Anita Blake* is situated in the world of monsters and monster theory before reviewing and identifying gaps in the existing scholarly study on the series. Ultimately, it is concluded that a study of the series in

the context of health-related issues which takes into account its complex system of carefully constructed legal, medical and scientific, and socio-cultural structures is long overdue.

Then, the methodological approach used in this study is explained. Although the pilot study was undertaken using a mixed-methods approach to content analysis, this approach was adapted to better account for the way that fictional stories and their alternate universes are constructed. In particular, this study relied on a qualitative approach to content analysis rooted in thematic and narrative analysis to answer the research questions identified above.

Chapter 4 provides an answer to RQ1, by outlining the infrastructure that needs to be present in vampire and werewolf narratives to account for the stigma experience of people living with a chronic, infectious disease such as HIV/AIDS. In particular, through an analysis of the world-building found in the *Anita Blake, Vampire Series*, three criteria were identified that lay the foundation for creating a productive learning opportunity for understanding chronic, transmissible illness and disease. First, such narratives must include health-related indicators, whether implicit or explicit, to link 'monstrous' conditions with the diagnosis of illness or disease. Second, they need to account for all of the steps in the stigma process that lead to the generation of a 'new' identity as 'sick' or 'Other'. Third, a variety of differential and potentially discriminatory responses to 'Othered' characters by the medical, legal and social systems present within the fictional world must take place.

In addition, the findings from this analysis resulted in several precisions to the alternative model of stigma and accompanying typology of stigma behaviours that was developed in Chapter 1. In particular, a distinction was made between the recognition of difference and labelling that is conducted for the purpose of information, description or explanation, and that which acts as or leads to stereotyping. Next, a distinction was also made between two types of so-called

stigmatizing behaviours. Specifically, incidences of differential and discriminatory behaviour were observed in the series, with the former following from 'neutral' explanatory-type labelling, and the latter from stereotyping. Finally, fascination was identified as a new type of stigmatizing behaviour that has fallen out of recent academic literature on health-related stigma but does trace back to the days of travelling carnivals and freak shows.

Following this, **Chapter 5** examined what could be learned about the stigmatized experience when the criteria for a productive learning opportunity is met. In particular, it considered what stigma-related outcomes can be generated from monster narratives for the fictional characters found within them and, potentially, for their audiences. Ultimately, it was determined that narratives structures found within the *Anita Blake* series can achieve three objectives. First, they can demonstrate how enacted and public stigma behaviours – whether differential or discriminatory – impact individuals and groups who are recipients of such treatment through the generation of self-stigma. Second, they can draw attention to the counterproductive stigma outcomes that result from self-stigma sentiments. Third, such narratives can also show how groups and individuals can generate productive stigma outcomes through a variety of stigma management practices.

Like with Chapter 4, the findings from this analysis resulted in several precisions to the alternative model of stigma and accompanying typology of stigma behaviours that was developed in Chapter 1. In particular, it was determined that for those being stigmatized, it matters little whether treatment is differential or discriminatory for the effect on the individual or group is the same – the internalization of stigma and the generation of self-stigma sentiments. It was also confirmed that stigma management practices can result in both counterproductive and productive

outcomes, and it was possible to identify four personas that emerged from these outcomes: ‘villains’, ‘victims’, ‘survivors’ and ‘thrivers’.

Finally, **Chapter 6** summarizes the key findings of this research project. In particular, it outlines three narrative requirements that monster narratives must fulfill in order to create a productive learning environment for understanding this experience that is neither oversimplified nor incomplete. Then, it explains the three narrative outcomes that such environments can achieve. Following this, a discussion of the implications and applicability of this research project is framed by an acknowledgement of the emergence of two public health crises that occurred during the writing of this dissertation, which changed the public health landscape. Lastly, the limitations of this project and potential areas for future research are described.

Chapter 1 - Responding to Disease and Illness: How We Live with the Monster Within

> *"I think there's definitely that stigma related to, 'Well, where were you? Who are you with the last couple of days? What did you do? Who are you around? Who did you expose?' […] I understand those questions need to be asked, for sure … but I definitely think that there is still that stigma related to … judging people and what they did."*
>
> - Alexandra Floyd regarding COVID-19, quoted in Paling (2021)

Long before COVID-19, stigma was associated with disease and illness, whether communicable or non-communicable, chronic or acute. Among others, stigma has been linked to infectious diseases including tuberculosis (Rothman, 1994; Christodoulou, 2011), severe acute respiratory syndrome or SARS (Cava et al., 2005), Ebola (Fischer et al., 2019), the Zika virus (Marbán-Castro et al., 2020, p. 8), and measles (Greenberg et al., 2009) as well as genetic and non-communicable illnesses such as cancer (Bresnahan et al., 2013; Arrington, 2015; Stergiou-Kita et al., 2016), Alzheimer's (Burgener & Berger, 2008; Werner & Heinik, 2008; Blay & Peluso, 2010) and multiple sclerosis (Grytten & Måseide, 2006; Cook et al., 2016).

In a medical context, stigma can *sometimes* be productive.[2] Physical signs of disease, such as lesions, bleeding, and rashes, as well as 'sick' behaviours, such as sneezing and coughing, quickly help everyday people and medical professionals identify and segregate the infected from the uninfected (Reluga et al., 2019) and determine those most in need of urgent treatment. This can limit the spread of disease and save lives. Of course, health-related stigma can also and often does result in counterproductive outcomes when it discourages or undermines public health interventions and efforts such as testing and treatment. In such instances, stigma goes "from

[2] Although the word 'productive' can have multiple meanings, it is employed within this dissertation in its common usage to refer to "yielding results, benefits or profits" (Merriam-Webster, 2020, p.991). In other words, 'productive' means to generate a positive benefit.

evolutionarily beneficial to detrimental [because it] stop[s] reducing risk" (Reluga et al., 2019, p. 104). Disease-related stigma is, however, not limited to the physical signs and behaviours of those with a disease or illness and it can also take place in non-medical contexts.

Stigma, according to Link & Phelan (2001), arises when "labeling, stereotyping, separation, status loss and discrimination *co-occur* in a power situation" (emphasis added, p.367).

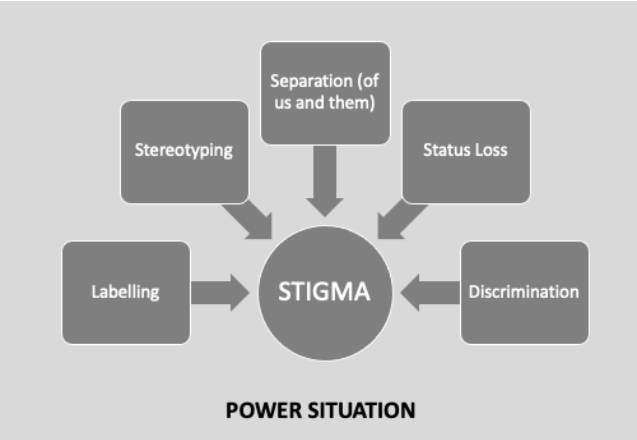

Figure 1 - The Stigma Process, according to Link & Phelan (2001)

This description of the stigma process, however, relies on several flawed assumptions: first, that stigma only arises in power situations when it could, in fact, occur between equals or without a discernable power relationship and, second, that the elements of stigma happen simultaneously rather than as a part of a sequential process. In addition, their description does not account for the foundation upon which labelling, stereotyping, and the separation of us and them is based – that is, the recognition of difference – nor does it take into consideration the possibility of productive stigma outcomes due to the negative connotations commonly associated with several steps in the stigma process, including stereotyping, status loss and discrimination. As mentioned above, in a medical context, policies, practices and decisions based on stigma *can* result in favourable, productive outcomes such as slowing the spread of a transmissible, infectious disease, as well as counterproductive outcomes such as testing and treatment avoidance.

To better understand the operation of stigma and, in particular, health-related stigma, this dissertation conceptualizes stigma as a sequential process that begins with the recognition of a difference between two or more groups or individuals and leaves open the possibility of both productive and counterproductive stigma outcomes. This sequential stigma process and each of its constitutive components are discussed below. Consideration is then given to the connection between stigma and the creation of the Other because once a group or individual has been classified or categorized as 'Other', 'they' are no longer like 'us' and therefore can be, and arguably may need to be, treated differently or discriminatorily.

Stigmatized: The Relationship Between the Stigma Process and the Creation of an 'Other' Identity

> *The special situation of the stigmatized is that society tells him he is a member of the wider group, which means that he is a normal human being, but that he is also 'different' in some degree, and that it would be foolish to deny this difference.*
>
> - Goffman (1963), p. 123

The stigma process begins with the recognition of "an attribute that makes [a person or group] **different** from others in the category of persons available [to be]" (emphasis added, Goffman, 1963, p.3). On its own, the recognition of difference is not necessarily cause for concern; as a society, we invariably group people, places, and things into categories based on difference – animals are grouped by species, films and music by genres, and spaces based on their use or ownership, among other examples. However, when difference is "socially selected for salience" (Link & Phelan, 2001, p.368), based on "an attribute that is deeply discrediting" (Goffman, 1963, p. 3) such as an undesirable characteristic or behaviour, and attached to a person or group in the form of a **label**, the next step of the stigma process is triggered.

Labelling, in the context of stigma, is problematic because it connects a person or group to attributes, characteristics or behaviours that, generally, are viewed as shameful, abnormal or undesirable (Jones & Corrigan, 2014, p.9; Link & Phelan, 2001, p.369). Goffman (1963) has called attention to how "[w]e use specific stigma terms such as cripple, bastard, moron in our daily discourse as a source of metaphor and imagery, typically without giving thought to the original meaning" (p.5). This is important because labels, especially undesirable, abnormal and shameful ones, shape how we think about, and then talk about and act towards, a person or group to whom they have been applied. Furthermore, labels are often accompanied by "a wide range of imperfections on the basis of the original one" (Goffman, 1963, p.5), which result in **stereotypes** (Godsil et. al, 2016, p.6).

In its simplest form, a stereotype is "an inference made about individuals based on their assignment to a particular group or category" (Jones & Corrigan, 2014, p.12). In other words, as Schneider (2004) notes in his review on the history of stereotypes, the effect of stereotypes is that "they stamp all to whom they apply to with the same characteristics" (p.8). Thus, the cumulative effect of recognizing a difference, labelling and stereotyping it is the separation of the person or group applying the label from the person or group to whom it has been applied. These acts result in the **separation of 'us' from 'them'** and the creation of in-groups – 'us' – and out-groups – 'them'. This, in turn, leads to a **loss of status** for out-groups and their members but also the generation of a **new identity** for the out-group as 'Other'.

Figure 2 visually depicts the steps in this reconceptualized stigma process. Although these steps are listed individually and sequentially, it is possible for some of the steps to take place at the same time, resulting from a single action. In other words, a single action – say, for example, calling someone a derogatory term – can simultaneously recognize a difference between the

subject and object of that act, label that difference and stereotype it. Similarly, the separation of us from them can simultaneously generate a status loss whereby 'they' are no longer 'us'. This potential co-occurrence is illustrated by a dotted line.

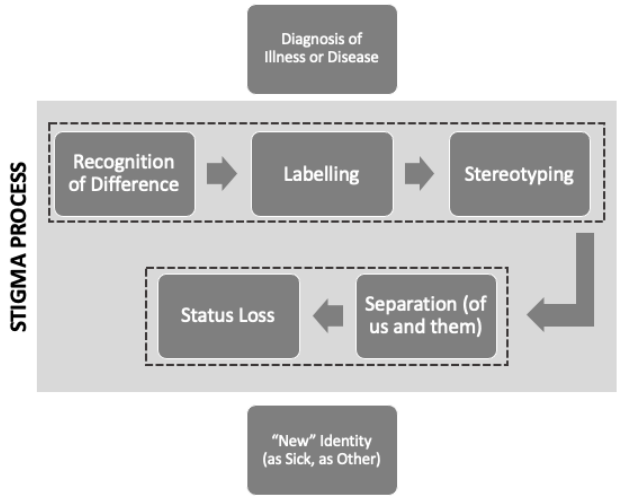

Figure 2 - A Reconceptualized, Sequential Stigma Process

Once a group or individual has been classified or categorized as "Other", or in the context of health-related stigma as "sick", 'they' are no longer like 'us' – they are not normal, not healthy, and so on – and therefore can be, and arguably may need to be, treated **differently** or **discriminatorily**.

Whether treatment of persons or groups living with illness and disease is discriminatory or merely different hinges, in part, on whether a medical or social model of impairment is relied upon. Treatment rooted in the medical model of impairment views the condition of being sick as undesirable (Parsons, 1975, p. 262). It emphasizes the physical, psychological, and physiological differences of persons with disease or illness and views their medical condition as a problem to be cured, rehabilitated or eradicated (Davidson, 2006, p.119; Davis, 2006, p.3). Behaviour rooted in the medical model is often discriminatory as it would be unacceptable if applied to an individual

or group without the illness or disease. Such behaviours would therefore likely meet the threshold for stigma because they would be rooted in and targeted towards those with an 'Othered' identity.

The social model, on the other hand, emphasizes the societal response to such differences and therefore frames the social conditions, institutional structures and physical or communicational barriers that limit the participation of impaired persons as the problem to be remedied, rather than their medical conditions (Davidson, 2006, p.119). Thus, while behaviour rooted in the social model of impairment may include differential treatment, that differential treatment will focus on removing societal barriers rather than removing the persons living with medical conditions or the medical conditions themselves.

While it is beyond the scope of this dissertation to identify and categorize all types of stigma and stigmatizing behaviours, it is nevertheless instructive to briefly examine both in order to understand the connection between disease, stigma and identity as well as the relationship between stigmatizing behaviours and stigma outcomes.

Enacted versus Felt: Classifying Types of Stigma

Stigma types and specific stigmatizing behaviours have been classified, categorized and identified by scholars in many disciplines and in the context of many different identity groups – the elderly (ageism), racial and ethnic minorities (racism), and LGBTQIA2S+ communities (homophobia and transphobia), among others. Generally, stigma is either *enacted* or *felt* (Scrambler and Hopkins, 1986).

Enacted stigma refers to formal or informal sanctions, such as discrimination or prejudice, applied individually or collectively to a stigmatized group (Emlet, 2006, p.782; Green & Platt, 1997, p.72). **Felt stigma** has been defined as the feelings of shame, guilt or fear from enacted

stigma that is experienced by a stigmatized person or group (Emlet, 2006, p.782; Green & Platt, 1997, p.72). These definitions show a relationship between enacted stigma and felt stigma, whereby the former leads to the latter. Enacted stigma is, then, external stigma applied to one group from those outside of it, and felt stigma is internalized stigma experienced by those within that group as a result of external stigma. Enacted stigma and felt stigma have been observed in health-related identity groups, such as people with epilepsy (Scrambler and Hopkins, 1986; Jacoby, 1994), parents of children with autism (Gray, 2002) and people living with HIV/AIDS (see e.g., Green, 1995; Lekas et al., 2006).

In their review of disease and disability stigma-related research in the fields of psychology and sociology, Jones & Corrigan (2014) identified four additional types of stigma: *structural stigma*, *public stigma*, *self-stigma*, and *label avoidance*. They defined **structural stigma** as public and private institutional rules, regulations or norms – whether intentional or unintentional – that discriminate against those with stigmatized conditions (Jones & Corrigan, 2014, p.19). **Public stigma** occurs when "the general public endorses stereotypes about disease and disability and then discriminates against them" (Jones & Corrigan, 2014, p.18), where 'them' refers to both those who have a disease or disability or those who are perceived to have it. In other words, public stigma is the societal or non-institutional treatment of individuals and groups because of their disease or disability. **Self-stigma** is a form of felt stigma that refers to when an individual internalizes the stereotypes that have been applied to or associated with their disease or disability (Jones & Corrigan, 2014, p.18). Finally, label avoidance happens when a stigmatized group or individual "decline[s] or refuse[s] to engage with specific types of services in order to avoid being labeled or stereotyped" (Jones & Corrigan, 2014, p.19).

While these classification systems are helpful, I argue that label avoidance is not a category of stigma. Rather, it is a specific behaviour that a group or individual carries out in response to stigma. As such, it falls alongside other behaviours such as protective silence – the non-disclosure of one's illness, disease or disability to avoid being labelled or stereotyped – within the larger category of **stigma management** (Emlet, 2006, p.787). Stigma management, for the purpose of this research, refers to the variety of responses that a stigmatized group or individual has to self-stigma and both forms of enacted stigma. Importantly, not all forms of stigma management are undertaken to avoid labelling. Campbell & Deacon (2006) note that "stigmatized identities" can function as a source of group mobilization and resistance (p.415). They also call attention to how a "[person] might even gain status if they 'come out' with a stigmatized characteristic" (p.415). Stigmatized individuals can therefore become representatives and advocates for their community and can provide expertise based on their lived experience.

In light of the foregoing, this dissertation relies on the typology of health-related stigma presented in Table 1. The definition of felt stigma has been modified slightly to recognize its relationship with stigma management and the range of existing stigma responses.

Table 1 - A Typology of Health-related Stigma

Enacted Stigma		**Felt Stigma**	
Formal and informal sanctions, such as discrimination or prejudice, applied individually or collectively to a stigmatized group		The feelings experienced by a stigmatized person or group due to enacted stigma and their responses to manage it	
Public Stigma	**Structural Stigma**	**Self-stigma**	**Stigma Management**
When the general public endorses stereotypes about disease and then discriminates against those who have or are perceived to have it	When private and public institutional rules, regulations or norms, whether intentional or unintentional, discriminate against individuals with stigmatized conditions	When an individual or group internalizes, accepts and adopts stereotypes of their illness or disease	How stigmatized individuals and groups respond to internal and external stigma, through behaviours including label avoidance and protective silence

Stigma, notes Link & Phelan (2001), "exists as a matter of degree", for it is dependent on the salience of human difference, the prominence of labelling, the strength of the connection between specific labels and the resulting stereotypes, and the degree of status of loss and discrimination that occurs (p.377). This means that some groups and individuals can be more stigmatized than others. In the context of health-related stigma and, in particular, health-related stigma stemming from infectious and transmissible diseases, few groups have been as stigmatized and as demonized to the degree of people living with HIV/AIDS. The occurrence and effects of HIV/AIDS-related stigma are so pronounced that they have been characterized as "occupy[ing] the core of the [AIDS] epidemic" (de Castro, 2015, p.3). To illustrate the operation of stigma types and their relationship with stigma management, the next section discusses the stigmatizing behaviours encountered by people living with HIV/AIDS and their implications for public health interventions and efforts.

A Stigmatized People: How the Medical, Legal, and Social Worlds Have Responded to HIV/AIDS

The human immunodeficiency virus, more commonly known as HIV, is a blood-borne virus that attacks the immune system (UNAIDS, 2013b, p.1). It can be transmitted via blood, semen, vaginal fluids and breast milk, through penetrative sex, blood transfusions, and sharing needles, and between mother and child during pregnancy, childbirth and breastfeeding (UNAIDS, 2021). HIV is the underlying cause of AIDS, or acquired immunodeficiency syndrome, "a group of potentially life-threatening infections and cancers" (UNAIDS, 2013b, p.1).

Since the first cases of AIDS were reported in the early 1980s (CATIE, n.d.), advances in the medical treatment of HIV, namely antiretroviral treatment, have transformed the infection from

fatal to a "manageable chronic condition" (UNAIDS, 2013b, p.1). And yet, despite progress made towards ending the global AIDS epidemic, 40 years after the first cases were reported new HIV infections persist. In 2019, an estimated 38 million people were living with HIV worldwide – an increase of 1 million cases from 2018 (Thomson Reuters, 2020). Further, despite global decreases, the incidence rate of new HIV infections in Canada has been increasing since 2016 (Haddad et al., 2018). The Public Health Agency of Canada (2020) estimated that, in 2018, there were approximately 62,050 people living with HIV/AIDS in Canada – a number that continues to rise "due to ongoing transmission and increased longevity of people living with [the illness or disease]" (p.3).

Table 2 - National Diagnosis Rate of new HIV Infections in Canada since 2016 (Public Health Agency of Canada, 2020)

Year	Estimated Number of New Cases	National Diagnosis Rate
2016	2,318	6.4 per 100,000
2017	2,368	6.5 per 100,000
2018	2,561	6.9 per 100,000

Although HIV/AIDS is no longer a 'death sentence' for those who have access to treatment, stigma towards people living with HIV/AIDS has remained relatively stable over the past 15 years. In 2006, 12% of Canadians reported feeling afraid of people living with HIV/AIDS; in 2012, that number was approximately 15% (Public Health Agency of Canada, 2014). More recently, referring to a 2018 survey, Montreal Public Health doctor Sarah-Amelie Mercure noted that despite no risk of transmission "[a] quarter of Canadians said that they will not have a hairdresser living with HIV" (Bergeron-Olivier & Jones, 2019). Thus, even with advances in medical treatment, misperceptions surrounding the transmission of HIV continue to result in the stigmatization of those living with the disease.

That HIV/AIDS stigma persists is not surprising. When little was known about its transmission, "hospitals confined AIDS patients to isolation zones, hospital workers refused to clean their rooms, and funeral workers refused to embalm their bodies" (Murray, 2011, p.243-244). The bodies of AIDS patients were thought to be not only contagious but also dangerous. In addition, because symptoms of AIDS were first associated with the emergence of a cluster of illnesses among young, homosexual men in cities like San Francisco, Los Angeles and New York City, the disease was associated with 'sexual deviance'. Originally labelled by doctors as a "gay disease" or GRID, gay-related immunodeficiency, Murray (2011) notes that:

> "… early theories about the disease suggested that gay men contracted it through an immune overload that was the consequence of spending sleepless nights at gay bars and discotheques, inhaling poppers, and having promiscuous sex."
>
> (p. 238)

This connection between gay men and HIV proliferated in the media as well, where it was referred to as a "gay plague" (Altman, 1987, p.17). Unfortunately, the impact of this association between HIV and gay men "delayed important discoveries about the syndrome, including its transmissibility through sex between men and women, and through blood transfusion" (Wald, 2008, p.219).

The myths and misperceptions surrounding HIV/AIDS also linked the disease with several other already-marginalized identity groups. In addition to gay men, prostitutes and sex workers (see e.g., Scambler & Paoli, 2008) and intravenous drug users (see e.g., Gostin, 2004), and therefore certain types of behaviour, including anal sex, promiscuity and needle-sharing, were blamed for and associated with its spread. Racialized groups, in particular Haitians, were among those blamed for the spread of HIV/AIDS (see e.g., Dubois, 1996) – a myth that continues today (Hannity, 2021). These groups experienced double-stigma, for they were stigmatized not only for

their seropositive status but also for their membership in other marginalized identity groups. These associations were exacerbated because, like leprosy and syphilis before it, HIV/AIDS was seen by many as a punishment from God for sin and 'deviant' sexual behaviour (Hanne, 2016, p.36-37). Blaming and shaming, Hanne (2016) notes, is "particularly strong against those whose illness is severe and deemed to have been behaviourally caused" (p.37).

Separate from religious condemnation, AIDS phobia – or FRAIDS – proliferated due to misinformation, a lack of understanding about its transmission, and sensational cases of HIV/AIDS cases in the media. Among other instances, in the late 1970s and early 1980s, blood products used in the treatment of hemophilia and in blood transfusions were contaminated with HIV. In Canada alone, at least 2000 people were infected with HIV from contaminated blood (Orsini, 2002, p.475) and, as noted by Justice Krever (1997), "some unknowingly infected others" (p.3). Thus, HIV/AIDS was no longer confined to previously identified high-risk groups. Further, despite an inability to prove how transmission of the virus occurred (Ciesielski et al., 1994) news that an HIV-positive dentist practicing in Florida reportedly infected six patients with the virus led to calls that legislators impose HIV testing and disclosure requirements on medical workers (Altman, 1993). Indeed, in the 1980s and 1990s, the so-called 'AIDS monster' was perceived to be everywhere, corrupting person-to-person, and gaining momentum.

To curb its spread and punish those responsible for its deadly transmission, policymakers turned to the law as part of their health intervention efforts. Globally, the criminalization of the transmission of disease, and of sexually transmitted diseases such as HIV/AIDS, varies. While some countries prosecute HIV transmission under existing laws, others have created offences criminalizing the transmission of disease generally, and some have even opted for HIV-specific offences (UNAIDS, 2013a, p.7). For example, in the United States, 37 states have laws that

criminalize HIV exposure (Centers for Disease and Control Prevention, 2020). In addition, some countries have enacted travel restrictions and immigration policies denying entry or restricting the mobility of people living with HIV/AIDS (UNAIDS & UNDP, 2019).

In Canada, the so-called "world leader of HIV transmission prosecutions" (Quirk & Stanton, 2016, p.13), disease-related criminal prosecutions have been limited to the potential or actual transmission of HIV/AIDS, although this could certainly change. Since 1989, there have been more than 200 criminal cases related to the non-disclosure or transmission of HIV/AIDS (HIV Justice Network, 2020; HIV Legal Network, 2021) despite the absence of HIV-specific offences in the Canadian Criminal Code.

The first landmark HIV case in Canadian law, *R. v. Cuerrier*, reached the Supreme Court of Canada in 1998. Henry Cuerrier had been charged with two counts of aggravated assault after having unprotected sex with two women without disclosing that he was HIV-positive. Although both women consented to unprotected sex with Cuerrier, they stated that they would not have done so had they been informed of his seropositive status. As such, and in light of the potentially severe health consequences of contracting HIV at the time – that is, developing AIDS and, ultimately, dying – the Supreme Court found that failing to disclose one's HIV-positive status to one's sexual partners vitiates consent to unprotected sexual activity, irrespective of whether HIV is actually transmitted. Thus, based on *Cuerrier*, the failure to disclose one's HIV status could amount to aggravated sexual assault, because HIV posed a significant risk of serious bodily harm and sex without consent – or sex with invalid consent, such as that obtained through fraud – is sexual assault (para 138). Justice Cory, writing for the majority, noted that

> "The risks of infection are so devastating that there is a real and urgent need to provide a measure of protection for those in the position of the complainants. If ever there was a place for the deterrence provided by criminal sanctions it is present in

> these circumstances. It may well have the desired effect of ensuring that there is disclosure of the risk and that appropriate precautions are taken."
>
> (para. 142)

Although intended to provide protection to prospective sexual partners and deter the transmission of HIV through disclosure, the *Cuerrier* decision left the meaning of a 'significant risk to bodily harm' open to interpretation, to be determined on a case-by-case basis subject to the specific facts of each case (see e.g., Adam et. al, 2008). As such, in 2012, the Supreme Court was asked to provide clarity in a case where Mabior, an HIV-positive man, had sex with nine women without disclosing his HIV status. Like *Cuerrier*, none of the women contracted HIV and nearly all said that they would not have consented to sex had they known that Mabior was HIV-positive. On some occasions, condoms were used in and others they were not. Importantly, Mabior provided evidence that he was under treatment and was either not infectious or presented only a low risk of infection at the relevant times (*R. v. Mabior*, 2012, para. 7).

In the *Mabior* decision, the Supreme Court rejected an absolute disclosure requirement put forward by the Crown, noting that:

> "…this absolute approach is arguably unfair and stigmatizing to people with HIV, an already vulnerable group. Provided people so afflicted act responsibly and pose no risk of harm to others, they should not be put to the choice of disclosing their disease or facing criminalization."
>
> (para. 67)

Instead, the Supreme Court held that disclosure of this significant risk of serious bodily harm – that is, HIV/AIDS – was only required where "a realistic possibility of the transmission of HIV" arises and determined that there is no realistic possibility of transmission when an HIV-positive person's viral count is low *and* a condom is used during sex (para. 94).

This standard has been criticized for inaccurately applying and confusing the medical definition of risk with the legal definition of risk (Elliott, 2018). Further, the maximum penalty for

aggravated sexual assault – the most common charge in HIV non-disclosure cases[3] – is life imprisonment and a guilty verdict requires mandatory registration as a sex offender. This, notes Elliott (2018), equates "HIV non-disclosure in the context of a consensual sexual encounter [...] as legally equivalent to rape" (p.E1348). Both registration as a sex offender and convictions of rape come with their own stigmas (see e.g., Evans & Cubellis, 2015; Rickard, 2016). Criminalization, its underlying assumptions, and its resulting implications therefore position people living with HIV/AIDS as dangerous and perpetuate myths and stereotypes based on "an irrational fear of the virus and those who contract it" (Dej & Kilty, 2012, p.59).

These myths and misperceptions are amplified by media coverage of HIV criminalization cases which has traditionally emphasized the monstrous, deviant or dangerous nature and behaviour of those accused and convicted (see e.g., Flavin, 2000; Shevory, 2004; Miller, 2005; Persson & Newman, 2008; Kilty & Bogosavljevic, 2019). This has been shown to be especially pronounced when the criminalized person is racialized, female, or a combination of the two. In a Canadian context, for example, media coverage of the cases of Jennifer Murphy, Suwalee Iamkhong, Trevis Smith, and Johnson Aziga, narratives of racial and gender identity were linked with stereotypes of "predatory sexuality" that are typically associated with Black men and overtly sexual women (Kilty & Bogosavljevic, 2019, p.290-291).

Ultimately, despite the evolution of the law on HIV transmission, its continued criminalization impacts not only the societal response to people living with HIV/AIDS, but also how people living with HIV/AIDS feel about themselves and how they respond to the medical, legal and social structures they encounter in their everyday lives. It has been found to undermine public health efforts that mitigate transmission and advance treatment. For example, Kilty & Orsini

[3] In Canada, when HIV transmission has occurred through unprotected sex, without disclosure, and resulted in death, the charge becomes one of murder rather than aggravated sexual assault (*R. v. Aziga)*.

(2019), among others, found that the requirement to disclose one's HIV-positive status can lead to testing avoidance as a mechanism for insulating oneself from criminal liability (p.1273), which in turn increases the likelihood of transmission and potentially severe health problems if HIV were to go untreated (Fischer et al., 2019, p. 989). It has also been linked to isolation and abstention from intimate relationships (Kilty & Orsini, 2019, p. 1274), decreased trust and confidence in public and police officials (Adam et al., 2014, p. 44), and fear for one's personal safety and economic security (see e.g., Krusi et al., 2018) in people living with HIV/AIDS.

In addition to the above, people living with HIV/AIDS also experience stigma stemming from the physical symptoms of the disease. Early in the epidemic, "[t]hose with full-blown AIDS became shockingly disfigured. They suffered from violent fevers, incontinence, and dementia, looks and smells and ailments that were well beyond the world of unseen germs" (Murray, 2011, p.245). The appearance of Kaposi's sarcoma lesions on the body also functioned as a signifier of the disease (Cartwright, 2016, p.379-382). The physical symptoms of HIV/AIDS made it difficult for those living with the disease to conceal their medical condition.

Physical manifestations of AIDS have not dissipated with medical advancements; many people living with HIV/AIDS experience lipodystrophy syndrome – an antiretroviral therapy-related body change that results in the abnormal, visible, accumulation of fatty tissue (Gagnon, 2010). It is therefore not surprising that "[p]eople living with HIV/AIDS describe their bodies to be grotesque, deformed and damaged by the [physical] manifestations of illness" (Gagnon, 2010, p.138). In particular, Gagnon (2010) found that people living with HIV/AIDS go through a process whereby they reject or disassociate from their diseased-self, "generat[ing] an alter ego that will be known as the *Other*" (p. 139, emphasis in original). They are ashamed of their medical status and its symptoms, and often blame themselves for their condition.

Ultimately, people living with HIV/AIDS are subject to a wide spectrum of stigmatizing policies, practices and behaviours – including some that are self-inflicted. Table 3 below categorizes and summarizes many of the behaviours that have emerged from the literature surrounding HIV/AIDS-related stigma.

Table 3 – A Typology of Stigmatizing and Stigmatized Behaviours

ENACTED STIGMA		**FELT STIGMA**	
Structural Stigma		**Self-stigma**	
Medical Treatment:	Policies or practices that would be unacceptable if applied to an individual or group without the disease or illness	**Blaming and Shaming:**	Feelings of disgust or condemnation towards oneself and/or one's past behaviours
Criminalization:	Criminal prosecution for the wilful or reckless transmission of disease or illness	**Isolation:**	Feeling separate, alone or estranged from society (Emlet, 2006, p.786)
Migration/Travel Restrictions:	Policies or practices which limit the mobility of people living with an illness or disease	**Fear of Contagion:**	Fear that one is infected and will transmit one's illness or disease to others
Violations of Confidentiality:	The intentional or unintentional disclosure of one's medical status by a person holding an institutional role (Emlet, 2006, p.787)	**Mistrust of institutions:**	Feeling that "police and public officials will not provide [the same] protection afforded to other citizens" on account of their disease or illness (Adam et al., 2014, p.44)
		Fear of Rejection:	Fear that disclosure of one's medical status will result in being put aside, outcast, or turned down in social and professional contexts
Public Stigma		**Stigma Management**	
Rejection:	Refusing to engage or interact with an individual or group on account of their disease or illness	**Label Avoidance:**	Declining or refusing to engage with specific services to avoid being labelled or stereotyped (Jones & Corrigan, 2014, p.19)
Fear of Contagion:	Refusing to engage or interact with an individual or group because of a fear of contracting their disease or illness (Emlet, 2006, p.786)	**Protective Silence:**	The non-disclosure of one's illness, disease or disability to avoid being labelled or stereotyped (Emlet, 2006, p.787)
Double-stigma:	Stigmatizing an individual or group on account of associations with their disease or illness, such as homophobia and HIV/AIDS	**Self-compassion:**	Treating oneself with the same care and concern with which they treat others when they experience stigma or other difficulties (Brion et al., 2014, p.218)
Employment Discrimination:	Refusing to engage or interact with an individual or group in an employment context due to their	**Group Mobilization and Activism:**	The collective action and advocacy undertaken by a group of individuals affected by or infected

	disease or illness, in the absence of legal support/justification		with a disease or illness to change perceptions and improve the treatment of those living with that disease or illness
Blaming and Shaming:	Exhibiting feelings of disgust or condemnation towards an individual or group because of their medical status and/or their past behaviours	**Sharing Expertise:**	Communicating information about one's lived experience with disease or illness and/or acting as a representative for a group of individuals living with disease or illness

While the majority of these behaviours result in counterproductive stigma outcomes such as testing avoidance, feelings of shame, self- and forced isolation, a handful of stigma management practices can result in productive stigma outcomes such as group mobilization (Kirp, 1999; Brashers et al., 2000; Rabkin et al., 2018), sharing expertise and self-compassion (Brion et al., 2014). Stigma, therefore, is not all bad – even in non-medical contexts. Productive stigma outcomes can, over time, reduce the occurrence of discriminatory treatment and reverse or stop some, if not all, of the stigma process by raising awareness regarding the impact of such treatment. In addition to productive stigma outcomes, another important tool for changing the narrative surrounding stigma is communications – indeed, all public health interventions have some form of communications component. This next section therefore considers representations of HIV/AIDS in the media.

Room for Improvement: The Representation of HIV/AIDS in North American Media

Early press coverage of the epidemic increased public awareness and knowledge about HIV/AIDS in North America. When NBA star Magic Johnson held a press conference in 1991 announcing his seropositive status, his emphasis on the distinction between HIV and AIDS, and the subsequent news coverage which repeated this, successfully increased public knowledge of what HIV was and was not (Wanta & Elliott, 1995). Hertog & Fan (1995) also found that

knowledge about the ways that HIV could and could not be transmitted increased because of press coverage which helped reduce the belief that the virus could be transmitted through sneezing, toilets, and insects.

HIV/AIDS messaging and the stories of those living with HIV/AIDS also seeped into theatre, television, film, novels, and comics. *Philadelphia (1993)*, one of the earliest feature films to explicitly address HIV/AIDS, was inspired by and loosely based on two wrongful dismissal and AIDS discrimination cases that took place in the United States (Cartwright, 2016, p. 374-375). The medical drama *ER* featured Jeanie Boulet, a physician assistant working in the emergency room, who was diagnosed with HIV in the show's third season and struggled with disclosure, treatment and privacy issues related to the disease (Watson, 1996). Marvel and DC Comics were among those publishers that engaged in AIDS awareness using metaphorical and non-metaphorical language by incorporating AIDS into existing storylines or creating new characters, such as the gay superhero *Northstar*, dealing with AIDS (McAllister, 1992).

In addition, non-mainstream media targeting groups particularly vulnerable to HIV/AIDS felt a responsibility to share health-related information with their audiences. Many gay erotica publishers required that stories set in or after the 1980s – the so-called "AIDS-era" – include the depiction of safe sex, reflecting the growing knowledge that HIV transmission could be prevented through "condom use, 'on me, not in me', mutual j/o [jerking off], thigh-fucking, etc." (Isola, 2013, p.1186).

And yet, HIV/AIDS-related health communication interventions, whether fictional or non-fictional, often over-simplified or inaccurately portrayed the epidemic and the HIV/AIDS experience. Hart's (2002) study of U.S. feature films from the 1980s and 1990s that included an HIV/AIDS narrative found that, demographically, the majority of characters depicted with

HIV/AIDS did not offer an accurate portrayal of the prevalence of the disease among different population groups. In particular, he noted that "these movies perpetuate harmful stereotypes of gay men and their lived realities that have, over the past two decades, been linked to renewed waves of prejudice and social intolerance toward gay men in American society" (p.85). *Boys on the Side* has, similarly, been critiqued for offering an inaccurate depiction of women living with HIV/AIDS and for concealing or de-emphasizing the disease in spite of the presence of a woman diagnosed with AIDS and the inclusion of a homosexual character into the storyline (Waites, 2006).

Another challenge for health communication interventions of HIV/AIDS is the "sensitive and controversial elements" of the disease (Ratzan et al., 1994, p.301). In the 1980s and 1990s, it was deemed taboo and offensive to discuss drug use, homosexuality, safe sex and prostitution, among other topics, in the media. This was observed in fictional narratives that incorporated HIV storylines and characters (see e.g., Watney 1997; Waites, 2006; Murray, 2011, p.240) as well as in public service announcements (see e.g., Ratzan et al., 1994). The effectiveness of these communication efforts was, therefore, unfortunately undermined by incomplete information.

Singhal & Vasanti (2005) nevertheless observe that entertainment education has the "ability to stimulate conversations [and] can bring taboo topics like HIV/AIDS into public discourse" (p.5). They note that "[w]hile audience members are usually reluctant to discuss the details of their personal life in public, they feel comfortable talking about the lifestyles of their characters, and commenting on the accompanying consequences" (p.5). Similarly, in the context of the criminalization of HIV transmission, it may be difficult to empathize with someone accused or convicted of aggravated sexual assault due to non-disclosure. Studies have demonstrated that some sexual partners can and will adapt their sexual behaviour to their partners' HIV status (Bird et al., 2017) and it is therefore likely that many people would want to know whether their partner

was HIV-positive prior to engaging in sexual activity with them in order to take precautions and minimize the risk of transmission. Popular culture can allow audiences to experience such situations from the other person's perspective and provide opportunities through which audiences can learn to cope with the effects and circumstances of HIV transmission. Metaphors, in particular, play a special role by allowing audiences to both talk about an issue that is taboo or uncomfortable with a bit of distance, or, sometimes, without actually – explicitly – talking about it.

Popular Culture and Health-Related Communication Interventions: How Media Shapes Illness and Disease

> *"In the movie [Contagion], I played a guy who was immune to the, um, hypothetical virus that was spreading around the world. And so a few things to start… One, um, that was a movie, this is real life. I have no reason to believe that I am immune to COVID-19 and neither do you."*
>
> - Matt Damon, in Columbia University's Mailman School of Public Health *"Control the Contagion"* public service announcement (2020)

From the news to popular culture, media shapes illness and disease narratives. It is one place where we turn to for information about symptoms and treatment, prevalence and transmission, and public health measures and vaccines. During the COVID-19 pandemic, for example, Canadians, and indeed people from all around the world, relied on a variety of traditional and digital media for timely public health information about the symptoms, transmission, prevention and eventual treatment of the illness (see e.g., Mata & Dumoulin, 2020). We similarly turned to fictional sources of information; shortly after the COVID-19 pandemic reached North America and stay-at-home measures were put into place, *Contagion*, a 2011 film which seemed to foreshadow COVID-19, quickly rose to the top of "Must-Watch" lists (Sperling, 2020). In the film, Beth Emhoff (played by Gwyneth Paltrow) falls ill on her flight home from a business trip to Hong

Kong. She dies two days later, but not before she transmits the virus to employees and patrons of a casino in China, to people she encounters during her layover in Chicago, and to a co-worker and her school-aged son in Minnesota. These people in turn pass on the virus, and the remainder of the film follows healthcare professionals, virologists, government officials and everyday citizens navigating the outbreak and effects of the pandemic.

