

ARTICLE



# Zombies, Vampires and Frankenstein's Monster - Embodied Experiences of Illness in Living Dead Films

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## Abstract

The living dead, such as vampires, zombies and Frankenstein's monster, serve the role of monsters in many horror films. They are liminal characters whose continuing corporeal existence questions the limits of life and death. Their problematic and abnormal bodies also symbolize the boundaries between normal, proper or healthy bodies and abnormal or unhealthy bodies. For these reasons, the living dead have the potential to create embodied narratives of illness.

In this article, I discuss three different allegories of illness in contemporary living dead films. First, I focus on lifestyle-generated health issues in vampire films that emphasize the consequences of individual decisions and social stigma. Secondly, I examine how zombies symbolize progressive and degenerative diseases, such as memory diseases, which alienate the living from those affected. Thirdly, I use the Frankenstein narrative to discuss the limits of medical science. In particular, I am interested in how organ transplants, as a way of treating sick bodies raise questions of (personal and social) identity.

My analysis shows that living dead films symbolically express fears related to fragile bodies and progressive illnesses. The degenerative processes of the body are portrayed as monstrous, and they have severe consequences for identity and sense of self. In these terrifying storylines, the living dead are easily discriminated against and viewed with horror. This demonstrates the various effects that illness has on social roles and social identities. I argue that by symbolizing experiences of illness through dreaded monsters, these horror stories both reveal

and stigmatize the health issues they represent. Embodied experience of living death has the potential to illustrate what people with long-term illnesses (and their families) are facing, yet the context of the horror genre creates an ambiguity about whether it is the illness or the person with the illness that is seen as monstrous.

## **Zombies, Vampires and Frankenstein's Monster: Embodied Experiences of Illness in Living Dead Films**

The living dead's corporeal post-mortem existence challenges our cultural, social and medical definitions and understanding of mortality. In horror films, the liminal characters that exceed and blur the categories of life and death represent the unknown and otherness, which in turn mark them as monsters. Monster theorists argue that being a monster is first and foremost a narrative position and a set of characteristic or actions only second. In other words, monsters do not simply exist: they are created, recognized, and treated as such within a certain cultural, social and moral context. Consequently, the role of monster can dehumanize or exclude issues or groups of people who are seen to represent something abnormal or undesired. In this way, monsters are symbolic expressions of cultural anxieties and uncertainties (Cohen 1996; Ingebretsen 2001; McKahan 2007; Mittman 2013). Undead monsters, such as vampires, zombies, mummies or even Frankenstein's monster, have varied allegorical functions in horror cinema, such as representing debates on sexual orientation, gender roles, race, colonialism, slavery, and consumerism (e.g. Hakola 2015). This article focuses on disease-related symbolism. I analyze how the status of "undead" creates and reveals tensions between healthy (normal) and sick (other) bodies, and discuss what these films tell us about our cultural unease with being ill.

Health-related anxieties are central to our sense of humanity and mortality. After all, health relates to more than the mere absence of sickness; it includes happiness, a sense of self, productivity, and the ability to function. In a way, health has become a supervalue, a metaphor for all that is good in life (Crawford 2006; WHO 1948). In

contemporary Western societies, health has even become a duty of citizenship. Each citizen is encouraged and expected to maintain their health in order to benefit society and humanity (Tolvhed and Hakola 2018). Health problems, in turn, affect all aspects of life. Experiences of illness go beyond medical symptoms and include renegotiations of identity and social status. Consequently, illnesses often become part of the monster rhetoric. Several clinical research articles make this apparent by using titles such as: “Non-Alcoholic Fatty Liver Disease - The Unfolding Monster?” (Singh 2006), “Antiviral-Resistant Hepatitis B Virus: Can We Prevent This Monster from Growing?” (Zoulim et al. 2007), and “‘A Monster That Lives in Our Lives’: Experiences of Caregivers of People with Motor Neuron Disease and Identifying Avenues for Support” (Anderson et al. 2016). Similarly, several living dead films bring being ill and monstrosity together, which makes these films culturally relevant material for the study of health-related values and assumptions.

In horror cinema, the death-related corporeality of the living dead enables the examination of embodied health symbolism. Academic research has a dual, if somewhat overlapping, approach to this topic: one emphasizes infection processes and the other degenerative diseases. First, the undead have been studied from a pandemic perspective. Their common ability to contaminate others inspires fears of spreading infection, the collapse of civilization, and the mass destruction of the human population. In particular, zombies and vampires have often been used to represent potentially contagious ailments with apocalyptic potential, thus serving as a symbolic focus for the human need to identify a clear cause and to lay blame (e.g. Davies 2005, 146-147; Verran et al. 2014; Watson et al. 2014; Wonser and Boyns 2016, 647-650). Second, the research has focused on cultural symbolism, meanings, and representations attached to specified medical conditions and their degenerative processes in various living dead films (e.g. Hillman and Latimer 2017; Helman 2004; Miller 2003). This article relates to the latter tradition, because it studies the representations of embodiments and experiences of being ill. Whereas this kind of

research typically discusses one disease and monster at a time, this article brings together three different undead monsters (vampires, zombies and the Frankenstein's monster) and their illness allegories in order to point their commonly shared understandings of what it means to be ill and what the undead nature of the monsters adds to these portrayals.

The analysis is based on North American and European living dead films released in the 21st century which emphasize illness symbolism in their narratives. Using thematic analysis, the discussion focuses on several living dead films. First, I focus on lifestyle-generated health issues in vampire films that emphasize the consequences of individual decisions and social stigma. Secondly, I examine how zombies symbolize progressive and degenerative diseases, such as memory diseases, which alienate the living from those affected. Thirdly, I use the Frankenstein narrative to discuss how the use of organ transplants creates challenges to personal and social identity. By discussing various health issues that are symbolized by different living dead characters, I argue that even though the living dead are often discussed as symbolizing situations of mass threat and the spread of infection, they also create powerful representations of personal experiences of being ill. I argue that all living dead films symbolize fears about fragile bodies and identities, and foreground themes of social exclusion and marginalization.

### **The Living Dead: Death, Bodies, and “Becoming”**

The cinematic living dead represent the fragility of life, the body, and health, and as such are powerful images of sick bodies. Their roles as monsters show how health challenges can have devastating consequences on individual lives, and their undead status adds nuances to the process of dealing with (life-threatening) illnesses. The living dead illustrate the difficulties of pinpointing and defining death. Such everyday phenomena as life support, coma, brain death, euthanasia, and abortion challenge any straightforward descriptions of life and death. As a consequence, there is no singular

definition of death; instead, dying is a multiple system of different deaths with complex physical, mental, and social processes (e.g. Hallam, Hockey and Howarth 2001). The debates related to the fictional undead – are they (socially) alive or dead, soulless or feeling characters – resemble these problematics.

