EXCLUSIONARY ACTS: GENDER, RACE, AND

EPIDEMIOLOGY IN LITERARY SPACES

by

KELLY E. WISECUP, B.A.

A THESIS

IN

ENGLISH

Submitted to the Graduate Faculty
of Texas Tech University in
Partial Fulfillment of
the Requirements for
the Degree of

MASTER OF ARTS

Approved

Marjean D. Purinton
Chairperson of the Committee

Yuan Shu

Cristobal Silva

Accepted

John Borrelli
Dean of the Graduate School

May, 2005

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

In the January 31, 2005 edition of *Newsweek,* Fareed Zakaria analyzes President

Bush's recent call to the cause of global freedom, suggesting that Bush might (also) do

well to focus upon helping developing countries establish political order and stability

because these traits might be just as or more valuable than freedom. Zakaria writes, "the

great challenge today is civil strife, extreme poverty and disease, which overwhelms not

only democracy but also order itself [. . .] The great challenge in, say, Senegal and

Namibia is not freedom but an effective state" (26). Zakaria's list of social ills is

interesting in that it conflates a medical and scientific challenge–disease—with economic

and social ones. For Zakaria to state that "We should also note the trends toward chaos,

plague and poverty, which consume the attentions of much of the world. These also are

great evils" places disease on the same level of urgency as socio-economic issues, when

plagues are actually first a biological, material event, or as Zakaria says, an "evil" (26).

By classifying plague with social problems such as poverty and political upheaval,

Zakaria defines epidemics as social issues that affect our ideas about politics, society, and

citizenship. Even more interesting is that grammatically, Zakaria's modifying phrase in

the statement "the great challenge today is civil strife, extreme poverty and disease,

which overwhelms not only democracy" places the emphasis on disease, not civil strife

and poverty, as *the* factor that overwhelms order (emphasis added 26). Zakaria is not

alone in his treatment of disease as a phenomenon that defines other events; the discourse

of disease slips into our daily conversations. For example, we speak of viral marketing

and "social epidemics" (*Christianity Today*). *Newsweek* recently described the

"craziness" of women who "feel so out of control" trying to be the perfect mother as a

"nationwide epidemic" (Warner 44), while movies like the recent *Hitch* are described

with headlines such as "Love Doctor Discovers He's Not Immune" (*New York Times).*

Richard Dawkins theorizes that cultural ideas spread like a virus, saying, "When you

plant a fertile meme in my mind you literally parasitize my mind, turning it into a vehicle

for the meme's propagation in just the way that a virus may parasitize the genetic

mechanism of a host cell'" (207). Clearly, there is something about the phenomenon of

an epidemic that makes it not merely an isolated scientific occurrence, but one with social

and discursive ramifications. The tendency of both popular and authoritative treatments

of disease to collapse the language and considerations of science, politics, and ideology

demonstrates how disease and its discourse have permeated language and culture. The

language of epidemics and quarantine are central to cultural and literary definitions of

exclusion and identity, so integral, in fact, that they have failed to be examined by both

consumer and critical audiences.

Analyzing the relations between science, politics, and disease in *Globalizing*

AIDS, Cindy Patton claims that epidemics define time and place, that they affect the

world just as critically as do other traumatic global events. She writes that "the

paradoxes, tragedies, and frustrations that have marked our time and our place also

connect us to many other world-epoch-defining experiences, and these links are forged

on the tracks of the major thoughtstyles I have tried to characterize here" (132). The

experience of epidemics links people from across cultures, space, and time. What Patton

calls "thoughtstyles"—the scientific and political policies and the cultural beliefs that are

created or highlighted in epidemiological contexts—provide a means of comprehending

the trauma and dis-ease experienced during an epidemic. To share the experience of an

epidemic offers a way of being and thinking in common, whether diverse communities

fully acknowledge these similarities or not.