With similar origin and transmission stories to COVID-19 coupled with problematic and misleading messaging within the film, the sudden re-popularization of *Contagion* was of such concern that the Columbia University's Mailman School of Public Health developed a series of public service announcements (PSAs) under the campaign "Control the Contagion".[4] The campaign consisted of five PSAs written by many of the infectious disease, medical, and media experts who consulted on *Contagion* and were filmed by the actors who starred in the film or by their family members in their own homes. The campaign capitalized on the recognizability of the actors from the film and the similarities between the fictitious and real virus to "share evidence-based information about COVID-19" to curb and dispel misinformation about the pandemic (Columbia University Mailman School of Public Health, 2019).

The link between popular culture and infectious diseases, and, more broadly, popular culture and health-related issues is by no means limited to COVID-19. Television series such as *ER, Grey's Anatomy* and *Scrubs* have been found to function as sources of information about health issues and patient-doctor communication, among other things, for both medical students and everyday people (Kendal & Diug, 2017). Fictional mediated depictions of health-related issues also influence our perceptions about the cause of a disease or illness and the people living with them. Films like *Philadelphia* and *Phir Milenge*, for example, provide information about the

[4] The public service announcements from the campaign can be viewed online at www.controlthecontagion.com.

experience of people living with HIV/AIDS and the discrimination that they encounter (Singhal & Vasanti, 2005).

That health-related narratives in popular culture ultimately act as a form of education – whether intended or unintended by their creators and producers – is nothing new. However, popular culture representations of health-related issues often oversimplify or inaccurately portray disease and illness, such as with the film *Contagion* and as has been discussed above with regards to HIV/AIDS. Irrespective of their accuracy or completeness, popular culture products have an impact on our perceptions and understanding of health-related issues. The next section of this chapter therefore considers what elements and characteristics of popular culture must be harnessed to create effective health-related communication interventions.

Popular culture encompasses a wide variety of media forms and everyday practices (see e.g., Storey, 2012; Storey, 2014) including not only traditional forms of mass media, but also digital media, the arts, sports, and cultural events and celebrations. These texts and practices are imbued with meaning and ideology, and ultimately "present a particular image [or view] of the world" (Storey, 2012, p.3). For the purpose of this dissertation, the examination of popular culture has been limited to traditional forms of mass media, in particular, television, film, music, novels and comics. This delimitation has been made because these traditional forms of media are a "unique forum for shaping attitudes" due to three specific characteristics identified by Godsil et al. (2016): "the repeated representation of identity groups, the ability to trigger emotions and empathy, [and] the use of a narrative format" (p.22).[5] Each of these will be discussed in further detail below. It is important to note that these characteristics are not mutually exclusive, rather

[5] I recognize that many digital media formats, such as podcasts and web series, also rely on these constitutive characteristics. However, I argue that podcasts are merely a digital form of radio and web series a digital form of television and therefore I limit my consideration to traditional mass media, noting that these characteristics will likely apply to and be found in digital media as well.

they operate simultaneously and must be co-present for a popular culture text to be effective and elicit social change.

Narrative Transportation, Repetition and Emotion: The Key Elements of an Effective Popular Culture Campaign

Social cognitive theorists have, for several decades, noted the role of mass media and the symbolic environments created therein as a source of observational learning and behaviour modeling (Bandura, 1977, p.24-25; Bandura, 1986, p.20, 70-71). The stories presented in mass media and the characters who live them provide audiences with an opportunity to vicariously experience events and situations they may not otherwise be exposed to and to learn from these different social realities. Among other things, these stories teach audiences what to expect in certain situations and how to behave when they arise. For example, research on the impact of crime-related TV programming such as CSI has been found to affect the expectations of the public, and therefore potential jurors, with regards to the presentation of evidence in the courtroom (see e.g., Schanz & Salfati, 2016; Klentz et al., 2020).

While the degree to which audiences can 'learn' from mediated texts varies and can often be unpredictable (Jarvis & Burr, 2011, p.169), the narrative format of popular culture texts and their ability to 'transport' audiences into a different time or place creates such an opportunity. Gerrig (1993) explains that narrative transportation occurs when audiences 'travel' into a new world and are removed to some degree from the time and place where they are consuming the media, and notes that "[audiences] can disappear for hours into the narrative worlds of books and movies" (p.1). To fully comprehend this new world, audiences must adapt to its local customs and conditions and, when they return "to the world of origin" – that is to say to the here and now when

they have finished consuming the media – they are "somewhat changed by the journey" (Gerrig, 1993, p.10-11). The interactions and experiences that we have with and through media therefore have the potential to impact us, and the greater the degree of transportation, the greater the change or learning that occurs (see e.g., Green & Brock, 2000; Bal & Veltkamp, 2013).

By no means am I suggesting that watching a single television episode, reading one book, or seeing one television commercial will influence audiences' behaviours or perceptions. Rather, as Ames & Burcon (2016) note in their study of popular culture and its effect on gender expectations, it is the "habitual, cyclical consumption of such narratives" that influence brain development, behaviour and perceptions (p.19). Although Ames & Burcon were referring to the reinforcing effect of consuming the same or similar messages across multiple media, long-running stories such as those found in television and book series also allow for the repeated and prolonged consumption of a narrative and the cultivation – and internalization – of the ideas found therein (Gerbner & Gross, 1976). Furthermore, by allowing audiences to "engage with characters who develop over an extended period of time" (Jarvis & Burr, 2011, p.167), the audience too has the opportunity to develop and grow.

Extended, prolonged narratives foster deep, albeit one-sided, emotional connections between audiences and the characters who appear in them. These para-social relationships generate feelings of proximity between the audience and mediated personas which mimic those found in face-to-face interactions (see e.g., Horton & Wohl, 1956). Para-social relationships allow audiences to not only experience what these characters are experiencing alongside them, but, more importantly, to empathize with them on an emotional level. The development of para-social relationships coupled with exposure to out-groups – or groups that audiences themselves are not

part of – can also reduce prejudice and the stigmatization of those groups (see e.g., Schiappa et al., 2006).

Social cognitive theory, cultivation theory and the theory of para-social relationships all help to explain how audiences can connect to and learn from characters found in mediated worlds, whether that be in television, film and literature. The degree of learning that takes place is influenced by the strength of the emotional connection that exists between audiences and the characters, and the degree to which audiences immerse themselves in these fictious worlds. Serial programming and novels have "extended story arcs, complex characters and become a regular part of [audiences'] lives" (Jarvis & Burr, 2011), increasing their potential to influence audiences.

While learning can take place in a variety of genres, this dissertation is particularly interested in those that involve imaginary worlds and the use of metaphor. As Wolf (2012) states "[to] give oneself over to a painting, novel, movie, television show, or video game is to step vicariously into a new experience, into an imaginary world" (p.16). Thus, participation in imaginary worlds is contingent on transportation, a characteristic of popular culture that must be present for a text to elicit social change. In addition, metaphors are, notes Sontag (1991), "as old as philosophy and poetry, and the spawning of most kinds of understanding, including scientific understanding, expressiveness" (p.91). The next section therefore considers the utility and use of metaphors in the context of illness and disease.

Metaphors: The Utility and Suspension of (Dis)Belief

Metaphors are powerful linguistic tools that are used to structure and organize information. They provide a way of "understanding and experiencing one kind of thing in terms of another" (Lakoff & Johnson, 1980, p.5). In the context of illness and disease, metaphors provide a

mechanism for understanding and thinking about disease and illness by framing them and associating them with familiar patterns. The link between zombie metaphors and narratives, for example, and the outbreak of disease and illness will be discussed further in Chapter 2.

While useful, as Sontag (1988) notes, metaphorical language and imagery impose meaning onto and deform the experience of having or living with illness or disease (p.99). In particular, when monstrous language and monster metaphors appear in medicine, science and health-related communication, they may influence how 'monstrous' patients or patients living with a 'monstrous' illness or disease are perceived and treated. Behuniak (2011), for example, argues that the frequent association of Alzheimer's Disease patients with zombies in popular culture and scholarly literature has serious, potentially negative, implications for the societal and medical treatment of those living with the disease. This association as someone or some*thing* less than human creates fear and disgust towards those with Alzheimer's, which, in turn, results in their marginalization, discrimination, and dehumanization.

Gomez-Temesion (2018) made similar findings in her anthropological study of an Ebola treatment and quarantine centre in Guinea, where she found that patients with the deadly Ebola virus were described by medical personnel as 'zombies' or 'corpses' due to the mortality rate associated with the virus and the unlikelihood of recovering from it (p.740). As a result, "[p]atients ended up being seen by the staff as *already dead* or just *not dead yet*" (emphasis added, Gomez-Temesion, p.744) and the practices employed by humanitarian staff in Guinea reinforced the metaphor of zombies, treating the bodies of those infected – whether alive or deceased – as contaminated, contagious and dangerous.

In addition, the categorization of an illness or disease itself as a monster or as monstrous also has implications for its treatment and management. Among others, HIV/AIDS has been

characterized as ‘vampiric’ because “it feeds on and drains away the body’s natural defences until it becomes perilously weakened against common bacteria and viruses, eventually killing the host” (Ní Fhlainn, 2019, p.85). Such categorizations could, for example, justify the use of extreme, questionable measures in the pursuit of its eradication or containment. They may also provide support for the regulation and criminalization of how the illness or disease is transmitted.

The association of monsters and the monstrous with illness and disease brings with it pre-existing cultural anxieties about what is normal and abnormal, what is natural and what is not, and imposes these anxieties onto disease-related narratives. In doing so, these metaphors create us/them dichotomies, positioning one group – “us”, the normal – against another – “them”, the abnormal, the diseased and the different. In addition, people living with an illness or disease may also come to see themselves as monsters and monstrous.

Using Popular Culture as a Lens to Understand and Shape Stigma Responses

Illness and disease-based identities are, by their very nature, binary. They separate people into categories – healthy and sick, living and dying, uninfected and contagious, normal and abnormal, to name but a few. These categories create an ‘us’ and ‘them’ dichotomy, defining one group – ‘us’ – in light of the absence of an undesirable characteristic, sickness, found in another – ‘them’. This categorization is used to justify the differential and often stigmatizing treatment of those living with illness and disease. However, as discussed above, not all stigma is bad. In fact, in a medical model, stigma can help to stop the spread of disease and illness by, for example, isolating those who are sick from those who are not in order to prevent the transmission of a virus. However, stigma can also deter those who are sick from seeking treatment and often spills over

into non-medical contexts, affecting the legal and socio-cultural treatment of those living with illness and disease.

Irrespective of the context or outcome of stigma, when it comes to illness and disease, the stigma process begins with a diagnosis and the recognition that one is 'sick' and therefore different from those who are not. From there, the stigma process moves through various stages – labelling, stereotyping, status loss and the separation of 'us' from 'them' – before culminating in the creation of a new identity as 'Sick' or 'Other'. This new identity is used as a justification for the differential and often stigmatizing treatment of those with illness and disease.

In order to understand the scope of stigmatizing behaviours that people living with illness and disease are subject to as well as their responses, this chapter considered existing research on the types of health-related stigma. Then, due to the longstanding and severe nature of the stigma experienced by people living with HIV/AIDS, a review of HIV/AIDS-related stigma was conducted. Through this process, two primary types of stigma were identified – enacted (or external) stigma, which encompasses structural stigma found within institutions such as law enforcement and the medical system as well as public stigma found outside of institutions within groups and individuals, and felt (or internal) stigma, which includes self-stigma, that is the stigma internalized by and imposed on stigmatized individuals or groups themselves, and stigma management, which refers to the range of behaviours that stigmatized individuals and groups undertake as a response. In addition, specific stigmatizing behaviours and responses experienced and undertaken by those living with HIV/AIDS were extracted from the literature and classified into a typology.

Due to the important role that media and popular culture play in the communication of health-related information, the representation of HIV/AIDS in the media was explored. While

there have been some instances where HIV/AIDS-related coverage in news media and popular culture has had productive outcomes, generally HIV/AIDS has been over-simplified or inaccurately portrayed. This likely due to the sensitive and often controversial nature of the disease – it can be difficult, for example, to talk about HIV/AIDS without talking about sexual intercourse and sexual contact, or condoms and other safe sex practices, to name a few. The omission and distortion of critical information regarding HIV/AIDS undermines many health and health-related communication interventions.

And yet, the power of popular culture is that it *can* allow for the communication of health-related information with some distance, permitting audiences to vicariously experience events and interact with groups that they may not otherwise encounter. Several media theories support the premise that audiences can learn from the repeated exposure of messages in popular culture: social cognitive theory and cultivation theory. In addition, the ability of audiences to emotionally connect with characters via para-social relationships allows them to empathize with them. Perhaps most importantly, when the fictional characters with whom we bond are from groups other than those to which we belong (i.e., people living with HIV/AIDS), those relationships can shape how we perceive out-groups and can reduce prejudice and stigmatization.

Of particular interest to this research are fictional narratives that involve imaginary worlds and metaphors, specifically monster metaphors. Metaphors play an important role in imaginary worlds; they impose familiar frames in an unfamiliar environment in order to facilitate and, I would argue, expedite the understanding of a phenomena, event or situation. However, metaphors can be problematic because of the cultural values and anxieties that may come with those frames. This is especially true and especially concerning in the context of monster metaphors, some of which have seeped into real-world health-related contexts influencing societal perceptions and treatment of

those living with illness and disease. In order to understand the impact and potential utility of monster metaphors in popular culture and other health-related communication interventions, particularly those related to stigma, Chapter 2 examines the history of monsters in the Western world, their place in contemporary North American society, and their connection to transmissible, infectious illness and disease.

Chapter 2 - Things That Go Bump in the Night: Monster Metaphors – and Why We Can't Get Enough of Them

> *"I'm just fooling myself. She'll never see me as anything more but a monster. It's hopeless."*
>
> - The Beast, *Beauty and the Beast (1991)*

The world of monsters has a long, complex and interdisciplinary history. From mythology to cultural studies, psychology to sociology, history to popular culture, even criminology and medicine – to name but a few – every discipline has its own understanding of monsters, of monstrosity, and of the monstrous. Further complicating matters is that our understanding of monsters and the monstrous is culturally constructed, varying based on time and place (see e.g., Scott, 2013, p.21; Williamson, 2005, p.5). Indeed, every era, every culture has its own monsters.

It is this very feature of monsters that make them worthy of academic scrutiny. In particular, Jeffrey Jerome Cohen (1996), one of the foundational scholars in the field of monster studies, argues that the study of monsters provides insight into our culture at a specific time, place or moment. As such, he notes that "[m]onsters must be examined within the intricate matrix of relations (social, cultural, and literary-historical) that generate them" and, because they challenge the boundaries of these relations, they must "be read against contemporary social movements or a specific, determining event" (p.5). Other scholars have called attention to this role of the monster and the monstrous in challenging and questioning socio-cultural norms, categories and boundaries (see e.g., Mittman, 2012, p.1).

Where then should one begin their investigation into the world of monsters? In order to understand contemporary monsters and notions of the monstrous, this section begins by examining

the history of monsters before considering how we view monsters today and what their place is in society.

Origin Story: The History of Monsters and the Monstrous

Where do monsters come from? The simplest answer to this question is everywhere. Monsters, in one form or another, have always provided an explanation for what would otherwise be inexplicable and have helped justify what is horrendous and unspeakable. How monsters have been interpreted and related to, however, has evolved over time.

The history of monsters discussed below has been divided into three 'time' periods – from mythology to religion, from medicine to science, and, finally, to popular culture. Although these periods are examined in chronological order, this does not diminish the influence or importance of a preceding period on the next. Among others, mythology and religion continue to play a role in both science and popular culture (see e.g., Mazur & McCarthy, 2011), and therefore our everyday life. Sharpe (2010), for example, calls attention to Canada's *Assisted Human Reproduction Act* (2004) which prohibits the creation of a chimera. While the Act defines a chimera under section 3 as either "an embryo into which a cell of any non-human life form has been introduced" or "an embryo that consists of cells of more than one embryo, foetus or human being", the term "chimera" or "chimaera" originally referred to a creature from Greek mythology that was part lion, goat and snake (Grant & Hazel, 2002, p.130).[6] This is but one example of the continued presence of monstrous language in everyday life.

[6] Interestingly, the Chimera also makes an appearance in the *Anita Blake: Vampire Hunter* series, the case study used in this research, as the namesake of the alternate personality of the shapeshifting bounty hunter Orlando King who tries to take over the werewolves and wereleopards of St. Louis in *Narcissus in Chains*.

It should be noted that the history and context provided here is not exhaustive, nor is it intended to be. The monster and the monstrous lurk everywhere and it is beyond the scope of this work to provide their complete history in any of the disciplines or 'time' periods referred to below. Further, many scholars have considered the role of specific monsters and monstrous figures, such as Dracula, Frankenstein and Nosferatu, in shaping Western public imagination. This is also beyond the scope of this work. Rather, the purpose of this historical and contextual overview is to draw attention to the ubiquitous presence of monsters and the monstrous over time as well as to their enduring nature as complex and paradoxical.

From Mythology to Religion

Monsters of the past, like the monsters of today, occupy a contradictory space. The mythological story of Medusa, for example, demonstrates how a monster can be both beautiful and deadly, for it is Medusa's beauty that both attracts and paralyzes her victims. Kristeva (2015) argues that Medusa, a monstrous woman, symbolizes female genitalia and its dangers: she/it is desired by young men but can also be a danger to them. Beal (2002) also calls attention to the contradictory nature of the mythological monster, noting how 'monstrous' gods sit at the intersection of "the cosmic and the chaotic" (p.13-22).

In religion, like in mythology, the monster also plays a dual role where it is "*both* demonized and deified" and can be interpreted as sacred and miraculous or as a sign of chaos and destruction (Beal, 2020, p.298, emphasis in original). A tension thereby emerges in biblical texts, such as *Psalms 104* and *Psalms 74*, where the monster is divinely created and also a danger to "the order of creation and its creator God" (Beal, 2002, p.27).[7] Mittman (2018) further identifies several

[7] For additional reading on the place of monsters in religion, see e.g. Beal (2002), Grafius (2017) and Higgins (2020).

monsters present in biblical texts, including Nephilim, Goliath, Behemoth and Leviathan. Due to the presence of the monstrous in religion, it is perhaps not surprising that religious symbols and language often feature prominently in monster-related narratives.[8]

Teratology and the Evolution of Science and Medicine

In the 1800s, with the birth of teratology and advances in scientific knowledge, a shift occurred in the study and understanding of monsters. No longer confined to distinctions between the natural and the unnatural that emphasized "a religiously ordained natural order", what emerged was "a scientifically grounded secular framework" rooted in the concepts of normal and abnormal (Ernst, 2007, p.5). The association of monstrosity with abnormal or deformed bodies was often signaled by a "departure or deviation from some morphological norm" in the form of lack, excess or hybridity (Sharpe, 2010, p.29). The rise of teratology, the study of monstrosities and abnormalities, focused on identifying, describing and cataloging these differences.[9]

For Geoffroy Saint-Hilaire (1833), the founder of teratology, a monstrosity referred to *any* visible deviation from the norm that was present at birth (p.177).[10] Mitchell (2007) notes, however, that this definition was "far too broad for some [and] preferred to reserve the term 'monster' for only the most extraordinary and obvious anomalies" (p.65). In addition, while "exceptional bodies" (Turner, 2006, p.2) such as those of conjoined twins, the Elephant Man, and the Bearded Woman were originally categorized and treated as 'freaks' or 'monsters' (Courtine, 2011, p.112-

[8] For additional reading on the place of religion in monster narratives, see e.g., Paffenroth & Morehead (2012) and Murphy (2019). This will also be discussed in Chapter 3 with regards to the *Anita Blake: Vampire Hunter* series.
[9] The scientific study and fascination of monstrosities is also demonstrated by the fields of teratogeny, which is "the experimental study of the conditions for the artificial production of monstrosities" (Canguilhem, 1962, p.37) and teratoscopy, which is the "prognostication from the bodies of deformed fetuses and infants" (Stagg, 2006, p. 24).
[10] Unlike Foucault (1999) and Canguilhem (1962), Saint-Hilaire (1833) excluded hermaphrodites from the category of monsters, giving them separate consideration in his treatise (p.2).

116), as scientific understanding of their conditions grew, these bodies shifted from monstrous to human, from 'abnormal' to merely 'anormal' (Courtine, 2011, p.125).

The normalization of anomalous bodies meant that biological differences, regardless of their severity, were no longer sufficient to signal the presence of a monster. Foucault (1999) and Canguilhem (1962) argue that the monster is monstrous insofar as it presents a violation of or to the law. As Sharpe (2010) explains, it was not just that 'monstrosities' such as conjoined twins, hermaphrodites, and human/animal hybrids were biologically different that made them monsters, rather what made them monstrous – and therefore monsters – was that their physical differences resulted in the "problematising [of] a variety of legal questions" and the "challenging [of] core legal distinctions" (p.33). In particular, Sharpe (2010) notes that these biological monstrosities erased the distinctions between human and animal (i.e. the human/animal hybrid), male and female (i.e. the hermaphrodite), and "the idea of a proper legal subject as a single embodied mind" (i.e. the conjoined twin), in turn raising questions with regards to baptism, marriage, and inheritance, respectively (p.33).

Despite this shift to an emphasis on the destabilizing effects of the monster, biological differences – both physiological and psychological – as well as behavioural differences continue to be associated with monsters in popular culture and, therefore, in our everyday life.

Popular Culture

Popular culture, like mythology and religion, is a tool for telling stories – whether of our past, our present, or our possible futures – and the monster, in its various forms, can be found across all media: literature, television, film, graphic novels, and video games, to name but a few.[11]

[11] Despite the adaptation of three *Anita Blake* novels into graphic novel format, as well as the release of a prequel to the series, the history of monsters in popular culture provided in this dissertation focuses primarily on representations

Staying true to its nature as transgressive, the monster as well as the monstrous figure can also be found within and blurring the boundaries of several genres of popular culture.[12] Its existence is, however, rooted in the Gothic.

Botting (1996) identifies the Gothic as a transgressive genre that challenges "the bounds of reality and possibility", in part due to its reliance on "marvellous beings and fantastic events" (p.4). Botting lists various monstrous figures as examples of these beings, including ghosts, demons, corpses, skeletons, madmen, criminals, and the monstrous double (p.2). He also discusses the place of vampires in Gothic fiction (see e.g., p. 93-100), characters that have been identified as "established Gothic markers" (Veldman-Genz, 2011, p.44). Botting (1996) further states that the Gothic raises ambivalent emotions in its audience because its marvellous characters and creatures offer both horror and fascination, terror and attraction (p. 6).

Early Gothic fiction also emphasized excess through its use of imagery and architecture, as exemplified by the presence of castles and cathedrals (Botting, 1996, p.4). In his analysis of Anne Rice's *Vampire Chronicles* series, Grady (1996) draws attention to the "romantic, aristocratic, elegant and erudite" (p.226) lifestyle that vampires live. Rice's vampires, he argues, "...use their wealth to maintain an elegant and elevated style of living that is based not on conspicuous consumption… but on an adherence to aesthetic principles" (p.228). As will be discussed further below, themes of excess and consumption are also present in monster narratives with regards to the drinking of blood and sexual promiscuity.

in film, television and literature. For additional reading on the place of monsters in graphic novels, see e.g., Bukatman (2016) and Hand (2016). For additional reading on the place of monsters in video games, see e.g., Švlech (2013).

[12] While many of these genres are explored in this section, only those present in the *Anita Blake* series have been considered. The role of monster has also been examined in the context of comedies (see e.g., Kawin, 2012, pp.198-203), science fiction (see e.g., Schlede, 1993), and weird fiction (see e.g., Weinstock, 2016).

In addition to their Gothic roots, monsters, states Carroll (1990), are also a "mark" of the horror genre (p.14). While he limits his definition of the monstrous figure in horror to 'unnatural' monsters, Nickel (2010) expands this to include human monsters arguing that while potentially real, these kinds of monsters nevertheless exist in an unnatural or abnormal world that is outside of our everyday experience. The second mark, or element, of the horror genre is its ability to generate 'horror' as an emotion, defined as "the intentional elicitation of dread, visceral disgust, fear or startlement" (Nickel, 2010, p.15). This emotion arises because the horror genre shows us that "monsters, inside us and outside us, still exist" (Tallon, 2010, p.41).

Horror and its monsters are therefore designed to destabilize our understanding of ourselves and of society. In his discussion of the torture-horror films *Saw, Hostel* and *The Devil's Rejects*, Morris (2010) explains the complexity of emotions that are elicited in viewers as they experience both the fear and 'horror' of the victims, and the delight and satisfaction of the monstrous torturer. This is especially true where the tortured becomes the torturer in a role reversal, which usually occurs at the end of the film as the victims fight for their life and escape by undertaking monstrous acts and becoming monsters themselves (Morris, 2010, p.44-45).

In addition to the visually disturbing scenes of these films, Morris (2010) contends that the 'true' horror of the torture subgenre lies in our subjective understanding of how we would act and feel in a similar situation, and whether we would enjoy it. Other subgenres of horror, such as the zombie genre, also offer similar opportunities for reflection and insight into our behaviour and attitudes by placing audiences in frightening, unfathomable situations. Scott (2020) contends that zombie fiction "raise[s] the question of whether monstrosity is embodied in zombies or in humans, given the darkness of the bigotry, self-interest, hatred many humans display" (p.106). Horror can

therefore "'illuminate' the way we see ourselves by showing us a much darker picture than we are used to seeing" (Tallon, 2010, p.36).

Gothic monsters also appear in the horror genre, as noted by Gelder (1994), who considers the place of vampire fiction in horror, referring to the work of Stephen King *(Salem's Lot)* and S.P. Somtow *(Vampire Junction)* as 'vampire blockbusters'. He identifies several key characteristics common among vampire blockbusters: a rapid transition between events using "a series of short, 'cinematic' sequences", "increasingly climactic confrontations between heroes and vampires", and the presence of multiple plotlines (p.124). He also notes the presence of graphic violent and sexual crimes in Somtow's work, listing pedophilia, rape, incest, necrophilia, murder, and pyromania, among others calling attention to the role of the vampire as an "excessive" figure that pushes and has been "pushed to the limit" (p.136).

Unlike in horror where "the monster is an extraordinary character in an ordinary world, [in] fairy tales and the like, the monster is an ordinary creature in an extraordinary world" (Carroll, 1990, p.16). This classification matters because, as Ekman (2016) notes, the genre of urban fantasy, which can be described as an 'adult' version of a fairy tale, renders seeable what is normally 'unseen'. Works in this genre, like those in horror, can "[show] us what we do not *want* to see" (p.465, emphasis in original). "[T]his Unseen", he notes, "is largely related to a social Other, to the less savory aspects of modern/urban life: criminality, homelessness, addiction, prostitution, and physical and sexual abuse are rife in urban fantasy, either at the center of the story or as prominent parts of its milieu" (p.466). The genre of urban fantasy, then, is also destabilizing, forcing its audience to come into contact with groups, events and phenomena that may be uncomfortable or frightening to otherwise encounter.

In popular culture, as in the other 'time' periods and disciplines explored above, the monster has had a consistent role and effect – challenging and often crossing norms and boundaries. In popular culture, in particular, the monster destabilizes worldviews and scientific understanding, demands attention and consideration, and ultimately, renders visible that which we fear and, often, do not want to see. Popular culture, however, does not exist in a vacuum and, as demonstrated above, monsters and monstrous language can escape from the screens and pages that contain them and seep into our everyday life. As such, it is important to consider how we view monsters today and what their place is in society.

Seeing is Believing: Identifying and Understanding Contemporary Monsters and the Monstrous

From the past to the present, monsters and the monstrous continue to play an important role in our daily lives. Fulfilling the promise of their etymological roots – in Latin *monstrum* and *monstere* are both derived from the word *monstrare*, which means to show, reveal or demonstrate, and the word *monere*, which means to warn or portend (Scott, 2007, p.1; Weinstock, 2014, p.1), and in Greek, *teras*, which signifies that the monster is both abhorrent and attractive (Graham, 2002, p. 53) – monsters repel and captivate us, terrorize and fascinate us. Thus, monstrous language and imagery, inside and outside of movies, television, and literature, signal something to be afraid and cautious about while simultaneously drawing our gaze and attention.

So, how do we know a monster when we see one? Monsters are found at the limits of several categories, including the normal and the abnormal, the living and the dead, the animate and the inanimate, and, most importantly, the human and the non-human (see e.g., Oswald, 2012, p.343; Weinstock, 2012, p.2; Weinstock, 2014, p.275). One way to understand what is monstrous is to identify what is not – but this is not a simple task. Human, for example, does not always mean

homosapien; throughout history, certain 'categories' of humans have been identified as or associated with monsters. Among others, the monstrous figure and the monster have represented and been interpreted as a metaphor for people of different ethnicities and races, people with physical and psychological disabilities, as well as people engaging in practices considered to be outside of 'normal' or 'acceptable' social and cultural boundaries.

What is "human" then refers both to the characteristics and behaviours that we, as individuals and as a society, value in a person as well as to the characteristics and behaviours that we consider "normal" at a specific place and point in time. Grossberg (2006) calls attention to how our culture constructs different identities by "select[ing] the relevant dimensions that will constitute people's identities and organiz[ing] them into relations of difference" (p.244). In the context of monsters, this allows us to decide what dimensions of a person's identity are 'normal' and 'human' and what dimensions are not (Day, 2002, p.4-6; Benshoff, 2015, p.117). Mittman (2012) similarly discusses how a culture identifies the characteristics that it desires and respects and those it does not (p.13). In the past, it has therefore been 'easy' to identify a monster when we saw one – people that looked 'different' or behaved 'abnormally' were marked as such. This occurs in popular culture as well as in everyday life. Weinstock (2012), for example, points to the series *True Blood*, drawing parallels between the treatment of vampires by humans in the series and the societal treatment of homosexuals off-screen (p.279).

While monsters, at least those found in popular culture, are generally still marked by some degree of physical difference – vampires have fangs and, occasionally, bumpy foreheads; werewolves and other shapeshifters transform into beasts with claws and fur; zombies are pale, disheveled and disfigured – there has been a shift away from this emphasis on the physicality of monsters. Although they continue to embody difference and deviance, contemporary scholars

argue that monsters can be best understood and should be read through an examination of their effects (see e.g., Mittman, 2012, p.7; Weinstock, 2012, p. 287). This is because monsters provide "an accurate description of features of a world we are not altogether comfortable living in" (Scott, 2007, p.5). As such, the contemporary monster now walks among us and "…only becomes visible through his actions" and the effect of those actions (Weinstock, 2012, p.281). Like the serial killer or the terrorist, the overreaching government or the greedy corporation, the virus or the uncontrollable, vengeful forces of nature, these monsters could be anyone, anywhere; they live inside of us and have been caused by us (Weinstock, 2012, p.276).

Monsters, therefore, embody the fears and anxieties that threaten that which makes us 'human', that which makes us 'normal', at both the individual and societal level. These fears pertain not only to direct, overt harm such as that caused by death, violence or destruction but also to excessive, uncontrollable urges and deviant variation. Tuck (2007), for example, argues that fictional depictions of serial killers who masturbate during or after the death of their victims are "an 'extreme' reflection of anxieties surrounding anti-reproductive sexual behaviour" (p.182). Dendle (2007), as well, chronicles how zombies in popular culture have embodied different societal tensions, anxieties and fears.[13] Similar trends have also been noted across other categories of monsters. Thus, while this so-called threat changes over time, its impact remains the same – the destruction of the self (identity, mind, body) and our way of living (through corruption, consumption, and the destruction or collapse of society).

[13] In particular, Dendle (2007) traces interpretations of the zombie from the 1930s through to post-9/11, noting how the zombie has represented power relations between business owners and labourers when unions were expanding and advocating for workers' rights (the 1930s), feminism, women's rights and gender issues (1920s to 1940s), communism (the 1950s), racial tensions and the collapse of the nuclear family (1960s), capitalism and consumerism run rampant (1970s), scientific and medical advancements (1980s), and terrorism, survivalism and individual protection (1990s to present).

How do monsters do this? Cohen (1996) provides a preliminary answer to this question when he states that monsters "[enable] the formation of all kinds of identities - personal, national, cultural, economic, sexual, psychological, universal, particular..." (p.19). What we fear as well as what threatens to destabilize our understanding of the self – of *our* self – and our way of living, becomes this monstrous "Other" that we find and confront in literature, film and other forms of popular culture, as well as in disciplines such as psychology, medicine, history, and criminology.

Destabilization, however, is not always something to be afraid of. While monsters can represent some of our worst nightmares, they can also function as "a form of escapism, as an alter ego" (Cohen, 1996, p.17) allowing us to experiment with our behaviour and identities. They become "the personification of our innermost desires and aspirations" (Corrizzato & Goracci, 2013, p.466), the embodiment of our ideal selves at both the individual and societal level. Using contemporary vampires as an example, on an individual level, Corrizzato & Goracci (2013) argue that they are "projections of what human beings would want to become" (p.462) – after all, vampires are usually strong, attractive, intelligent, and immortal.

From a societal perspective, stories of vampires, werewolves and other 'monstrous' creatures living among us have been interpreted as an example of a truly inclusive society – or at least as an attempt to achieve such a state. Among other popular texts, this has been observed in *True Blood* where the existence of 'monsters' is public knowledge (Mutch, 2011; Hudson, 2013) as well as in *Twilight* where knowledge of vampires and werewolves is restricted to a few exceptional people (Mutch, 2011). Similarly, we see this in the *Anita Blake, Vampire Hunter* series, where the existence of vampires, werewolves, zombies and other preternatural creatures is common knowledge. Indeed, in the United States of America of *Anita Blake*, vampires have legal citizenship status, can own businesses, and can enter into romantic and matrimonial relationships.

Despite attempts within some fictional narratives to achieve an accepting, cohesive, socially integrated state, references to monsters in these narratives nevertheless result in the creation of identity-based categories that split characters into binary groups – human-monster, good-evil, us-them – because of the presence of specific characteristics or traits. Recognition of such identity-based categories occurs, for example, between all 'social' groups in the *Anita Blake* series. In *Cerulean Sins* (2003), the following exchange between Rudolph 'Dolph' Storr, head of the Regional Preternatural Investigation Team, and Anita Blake demonstrates this:

> *[Dolph]"You're either one of us, or you're one of them, Anita."*
> *[Anita] "One of what?" I asked. I was pretty sure of the answer, but I needed him to say it out loud.*
> *[Dolph]"Monster," he said, and it was almost a whisper.*
> *[Anita]"Are you calling me a monster?" I wasn't whispering, but my voice was low and careful.*
> *[Dolph]"I'm saying you're going to have to choose whether you're one of them, or one of us." He pointed to Jason [a publicly 'out' werewolf] when he said them.*
>
> (p.263)

Similarly in the world of non-fiction and in our everyday lives, the use of monstrous language demonizes groups and behaviours that fall outside of societal norms and expectations. It has been used to describe serial killers, pedophiles, terrorists and others who commit egregious and violent acts towards their fellow human beings. As an example, Timothy Appleby's 2011 book on the serial murders and sexual crimes committed by former Colonel Russell Williams was titled "*A New Kind of* ***Monster****: The Secret Life and Chilling Crimes of Colonel Russell Williams*" (emphasis added). Charisma Carpenter (2021), who portrayed the character Cordelia Chase on the television series *Buffy the Vampire Slayer* and *Angel* referred to its creator and director Joss Whedon as "a vampire" on Twitter, explaining how his (alleged) abusive behaviour on the set of the series "sucked" the promise and joy out of new motherhood.

Monstrous language also appears in academia where scholars from every discipline are warned about predatory 'vampire' journals that exploit the 'publish or perish' nature of the sector. Bogost (2008) states that vampire presses

> "…appear to be alive (disseminating ideas), but really they are dead (concealing ideas). They capture and feed on fragile individuals in order to advance their kind as a whole. They move in the shadows, sealing deals with institutional buyers under cover of night. Their goal is to hide their secret and pass it down through generations, adding to their number only as many as are needed to progress the line."

The labelling of a person, group or organization as monstrous is, however, not reserved solely to the commission of immoral or criminal acts. Women in the workplace and in politics, for example, continue to be referred to as monsters, witches, and bitches because their presence in such spheres challenges and destabilizes traditional gender roles (see e.g., Adams, 2018; Vachhani, 2014). Ritchie (2013), among others, has called attention to the demonization of women in politics – a traditionally male-dominated space – during her analysis of the 2007-2008 Democratic Primary Campaign. These so-called 'monsters' often encounter differential and dehumanizing treatment, including prejudice and stereotyping, stigmatization and discrimination, even violence and forms of torture.

In many, if not all contexts, the classification of a person or group as monstrous or as a monster influences how those individuals are treated by society and its institutions: they are blamed, shamed, avoided, differentiated, segregated and, ultimately, discriminated against. As discussed in Chapter 1, in a health-related context and, in particular, with regards to infectious, transmissible illnesses and diseases, this classification can stigmatize those infected and affected by illness and disease, and impact their medical, legal and social treatment. Furthermore, the classification of a person or group as monstrous or as monster can also influence how those

individuals and groups see themselves and how they behave. The connection between monsters and health-related identity groups can be best understood through an exploration of three monster metaphors – the zombie, the vampire and the werewolf – each of which will be examined below.

Monster Metaphors: Infectious and Transmittable Diseases in Disguise

In monster narratives, the use of scientific language, such as 'disease', 'virus', or 'mutation', to describe monsters and monstrous conditions combined with the increased presence of scientific imagery, such as lab coats, microscopes, and hospitals, both position monsters as a metaphor for disease and suggest that disease is "the root cause" of monstrosity (Abbott, 2016, p.50). In addition, science and medicine are often used to either diagnose monstrosity or to treat it. In *I Am Legend* (2007), *The Hunger* (1983), and *Blade* (1998), to name but a few examples, microscopes are used to examine blood cells from vampires and vampire-like characters to show, visually, how their DNA differs from that of humans. Further, many narratives, such as those found in *World War Z* (2013) and *Daybreakers* (2009), centre around the desperate search for a cure to a virus that causes a plague of zombies and vampires, respectively.

The role of science in vampire narratives, notes Abbott (2016), is to "explain the cause of vampirism or reduce it to a set of familiar and rational concepts that make sense in our world" (p.44). Although Abbott was speaking solely about vampires, this statement can also be expanded to include zombies, where outbreak and pandemic narratives have taken hold. Using outbreak narratives as a starting point, this next section explores how zombies and vampires have been constructed in the context of illness and disease. This section also considers narratives related to werewolves due to similarities in the method of transmission of lycanthropy, vampirism and zombiism.

Contagious and Contaminated: Zombies, Pandemics and Outbreak Narratives

The connection between zombies, pandemics, and outbreak narratives – and, by extension, infectious and transmittable diseases – seems like a forgone conclusion. Zimmerman & Mason (2017) found a correlation between the release of infectious biohorror films following outbreaks like SARS and other pandemics (p.59). In particular, they observed that nearly 30% of zombie films released between 2000 and 2014 had an infectious cause, and an additional 20% had no discernible cause, thereby allowing audiences to speculate on its origins. Further, and perhaps most importantly, many zombie narratives parallel real-world depictions of viral pandemics. Nasiruddin et al. (2013), for example, have called attention to the similarities that exist between the cause, transmission, physical and psychological symptoms, and control methods of zombies and rabies.

Wald (2008) has described the various components of these outbreak narratives, noting that they follow "a formulaic plot that begins with the identification of an emerging infection, include discussions of the global networks throughout which it travels, and chronicle the epidemiological work that ends with its containment" (p.2). This plot is found in countless zombie stories, including *28 Days Later* (2002) and *The Walking Dead* (2010-2022), both of which begin with the main character waking up in an abandoned hospital to a changed world.