In cinema, multiple characters have an unordinary relationship to death and not all films featuring the same monster share the same characteristics. For example, some vampires have a soul while others do not, and some zombies are controlled by an outside force while others are contaminated through infection; some Frankenstein's monsters are created from multiple real or artificial body parts and others are reanimated people. Thus, defining the living dead is a complicated, sometimes even redundant, task. Here, I use a broad definition that involves corporeality and a liminal state, whether it be through reanimation after death or a death-like state. In other words, I consider such figures as vampires, zombies, mummies, and the Frankenstein's monster to be the living dead (i.e. undead). From this list, Frankenstein's monster is often considered to be a golem, a magically created and animated anthropomorphic being, instead of the living dead. However, this monster invites similar questions regarding the limits of life and death as the other undead characters. Additionally, he is created through science, not magic as such, and this creates an interesting parallel with health technologies, making Frankenstein's monster relevant to this discussion.

The idea of liminality is familiar from different folklores and death rituals around the world. In cultural anthropology, the liminal period is placed between the detachment from an earlier social structure and reincorporation when the subject reaches a stable state. For example, the time between a person's death and society's adjustment to this death can be called a liminal period. The liminal state threatens the social order, even if only for a limited time (Turner 2008, 94-95). The living dead are liminal, because they are neither dead nor recognized to have the same rights and functions as the living. Their liminal state is heightened because their eagerness to continue their unconventional existence brings chaos to society.

The unstable and transforming undead bodies are recognizably human. For example, Frankenstein's monster is collected from body parts, zombies are visibly decaying, and even youthful vampires need constant maintenance to hide their aging appearances. Anna Powell (2005) has suggested that Gilles Deleuze's concept of "becoming" offers one explanation of why the transformative processes of undead bodies are effective sources of horror. In Deleuze's (1989, 140–143) theory, becoming is a continuing and acentral movement between forces, beings and nonbeings, and this process involves both cinematic material and its audiences. In other words, while horror films often threaten human bodies on screen, through sensations, they affect the bodies and minds of the viewers as well (e.g. Powell 2005; Shildrick 2002; Williams 1991). Horror films' potential lies with the viewers' embodied thinking. Horror's reputation as a "body genre" makes the allegorical treatment of health-related anxieties especially fruitful because of this material intention to horrify. As such, living dead films provide an intriguing insight into the debates what "normal" or "healthy" bodies could or could not be.

Becoming process makes (both physical and moral) degeneration a central theme in the living dead films, and it creates a fitting allegory for degenerative diseases. Since the beginning of the 20th century, the leading causes of death have changed away from infectious diseases (tuberculosis, influenza and pneumonia) towards degenerative diseases or isolated long-term illnesses (cardiovascular diseases, cancer and Alzheimer's disease). At the same time, the life expectancy has increased dramatically. In 1930, the average life expectancy was around 50–60 years, whereas nowadays it is closer to 80 years in Western countries. (Hoyert 2012; WHO 2018.) Thus, while people live longer also their experiences of illness have lengthened, making the experiences of slowly degenerating bodies common.

The undead visually and symbolically expose irreversible consequences to "healthy" bodies. Indeed, Margrit Shildrick (2002) argues that the monstrous body is both anomalous in itself and startling precisely because it always carries a risk of

contamination—if not at the material level, conceptually at least, because the improper body threatens to reveal the constructed nature of “proper” bodies. By setting the undead apart from “healthy” bodies, they become related to abnormality, impurity, even waste and other issues that need to be distanced from idealized humanity (Shildrick 2002, 68–73). When presenting monstrous bodies that are affected by health issues, the living dead embody the sickness in a visual and narrative context. Embodiments focus on people’s subjective, felt experiences of their bodies and provide an understanding of how our bodies and body-related experiences affect our cognition, identity and social relations. Thus, the ways in which healthy and sick bodies are portrayed can play an important role in cultural understandings of experiences of health or sickness.

Different living dead characters with varied cinematic embodiments bring out different aspects of illness and death (e.g. Hakola 2015, 29; Michel 2007, 392; Vargas 2006, 42). Vampires constantly fight aging, and represent fantasies of immortality. However, the consumption of blood has also connected their artificially maintained bodies and questionable moral behavior to questions of addiction and sexually transmitted diseases. In contrast, zombies have an unashamed relationship with decay, and their existence symbolizes dread, loss, and the inevitable frailty of the human body. Zombies continue to exist physically after their mind, memories and identity have gone, and they invite allegories of memory-related diseases, such as Alzheimer’s disease and dementia. Frankenstein’s monster, similarly, draws attention to the discrepancy between the self and the body. As a collection of reanimated and engineered body parts, Frankenstein’s monster is worried about his humanity and identity. Frankenstein’s monster is a fitting symbol for anxieties related to body transplants, implants, genetic engineering and cloning. In all these cases, the body becomes a source of threat, yet the consequences reach out to the person’s identity and social status as well.

The labeling of undead bodies as monstrous can have several consequences in the reading of the films. On the one hand, when illnesses are portrayed through monster

metaphors, the horror stories can stigmatize the health issues represented and marginalize the ill. On the other hand, these stories can also be empowering because they give visibility to these experiences and can help to understand exclusion processes (e.g. Goodwin 2014; Mittman 2013). Therefore, in the analysis of living dead stories it is crucial to pay attention to narrative perspectives. Cinematic representations of embodied experiences of living death has the potential to illustrate what people with long-term illnesses (and their families) are facing, yet the context of the horror genre creates an ambiguity about whether it is the illness or the person with that illness that is described as monstrous. Also, we need to consider whether illnesses should be described as monstrous at all, or should we widen our understanding of “proper” bodies.

### **Vampires and Unhealthy Lifestyle Choices**

Vampires are hedonistic creatures – they seek pleasure and prioritize their individual desires and needs over those of the wider community. Similarly, as health metaphors they shed light to the individualized approaches to health. In Western societies, public health concerns have given room for emphasis of individual choices and responsibilities. Robert Crawford’s (1980) concept of “healthism”, for example, refers to situations where health and fit body are lifestyle markers and metaphors for morality and a good life. Thus, healthy lifestyle choices have become signs of good character. Most vampires refuse to meet the expectations of social norms and a good character, and they serve as warnings of decadent lifestyle. In their history, vampires have represented questionable morals, especially when it comes to drinking human blood, sexual relationships, and abuse of alcohol and drugs (e.g. Auerbach 1995; Williamson 2003). Thus, vampires’ unhealthy and immoral choices are threatening the society.