Epidemics are so central to the definition of communal or individual selfhood that

the language by which we represent and make sense of them has become

indistinguishable from how we describe science and culture. Patton writes, "There is no

"outside" to scientific thought:" there are no epistemic spaces science does not penetrate

(131). Patton seems to mean something more specific here than just "scientific thought"

in terms of objective, rational thinking; when considered with her concluding statement,

that the experiences of AIDS "also connect us to many other world-epoch-defining

experiences" and when read dialogically with Zakaria's article, she seems to suggest that

there is no outside to *epidemiological* thought, that in some fashion, it is always present

and pervasive in the cultural imagination (132). Indeed, she describes "the conceptual

problems of defining and addressing an epidemic [. . .] as epistemic" (127). To portray

the matter of dealing with an epidemic as "epistemic" suggests that responses to disease

are directly related to knowledge about ourselves and our places, so that the ways in

which we imagine an epidemic are directly related to those we use to imagine and,

importantly, represent ourselves and others. Embedded in our methods of preventing and

treating disease are articulations of who and what we, our communities, and those outside

our communities are. The thinking employed by the people—scientists, politicians, activists, and citizens—who respectively diagnose, define, treat, and prevent disease is definitive of our contemporary notions of identity, self/other, citizenship, nationality, and knowledge. Put simply, the ways in which we represent our identities reflect how we imagine epidemics, but the converse is also true: the ways in which we represent epidemics reflect how we imagine ourselves.[1] To privilege disease over civil disorder and poverty in an inventory of social ills, as Zakaria does, suggests what is often overlooked or taken for granted: that experiencing and managing disease has implications for cultural definitions of socio-economic matters such as class, gender, or race and that these implications infect and reflect our ways of imagining the contemporary world.

Society does not just equate disease to poverty and civil disorder, but also uses the tropes and experiences of disease to define other epistemological terms. Situating epidemiological thought as central to other forms of knowledge, as Patton does, reveals the cultural pervasiveness of discourse about disease and/or discourse that utilizes tropes of illness. Such an approach can clarify why references to being "immune" to love, "viral" advertisements, and "infectious" ideas appear throughout popular and literary discourse. As disease is employed as a metaphor to describe the interactions of individuals with each other, politics, science, and culture, it reveals its centrality in expressions of cultural and social locations; as we use such language, we reveal our interest in, and accompanying fear of, epidemics. Specifically, literary representations of disease reveal the extent to which diseases shape our identities.

Central to the definition of community is the figure of the stranger, the threat from outside, who at once threatens the safe space of the community—its health—and reassures its members of their security in similarity by contrasting them to the outsider. Certainly, those who are physically ill are identified as strangers, but strangers are also pathologized as sick in order to justify maintaining a cultural status as outsiders. Priscilla Wald argues that "immunity marks a stable community; strangers bring the threat of new microbes that can introduce a destabilizing element, manifest as a disease outbreak" (199). The discourse of disease functions as a method of defining sameness and belonging—represented as health—against the threat of the diseased stranger. "Fear of disease conjoins a concrete anxiety about damage to the body with a less tangible one about social relations, enabling a connection between bodies and the body politic that turns a metaphorical connection (between contagion and cultural change) into the possibility of a metaphysical one" (Wald 196). Epidemics physically and discursively mark the boundaries of bodies, communities, and nations precisely as they threaten them. When medical and political discourse and treatments enforce these boundaries, they are not merely resisting infection and preserving the health of the physical or civil body, but more importantly, ensuring its characterization as a discrete, defined entity.

Throughout this introduction, I have outlined how the event and understandings of an epidemic provide a discourse by which to comprehend or define identity in terms of citizenship and foreignness. Susan Sontag makes a similar point when she says that disease provides one with an undesirable identity: "Illness is the night-side of life, a more onerous citizenship" (3). As I have suggested above, the rhetorical meanings of health

and illness are mutually constitutive, so that one cannot really be defined without the

other. Sontag continues her exploration of the language by which illness is known by

suggesting that the "kingdom of the ill" is "landscaped" by the metaphors of illness (3-4).

Putting illness in spatial terms, as Sontag does, testifies to the geographic aspects of

disease, particularly in terms of how to trace its origin and prevention methods.

Quarantine literally creates a space pathologized as different because and as it is

inhabited by groups and individuals who pose a threat to the health of a community. The

ability of disease to define otherness through exclusion reaches its height during

quarantines, for they constitute space which is articulated only when it is constructed as

diseased and opposed to healthy spaces. As such, I argue that quarantine and the

language that justifies and represents it can provide further insight into how disease,

exclusion, and citizenship are intertwined.