In addition to a resurgence and the continued presence of zombies generally in popular culture, the so-called "viral zombie" has gained increasing popularity since the emergence of George A. Romero's *Night of the Living Dead* film series and has become more pronounced since the late 1990s (Reis Filho, 2020). Viral zombiism, whether caused by scientific experimentation or supernatural forces, is spread through person-to-person contact, when an infected person (or a

zombie) bites a non-infected person.[14] Alternatively, viral zombiism can also be transmitted when a person comes into contact with infected blood, such as in the film *28 Days Later* when a drop of blood dripped from a crow directly into the eye of cab driver Frank (played by Brendan Gleeson), turning him into a zombie.[15]

Despite their previous status as human beings, generally speaking "a zombie is first and foremost 'a zombie'" (Wonser & Boyns, 2016, p.635) and is treated as such. This could, perhaps, be attributed to the physical depiction of zombies, who are often disheveled, missing appendages, marked by blood, wounds, and sometimes even weapons (Boss, 1986, p.14), which helps audiences and survivors easily identify them. Zombies are viewed as unacceptable members of society, as an "out-group" with little chance of reintegration or rehabilitation and are labelled as such, being referred to as everything from a "Copperhead" (*Dead 7*) to a "Walker" (see e.g., *The Walking Dead* franchise), to a "Deadite" (*The Evil Dead* franchise).

From this perspective, becoming a zombie reduces the person to either a rotting body or a dangerous Other, with bodily impulses to consume. The zombie therefore becomes a threat to both the individual and to society that must be isolated, contained and usually destroyed. In the film *Shaun of the Dead* (2004), for example, during an emergency broadcast, news anchor Jeremy Thompson, appearing as himself, reminds Shaun (Simon Pegg) and Ed (Nick Frost) – as well as the audience – that

> *"In extreme circumstances, the assailants [the zombies] can be stopped by removing the head or destroying the brain. I will repeat that: by removing the head or destroying the brain."*

[14] In addition to the viral zombie, other lore links zombies with voodoo and Haitian culture (see e.g., Pressley-Sanon, 2016).

[15] There are, of course, some variations on this even within viral zombie narratives. In *The Walking Dead*, for example, two characters – Shane and Randall – become zombies after dying despite not having been bitten by a zombie (Reilly et al., 2012). This is because all humans carry the 'zombie' virus within their bodies.

Even the *Journal of Clinical Nursing* has published a scholarly study on the role of nurses in a hypothetical zombie pandemic advocating for the destruction of zombified patients once they progress to an undead state, going so far as to remind practitioners that

> Kind words and a comforting demeanour are no defence from a zombie with a craving to eat your brain after reanimation has taken place.
>
> - Stanley (2011), p.1612

Zombies are also associated with a loss of self and a loss of agency (see e.g., Boon, 2007) when they become 'one of many' as part of a zombie horde as well as when they are controlled entirely by their desire to consume human flesh. While some recent representations of the zombie such as those in *Shaun of the Dead (2004)*, *Land of the Dead (2005)*, *Warm Bodies (2013)*, *Santa Clarita Diet (2013-2015)*, and *Army of the Dead (2021)* bring the zombie closer to the vampire by imbuing them with some form of cognition, memory or individuality, they remain driven by the symptoms of their disease, namely the overwhelming need to eat brains or consume human flesh.

Despite their fictional, surreal and often gruesome nature, zombie narratives nevertheless have the potential to highlight moral questions related to efforts for the treatment and prevention of disease and illness. In particular, when used in the context of outbreak narratives, they can "promote a particular view regarding who deserves to live and who must die" (Rahm & Skågeby, 2016, p.76). Further, there are several recent examples of zombie films, such as the 2017 Irish film *The Cured*, that explore the idea of reintegrating previously zombified humans who have been treated and cured of their condition. Scott (2020) also calls attention to this emerging narrative of reintegration in the television zombie, pointing to series from each of the United Kingdom (*In the Flesh)*, France *(The Returned [Les Revenants])*, Australia *(Glitch)* and the United States *(Resurrection)*, all released post-2010, and suggests that where the cause of zombiism is "metaphysical rather than medical [...] reintegration rather than extermination" is employed to

manage the zombies (p.95). These narratives provide audiences with an opportunity to experience zombie narratives from the perspective of the zombie, the Other.

Nasiruddin et al., (2013) also highlight how zombie narratives can generate empathy for "the lone human (or zombie) survivor hang[ing] on to dear life (or death) and sanity in the face of his encroaching demise" (p.812). Grossman (2009), similarly, offers an alternative reading on the zombie, suggesting that it is the zombie that represents perseverance in the face of adversity noting that "[h]e's plucky and tenacious - you can cut off his limbs and he'll keep coming atcha" (p.47). Thus, zombie narratives can also show perseverance in the face of infectious and transmittable disease.

Finally, while zombie narratives can symbolize the speed at which infectious diseases can spread (Abbott, 2016, p.88), they can also show how it is possible for infected individuals to adapt and thrive as a community. Wonser & Boyns (2016) note that contemporary zombies are depicted as "social creatures" whose "strength emerges as their numbers grow" (p.634). In particular, zombie hordes demonstrate collaborative hunting and cooperation, intentionally and unintentionally. In *The Land of the Dead (2005)*, the zombie character 'Big Daddy' shows a zombie butcher that he can use a cleaver to break through a boarded-up fence and then gives another zombie an assault rifle to shoot, and shows her how, instead of using a baseball bat to attack humans. As well, in *World War Z (2013)*, "zombie mobs engag[e] in impulsive, yet cooperative behavior to scale large barricades in order to reach their human prey, much like army ants build 'living bridges' to cross gaps in the forest floor" (Wonser & Boyns, 2016, p.634). Thus, the zombie functions as a metaphor for the mobilization of a group infected and affected by disease.

And yet, while useful for understanding the outbreak of disease and the viral spread of a global pandemic, the zombie narrative is of limited use where the apocalyptic language first used to describe the rapid transmission – or at least the sudden detection – of a disease no longer applies. As such, some infectious and transmittable diseases do not fit, or have come to no longer fit, the formula of an outbreak narrative. Such is the case with HIV/AIDS. Among other factors that include "a projected closure" to the HIV/AIDS epidemic, Wald (2008) notes that "[i]ts long incubation period, moreover, erodes its dramatic potential, making it difficult to chronicle specific and immediate routes of contagion" (p.216-217). This, however, leaves open the possibility that other monster narratives such as those centred around the vampire and the werewolf can be useful as a metaphor for understanding chronic illness, and in particular those resulting from the transmission of infectious diseases.

Bite Me: Infected and… Sexy? Vampires and Werewolves as a Sympathetic 'Other'

Likely due to their methods of transmission, both vampirism and lycanthropy have previously been interpreted as a metaphor for illness and infectious disease. To start, vampirism is most commonly transmitted from person-to-person, through some form of direct contact. The nature of this contact – biting – is often accompanied by sensual or sexual imagery, the language of penetration, and the exchange of fluids, thereby linking vampirism with sexually transmitted diseases (Oswald, 2012, p.350), most frequently HIV/AIDS.[16] Among others, HIV/AIDS narratives have been noted in Octavia Butler's *Fledgling* (Fink, 2010), *The Gilda Stories* (Stephanou, 2014), *Children of the Night* (Stephanou, 2014), as well as in the film *The Hunger (1983)* (see e.g., Nixon, 1997; Ní Fhlainn, 2019, p.89). Some narratives make this link implicitly,

[16] This connection between sexual activity and HIV/AIDS has also been noted in other monster-related narratives, such as *The Fly* (see e.g., Guerrero, 1990).

whereas others do so explicitly. In the film *Blade (1998)*, for example, Dr. Karen Jenson (played by N'Bushe Wright) tells the vampire Deacon Frost (played by Stephen Dorff) that

> "*Vampires like you aren't a species. You're just infected. A virus. A sexually transmitted disease*."

Similarly, in most texts, the transmission of lycanthropy – the 'virus' or condition that causes a person to become a werewolf – commonly occurs through a bite or scratch and the exchange of bodily fluids. Thus, not surprisingly, werewolves have also been read as a metaphor for sexually transmitted diseases, including HIV/AIDS. In his study of the film *Ginger Snaps*, Sanna (2011) identifies several indicators in support of the werewolf-as-AIDS metaphor including that the condition can be spread through unprotected sex, is described as a blood disease, and can be treated with curative drugs, but remains incurable.

Further, like HIV/AIDS, the transformation from human-to-vampire as well as that from human-to-werewolf result in both long-term physical and psychological changes. Vampires develop fangs and bloodlust, and are usually paler, faster, stronger and afraid of sunlight. They can, however, pass for human by camouflaging or hiding some of their external features as well as the behavioural changes associated with their condition. Like the vampire, once infected, the werewolf undergoes a mysterious and irreversible change, signalled by the growth of body hair, unpredictable and aggressive behaviour, and the eventual loss of control over one's body. In some folklore, the transformation from human-to-werewolf is cyclical, occurring monthly and linked to the lunar cycle (see e.g., *An American Werewolf in London (1981)*, *The Howling (1981)*, and *Buffy the Vampire Slayer*). In others, the transformation from human-to-werewolf occurs a single time and, once transformed, the werewolf cannot revert back to their human form (see e.g., *Ginger Snaps (2000)*).

While the cyclical nature of the werewolf's transformation, its physical transformation and changes to its psychological behaviour have led to a frequent association of the werewolf metaphor with puberty and menstruation (see e.g., Des Hotel & Batali, 1998; Miller, A., 2005), irrespective the gender of the werewolf, it is safe to say that becoming a vampire or a werewolf has lasting consequences for the infected human. Like people living with HIV/AIDS, both the vampire and the werewolf become a hybridized 'Other', existing in the world but also apart from it: vampires are simultaneously dead and alive, and werewolves both animal and human.

Table 4 - Comparing HIV/AIDS, Vampirism, and Lycanthropy

CONDITION	TRANSMISSION	SYMPTOMS	HYBRID IDENTITY(IES)
HIV/AIDS	**Person-to-person:** - Penetration - Exchange of bodily fluids - Sensualized/Sexualized	**Physical:** - Lesions - Reactions to treatment **Physiological:** - Loss of control over one's body	Infectious / Non-infectious Sick / Healthy Dying / Alive
Vampirism	**Person-to-person:** - Biting (Penetration) - Exchange of fluids - Sensualized/Sexualized	**Physical:** - Fangs - Pale **Physiological:** - Sensitivity to sunlight - Bloodlust	Dead / Alive Human / Monster
Lycanthropy	**Person-to-person:** - Biting / Scratching - Exchange of bodily fluid	**Physical:** - Body hair - Cyclical transformation **Physiological:** - Aggressive behaviour - Loss of control over one's body	Human / Animal Human / Monster

A hybridized 'Other', the vampire and werewolf are contradictory and complex figures for whom seemingly oppositional interpretations have been offered. The vampire, for example, has been read as the Jewish 'Other' (Halberstam, 1995; Alderman & Seidel-Arpaci, 2003), especially in texts where vampires can be harmed by crosses, and as an anti-Semitic, Nazi-like figure obsessed with the purity of bloodlines (see e.g., *The Underworld* franchise). It has also been interpreted as a "bringer of Armageddon" and "a militarized saviour" (Höglund, 2013, p.175), as

well as a sexual Other, situated everywhere from abstinence to eroticism (Del Lucchese & Toppe, 2014), partially due to the presence of sexually taboo topics in vampire fiction.

Hybridized, vampires reside on the margins of their respective societies. Angel, *Buffy the Vampire Slayer*'s vampire with a soul, is an example of a contemporary vampire that hides and actively fights against and rejects his vampiric nature. Kind (2010) notes that the return of Angel's soul in combination with being a vampire means that he is "[n]either comfortable nor welcome in either human or vampire society" (p.86). Kirkland (2013) also notes that Angel's Irish heritage in combination with his status as a vampire make him both an outsider to the US and to humanity (p.100). Vampires must, therefore, frequently engage in 'passing' by hiding or rejecting part of their identity in order to assimilate into another.

Similarly, the man-wolf, once perceived as doomed, has increasingly become linked to popularity, athleticism, corporate success, attractiveness, and sexual prowess in many recent popular culture representations. Schell points to *The Wolf Man* (1941) as an example of the 'doomed' werewolf and lists *Teen Wolf* (1985), *Wolf* (1994), and *The Wolves of Wall Street* (2002) as films which celebrate or glorify the werewolf. In these films, "tapping into one's inner wolf" means becoming a better, more successful man (p.117). This is because the alpha male werewolf, as the male hero, is hard-wired to be dominant and aggressive, powerful and in charge, passionate and attractive. In contrast, the female werewolf has been linked with hyper- and monstrous sexuality. This occurs in several ways: the conflation of menstruation and the lunar cycle with lycanthropy (Barker, Mathijs & Mendik, 2006, p.70), the association of the term 'she-wolf' with female aggression and violent women in the horror genre (Hutchings, 2015), the depiction of female werewolves as wild and untamed (Priest, 2015, p.12; Scott, 2015), and the association of

woman with animals and "the abject face of nature" (Creed, 2015, p.183). Like the vampire figure, the female werewolf embodies excess and liminality.

Mann (2019) criticizes these typical readings of the werewolf, noting that to a few exceptions they are mostly limited to the realm of psychoanalysis and the notion of 'the beast within' – whether that 'beast' is puberty, menstruation, male aggression, hypersexuality or sexual violence. Focusing on two 1970s films, *Werewolves on Wheels* and *The Boy Who Cried Werewolf*, he argues that the werewolf can also be "a contested body in which a battle of ideals is waged" (p. 16). In particular, he suggests that the werewolf can function as a metaphor for mobilization and countercultural movements and therefore can result in productive, rather than only counterproductive, outcomes.

Further, while many of the fears and anxieties embodied by the vampire center around infection, invasion and the incursion of the self and its way of living (Scott, 2013, p.676), the vampire remains among the most desired of monstrous figures; one that audiences and human characters perpetually – and quite literally – invite into their homes again and again. This can, in part, be explained by the vampire's ability to retain their selfhood which, in turn, makes them more desirable than other monsters, such as the zombie (Wonser & Boyns, 2016, p.633), as well as more 'human', and therefore more sympathetic. It is this sympathetic monster that allows for alternative readings of the vampire with productive outcomes.

Using an HIV/AIDS lens, Fink (2010) argues that despite the absence of an explicit reference to HIV/AIDS, Octavia Butler's vampire novel *Fledgling* can be read as a community of HIV-positive individuals where disease is a "potentially liberating force" (p.412). In particular, disease creates a community "whose practices of exchanging blood and sex lead not to death but to sustaining one another's physical and emotional well-being" (p.425) that ensures the survival

of individuals despite 'infection'. The impact of this, Fink states, is that "[t]he Ina [the vampire community] demonstrate how we might collectively mitigate and minimize harm by contesting the negative metaphors attached to disease" (p.425). Similarly, in the context of *True Blood*, Reyes (2013) calls attention to how the series links vampirism with "blood and its potential defilement or diseased condition" to teach us that "tolerance must necessarily start with oneself because we could turn out to be the very subject we may actively lobbying against" (p.57, p.62). Vampire narratives contain messages about empathy, understanding, and community mobilization.

It seems that many contemporary vampire and werewolf narratives have transitioned away from infection-as-contagion narratives to viewing viruses as a catalyst for individual growth and group development, a theme noted by Bollinger (2009) in the genre of science fiction. While such narratives have previously been observed in films such as *Philadelphia*, as well as in theatrical screenplays such as *Rent* and *Angels in America* (Wald, 2008, p.217), among others, using the monster metaphor and the environments of imaginary worlds creates a distant but safe space for audiences to interact with 'diseased Others'. In particular, this dissertation argues that, when framed with realistic medical, legal and socio-cultural structures, the sympathetic monstrous 'Other' offers the possibility to humanize the so-called AIDS monster, in addition to those living with chronic illness and disease more broadly.

Humanizing the AIDS Monster: How Monster Narratives Challenge Counterproductive Stigma Outcomes

Like people living with HIV/AIDS, monsters experience a variety of stigmatizing behaviours. They are diagnosed as 'sick' or 'diseased', labelled and stereotyped as dangerous and contagious, and separated physically as well as rhetorically from human beings. Whether a zombie, a vampire, or a werewolf, their status as both monster and monstrous justifies enacted and felt

stigma behaviours. They are quarantined, experimented on, and executed by medical professionals, military and law enforcement officials, and everyday citizens. They are also ridiculed and dehumanized on the basis of their 'medical' condition, their symptoms and resulting behaviours.

While zombies and their connection to outbreak narratives are useful for understanding and conveying information about acute infectious diseases, they are less applicable when illness is chronic and disease onset is of a prolonged nature. In these instances, a different monster metaphor is needed. Due to similarities in their transmission, transformation, and treatment – both by society and self – vampirism (vampires) and lycanthropy (werewolves) have been identified as an appropriate metaphor for HIV/AIDS. The conditions are all transmitted through person-to-person contact, via the exchange of bodily fluids; they result in a transformation from 'normal' to 'abnormal', from 'healthy' to 'sick', and are accompanied by physical and psychological indicators of Otherness. Those living with the condition are often feared, hated, ashamed, and, sometimes, in hiding.

The vampire and werewolf have, however, both evolved to become more sympathetic, 'humanized' characters than their zombie counterparts – they usually maintain some connection with and resemblance to their former selves, they often fight against their inherent 'monstrous' nature, and they have the ability to articulate their experience as 'Other'. As such, these characters and their stories may be useful for conveying information about the transmission of chronic infectious diseases such as HIV/AIDS and, more importantly, for challenging existing narratives surrounding these medical conditions and the counterproductive stigma outcomes that result from them.

But, how can this be achieved? Jones & Corrigan (2014) argue that "[t]he orienting goal of antistigma initiatives should be less about correcting medical myths than affirming [the] human

rights and fundamental equality and dignity of all persons, regardless of disease or disability" (p. 24). Therefore, it could be hypothesized that when vampire and werewolf narratives have a strong legal foundation, rooted in 'human' or legal rights, they should function as an anti-stigma narrative. This statement, however, does not fully account for the various components of the stigma process nor the wide spectrum of stigma types and stigmatizing behaviours exhibited against and by health-related identity groups. As illustrated by Figure 3, the structural stigma resulting from one's legal treatment is but one facet of this process.

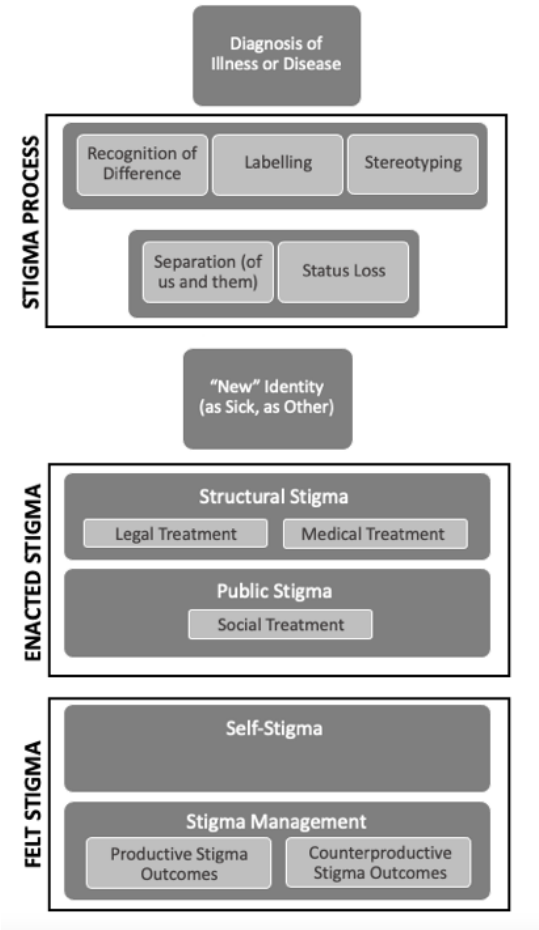

Figure 3 - Health-related stigma, from start to finish

Further, Cohen (1996) reminds us that monsters must be considered in light of specific, determining events and in relation to the social, cultural and literary-historical relations that create

them. As such, reading both the vampire and werewolf as an HIV/AIDS metaphor, this research explores two questions:

RQ1: What infrastructure needs to be present in monster narratives to account for the stigma experience of people living with a chronic infectious disease such as HIV/AIDS?

RQ2: And, when that infrastructure is present, what stigma outcomes can those narratives generate for fictional characters and, potentially, their audiences?

This dissertation uses the long-running *Anita Blake, Vampire Hunter* series as case study to answer these questions. The series, which will be introduced more fully in Chapter 3 along with a detailed methodology, has been selected due to the explicit and implicit reference to illness and disease within the series in medical, legal and social contexts. In addition, as will also be discussed in Chapter 3, although the series has been studied and commented on from a variety of lenses, an analysis of the series from a health-related perspective that takes into account the presence of legal, medical, scientific and socio-cultural infrastructure within the series has yet to be done and, I would argue, is long overdue.

Chapter 3 - Monsters, Monsters Everywhere: Welcome to the World of Anita Blake, Vampire Hunter

> *"Honestly, when people began to tell me how important the books and characters were to their everyday lives, I was amazed and a little overwhelmed. I wrote stories about vampires, zombies, and ghouls, oh my! I really didn't think about cultural relevance, or that my fiction could have such an impact on the real world."*
>
> - Laurell K. Hamilton, June 2014

It would be difficult, if not impossible, to argue that the *Anita Blake: Vampire Hunter* series written by Laurell K. Hamilton fails to meet the minimum threshold required for cultivation theory (Gerbner & Gross, 1976) to take effect, at least quantitatively. First published in 1993, the series now contains 28 full-length novels, 9 novellas and short stories, 3 graphic novel adaptations, 1 graphic novel prequel, and has at least one additional project under development (Hamilton, 2022). The long-running nature of the series provides audiences with an opportunity to engage with the characters and narratives presented therein in a repeated and prolonged manner, thereby increasing the likelihood that they will learn from the texts. This is, in part, because audiences can develop an emotional connection with the characters in the form of para-social relationships similar to those that they would develop outside of the pages with people in 'real life' (Horton & Wohl, 1956). For long-time readers of the *Anita Blake* series, these relationships could be approaching 30 years!

In addition to the longevity of the series, the amount of learning that could result from the consumption of and interaction with the *Anita Blake* series is also influenced by the degree of narrative transportation that takes place in it (Gerrig, 1993; Green & Brock, 2000; Bal & Veltkamp, 2013). Ultimately, a story that can pull the audience in – that can 'transport' them into the narrative – is likely to be more effective than one that pushes content at them (Godsil et al., 2016, p.11). Although not tested empirically, I posit that the extensive and meticulous world-building upon

which the *Anita Blake* series is based does just that. In particular, as will be elaborated upon in this chapter, the series incorporates the monster and the monstrous into its alternate reality by reference to real-world events, such as the Holocaust, as well as to everyday experiences, such as getting your nails and hair done - by a vampire at the Full Dark Beauty Salon (see e.g., *The Laughing Corpse*, p. 11).[17] It also explicitly recognizes the elaborate history of monsters in popular culture as well as in other domains such as religion, mythology, medicine and criminology. Using these references, the author situates the series and its narrative within existing expectations and norms – or, in some cases, pushes against them – in order to help the audience understand the context and rules that the world operates in so that they can become a part of it.

And yet, unlike many of its contemporary counterparts, there has been limited scholarly analysis on the series. As of this writing, a search for scholarly articles related to the *Anita Blake* series yields less than 20 results whereas research related to *True Blood* numbers in the several hundred, *Twilight* has nearly 1000 results, and *Buffy the Vampire Slayer* more than 1500. While this could, in part, be attributed to the success of these franchises on the big and small screen, the *Anita Blake* series predates all but *Buffy the Vampire Slayer* – barely, for the success of the 1992 film pales in comparison to that of the 1997-2003 television series (see e.g., Yahoo! Entertainment, 2015) – and likely influenced its peers. In addition, the Anita Blakes series has been translated into more than 16 languages, has sold more than 6 million copies and regularly appears on the New York Times Bestseller List (Hamilton, 2015).[18] While quantity, age and longevity are not

[17] Mamatas (2010) notes that it is this "taste of realism" that "help [audiences] to actually believe in the fantastical problem[s]" that occur within the series (p.7). Lyubansky (2010) also calls attention to the pleasure derived from recognizing elements of "our own world" within the *Anita Blake* series (p.145).

[18] There is no information publicly available about the demographics of the readership. In addition, no reply was received from the series' publisher when an inquiry for such information was sent at the outset.

necessarily related to the influence of a popular culture text, they do suggest that it is a cultural phenomenon worthy of academic scrutiny.

In order to understand the place and scope of the *Anita Blake* series in popular culture as well as in academia, this chapter begins by discussing how its author, Laurell K. Hamilton situates the series within the world of monsters and the monstrous. Then, existing scholarly research on the series is reviewed and several gaps and errors are identified, which point to the need to further examine the world of *Anita Blake*. Lastly, the methodological approach used in this research to analyze the series and address these gaps is detailed.

A Complicated Past and Its Impact on the Present: Situating Anita Blake in the World of Monsters, History and Popular Culture

> *Circus of the Damned is a combination of traveling carnival, circus, and one of the lower rungs of hell. Out front, fanged clowns dance above the lights that spell the name. Posters stretch the sides of the building, proclaiming, "Watch zombies rise from the grave. See the Lamia—half-snake, half-woman." There is no trickery at the Circus, everything advertised is absolutely real.*
>
> - *The Killing Dance,* p. 208

Like the fictional Circus of the Damned found in *Anita Blake*, the series as a whole promises and delivers nearly every type of monster imaginable such that monsters and the presence of the monstrous lay at its very core. Told from the perspective of its protagonist, Anita Blake, the series takes place in present-day St. Louis, two years after the recognition of citizenship status for vampires by the courts in *Addison v. Clark*. This fictitious court case establishes the context for the series "[by giving] us a revised version of what life was, and what death wasn't" (*Guilty Pleasures*, p.3). Prior to this legal precedent, vampires were not seen as people, afterwards however,

> *All sorts of questions were being fought out in court. Did heirs have to give back their inheritance? Were you widowed if your spouse became undead? Was it murder to slay a vampire? There was even a movement to give them the vote.*
>
> - *Guilty Pleasures*, p.3

And so begins *Guilty Pleasures*, the first novel in the *Anita Blake* series. It is later learned that not all preternatural creatures are treated the same. Werewolves, wereleopards, and other people affected by lycanthropy often find themselves on the wrong side of the law. Although they are only occasionally furry – or "lunarly challenged" (*The Lunatic Cafe*, p.110) – in some U.S. states under varmint laws, lycanthropes can be executed without a warrant as long as a blood test subsequently proves that the deceased is infected with lycanthropy. Ultimately, preternatural characters in the world of Anita Blake are, like many marginalized identity groups, both part of this fictious society and apart from it.

This section discusses *Anita Blake* in accordance with the three 'time' periods identified from the literature on the history of monsters, considering the series in the context of mythology and religion, medicine and science, and, finally, popular culture. The presence of these references not only situates the series within the history of monsters and monster theory more broadly but also provides a framework for understanding how the world of *Anita Blake* operates, for its characters and audience alike.

From Mythology to Religion

Although prehistoric and mythological monsters are rare in *Anita Blake*, figures from Greek, Hindu, Aztec and Arab mythology have all made an appearance in the series.[19] Hamilton's

[19] In particular, Anita encounters a Lamia (who is half-woman, half-snake) in *The Circus of the Damned*, a Naga (an immortal half-man, half-serpent) in *The Lunatic Café*, a Quezatcoatl (an ancient, feathered dragon-like creature) in *Obsidian Butterfly*, and several Jinn (powerful genie-like beings) in *Skin Trade*.

inclusion of mythological references and legends emphasizes the longevity of monsters and their continued relevance today. Medusa, for example, is referred to explicitly in *Serpentine*, when Anita and her Nimir-Raj, or leopard king, Micah try to help a group of shapeshifters who partially and involuntarily transform into snakes. During an early discussion about the shapeshifters' condition, Anita makes several comparisons to Medusa. Later, when explaining the differences between men and women who develop it, Micah says that

> *"[The condition] manifests differently in the female line, and it's less prevalent. […] You mentioned Medusa. It usually starts there, like one snaky curl, or one picture is a snake curled between a woman's breasts, but the snake just happens to be growing out of the woman's ribs."*
>
> - *Serpentine*, p.10

Thus, even in the absence of visual imagery, audiences are quickly able to understand and picture the shapeshifters' condition due to the reference to Medusa. Similarly, using references to Greek and Norse mythology when discussing the internal structure of werewolf society demonstrates that werewolf packs have a long, enduring history within the series.[20] Anita quickly links the terminology with mythology and when Richard asks her how she became familiar with the historical meaning of the words, she explains that she took two comparative religion courses in college, thereby linking mythology, monsters and religion.

Religion, religious faith and the cross are commonly featured in the *Anita Blake* series. Anita, a devout Christian with preternatural abilities, frequently struggles to understand the complex nature of her relationship with God. Her work as an animator and her preternatural ability as a necromancer – someone who has power over all types of 'dead' – results in her ex-communication from the Catholic Church (see e.g., *Danse Macabre*, p.5) and her conversion to

[20] This occurs in *The Killing Dance*, when Richard describes the origins of the terminology used to describe the pack – *the lukoi*, the Ulfric's second-in-command – *Freki*, and challenger – *Fenrir*, to Anita (p.53).

Episcopalism. In addition, her intimate relationships with so-called monstrous characters coupled with her duties as a vampire hunter and a U.S. marshal, and the responsibility that she feels towards those she cares for, require her to commit heinous, morally questionable acts that lead her to question her place within religion (see e.g., *Burnt Offerings,* p.298). And yet, as is affirmed on several occasions, her faith in God persists and her cross continues to glow in the face of vampiric powers and demons.[21]

In addition, like many vampire narratives, the cross as well as other blessed items such as holy water, the Host, and even horse-drawn carriages, are a staple in the *Anita Blake* series. They can be weaponized and used against vampires and demons, but to function they must be backed up by religious faith – either that of the person using it or that of the person who blessed it (see e.g., *Guilty Pleasures,* p.12). This tension between preternatural citizens, including Anita, and their place within religion persists throughout much of the series.

Preternatural Biology, Science and Medicine

Despite the importance of religious faith and religious items as a tool for fighting vampires and other preternatural creatures in the *Anita Blake* series, monsters are also viewed through a scientific lens and there are various scholarly, scientific and medical disciplines devoted to the study of the preternatural. Anita has a bachelor's degree in preternatural biology and at one time had envisioned spending her life as "[a] sort of preternatural Jane Goodall", studying dragons or

[21] During a confrontation with vampire assassins at the Church of Eternal Life, Anita and Richard have the following exchange:

> *[Anita]"My cross still works for me, Richard. It still burns with holy light. God hasn't forsaken me." [Richard] "But he should have […] He should have, don't you see? If what I believe is right, if what you say you believe is right, then your cross should not burn. You have broken so many commandments. You've murdered, tortured, fucked, but your cross still works. I don't understand that."*
>
> - *The Harlequin*, p.391

lake monsters (*Blue Moon*, p.82); Richard Zeeman earns his master's degree by studying the Lesser Smokey Mountain Troll (*Blue Moon*, p.28), and doctors can graduate with a specialization in preternatural obstetrics (*Danse Macabre*, p.331).

In addition, preternatural characters can be treated in hospitals and, historically, some have sought a cure for their condition (see e.g., *Circus of the Damned*, p.127). Further, medical procedures regularly performed on humans are also performed on preternatural characters, with minor adaptations. Despite their advanced healing abilities, lycanthropes, for example, can still have a vasectomy if it is done with fire or silver (*Danse Macabre*, p.329).

These are but a handful of examples from the series which demonstrate how the scientific and medical treatment of monsters and 'monstrous' bodies evolves in the world of *Anita Blake*. In other words, specific medical procedures and practices are developed to diagnose and manage preternatural citizens based on *scientific evidence*. This evolution is also noted within one-off exchanges and events. Charles, a fellow animator and colleague of Anita's at Animators, Inc., explains how the scientific and legal understanding of vampires evolved with their citizenship status and therefore differs from that of zombies:

> *[Mr. Kim] "I run a clean kitchen."*
> *Charles shook his head. "You can't have zombies near the food preparation. It's illegal. The health codes forbid corpses near food."*
> *[Mr. Kim] "My assistant is a vampire. He's dead."*
> *Charles rolled his eyes at me. I sympathized. I'd had the same discussion with a chef or two. "Vampires are not considered legally dead anymore, Mr. Kim. Zombies are."*
>
> - *The Laughing Corpse*, p. 174

These procedures and practices, as well as their implementation, will be examined in further detail in Chapter 4 through the data collected from the *Anita Blake* series to respond to

RQ1. The purpose of the above examples is to illustrate how medicine, science and monsters connect within the series.

Popular Culture and Other Historical Events

In addition to the inclusion of mythology, religion, medicine and science, Hamilton also develops an alternate history that combines elements of popular culture and real-world historical events. In *Burnt Offerings*, for example, after several attacks on vampire- and shapeshifter-owned businesses, Anita explains the significance of the date on which the attacks occurred:

> *The history books call it the Day of Cleansing. The vampires call it the Inferno. Two hundred years ago the Church joined forces with the military in Germany, England, oh, hell, almost every European country except France -- and burned out every vampire or suspected vampire sympathizer in a single day. The destruction was complete and a lot of innocent people went up in the flames. But the fire accomplished their goal, a lot fewer vampires in Europe. […] If you talk to any vampires, don't call it that. Call it the Inferno. The other phrase is like calling the Jewish Holocaust a racial cleansing.*
>
> *p.253-254*

As with the Medusa analogy from *Serpentine*, invoking the Holocaust provides the audience with a familiar frame for understanding the historical treatment of vampires in the *Anita Blake* series and helps the reader quickly grasp the significance and impact of the event on the vampire community. It also establishes vampires as a marginalized and discriminated against identity group.

References to popular culture representations of vampires and werewolves also serve a similar function. Hamilton relies on the existence of Dracula to explain some of the intra- and intergroup relationships and dynamics that develop in the series.[22] Hamilton further pays tribute

[22] In *Bloody Bones*, Jean-Claude, the Master (Vampire) of the City of St. Louis, describes the role of the Vampire Council as a governing body with regards to Dracula:

to and demonstrates her knowledge of vampire fiction and literary horror by naming one of the vampire villains in her first novel *Guilty Pleasures* "Valentine"; Timmy Valentine is the name of the vampire in S.P. Somtow's 1984 novel *Vampire Junction*.[23]

Like these vampire blockbusters, the *Anita Blake* series regularly intertwines multiple plotlines and features climactic, action-packed confrontations between heroes and vampires – as well as the occasional rogue shapeshifter or villainous necromancer. In addition, similar to the work of Somtow's novels, *Anita Blake* includes graphic crimes and sexual violence including pedophilia, rape, murder, necrophilia, and pyromania. Vampire fiction, notes Tyree (2019), has "run the gamut of marginalised sex acts" (p.31), including abstinence and chastity[24], gay and bisexual relationships[25], premarital sex[26], sexual abuse and rape, polygamy and polyamory, BDSM, and pedophilia and the sexualization of children[27]. These so-called marginalised sex acts are all present in the *Anita Blake* series[28], along with scenes involving snuff pornography (see e.g.,

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> *[Jean-Claude] "Before your courts made us citizens with rights, we had very few rules, and only one law. Thou shalt not draw attention to yourself. That's the law that Tepes forgot."*
> *[Anita] "Tepes," I said, "Vlad Tepes? You mean Dracula?"*
>
> p.199

In addition, a human that works for or serves a Master Vampire is referred to as a "Renfield", in recognition of R.M. Renfield, Dracula's servant (see e.g., *Burnt Offerings*, p.256). A Renfield is the 'polite' or 'politically correct' name for a human that serves vampires; they are also referred to as "two-biters", although this is perceived to be derogatory (see e.g., *Kiss The Dead*, p.338).

[23] Hamilton also tips her hat to Charles Baudelaire's poem *Danse Macabre* – the title of the 14th book in the *Anita Blake* series and name of Jean Claude's dance club – and Anne Rice's novel *Vittorio the Vampire* – Vittorio is the name of the serial killer vampire that appears in the Anita Blake novels *Incubus Dreams* and *Skin Trade*.

[24] Vampires from the *Twilight* series have been read as an attempt to present chastity and abstinence as "sexy" (see e.g. Kelly, 2016).

[25] Among others, Louis and LeStat in Anne Rice's *Interview with the Vampire* have been read as homosexual vampires and a homosexual couple raising a child, Claudia (Gelder, 1994, p.109).

[26] When Buffy and Angel engage in premarital sex, and indeed Buffy experiences 'first sex', in the television series *Buffy the Vampire Slayer*, both characters, as well as the entire cast, are faced with the consequences. For further discussion, see e.g. Jones (2013).

[27] Many texts involving vampire children inevitably bridge the topic of pedophilia due to the "position [of the vampire body] between childhood and sexual maturity" (Fink, 2010, p.419), regardless of the true age of the vampire. For example, the relationship between Louis, LeStat and Claudia in *Interview with the Vampire* can be read as incestuous and pedophilic (Gelder, 1994, p.113). In addition, this has also been noted in *Let the Right One In* (Ní Fhlainn, 2019, p.221), and Octavia Butler's *Fledgling* (Fink, 2010, p.419-420).

[28] Pedophilia is often discussed in the *Anita Blake* series in the context of child vampires (see e.g. *Cerulean Sins*) although there are cases where pedophilia is committed by humans against humans (see e.g. *Cerulean Sins*). Likely due to graphic sexual nature of the novels, rape – or the possibility of rape – is a regular occurrence. For example,

The Lunatic Cafe), bestiality (see e.g., *The Lunatic Cafe*, *Incubus Dreams*), and exotic dancers (see e.g., *Guilty Pleasures*, *Incubus Dreams*). In addition to pedophiles, rapists and necrophiliacs, two further sexual monsters appear in the *Anita Blake* series: incubi and succubi, and sirens.[29] The prominence of sexuality and overt, graphic sex acts is also a staple of the urban fantasy genre (Hobson & Anyiwo, 2016; Hobson, 2016).

Urban fantasy, notes Hobson & Anyiwo (2016), "is as complex as the stories and world-building created within the texts" (p.4). Works within the genre "[require] extensive world-building and [interweave] character development with the creation of intricate details of a complex and fantastical world" (p.2). The world of Anita Blake is firmly rooted in the genre of urban fantasy, to such a degree that it has been credited with its origins (see e.g., Hobson & Anyiwo, 2016; Hobson, 2016). In particular, the series seamlessly combines elements of popular culture, science, medicine, mythology, and religion, which establish the rules and norms of the world, but also transport the reader into it through the use of familiar frames and references. In addition, the overt and prominent nature of sex and so-called 'deviant' or 'marginalized' sexual activity within much of the series not only situates it within existing vampire fiction, a genre also known for such themes and occurrences, but also facilitates a reading of the series from an HIV/AIDS perspective, and by extension from the perspective of chronic transmittable diseases. And yet, as will be

Richard recounts an attempted rape that he survives at the hands of the werewolf Raina and the wereleopard Gabriel (*Incubus Dreams*); Jean-Claude is also a survivor of rape and unwanted sexual contact (see e.g. *Narcissus in Chains*); and Anita herself survives several incidents of attempted rape (see e.g. *The Laughing Corpse*, *The Killing Dance*, *Obsidian Butterfly*). Anita also encounters two cases of necrophilia: the first is Yvette, an envoy of the vampire council *(Burnt Offerings)*, and the second involves a series of pornographic films that she investigates where the victims are female zombies *(Dead Ice)*.

[29] Through vampire marks and the power of the *ardeur* – the ability to gain energy through lust and sex – Anita becomes succubus to the vampire Jean-Claude's incubus. The *ardeur*, although liberating for both Anita and Jean-Claude, also symbolizes excessive desire and sexual potency (see e.g., Benefiel, 2019). The siren, a mythological creature who is traditionally part-woman and part-bird and can lure sailors to their death through their sing-song voice (Creed, 2015, p.1-2), appears in the *Anita Blake* series in the novel *Danse Macabre* and plays a similar role.

discussed below, there has yet to be a comprehensive study of the series that considers the series from a health-related lens.