Addiction and sexually transmitted diseases dominate health-related themes in vampire films, although some researchers have also discussed eating disorders in relation to

those vampires who refuse to drink human blood, such as vampires in *Interview with the Vampire* (1994) (e.g. Miller 2003; Tomc 1997). In particular, 1980s was an important decade for developing storylines of addiction and sex diseases. The changing attitudes towards drugs reframed them as societal problem, and concern over younger population was made visible in such films as *Lost Boys* (1987) and *Near Dark* (1987) (Sánchez 2011). The vampirism was compared to drug addiction that leads into social exclusion, crime and formation of gangs. Similarly, fears related to sexually transmitted diseases were recognizable to audiences. The Western AIDS crisis was in the core of the public attention and the idea of infectious blood and body fluids made an obvious connection to the vampire lore. The AIDS became an often unmentioned undertone in many of the films, where the disease was connected to (abnormal, immoral, and thus unhealthy) lifestyle choices. In the contemporary films, both addiction theme and fear of sexually transmitted diseases have continued to be important themes.

Several vampire stories compare the thirst for blood to substance abuse and an inability to resist temptation. For example, the popular television series *Vampire Diaries* (2009–2017) uses addiction metaphors. The vampire brothers Stefan and Damon have different ways of dealing with their illicit desire to drink blood. Stefan suppresses his desires and seeks nourishment from animal blood, but every now and then he falls off the wagon, and goes on a murdering rampage when looking for his next dose. Typically, he is detoxified by either withdrawal (cold turkey) or by using rationed and donated human blood. Damon has a different way of handling his desires. He uses human blood, but often does it in moderation, without unintentionally killing people. Both brothers also use alcohol as a replacement therapy in order to diminish their overwhelming desire to drink human blood. In this way, the series presents a complex relationship to substance abuse and addictions. By social standards, both brothers are outsiders due their challenging moral behavior. Yet, when their desires are controlled, they are able to form friendships and participate in society. Such a portrayal of the complexities of living with addictions is possible in a long-running television series

where continuing storylines require twists and changing points of view to hook the viewers. In comparison, films work within a more limited timeline and the viewpoints are often more stable.

For example, a comedy horror film *Frostbite* (2006), directed by Anders Banke, takes a more moralizing approach to the topic. In the film, a group of young people are organizing a party to pass the time during the long and dark winter months. Some of them want to liven up the party. They steal drugs from a local hospital and spike the punch. Unexpectedly, the drugs contain vampire blood, which turns the guests into bloodthirsty creatures. The bloodbath is not contained, but spreads to the town as well, causing death and destruction.

The theme of substance abuse is emphasized in the use of vampire blood pills. The dangers of drug experimentation are made evident as the drugs have unexpected side effects and consequences that end up killing people. The choices of the partygoers are pictured as reckless, but most of the blame is directed towards the doctor. Dr Beckert, who works at the hospital, has created the pills in order to study vampirism. His pills can be compared to synthetic drugs, which aim to mimic the effects of illicit drugs but can be unpredictable in their effect on the brain or on behavior. Indeed, the young partygoers go through similar undesired side effects to synthetic drugs; they become aggressive, experience paranoia, seizures, nausea and even death. Even though the doctor is not selling the drugs, he is placed in the role of a drug dealer, because he expresses a desire to spread vampirism. Thus, whereas the young people suffer the consequences of his drug, Dr Beckert is portrayed as the true monster of the story. As an expert of health care, he is supposed to promote healthy lifestyle choices. His failure to do so has devastating consequences for the local youth. Here, individual bad choices end up highlighting the negative consequences of drug use in the form of overdoses and bad trips. The context of horror also makes the moralism stand out. Any use of drugs is pictured as monstrous, undesired, and possibly deadly – not only to your health, but to the health of everyone in the community.

Another central theme is related to the seductive and sexual nature of vampires. In particular, these themes have been popular in the Dracula tradition. Bram Stoker introduced this single most influential vampire figure in his novel *Dracula* (1897). In several later adaptations of the novel, including film versions, Dracula has continued to engage questions of death and sexuality. In the 21st century, Dracula has made appearances in animations, films, and television shows. In a television movie *Dracula* (2006) directed by Bill Eagle, (sexual) health concerns are openly addressed. Eagle's film highlights the religious and moral reading of the familiar story where the vampire Count Dracula leaves his castle in Transylvania to seek a new life in London.

Arthur Holmwood, who is a minor character in the original story of Dracula, is given an important role in the TV film. At the beginning of the film, by his father's deathbed, Arthur learns that he has inherited syphilis from his father whose promiscuous lifestyle tainted the whole family. In a desperate search for a cure, Arthur hopes that Dracula's blood and transfusion could cure him. Thus, he agrees to fund a pagan cult's ("Brotherhood of the Undead") operation to invite the Count to London. Dracula, however, does not take kindly to being used: "You think you can control me, you think I am a man's slave. You'll watch that I take all you loved, your country, your God, and then it is you who dies." Consequently, this film creates two parallel stories, one about infection caused by Dracula and the other about degenerative disease experienced by Arthur. Both of them are heavily moralized because the spread of disease is seen to be the consequence of undesired individual choices and actions.

The syphilis storyline starts with Arthur's sick father who has turned into a deformed lunatic. He embodies the consequences of an immoral lifestyle. Arthur, on the other hand, is young, pleasant, and engaged to be married. However, Arthur's life changes when his father's doctor informs him that he has inherited the illness. Arthur is devastated because the illness has no cure (the events take place before the use of antibiotics). Furthermore, the illness is degenerative and the doctor warns him "You'll see a deterioration of your mind and of your body." Social consequences also play an

important role in his anxiety. Syphilis has a powerful stigma and Arthur fears the role of social outcast in a society that labels this illness as degrading and disgusting. In his desperate need to control the situation and illness, Arthur destroys his life and the lives of his friends and loved ones. For example, he has his bride bitten by a vampire and later killed. Here, immoral lifestyles, keeping secrets, and making bad choices become a threat, not only to a few individuals, but to everyone.

*Frostbite* and *Dracula* express a typical dualism in vampire lore. Aspasia Stephanou (2014, 49) writes that vampire stories are built “on the double power of blood, carrying within it both the possibility of the cure and the threat of the poison.” The potential for immortality and pleasure represent hope, and the possibility of catching a disease and infecting others represents the threat. Stephanou (2014, 47-73) goes as far as comparing blood-related infections to bioterrorism, because it silently turns the symbol of life into a threat, and similarly many vampire stories create a “demonology of contagion.” The parallel with bioterrorism highlights the connection of monstrosity with undesired lifestyle choices, such as substance abuse or reckless sexual behavior. In contemporary vampire stories, even in ones with a romantic and admiring approach to vampires, such as the *Twilight* film series (2008-2012), vampirism itself remains problematic and socially stigmatized due to its connection with improper bodies. However, the *Twilight* series, where good and heroic vampires do not feed on people and are reluctant to transform others, argues that if vampires are socially responsible and refrain from infecting others, they can be allowed to participate in society in a limited role. Thus, these cinematic representations argue for responsible behavior of sick people.