　　　Quarantines are effective as they halt the movement of diseased bodies into and

out of healthy and infected spaces; therefore, they establish boundaries as they police the

public health. Alan Kraut suggests that during an epidemic, quarantines provide a

measure of reassurance to the healthy:

> Bodies that are stigmatized by association with disease seem especially
> threatening because disease-causing contagion cannot be seen by the
> naked eye or easily eluded. There appears to be no way to shun a disease
> other than shunning the person who has already become its victim.
> Knowing that the stigmatized victim is from another place brings with it
> the reassurance that one's own body and surroundings are inherently
> healthy and would remain so were it not for the presence of the stranger.
> (26)

Because epidemics affect and quarantines restrict communities that may lack quality

medical care, sanitary conditions, and accessibility to treatment, it is a quick move from

6

viewing quarantined individuals as physically diseased to seeing them as socially

pathological. Locating the disease outside their space of safety, citizens may argue that

"whatever other public heath measures were taken to purify the water, remove the

sewage, and collect garbage, precautions were incomplete without provision to stop

disease from abroad" (Kraut 30). Quarantines are successful not only because they

restrain disease in a location outside healthy space, but also because they maintain a

healthy homogeneity inside the space of the nation. I argue that quarantine marks not

only people outside citizenship spaces as foreign because of their geopolitical location

but also—in the three literary works I examine here—highlights the otherness of people

already located inside national space, people who have at least partially assimilated the

signs of citizenship.

By my title, "Exclusionary Acts: Gender, Race, and Epidemiology in Literary

Spaces," I mean to suggest that certain races and genders are represented as different

from and subordinated to an established norm by quarantining them physically and

discursively. I analyze how the identities of such groups are conflated with illness to

establish boundaries between them and a healthy community. Both disease and its

discourse, then, quarantine outsiders. Casting the feminine or Asian-Americans, for

example, as an infectious threat to healthy citizenship justifies actions that

epistemologically and physically quarantine them outside a space of belonging. These

quarantines reinforce the assumed health of the community as long as the difference of

the other can be maintained. By focusing on a selection of novels that depict actual

diseases and/or utilize tropes of disease, particularly quarantine as a mode of prevention

and containment, I hope to elucidate the centrality of knowledge about disease and the use of quarantine to our ways of being in the postmodern world. My selection of literature reflects the pervasiveness of the discourse, so that writing about three novels from different continents, genres, authorial genders, and historical periods exemplifies how quarantine continues to construct identity and difference across time and space. These novels allow me to explore the discourse of disease across historical and geographic lines and to analyze how quarantines have continued to mark the outsider as such in both consistent and disjunctive ways. Applying literary and cultural theory to instances of disease in the novels, I examine how literature from various genres and historical periods impacts our contemporary ideas about epidemics and exclusion.

I begin by analyzing scientific discourse in Mary Shelley's *Frankenstein; or the Modern Prometheus* (1818) to suggest that reading the resulting isolation of the female within domestic space as epistemological quarantine allows Shelley to translate oppression into a new theoretical space for the feminine. I argue that scientific narratives in *Frankenstein* justify expeditions into the physical and philosophical secrets of nature, as Robert Walton travels through unexplored territory toward the North Pole and Victor Frankenstein goes to University to probe the mysteries of artificial life. These geographic movements and the science that accompanies them create narrative space which is gendered as masculine and which appears to quarantine within domestic, interior spaces Shelley's authorial voice, defined as dangerous to rational discourse, and her female characters, whose constructed weakness threatens masculine mobility. The supernatural aspects of *Frankenstein* are positioned as "diseases of the imagination" by the

contemporaneous science Shelley references, thus constraining them in spaces that are gendered as female through their opposition from masculine, scientific spaces (Davy 2:326). Scientific discourses lend authenticity to Shelley's fantastic story, but they make the story believable and acceptable for its audience by constraining the fantastic, imaginative elements of the story within an objective, rational structure. Quarantining the feminine because it is parasitic upon and harmful to dominant discourses medicalizes the feminine, allowing science to cast itself as an antidote to irrationality and thus superior. In order to avoid becoming discursively male by reproducing scientific discourse, Shelley's voice needs a representation that is immune to the logic of patriarchy. I argue that inconsistencies in the novel's scientific narratives create what Teresa de Lauretis calls "spaces of elsewhere" that are unrepresentable by the dominant (in this case, scientific) discourse and thus escape reification into dominant structures (26). They also reveal that scientific discourse in Shelley's tale depends upon the spaces it diseases and quarantines. However, Shelley's authorial voice translates the scientifically imposed quarantine to make a space for the feminine.