A Dearth of Academic Scrutiny: Reviewing the Scholarly and Non-Scholarly Consideration of the Anita Blake Series

The long-running *Anita Blake* series features an impressive and expansive repertoire of preternatural beings and monstrous figures that is complemented by an elaborate and ever-evolving legal, medical and socio-cultural structure. In addition, over the course of the novels, a rich history emerges that seamlessly blurs the fictious world of Anita Blake with many of its gothic and horror predecessors while incorporating references to real-life events such as the Holocaust and popular culture staples such as Dracula. And yet, very little research has been conducted on the series and none that involves a thorough analysis of its system of legal, medical, scientific, and socio-cultural structures.

A review of the existing research identifies two gaps in the scholarly literature that considers the series, each of which shall be discussed in turn: first, that the existing scholarly studies contain a variety of errors and omissions and, second, that the *Anita Blake* series has yet to be considered in the context of health-related issues despite language within the series that positions both vampirism and lycanthropy as transmissible, infectious diseases.

Facts and Analysis: Errors and Omissions in Existing Scholarly Literature

Several scholars have undertaken serious academic scrutiny of the *Anita Blake* series, however some of this research contains factual and analytical errors. One author, for example, refers to the wereleopard Gregory as a werewolf (Holland-Toll, 2004, p.186) and another misspells

the name of a recurring, secondary character – writing Damian as 'Damien' (Gilpin, p.9). Similar instances also arise with regards to the analysis of Anita Blake's relationship with Richard Zeeman[30] and a discussion on the occurrence of prayer within the series.[31]

While unbelievably frustrating from the perspective of a long-time fan of the series, these typos and errors do not invalidate the scholarly study undertaken by these authors. Although some of the errors identified might seem superficial – *does it really matter if Gregory is a werewolf or a wereleopard?* – they do suggest that a closer, more rigorous analysis of the series is perhaps required. Nevertheless, the themes and focus of this existing research are discussed next in order to better situate the study of the series conducted in this dissertation.

Gender, Genre and Religion: Dominant Themes of Scholarly Study and Popular Commentary on the *Anita Blake* Series

The *Anita Blake* series has been examined from several perspectives and using different analytical lenses, the most common of which is gender. This is likely because the series is written by a female author and prominently features a female protagonist. Fletcher (2001), in one of the earliest studies on the series, argued that its protagonist defies "the traditional place of women in vampire narratives" (p.ii) because women in vampire fiction are usually victims or villains meant

[30] Fusco (2017), for example, states that Anita "…is strongly persuaded that she will be able to turn him into a less violent man" (p.79). However, Anita not only encourages Richard to use violence and punishment on several occasions in order to protect himself and his pack (see e.g. *The Killing Dance*, *Narcissus in Chains*) but has also undertaken violent acts on his behalf as his Lupa and Bolverk – 'evildoer' – when he is unwilling to do so (see e.g. *Narcissus in Chains*).

[31] Kelso's (2007) statement that there is "no actual worship" in the *Anita Blake* series, is correct insofar as the audience does not witness Anita praying in church, but it does not acknowledge that there are several references to the fact that Anita will be going to church or regularly goes to church (see e.g., *Guilty Pleasures*, p. 176; *Crimson Death*, p.433). It also fails to account for when Anita and her fellow law enforcement officers use prayer, a form of worship, in the field to fight preternatural creatures (see e.g., *Blue Moon*).

to be saved or destroyed, respectively, by heterosexual men (p.18)[32] and Anita waits for no man to save her.

"As vampire hunter," states Fletcher (2001), "a woman breaks the stereotypes of passivity and feminine coding" (p.20) – and Anita certainly does that. In particular, Fletcher (2001) argues that Anita rejects aspects of her personality and sexuality that make her "soft" and feminine, and is a "masculinised heroine" (p.55). Similarly, Guyant (2011) offers a reading of Anita Blake as an example of female empowerment, agency and sexuality in a genre that normally victimizes and monsterizes women. Veldman-Genz (2011) also notes that despite roots in the Gothic, Anita is not a classic Gothic heroine but rather Anita challenges and transgresses several categorical boundaries including those related to "the fixity of human nature" (p.47) and gender (p.50).

Gender and gender roles have also been examined by scholars in the context of other main characters. Wong (2004), for example, considered how traditional notions of gender are challenged by several of the male-identifying characters in the series, including Richard Zeeman, Jean-Claude and Micah Callahan. Similarly, Fusco (2017) calls attention to how the series represents different forms of masculinity, arguing that the characters of Richard Zeeman and Jean-Claude offer "very different forms of being male" (p.73). Holland-Toll (2004) also considered gender roles and behaviours by exploring whether and how the *Anita Blake* series fits into the hard-boiled detective genre and argues that Anita's "gender-resistant toughness" (p.183) in the face of adversity, social conflict and morality closely align her with the detective genre's traditional male characters and their masculine spaces. Thus, not unlike the monstrous figure, the *Anita Blake* series as a whole

[32] More specifically, in narratives where human women enter into romantic relationships with vampires, they are either victim or vixen. Priest (2013), for example, calls attention to this in her discussion of the use of the term "fangbait" and "fangbanger" in *The Morganville Vampires* series to refer to human women who sleep with vampires (p.66, 72). Similarly, in the *Anita Blake* series, human women who sleep with vampires are sometimes referred to as "coffin bait" (see e.g. *Cerulean Sins*, p.264) and those who sleep with wereanimals as "furbangers" (see e.g. *Affliction*, p.314). In both instances, women are perceived as vixens, vulgar or disreputable for their 'deviant' sexual behaviour, or victims, for being seduced and corrupted by monsters.

embodies notions of hybridity – simultaneously highlighting and challenging gender and identity boundaries.

In addition, several authors have pointed to how the *Anita Blake* series is a multi-genre work that has been classified as horror, hard-boiled detective, mystery, fantasy, alternative history, erotica and paranormal romance, among others (see e.g., Benefiel, 2019, p.11; Crawford, 2014; Holland-Toll, 2004, p. 175). Hobson & Anyiwo (2019), Hobson (2019), and Benefiel (2019) take a different approach and identify *Anita Blake* as the foundation[33] for the urban fantasy genre and use the series to establish its generical conventions.[34]

Ekman (2016), like Hobson & Anyiwo (2019), Hobson (2019), and Benefiel (2019), firmly places the *Anita Blake* series within the genre of urban fantasy. Several elements in *Anita Blake* lend it to Ekman's classification, including a blending of the fantastical and the mundane, its setting in the urban city of St. Louis, the role of Anita Blake as a tough female protagonist who is both a monster hunter with supernatural abilities and a social outsider, and the presence of parahuman characters in the form of vampires and werewolves. In addition, the series deals with many issues common in the urban fantasy genre including addiction, prostitution, and physical and sexual abuse. Thus, as a series rooted in – if not originating – the urban fantasy genre, *Anita Blake* provides opportunities for its characters and readers to come terms with marginalized social groups and taboo social issues.

Crawford (2014) disagrees with the assertion that Laurell K. Hamilton established the urban fantasy genre, arguing that "every long-running horror franchise ultimately tends to collapse

[33] According to Hobson (2019), "urban fantasy is a hybrid genre that grew out of ***necessity*** to categorize one series – Laurell K. Hamilton's *Anita Blake: Vampire Hunter Series* (1993-present) – that defied conventional genre boundaries" (p.52, emphasis added).

[34] They call attention to the presence of "the fantastical" and the urban city setting as two of its core elements and note that urban fantasy is serial in nature as it "requires extensive world-building" that cannot occur in a single novel (Hobson & Anyiwo, 2019, p.2), and that evolve and develop over time.

in urban fantasy" (p.108). He offers a comprehensive analysis of the evolution of the *Anita Blake* series within vampire fiction over a span of 20 years and notes that while early novels in the series emphasized elements of urban fantasy and noir crime with only a hint of paranormal romance, as Anita's supernatural abilities and capacity for violence grows, crime-solving takes a backburner to her relationships (p.113) positioning the series within the genres of paranormal romance and vampire erotica.[35] Irrespective of whether the *Anita Blake* series pioneered or merely embraced the genre of urban fantasy, it is clear that the series transgresses traditional literary boundaries by combining elements found in different genres.

Finally, two scholars have considered the place of religion in the *Anita Blake* series, offering contradictory perspectives on its presence. Kelso (2007) contends that the role of Christianity, as well as religion and spirituality generally, in the series is limited. Gilpin (2012), however, offers a more in-depth analysis, finding that both Christian and non-Christian beliefs frequently surface in the series. In particular, she points to Anita's Christian beliefs while also highlighting references to Hinduism, The Followers of the Way – a sect of Christian witches who welcome practitioners with pretty much any magical or psychic ability – and the Church of Eternal Life – the vampire church – as other examples of religious faith. The place of religious faith in the series, and its implications, therefore merits further examination, however such a study is beyond the scope of this research project.

In addition to academic scrutiny pertaining to gender, genre and religion, several writers have also provided commentary on *Anita Blake* in a collection of short essays on the series. Among

[35] This shift to paranormal romance and erotica was not isolated to the *Anita Blake* series; it was happening across vampire fiction more broadly as ugly, evil monsters gave way to sexy, redeemable, sympathetic ones (Crawford, 2014**,** p.116). In addition to embracing this transition, Crawford (2014) argues that the series allows it to play out through a multi-novel fight between two vampire bloodlines, with Anita, the ardeur and her lovers on one side – an example of these new, sexy, and sympathetic monsters – and The Mother of All Darkness, Morte D'Amour and his rotting vampires on the other – the old, ugly and evil monsters.

other things, they note Hamilton's important contribution to popular fiction through the portrayal of a strong, empowered female protagonist which drew new audiences into the fantasy genre (Mamatas, 2010) and the way in which the series challenges existing gender norms and stereotypes not only through the portrayal of Anita, but also through the portrayal of other male and female characters (Saintcrow, 2010; Swain, 2010). In addition, like several scholars, many fellow authors have recognized how the *Anita Blake* series transgresses and brings together elements from several literary genres including romance (Lamplighter, 2010), humour (Clamp, 2010) and horror (Clifton, 2010; Stuart, 2010).

Perhaps more importantly, in the context of the research conducted in this dissertation, in his commentary, Lyubansky (2010) calls attention to a potential reading of vampires within the series as a marginalized identity group, in particular the racialized Other. He draws comparisons between the existence of anti-vampire hate groups such as Humans Against Vampires within the series and real-world organizations such as the Council of Conservative Citizens and VDARE (p.145) to illustrate the strength of the parallels between the fictious society found within the series and the one that exists outside of it. He also emphasizes that Anita – and arguably the audience – "genuinely connects with the racial other" through her interactions and relationships with vampires (p.144), thus providing support for the idea that media can function as a source of information and vicarious interaction with different identity groups.

Similarly, Tatum (2010) recognizes that vampires are "other" and considers whether the legal protections provided to vampires in the series and lack thereof in the context of its criminal procedure are justifiable. Examining the Anita Blake series and its treatment of vampires through a legal lens enables Tatum to draw attention to the role that constitutional law plays in protecting the rights of minority groups broadly speaking. Ultimately, these interpretations suggest that it is

not far-fetched to read preternatural characters within the series as marginalized identity groups and to rely on such a reading to bring awareness to important social, cultural and legal issues raised within the series as well as outside of it.

While scholarly work in the field of monster studies has linked monsters to illness and disease narratives, there has been no consideration of the place of illness and disease within the *Anita Blake* series. As will be demonstrated in Chapter 4, this is despite many references to vampirism and lycanthropy as contagious, transmissible medical conditions throughout the novels. In addition, only one author has considered the presence and functioning of the legal system within series and its implications. As such, a study of the series that reads preternatural characters as a marginalized identity group in the context of health-related issues **and** takes into account the complex system of carefully constructed legal, medical, scientific and socio-cultural structures within the series is needed and would fill a gap in the existing literature – and commentary – on *Anita Blake*.

Methodological Design: Using Content, Thematic and Narrative Analysis to Study the Structures and Characters of Anita Blake

> *"No two people read the same book because everyone is influenced by their frame of reference"*
>
> - Ellen A. Roth, author *(2022)*

This study examined the entire library of text-only content from the *Anita Blake, Vampire Hunter* series as a case study for understanding how the stigma experienced by people living with chronic, infectious diseases is constructed and represented in popular culture and how it can function as a health-communication intervention. In doing so, this study also tested an alternative

model of the stigma process and the typology of stigma types and stigmatizing behaviours developed in Chapter 1 of this dissertation.

A qualitative approach incorporating elements of content, narrative and thematic analysis was used to identify the medical, legal, and socio-cultural stigma infrastructure present in the *Anita Blake, Vampire Hunter* series, to track the evolution of that infrastructure over time and, ultimately, to understand its impact on the stigma management practices engaged in by the series' characters and their resulting outcomes. A preliminary codebook for this study was developed based on the types of health-related stigma described by Link & Phelan (2001), Jones & Corrigan (2014), Emlet (2006), and Green & Platt (1997), compiled in Table 1 above, and the stigmatizing behaviours identified in the literature pertaining to HIV/AIDS-related stigma and disease-related stigma more broadly, compiled in Table 3 above.

Coding and Data Analysis Procedure

In the Pilot Study, 11 novels were manually coded with the preliminary codebook to assess the completeness and reliability of the coding frame. This sample included the first 7 novels in the series and 4 additional novels randomly selected from the second half of the series.

Each text was read in its entirety and the stigma-related data was coded in *moments*, a unit of measurement smaller than a scene or chapter but larger than a single word or sentence that is similar to an event – but an event can contain several moments (see e.g., Plothe & Dumoulin, 2020). These moments were placed into categories related to the stigma process, stigma types and stigmatizing behaviours. Additional details pertaining to the subject and object of stigma were compiled as well as whether the 'moment' was one of dialogue, narration, or inner monologue.

Following the completion of the Pilot Study, the coding frame was adjusted to account for new categories and variables to be used during the Main Study. Table 5 depicts the coding frame used for organizing the data emerging from the novels.

Table 5 - Master Codebook - Data Organization Categories

CATEGORY	SUB-CATEGORY	CODE	SUB-CODE
Chapter No.			
Excerpt	Quote		
	Type of Quote	Dialogue Narration Inner monologue	
Stigma type – Stigma sub-type – Stigmatizing behaviours	Enacted Stigma	Structural stigma	Medical treatment Criminalization Migration / Travel restrictions Violations of confidentiality
		Public stigma	Rejection Fear of contagion Double-stigma Employment discrimination Blaming and shaming
	Felt Stigma	Self-stigma	Blaming and shaming Isolation Fear of contagion Mistrust of institutions Fear of rejection
		Stigma management	Label avoidance Protective silence Self-compassion Group mobilization Expertise
Stigma phase	Difference Labelling Stereotyping Separation of Us/Them Status Loss Stigma		
Subject of Stigma	Name		
	Group	Sub-group (if applicable)	
	Gender		

Object of Stigma	Name		
	Group	Sub-group (if applicable)	
	Gender		

During the Main Study, this coding frame was used to collect and organize data from the first 3 novels in the series. While a useful starting point, the codebook and procedure were found wanting. First, it overemphasized the frequency with which certain indicators appeared in the series. In a dataset which contains 28 novels, 8 novellas, and more than 11500 pages, this reliance on quantitative data generated more questions than answers. For example, what happens if a word or phrase appears several times in one novel, but not at all in the next? In addition, if a novel contained, hypothetically, 300 pages, and each page contains 300 words (see e.g., Atwood, 2021), then that means that it contains 90,000 words. What kind of significance can be derived for determining that a word or phrase appears, say, four times (or in 0.004% of words)?

Second, and perhaps more importantly, this approach failed to account for the manner in which fictional stories and their alternate universes are constructed. Stories and world-building cannot be measured quantitively based on the frequency of an occurrence. Rather, they unfold over an elapsed period of time and through the strategic, often slow, unveiling of specific narrative details. As such, while taking into consideration the frequency with which key words and phrases appear, the Main Study was adapted to emphasize a qualitative approach to content analysis rooted in thematic and narrative analysis.

The Main Study: Combining Content, Thematic and Narrative Analysis

Content analysis breaks up large amounts of communication data into smaller units of measurement (Carney, 1971, p.52; Wilson, 2011, p.177) so that inferences can be made from that

data (Krippendorff, 1980, p.21). These smaller units of measurement can be words, phrases, themes, arguments, characters, concepts, or "anything else that might be identified in texts" (see e.g., Boréus & Bergström, 2017, p.28; Stewart, 2002, p.124). Researchers can code and analyze these units, quantitatively, for their *manifest* content or, using a combination of quantitative and qualitative methods, for their manifest *and latent* content (Elo & Kyngäs, 2008, p.109), a decision that depends on the researchers' methodological approach and research questions.

In its simplest form, quantitative content analysis uses 'counting' to measure manifest – or explicit – content and assumes that the frequency or incidence with which a category or type of content occurs speaks to its significance or meaning (Boréus & Bergström, 2017, p.24; Lindkvist, 1981, p.34). Qualitative content analysis, on the other hand, examines the latent – or inferred – meaning of the content as well as the manifest content to develop constructs and theories from the text being studied (Kondracki et al., 2002, p.224). While content analysis may be either quantitative or qualitative, Weber (1990) argues that "[t]he best content-analytic studies use both qualitative and quantitative operations on text" (p.10).

Thematic analysis has many similarities to content analysis and the two terms are sometimes used interchangeably. Both enable the organization and coding of communication data into categories or themes, however, in content analysis themes can be derived from a quantitative consideration of the data and in thematic analysis they cannot (Vaismoradi et al., 2013). Vaismoradi et al. (2013) note that thematic analysis also involves "the drawing of a thematic map", that visually represents the "themes, codes and their relationships [and involves] a detailed account and description of each theme, their criteria, exemplars and counter examples, and other similar details" (p.403). Thematic maps have been used in this study to understand and depict the relationships, impact, and evolution of stigma structures within the *Anita Blake* series.

Narrative analysis focuses on the characters as storytellers and "carriers" of the story and is interested in "their difficulties, choices, conflicts, complications and developments" (Neuendorf, 2002, p.5). Further, incorporating a narrative approach to data collection, organization and analysis "retain[s] the contextual dimensions that are stripped away in categorizing and [provides] portraits of each individual's experience" (Butler-Kisber, 2018, p. 53). In this research project, narrative analysis has been used to understand the evolution of the stigma infrastructure within *Anita Blake* and its impact on its characters over time, as the narrative or story that occurs within the series has evolved.

Consistent with Weber (1990), who states that to maintain the meaning and preserve the "semantic coherence" of a text, the text should be analyzed in its entirety, this study examined each novel, novella and short story of the *Anita Blake* series. Every text was examined chronologically because the complex system and interaction of its medical, legal and socio-cultural structures is developed sequentially within the series and each text reveals new elements of these structures and relationships that are elaborated upon over time.

Materials: Data Set

The materials used in this study are listed in R.1 – Primary Sources and consist of 28 novels and 8 novellas or short stories from the *Anita Blake* series written and published by Laurell K. Hamilton between October 1993 and February 2021. Excluded from this analysis is the short story *Magic Like Heat Across My Skin*, published in an August 2001 paranormal romance anthology, as the story is merely an excerpt from the tenth full-length novel, *Narcissus in Chains*. In addition, the graphic novel adaptations of *Guilty Pleasures, The Laughing Corpse and Circus of the Damned* along with the graphic novel prequel *First Death* have been excluded from this study because an

analysis of graphic novels and visual imagery requires a different methodological design and is beyond the scope of this research. It could, however, be an interesting area of further study.

De-limitations: What this Study Does Not Do

This study of the *Anita Blake* series is not concerned with the effects of the representation of illness and disease on readers of the series. As such, it does not consider the series' reception by audiences – further studies could certainly engage in focus groups, interviews or experiments to ascertain the effectiveness of the series as a health-communication intervention tool. Rather, this study is interested in exploring *how* such health-communication interventions could be structured, identifying the elements that may need to be present within a text in order for that text to function as a health-communication intervention, and understanding what can be learned about health-related stigma when those elements are present.

Similarly, while this study examines the medical, legal and socio-cultural structures found within the *Anita Blake* series and does consider some demographics of its characters, it is not concerned with the proportional representation of those characters "infected" with vampirism or lycanthropy. Some scholars and studies have already considered the demographic distribution of fictional characters represented as being infected with HIV/AIDS, including their age, sex, gender, race, ethnicity, and sexual orientation (see e.g., Hart, 2002; Cheng, 2016), and this study is concerned with the treatment of preternatural characters as a whole by the medical, legal and social infrastructure of the *Anita Blake* series rather than specific characters. Thus, while stigma can be further compounded by one's association with multiple identity groups, double-stigma is not the focus here.

In addition, the analysis of the stigma process as well as its types and behaviours and the outcomes that occur in the *Anita Blake* series has been limited to three character groups: vampires, lycanthropes, and Anita herself – who, throughout the course of the novels, becomes a human-vampire-lycanthrope hybrid. However, even a cursory reading of the series shows that stigma and stigmatizing treatment occurs with regards to other types of preternatural citizens (or character groups) such as the fey

> *[Anita] "Can you keep the part about him being fairie out of it for a while?"*
> *[Dolph] "Why?"*
> *[Anita] "Because if he didn't do it, then his life is ruined."*
> *[Dolph] "A lot of people have fey blood in them, Anita."*
> *[Anita] "Tell that to the college student last year whose fiance beat her to death when he found out he was about to marry a fairie. He protested in court that he hadn't meant to kill her. The fey were supposed to be hard to kill, weren't they?"*
> *[Dolph] "Not everyone is like that, Anita."*
> *[Anita] "Not everyone, but enough."*
>
> *- Bloody Bones, p. 76*

and zombies

> *[Bert] "I heard on the news there's a movement there to use zombies in pesticide-contaminated fields. It would save lives."*
> *[Anita] "Zombies rot, Bert, there's no way to prevent that, and they don't stay smart enough long enough to be used as field labor."*
> *[Bert]"It was just a thought. The dead have no rights under law, Anita."*
> *[Anita] "Not yet."*
>
> *- The Laughing Corpse, p. 1-2*

Future research could therefore examine the treatment of other preternatural citizens and the role that any corresponding stigma infrastructure, generally, play in world-building in the *Anita Blake* series. That zombies can be raised to testify in legal proceedings may, for example, contribute to the construction of a 'relatable' and 'recognizable' narrative frame increasing the series' ability to function and be interpreted as a health-related communication intervention. Further consideration of the treatment of these groups is, however, beyond the scope of this doctoral research project.

Presentation of Findings: What This Study Does

In order to explore how popular culture, storytelling and metaphors, in particular monster metaphors, can be used to educate, challenge and hopefully change misconceptions and improve the lives of those with HIV/AIDS – as well as other transmissible, chronic illnesses and diseases – this doctoral research project examined the *Anita Blake, Vampire Hunter* series to answer two questions:

RQ1: What infrastructure needs to be present in monster narratives to account for the stigma experience of people living with a chronic infectious disease such as HIV/AIDS?

RQ2: And, when that infrastructure is present, what stigma outcomes can those narratives generate for fictional characters and, potentially, their audiences?

In response to RQ1, Chapter 4 identifies and describes how stigma is present in the medical, legal and socio-cultural infrastructure found within the *Anita Blake* series. The occurrence of stigma is mapped out against the stigma process developed from the work of Link and Phelan (2001) and organized into the categories established by Emlet (2006), Green & Platt (1997) and Jones & Corrigan (2014) to explain the unfolding of the steps in the stigma process. The evolution and development of stigma infrastructure within the series is also discussed to understand how world-building can occur in extended, prolonged narratives.

To answer RQ2, Chapter 5 discusses the implications of the stigma infrastructure identified within the *Anita Blake* series. In particular, with an emphasis on self-stigma and stigma management, this chapter relies on evidence extracted from the *Anita Blake* series to explain the

relationship between stigmatizing behaviours and the responses they generate. Ultimately, this chapter examines the stigma management practices engaged in by the series' characters, their cause and their resulting outcome.

Chapter 4 – The Terminally Furry and The Undead: Examining the Disease-related Stigma Experience of Vampires, Lycanthropes and Anita Blake, Vampire Hunter

> *[Anita] "I got attacked by some shapeshifters a few years back, but lucky me, I didn't catch anything."*
> *[Dr. Nelson] "Don't you get it, Blake? I'm telling you that you did catch it. It's floating around in your veins right now. But you aren't a lycanthrope, are you?"*
> *[Anita] "No."*
>
> \- *Micah*, p.233

The representation of transmissible illness and disease in popular culture has been criticized for being over-simplified and inaccurate (see e.g., Hart, 2002; Waites 2006) as well as for failing to include sensitive and controversial aspects of disease, such as when disease is transmitted through sexual contact (see e.g., Ratzan et al., 1994, p.301). When this occurs, the effectiveness of such health-related communication is undermined and, perhaps more importantly, can lead to the creation of misperceptions surrounding how a disease is transmitted, who is likely to carry it, how it can be treated, and what it means to live with that disease, among other things (see e.g., Hart, 2002; Waites, 2006).

The fictional stories in popular culture can, nevertheless, provide productive learning opportunities related to illness and disease – when certain conditions are met. Media scholars have noted the importance of narrative transportation (see e.g., Gerrig, 1993; Green & Brock, 2000; Bal & Veltkamp, 2013), repetition (Gerbner & Gross, 1976; Ames & Burcon, 2016) and para-social relationships (Horton & Wohl, 1956) in generating learning and social change in audiences. In addition, when it comes to matters that are perceived by some as sensitive, controversial or even uncomfortable, the metaphors found in certain genres of popular culture such as horror, fantasy

and science fiction can help audiences step into a world that is removed from their own and provide a space for exploring those issues (Tallon, 2010; Scott, 2020).

A thorough examination of the literature surrounding zombie, vampire and werewolf narratives found that monsters have been interpreted as a metaphor for disease and illness in the past and that the zombie narrative in particular has been useful for understanding the outbreak of disease and the spread of a global pandemic (see e.g., Rahm & Skågeby, 2016; Zimmerman & Mason, 2017). When the nature of a disease changes from acute to chronic, the zombie and outbreak narratives are, however, less useful (Wald, 2008). Instead, more sympathetic, personalized 'monsters' such as the vampire and the werewolf may be a vehicle for understanding that disease does not equal death (see e.g., Fink, 2010), allowing audiences instead to view viruses as a catalyst for individual growth and group development – again, when certain conditions are met.

As discussed in Chapter 3, the *Anita Blake* series meets all of the preliminary criteria needed to function as an environment where productive learning *can* take place. First, the series spans nearly three decades and contains more than 35 individual stories, thereby fulfilling the requirement for repeated engagement with a text and its messages. Second, its long-running nature also creates opportunities for audiences to develop long-term para-social relationships with and via its characters. Third, its extensive and meticulous world-building incorporates the monster and the monstrous into its alternate reality by reference to real-world events and the elaborate, interdisciplinary history of monsters. This helps the audience understand the context and rules that the world operates in so that they can become a part of it. What remains to be considered is how the series creates productive learning opportunities in a health-related context pertaining to stigma and chronic, transmissible illness and disease.

This dissertation argues that, when framed with realistic medical, legal and socio-cultural structures, the sympathetic monstrous 'Other' offers the possibility to humanize the so-called AIDS monster, in addition to those living with chronic, transmissible illness and disease more broadly. In particular, as has been demonstrated and discussed in detail in this chapter, in order to create a productive learning opportunity for understanding chronic, transmissible illness and disease, monster narratives must:

- Use health-related indicators, whether implicit or explicit, to link 'monstrous' conditions with the diagnosis of illness or disease;
- Account for the steps in the stigma process that lead to the generation of a 'new' identity as 'sick' or 'Other'; and,
- Detail a variety of differential and potentially discriminatory responses to 'Othered' characters by the medical, legal and social systems present within the fictional world.

Each of these required conditions, as they occur in the *Anita Blake* series, will be discussed below. In particular, examples and excerpts from the novels will be relied upon to demonstrate how the three conditions are present and evolve throughout the series.

In addition, the findings from this analysis also point to a refinement in the alternative model of health-related stigma presented in Figure 3 above that recognizes the nuanced role that labelling can play in a medical context and accounts for the generation of differential as well as discriminatory stigmatizing behaviour.

Reading Lycanthropy and Vampirism as Disease: The Presence of Health-Related Indicators in the Anita Blake Series

The analysis of the *Anita Blake, Vampire Hunter* series conducted in this dissertation is premised on a reading of lycanthropy and vampirism as medical conditions resulting from the transmission of a virus through person-to-person contact. Each of these conditions has been examined separately below, along with consideration of Anita herself, who, as mentioned previously, becomes a type of vampire-lycanthrope hybrid over the course of the series.

Explicit and Realistic: Lycanthropy as Diseased in the *Anita Blake* Series

Lycanthropy[36], the condition which causes someone to become a lycanthrope, is frequently compared with and referred to as a transmissible, infectious disease in the *Anita Blake* series. This occurs both implicitly and explicitly across all stages of the disease – including transmission, diagnosis, treatment and symptom management, and prevention.

With regards to transmission, lycanthropy is referred to as an "infection" (see e.g., *The Killing Dance*, p. 104, *Narcissus in Chains*, p.95) as well as a "contamination" (see e.g., *Narcissus in Chain*, p.90). The disease is, however, believed not to be contagious when a lycanthrope is in human form (see e.g., *Circus of the Damned*, p.70) – a partial or full change into their animal form is required to transmit the disease (see e.g., *The Lunatic Cafe*). This suggests that lycanthropy goes into remission or that the 'viral load' of lycanthropes varies over time, although all lycanthropes acknowledge that the virus and its symptoms are always there (see. e.g. *Blue Moon*, p.272). Like other diseases, the transmissibility of the lycanthropy virus also varies from species to species, or,

[36] In the 2021 novel, *Sucker Punch* new vocabulary was introduced to replace the term lycanthropy. Therianthropy became the general term to refer to all types of the disease, because lycanthropy implied wolf (p.3). New terminology was also introduced for cat-based therianthropy. This dissertation has opted to continue to use lycanthropy as the general term.

to use medical terminology, from strain to strain. Wolf- and rat-based lycanthropy, for example, are more contagious than any form of cat-based lycanthropy (*The Killing Dance,* p.96). In addition, the detectability and incubation period of lycanthropy is also dependent on the strain (see e.g., *Narcissus in Chains*, p. 89; *Narcissus in Chains*, p.199).

Lycanthropy is directly compared to several known transmissible viruses and, in later novels, is explicitly referred to as a disease[37] (see e.g., *The Killing Dance*, p.70; *The Killing Dance*, p. 281). It is compared to rabies in the first novel, *Guilty Pleasures*, when Anita describes how the condition is transmitted, its varying levels of contagion – depending on the strain of lycanthropy (p.48) – and how the condition can sometimes be treated with inoculations (p.52). The virus that causes lycanthropy is, therefore, seen as something undesirable, that is not welcome and invades the body, and can sometimes be neutralized or removed with medical intervention. Explicit comparisons with a second transmissible disease, HIV/AIDS, strengthen this interpretation. In one instance, Anita specifies that few people willingly consent to becoming a lycanthrope

> *Lycanthropy was a disease, like AIDS. It was prejudice to mistrust someone for an accident. Most people survived attacks to become shapeshifters. It wasn't a choice.*
> - *Circus of the Damned, p.33*

The link between lycanthropy and HIV/AIDS is strengthened in later novels by including analogies to rape and rape victims, thereby linking transmission with sexual activity (see e.g., *Circus of the Damned*, p.292). The addition of sexual contact strengthens the reading of lycanthropy as a metaphor for a health-related disease, in particular one like HIV/AIDS which can also be transmitted via sexual contact. Throughout the series, it is emphasized that sex is one of the situations where a lycanthrope is most likely to lose control. As a lycanthrope, engaging in

[37] Jean-Claude, who has lived for hundreds of years as a vampire, as well as other long-living characters note that lycanthropy was once perceived as a curse rather than a medical condition (see e.g. *The Killing Dance*, p.281).

sexual intercourse with a human partner – an uninfected person – is dangerous; it could mean shifting into animal form and infecting or killing one's partner (see e.g., *Narcissus in Chains*, p.289). Similar risks exist with regards to the transmission of HIV/AIDS between a seropositive and seronegative partner.

Additional comparisons between HIV/AIDS are identified when Anita meets Richard Zeeman, a werewolf who contracted the disease from "a bad batch of the lycanthropy vaccine" *(The Lunatic Cafe*, p. 9-10). That "a lot of nice upper-class college students" (*The Harlequin*, p.293) were infected through vaccinations in the series echoes the occurrence of the real-life tainted blood scandal of the 1970s and 1980s, which saw traditionally lower risk communities infected with HIV. Furthermore, like HIV/AIDS, lycanthropy can also be transmitted from mother-to-child. While female lycanthropes struggle to bring a baby to term (*Narcissus in Chains*, p.330), a human partner who has sexual intercourse with a male lycanthrope in animal or half-animal form puts the baby at risk of Mowgli syndrome (*Danse Macabre*, p. 282). This can result in severe birth defects and a shorter gestation period for the fetus (*Danse Macabre*, p. 283). Like with HIV/AIDS, the lycanthropy virus can have implications for reproduction, can be transmitted from mother-to-child and can be fatal to the child and the mother.

Ultimately, over the course of the series, a combination of implicit and explicit references to disease and illness supports the application of a health-related lens to the *Anita Blake* series and, in particular, a reading of lycanthropy as an infectious, transmissible disease. These include direct comparisons between lycanthropy and HIV/AIDS as well as references to infection due to contaminated vaccines similar to the tainted blood scandal, and to transmission of the disease between mother and child, which can also occur in the context of HIV/AIDS. Vampirism, as will be discussed next, is portrayed differently.

Implicit and In the Shadows: Vampires as a Metaphor for Disease in the *Anita Blake* Series

Although there are similarities in transmission to lycanthropy, vampirism is not explicitly recognized as a 'disease' or medical condition until much later in the *Anita Blake* series (*Danse Macabre*, p.462)[38]. There are, however, numerous references to disease and medical treatment that allow for such an inference early on. Testators, for example, can possess a living will, which "strictly forbid[s] coming back as a vampire" (*The Laughing Corpse*, p. 222). These living wills are similar to Do Not Resuscitate orders (DNRs), which prohibit resuscitation to allow for a natural end to life and, by extension, link vampirism with other prolonged medical conditions and, ultimately, a prolonged death. In addition, in the early 1900s, it was thought that vampirism could be treated and cured:

> *A lot of vamps cooperated because they wanted to be cured. Dr. Henry Mulligan had pioneered the search for a cure. The program was discontinued when one of the patients ate Dr. Mulligan's face.*
>
> - *Circus of the Damned, p.127*

In later novels, it is learned that curing vampirism actually results in the death of the vampire because "the vampirism is what keeps the dead body up and running, so you take the vampirism out of the blood, and the body dies" (*Danse Macabre*, p.463). Vampirism is, therefore, not only a medical condition, but one that sustains and prolongs life.

Despite the absence of explicit comparisons to disease in the first decade of published novels, vampirism is still portrayed as an irreversible medical condition. Furthermore, its transmission through person-to-person contact – biting – positions vampirism as a transmissible disease. Anita refers to vampirism as an "infection", but notes that "[s]cientists were still arguing

[38] Anita states that "[v]ampirism is a contagion, not a demonic possession. It's a blood-borne disease" (*Danse Macabre*, p.462, emphasis added).

about what exactly made someone become a vampire" (*The Girl Who Was Infatuated With Death*, p.233). While some types of vampires can spread "corruption" through their bite (*Blue Moon*, p.124), these types of vampires are exceedingly rare in the United States (see e.g. *Bullet*, p.273*)*.

Regardless, it is the abundance of references to sexual contact and the sexualization of vampires that allow for a reading of the condition as a sexually transmitted disease. For example, Anita compares the taking of blood to sexual intercourse

> *Never believe that a vampire will only take a little. That it won't hurt. That's like believing your date will pull out in time. Just trust him. Yeah, right.*
>
> \- *Circus of the Damned, p.116*

She also reminds the reader on several occasions of the role of consent when either feeding a vampire or becoming one. In the case of the former, vampires are forbidden from using their gaze to coerce a human into donating blood. A vampire's gaze is akin to a date rape drug, viewed under the law as "gaze-induced blood taking", and vitiates consent (*Incubus Dreams*, p.573). With regards to becoming a vampire, a person must be eighteen to consent to becoming a vampire (see e.g. *Bloody Bones*, p.88) as well as to donating blood (*Cerulean Sins*, p.36). Outside of the world of *Anita Blake*, consent is a key component of the law surrounding not only sexual intercourse, but also that pertaining to the criminalization of HIV/AIDS.

In addition, the sexualization of vampires occurs consistently throughout the series. Guilty Pleasures, "the world's only vampire strip club" (*Guilty Pleasures*, p.12), is a reoccurring location visited by Anita in the series where several of the primary as well as secondary vampires appear onstage. Vampires are also linked with hyper- and deviant sexuality, including when they are described as sexual predators such as pedophiles (see e.g. *Bloody Bones*, p.143), rapists (see e.g. *Bloody Bones*, p.88) and necrophiliacs (see e.g. *Burnt Offerings*, p. 60).

Vampirism, like lycanthropy, also has implications for reproduction and pregnancy. Although there are few records of female vampires carrying a child to term (*The Killing Dance*, p. 190), it is more likely for a male vampire to impregnate non-vampires. Monica Vespucci, for example, has a child with a 100-year-old vampire named Robert (see e.g., *The Killing Dance*, *Bullet*). The likelihood of a male vampire being able to reproduce generally decreases with their age (*The Killing Dance*, p.14), or, in other words, the longer a person lives with vampirism, the less likely they are to be able to reproduce. While human mothers remain free from infection, their babies are at risk of contracting Vlad syndrome, which, like Mowgli syndrome, can result in "some really horrible disabilities, not to mention death for the baby" (*The Killing Dance*, p.14). This is similar to HIV/AIDS, which can be transmitted to a child during birth.

Over the course of the series, the presence of implicit and explicit indicators linking vampirism with disease and illness increases. The portrayal of vampirism therefore differs from that of lycanthropy, which is explicitly linked with transmissible diseases such as rabies and HIV/AIDS from the beginning of the series. Regardless, the method of transmission coupled with the frequent and overt sexualization of vampires that occurs from the beginning of the first novel does raise the notion that vampirism is transmitted in sexual or sexualized contexts, similar to HIV/AIDS. As will be discussed further below, it is only once Anita becomes a type of living vampire that more explicit references to transmissible disease and illness appear in the context of vampires. Anita Blake's own medical status will be discussed next.

Anita Blake: Neither Lycanthrope nor Vampire, but Infected All The Same

Anita Blake, the main character, protagonist, and narrator of the series has been examined separately below for she is neither vampire nor lycanthrope. Rather, over the course of the series,

as she becomes increasingly immersed in the preternatural community professionally as well as personally, she becomes a vampire-lycanthrope hybrid – neither vampire nor lycanthrope, but 'infected' with and carrying both diseases.

Unlike vampires and lycanthropes, Anita never really started life as a normal human being (*The Laughing Corpse*, p.118). Her metaphysical abilities – while not visible in the traditional sense of the word – marked her as different from a very young age. She saw her first ghost and accidentally raised her deceased family dog as a zombie as a young child (*The Laughing Corpse*, p. 118) and during college after a professor committed suicide, his corpse shambled into her dorm room (*Dead Ice*, p.90). Her metaphysical abilities are described later in the series as psychic abilities (see e.g. *Kiss The Dead*, p.3) and are beyond further discussion in this dissertation. Instead, what will be considered below are the circumstances under which Anita contracts vampirism and lycanthropy.

Anita does not contract traditional 'vampirism' – she is not bitten or attacked by a vampire. Rather, after Anita suffers an injury in a confrontation with a vampire, Jean-Claude helps to heal her by "shar[ing] his life-force" with her (*Guilty Pleasures*, p.45). He does this through physical contact, but without biting or sexual intercourse and without her consent. This is the first step to making a 'human servant' – a human that "will never be bitten, never be hurt. One that will age almost as slowly as [vampires] do" (*Guilty Pleasures*, p.45). He later uses his physiological abilities to give her the second mark, again without physical contact or consent. Thus, despite the absence of penetration, Jean-Claude infects Anita with a type of vampirism.

Anita carries these vampire marks until the third novel in the series when to cure her of a poisonous snake bite, Jean-Claude gives her the third mark. This required physical contact and the exchange of bodily fluids, in particular, blood, thereby linking vampirism with transmissible,

blood-borne diseases. During the final battle of the novel, another vampire forces the third and fourth mark onto Anita. She kills him, at a high cost to herself, and wakes from a coma to find that she is free of all vampire marks. Her infection can be read here as in remission, if not cured.