In the vampire stories, the ill-advised individual choices have widespread consequences that threaten the society. Even if syphilis is not Arthur’s fault or a young partygoer is affected by mistake, they also place others under threat, which makes them part of the problem. These films create cautionary examples of how lifestyle choices can have societal dimensions. They also narrate how healthy choices can become indicators for

good citizenship. On the reverse, undesired and unhealthy choices can lead into social chaos and social exclusion.

## Zombies and Memory Disorders

Whereas vampires often represent risky behavior by individuals, other undead characters embody illness narratives where blame is hard to pinpoint. Zombies are a typical example of a threat that unexpectedly introduces chaos, and where zombies are both victims and the source of threat. In contemporary zombie films, it is often a virus that causes the reanimation of zombies. Anyone infected is a victim, yet they also become carriers who have the potential to destroy humanity and the world. In *I Am Legend* (2007), medical experts release a virus into the population in the hope that it would cure cancer. Instead, it turns deadly and turns some of the infected into predatory zombie/vampire type mutants<sup>1</sup>. *Resident Evil* (2002) represents bioterrorism, because people are turned into zombies when a toxic virus is freed in an underground research facility, and *28 Days Later* (2002) involves the unfortunate consequence of animal activism where activists release infected chimpanzees. In all cases, a virus transforms the people it infects.

Zombies transform into mindless creatures whose bodily needs guide their actions, and their former personalities become non-existent because their memories and sense of self have been lost (e.g. Bishop 2006, 200–205). In their ability to consume and transform others, zombies create an embodied threat to the living. Yet, their threat extends from the physical to the existential, because zombies become warnings of what happens when you lose yourself and your humanity. Many of the characters are more afraid of being turned into zombies than they are of dying. Rain, one of the characters

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<sup>1</sup> *I Am Legend* is a third film adaptation of Richard Matheson's novel (1954). The novel, in particular, described the monsters as vampires, and even in the 2007 version, they share the vampires' inability to be in the sun. However, the novel has strong ties with zombie tradition. It inspired the zombie film *Night of the Living Dead* (1968), after which zombies started to dominate apocalyptic undead narratives. Thus, the marketing of 2007 version represented the monsters similarly to zombies, and many contemporary audience members interpreted the film as a zombie film.

in *Resident Evil* (2002), worries about what her reanimated body might do. She begs another character to kill her if she turns into a zombie: “I don’t want to be one of those things, walking around without a soul.” Similarly, many other characters are worried that if their bodies continue to exist without their personalities and memories, they will not be the same people, but monsters.

In medical perspectives to popular culture, zombies provide an imaginary space to debate the effects of memory-related diseases, such as Alzheimer’s disease (Behuniak 2011). Alzheimer’s causes dementia and affects a person’s mental capabilities, and the disease has become increasingly common. From 1987 to 1991, Alzheimer’s disease was ranked the 11th leading cause of death, whereas in 2016 it was already the 5th leading cause of global death (Hoyert 1996; WHO 2018). The disease that causes disruptive behaviour affects social relationships and causes stress both for the patients and their caregivers. Lisa Badley (1995, 71), for example, argues that modern fear of death does not concern death as an event, but it is a fear of “‘deadness’ and the possibility of a ‘living death’”. Zombie films illustrate this degenerative experience when a body continues to live after the personality has drastically altered.

The zombies also raise dualistic tensions between the body and the mind and resemble traditional Christian dualism where the body was bestial, and the soul divine (e.g. Descartes 1956, 81–97). Even the first edition of *Encyclopaedia Britannica* in 1768 defined death dualistically as the separation of soul and body (Kastenbaum 2003, 224). Although dualistic views have been challenged, they continue to have cultural influence, and the soul or mind is often seen as the source of humanity and morality. Similarly, mindless zombies continue to exist physically, yet they lack thoughts, feelings, and memories expected of (living) human beings.

Even in the contemporary definition of death as a lack of brain function, the potential for separation of mind and body continues to exist because identity is a key element in the dying process. Some researchers claim that a person should be pronounced dead if he/she no longer has a chance to live (Gervais 1986; Singer 1994). In zombie films, the

status of undeadness arises from this separation of body and soul/mind/identity, which in turn causes the possibility of social death. The term refers to situations where a person's social influence and vitality have ended, even while still physically alive. The term has been used in the context of social history, including slavery and genocide, and in cases where people have lost their ability to interact with other people (Card 2003; Mulkay 1993; Patterson 1982). Kaarina Koski, for example, has argued that ill and dying people who are institutionalized often enter a state of social death before their actual death. They are in a liminal state, which ends at the moment of physiological death, but which often occurs a long time after social death (Koski 2014, 107-122). The situation resembles the personal and social consequences of Alzheimer's disease where patients can be considered to be lost long before their actual deaths. Similarly, zombies symbolize the consequences of social death. Their lives, bodies, identities and social roles are lost even if they continue to exist physically.

While zombies symbolize memory diseases, the narrative perspective plays an important part in these metaphors. Unlike vampire stories, the viewers of zombie films are rarely allowed to see the events from zombies' perspective. Instead, stories focus on how other people experience zombification. *I Am Legend* (2007), which is based on Richard Matheson's post-apocalyptic novel *I Am Legend* (1954), tells the story of Dr Robert Neville who is a former U.S. Army medical doctor and scientist. He is trying to find a cure for a virus that has turned most people into "Darkseekers." Neville himself is immune to the virus, and as a sole survivor in New York City, he continues his lonely research work during the day, and hides from the hunting creatures during the night.

In his studies of Darkseekers, Robert lists their physical characteristics, such as sensitivity to light, increased heartbeat and breathing, rage, and lack of pigment, which makes the infected seem monstrous. However, he also studies them socially and at one point, he makes a behavioral note: "Now, it is possible that decreased brain function or the growing scarcity of food is causing them to ignore their basic survival instincts. Social de-evolution appears complete. Typical human behavior is now entirely absent."

Robert is deeply upset by this development, because it further highlights the difference between him and the others. He is alone and feeling the pain of losing people, while the Darkseekers are increasingly less like him and turn against him.

The scene where living characters encounter people they used to know is typical of zombie films, and in these scenes, zombified people have no recognition, connection, or other than fleeting memories left. Thus, the living people are the ones who need to survive this loss. In the final scenes of *I am Legend*, this experience becomes emphasized. Darkseekers have found Robert's hiding place and are attacking his house and laboratory. At the same moment, Robert realizes that his latest anti-virus test is showing positive results and the test subject's symptoms have decreased and her human characteristics are returning. Robert tries to reason with the attacking Darkseekers by saying "I can fix this," "I can save everybody," and "let me save you." However, the message is not getting through. Robert and Darkseekers are separated with a glass wall, which confines them into different worlds with no communication between the groups. Every attempt to get through is desperate and in vain. Robert manages to get the anti-virus out of the laboratory but he and the Darkseekers die in a deadly explosion.

*I am Legend* embodies and creates allegories on memory diseases, and on attempted and failed efforts to communicate, to hold onto shared memories, and social continuance. More than anything else, it tells the story from the point-of-view of the one witnessing the slow transformations related to the memory diseases. However, the zombie films often hint the alternative perspective as well. In *I am Legend*, the Darkseekers appear frustrated and angry with Robert who captures them and uses them as test subjects in his experiments, which tend to have fatal consequences. For them, Robert's behavior appears invasive and they do not recognize it as help. This invasive behavior is threatening their current existence, the identity and social roles that they have gained after the infection.

Many philosophical approaches have argued for zombies potential to question what makes us human. The undead raise questions of subjectivity, consciousness and morality, and zombies provide possibilities to ask to what extent identity is persistent, “what it means to be alive in the first place”, and “is it bad to be undead”. (Greene and Mohammed 2006, xv; see also Hauser 2006; Jacquette 2006) These questions are visible in George Romero’s *Land of the Dead* (2005) as well. In the film, zombies communicate with their expressions, which mimic sadness, helplessness, rage and the need for revenge on people who have excluded them from the society. The film hints that zombies have some identity, even if their personalities have transformed. For one character in the film, Cholo, the possibility of becoming a zombie is not even as disturbing as usually in the zombie films. When Cholo is infected, he refuses it to be end of his life. Instead, he argues “I’ve always wanted to see how the other side lives”. Also, the ending of the film stresses the possibility of finding some value in zombie lives. Both the leader of the group of survivors and the leader of the zombies choose not to kill each other. Riley, the main character, justifies this by saying “They are just looking for a place to go. Same as us.” This decision raises the possibility of coexistence.

Alexandra Hillman and Joanna Latimer call for destigmatization of cinematic images of dementia where the focus would be on transformation, not destruction of person’s ability to live. This would accept ill people as they are, instead of seeing them as people they used to be (Hillman and Latimer 2017). Thus, when changing the perspective to the experiences of the infected people, such as is hinted in *Land of the Dead* (2005), the embodied experiences of both those with memory diseases and those taking care of them involve, above all, difficulties in communication.

The true tragedy of zombie stories is the lack of connection between zombies and humans. This shows that illness is not only about being alive, but also about social relationships and social positions. While zombification is an effective metaphor for degenerative memory diseases, the context of the horror tradition where monsters

cause terror and horror is problematic. The monster position dehumanizes and invites unsympathetic readings of those with memory diseases. By focusing on the perspective of survivors and their fears, most zombie films participate in underlining the distancing effect of memory-related diseases.

### **Frankenstein's Monster and Body Modifications**

My third example of the living dead as metaphors for health-related issues comes from the story of Frankenstein and his monster, familiar from Mary Shelley's novel *Frankenstein; or, the Modern Prometheus* (1818). This story, too, has been adapted for the screen several times. Some adaptations, such as *Viktor Frankenstein* (2015), focus on the scientist Victor Frankenstein who creates artificial life through scientific experiment and, in doing so, foreground issues around the ethics and limits of medical science. Here, I am interested in stories that emphasize his monster, who is constructed from different body parts gathered from corpses. In such films as *Frankenstein* (2004) and *Frankenstein* (2015), the viewpoint of the monster and his questions about identity are central.

When Shelley's novel was published, the story illustrated the possibilities of galvanism, the study of stimulation by an electric current. Shelley's Frankenstein used these ideas to create artificial life. Yet, personal experiences and social consequences have always been part of the story. In the early film adaptations, particularly in the Universal film *Frankenstein* from 1931, the monster's artificial life culminates in troubles with social acceptance. Frankenstein's monster is excluded, even becoming a pitiful monster that tries and fails to connect with other people and the society around him. The monster ends up being hunted and killed. His lack of understanding of socially and morally acceptable behavior arises from being like a child in an adult's body. Thus, although the film emphasizes otherness through the clumsy embodiment of the monster, the

dangerous otherness is in fact to do with a lack of social skills and a lack of understanding of social norms.

Questions of how the body, identity and social relationships function together have always been part of the Frankenstein story. However, since medical technologies were introduced in the latter part of the 20th century, such as transplants and later on implants, Frankenstein's monster has begun to function as a metaphor for the experience of having parts of the deceased bring life to a living person. For example, Cecil Helman compares "Frankenstein's dream of an artificial man" to that of modern medicine's partially artificial people. Here, transplant surgery enables the use of other bodies and their parts as part of the self. Helman calls this "a walking collage of the living and the dead" (Helman 2004, 24.) In this way, films about Frankenstein are also symbols for transplants and the limits of modern science.

Similarly to zombies, the opposition of mind and body plays a role in Frankenstein lore. Margrit Shildrick has argued that biomedicine assumes a split between mind and body. For example, in the case of transplants there is an argument that a transplanted body part is merely a result of physiological possibilities, which should not influence a person's understanding of their self (Shildrick 2015, 26). However, several studies have showed that many transplant patients feel that a transplant affects their identity and sense of bodily integrity (e.g. Lowton et al. 2017; Mauthner et al. 2015; Shaw 2011). For these reasons, Lowton et al. (2017, 8-9), for example, argue that we should separate the corporeal and embodied body. The embodied body could denote those experiences that link the body and mind, the body and the experience of self, together.

In the two-part television film *Frankenstein* (2004), the monster represents embodied body and identity struggles. Whereas one storyline focuses on Victor Frankenstein's search for the limits of life and death, the other storyline focuses on the experiences of the monster. After being brought to life, a combination of different body parts of the dead, the monster hides in the countryside. We see how his first encounters with other people result in their horrified reactions that mark him out as a threatening outsider.

He observes people and learns that while other people have both a mother and a father, he only has a father. He views this unnatural family background as the cause of his outsidership. Thus, he starts searching for a family connection. This has disastrous consequences, as most of Victor Frankenstein's family members die in the process. In the end, when Victor dies of a fever, his monster mourns for his father, takes his body with him, and disappears into the wild. The source of the violence is the creature's problematic relationship with his body and existence.