In the sixth novel, Anita *consents* to three vampire marks from Jean-Claude and Richard in order to save their lives. The marks partially heal her and provide her with protection against other infections and attacks; she survives an attack from a wereleopard but does not 'catch' lycanthropy. Ultimately, the full impact of the vampire marks on Anita's medical status only becomes known in later novels of the series. However, as Jean-Claude in a conversation with Richard notes "…Anita is not human. Through us she is more than that […] we make her less human, and more" (*Blue Moon*, p.274). Here, he calls attention to how vampirism, the disease held by Jean-Claude, and lycanthropy, the disease held by Richard, have changed Anita from human ('healthy') to Other ('sick').

Two further aspects of Anita's medical status merit consideration: her acquisition of the *ardeur*, which results in her becoming a living vampire who must feed on the sexual energy and lust of others, and the discovery that Anita is a carrier for lycanthropy. After nearly dying on a case in New Mexico, Anita returns to St. Louis to repair her metaphysical energy by marrying the vampire marks and merging her aura with both Richard's and Jean-Claude's. She subsequently inherits Jean-Claude's *ardeur*, his ability to feed on sexual energy. The ardeur is compared to a disease because it can spread through physical contact (*Narcissus in Chains*, p.167). It can also drain someone to death (see e.g., *Kiss the* Dead, p.291-292; *Zombie Dearest*, p.380). Furthermore, its presence and strength can rise and fall within the person who carries it, allowing for yet another reading of a preternatural condition that has 'a viral load' that varies over time. Inheriting the

ardeur marks a turning point in the series for Anita. Although not a vampire in the traditional sense, after this she has to feed on others in order to survive.

In addition, it is also learned that due to the presence of Jean-Claude's vampire marks and surviving several lycanthrope attacks, Anita has become a "carrier" for the lycanthropy virus (*Micah*, p.231). She does not change form into a lycanthrope but has several strains of lycanthropy inside her, including wolf, leopard, lion, hyena, rat, and several types of tiger (*Micah*, p.232; *Crimson Death*, p.265). Anita is one of 30 known and documented cases worldwide of people infected with lycanthropy who do not shift form (*Skin Trade*, p.72)[39]. Despite earlier uncertainties (*Skin Trade*, p.72) – her form of lycanthropy does seem to be contagious as Edward tested positive after some of her blood got into one of his wounds (*Sucker Punch*, p.608). This further confirms Anita's medical status as living with a chronic, transmissible disease.

Diseased: The Role of Implicit and Explicit Health-Related Indicators in Anita Blake

As demonstrated through the evidence detailed above, there are many indicators that support a reading of the *Anita Blake* series from a health-related lens. This dissertation examined how this occurs for three character groups: lycanthropes, vampires and the main character, Anita Blake.

From the outset of the series, lycanthropes are positioned *explicitly* as diseased through comparisons to transmissible diseases such as rabies and HIV/AIDS, by the inclusion of information regarding treatment and inoculations, as well as through an explanation of the birth defects that can arise with mother-to-child transmission. Vampirism, in contrast, takes much longer to be explicitly recognized as a transmissible medical condition. Instead, there are *implicit*

[39] One novel later, this number increases to 40, which demonstrates the development in world-building that occurs in the *Anita Blake* series as well as the transmissibility and spread of the disease *(Flirt*, p.35).

indicators that allow for a reading of vampires and vampirism as a transmissible, infectious disease. Medicalized language is used to explain the historical as well as contemporary treatment of vampires, pointing to the existence of DNRs and attempts to find a cure, among others, thereby linking vampirism with prolonged medical conditions. It is, however, the abundance of references to sexual contact and the sexualization of vampires that allow for a reading of the condition as a sexually transmitted disease. The emphasis on consent for donating blood and becoming a vampire recognizes the risks associated with sexual/sexualized contact, including the transmission of HIV/AIDS.

The presence of health-related indicators also allows for a reading of the protagonist, Anita Blake, as diseased. Unlike other characters in the series, Anita does not contract traditional vampirism or lycanthropy – instead, she develops both conditions simultaneously and becomes a sort of vampire-lycanthrope hybrid. She agrees to become Jean-Claude's human servant, taking on vampire marks – or a strain of vampirism – but also contracts several strains of lycanthropy. She acquires these conditions through person-to-person contact, including biting and scratching, and both are contagious and transmissible. Through the vampire marks, Anita acquires the ardeur, which can spread from person-to-person in sexual and sexualized contexts, and her strain of lycanthropy is also transmissible.

Although the manner in which their medical conditions are described and recognized in the series varies, it is nevertheless possible to read vampires, lycanthropes and the character of Anita Blake as diseased. For the purpose of this research, it is posited that, within the world of Anita Blake, a character's 'diagnosis' as a vampire or lycanthrope – in other words, as diseased or 'ill' – is the catalyst that launches the stigma process. The next section of this chapter examines how the stigma process unfolds in the *Anita Blake* series.

Tracing the Steps in the Stigma Process: Othering and the Generation of a 'new' Identity as Vampire and Lycanthrope in the Anita Blake Series

Link and Phelan (2001) state that stigma arises when "labeling, stereotyping, separation [of us and them], status loss and discrimination co-occur in a power situation" (p.367). As argued in Chapter 1, this explanation of the stigma process is premised on two flawed assumptions. First, that stigma only arises in power situations when it could also occur between equals. Second, that the elements of the stigma process happen simultaneously rather than as a part of a sequence. In addition, their description does not account for the recognition of difference, which is the foundation that labelling, stereotyping, and the separation of us and them are based upon. Furthermore, the process proposed by Link and Phelan (2001) does not take into consideration the possibility of productive stigma outcomes that may occur in a health-related context, such as limiting the spread of disease, due to the negative connotations commonly associated with stereotyping, status loss and discrimination.

As such, this dissertation proposes an alternative model of the stigma process for a health-related context that begins with the diagnosis of illness or disease and culminates in the creation of a 'new' identity as 'sick' or 'other'. This is depicted in Figure 2 above, and has been reproduced here. In this model, differential or stigmatizing (and discriminatory) treatment occur following the generation of this new identity and is the outcome of the stigma process

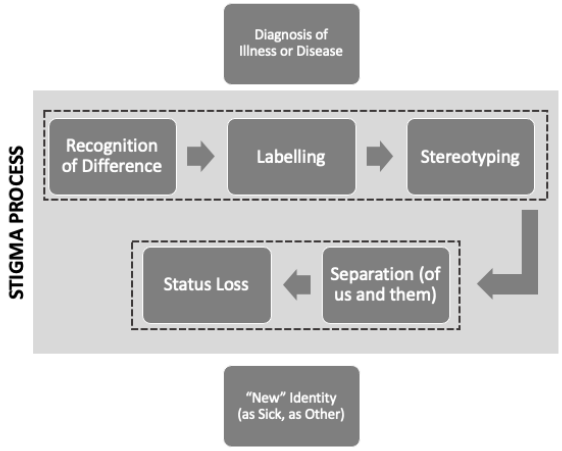

Figure 4 - A Reconceptualized, Sequential Stigma Process [Reproduced]

rather than, as Link and Phelan (2001) suggest, part of it.

Using the alternative model of the stigma process proposed in this dissertation, this section examines how the different steps unfold in the world of *Anita Blake* in the context of three characters / character groups that can be read as living with a chronic, transmissible disease: lycanthropes, vampires, and the protagonist of the series, Anita Blake. This examination demonstrates how the presence of stigma infrastructures can be communicated through popular culture. The series also provides an opportunity to test out the alternative model of the stigma process, which attempts to separate the steps in the process from the outcomes – thereby allowing for the possibility of productive stigma outcomes while continuing to acknowledge those that are counterproductive.

Finally, as has been previously noted, while the alternative model proposed here presents the steps in the stigma process individually and sequentially, it recognizes the possibility that some of the steps may take place at the same time, resulting from a single action. For the purpose of the analysis conducted in this dissertation, the recognition of difference and labelling have been considered together due to their frequent co-occurrence in the *Anita Blake* series, followed by a discussion of stereotyping and, an examination of the separation of 'us' and 'them' and status loss, the latter of which are also considered together.

Symptomatic: When the Recognition of Difference Means Being Labelled as a Lycanthrope, Vampire, or Preternatural Citizen

As noted by Goffman (1963), the stigma process begins with the recognition of "an attribute that makes [a person or group] different from others in the category of persons available" (p.3). In the *Anita Blake* series, once a person is infected with vampirism or lycanthropy – or in the case of Anita, both vampirism and lycanthropy – they experience physical and physiological

changes that differentiate them from an uninfected person. Vampires, for example, are harder to kill, can move suddenly, and, among other special abilities, can smell or sense fear *(Guilty Pleasures*, p.1-4). Similarly, lycanthropes are stronger than humans *(Narcissus in Chains*, p.228), age slower (*Wounded*, p.10) and usually have advanced healing abilities (see e.g. *Incubus Dreams*, p.32; *Danse Macabre*, p.420). Anita, too, gains strength (*Skin Trade*, p.70-71; *Rafael*, p.1), speed (*Bullet*, p.309), and advanced healing (*Rafael*, p.4) from lycanthropy, the vampire marks and the ardeur.

The recognition of these differences – or symptoms of disease – is, on its own, not necessarily problematic. Although calling attention to these differences *could* be a step in the stigma process, it may also function as description or explanation, an essential part of the world-building process that takes place in many fictional narratives. While describing a vampire's extraordinary strength, for example, Anita notes

> *The vampire had stripped, showing a smooth expanse of chest. He dropped to the stage and did fingertip push-ups. The audience went wild. I wasn't impressed. I knew he could bench press a car, if he wanted to. What's a few push-ups compared to that?*
> *- Guilty Pleasures, p.18*

Although this passage recognizes a difference between vampires and humans – humans after all cannot bench press motor vehicles – it does not discriminate against, demean or insult vampires; instead it tells the reader that vampires are exceptionally strong and that this one in particular liked to showcase that strength on-stage.

Link and Phelan (2001) note that when difference is "socially selected for salience" (p.368), it can become attached to a person or group in the form of a label, triggering the next step in the stigma process. In the *Anita Blake* series, labelling generally occurs in two ways: description and explanation or using slurs and name-calling. When labels are used as a description, they often

co-occur with the recognition of a difference of that character / character group. One example of this is when Anita describes the relationship between the age of a vampire and their power level

> *Jean-Claude was a self-admitted two hundred and five years old. A vampire gains a lot of power in two centuries.*
>
> - *Guilty Pleasures, p.13*

While referring to Jean-Claude as a vampire and pointing out his age, which far exceeds that of any human, certainly recognizes his differential status, this passage functions primarily as description. Notably, the above excerpt is from Jean-Claude's first appearance in the series and provides the reader with information about the lifespan and abilities of vampires.

The second way that labelling occurs in the series *emphasizes* the difference between character groups (i.e. humans and vampires, vampires and lycanthropes). This occurs via name calling and using slurs, although it should be noted that merely referring to a character as either a vampire or a lycanthrope involves the application of a label to that person. While some occurrences are isolated and do not lead to other steps in the stigma process, such as when Anita refers maliciously to Stephen the werewolf as "fur-face" after he startles her and then comforts him (*Circus of the Damned*, p.34) or when Zerbrowski jokingly calls Jean-Claude "Count Dracula" (*The Killing Dance*, p.197-198), many instances do progress to stereotyping. Some examples of this include referring to a vampire as a "walking corpse" (see e.g., *Circus of the Damned*, p.79), to lycanthropes as "animals" (see e.g., *Circus of the Damned*, p.233) or to any preternatural citizens as a "monster" (see e.g., Richard re: lycanthropes in *Burnt Offerings*, p. 188; see Anita re: vampires in *The Laughing Corpse*, p.151 and *Bloody Bones*, p.36).

The act of labelling can be, therefore, either neutral, such as when the label is used to explain, describe and inform, or value-laden, such as when the label is used as or substitutes for a stereotype. This finding requires a modification to the alternative model of the stigma process

proposed in this dissertation, which can be found in Figure 5 below, that recognizes the dual role of labels.

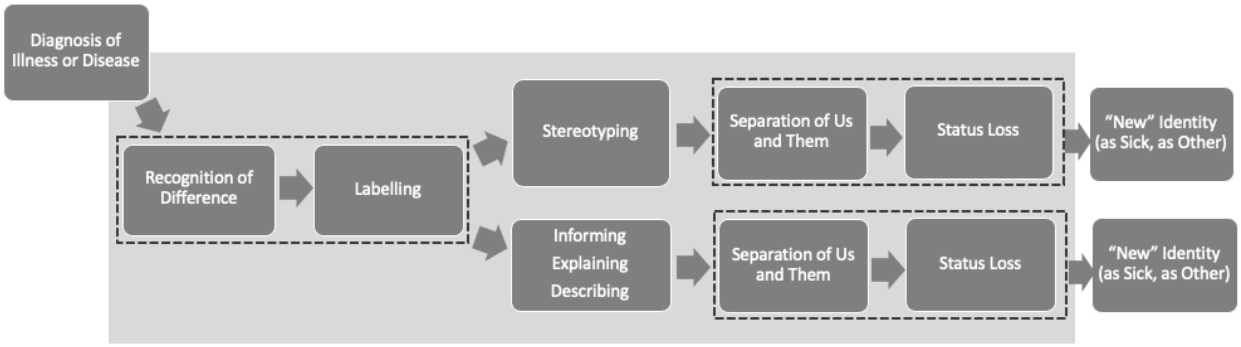

Figure 5 - An Updated Model of the Stigma Process in Health-Related Contexts

As several examples of labels being used to provide information have been identified in this section, the next section examines how stereotyping occurs within the series with regards to lycanthropes, vampires and Anita Blake.

Broad, Sweeping Generalizations: When Labelling Leads to Stereotyping

Jones & Corrigan (2014) state that a stereotype is "an inference made about individuals based on their assignment to a particular group or category" (p.12). However, where a label stops and a stereotype begins is not always evident. This is likely because some words, such as 'monster', can fulfil both roles. As has been discussed above, labelling can be a descriptive or explanatory tool and when it functions as such it is, in and of itself, not harmful. A label can also be or can lead to stereotyping, which could, in turn, result in erroneous or false assumptions being applied to a group or category of people based on the behaviours or characteristics of a few (Schneider, 2004, p.8).

In the *Anita Blake* series, when preternatural characters are referred to as monsters, animals and walking corpses, among other terms, they are simultaneously being labelled and stereotyped.

Stereotyping also occurs when the behaviours or characteristics of a subset of the population are generalized and applied to the entire group. One example of this is the frequent association of vampires with murderous, criminal behaviour. Human Against Vampires (HAV) and Humans First, two lobby groups who, respectively, aim to legally exclude and execute vampires and vampire sympathizers, view all vampires as "dangerous animals" *(Guilty Pleasures,* p.182) because of the violent acts committed by *some* vampires against their families. When this occurs, all vampires are stereotyped based on the actions of vampires with whom members of these groups have personally had negative encounters.

Anti-vampire lobby groups are not the only type of characters that engage in stereotyping towards vampires. Anita similarly links vampires with violence at the beginning of the series, due to her experience as a vampire executioner (see e.g. *Guilty Pleasures*, p. 99-100). In addition, vampires are also associated with or referred to as the devil and as demonic by the Catholic Church[40] (see e.g. *Narcissus in Chains,* p.28) as well as by members of the general public (*Incubus Dreams*, p.347-348).

Vampires are not the only character type that is stereotyped in the *Anita Blake* series. Lycanthropes also experience stereotyping related to the behaviours and characteristics – that is, symptoms – of their disease. Among other examples include the association of lycanthropes with dangerous behaviour (see e.g. *Cerulean Sins*, p.266) and the belief that all lycanthropes have to feed on fresh-killed meat when they first change form (see e.g. *Affliction,* p.175-176), which reinforces the perception that they are dangerous. Neither of these statements are, in fact, true – while some lycanthropes are dangerous, not all are; similarly, while inexperienced lycanthropes

[40] Church officials once believed that holy water could "burn the devil out" of vampires (*Narcissus in Chains*, p.28). Those who survived were horrendously scarred for holy water and blessed objects act like acid on vampire flesh (see e.g. Asher in *Burnt Offerings*, Vittorio in *Skin Trade*).

do need to feed following their physical change into animal form, the need to do so decreases over time. The occurrence of stereotypes in the series points to a lack of knowledge and understanding about the character group and by extension the medical condition that is being stereotyped.

Finally, there are also a few instances where stereotypes generate positive or favourable perceptions of a character group. This comes to light when Anita encounters a few characters who voluntarily elected to become vampires because they thought that it would be like "in the books and movies" (*Incubus Dreams*, p.573) or that they would be young and beautiful forever, when, in fact, they "are the age that they die at forever" (*Crimson Death*, p.543). Again, this points to the relationship between misconceptions about the character group and their medical condition, and stereotypes.[41]

The effect of stereotyping a group is the separation of us – those without the characteristic or behaviour – and them – those with it. This, in turn, generates in-groups and out-groups and the movement of the stereotyped character from the former to the latter, resulting in a loss of status. These two final steps in the stigma process and how they arise in the *Anita Blake* series will be discussed in the next section.

Othered: How the Separation of Us and Them Leads to a Loss of Status and the Creation of a New Identity

Irrespective of whether the application of a label occurs for the purpose of stereotyping a group or explaining one of its behaviours or characteristics, the cumulative effect of recognizing a difference, labelling it, and explaining/stereotyping that difference is the separation of the person

[41] This will be further discussed in the context of public stigma below, as misconceptions about medical conditions shape how the characters in the *Anita Blake* series living with those conditions are treated.

or group applying the label from the person or group to whom it has been applied. Whether intended or unintended, these acts result in the separation of 'us' from 'them' and, by extension, the creation of in-groups – 'us' – and out-groups – 'them'. In the *Anita Blake* series, this occurs explicitly as well as implicitly. In addition, it also frequently co-occurs with a recognition of the loss of one's status as 'human' – as uninfected – that a preternatural character or group experiences and the acquisition of a new identity as 'non-human' – or infected.

The separation of us from them occurs explicitly when characters call attention to the existence of in-groups and out-groups. For example, in the second novel, *The Laughing Corpse*, when Anita arrives at the city morgue for a meeting, she has an exchange with the security guard, Fred, which sheds light onto the impact of vampires' new legal status:

> *[Anita] "Hi, Fred, long time no see."*
> *[Fred] "I wish they let you come down here like before. We've had three get up this week and go home. Can you believe that?"*
> *[Anita] "Vampires?"*
> *[Fred] "What else? There's going to be more of* ***them*** *than of* ***us*** *someday."*
> *- The Laughing Corpse, p.223, emphasis added*

Here, the words 'us' and 'them' are actually used to indicate the presence of in-groups and out-groups and differentiate between the two. In other instances, labels replace the use of 'us' and 'them'. Anita, for example, states that it is difficult to "tell the humans from the monster" (*The Lunatic Cafe*, p.221) when she explains the similarities between the energy of Jean-Claude, a vampire, and Richard, her werewolf sweetie. In so doing, she places vampires and werewolves in the same category – the monster – and differentiates the monster from the human being.

The result of separating lycanthropes and vampires from humans and moving them to an out-group is a loss of status. This is reinforced throughout the novels by language that positions lycanthropes and vampires as something that "*used to be* human and wasn't anymore" (*Circus of*

the Damned, p.92, emphasis added). That vampires and especially lycanthropes engage in 'passing' – pretending to be human – also supports the inference that they are no longer such (see e.g. *The Lunatic Cafe,* p.165-166). Instead, vampires, lycanthropes and other preternatural citizens are viewed under a new identity, that of "other" (*Burnt Offerings*, p.115).

The Stigma Process Refined: Understanding the Distinction and Relationship between Labelling and Stereotyping in the Anita Blake, Vampire Hunter Series

When I first proposed this dissertation topic, I had no idea that my study of the *Anita Blake* series would lead me to question and challenge existing ideas, beliefs, and definitions of stigma and labelling through the proposal and subsequent testing of an alternative model of the stigma process. In a time when we have become increasingly sensitized and aware of the meaning and impact of words, as well as actions – which will be the focus of the remaining analysis conducted in this chapter – it is increasingly important to do so. In the context of stigma, words have power.

As has been demonstrated above, in the *Anita Blake* series, it is the diagnosis of illness or disease – vampirism, lycanthropy, or in some cases both – that kickstarts the stigma process. This diagnosis and its accompanying symptoms mark the individual or group concerned as different. This is true whether those differences are viewed as a strength (i.e. advanced healing abilities in the case of lycanthropes, vampires and Anita Blake herself) or a weakness (i.e. bloodlust in the case of lycanthropes, vampires, and eventually Anita Blake). As predicted in the alternative model of stigma presented in Chapter 1, the recognition of difference frequently led to or coincided with the application of a label to that individual or group, and moves the in-text event or interaction as well as the reader, to the next step of the stigma process: labelling.

Labels were applied to lycanthropes, vampires and Anita Blake in two ways: description and explanation or using slurs and name-calling akin to the act of stereotyping. This finding

resulted in a modification to the proposed stigma process, so that it recognizes the two roles that labelling can play. While both description/explanation and labelling-as-stereotyping can lead to the separation of us and them and status loss, the two final steps in the revised stigma process, this distinction nevertheless provides support for the possibility of productive stigma outcomes. The *factual, scientific* – and arguably value-neutral – recognition of a difference and the resulting label that is generated (i.e. 'sick') is, after all, what allows medical professionals to quickly diagnosis transmissible illness and disease, and to separate and treat the infected.

After the identification and discussion of descriptive and explanatory labels, the way in which stereotyping occurs in the *Anita Blake* series was also examined. Stereotyping was found in the form of labels, such as using the word 'monster' to describe preternatural characters, as well as in the form of generalizations, where the behaviours or characteristics of a small subset of a character group were applied to the group as a whole. In addition, favourable or 'positive' stereotypes, such as those related to the myth that being a vampire would make you "pretty", "suave", and "good with the ladies" (*Incubus Dreams*, p.572) were also identified. Ultimately, the presence of stereotypes – whether favourable or unfavourable – was linked to misconceptions surrounding the medical conditions of lycanthropy and vampirism. In addition, it was found that stereotyping logically led to the creation of in-groups, those without the stereotyped behaviour or characteristic, and out-groups, those with it. This triggers the final steps in the stigma process: the separation of us and them, and one's status loss as human.

The separation of us and them and status loss frequently co-occurred in the *Anita Blake* series. This happened explicitly, using words like 'us' and 'them', as well as implicitly by referring to the out-group as 'no longer human' or as pretending to be human. Instead of human, those living

with vampirism and lycanthropy were perceived as Other. They have a new identity, which in a health-related context, could be characterized as 'sick' or 'diseased'.

Although it was sometimes difficult to clearly delineate between the steps in the revised stigma process proposed in this dissertation because of the co-occurrence of several steps, it was nevertheless possible to identify clear indicators that support their occurrence vis-à-vis lycanthropy and vampirism, which can be read as transmissible diseases in the *Anita Blake* series. In particular, a combination of explicit (direct) and implicit (indirect) examples of the steps were identified throughout the series. Additionally, this analysis also brought a refinement to revised stigma process proposed in this dissertation that accounts for the descriptive and explanatory role that labels can play, not only in fictional environments like those of Anita Blake but, more importantly, in real-life health-related contexts. The final section of this chapter examines the last external component of the occurrence of health-related stigma: the differential and potentially discriminatory responses to 'Othered' characters by the medical, legal and social infrastructures present within that fictional environment.

Identifying Medical, Legal and Social Stigma: Differential and Discriminatory Responses to Lycanthropes and Vampires in the Anita Blake Series

The analysis of stigma infrastructure present in the *Anita Blake* series begins with the identification of enacted stigma. According to Emlet (2006) and Green & Platt (1997), enacted stigma refers to the formal or informal sanctions, such as discrimination or prejudice, that are

applied individually or collectively to a stigmatized group. This category of stigma includes structural stigma – the formal sanctions applied to stigmatized individuals and groups by societal institutions such as in law and medicine – as well as public stigma – the informal sanctions applied to the stigmatized by non-governmental organizations and individuals. Like much of the stigma process, these sub-categories of stigma do not operate in a silo; it is, after all, people – individually and collectively – who pass legislation, conduct medical procedures, and put policies into practice. Anita calls attention to this relationship in her discussion with FBI Agent Manning

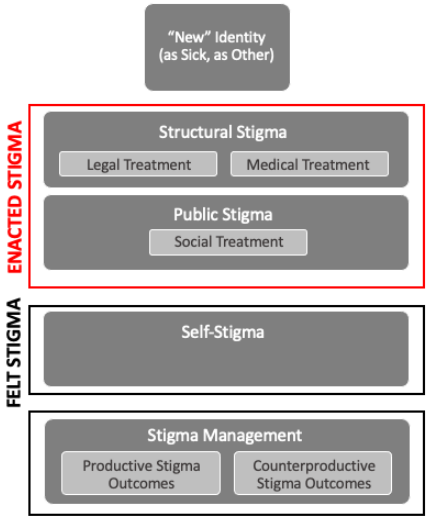

Figure 6 - The components of enacted stigma [Snapshot from the health-related stigma process]

> *[Agent Manning] "Vampires are legal citizens now, with all the rights that entails," she said.*
> *[Anita] "Legally, yeah, but prejudice doesn't just go away because a law changes."*
> *[Agent Manning] "You're right about that,"*
> *[…]*
>
> - *Dead Ice*, p.5

It should therefore be recognized that the social treatment of a group influences their medical and legal treatment just as medical and legal policies and practices targeting a group will undoubtedly influence social perceptions of those groups.

As this research is premised on the assumption that it is one's medical status as 'infected', as either vampire, lycanthrope or in the case of Anita Blake as a vampire-lycanthrope hybrid, that kick starts the stigma process, the next section examines, first, how vampires and lycanthropes are treated by medicine and the medical profession. Then, it considers the treatment of vampires and

lycanthropes by the legal and criminal justice systems and, lastly, it details public stigma and the reactions of everyday people to these stigmatized groups.

Enacted Stigma: How Medicine and the Legal System Treat Vampires and Lycanthropes in the Anita Blake series

As discussed previously, once a person is infected with vampirism or lycanthropy, they experience physical and physiological changes that differentiates them from an uninfected person. The side effects – or symptoms – of both vampirism and lycanthropy coupled with the possibility of transmission of the two conditions means that preventative measures are taken by the uninfected when interacting with the infected and vice-versa. This includes wearing double gloves when providing medical assistance to someone with lycanthropy to prevent its transmission (see e.g. *Hit List*, p.146).

Countless other examples of differential, preventative medical and legal measures rooted in a lycanthrope's or vampire's physical and physiological symptoms can be found in the *Anita Blake* series. These include using silver bullets rather than lead bullets because werewolves are "allergic" to silver (*The Lunatic Cafe*, p.21; *Wounded*, p.1-2)[42]; physical restraining all known or suspected lycanthropes who are detained for questioning or under arrest (see e.g. *Cerulean Sins*, p.254); and executing vampires because they cannot be held in prison due, in part, to their physiological ability to cloud minds and escape.[43] This also means that there is "no such thing as a life sentence for a vamp" (*The Laughing Corpse*, p.104), and that a plea of insanity – or as it is

[42] Here, the author incorporates familiar lore with regards to werewolves – that they can be harmed by silver – using medical terminology, which further supports a reading of lycanthropy using a medical lens.
[43] In later novels, a change in the law occurs that eliminates a three strikes policy for misdemeanours and allows vampires to be jailed instead of executed (*Dead Ice*, p. 19)

referred to in Canada, of not criminally responsible for reason of mental disorder – is not available to vampires (*Narcissus in Chains*, p.175).

These measures are, ultimately, the outcome of the stigma process. Recognizing an individual as different ('infected'), labelling them as such, perhaps stereotyping them (i.e. all lycanthropes are dangerous or all vampires will use mind tricks), and separating 'them' from 'us' results in a status loss and the generation of a new identity as sick/Other. This, in turn, allows for the implementation of differential treatment. This differential treatment, however, does not in and of itself necessarily rise to the level of structural stigma; rather, some preventative measures are justifiable in order to prevent the transmission of disease or to account for its symptoms. With regards to vampires, for example, Anita explains that attempts have been made to imprison them, but when tried have failed to adequately do so.[44]

Other mechanisms have also been proposed throughout the series as an alternative to executing vampires, including "cutting off their arms and legs" or "chain[ing them] to a gurney with holy objects", but both were deemed to be "cruel and unusual" (*Bloody Bones*, p.36-37; *Skin Trade*, p.473). That there has been some consideration given in the *Anita Blake* series to a variety of structural responses to vampirism and lycanthropy suggests that while this treatment may be discriminate in that it recognizes a difference between those infected and those uninfected – or those with a transmissible disease and those without – they are not in and of themselves unjust, discriminatory or prejudicial despite being rooted in a person's medical status. Rather, analogies can be made to how condom use or wearing gloves are necessary tools to help prevent the

[44] With regards to the imprisonment of vampires, Anita notes that

> *California tried, but one master vampire got loose. He killed twenty-five people in a one-night bloodbath. He didn't feed, he just killed. Guess he was pissed about being locked up. They'd put crosses over the doors and on the guards. Crosses don't work once a master vampire has convinced you to take them off.*
>
> - *The Laughing Corpse, p.104-105*

transmission of HIV/AIDS from a seropositive person to a seronegative person. Although there are certainly other risks and consequences associated with unprotected sexual activity, if both parties are seronegative, then there is no risk of HIV transmission and, arguably, no need to use a condom.

Differential medical or legal treatment will, therefore, amount to structural stigma if it involves policies or practices that would be unjustified and unacceptable if applied to an individual or group without the disease or illness:

> *[Anita] "Frankly, I think putting [vampires] in cross-wrapped coffins for a while would keep them safe and out of the way, but that was considered cruel and unusual, too."*
> *[Sergeant Hooper, Los Angeles SWAT] "If they were human, it wouldn't be."*
> *[Anita] "If they were human, we wouldn't be talking about putting them in a little box and shoving them in a hole somewhere. If they were human, we wouldn't be allowed to chain them to a gurney and remove their hearts and heads. If they were human, we'd be out of a job."*
>
> *- Skin Trade, p.473*

For the purpose of the analysis conducted in this dissertation, if the medical and legal policies and practices applied to lycanthropes and vampires are unjustifiable *and* unacceptable, then they will constitute structural stigma. The occurrence of structural stigma will be further explored in the next section.

Structural Stigma in the Law and Medicine: Unjust Policies and Practices Targeting Vampires and Lycanthropes

When the *Anita Blake* series begins, vampires have only recently regained the legal citizenship that they had prior to becoming 'infected' and undead. This new status problematizes and raises questions in other areas of law, including wills and estates, criminal law, and family law *(Guilty Pleasures,* p.3*)*. It also takes time for vampires to regain all of the legal rights that they

held before they became 'infected'.[45] Eventually, however, some U.S. cities like Michigan end up with a vampire mayor (*Burnt Offerings*).

Criminal law is arguably the area of law most commonly referred to in the series[46], and therefore the area that evolves the most. Prior to vampires gaining legal citizenship status, it was permissible to kill one on sight; by the third novel in the series, which takes place approximately two years after the landmark legal ruling, it had to be proven that a vampire was "a danger to society, which meant you had to wait for the vampire to kill people" before a warrant of execution could be issued (*Circus of the Damned*, p.3). This change in law demonstrates that a change in the understanding of the symptoms of vampirism has also taken place – that is, that being a vampire does not automatically make a person dangerous. Rather, as Anita notes, "[a] vampire was a person once. Just being dead doesn't cure you of any problems you had as a live human being" (*Bloody Bones*, p.50). By extension, just being a vampire doesn't cause any problems that a person didn't have as a human being.

While the legal treatment of vampires improves – at least on paper – lycanthropes, on the other hand, are frequently discriminated against by the legal system. Varmint laws, for example, allow one person to shoot another on sight without reprisal "as long as later a blood test proves they were lycanthropes" *(Obsidian Butterfly*, p.3; *Flirt*, p.16). Although the number of states where this is permitted reduces over time, and is generally isolated to "rancher-run" (*Obsidian Butterfly*, p.3) or "Western" (*Serpentine*, p.13) states, such laws persist throughout the entire series. Additionally, when travelling internationally to some countries, people infected with lycanthropy are required to carry a medical alert card in addition to a passport that identifies them as a carrier

[45] In the second novel, for example, Anita explains that "[t]here was even a movement to give the vamps the vote. Taxation without representation and all that" (*The Laughing Corpse*, p.11).
[46] This is likely because Anita is an active member of the law enforcement system, first as a consultant and licensed vampire executioner and later as a federal marshal with the preternatural branch of the marshal service

of the disease, as if they were "something hauling dangerous freight across the world" (*Crimson Death,* p. 378).

That lycanthropes and vampires are treated legally as dangerous to varying extents throughout the series parallels how they are treated by the medical profession. Vampire victims are brought to a special vault room at the old St. Louis City Hospital (*Circus of the Damned*, p.125) and many hospitals have an isolation ward, a floor that is "kept for lycanthropes, vamps, and other preternatural citizens. Anything they thought might be *dangerous*" (*Burnt Offerings*, p.24-25, emphasis added). This is not unlike how transmissible, infectious diseases are managed in real-life hospital settings, when the infected are separated from the uninfected. Where such treatment differs, however, and crosses the line into stigma can be observed in the *Anita Blake* series is in the context of government 'safe' houses.

The stated purpose of government safe houses or "shapeshifter halfway houses" (*The Killing Dance*, p.388) is to provide a place where new lycanthropes can learn to control their disease and its symptoms without hurting others. However, "[t]he reality was that once you were signed in, voluntarily or otherwise, you almost never got out" *(Cerulean Sins*, p.266). It is, perhaps, not surprising that these fictional facilities in are being challenged by a fictional ACLU (*Cerulean Sins*, p.266) – not only are they unconstitutional, as is argued in the novels, but the same treatment of non-preternatural citizens, and therefore other medical conditions, would not be tolerated.

A Furry Line: What Makes A Practice or Policy Structural Stigma

An analysis of the medical and legal treatment of preternatural characters and character groups in the *Anita Blake* series who can be read as living with a transmissible disease – either lycanthropy, vampirism, or both – finds that those characters and character groups are faced with

two types of practices and policies. The first is *differential* medical and legal treatment where policies and practices are rooted in and justified by scientific knowledge of the medical condition and its symptoms. Some examples of these include wearing double gloves when treating someone with lycanthropy in order to prevent the person-to-person transmission of the virus as well as executing rather than holding vampires in prison over a long period of time due to their ability to use mind tricks to control others and escape. The second type of medical and legal treatment that was identified is that which is *discriminatory*. While this type of treatment is rooted in the stigma process, it is not supported by scientific facts or knowledge. Instead, this treatment is based on stereotypes, such as the belief that a character or character group is dangerous because of their medical status.

Another important distinction between differential treatment and discriminatory treatment is that the former evolves alongside the scientific understanding of a medical condition. Changes to the requirements for issuing a warrant of execution are an example of this. In contrast, discriminatory treatment, such as the existence and use of shapeshifter halfway houses, must be challenged externally from the institutions that enable and implement it in order to see change in the policy or practice.

The findings of this analysis suggest that a further revision to the mapping of health-related stigma is needed. In particular, the model found in Figure 3 above should be modified to reflect not only the distinction between labelling as description/explanation and labelling as stereotyping noted in the previous section, but as well the distinction between differential and discriminatory treatment. Similar conclusions are reached in relation to the second type of enacted stigma – public stigma – discussed next.

Public Stigma: The Reactions of Everyday People and Organizations

As discussed above in the context of the medical and legal treatment of lycanthropes and vampires, not all forms of differential treatment meet the threshold for stigma. Rather, some forms of differential treatment are justifiable when they are based on facts and scientific understanding of the medical conditions and their resulting symptoms rather than stereotypes. In the context of the *Anita Blake* series, some social precautions fall into this category and are, arguably, necessary when interacting with vampires and lycanthropes. This includes avoiding eye contact with vampires, because they have the ability to bespell humans as well as lycanthropes with their gaze (see e.g., *Guilty Pleasures*, p.1). Like with medical and legal treatment, the social treatment of vampires and lycanthropes will amount to public stigma if it involves policies or practices that would be unacceptable and unjustifiable if they were applied to an individual or group without the disease or illness.

In a health-related context, public stigma occurs when "the general public endorses stereotypes about disease and disability and then discriminates against [those living with it]" (Jones & Corrigan, 2014, p.18) or those who are perceived to have it. Public stigma encompasses a wide variety of behaviours, including the fear of contagion, employment discrimination, rejection, blaming and shaming, and double-stigma.[47] However, like many other aspects of the stigma process, it can be difficult to isolate these behaviours (see e.g., Emlet, 2006). As will be demonstrated next, in the context of the *Anita Blake* series, the fear of contagion and employment discrimination frequently co-occur, as do rejection, blaming and shaming. In addition, a further category of public stigma – fascination – is also identified in the series. Double-stigma is not

[47] For a definition of each of these types of behaviour, see Table 3 above.

discussed in this analysis as it would require an in-depth study of how other stigmas (i.e. gender, race) are portrayed in the series.

The Root of All Other Stigmatizing Behaviours: The Relationship between Fear of Contagion and Employment Discrimination

Fear of contagion underpins many, if not all, public stigma behaviours that emerge in the *Anita Blake* series. Among others, it is connected to employment discrimination and functions as grounds for dismissal in many professions. For lycanthropes, this includes food preparation (see e.g., Peggy Smitz, butcher and werewolf, *The Lunatic Cafe*, p.3; Henry and Nilisha McNair, restaurant owners and werecobras, *Narcissus in Chains*, p.332), education (see e.g., Richard Zeeman, high school teacher and werewolf, *Bloody Bones*, p.13; Louie Fane, university professor and wererat, *The Lunatic Cafe*, p.68), medicine (see e.g., Marcus, doctor and werewolf, *The Lunatic Cafe*, p. 71-72; Andy Talbot, medical student and weredog, *Narcissus in Chains*, p.331; Rebecca Morton, chiropractor and werebear, *Narcissus in Chains*, p.333; Cherry, nurse and wereleopard, *Blue Moon*, p. 23-24), and the military and law enforcement (see e.g., Socrates, detective and werehyena, *Dead Ice*, p.37). These examples of employment discrimination are linked, in part, to misconceptions regarding how the medical conditions can be transmitted

As discussed above, generally lycanthropy is only transmissible when, in their animal form, an infected person scratches or bites an uninfected person. And yet, many uninfected individuals fear coming into contact with lycanthropes, whether they are in human or animal form. Even Rosita, the wife of one of Anita's mentors, was afraid of shaking Nathaniel and Micah's hands when she first met them "because she thought she could catch lycanthropy from just touching [them]" (*Wounded*, p. 16-17). Reference is also made to a fictional civil law case in the U.S. where

a dentist in Texas was being sued by a patient who accused him of giving her lycanthropy. While Anita acknowledges that this is "[n]onsense", she notes that "the case hadn't been thrown out. People didn't have a lot of sympathy for fur balls treating their kid's sparkling teeth" (*The Lunatic Cafe*, p.71-72). Whether intentional or unintentional, this fictional case echoes the real-life case of the dentist from Florida who was accused of transmitting HIV to his patients and the subsequent public push for the imposition of HIV testing and disclosure requirements on medical workers (Altman, 1993). Finally, fear of contagion is especially pronounced if a known or suspected lycanthrope is injured or bleeding, as lycanthropy is treated like a blood-borne disease (for such treatment by Anita, see e.g., *The Lunatic Cafe*, p.183; for such treatment by law enforcement officials, see e.g., *The Lunatic Cafe*, p.325).

While vampires also face employment discrimination, there are only a few examples that emerge throughout the series (see e.g., Dave, owner of the bar *Dead Dave's*, who lost his job as a police officer when he became a vampire, *Guilty Pleasures, p.117)*. This is likely because public knowledge surrounding the transmission and cause of vampirism is fairly high and because of the prominent place of vampire rights within the legal framework of the series. Vampires nevertheless experience other types of public stigma behaviour, including rejection and blaming and shaming, which will be discussed next.

Religious and Social Persecution: The Rejection, Blaming and Shaming of Vampires and Lycanthropes

Several civil society organizations actively reject both vampires and lycanthropes. Among these groups include the Catholic church which, as Jean-Claude points out, "has declared all vampires as suicides", automatically damning all vampires (*The Laughing Corpse*, p.194). Thus, whether a person voluntarily chooses to become a vampire or survives an attack, their existence is

denied by the Catholic church. Other groups also justify the exclusion and often the elimination of vampires and vampire sympathizers. These include anti-vampire lobby groups like Humans Against Vampires and Humans First (see e.g., *Guilty Pleasures,* p. 182-183; *The Circus of the Damned,* p.2-3) who use the rejection of vampires is used to support physical discriminatory acts including the execution of vampires and vampire sympathizers.

Individual characters also engage in public stigma behaviour towards both lycanthropes and vampires throughout the series. For example, several characters express disgust at the idea of touching or being touched by a vampire intimately (see e.g., Wheelchair Wanda, a prostitute, *The Laughing Corpse,* p.200; Sheriff St. John, *Bloody Bones*, p.88; Ellen, Richard's fiancé, *Shutdown*) and state that they cannot love a monster (see e.g., Micah's ex-girlfriend, *Micah*, p.110; Richard regarding Anita, *Cerulean Sins*, p.8). Others simply reject vampirism as a "lifestyle" and refuse to acknowledge that someone would willing become a vampire (see e.g., *Bloody Bones*, p.88-89) or choose to marry one (see e.g., *Sucker Punch*, p.114). In addition, several characters express disgust and fear of contracting the diseases. For example, in early novels, Anita Blake states that she would "rather be dead than have pointy teeth" when discussing vampirism (*Circus of the Damned*, p.180) and that she'd be "better dead than furry" in the context of lycanthropy (*Guilty Pleasures*, p. 52).

While all forms of public stigma behaviour are potentially harmful to the character or character group being stigmatized, it is usually when individuals with power and direct impact on structural institutions such as the law and the legal system engage in such behaviour that the physical effects of harm are most pronounced and visible.[48] A notable example of this can be found

[48] The exception is the novel *Burnt Offerings*, which centres around a plot led by the anti-vampire lobby group *Humans First* to recreate the vampire-equivalent of the Holocaust. As Dolph explains, "[n]early every vampire-owned business or house in the city was hit about the same time this morning. They fire-bombed the Church of Eternal Life, and we've had-on-one hits on non-vamps all over the city" (p.249). This included The Leather Den, "the only bar in the country… that was a hangout for sadomasochistic gay men who happened to be shapeshifters" (p.251).

in the supporting character of Rudolph 'Dolph' Storr, who is the head of the Regional Preternatural Investigation Team – a sort of preternatural crime task force – of the St. Louis Police Department.

Although a recurring presence in the series from the first novel, Dolph's view of vampires as different-from or lesser-than humans starts to emerge when he admits that "[it] never occurred to [him] that a vampire could be someone's nearest and dearest" (*Bloody Bones*, p.34-35). Thus, despite their status as legal citizens, a senior law enforcement official responsible for investigating vampire-related crime does not see vampires as equal to non-vampires. While this may seem trivial, in the next novel, Dolph also refers to the killing of lycanthropes as "poaching" (*The Killing Dance*, p.175), dehumanizing another group of preternatural citizens by reducing them to animals.

Dolph becomes increasingly distrustful of Anita when it becomes public knowledge that she is dating Jean-Claude, the Master Vampire of St. Louis (see e.g., *The Killing Dance*, p.189-194; *Burnt Offerings*, p.39) and several other preternatural characters (*Incubus Dreams*, p.17-19). Then, his eldest son announces that he is engaged to a vampire, and Dolph is distraught because his daughter-in-law is "[a] walking corpse… and you can't get grandchildren from a corpse" *(Narcissus in Chains*, p.319). The final nail in the coffin – no pun intended – is when Dolph learns that his daughter-in-law wants "to bring [his son] over, so he'd be twenty-five forever" (*Cerulean Sins*, p.265). Following this revelation, Dolph's behaviour towards preternatural characters and groups changes drastically. Among other incidents, Dolph physically drags Anita through a gruesome murder scene in front of other officers, yelling that "one of [her] friends" committed the crime *(Cerulean Sins*, p.132-136) and, during a recorded interview he questions whether vampires should have rights because "[t]hey are fucking corpses that don't have enough sense to stay in their godforsaken graves" (*Cerulean Sins*, p.263) and agrees that Jason Schuyler should be "[l]ocked

up just because he's a werewolf" (*Cerulean Sins*, p.266). This jeopardizes his career and the work of the St. Louis Regional Preternatural Investigation Team (*Cerulean Sins*, p.267).

It is only after much therapy, a reconciliation with his son, who decides *not* to become a vampire, and "long talks with the local vampires, especially one ex-cop named Dave" (*Kiss The Dead*, p.10) that Dolph is able to put his hatred and distrust towards vampires and lycanthropes aside and stop his discriminatory behaviour. While Dolph is not the only law enforcement official that Anita encounters with a prejudice against vampires, lycanthropes and other preternatural character groups, he is the only one with whom Anita (and the audience) has a long-term relationship and, importantly, the only one who changes. As such, Dolph provides an opportunity to showcase a full spectrum of public stigma behaviours, to understand their impact when they involve a person in a position of power, and to see how a person can learn and stop engaging in discriminatory behaviour.

In addition to characters who discriminate against preternatural character groups and those who view them as the same as non-preternatural characters, there are those who revere and are fascinated by them. This final type of public stigma behaviour will be examined next.

Fascination and Circus Freaks: When Different isn't Always a Bad Thing

"Exceptional bodies", as they were referred to by Turner (2006, p.2), were once treated as 'freaks' – variations of conjoined twins, the Elephant Man, and the Bearded Woman all appeared in carnivals and travelling fairs, where they could be gawked at and observed. In the *Anita Blake* series, the Circus of the Damned is akin to a modern day freak show, with posters advertising the preternatural characters – vampires, lamias, fairies, animators, and lycanthropes, among others – who work there as entertainers (see e.g., *Serpentine*, p.46-47). Zeke, one of the entertainers who is

a lycanthrope stuck in animal form that reads poetry, had "become an Internet sensation, and then there'd been that late-night show appearance, and suddenly Professor Wolf was one of [the] star attractions" (*Serpentine*, p.46).

These acts, and others, ensure that the Circus is thriving, so much so that there is discussion about buying a secondary parking lot and customer shuttle (*Serpentine*, p.48). The fascination that non-preternatural citizens exhibit towards those who are preternatural is further demonstrated by the success of many other vampire-run businesses in St. Louis as well as in Las Vegas. This includes Guilty Pleasures, described as "the world's only vampire strip club" (*Guilty Pleasures, p.12*), and The Laughing Corpse, a comedy club that features performances by vampires and zombies. As Anita points outs,

> *Whatever else you can say about vampires, they are fascinating. It went with the job description, like drinking blood and working nights.*
>
> - *Guilty Pleasures, p.20*

The success of these vampire-run businesses will be discussed further in Chapter 5. Ultimately, these businesses are not only an example of the act of fascination targeting vampires but also how that act can generate productive outcomes for that group.

A further type of fascination that emerges in the *Anita Blake* series merits discussion, for it leads to counterproductive stigma outcomes. In particular, some characters are confronted with a type of fascination behaviour that dehumanizes and endangers them, such as when lycanthropes are hunted illegally for trophies by non-preternatural citizens (see e.g. *The Lunatic Cafe*). Other characters also experience dehumanizing behaviour when they are treated as sexual objects because of their medical condition. Nathaniel and Jason, for example, explain how a specific type of clientele from the strip club aggressively propositions those with lycanthropy for sex. These clients assume that since "we were animals and wouldn't be able to resist our baser urges […] we

can't say no, or don't have the right to say no" (*Flirt*, p.35). The dehumanization that lycanthropes experience because of fascination amounts to discrimination and can lead to self-stigma and generate counterproductive stigma outcomes. This will be further discussed in Chapter 5.

Discrimination: A Far More Likely Behaviour When It Pertains to the Social Treatment of Vampires, Lycanthropes and Anita Blake

As predicted, when it comes to the social treatment of preternatural characters living with a transmissible, infectious disease in the *Anita Blake* series, two overarching categories of behaviour emerged: differential treatment and discriminatory treatment. There are, however, far fewer instances of purely differential, and therefore justifiable and acceptable, social treatment when compared to the same categories of medical and legal treatment of those groups. One such example is avoiding a vampire's gaze because they have the ability to bespell lycanthropes as well as non-preternatural character groups. Instead, the majority of acts that were identified as public stigma behaviour fell into the category of discrimination. They are not grounded in scientific facts or medical knowledge, but rather are based on misconceptions and stereotypes of the medical conditions and their resulting symptoms. Examples of this include employment discrimination, religious persecution, and the blaming, shaming and rejection of individual characters as well as character groups.

Furthermore, many instances of discrimination occurred between groups and characters of equal power or with no direct relationship. However, the presence and evolution of the character of Rudolph 'Dolph' Storr, head of the St. Louis Police Department's preternatural crime task force provides an opportunity to showcase a full spectrum of public stigma behaviours, for understanding their impact – especially when they involve a person in a position of power who is

responsible for implementing formal institutional policies and practices – and seeing how a person can change and stop engaging in discriminatory behaviour.

In addition, fascination was identified as a new form of public stigma behaviour not accounted for in the typology of HIV/AIDS-related stigma that emerged in Chapter 1 of this dissertation. While not present in contemporary typologies of HIV/AIDS-related stigma, fascination dates back to earlier understandings of disease, disability and, by extension, 'monstrosity' and abnormal bodies when travelling circuses and freak shows included conjoined twins, bearded ladies and Elephant man-like individuals. In the *Anita Blake* series, the successful Circus of the Damned marks a resurgence in the voyeurism associated with medical conditions, including those living with transmissible, infectious diseases. That many vampire-run businesses thrive in the *Anita Blake* series demonstrates the productive stigma outcomes that can be generated because of voyeurism. Other characters, however, experience fascination in a way which is counterproductive, such as when lycanthropes are reduced to their animal form, justifying the removal of their fundamental human rights.

The outcome of the analysis of the occurrence of public stigma behaviours in the *Anita Blake* series vis-à-vis preternatural characters living with a medical condition supports a further revision to the mapping of health-related stigma. In particular, like with the medical and legal treatment of those living with vampirism and lycanthropy, the social treatment of these characters and character groups notes a distinction between differential treatment and discriminatory treatment, where the former is justifiable because it is rooted in scientific facts and medical knowledge and the latter is neither. In addition, the emergence of fascination as a social response to vampires, lycanthropes and other preternatural characters demonstrates how a behaviour can be

both differential and discriminatory. Often, whether fascination falls into one category or another will depend on whether it is applied at a collective level rather than an individual one.

Key Findings: The Requirements of a Productive Learning Environment and a Refinement to the Alternative Model of Health-Related Stigma

It has long been established that popular culture can function as an environment for the dissemination of information and for learning (Bandura, 1976; Gerbner & Gross, 1976). Among other enabling factors, popular culture allows audiences to establish and build relationships with and via characters on-screen and in-text, vicariously experiencing the events that they encounter and the emotions that they feel (Horton & Wohl, 1956). As such, popular culture may provide audiences with the opportunity to interact with and encounter identity-related groups that they may not otherwise 'meet'.

In the context of health-related matters, the narratives found in popular culture have, traditionally, fallen short. When it comes to transmissible and infectious diseases like HIV/AIDS that are frequently co-related to sensitive and controversial topics such as safe sex, drug use and non-heterosexuality, these topics are often omitted or oversimplified (see e.g. Ratzan et al., 1994; Watney, 1997; Hart, 2002; Waites, 2006; Murray, 2011). This, in turn, can perpetuate harmful stereotypes as well as misinformation and undermine public health information efforts.

Monster narratives can change this, for the monster and the monstrous have, too, long been associated with illness and disease – as well as deviance and other sensitive and controversial topics. The zombie, for example, has been frequently linked with outbreak narratives and the rapid spread of a global pandemic (see e.g. Zimmerman & Mason, 2017) and has spilled into real-world medical environments and discussions (see e.g. Stanley, 2011; Gomez-Temesion, 2018). However,

the presence of metaphors generally (Sontag, 1991), and monster metaphors in particular (see e.g., Behuniak, 2011), in a medical context has been met with criticism. This is because metaphors impose meaning and may influence how 'monstrous' patients or patients living with a 'monstrous' illness or disease are perceived and treated, and how they see themselves. In addition, the zombie and outbreak narratives are of limited use when a disease or illness, like HIV/AIDS, does not fit or no longer fits the formula of an outbreak (Wald, 2008).

This dissertation therefore suggests that other monster narratives can provide more complete information to audiences about disease and illness and better account for the experience of those living with a chronic, transmissible disease and illness. In particular, it argues that when vampire and werewolf/lycanthrope narratives are framed with realistic medical, legal, and socio-cultural systems, they have the unique potential to humanize the so-called AIDS monster, in addition to those living with chronic, transmissible illness and disease more broadly, by challenging existing narratives surrounding these medical conditions and the counterproductive stigma outcomes that result from them.

To better understand how this occurs, this chapter examined the *Anita Blake, Vampire Hunter* series and its complex and carefully constructed legal, medical, scientific and social system to identify what infrastructure needs to be present in vampire and werewolf narratives to fully account for the stigma experience of people living with a chronic infectious disease such as HIV/AIDS. This analysis was premised on an alternative model of the process of stigma, adapted from Link & Phelan (2001), and a typology of health-related stigma behaviours derived from the scholarly literature on health-related and HIV/AIDS-related stigma. In particular, it considered, first, how the diagnosis of illness or disease was framed in the series; second, how the steps in the alternative model of the stigma process unfolded; and, finally, how enacted stigma behaviours

targeting those living with vampirism and lycanthropy occurred. In so doing, this case study of the *Anita Blake* series also functioned as an opportunity to test the alternative model of the stigma process proposed in Chapter 1 of this dissertation, depicted in Figure 7.

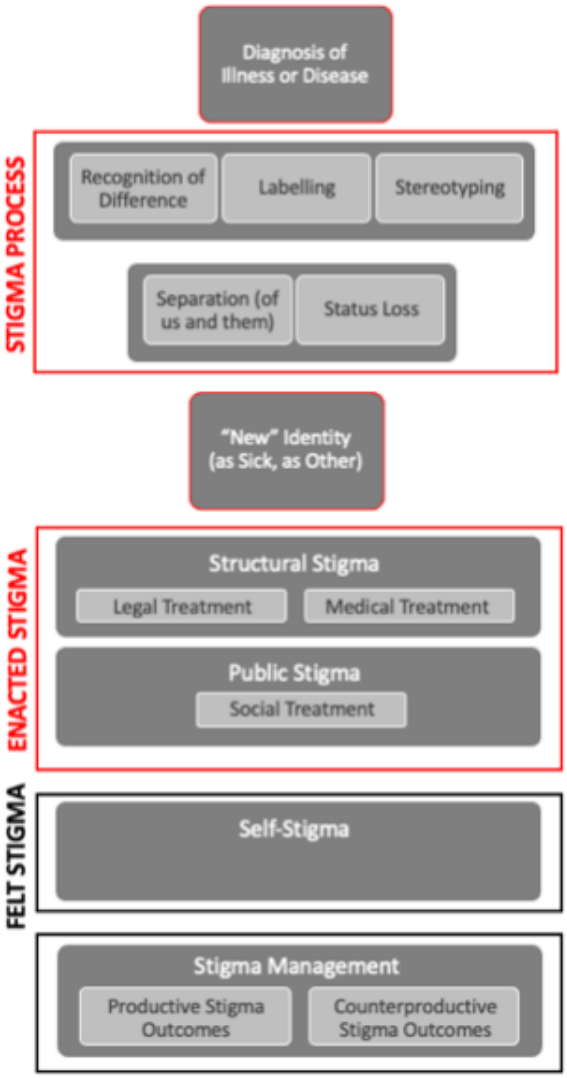

Figure 7 - Health-related stigma, from start to finish [Reproduced]

Three key findings emerged from the analysis conducted in this chapter. First, in order to create a productive learning environment for understanding chronic, transmissible illness and disease, monster narratives must use health-related indicators to link 'monstrous' conditions with the diagnosis of illness or disease. Ultimately, while it is possible to read *Anita Blake* from a variety of lenses, the application of a health-related lens is supported by explicit and implicit references to disease and illness throughout the series. Lycanthropes, for example, are positioned explicitly from the outset of the series as diseased through comparisons to real-life transmissible diseases, by discussing the medical treatment of lycanthropy and by explaining the birth defects that can arise with mother-to-child transmission. Vampirism, on the other hand, takes much longer to be explicitly recognized as a transmissible medical condition. Instead, it is the presence of implicit indicators such as medicalized language and an emphasis on sexual contact

and the law of consent that allow for a reading of vampires and vampirism as a transmissible, infectious disease akin to HIV/AIDS.

The second key finding is that monster narratives must account for all of the steps in the stigma process. Within the world of Anita Blake, it is a character's 'diagnosis' as a vampire or lycanthrope – in other words, as diseased or 'ill' – that launches the stigma process. From here, it was possible to identify examples of each step in the stigma process, many of which occurred concurrently. It is important to note, however, that on several occasions, the stigma process was not completed. In addition, instead of leading to the act of stereotyping, several instances of labelling were also found to fulfill the role of explanation or description, an important aspect of the world-building that must occur in fictional narratives – but also an important step in medicine. When this occurred, labelling was neutral rather than pejorative. This conclusion points to the need for further refinement of the alternative model of the stigma process proposed in Chapter 1 of this dissertation.

The third key finding pertaining to the fictional depiction of health-related narratives is that a productive learning environment requires the presence of a variety of differential and potentially discriminatory responses to 'Othered' characters by the medical, legal and social systems present within the fictional world. Building on the determination that labelling does not always lead to stereotyping but can instead fulfill an informative and explanatory role, an analysis of the structural and public stigma that arises in the *Anita Blake* series found that some policies, practices and behaviours did not meet the threshold for discrimination. Rather, when supported by scientific facts and medical knowledge – as opposed to stereotypes and misconceptions of the disease and its symptoms – these so-called stigma behaviours are *differential* not *discriminatory*. Furthermore, the series also draws attention to changes in the medical, legal, and social treatment of vampires

and lycanthropes by society as well as by individuals. While differential treatment evolves internal to organizations as the scientific understanding of vampirism and lycanthropy deepen, changes to discriminatory treatment require external intervention and the elimination of stereotypes and misconceptions.

In addition to the findings directly related to mediated learning environments, the analysis conducted in this chapter also points towards two major revisions to the alternative model of the stigma process and the typology of health-related stigma proposed in Chapter 1 of this dissertation. In particular, as illustrated in Figure 8, an alternative model of health-related stigma which must recognize, first, that labelling can be either neutral for the purpose of information and explanation or pejorative for the purpose of stereotyping. Second, that when the stigma process branches off into that informative or explanatory role, it leads to differential treatment rather than discriminatory treatment because any distinction made between an infected and uninfected person is rooted in scientific fact and medical knowledge, and differential treatment is implemented to curb the spread of an infectious disease. In contrast, when the stigma process branches off into stereotyping, any distincton made

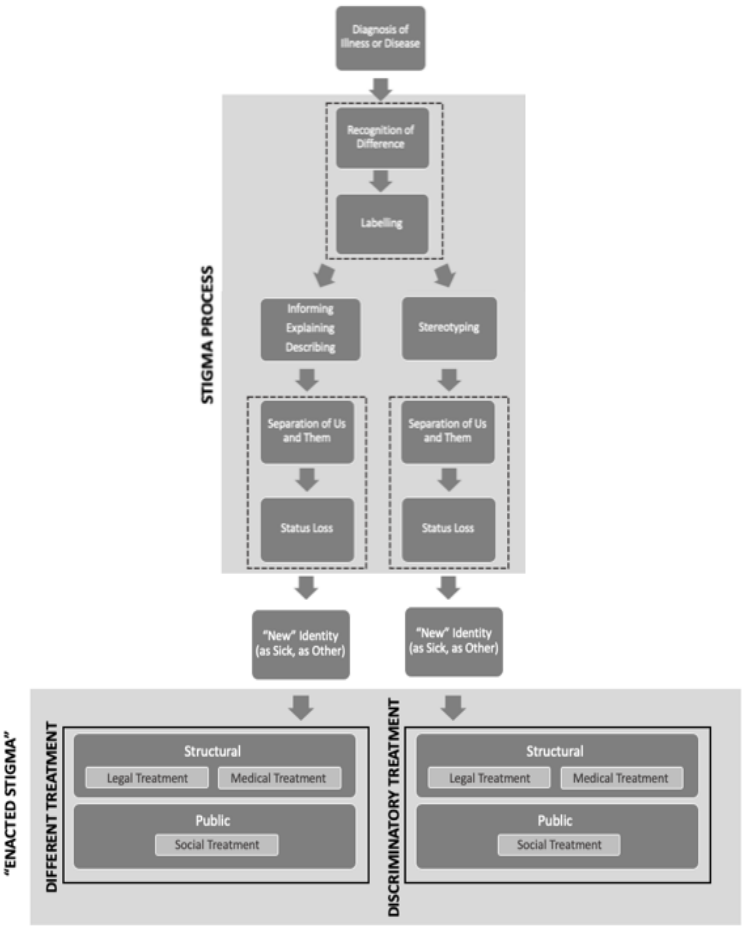

Figure 8 – Health-related Stigma: Update

between an uninfected and infected person is rooted in misconceptions about the disease and its symptoms, and results in discriminatory treatment.

But, health-related stigma does not stop there! In addition to enacted stigma, existing literature on HIV/AIDS-related and health-related stigma more broadly, points to a second overarching type of stigma – felt stigma – which encompasses self-stigma, how a group or individual internalizes the stigma that has been applied to them, and stigma management, how they respond to it. Chapter 5 therefore examines the occurrence of self-stigma and stigma management practices in the *Anita Blake* series in order to understand what stigma outcomes can be generated when the full stigma experience of those living with a transmissible, chronic disease is accounted for in popular culture narratives.

Chapter 5 – Showcasing 'Monsters' in their Full Humanity: What the Anita Blake: Vampire Hunter Series Can Teach Us About Felt Stigma

> *Some well-meaning citizens had gotten freak shows closed down, but all the people who had protested and felt morally superior about it had other jobs. They can go out into the world and be "normal"; the "freaks" that they'd put out of work didn't always have that option. Sometimes the freak show is your only option, and sometimes it's the only place where you feel safe and okay.*
>
> - *Dead Ice*, p.36

As has been established in Chapter 4, the *Anita Blake, Vampire Hunter* series contains the medical, legal, and socio-cultural infrastructure needed to foster a productive learning environment that accounts for the stigma experienced by people living with a chronic, infectious disease like HIV/AIDS. First, the complex and nuanced narratives contained within the series include a combination of implicit and explicit references to chronic, transmissible diseases. The series also regularly uses medical language and imagery that pertains to various stages of disease progression, including infection, transmission, treatment and prevention. The presence of such health-related indicators in the context of vampires and lycanthropes allows for a reading of the two conditions as transmissible, infectious diseases.

Second, the *Anita Blake* series includes all of the steps identified in the alternative model of the process of stigma, adapted from Link & Phelan (2001), that was proposed in Chapter 1 of this dissertation. In particular, once characters are diagnosed with vampirism or lycanthropy – or in the case of Anita Blake, with both – the stigma process begins to unfold. This is experienced and observed by the characters within the novels, and therefore by the audience as well. The stigma process begins with the recognition and labelling of difference, whether that be to explain and describe the symptoms of disease or to stereotype them. From here, the infected (those with lycanthropy and/or vampirism) are figuratively and sometimes literally separated from the

uninfected (those without the diseases), lose their status as human, and gain a new identity as a 'sick', monstrous Other.

It is the generation of this new identity that permits the occurrence of the third and final type of infrastructure needed to foster a productive learning environment for better understanding health-related stigma: the occurrence and juxtaposition of differential and discriminatory responses to 'Othered' characters by the medical, legal and socio-cultural systems present within the series. In particular, throughout the *Anita Blake* series various types of behaviour were identified that aim to either manage or discriminate against those living with lycanthropy or vampirism. While some of the behaviours are based on scientific facts and established knowledge about the medical conditions and therefore are differential but justifiable, others are rooted in misperceptions and stereotypes and therefore are discriminatory and unjust. Ultimately, the inclusion of both categories of behaviour provides the audience with an opportunity to experience and observe a spectrum of stigmatizing behaviours that people living with chronic, infectious diseases encounter in their everyday life. The presence of the stigma-related infrastructure identified in this dissertation also helps the audience understand the relationship between the steps in the stigma process and how they can lead to differential and/or discriminatory treatment.

Furthermore, as demonstrated through the analysis conducted in the previous chapter, the monster metaphor and the imaginary world found within the *Anita Blake* series provide a safe space for re-thinking our understanding of stigma and how it occurs in a health-related context. Its fictional narrative, which is rooted in metaphor, provides the psychological distance needed for exposure to potentially controversial and uncomfortable topics and ideas. When these narratives contain historical and socio-cultural similarities to non-fiction events like those found in the *Anita Blake* series, they also provide a space to challenge them. Thus, while existing scholarly work and

media coverage on the topic of stigma frequently emphasize the negative connotations associated with several steps of the stigma process, including stereotyping, status loss and discrimination, the *Anita Blake* series provides a space to consider other possible effects. After all, in a medical or health-related context, policies, practices and decisions based on stigma *can* result in favourable, productive outcomes such as slowing the spread of a transmissible, infectious disease (Reluga et al., 2019).

Now that the stigma-related infrastructure needed in fictional narratives to fully account for the stigma experienced by people living with a chronic, infectious disease has been identified, it is important to explore what can be learned from those narratives about health-related stigma. In other words, what stigma outcomes can those narratives generate for fictional characters and, by extension, their audiences? As will be demonstrated through the analysis and discussion conducted in this chapter, when monster narratives use health-related indicators to link 'monstrous' conditions with the diagnosis of illness or disease, account for all of the steps in the stigma process, and contain a full spectrum of enacted and public stigma responses to disease, then these narratives can:

- Demonstrate how enacted and public stigma behaviours – whether differential or discriminatory – generate self-stigma;
- Draw attention to the counterproductive stigma outcomes that result from self-stigma sentiments; and,
- Show how groups and individuals can generate productive stigma outcomes through a variety of stigma management practices.

Each of these outcomes, as they appear in the *Anita Blake* series, will be discussed below. In particular, examples and excerpts from the novels will be relied upon to highlight how self-

stigma occurs throughout the series and to demonstrate how stigma management practices generate counterproductive as well as productive stigma outcomes.

Self-Stigma: How Vampires, Lycanthropes and Anita Blake Feel Stigma

The existing literature identifies two overarching types of stigma – enacted stigma and felt stigma (Scrambler & Hopkins, 1986). Enacted stigma, the focus of Chapter 4, refers to the formal or informal sanctions applied individually or collectively to a stigmatized group in the form of either structural stigma or public stigma (Emlet, 2006, p.782; Green & Platt, 1997, p.72). Enacted stigma, then, is external to the individual or group that is being subjected to stigma. Felt stigma, the focus of this chapter, has been defined in this dissertation as the feelings experienced by a stigmatized person or group due to enacted stigma and their responses to manage it.[49] Felt stigma is therefore internal to the individual or group being stigmatized.

In the context of disease and illness, several sentiments have been identified as forms of self-stigma. These include blaming and shaming oneself for acquiring a disease or for one's past disease-related behaviours, feeling isolated and alone, being afraid of spreading disease to others, mistrusting institutional structures and actors, and fearing rejection on the basis of one's medical condition (see e.g., Kilty & Orsini, 2019; Adam et al., 2014; Krusi et al., 2018; Emlet, 2006). Like many other aspects of health-related stigma, these self-stigma sentiments do not necessarily occur independently from one another. As such, for the purpose of the analysis conducted in this dissertation, the self-stigma sentiments of fear of rejection, mistrust of institutions and isolation as they appear in the *Anita Blake* series have been considered together. This is followed by a

[49] This expanded definition, based on those of Emlet (2006) and Green & Platt (1997), recognizes the relationship between internalized feelings that result from being the target of stigmatizing behaviours and the responses that those internalized feelings generate.

discussion of the sentiments of blaming and shaming and the fear of spreading contagion, which are also examined jointly.

How Mistrust and the Fear of Rejection Leads to Feeling Isolated and Alone: The Internalization of Stigma by Vampires and Lycanthropes

From the first pages of the series, it is evident that preternatural citizens feel that they are not treated the same as non-preternaturals by legal institutions and those administering the law. This is particularly pronounced for vampires, who call attention to perceived inconsistencies between the new legal citizenship laws and the view that police officers continue to treat vampires as dead or non-human (see e.g., Willie McCoy, *Guilty Pleasures*, p.3). Vampires also express this explicitly, by stating openly that they do not trust the law or law enforcement officials (see e.g., Nikolaos, *Guilty Pleasures*, p.63).

In addition, many vampires point to inequities in the existing legal system to demonstrate their mistrust and the resulting expectation that they will not be treated the same as human characters. Malcolm, the head of the Church of Eternal Life, openly criticizes and questions the justness of orders of execution, which he believes would never be permitted to be used against humans (*The Harlequin*, p.5).[50] Characters living with lycanthropy also express similar feelings of mistrust towards law enforcement, noting that lycanthropes are frequently blamed for violent acts (see e.g., *Serpentine*, p.447) and that their cases are handled more severely, and more quickly, than those without the disease (see e.g., *Burnt Offerings*, p.263; *Incubus Dreams*, p.70-71).

[50] Orders of execution are used by federal marshals and vampire executioners to kill vampires and lycanthropes who have committed a crime. Unlike in criminal proceedings involving humans, orders of execution do not allow for or require trials and appeals.

Lycanthropes also frequently fear social and professional rejection – two sentiments that, to the exception of Anita Blake, appear less common in characters living with vampirism.[51] Richard Zeeman, for example, is afraid that his mother will think he's a monster if she finds out that he has lycanthropy (*Blue Moon*, p.107) and there are countless examples of lycanthropes who hide their medical condition from their employer to avoid employment discrimination (see, among others, Richard Zeeman, high school teacher and werewolf, *Bloody Bones*, p.13; Marcus, doctor and werewolf, *The Lunatic Cafe*, p.71-72). It is likely the fear of rejection and/or the mistrust of institutions that lead many preternatural characters and character groups to experience feelings of isolation and to perceive themselves as separate, alone and estranged from society.

Feelings of isolation and estrangement most frequently manifest in the internalization of unfavourable perceptions of oneself and one's medical condition. Both lycanthropes and vampires, for example, state their acceptance of the separation of 'us' from 'them' and the perception that, as diseased, they are indeed monsters (see e.g., Irving Griswold, werewolf, *Circus of the Damned*, p.233; Harry, vampire bartender, *Burnt Offerings*, p.165). In addition, some characters experience and arguably internalize microaggressions that call attention to their difference, such as when they are asked repeatedly to explain their medical status or the symptoms of their disease. This results in feelings of being an outsider or a "freak" (*Dead Ice*, p.339). More mild feelings of estrangement also arise when characters express regret towards the effects stemming from the symptoms of their disease. Jean-Claude, for example, expresses regret that he will never be able to introduce his family to Anita because, as a centuries-old vampire, his family died long before she was born

[51] Anita is an exception here because she fears that she will lose her status as a federal marshal if it is learned that, through Jean-Claude's vampire marks, she carries a form of vampirism (see e.g., *The Harlequin*, p.311). Her lycanthropy does not jeopardize her employment status because she does not shift into an animal form (see e.g., *Hit List*, p.233)

(*Blood Noir*, p.33). These instances call attention to one's marginality and separation from the 'norm'.

While feelings of isolation are generally portrayed in an unfavourable manner, there are some characters who view their difference and, therefore, their separation and estrangement from society favourably. They see themselves as superior to those who are not infected (see e.g., Gabriel, wereleopard, *The Lunatic Cafe*, p.90; Serephina, Master Vampire of Branson, *Bloody Bones*, p.262), likely due to the benefits – or the symptoms – that result from their disease, such as increased strength and speed or immortality. These characters are easily identifiable because they are often the antagonists of a specific novel or story arc, engaging in deplorable behaviours that injure or kill preternatural and non-preternatural characters alike.

Such characters, however, do not survive long in the series which suggests that those who intentionally use their medical condition to harm others are, indeed, monstrous and need to be destroyed. In addition, these characters are also juxtaposed against more 'humanized' characters, who, despite their 'monstrous' medical conditions, are victims – whether of disease or discrimination. Many characters who fall into this latter category blame and shame themselves for acquiring their disease and fear further spreading it. These self-stigma sentiments will be discussed further in the next section.

Disassociation, Remorse and the Fear of Spreading Contagion: The Manifestation of Blaming and Shaming in Lycanthropes and Vampires

Richard Zeeman, the Ulfric of the St. Louis werewolf pack, is one of the most useful characters in the *Anita Blake* series for understanding the internalization of stigma and, in particular, the occurrence of the self-stigma sentiments of blaming and shaming. Richard admits

that it was his fear of becoming a lycanthrope that motivated him to take a pre-emptive, preventative vaccine (*The Harlequin*, p.140) and blames himself for acquiring the disease. When the preventative vaccine backfired, his fear of becoming a lycanthrope turned into a hatred and revulsion of being one.[52]

Although Richard occupies an elevated position within the internal structure of the werewolf pack, throughout much of the series he struggles with accepting his medical condition. While he tries on numerous occasions to emphasize the humanity of lycanthropes and rejects a purely animalistic characterization of the medical condition (see e.g., *The Killing Dance*, p.69), he nevertheless continues to refer to them – and therefore to himself – as "monsters" (see e.g. *The Harlequin*, p.140). The reader also learns through Anita that Richard "want[s], more than anything else to be human" (*Cerulean Sins*, p.147; see also *The Harlequin*, p.140). This self-loathing and rejection of his diseased-self that is observed throughout the series by many characters (see e.g., Jean-Claude and Anita, *The Killing Dance*, p.225-226; Micah, *Cerulean Sins*, p.147). Ultimately, this weakens his position as Ulfric, puts his pack in jeopardy (see e.g., *Narcissus in Chains*) and damages the power structure and safety of others in the preternatural community (see e.g., *Danse Macabre*, p.113).

It is perhaps not surprising then that Richard engages in disassociation from his diseased-self, a process observed by Gagnon (2010) in people living with HIV/AIDS. In particular, Richard refers to his diseased-self as his "*other* half" (*The Lunatic Cafe*, p.165, emphasis added). While this is not uncommon among lycanthropes – many of whom refer to their diseased-self as their beast (see e.g., Anita in *Hit List*, p.62; Scaramouche in *Crimson Death*, p.184) – in Richard, this disassociation affects his ability to accept his medical condition. In addition, although he engages

[52] Richard is also uncomfortable with his sexuality and interest in bondage and submission, which he links, at least in part, to being a werewolf (see e.g. *The Harlequin*, p.110).

in sexual relations with many characters living with lycanthropy, he maintains that he wants a human partner with whom he can have a normal life (see e.g., *Danse Macabre*, p.200). Richard therefore separates not only his 'healthy' self from his diseased-self, but also isolates himself from others living with his disease.

Richard's self-loathing and disassociation peak when he engages in self-harm, hacking off his own hair with scissors *(Cerulean Sins*, p.301), and attempts a passive form of suicide (*Cerulean Sins*, p.178).[53] After surviving, he acknowledges this and states that he is "not going to die anymore. [He is] going to live, whatever that means" (*Cerulean Sins*, p.398). However, despite such proclamations, the passage of time and participation in therapy (see e.g., *Dead Ice*, p.368), in the most recent novel Richard's hatred of being a werewolf persists (*Rafael*, p.71).

Ultimately, Richard's presence and his continued self-stigmatization play an important role in the series. His stigma responses allow other characters as well as the audience to see the potentially prolonged nature of stigma and its impact. Furthermore, the effects of his internalization of stigma and resulting self-hatred mirror those stemming from Rudolph Storr's public stigmatization of preternatural citizens that was discussed in Chapter 4. As such, it is possible to draw important conclusions about public stigma and self-stigma – notably, that both are damaging to oneself and to one's community.

In addition to self-blaming and self-shaming, many preternatural characters in the *Anita Blake* series express remorse and regret when they unintentionally harm or transmit their disease to others. This is common among new lycanthropes who lose control of their symptoms, shift into animal form, and attack others (see e.g., Louisa, werewolf, *Narcissus in Chains*, p.289), as well as

[53] The risk of similar behaviour is also observed in other characters who acquire lycanthropy, such as U.S. marshal Laila Karlton (*Hit List*, p.223).

among new vampires who are shocked and traumatized when they wake from their first feeding to realize that they have, unintentionally, injured another person (see e.g., *Crimson Death*, p.543).

Similar sentiments arise and persist among characters who have lived for a long time with their disease. Jean-Claude, for example, continues to regret "[stealing the] mortal life" of two women that he turned into vampires (*Danse Macabre*, p.239; see also *Blood Noir*, p.124). He views this as equivalent to playing God and expresses concern about "[h]ow many lives [vampires] have destroyed over the centuries that could have made some wonderful, or terrible, difference to humanity, to the world at large" (*Incubus Dreams*, p.418).[54] He is also horrified and regretful when he learns that Anita acquires the ardeur through his vampire marks, stating that he never would have married the marks if he knew that this would happen (*Narcissus in Chains*, p.152). It is likely that characters who regret infecting others view transmission itself as a form of harm; by infecting another person they have, in effect, become the catalyst for the future stigma that that person will endure. These accidents and the emotions that result from their occurrence also humanize vampires and lycanthropes by showing that they possess a full spectrum of emotions.

In light of the above, it is perhaps not surprising that preternatural characters fear even the possibility of infecting others. This is especially true for lycanthropes, many of whom often disclose their condition when seeking medical treatment to reduce the risk of transmission (see e.g., Anita Blake, *Hit List*, p.146; Nathaniel, *Incubus Dreams*, p.263). Although far less common, two powerful, older vampires express concern at vampires "[taking] over the human race" and undertake efforts to have their legal citizenship status revoked (*Circus of the Damned*, p.211-212; see also *Burnt Offerings*, p.384). This informs that reader that at both the individual level, from the perspective of characters living with lycanthropy, and the societal level, from the perspective

[54] It is for this reason that, after becoming Master of the City, he has refused to make new vampires, opting instead to recruit existing vampires to join his kiss (*Incubus Dreams*, p.418).

of some characters living with vampirism, the transmission of disease is something to be feared and avoided.

Villains and Victims: The Difference between Monsters with a Disease and People Living With a Monstrous Disease

An analysis of the self-stigma experience of preternatural characters in the *Anita Blake* series reveals that, from the perspective of those being subjected to stigmatizing behaviours, there is no distinction between the differential and the discriminatory treatment that they are subject to because of their medical status. Ultimately, for those being *stigmatized*, it matters very little whether the treatment is justifiable (and therefore merely differential) or unjustifiable (and therefore discriminatory) because, to them, the effect is the same – the internalization of stigma and the generation of self-stigma sentiments. The mistrust of legal institutions is but one example of this; it arises from both differential treatment in laws and procedures related to the preternatural warrant system as well as from the discriminatory treatment by individual law enforcement officers. This points to the need to further refine the updated model of health-related stigma, for although parts of the health-related stigma process distinguish between facts and stereotypes, and by extension differential (justifiable) and discriminatory (unjustifiable) treatment, when stigma is internalized any distinction between the two is eliminated. This has been accounted for in red in Figure 9 below.