Similarly, transplant patients' experiences bring to the fore two main themes. The first is the awareness of difference within their bodies. Many patients have reported complex feelings of interconnectedness with their donors. While the transplanted organ can be seen as a gift of life, it can also be experienced as an intruder or even a parasite. Transplant recipients question who they are now, but also who they were before, and this sense of being a hybrid has an influence on their understanding of self (Mauthner et al 2015; Shildrick 2015, 24, 33–34). Frankenstein goes through a similar search for connection and identity when he studies Victor's scientific journal and tries to understand how he came to be.

Additionally to the troubled understanding of self, the social dimension is significant. Lowton et al., for example, have emphasized this dimension in their research on transplant recipients. They argue that the awareness of difference translates to the patients' connections with the social world. In their study, transplant recipients had mixed feelings about whether they were normal, and sometimes they felt that the difference in their bodies also stigmatized them (Lowton et al. 2017, 1–9). Frankenstein's monster embodies particularly well this fear of exclusion due to difference. His hybridness is visible in the cinematic appearance: the joints of different body parts are visible, he moves slowly and clumsily, and he has a larger than normal body. These elements communicate the embodied aspect of difference, and the corporeal process of collage. The social consequences of being recognized as different,

is the tragedy of Frankenstein's monster, and a similar fear of abnormality is central to the transplant experience.

For these reasons, the cultural parallel drawn between transplant surgery and Frankenstein's monster has also been criticized. The transplant story in Frankenstein assumes rejection, and does not allow for positive outcomes, limiting the possibilities of embodiment and ways of experiencing them for viewers (e.g. Bishop 1994). Thus, while the story can express the fears that people have about transplants, they rarely express the hope and possibilities related to them. Transplants become a source of monstrosity, which is further emphasized in the case of implants and artificial life.

Implants and artificial and prosthetic organs further blur the boundaries of life and death, and artificial life. Popular culture has debated these themes through representations of cyborgs, or "fusions of man and machine," as Cecil Helman (2004, 25) describes them. However, similar elements have also been included in the Frankenstein tradition. For example, in the film *Frankenstein* (2015) the monster is not a hybrid of different body parts, but an artificially created body. The scientific experiment goes wrong and the body starts to become deformed. The "monster" that is thus created escapes after being threatened with extermination. The monster questions whether he has a right to independent existence and identity because a scientific corporation created him, and, as such, he is a possession, and the intellectual property, of his creators. This follows the questions posed by Helman (2004, 25-26) who argues that implant stories are about self and capitalist society, where bodies become part of impersonal, mass-produced products in consumer society. Thus, the question of artificial life becomes a question about who can decide the right to existence. In the 2015 film, the story is explicitly violent as Frankenstein's monster encounters situations where his only resource for action is violence. He fights for his right to make decisions and to exist, but each fight also takes him further away from his goal of being accepted as a person and of gaining a right to social existence. Thus, the

artificial aspect highlights the identity-related questions that have always been part of Frankenstein narratives.

Frankenstein's monster embodies the social and identity-related challenges related to organ transplants and implants. It gives cinematic form to the haunting questions on the limits of self, life, death, and humanity. In this way, undeadness offers a unique possibility for discussing experiences related to sick bodies that are healed by using the bodies of others. The tragedy related to Frankenstein's monster's inability to communicate and connect with the surrounding world repeats situations that arise in vampire and zombie films as well. The embodied experiences of illness are not limited to physical questions, but social consequences also play a central role.

## Conclusion

These three case studies of the undead in cinema bring to the fore interesting notions of sickness and health. First of all, they show that the relationship between body and mind, body and identity, and embodied identity and society are complex. It would be too easy to argue that the body is the source of threat to our minds and existence. Yet, sometimes the body survives the mind (zombies), or the mind would like to survive the body (vampires), or the functional corporeal body creates complex embodied identities (Frankenstein's monster). In all cases, struggles with how the body affects identities and vice versa resonate with real life.

Secondly, by making the living dead—monsters—represent these issues, sickness and failing bodies are marked as threats. This illustrates how people affected by these issues can experience exclusion and otherness. The stories show how it is not only degeneration or dying processes we should be afraid of, but also the reactions of others. Not being healthy can create a liminal experience in one's participation in society. Thus, illness is never just a medical problem, but also a social challenge.

Furthermore, living dead narratives also bring to the fore the blurry boundaries between life and death. Death is a complex phenomenon. Transplants show that a physiological death does not necessarily mark the death of the whole organism, and the social consequences of limitations from illness show that people may already experience death-like social positions before their bodies die. In this way, the living dead, who by definition straddle the boundary between life and death, pose medically relevant questions about what life and death mean in contemporary society.

In many ways, the cinematic living dead create interesting cultural metaphors for encounters with sick bodies and of embodied experiences of illness. They express cultural fears and anxieties relating to infections, sickness, and failing bodies. These stories show how such experiences threaten our corporeal bodies, identities and social relations. While these stories can be read as warnings of what sickness can do to us, they are also warnings of how (not) to react to illness of others. The most disturbing threat and cautionary stories are the tragedies of how those with health limitations are treated. By putting sick people into the position of monsters, these horror films have the potential to expose on the one hand and strengthen on the other the stigmatization of illness. Thus, the responsibility of interpretation remains with the viewers.

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## References

- Anderson, N. H., C. Gluyas, S. Mathers, P. Hudson P, and A. Ugalde. 2016. "A Monster that Lives in Our Lives': Experiences of Caregivers of People with Motor Neuron Disease and Identifying Avenues for Support." *BMJ Supportive & Palliative Care Published*. Accessed March 1, 2019. doi: 10.1136/bmjspcare-2015-001057.
- Auerbach, Nina. 1995. *Our Vampires, Ourselves*. Chicago: The University of Chicago Press.
- Badley, Lisa. 1995. *Film, Horror and the Body Fantastic*. Westport, Connecticut and London: Greenwood Press.
- Behuniak, Susan M. 2011. "The Living Dead? The Construction of People with Alzheimer's Disease as Zombies." *Ageing and Society* 31, no. 1: 70-92.
- Bishop, Kyle. 2006. "Raising the Dead." *Journal of Popular Film & Television* 33, no. 4: 196-205.
- Bishop, M. G. H. 1994. "The 'Makyng' and Re-making of Man: 1. Mary Shelley's Frankenstein, and Transplant Surgery." *Journal of the Royal Society of Medicine* 87: 749-751.
- Card, Claudia. 2003. "Genocide and Social Death." *Hypatia* 18, no. 1: 63-79.
- Cohen, Jeffrey Jerome. 1996. "Monster Culture (Seven Theses)." In *Monster Theory: Reading Culture*, edited by Jeffrey Jerome Cohen, 3-25. Minneapolis: University of Minnesota Press.
- Crawford, Robert. 1980. "Healthism and the Medicalization of Everyday Life." *International Journal of Health Services* 10, no. 3: 365-388.
- Crawford, Robert. 2006. "Health as a Meaningful Social Practice." *Health* 10, no. 4: 401-420.
- Davies, Douglas J. 2005. *A Brief History of Death*. Malden, Oxford and Carlton: Blackwell Publishing.
- Deleuze, Gilles. 1989. *Cinema 2: The Time-Image*. Transl. by Robert Galeta and Hugh Tomlinson. London: The Athlone Press.
- Descartes, Rene. 1956. *Teoksia ja kirjeitä (Metafyysisiä mietiskelyjä, 71-151)*. Transl. by J. A. Hollo. Porvoo: WSOY.
- Gervais, Karen Grandstrand. 1986. *Redefining Death*. New Haven and London: Yale University Press.