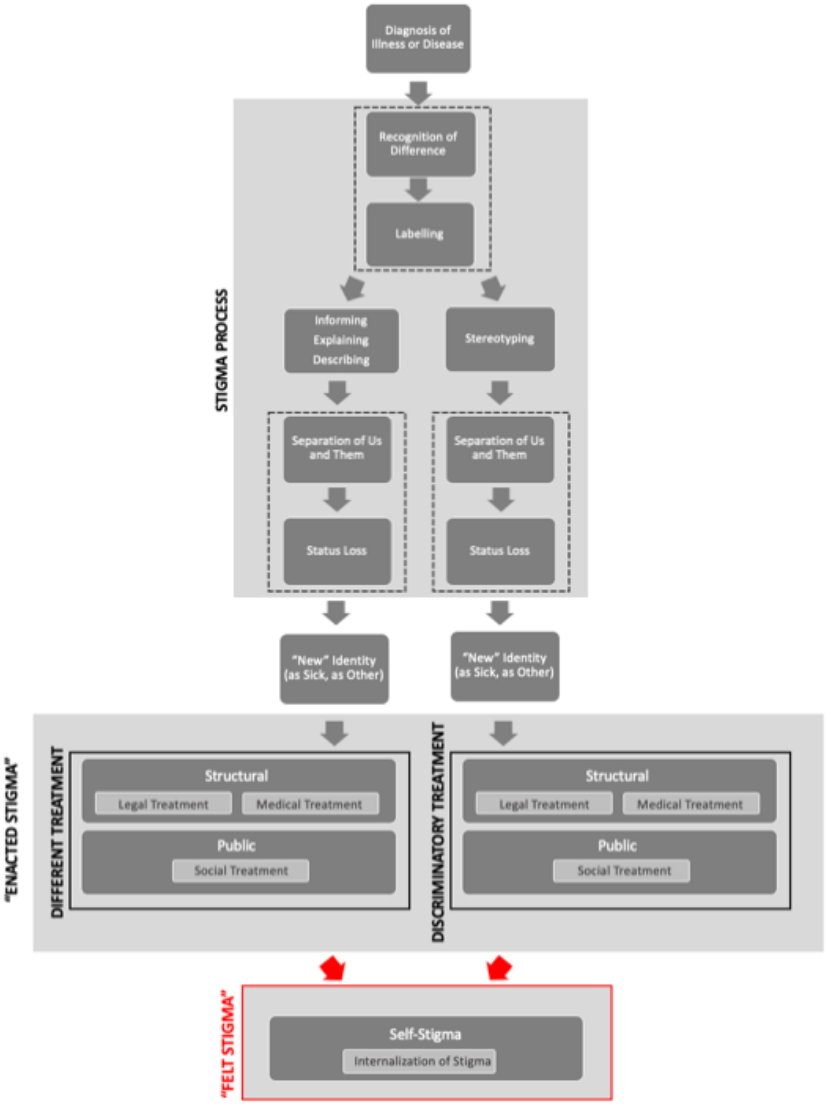

Figure 9 - Accounting for Self-Stigma Sentiments in the Revised Model of Health-Related Stigma

In addition, as predicted, several relationships were also identified between the self-stigma sentiments emerging from the existing literature on health-related and HIV/AIDS-related stigma. In particular, similarities were identified between the mistrust of institutions and the fear of rejection, both of which were found to lead to feelings of isolation and resentment. Furthermore, feeling isolated or estranged from society generally manifested in unfavourable perceptions of oneself and one's medical condition. When this occurred characters viewed themselves as

monsters or freaks and emphasized how they were excluded from traditional and so-called normal occurrences of everyday life. For vampires this may, for example, include not being able to go to or get married in a church, or being unable to introduce their romantic partners to their relatives who are long-deceased. In such instances, preternatural characters are portrayed as victims, of their disease, its symptoms or, in some case, of discrimination and differential treatment.

A few occasions were identified where characters with lycanthropy or vampirism viewed themselves as superior to those without the medical conditions. These characters frequently used their preternatural abilities – the symptoms of their disease – to harm others. The inclusion of such characters showcases truly monstrous, diseased behaviour such as the intentional killing or injuring of others, which helps humanize those who express remorse and regret at unintentionally harming others when they transmit their disease or lose control of its symptoms. Furthermore, that all such villainous characters are eventually destroyed by Anita and those closest to her demonstrates that using disease as a weapon is socially and legally unacceptable.

Finally, the self-stigma behaviours of blaming and shaming can be best understood through the character of Richard Zeeman, whose re-occurring presence in the series provides other preternatural characters as well as the audience with an opportunity to understand the impact of prolonged self-stigma behaviour. As illustrated in Figure 10, his fear of contracting lycanthropy and the internalization of stereotypes surrounding the medical conditions became self-blaming and shaming behaviour once he contracted the disease. This, in turn, resulted in the rejection and disassociation of his diseased-self, which harmed not only him but also many members of the preternatural community in St. Louis. The impact of these self-stigma behaviours was found to be similar to those resulting from some of the public stigma behaviours discussed in Chapter 4.

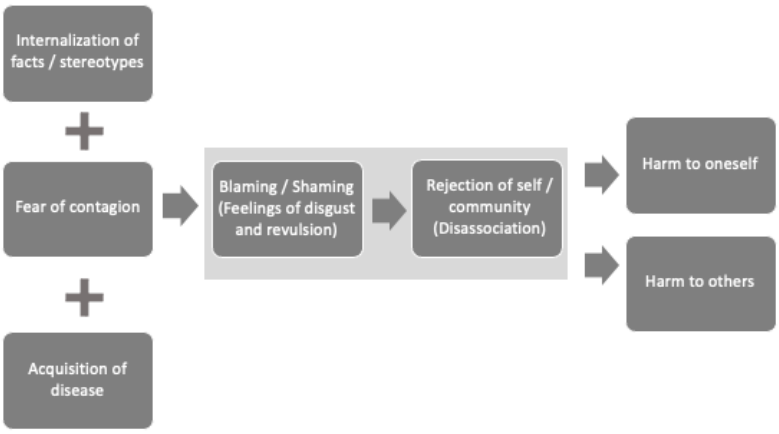

Figure 10 - How blaming and shaming generates harm [as understood through the character of Richard Zeeman]

Ultimately, the presence of a spectrum of self-stigma behaviours identified in the *Anita Blake* series functions to humanize so-called monstrous characters in two ways. First, the enactment of self-stigma behaviours and sentiments positions lycanthropes and vampires as victims of either disease itself or of the differential and discriminatory treatment that results from their medical condition. Second, the variety of self-stigma responses help distinguish between characters living with a monstrous disease and those who are truly monsters, but just happen to have a disease. In addition, the findings from this analysis show that the *Anita Blake* series can help characters in the series – and its readers – understand the impact of differential and discriminatory treatment. Specifically, for recipients of this treatment, the overarching result is the same: the internalization of stigma, the generation of self-stigma sentiments and, as will be discussed further, the enactment of stigma management practices.

While this section has touched on three stigma management practices – weaponizing disease, disassociation from self and others, and suicide/suicidal ideation – which generate counterproductive stigma outcomes, notably harm to oneself and one's community, the existing literature on stigma management provides that health-related stigma can be productive as well as counterproductive. As such, the next section of this chapter will examine the connection between

self-stigma, stigma management practices, and their resulting outcomes, considering both those that are counterproductive as well as those that are productive.

Stigma Management: How Vampires and Lycanthropes Respond To Stigma

The alternative model of health-related stigma put forward in this dissertation places what Emlet (2006) refers to as stigma management as the final component of the stigma process. Stigma management practices are, essentially, the actions that a stigmatized group or individual carries out in response to self-stigma *and* enacted stigma. In the context of HIV/AIDS, stigma management practices have included non-disclosure of one's seropositive status, testing and treatment avoidance, and isolating oneself socially from others to avoid discrimination (see e.g., Kilty & Orsini, 2019). This can, in turn, result in harm to oneself and harm to others if, for example, a transmissible disease was to go undetected and untreated.

However, as has been discussed previously, stigma and stigma management practices can also be productive. In a health-related context, the occurrence of stigma, stigmatizing behaviours and self-stigma can help limit the spread of disease and, potentially, save lives (see e.g., Reluga et al., 2019). Similarly, in sociocultural contexts, stigmatized individuals can become representatives for their community, providing expertise and advice based on their experiences (Campbell & Deacon, 2006, p.415) and advocating to improve the lives of those with their medical conditions.

In the *Anita Blake* series, stigma management generates both counterproductive and productive outcomes. While each outcome category is examined below, more consideration is given to those practices which result in productive outcomes due to their prominence in the series. This is especially pronounced once Anita Blake, the protagonist, acquires a strain of vampirism – the ardeur – along with multiple strains of lycanthropy and becomes 'diseased'.

Harming Oneself and Others: Counterproductive Outcomes of External and Internal Stigma

The analysis conducted above on the occurrence of self-stigma in the *Anita Blake* series led to the identification of three stigma management practices that resulted in counterproductive outcomes. First, through the character of Richard Zeeman, it was possible to draw connections between public stigma to the internalization of stigma to two counterproductive stigma management behaviours: disassociation and suicide. These behaviours, ultimately, harm Richard as well as other members of the preternatural community. Second, a small minority of characters also engaged in weaponizing their disease – that is, intentionally using their medical condition to physically harm others in both the preternatural and non-preternatural community.

Two additional counterproductive stigma management behaviours emerged in the *Anita Blake* series which merit further discussion. These are *protective silence*, defined by Emlet (2006) as "the non-disclosure of one's [medical] status to others" (p.787), and *label avoidance,* defined by Corrigan and Jones (2014) as "declining or refusing to engage with specific services to avoid being labelled or stereotyped" (p.19). Ultimately, both behaviours arise in order to escape being treated differently or discriminatorily.

The stigma management behaviour of protective silence emerges most frequently in characters living with lycanthropy. Due to the employment discrimination and social rejection that members of the lycanthrope community have encountered in the past when their medical status has been disclosed, "[m]ost lycanthropes go to a lot of trouble to hide what they are" (*The Lunatic Cafe*, p.123). This manifests in two ways: passively, through the non-disclosure of one's status, and actively, through the act of 'passing', where lycanthropes pretend to be human (see e.g., *The*

Lunatic Cafe, p.166; *Circus of the Damned*, p.33). Hiding one's identity can, however, be difficult and harmful, whether it results in suicide/suicidal ideation, as discussed above in the case of Richard Zeeman, or in an overall dissatisfaction with life.[55] Characters living with vampirism are, generally, less likely to hide their medical condition and its symptoms. This can be attributed to the new citizenship laws, which put in place protections for vampires and eliminate the need for them to hide their identity in order to survive.

Both characters with lycanthropy and those living with vampirism engage in label avoidance behaviour when they refuse to engage with specific services to avoid being labelled or stereotyped. This occurs when they provide incomplete information to law enforcement officials (see e.g., *Guilty Pleasures*, p. 63; *Narcissus in Chains*, p.332-333) or do not report the commission of a crime (see e.g., *The Lunatic Cafe*, p.95). Both of these examples can generate future harm as it could prevent or delay the capture of a criminal who could, in the interim, re-offend.

In addition, label avoidance also occurs when preternatural citizens do not seek medical treatment to avoid being stigmatized, a practice that is common among lycanthropes. While many preternatural communities have developed their own medical services and expertise (see e.g. *The Lunatic Cafe*, p.172), without such services failing to seek medical treatment could be detrimental to the health of the infected person.

Ultimately, in the *Anita Blake* series counterproductive outcomes emerge when the stigma process that characters living with lycanthropy and vampirism are subject to culminates in the

[55] Louie, a wererat, tries to explain the impact of hiding one's medical condition to Anita by framing it in the context of her psychic abilities as an animator/necromancer:

> *[Louie] "Would you want to go through your life pretending you didn't raise zombies? Never talking about it? Never sharing it? Having your husband embarrassed by it, or sickened by it?"*
> *[…]*
> *[Anita] "It doesn't sound like a very good way to live."*
>
> - *Lunatic Cafe*, p.170

enactment of behaviours that generate self-harm or harm to others. This has been depicted in Table 6 below.

Table 6 – The Relationship between Self-Stigma, Stigma Management Practices and the Counterproductive Stigma Outcomes of Harm

Self-stigma sentiments	**Stigma management practices (Response)**	**Stigma outcomes**		
		Harm to self	**Harm to others**	
			Unintentional	**Intentional**
Self-blaming and self-shaming	Disassociation from self	**X**		
	Disassociation from others	**X**	**X**	
	Suicide / Suicidal ideation	**X**	**X**	
Mistrust of institutions	Label avoidance	**X**	**X**	
	Protective silence (i.e. withholding information)	**X**	**X**	
Fear of (social/professional rejection	Protective silence • Non-disclosure of medical status • Passing	**X**		
Feelings of isolation / estrangement*	Weaponization of disease			**X**

**Note: Feelings of isolation and estrangement also contribute to the self-stigma sentiments of self-blaming and self-shaming, the mistrust of institutions and the fear of social and professional rejection.*

It is important to note, however, that not all self-stigma sentiments generate stigma management practices which result in counterproductive stigma outcomes. The fear of spreading contagion is, for example, notably absent from Table 6, because characters who exhibit this behaviour tend to disclose their medical status to *avoid* harming others via its transmission (see e.g., Anita Blake, *Hit List*, p.146; Nathaniel, *Incubus Dreams*, p.263). In addition, as briefly mentioned above, the mistrust of medical institutions has also resulted in the development of alternative medical services for the preternatural community. This is a productive outcome of two other stigma management practices, sharing expertise and community mobilization, which have yet to be discussed. The next section therefore considers the relationship between self-stigma and stigma management practices which result in productive outcomes for stigmatized individuals and communities.

Harm Reduction, Helping and Healing: Productive Outcomes of the Stigmatized Experience

The existing literature on health-related stigma management identified three practices that can lead to productive outcomes for stigmatized groups and individuals: group mobilization and activism (Kirp, 1999; Brashers et al., 2000; Rabkin et al., 2018), self-compassion (Brion et al., 2014) and sharing expertise (Brion et al., 2014). In addition, using data from the *Anita Blake, Vampire Hunter* series, a fourth stigma management behaviour – the proactive disclosure of one's medical condition – was identified that also leads to productive outcomes.

This section further examines the occurrence of stigma management practices, focusing on those with productive outcomes, as they occur in the *Anita Blake* series. These practices have been organized into three categories: harm reduction, helping and healing. It should be noted that, similar to stigma management practices that generate counterproductive outcomes, productive outcomes do not necessarily occur in isolation from one another. Rather, it is possible for a stigma management practice to have more than one outcome.

Proactive Disclosure and Other Rules of Vampire and Lycanthrope Etiquette: Minimizing Harm to Oneself and Others

As has been discussed previously, in the *Anita Blake* series, characters with lycanthropy engage in proactive disclosure to reduce the risk that they will transmit their medical condition to another person. This occurs in medical contexts, such as when injured lycanthropes are being treated by those without the medical condition (see e.g., Anita Blake, *Hit List*, p.146; Nathaniel, *Incubus Dreams*, p.263), as well as in interpersonal contexts, such as when a lycanthrope engages

in sexual intercourse with someone who is not infected. Similarly, Anita discloses the risks associated with the ardeur – her form of vampirism – to her prospective sexual partners (see e.g., *Hit List*, p.171-173). Proactive disclosure is, ultimately, rooted in the fear of spreading one's disease and the objective of harm reduction.

In addition, both vampires and lycanthropes recognize that the symptoms of their medical condition, such as increased strength, bloodlust and psychic abilities, can pose a risk to others (see e.g., Jean-Claude, vampire, *The Harlequin*, p. 17). As such, the preternatural community develops its own hierarchical structure and group-based norms to guide and limit harmful behaviour. Vampires, for example, are governed by their Master of the City, usually, as well as a European and later American-based council. These organizational heads put in place laws that, among other things, forbid vampires from attacking the police (*The Lunatic Cafe*, p. 31), from bringing humans over (*The Girl Who Was Infatuated With Death*, p.246), and from fighting with one another (see e.g., *The Killing Dance*, p.9). They fear societal and institutional rejection, in particular the possibility that their citizenship status and accompanying legal rights could be revoked (*The Killing Dance*, p.9-10), and therefore establish rules and codes of conduct so as to not draw attention to themselves (*Bloody Bones*, p.199).

Although lycanthropes never, technically, lose their legal citizenship nor do they have a governing structure similar to that of vampires until much later in the series, the majority of lycanthropes nevertheless rely on their community to ensure that minimal harm comes to those who are not infected. For example, some groups partner a newly infected person with a sponsor (*The Lunatic Cafe*, p. 292) or a 'brother' (*Incubus Dreams*, p. 72) to help them learn how to manage the symptoms of their disease. Rather than formal rules, those infected with lycanthropy rely on

group mobilization and the sharing of expertise, which will be discussed further below, to reduce harm.

Group Mobilization and Sharing Expertise: Helping Both Preternatural and Non-Preternatural Citizens

While the hierarchical structure and group-based norms of the preternatural community attempt to reduce harm, other forms of group mobilization aim to change perceptions and improve the treatment of those living with vampirism and lycanthropy. This expanded conceptualization of group mobilization includes community building as well as collective action and advocacy efforts.

The Church of Eternal Life is one of the first examples of community building that emerges in the *Anita Blake* series, likely as a response to their rejection by the Catholic Church, which views all vampires as damned (*The Laughing Corpse*, p.194). In addition to the provision of religious services that are similar to those of other mainstream religious organizations (see e.g., *Guilty Pleasures*, p.185), the Church also provides support for the newly turned (see e.g., *Burnt Offerings*, p.307) as well as for child vampires, many of whom are often vampire victims themselves (see e.g., Shelby, who was turned by a vampire pedophile, *Kiss The Dead*, p.92-94).

Similarly, the disparate lycanthrope groups in St. Louis agree to form a coalition to support one another after Chimera, a sadistic panwere, kidnaps and murders several group leaders (*Narcissus in Chains*, p.423). While the 'Furry Coalition' begins as a place where people living with lycanthropy can turn to for "advice or a rescue" (see e.g., *Micah*, p.5; *Incubus Dreams*, p.70-72), it expands its mandate to support survivors of attacks (see e.g., *Hit List*, p.224) and their families (see e.g., *Incubus Dreams*, p.129). The Coalition also connects lycanthropes to legal services when needed (see e.g., *Sucker Punch*, p.163). The Church of Eternal Life and the Coalition

play a similar role in their respective community: the provision of specialized services to help its members navigate living with a medical condition.

In addition, the Coalition also becomes an advocacy group, working towards achieving a "better understanding between humans and lycanthropes" (*Flirt*, p.19-20). As the head of the Coalition, Micah becomes the public face of the lycanthrope community, sharing information about his lived experience as a wereleopard in order to dispel fears and misconceptions about lycanthropy (*Flirt*, p.20). Jean-Claude plays a similar role for the vampire community when he steps into the limelight, after the vampire council decides "that skulking in the shadows gives ammunition to [their] detractors" (*The Killing Dance*, p.132). By sharing their expertise and acting as advocates for their communities, Micah and Jean-Claude try to improve the treatment and therefore the lives of lycanthropes and vampires.

Finally, group mobilization also operates to fill in gaps created by structural, public and self-stigma. One example, discussed above, is the development of alternative medical services outside of the mainstream institutional system (see e.g., *The Lunatic Cafe*, p.148). Many characters living with lycanthropy mistrust medical institutions and fear rejection if their medical status is disclosed. The lycanthrope hospital therefore ensures that they receive much-needed treatment while protecting their identity and maintaining confidentiality.

In addition, the success of many businesses that are owned by or prominently feature vampires and lycanthropes (see e.g., Guilty Pleasures, the vampire strip club; The Laughing Corpse, a comedy club that features performances with vampires and zombies; The Circus of the Damned, a permanent preternatural carnival) provide stable employment as well as professional fulfillment for members of those communities. These businesses, ultimately, capitalize on the fascination that humans display towards vampires and lycanthropes and the estrangement that

vampires and lycanthropes experience into an opportunity that helps stigmatized individuals and groups.

Participation in these successful businesses may also heal members of those groups by giving them back some of what they lost when they first contracted their disease (Socrates, on reuniting with his family after moving to St. Louis and establishing a life and career, *Crimson Death*, p.356; Jean-Claude, on providing vampires with an opportunity to pursue artistic passions, *Danse Macabre*, p.108) and creating a sense of belonging (*Dead Ice*, p.36). Healing, the final productive outcome of stigma management identified in the *Anita Blake* series, will be expanded upon further in the next section.

Healing Physical and Psychological Wounds: Fighting Injury and Dis-ease with Disease

In the *Anita Blake* series, the diseases that cause vampirism and lycanthropy both contain healing properties. For example, once a person is infected with either condition, they gain advanced healing and regeneration abilities (for vampirism, see e.g., *Cerulean Sins*, p.17; for lycanthropy, see e.g., *Narcissus in Chains*, p.264), and immunity to disease and infections (for vampirism[56], see e.g., *Blue Moon*, p. 307; for lycanthropy, see e.g., *Burnt Offerings*, p.148). In addition, some characters with lycanthropy also develop healing abilities that they can share with others (see e.g., Raina, a werewolf, *Burnt Offerings*, p.271-272; Micah, a wereleopard, *Narcissus in Chains*, p.78-79). Physical closeness between lycanthropes, especially those from the same animal group, can also expedite the healing process (see e.g., *Cerulean Sins*, p.141; *Hit List*, p.163).

[56] While vampires are immune from traditional 'human' diseases, they rot if they consume blood that has been contaminated by a rotting vampire (see e.g., *Blue Moon*). This also occurs if they stop drinking human or lycanthrope blood, opting instead to consume purely animal blood (see e.g., Sabin, a vampire who develops a disease similar to late-stage leprosy, *The Killing Dance*).

Vampirism and lycanthropy also act as medical and social cures. The vampire marks, for example, save Anita from a serious concussion (*Guilty Pleasures*, p.45) as well as from poison (*Circus of the Damned*, p. 286) and being infected with lycanthropy allowed Cherry, a wereleopard, to regrow a leg that she lost in an accident (*Blue Moon*, p.194). In addition, Zane and Nathaniel were forced to give up their drug addiction in order to join the wereleopard group in St. Louis (*Blue Moon*, p.194; *Dead Ice*, p.87). In these examples, group mobilization can be physically healing when it involves proximity or intimacy with members of one's community.

Finally, the infection of the main character and protagonist, Anita Blake, with lycanthropy and vampirism coupled with her immersion into the preternatural community also provides evidence to support the conclusion that disease-related stigma can sometimes be psychologically healing. This occurs in three ways: first, alleviating her fear of death and loss; second, generating compassion for oneself and for others; and, third, accepting one's medical condition and by extension, one's difference.

At the beginning of the series, Anita is alone. She has few friends – Veronica Sims and Catherine Maison-Gillette – and a handful of work acquaintances, and is estranged from her family (see e.g., *Guilty Pleasures*, p.87; *Obsidian Butterfly*, p.584). She speaks frequently about the pain of losing her mother at a young age (see e.g., *Circus of the Damned*, p.86), of feeling out of place in her family (see e.g., *The Killing Dance*, p.222) and of the loss of her college fiancé, whose family could not look past her mixed-race heritage (*The Lunatic Cafe*, p.142; *Obsidian Butterfly*, p.131). She rarely dates (see e.g., *Circus of the Damned*, p.109) and is afraid of getting close to anyone – and losing them (see e.g. *Circus of the Damned*, p.85-86; *The Lunatic Cafe*, p.146).

This all changes, however, when she meets Richard Zeeman, who is a werewolf. Although he has his throat torn out during a fight with another vampire, he survives because of his

lycanthropy – and they start dating (*The Circus of the Damned*). She also begins dating Jean-Claude, the Master Vampire of St. Louis, and eventually, several other characters living with vampirism and lycanthropy. She admits to herself that she likely dates only preternatural men because, unlike her mother who died in a car accident, they would survive (*Hit List*, p.270). Lycanthropy and vampirism, ultimately, heal some of Anita's pain[57] and, by extension, some of her fear.

Vampirism and lycanthropy also help Anita develop compassion for herself and for others who encounter differential and discriminatory treatment. From the outset of the series, Anita encounters stigma due to her preternatural abilities as an animator and necromancer (see e.g., *Circus of the Damned*, p.6; *Obsidian Butterfly*, p.43-44), her gender (see e.g., *Skin Trade*, p.9-15) and, prior to being grandfathered in as a federal marshal, due to her status as a civilian (see e.g., *The Lunatic Cafe*, p.40; *Obsidian Butterfly*, p.43). And yet, despite these differential statuses, she, in turn, engages in stigmatizing behaviour towards vampires and lycanthropes by referring to them as 'corpses' (see e.g., *Guilty Pleasures*, p. 250; *Circus of the Damned*, p.79), and 'monsters' (see e.g. *The Lunatic Cafe*, p.221).

Anita's repeated interactions with secondary characters living with lycanthropy and vampirism help her recognize their humanity and personhood, as well as her own. She begins to see that, despite their medical conditions, vampires and lycanthropes are people with feelings and emotions (see e.g. Stephen, the werewolf, *Circus of the Damned*, p.34; Willie McCoy, vampire, *Circus of the Damned*, p.26-27). She also observes similarities in the public and structural stigma that she encounters due to her psychic abilities as a necromancer and those experienced by

[57] Anita also grieves the loss of her friend and bodyguard, Ares, who accidentally contaminated her with hyena lycanthropy before he passed. She states that she "carrie[s] a piece of his beast inside me and would until I died. I didn't need anything else to remember my friend…" (*Dead Ice*, p.201).

vampires and lycanthropes on account of their medical condition (see e.g. *Circus of the Damned*, p.34).

In addition, when Anita begins openly dating characters living with vampirism and lycanthropy, she experiences stigma-by-association, differential and discriminatory treatment at the hands of law enforcement officials (see e.g., *The Killing Dance*, p.176; see also *Skin Trade*, generally), her friends and family (see e.g., *Narcissus in Chains*, p.1-11; *Cerulean Sins*, p.116) and the media and general public (see e.g., *Cerulean Sins*, p.127). Her relationships with vampires and lycanthropes and the treatment that she encounters because of them helps Anita better understand the impact of stigma. It also helps her see that she was treating lycanthropes and vampires as less-than-human, and as an embarrassment (see e.g., *The Killing Dance*, p.136). Anita acknowledges that she, too, was prejudiced against them, but wants to change (see e.g., *The Lunatic Cafe*, p.134; *The Killing Dance*, p.134).

Finally, when Anita acquires the ardeur – her strain of vampirism – and several strains of lycanthropy, she struggles to accept her medical conditions and worries that they have made her a monster (see e.g. *Narcissus in Chains*, p.109). Among other things, she tries to break the bonds created by the vampire marks (*Danse Macabre*, p.293-295), neglects communing with her inner beasts (*Crimson Death*, p.266-268) and retards treating – "feeding" – the ardeur (see e.g. *Incubus Dream*, p.383). With help, she does, however, come to recognize that the symptoms of her disease have given her everything she wanted (see e.g. *Blood Noir*, p.5) – that is, love, acceptance and a place to belong. Ultimately, Anita and her close contacts demonstrate that characters living with disease do not merely survive – rather, they can thrive.

Survivors and Thrivers: Accepting the Benefits and Risks of Disease

In the world of Anita Blake, vampires, werewolves and other preternatural citizens don't just hide in their coffins or lurk in the shadows. They go to school, maintain steady jobs, run successful businesses and enter into matrimonial relationships. And yet, preternatural characters and groups are treated differently from – and by – human characters in the *Anita Blake, Vampire Hunter* series. They're often feared and treated as dangerous; viewed as a disease and as contaminated; and, seen as some*thing* to be controlled or exterminated rather than as a person. Despite this differential, discriminatory, and sometimes stigmatizing treatment, many preternatural characters in the world of Anita Blake do not merely survive, they achieve success by managing their interactions with and response to the complex medical, legal and socio-cultural stigma structures that exist within the series.

In particular, characters living with lycanthropy and vampirism generate productive outcomes when the stigma process that they are subject to culminates in the enactment of behaviours that generate harm reduction, helping, or healing. These outcomes and their relationship to self-stigma sentiments and stigma management practices have been depicted in Table 7 below.

Table 7 - The Relationship between Self-Stigma, Stigma Management Practices and the Productive Stigma Outcomes of Harm Reduction, Helping, and Healing

Self-stigma sentiments	Stigma management practices (Response)	Stigma outcomes		
		Harm reduction	Helping	Healing
Fear of spreading contagion	Proactive disclosure	**X**		
Mistrust of institutions	Establishing group norms	**X**		
	Group mobilization • Specialized service provision		**X**	
	Sharing expertise	**X**	**X**	
Fear of rejection	Establishing group norms	**X**		
	Group mobilization • Peer support	**X**		

	Sharing expertise • Peer support	**X**	**X**	
Isolation / Estrangement	Group mobilization • Community building • Peer support • Provision of employment / development opportunities		**X**	**X**
Blaming and shaming	Compassion • Towards oneself • Towards others			**X**

These findings confirm that, as is suggested by the existing literature, health-related stigma can generate productive outcomes in both medical and socio-cultural contexts. Although it is a constant battle – each novel and story arc involve encounters with differential and discriminatory treatment and the struggle against one's internal stigmatization – the prolonged nature of the *Anita Blake* series, the ubiquity of lycanthropy and vampirism, and the development and evolution of legal, medical and socio-cultural system with the series demonstrate to characters and the audience alike that it is a battle worth fighting and one that can be won.

A Spectrum of Stigma Management Behaviours: How Vampires and Lycanthropes Cope With Disease

In the *Anita Blake* series, characters living with lycanthropy and vampirism are subject to a variety of stigma – whether it be external or internal to oneself. These stigmatized groups and individuals respond using a spectrum of stigma management practices and, in so doing, generate counterproductive as well as productive outcomes for themselves, for their community, and for society. While counterproductive stigma management practices generate harm as an outcome, productive stigma management practices culminate in harm reduction, helping, and healing.

Productive outcomes were more common and more varied than counterproductive outcomes, but this is likely because the fictional series centers around Anita Blake and her romantic partners who harness stigma or work to overcome it. In this sense, members of the preternatural community in the *Anita Blake* series are not that different from those identified by Fink (2010) in their analysis of Octavia Butler's novel *Fledging.* When read through the lens of disease, both works "demonstrate how we might collectively mitigate and minimize harm by contesting the negative metaphors attached to disease" (Fink, 2010, p.425).

The application of a disease-related lens to the *Anita Blake* series, in particular one that focuses on stigma, allows for further specification on the occurrence of harm in a health-related context and how it can be managed and overcome. First, in the context of stigma outcomes, it was possible to identify a spectrum of stigma management practices, their relationship to specific self-stigma sentiments and whether they generated counterproductive or productive outcomes. These can be found in Tables 6 and 7 above, respectively. Second, based on outcomes that emerged from this analysis, it is possible to distinguish between four stigma personas: Thrivers, Survivors, Victims and Villains. This has been depicted in Figure 11 below.

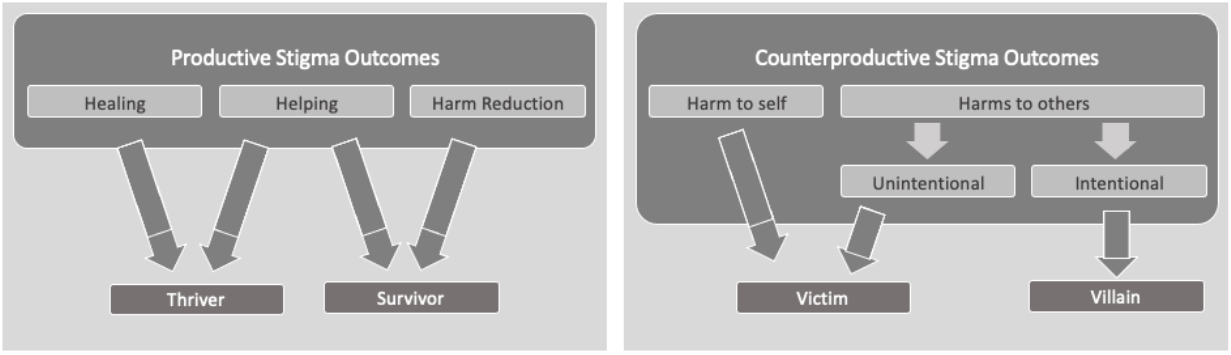

Figure 11 - Stigma Management Outcomes and their Resulting Personas

These findings suggest that one further specification to the alternative model of stigma proposed in this dissertation is needed to account for the spectrum of stigma behaviours, responses and outcomes that occur in the *Anita Blake* series and, by extension, everyday life.

Key Findings: From Self-Stigma to Stigma Personas – What We Can Learn About The Stigmatized Experience from the Anita Blake, Vampire Hunter Series

While Chapter 4 considered the stigma infrastructure needed in fictional narratives to account for the stigma experienced by people living with chronic, transmissible diseases such as HIV/AIDS, this chapter explored the outcomes that can be extrapolated from such narratives – for both its characters and audience – when that infrastructure is present. As such, this chapter set out to determine what can be learned about health-related stigma and the stigmatized experience when fictional narratives take into account all of the steps of the stigma process and the wide spectrum of differential and discriminatory treatment that results from it.

Three key findings emerged from the analysis conducted in this chapter. First, although the model of health-related stigma put forward in this dissertation recognizes a distinction between several steps in the process, when stigma is internalized as self-stigma any such distinction disappears. In other words, for characters living with lycanthropy and vampirism, the impact of all external stigma behaviours is the same: the internalization of stigma and the generation of a variety of self-stigma sentiments.

In addition, all of the self-stigma sentiments that emerged from the literature on HIV/AIDS stigma were found within the series. Among other examples, characters living with lycanthropy and vampirism experienced feelings of isolation and estrangement, the fear of rejection or further spreading one's disease, blaming and shaming oneself for acquiring their disease, and the mistrust

of societal institutions. Generally, these self-stigma sentiments generated unfavourable sentiments about oneself and one's medical condition. This was, however, not determinative of the response – that is, the stigma management practices – those diseased characters engaged in.

The second key finding emerging from this chapter recognizes that counterproductive outcomes do indeed arise from the internalization of stigma, the resulting self-stigma sentiments and the stigma management practices used to manage them. In particular, the practices of label avoidance and protective silence – which were expected to emerge in the *Anita Blake* series – along with disassociation from self/others and suicide/suicidal ideation, not surprisingly, generated different types of harm. One further stigma management practice – the weaponization of disease – arose in a small minority of characters, who fulfilled the role of antagonist in novels and longer story arcs. Although these characters did not survive long in the series, they nevertheless permit for a juxtaposition between villains – that is, monstrous people living with disease – and victims – people who happen to have a monstrous disease or a disease with 'monstrous' symptoms (i.e. the need to consumer blood or flesh). While villains intentionally harmed others, any harm that resulted from the stigma management practices of victims was unintentional.

Finally, the third key finding that emerged from the analysis of the stigma management practices that occurred in the *Anita Blake* series confirmed that, in both medical and socio-cultural context, health-related stigma and the resulting stigma process can also lead to productive outcomes. Three overarching categories of productive stigma outcomes were identified – harm reduction, helping and healing – resulting from a combination of self-stigma sentiments. Harm reduction appears as a more 'passive' outcome, linked with survival and maintaining the status quo; healing, in contrast, is far more active and pertains to thriving and succeeding in one's 'new' environment. Helping, the third productive outcome, falls somewhere in the middle for it is both

passive and active. This allowed for the identification of two additional 'personas'- thrivers and survivors

These three findings points towards two major revisions to the alternative model of the stigma process and the typology of health-related stigma proposed in Chapter 1 of this dissertation, and further specified in Chapter 4 above. In particular, as illustrated in Figure 12 below, the model of health-related stigma must recognize that, despite intent, self-stigma sentiments results both differential and discriminatory treatment. In addition, the model must also recognize that while self-stigma sentiments do overlap, they can generate counterproductive and productive outcomes. Finally, what this analysis further contributes to the understanding and conceptualization of health-related stigma is the conclusion that different 'personas' can result from the stigma process – namely, Thrivers, Survivors, Victims and Villains.

In conclusion, whether undead or furry, characters in the *Anita Blake, Vampire Hunter* series experience a wide spectrum of stigmatizing behaviours and engage in an equally diverse range of stigma responses. These responses and their resulting outcomes help differentiate between truly monstrous characters who happen to have a medical condition and characters with a disease that experience some monstrous symptoms. As such, it is possible to see that it is not one's medical condition that determines one's place in society, rather it is the treatment of that condition – medically, legally and socially – by others and by oneself that determines whether those living with a chronic, transmissible disease thrive, survive, hide or disappear.

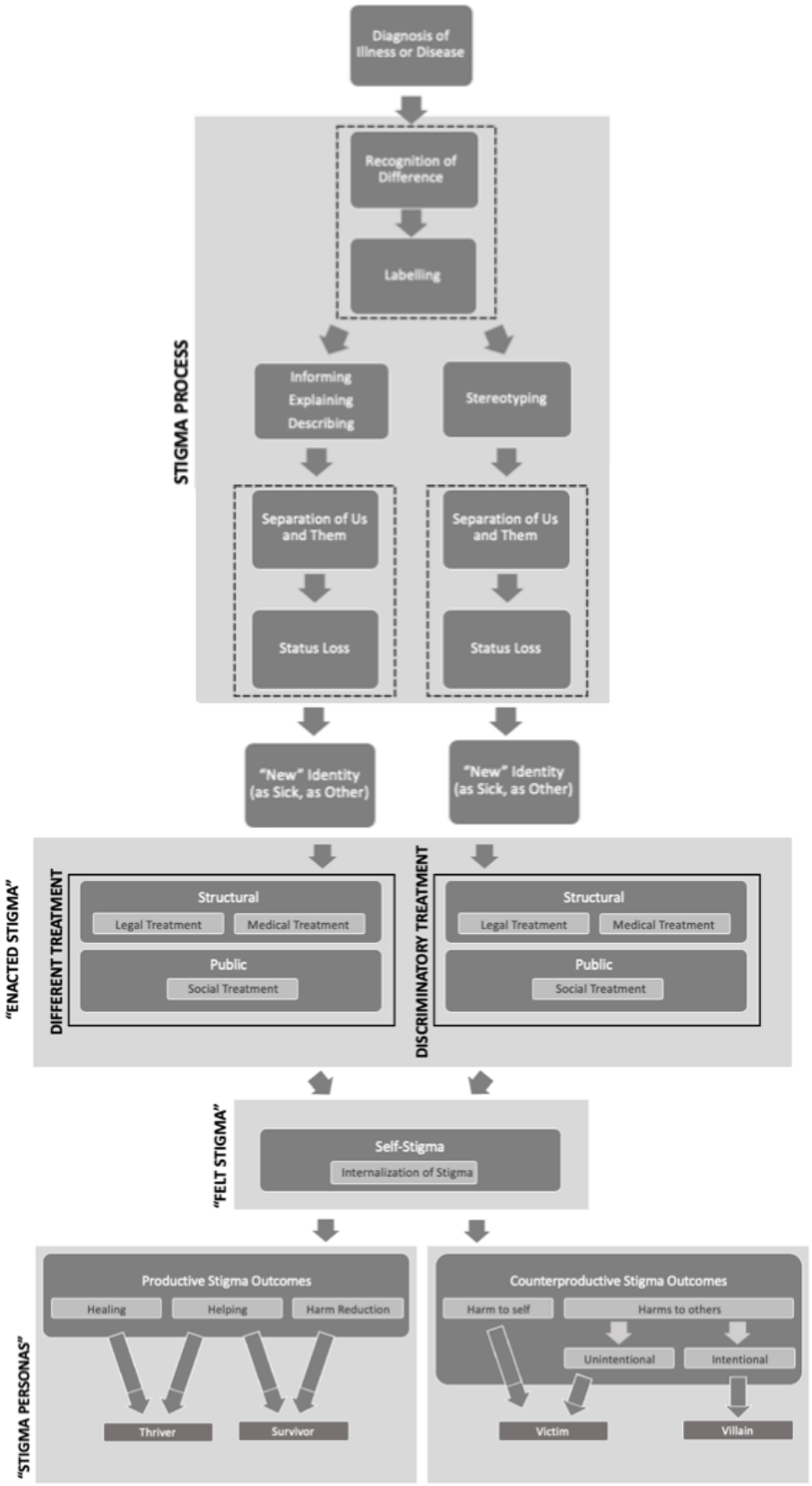

Figure 12 – An Alternative Model of Health-Related Stigma Emerging from the Anita Blake, Vampire Hunter Series

Chapter 6 – How Popular Culture and the Monster Metaphor Can Improve the Communication of Health-Related Issues

> *[Marshal Raborn] "…somehow everywhere you go you know more monsters than the rest of us."*
> *[…]*
> *[Anita] "Maybe it's because I see them as people, not just monsters."*
>
> \- *Hit List*, p.16

Popular culture has frequently been criticized for misrepresenting and oversimplifying information about disease and illness, especially when it pertains to "sensitive and controversial" matters (Ratzan et al., 1994, p.301). In the context of HIV/AIDS, for example, when cases first emerged, it was considered taboo and offensive to discuss drug use, homosexuality, safe sex and prostitution, among other issues, in the media. As a result, fiction and non-fiction narratives often omitted such topics (see e.g., Watney 1997; Waites, 2006; Murray, 2011, p.240; Ratzan et al., 1994). In addition, many pop culture representations of HIV/AIDS did not offer an accurate portrayal of the prevalence of the disease among different population groups (see e.g., Hart, 2002; Waites, 2006). Unfortunately, these kinds of incomplete and inaccurate messages risk doing more harm than good. They can, for example, undermine the effectiveness of other health communication interventions and perpetuate stigma about disease.

And yet, the media, and popular culture in particular, do play a key role in the dissemination of disease-related information. Whether or not we realize it, we learn about illness and disease – and many other topics! – when the characters, locations and storylines of our favourite films, television programs, books, or comics, to name but a few examples, implicitly and explicitly encounter them (Singhal & Vasanti, 2005; Kendal & Diug, 2017). The power of popular culture, after all, is that it *can* allow audiences to experience events vicariously through its characters and plots without having to actually live through them and, further, to understand those events from a

variety of perspectives (Jarvis & Burr, 2011). In addition, it can stimulate conversations surrounding taboo topics that are explored within the context of film, television, and books, among other mediums (Howard, 2007). How then can popular media be harnessed to convey complex and often controversial topics related to health and disease?

Metaphors play a special role in the communication of health-related information. They can allow audiences to talk about an issue that is taboo or uncomfortable with a bit of distance, or, sometimes, without even talking about it at all by using familiar frames and references (Lakoff & Johnson, 1980). In a health-related context, monster metaphors, including the zombie, the vampire, and the werewolf have long been associated with illness and disease. The use of scientific language, such as 'disease', 'virus', or 'mutation', to describe monsters and monstrous conditions combined with the increased presence of scientific imagery, such as lab coats, microscopes, and hospitals, both position monsters as a metaphor for disease and suggest that disease is "the root cause" of monstrosity (Abbott, 2016, p.50). In addition, science and medicine are often used to either diagnose monstrosity or to treat it. In *I Am Legend* (2007), *The Hunger* (1983), and *Blade* (1998), for example, microscopes are used to examine blood cells from vampires and vampire-like characters to show, visually, how their DNA differs from that of humans. Furthermore, many narratives, such as those found in *World War Z* (2013) and *Daybreakers* (2009), centre around the desperate search for a cure to a virus that causes a plague of zombies and vampires, respectively.

Some monster narratives such as those related to zombies continue to be useful for understanding the outbreak of disease and the viral spread of a global pandemic. New narratives are needed, however, to account for infectious and transmissible diseases that do not fit, or have come to no longer fit, the formula of an outbreak. HIV/AIDS, for example, is no longer acute but rather chronic, and those who contract the disease can now treat and delay or manage its onset and

transmission (see e.g., Wald, 2008, p.216-217). Thus, people with HIV/AIDS who have access to medical treatment are living longer and, of particular concern to this research project, are encountering increased and prolonged stigma (Public Health Agency of Canada, 2020).

While both vampire and werewolf narratives frequently involve the transmission and onset of a 'disease', many have transitioned away from infection-as-contagion narratives to viewing viruses as a catalyst for individual growth and group development (see e.g., Bollinger, 2009; Fink 2010). These sympathetic, monstrous 'Others' seem to offer new ways to think about monsters and infection. As such, this dissertation argues that they have the potential to challenge existing notions of disease and illness, and, in particular, to dispel stigma related to these 'monstrous' medical conditions.

In order to explore this assertation, this dissertation began by considering how stigma occurs in a health-related context. Although unintended, this led to the development of an alternative model of health-related stigma, based on the work of Link & Phelan (2001) as well as a typology of stigma types and stigmatizing behaviours, based on the work of Emlet (2006), Jones & Corrigan (2014), and Green & Platt (1997) and a review of the literature on HIV/AIDS-related stigma. These tools functioned as the foundation for exploring how stigma unfolds in popular culture. Both were subsequently tested and refined through the analysis of the *Anita Blake, Vampire Hunter* series.

The results of the analysis conducted in this dissertation are outlined below, followed by a discussion of the applicability and implications of this research outside of the pages of *Anita Blake*. This is contextualized by an acknowledgement of the emergence of two public health crises that occurred during the writing of this dissertation – the COVID-19 pandemic and the global creep of monkeypox – for these emergencies have changed the public health landscape locally as well as

globally. Finally, the limitations of this research project are detailed along with potential areas for future research.

Results: Understanding the Experience of Stigma and the Stigmatized Experience

Social cognitive theorists and mass media scholars agree that learning and social change can result from interacting with mediated environments (see e.g., Bandura, 1977, p.24-25; Bandura, 1986, p.20, 70-71). The degree of learning that takes place in these environments is, however, contingent on the level of narrative transportation that the audience experiences (see e.g., Gerrig, 1993; Green & Brock, 2000; Bal & Veltkamp, 2013), their repeated exposure to such narratives (Gerbner & Gross, 1976; Ames & Burcon, 2016), and the development of para-social relationships between the audience and characters found within those stories (Horton & Wohl, 1956). Thus, in order to be considered as a site for learning and social change, mediated texts must meet these prima facie requirements.

As has been discussed in Chapter 3 above, the *Anita Blake* series satisfies these minimum threshold requirements. First, the long-running nature of the series, which spans nearly 30 years of publication and more than 35 individuals texts, provides audiences with an opportunity to engage with the characters and narratives presented therein in a **repeated and prolonged** manner, thereby increasing the likelihood that they will learn from the texts. Second, the long-running nature of the series also provides for the development of **long-term para-social relationships** similar to those that would occur outside of the pages of the series, in 'real life'. Third, the extensive and meticulous world-building upon which the *Anita Blake* series is based requires a **high-level of narrative transportation** to understand the context and rules that the imaginary world operates in. This is achieved through the incorporation of the monster and the monstrous by reference to real-world events and everyday experiences, as well as through the recognition of the

elaborate history of monsters in popular culture and other domains such as religion, mythology, medicine and criminology.

This emphasis on the monstrous helped to fulfill a fourth requirement proposed in this dissertation, supported by existing interpretations of the monster and the monstrous – that is, that **the monster can function as a metaphor** for disease and illness. Indeed, monstrous language and imagery has already seeped into everyday discussions related to HIV/AIDS (Ní Fhliann, 2019), Alzheimer's Disease (Behuniak, 2011), and the Ebola virus (Gomez-Tenesion, 2018), among other examples, and, as discussed previously, the language and imagery of medicine, disease and science often features prominently in monster narratives.

While these requirements are important, they do not provide a complete response to addressing the criticism that is frequently levied towards pop culture narratives in the context of illness and disease – that is, that they misrepresent or oversimplify information and are therefore inaccurate and incomplete. As such, the first question that this research project explored set out to identify how stigma-related infrastructure needs to be constructed in fictional worlds in order to account for the stigma experience of people living with a chronic infectious disease. Following this, the second question that this research project considered what outcomes could be achieved when such infrastructure was in place.

Answering RQ1: The Identification of Health and Stigma World-Building Requirements in Fictional Narratives

The *Anita Blake* series can be, and indeed has been, read through many lenses – and yet, a health-related lens had not been previously applied to the series. However, rather than taking for granted that the monsters found within its pages could be read as 'diseased', the first research

question of this dissertation sought to understand how such fictional narratives could be constructed. In particular, based on a framework developed from existing scholarly literature related to disease-related stigma, this dissertation examined how the stigma process and its emergence in medical, legal and socio-cultural infrastructure needs to be accounted for in the context of fictional worlds and 'monstrous' medical conditions to understand the stigma experience and the experience of the stigmatized.

Applying the alternative model of health-related stigma and the typology of stigma types and stigmatizing behaviours developed in Chapter 1 of this dissertation to the *Anita Blake* series, it was determined that **to account for the stigma experience of people living with a chronic, infectious disease and therefore create a productive learning opportunity for understanding this experience that is neither oversimplified nor incomplete**, monster narratives need to fulfill three requirements.

Table 8 - The Three Health and Stigma-related World-Building Requirements of Monsters Narratives

1. They must use health-related indicators, whether implicit or explicit, to link 'monstrous' conditions with the diagnosis of illness or disease.
2. They must account for all of the steps in the stigma process that lead to the generation of a 'new' identity as 'sick' or 'Other'.
3. They must detail a variety of differential and potentially discriminatory responses to 'Othered' characters by the medical, legal and social systems present within the fictional world.

The world-building that takes place in the *Anita Blake* series that fulfills these requirements is neither simple, nor done quickly. Rather, it unfolds across all of the texts through repetition as Anita and her close contacts encounter new and recurring characters and through an evolution in the scientific and medical understanding of the two conditions read as transmissible diseases in this study – that is, lycanthropy and vampirism.

Table 9 below provides an overview of how the first narrative requirement, using implicit and explicit health-related indicators to 'mark' monstrous conditions as a disease or illness, occurred in the series.

Table 9 - Narrative Requirement 1: Monster narratives must use health-related indicators, whether implicit or explicit, to link 'monstrous' conditions with the diagnosis of illness or disease.

Medical condition	Health-related indicator	Implicit/Explicit
Lycanthropy	Medical language is used to describe transmission (i.e. infection, contamination)	Explicit
	Comparisons are made between the condition and other real-life viruses (i.e. rabies, AIDS)	Explicit
	Analogies are made between the condition and rape/rape victims, linking transmission to sexual activity	Implicit
	Additional mechanisms of transmission are identified that parallel those of real-life viruses (i.e. via contaminated medical procedures, pregnancy)	Explicit
Vampirism	The language of medical treatment and procedures are used to describe managing the condition (i.e. medically assisted 'dying', searching for a cure)	Implicit
	Medical language is used to describe transmission (i.e. infection), which occurs through person-to-person contact	Explicit
	Transmission is linked with consent and sexual contact, positioning the condition as analogous to a sexually transmitted disease	Implicit
	Complications for pregnancy result from the condition, similar to those of other medical conditions	Implicit
Vampirism (the ardeur)	Transmission requires person-to-person contact	Explicit
	Transmission is linked with consent and sexual contact, positioning the condition as analogous to a sexually transmitted disease	Implicit

The combination of implicit and explicit indicators ensures that information is not just 'pushed' at audiences; rather, it allows the audience to draw their own inferences related to the positioning of lycanthropy and vampirism as diseases. This is reinforced by the juxtaposition and eventual linking of the two medical conditions through Anita herself and her romantic relationships. In particular, while lycanthropy is framed *explicitly* as a disease from the outset of the series – "pushing" this analogy onto characters and the audience alike – vampirism is not recognized as such until much later. Instead, vampires are originally positioned *implicitly* as diseased, thereby 'pulling' readers into the narrative and providing them with an opportunity to develop and eventually test their own inferences.

A character's diagnosis as diseased – whether explicit or implicit – functions as the catalyst for Narrative Requirement 2 because it is this diagnosis, this marking of difference, that launches the stigma process. Table 10 below provides an overview of the occurrence of the steps in revised process of stigma proposed in Chapter 1 of this dissertation.

Table 10 - Narrative Requirement 2: Monster narratives must account for all of the steps in the stigma process that lead to the generation of a 'new' identity as 'sick' or 'Other'.

Steps in the Stigma Process	Occurrence
Recognition of Difference	Physical and physiological symptoms are noted and used by characters (and therefore the audience) to differentiate between those with lycanthropy and/or vampirism and those without.
Labelling	Description and/or explanation of a medical condition and its symptoms
	Emphasizes the difference between character groups (i.e. via name calling or slurs)
Stereotyping	Through the act of labelling (i.e. using words like 'monster', 'animal' or 'walking corpse' to describe through with the medical condition)
	Through the application of a generalization of the behaviours or characteristics of a subset of the population to the entire group
Separation of us and them	Explicitly – through labelling and the identification of in-groups and out-groups (i.e. 'us' and 'them', 'humans' and 'monsters')
Status Loss	Explicitly – through labelling and the identification of in-groups and out-groups (i.e. 'us' and 'them', 'humans' and 'monsters')
	Implicitly – by referring to a character with the medical condition as no longer 'human'
Generation of a new identity as 'other'	Explicitly – through the use of the word 'other' when referring to a character with the medical condition
	Implicitly – through the culmination of the steps in the stigma process

All of the steps in the alternative model of the stigma process were identified in the *Anita Blake* series. Furthermore, as was predicted, many of the steps co-occurred. Thus, despite a delay in explicitly recognizing vampires as diseased, both characters with lycanthropy and those with vampirism were subjected to all of the steps in the stigma process.

The analysis conducted also revealed an important distinction that occurs in medical contexts with regards to the act of labelling. In particular, it was revealed that the recognition of difference and labelling, which frequently co-occur, can be neutral. This happens when a label is used to explain, describe or provide information about the medical condition in question. Labelling can also be value-laden, such as when a label is used as or substitutes for a stereotype. In these

instances, labelling – and by extension, stereotyping – *emphasizes* difference. This finding led to a modification of the alternative model of stigma, which can be found in Figure 5.

Irrespective of whether the application of a label occurred for the purpose of stereotyping a group or explaining one of its behaviours or characteristics, the cumulative effect of recognizing a difference, labelling it, and explaining/stereotyping that difference was the separation of the person or group applying the label from the person or group to whom it has been applied. This, in turn, allowed for the use of differential and/or discriminatory treatment and for the fulfillment of Narrative Requirement 3.

An analysis of the enacted stigma that a 'diseased' group or individual experiences in the *Anita Blake* series revealed that, irrespective of whether stigma originates from institutional actors/structures or the public, two overarching categories of behaviour could be observed. The first category consisted of differential behaviours, that is behaviours that were based on scientific and medical evidence and were therefore justifiable. The second category of behaviours were those based on stereotypes and misconceptions of disease and its symptoms and were therefore discriminatory and unjustifiable. Differential behaviours were found to evolve internal to organizations, such as the legal system, as the scientific understanding of disease deepened; changes to discriminatory treatment required external intervention and the elimination of misconceptions. Table 11 below provides an overview of how the third narrative requirement occurred in the series.

Table 11 - Narrative Requirement 3: Monster narratives must detail a variety of differential and potentially discriminatory responses to 'Othered' characters by the medical, legal and social systems present within the fictional world.

Institution (Medical/Legal) / Public (Social) Actor	Response to characters living with the medical condition	Medical condition	Differential / Discriminatory
Institution - Medical	Wearing additional PPE to prevent the transmission of disease	Lycanthropy	Differential

Institution - Legal	Using special equipment or procedures to detain, restrain, or execute people living with the medical condition due to resulting symptoms *Note: Vampires can no longer be killed without a warrant, but in some U.S. states, those with lycanthropy can. This marks a distinction between the two groups, the latter of which falls into discriminatory behaviour*	Lycanthropy Vampirism Lycanthropy	Differential Discriminatory
Institution – Legal	Passport must indicate that one is carrier for disease	Lycanthropy	Discriminatory
Institution – Medical	Special medical facilities (either buildings or wards) are reserved for people with the medical condition	Lycanthropy Vampirism	Differential
Institution – Legal	Halfway houses with few to no opportunities for discharge are used to confine those with the medical condition	Lycanthropy	Discriminatory
Public	Avoiding eye contact with a person with the medical condition due to resulting symptoms (abilities)	Vampirism	Differential
Public	Dismissing or restricting the ability of those with the medical condition to work *because* of their medical condition	Lycanthropy	Discriminatory
Public	Refusal to interact or modified interaction with a person in social setting with a medical condition *because* of their medical condition	Lycanthropy Vampirism	Discriminatory
Public	Engaging in violent, aggressive or dehumanizing behaviour towards a person or group because of their medical condition	Lycanthropy Vampirism	Discriminatory

While differential and discriminatory treatment both resulted from institutional structures and actors, discriminatory treatment was far more common when the actor or organization was public (i.e. private individuals, anti-vampire advocacy groups, the Catholic Church). The occurrence of differential (justifiable) and discriminatory (unjustifiable) behaviour was linked to earlier steps in the stigma process. In particular, it was observed that when the recognition of difference and labelling occurs for the purpose of explanation or description, it leads to differential behaviour. In contrast, when labelling arises as or leads to stereotyping, then discriminatory behaviour results. This pointed to a further precision in the alternative model of health-related stigma proposed in Chapter 1 of this dissertation.

A ‘new’ stigmatizing behaviour was also identified – that of fascination – which expands the typology developed in Chapter 1. Fascination was found to occur in two different ways. First, it emerged in the context of modern-day freak shows and other successful preternatural-run

businesses, which led to productive outcomes such as employment and community for those living with lycanthropy and vampirism. Second, it also emerged when characters were de-humanized and treated like animals, for example by lycanthrope 'poachers', and therefore discriminated against.

The fulfillment of these three narrative requirements demonstrates that it is indeed possible for popular culture narratives to include a wide variety of health-related indicators and health-related stigmatizing behaviours and therefore account for the stigma experienced by individuals and groups living with a chronic, infectious disease. However, as the inclusion and evolution of the long-running character of Rudolph 'Dolph' Storr and the evolution the medical and legal systems throughout the entirety of *Anita Blake* series demonstrates, the construction of such infrastructure takes time. It cannot – and perhaps should not – be done quickly.

Answering RQ2: The Internalization of and Outward Behavioural Responses to Stigma

The second question that this dissertation explored sought to understand what impact monster narratives could have on our understanding of health-related stigma when they fulfilled the three narrative requirements identified in RQ1. In particular, using the framework developed from existing scholarly literature related to disease-related stigma, this research project asked what outcomes could be achieved for characters and audiences alike when fictional narratives accounted for the enacted stigma that people living with chronic, transmissible diseases encounter in their daily lives.

Three narrative outcomes pertaining to health-related stigma and the stigmatized experience emerged from the *Anita Blake* series. These narrative outcomes were achieved, in large part, due to the world-building that takes place within the series with regards to the place of monsters and the monstrous, the use of health-related indicators that link 'monstrous' conditions

with the diagnosis of illness and disease, and the inclusion of all of the steps in the stigma process and a variety of resulting differential and discriminatory treatment that results from the process.

Table 12 – Three Narrative Outcomes of Fictional Monsters Metaphors that Account for Disease-Related Stigma

1. Demonstrating how enacted and public stigma behaviours – whether differential or discriminatory – generate self-stigma; 2. Drawing attention to the counterproductive stigma outcomes that result from self-stigma sentiments; and, 3. Showing how groups and individuals can generate productive stigma outcomes through a variety of stigma management practices.

Similar to stigmatizing behaviours that fell under the category of enacted stigma, the *Anita Blake* series also features a wide variety of self-stigma sentiments that emerge as a response to the internalization of that treatment. These sentiments arose regardless of whether the preceding treatment was differential or discriminatory, as no distinction was made by the individual or groups being stigmatized. Table 13 below provides an overview of how this narrative outcome occurred within the series

Table 13 – Narrative Outcome 1: Under specific conditions, monster narratives can demonstrate how enacted and public stigma behaviours – whether differential or discriminatory – generate self-stigma

Self-stigma sentiment	Enacted stigma behaviour	Differential / Discriminatory
Mistrust of institutions	Public stigma by law enforcement officials (i.e. blaming a person for a crime because of their medical condition or its symptoms)	Discriminatory
	Using special equipment or procedures to detain, restrain, or execute people living with the medical condition due to resulting symptoms	Differential Discriminatory
Fear of rejection	Dismissing or restricting the ability of those with the medical condition to work *because* of their medical condition	Discriminatory
	Refusal to interact or modified interaction with a person in social setting with a medical condition *because* of their medical condition	Discriminatory
Isolation and/or estrangement	Public stigma (by individuals and organizations, institutional and non-institutional	Differential Discriminatory
	Institutional rules and procedures that single a person out *because* of their medical conditions and/or its symptoms	Differential Discriminatory
Blaming and shaming oneself	Public stigma (by individuals and organizations, institutional and non-institutional	Differential Discriminatory
	Institutional rules and procedures that single a person out *because* of their medical conditions and/or its symptoms	Differential Discriminatory
	Remorse and regret at transmitting one's condition and/or harming others because of its symptoms	Differential Discriminatory

Fear of (spreading) contagion	Public stigma (by individuals and organizations, institutional and non-institutional	Differential Discriminatory
	Institutional rules and procedures that single a person out *because* of their medical conditions and/or its symptoms	Differential Discriminatory
	Remorse and regret at transmitting one's condition and/or harming others because of its symptoms	Differential Discriminatory

In addition, many enacted stigma behaviours could be linked to multiple self-stigma sentiments. This suggests that the effect of enacted stigma is exponential – each act can generate multiple psychological responses and therefore resulting behavioural outcomes.

Much of the existing literature on health-related stigma, and stigma generally, emphasized the harmful effects that stigmatizing treatment can have on those who are subject to it. This was observed in the *Anita Blake* series, where three types of harm were observed as outcomes from five stigma management practices and four self-stigma sentiments. This was depicted in Table 6 above. This has been combined with the findings from Table 7, which made similar connections between self-stigma, stigma management practices and productive outcomes, into Table 14 below.

These findings, in part, support the identification of the third and final narrative outcome of the *Anita Blake* series – that monster narratives can show how groups and individuals can generate productive stigma outcomes through a variety of stigma management practices. As depicted in Table 14 below, it was possible to draw connections between the five self-stigma sentiments, five resulting stigma management practices (which manifested in several initiatives or activities) and three *productive* outcomes – harm reduction, helping and healing.

Table 14 – Narrative Outcome 2: Under specific conditions, monster narratives can draw attention to the counterproductive stigma outcomes that result from self-stigma sentiments / Narrative Outcome 3: Under specific circumstances, monster narratives can show how groups and individuals can generate productive stigma outcomes through a variety of stigma management practices

Self-stigma sentiments	Stigma management practices (Response)	Stigma outcomes					
		Counterproductive outcomes			Productive outcomes		
		Harm to others (intentional)	Harm to others (unintentional)	Harm to oneself	Harm reduction	Helping	Healing
Mistrust of institutions	Label avoidance		X	X			
	Protective silence (i.e. withholding information)		X	X			
	Establishing group norms				X		
	Group mobilization • Specialized service provision					X	
	Sharing expertise				X	X	
Fear of (social/ professional) rejection	Protective silence • Non-disclosure of medical status • Passing			X			
	Establishing group norms				X		
	Group mobilization • Peer support				X		
	Sharing expertise • Peer support				X	X	
Feelings of isolation / estrangement	Weaponization of disease	X					
	Group mobilization • Community building • Peer support • Provision of employment and other opportunities					X	X
Self-blaming and self-shaming	Disassociation from self	X					
	Disassociation from others	X	X				
	Suicide / Suicidal ideation	X	X				
	Compassion • Towards oneself • Towards others						X
Fear of spreading contagion	Proactive disclosure				X		

As demonstrated by the findings depicted in Table 14, in addition to drawing attention to counterproductive outcomes, the *Anita Blake* series also showcases how groups and individuals can generate productive stigma outcomes through a variety of stigma management practices. Productive stigma outcomes appeared more frequently than counterproductive ones likely because the fictional series centers around Anita Blake and her romantic partners who harness stigma or work to overcome it. These outcomes ranged from the most-passive – harm reduction, which was linked with survival and maintaining the status quo – to the most-active – healing, which was

linked with overcoming disease-related stigma and thriving in one's new environment. A distinction was therefore made between "survivor" and "thriver" personas among the characters.

Two additional personas were observed in the case of counterproductive outcomes. In particular, when harm was intentionally caused by characters living with either vampirism or lycanthropy, these characters were classified as villains and destroyed by Anita and her close contacts. Victims, of either disease or the stigmatizing treatment that they were subject to on account of their medical conditions, engaged in stigma management practices which unintentionally harmed others or harmed themselves.

The identification of these four personas led to a final precision of the alternative model of stigma proposed in this dissertation that recognizes their link to specific outcomes. As well, the analysis conducted to answer the second research question also led to the addition or revision of several counterproductive and productive stigma management practices and their accompanying definitions to the typology of stigmatizing behaviour developed in Chapter 1.

Conclusion: A Few Notes on Stigma from the Anita Blake, Vampire Hunter Series

As mentioned earlier in this dissertation, when this project first began, I did not intend nor envision that it would challenge conceptualizations of stigma. However, upon reviewing the scholarly literature about the definition and occurrence of stigma, I noted several gaps in the existing understanding about the process of stigma that seemed to conflict with suggestions in health-related literature that stigma fulfills an important, productive function in a medical context. In addition, I noted several inconsistencies in the classifications of the types of stigma and stigma behaviours that occurred both generally and specifically in a health and disease-related context. As such, and in order to explore the occurrence of stigma in the *Anita Blake* series, I proposed an

alternative model of the process of stigma and a typology of stigma-related behaviours specific to chronic, transmissible diseases.

Ultimately, the *Anita Blake* series provided an opportunity to test both the model and typology that may not have been possible outside of its pages for it can be controversial and, indeed, uncomfortable to suggest that stigma can be 'positive' or productive – especially to those that have been the subject to it in the past. However, *this* is the power of popular culture espoused by many media studies and mass communications scholars. It provides audiences with the opportunity to think about and discuss issues and experiences that happen to 'someone' else, who is not 'real' and therefore will not be affected or hurt by those discussions and their outcomes. This power is further strengthened by the use of the monster metaphor. Monsters – at least the kind that feature prominently in the *Anita Blake* series and are the focus of this research project – are not 'real' and therefore provide even more psychological distance to the reader for considering controversial topics and issues.

So, what does the *Anita Blake* series tell us about health-related stigma and, therefore, the stigmatized experience? The first lesson learned is that the process of stigma is extremely complex. The alternative model of stigma proposed and refined throughout this dissertation suggests that stigma is linear; while it certainly can be, some steps in the stigma process and some stigma-related behaviours frequently co-occur. It can therefore be difficult to isolate specific steps and behaviours and determine relationships between them. Nevertheless, the alternative model of health-related stigma emerging from the analysis of the *Anita Blake* series conducted here, first produced in Figure 12 and reproduced in Figure 13 below, does tell us important information about stigma and the stigma experience.

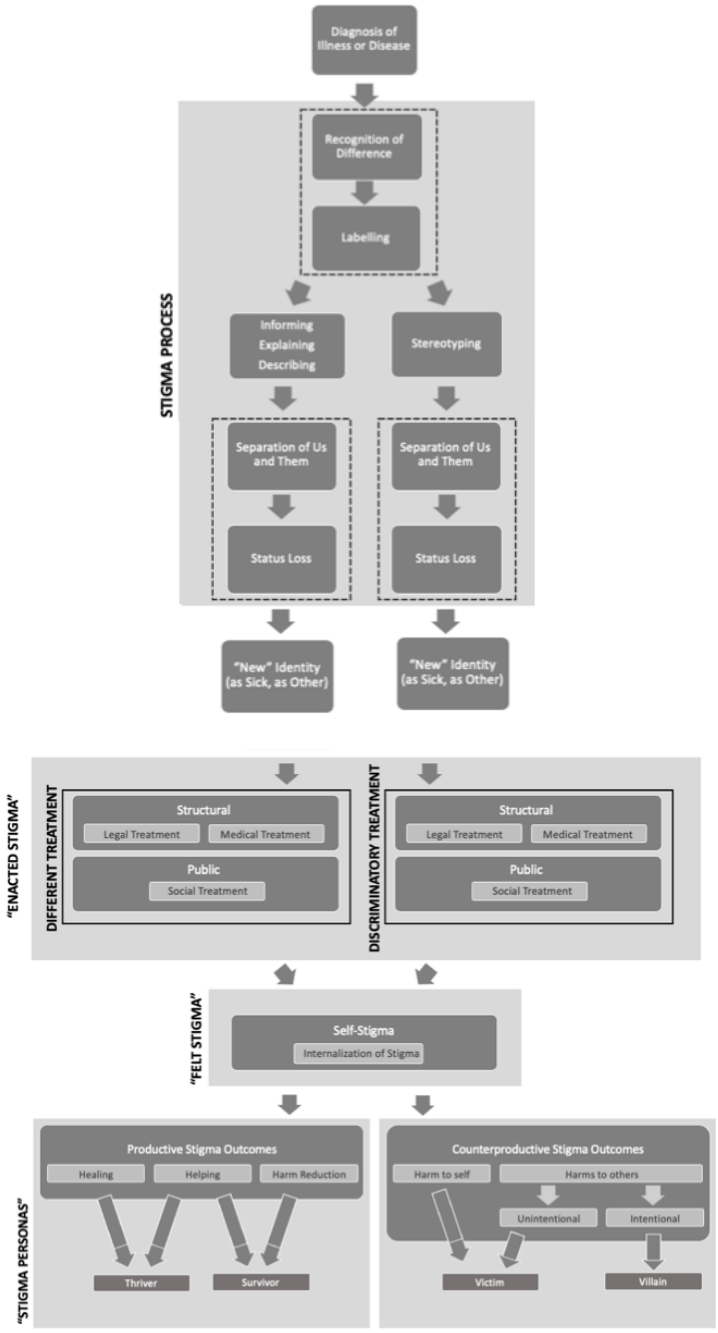

Figure 13- An Alternative Model of Health-Related Stigma Emerging from the Anita Blake, Vampire Hunter Series [Reproduced]

These lessons learned have been summarized as follows:

Labelling	Labelling – and the recognition of difference that leads to it – can fulfill two roles in a medical or health-related context. 1. Labelling can be 'neutral' when it is done to provide information, explanation or description of a medical condition, its symptoms, transmission, treatment and overall management. 2. Labelling can be 'value-laden' when it acts as or leads to stereotyping of those with a medical condition.

Stigma Process • Separation of us and them • Status Loss • New identity	Irrespective of intent, labelling leads to the 'separation of us and them', 'status loss' and, ultimately, the generation of a new identity for those living with the medical condition as 'sick' or 'Other'
Enacted Stigma Behaviours	Two overarching types of enacted stigma behaviours were identified for both structural stigma (stigma stemming from institutional structures and actors) and public stigma (stigma stemming from non-governmental organizations and individuals). 1. **Differential behaviour**, which follows from the neutral act of labelling, and is justifiable because it is based on scientific understanding and medical knowledge of the medical condition, its symptoms, transmission, treatment and overall management. 2. **Discriminatory behaviour**, which follows from the value-laden act of labelling, and is not justifiable because it is based on misconceptions and stereotypes of the medical condition, its symptoms, transmission, treatment and overall management
Self-stigma	For those being stigmatized, the effect of differential and discriminatory treatment is the same. Both generate a variety of self-stigma behaviours.
Stigma management practices and their outcomes	A variety of stigma management practices are used by individuals and groups to respond to health-related enacted stigma behaviours and the resulting self-stigma, which, in turn, can generate either **counterproductive stigma outcomes** or **productive stigma outcomes**
Counterproductive stigma outcomes	Counterproductive stigma outcomes involve 1. Intentional harm to others 2. Unintentional harm to others 3. Harm to oneself (whether intentional or unintentional
Productive stigma outcomes	Productive stigma outcomes involve 1. Harm reduction 2. Helping (oneself and/or others with one's medical condition) 3. Healing (oneself and/or others with one's medical condition)
Personas	Four personas emerge in response to health-related stigma: 1. Villains (those who harm others intentionally with their disease) 2. Victims (those who harm themselves or unintentionally harm others with their disease) 3. Survivors (those who try to reduce harm and help others with their disease) 4. Thrivers (those who aim to help and heal others with their disease)

In addition, the analysis of the occurrence of stigma in the *Anita Blake* series also identified additional stigma-related behaviours that have been added to the Typology of Stigmatizing and Stigmatized Behaviours, first presented in Table 3 above and refined below in Table 15 below. Additions and revisions to the typology have been highlighted in grey.

Table 15 – A Revised Typology of Stigmatizing and Stigmatized Behaviours Emerging from the *Anita Blake, Vampire Hunter* Series

ENACTED STIGMA		**FELT STIGMA**	
Structural Stigma		**Self-stigma**	
Medical Treatment:	Policies or practices that would be unacceptable if applied to an individual or group without the disease or illness	**Blaming and Shaming:**	Feelings of disgust or condemnation towards oneself and/or one's past behaviours or feelings of remorse

Criminalization:	Criminal prosecution for the wilful or reckless transmission of disease or illness
Migration/Travel Restrictions:	Policies or practices which limit the mobility of people living with an illness or disease
Violations of Confidentiality:	The intentional or unintentional disclosure of one's medical status by a person holding an institutional role (Emlet, 2006, p.787)

	and regret for transmitting one's medical condition
Isolation:	Feeling separate, alone or estranged from society (Emlet, 2006, p.786)
Fear of Contagion:	Fear that one is infected and will transmit one's illness or disease to others
Mistrust of institutions:	Feeling that "police and public officials will not provide [the same] protection afforded to other citizens" on account of their disease or illness (Adam et al., 2014, p.44)
Fear of Rejection:	Fear that disclosure of one's medical status will result in being put aside, outcast, or turned down in social and professional contexts

Public Stigma	
Rejection:	Refusing to engage or interact with an individual or group on account of their disease or illness
Fear of Contagion:	Refusing to engage or interact with an individual or group because of a fear of contracting their disease or illness (Emlet, 2006, p.786)
Double-stigma:	Stigmatizing an individual or group on account of associations with their disease or illness, such as homophobia and HIV/AIDS
Employment Discrimination:	Refusing to engage or interact with an individual or group in an employment context due to their disease or illness, in the absence of legal support/justification
Blaming and Shaming:	Exhibiting feelings of disgust or condemnation towards an individual or group because of their medical status and/or their past behaviours
Fascination	Engaging in behaviours that fetishize or dehumanize an individual or group because of their medical status

Stigma Management	
Counterproductive Practices	
Label Avoidance:	Declining or refusing to engage with specific services to avoid being labelled or stereotyped (Jones & Corrigan, 2014, p.19)
Protective Silence:	The non-disclosure of one's illness, disease or disability to avoid being labelled or stereotyped (Emlet, 2006, p.787)
Weaponization of Disease:	Intentionally using one's medical condition to harm another person
Disassociation from Self / Others	Creating a separate identity for one's diseased self and/or separating oneself from one's community
Suicide / Suicidal Ideation	Various stages of acting on one's preference for death over living with one's medical condition
Productive Practices	
Proactive Disclosure	Informing another person of one's medical condition to reduce the risk of transmission
Compassion (Self/Others):	Treating oneself and others with empathy when they experience stigma or other difficulties
Group Mobilization:	The collective action and advocacy undertaken by a group of individuals affected by or infected with a disease or illness to change perceptions and improve the

		treatment of those living with that disease or illness
	Sharing Expertise:	Communicating information about one's lived experience with disease or illness and/or acting as a representative for a group of individuals living with disease or illness

In closing, when a health-related lens is applied to the *Anita Blake* series and its monsters are read as living with a chronic, transmissible disease like HIV/AIDS, the series sheds light into how such issues can be completely and accurately communicated through popular culture. In addition, and perhaps most importantly, what the series and such narratives provide is the opportunity to better understand the full experience of stigma and the stigmatized experience.

Implications and Applicability: How Can These Findings Be Used?

When this research project began, the COVID-19 pandemic was not a thought in our minds. Over the past two years, however, the pandemic has dominated news coverage and seeped into popular culture. Among other examples, the comedy series *Superstore* incorporated COVID into the plot of its sixth season, featuring characters in masks, quarantining and managing public health guidelines as they navigated the pandemic (see e.g., VanArendonk, 2021).[58]

More recently, with cases spreading throughout Europe, the United States and Canada, to name a few, monkeypox, a disease previously confined to the African continent, has been declared as a public health emergency of international concern (World Health Organization, 2022). Due to the prevalence of diagnosed cases among men who have sex with men, comparisons have been made between monkeypox and the HIV/AIDS epidemic. Many advocacy groups are notably

[58] For further discussion, see also Benchetrit (2022).

concerned about the effects of stigmatization on specific groups or behaviours and there are also risks associated with misinformation surrounding disease transmission and population susceptibility (see e.g., Logan, 2022).

These contemporary health crises have influenced how we think, speak, and respond to infectious, transmissible diseases. They have deepened existing polarizations and disparities, locally and globally, while at the same time raising widespread concerns about the misinformation that circulates pertaining to health-related issues, including but not limited to disease transmission, symptoms, and treatment. As such, had this research been undertaken after the onset of COVID-19 or monkeypox, discussion of the two diseases would likely have featured more prominently in this dissertation. Its findings are nevertheless instructive for managing not only the communication of information pertaining to HIV/AIDS, a disease that remains a global concern, but also other long-lasting pandemics, epidemics and medical conditions.

In particular, from a **health communication** perspective, this study provides insight into the stigma that is experienced by those living with chronic, transmissible diseases – what has been referred to herein as the 'experience of stigma' – as well as their responses to it – that is, 'the stigmatized experience'. Notable lessons learned from the refinement of the health-related stigma model demonstrate that the external management of disease always has the potential to 'stigmatize', irrespective of whether differential treatment of those living with disease is justifiable or discriminatory. As such institutional and private actors must consider the direct (intended) impact of their policies and practices as well as any potential indirect (unintended) impact.

In addition, the alternative model of health-related stigma and the emergence of the four stigma personas may be useful for health care practitioners and advocacy groups alike. Real-life 'thrivers' could, for example, act as mentors and role models for 'survivors' and 'victims',

providing advice and inspiration to help others accept and overcome disease. While peer-support groups already exist in many disease- and health-related communities, 'thrivers' are leaders in their communities with not only shared experience but also authority, expertise and success. Furthermore, early intervention with 'villains' could also reduce the occurrence and effects of harmful behaviours.

From **a communication of health-related issues** perspective, this study demonstrates that is possible for popular culture narratives to account for disease and disease-related stigma. The construction of such narratives, however, takes time for they require extensive world-building and repeated, prolonged audience interaction with the text. As such, monster narratives that are similar to those found in the *Anita Blake* series are likely not useful during the outbreak stage of a pandemic when the speed of information-sharing is critical to slowing disease progression.

Where such narratives may be most useful is when the spread of disease has stabilized and public health efforts emphasize disease management and mitigation rather than prevention. In the context of COVID-19, for example, it is possible that carefully constructed monster narratives could, over time, help demystify the experience of those living with the symptoms and effects of long COVID or even reduce vaccine hesitancy. This will, of course, depend on how such texts fulfill the three narrative requirements detailed above.

Finally, from **a media studies perspective**, the analysis of the *Anita Blake* series conducted in this research demonstrates how meaning can be derived from popular culture texts. As such, content creators should be mindful of the manifest as well as latent meaning that can be derived from their work and audiences need to be aware of the potential influence that popular culture can have on our everyday lives. In addition, increased awareness of such tools among advocacy organizations could result in new ways to reach stakeholders.

Limitations and Areas for Further Research

Like any research study, the findings of this dissertation are subject to several limitations. With regards to methodology, this dissertation considered only one case study – the *Anita Blake, Vampire Hunter* series – and only one medium – literature. As such, future research may want to consider testing the framework developed here against other monster narratives, such as those found in *The Southern Vampire Mysteries* by Sookie Stackhouse, or in other mediums.

In addition, the analysis of stigma in this dissertation was limited to health-related stigma. As such, the occurrence of double-stigma – where characters in the series also encountered stigma related to their membership in multiple identity groups – was omitted from this dissertation. In the *Anita Blake* series, characters are also stigmatized along the lines of gender, sexual identity, and race. Future research using this source material could therefore apply a different stigma lens to the text.

Furthermore, many steps in the stigma process as well as many aspects of structural, public and self-stigma either co-occurred or occurred closely together. As such, it was difficult at times to isolate these variables. This raised issues with double-coding during the pilot study of this project and future researchers will need to be mindful of similar overlap whether they are examining fictional texts or real-life stigma incidents.

This research also delimited its analysis of world-building and stigma to events, interactions and infrastructure affecting characters living with lycanthropy and vampirism. Other 'realistic' aspects of this imaginary world may affect the degree of narrative transportation that takes place. Among other examples, this includes the experience and treatment of other preternatural characters such as zombies and the fey, as well as the incorporation of contemporary

information technology and social media platforms such as YouTube and Facebook. Future research could examine these narrative elements.

Outside of the world of monster narratives, popular fiction and media studies, future research could also test the alternative model of stigma and the typology of stigma behaviours to real-world health settings. Additionally, it would be interesting to determine if the model accounts for other types of stigma, such as those stemming from race, gender and sexual identity, to name a few.

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