Goodwin, John. 2014. "The Horror of Stigma: Psychosis and Mental Health Care Environments in Twenty-First-Century Horror Film (Part II)." *Perspectives in Psychiatric Care* 50: 224–234. Accessed November 5, 2018. doi:[10.1111/ppc.12044](https://doi.org/10.1111/ppc.12044).

Greene, Richard and K. Silem Mohammed. 2006. "(Un)dead (Un)certainities." In *The Undead and Philosophy: Chicken Soup for the Soulless*, edited by Richard Greene and K. Silem Mohammed, xiii–xvi. Chicago, La Salle: Open Court.

Hakola, Outi. 2015. *Rhetoric of Modern Death in American Living Dead Films*. Bristol and Chicago: Intellect / Chicago University Press.

Hallam, Elizabeth, Jenny Hockey, and Glennys Howarth. 2001. "The Body in Death." In *Reframing the Body*, edited by Nick Watson, 63–77. Basingstoke and New York: Palgrave.

Hauser, Larry. 2006. "Zombies, *Blade Runner*, and the Mind–Body Problem." In *The Undead and Philosophy: Chicken Soup for the Soulless*, edited by Richard Greene and K. Silem Mohammed, 53–66. Chicago and La Salle: Open Court.

Helman, Cecil. 2004. *The Body of Frankenstein's Monster: Essays in Myth and Medicine*. New York: Paraview Special Editions.

Hillman, Alexandra, and Joanna Latimer. 2017. "Cultural Representations of Dementia." *PLoS Med* 14, no. 3. Accessed March 1, 2019. doi: [10.1136/bmjspcare-2015-001057](https://doi.org/10.1136/bmjspcare-2015-001057).

Hoyert, Donna L. 1996. "Mortality Trends for Alzheimer's Disease, 1979–91." *National Center for Health Statistics, Vital Health Stat* 20, no. 28.

Hoyert, Donna L. 2012. "75 Years of Mortality in the United States, 1935–2010." *NCHS Data Brief March 2012/88*, Centers for Disease Control and Prevention/National Center for Health Statistics.

Ingebretsen, Edward J. 2001. *At Stake: Monsters and the Rhetoric of Fear in Public Culture*. Chicago and London: The University of Chicago Press.

Jacquette, Dale. 2006. "Zombie Gladiators." In *The Undead and Philosophy: Chicken Soup for the Soulless*, edited by Richard Greene and K. Silem Mohammed, 105–118. Chicago and La Salle: Open Court.

Kastenbaum, Robert. 2003. "Definitions of Death." In *MacMillan Encyclopedia of Death and Dying*, edited by Robert Kastenbaum, 224–229. New York: MacMillan Reference USA.

Koski, Kaarina. 2014. "Sosiaalinen kuolema." In *Kuoleman kulttuurit Suomessa*, edited by Outi Hakola, Sari Kivistö, and Virpi Mäkinen, 107-122. Tallinna: Gaudeamus.

Lowton, Karen, Chris Hiley and Paul Higgs. 2017. "Constructing Embodied Identity in a 'New' Ageing Population: A Qualitative Study of the Pioneer Cohort of Childhood Liver Transplant Recipients in the UK." *Social Science & Medicine* 172 (January): 1-9.

Mauthner, O. E., E. D. Luca, J. M. Poole, S. E. Abbey, M. Shildrick, M. Gewarges, and H. J. Ross. 2015. "Heart Transplants: Identity Disruption, Bodily Integrity and Interconnectedness." *Health* 19, no. 6: 578-594. Accessed October 19, 2018. doi 10.1177/1363459314560067.

McKahan, Jason Grant. 2007. "The Substance Abuse Film and the Gothic: Typology, Narrative, and Hallucination." In *Monsters in and among Us: Toward a Gothic Criminology*, edited by Caroline Joan (Kay) Picart and Cecil Greek, 117-141. Madison and Teaneck: Fairleigh Dickinson University Press.

Michel, Frann. 2007. "Life and Death and Something in Between: Reviewing Recent Horror Cinema." *Psychoanalysis, Culture & Society* 12: 390-397.

Miller, Sally. 2003. "Nursery Fears Made Flesh and Sinew': Vampires, the Body and Eating Disorders: A Psychoanalytic Approach." In *Vampires: Myths and Metaphors of Enduring Evil*, edited by Carla T. Kungl, 53-58. Oxford: Inter-Disciplinary Press.

Mittman, Asa Simon. 2013. "Introduction: The Impact of Monsters and Monster Studies." In *The Ashgate Research Companion to Monsters and the Monstrous*, edited by Asa Simon Mittman and Peter J. Dendle, 1-14. London and New York: Routledge.

Mulkay, Michael. 1993. "Social Death in Britain." In *The Sociology of Death*, edited by David Clark, 31-49. Oxford and Cambridge: Blackwell Publishers.

Patterson, Orlando. 1982. *Slavery and Social Death: A Comparative Study*. Cambridge: Harvard University Press.

Powell, Anna. 2005. *Deleuze and Horror Film*. Edinburgh: Edinburgh University Press.

Sánchez, Juan Antonio Rodríguez. 2011. "Vampirism as a Metaphor for Addiction in the Cinema of the Eighties (1987-1995)." *Journal of Medicine and Movies* 7, no. 2: 69-79.

Shaw, Rhonda. 2011. "The Ethical Risks of Curtailing Emotion in Social Science Research: The Case of Organ Transfer." *Health Sociology Review* 20, no. 1: 58–69. Accessed October 1, 2018. doi 10.5172/hesr.2011.20.1.58.

Shildrick, Margrit. 2002. *Embodying the Monster: Encounters with the Vulnerable Self*. London, Thousand Oaks and New Delhi: Sage Publications.

Shildrick, Margrit. 2015. "Staying Alive: Affect, Identity and Anxiety in Organ Transplantation." *Body & Society* 21, no. 3: 20–41. Accessed October 1, 2018. doi 10.1177/1357034X15585886.

Singer, Peter. 1994. *Rethinking Life and Death*. New York: St. Martin's Griffin.

Singh, Shivaram Prasad. 2006. "Non-Alcoholic Fatty Liver Disease: The Unfolding Monster?" *Journal of Gastroenterology and Hepatology* 21: 199–201.

Stephanou, Aspasia. 2014. *Reading Vampire Gothic Through Blood*. Palgrave MacMillan UK.

Tolvhed, Helena and Outi Hakola. 2018. "The Individualization of Health in Late Modernity." In *Conceptualising Public Health: Historical and Contemporary Struggles over Key Concepts*, edited by Johannes Kananen, Sophy Bergenheim, and Merle Wessel, 190–203. New York: Routledge.

Tomc, Sandra. 1997. "Dieting and Damnation: Anne Rice's *Interview with the Vampire*." In *Blood Read: The Vampire as Metaphor in Contemporary Culture*, edited by Joan Gordon and Veronica Hollinger, 95–114. Philadelphia: University of Pennsylvania Press.

Turner, Victor. 2008. *The Ritual Process: Structure and Anti-Structure*. Renewed edition, orig. 1969. New Jersey: Aldine Transaction.

Vargas, Manuel (2006), "Dead Serious: Evil and the Ontology of the Undead." In *The Undead and Philosophy: Chicken Soup for the Soulless*, edited by Richard Greene and K. Silem Mohammed, 39–52. Chicago and La Salle: Open Court.

Watson, Conall H., Kate Harvey, Nigel Field, and Ken T. D. Eames. 2014. "Waking the Undead: Bringing Zombie Epidemiology to Life." *Media Watch* 14, no. 10: 929. Accessed March 1, 2019. doi 10.1016/S1473-3099(14)70934-X.

Verran, J., M. Crossley, K. Carolan, N. Jacobs, and M. Amos. 2014. "Monsters, Microbiology and Mathematics: the Epidemiology of a Zombie Apocalypse." *Journal of Biological Education* 48, no. 2: 98–104. Accessed March 1, 2019. doi: 10.1080/00219266.2013.849283.

WHO (World Health Organization). 1948. "Summary Report on Proceedings Minutes and Final Facts of the International Health Conference Held in New York From 19 June to 22 July 1946." *Official Records of the World Health Organization*, No 2.

WHO (World Health Organization). 2018. "Top 10 Causes of Death. Global Health Observatory (GHO) Data." Accessed November 16, 2018.  
[http://www.who.int/gho/mortality\\_burden\\_disease/causes\\_death/top\\_10/en/](http://www.who.int/gho/mortality_burden_disease/causes_death/top_10/en/)

Williams, Linda. 1995. "Introduction." In *Viewing Positions: Ways of Seeing Film*, edited by Linda Williams, 1–20. New Brunswick and New Jersey: Rutgers University Press.

Williamson, Milly. 2003. "Vampire Transformations: From Gothic Demon to Domestication?" In *Vampires. Myths and Metaphors of Enduring Evil*, edited by Carla T. Kungl, 101–107. Oxford: Inter-Disciplinary Press.

Wonser, Robert and David Boyns. 2016. "Between the Living and Undead: How Zombie Cinema Reflects the Social Construction of Risk, the Anxious Self, and Disease Pandemic." *The Sociological Quarterly* 57: 628–653. Accessed March 1, 2019. doi: 10.1111/tsq.12150.

Zoulim F., M. Buti and A. S. Lok. 2007. "Antiviral-Resistant Hepatitis B Virus: Can We Prevent This Monster from Growing?" *Journal of Viral Hepatitis* 14, no. 1: 29–36.

## Abstrakti: Zombit, Vampyyrit ja Frankensteinin Hirviö: Sairausten kokemukset elävä kuollut -elokuviissa

Elävät kuolleet, kuten vampyyrit, zombit ja Frankensteinin hirviö, toimivat hirviöinä useissa kauhuelokuviissa. Nämä rajatilaiset hahmot herättävät kysymyksiä kuoleman ja elämän rajoista. Heidän outo ruumiillinen olemassaolonsa symbolisoi rajoja normaalin/terveen ja epänormaalin/epäterveen kehojen välillä. Tästä syystä nämä hahmot voivat toimia allegorioina sairauksien kokemuksista ja sairaista, kuolevista ruumiista.

Tässä artikkelissa käsittelen kolmea eri sairauksien allegoriaa 2000-luvun elävä kuollut -elokuviissa. Ensinnäkin lähestyn vampyyrien kautta elämäntyyliin liittyviä terveyshaasteita pohtimalla yksilön valintojen seuraamuksia sekä hänen terveydelleen että näihin sairauksiin liitettyihin sosiaalisen leimautumisen pelkoihin. Toiseksi tutkin, miten zombit symboloivat rappeuttavia ja hitaasti eteneviä sairauksia, kuten muistisairauksia. Näissä tapauksissa sosiaalinen ulottuvuus liittyy vieraantumisen ja etäännyttämisen prosesseihin, joissa sairastunut menettää yhteyden muuhun yhteiskuntaan. Kolmanneksi hyödynnän Frankensteinin kertomusta lääketieteen rajojen pohdinnassa. Erityisesti olen kiinnostunut siitä, miten kertomus keinotekoisesta elämästä voi avata elinsiirtopotilaiden kokemuksia identiteetin muuttumisesta.

Analyysini osoittaa, että elävä kuollut -elokuvat kerronnallistavat pelkoja, jotka liittyvät ruumiin haurauteen ja rappeuttaviin sairauksiin. Prosessit, joissa ihmisen (fyysiset ja henkiset) toiminnot hitaasti muuttuvat, kuvataan hirviömäisinä ja niillä nähdään olevan vakavia vaikutuksia ihmisen itseymmärrykseen, identiteettiin ja sosiaaliseen asemaan. Keskeinen argumenttini on, että kuvaamalla sairauskokemuksia elävien kuolleiden kautta kauhutarinat voivat sekä paljastaa että stigmatisoida terveyshaasteisiin liittyviä kokemuksia. Sairauskokemusten ruumiillistaminen ja elokuvallinen ilmentäminen voi auttaa hahmottamaan, millaisia asioita ja tunteita pitkäkestoisia sairauksia kohdanneet ihmiset ja heidän omaisensa kohtaavat. Samalla kauhutarinoiden konteksti asettaa nämä samat ihmiset hirviön asemaan, mikä voi mahdollistaa tulkinnan, jossa sairastuneet ihmiset (eivät heidän sairautensa) ovat hirviömäisyyden lähde.