Having examined epistemological quarantine, I next analyze the American response to the 2003 SARS epidemic in order to explore how discursive quarantines can corroborate material ones. Although the SARS epidemic in America was defined more by the absence of the disease than its presence, Asian-Americans whose travel to their home countries placed them close to the geographic source of the epidemic isolated themselves upon their return to America, a phenomenon the media reported upon as "self"- quarantine. Rather than providing Asian-Americans with the renewed citizenship

rights they hoped their acts of isolation would secure, (self-) quarantines perpetuated an ideal of American health and citizenship by highlighting the disease of the immigrant and reinforcing divisions between interior and exterior. I read the SARS (self-)quarantines and Jeannette Winterson's 1993 feminist novel *Written on the Body* dialogically, to translate the multiple discourses, spaces, and categories that construct an identity as an Other and finally, to cross discursive and spatial boundaries to locate a place for colonized selfhood. The textual diseasing of the narrator and his/her lover, Louise, in *Written on the Body* results in a "self"-quarantine as illustrated by the SARS epidemic: the narrator, discursively cast as a disease of difference to the marriage of Louise and her husband Elgin, quarantines him/herself in a self-defined space of disease.

Translating the scientific discourse that constructs Louise as separate from the narrator sketches a picture of her that is not mediated upon spatial boundaries between interior and exterior, self and other. Reading back to the SARS epidemic, I suggest that the real and textual (self-)quarantines present during SARS and in *Written on the Body*, respectively, allow this literary translation to define a subjectivity which is recovered from alienation and which, like Shelley's feminine translation, interprets isolation as mobility by redefining spatial relationships between selves.

While discursive quarantine affects primarily individuals in *Written on the Body*, it has often isolated entire populations deemed dangerous to a healthy nation. Continuing to focus on justifications for quarantine, I explore how the logic of epidemiology rationalizes containing immigrant workers, the Refus, in Neal Stephenson's 1993 science fiction novel *Snow Crash*. Businessman L. Bob Rife uses a virus to cast the Refus as

10

diseased, not only in terms of their health but also through a focus upon their behavior,

biological and mental abilities, and homelessness, in order to conceal a temporal collapse

between their infection and quarantine. In order for the novel to define the Refus as a

population which is consistently and intrinsically dangerous to American economic and

biological health, Rife must validate the logic of epidemiology by which he marks the

Refus as mobile and dangerous. He conflates health with culture and biology by

quarantining them in a space of otherness that is neither their home nor part of American

space and then suggesting that their disease is derived from their natural place in that

location. While using an epidemiological emphasis upon the danger that mobile bodies

pose as carriers of disease, Rife also paradoxically collapses the Refus' behavior with the

space of isolation in order to infect and diagnose them with the virus in the same

moment. His quarantine breeds disease even as it defines space as unhealthy, in contrast

to the usual epidemiological timeline in which a virus defines the space as dangerous

before quarantine occurs.

When a female character breaks Rife's quarantine and reveals its contingency

upon a masculinized medical discourse, she redefines home, femininity, and disease, thus

revealing the novel's contradictory use of epidemiological discourse and redefining

behavior as constructed or chosen, rather than natural or biological. Refusing definitions

of home as a settled, historical location, as Chandra Talpade Mohanty does, permits the

novel's redefinition of identity and behavior.

In each of these chapters, I use a feminist theoretical analytical lens to consider

how the multiple disciplines of literature, ideology, and science collaborate to represent

and justify quarantine and the diseased. If epidemical thinking is endemic to our

contemporary discourse, as I argue it is, then an inter-disciplinary subject matter is

needed to adequately address the cultural, scientific, theoretical, and political aspects of

an epidemic. Further, I utilize contemporary feminist theory (French, literary, and

postcolonial) to explore and explain the implications of quarantine as an exclusionary

strategy. Reading feminist theory alongside epidemiology also allows me to expand the

theoretical and practical implications of the theory itself. These readings allow me to

explore the theoretical and material ramifications quarantine holds for both communities

and individuals. Feminist theory allows me to situate spaces of quarantine as structurally

analogous to oppressive spaces and thus to theorize quarantined spaces and populations

to suggest how oppressed groups may subvert quarantines and to explore the logic by

which quarantines (and oppression) are justified.

Further, Cindy Patton's study of the relation of disease to spaces and bodies

allows me to correlate the material and discursive effects of quarantine in several literary

and historical contexts to explore how quarantine simultaneously creates spaces of

exclusion and offers new definitions of mobility and identity. Patton argues that

medicine creates places of disease so that the two terms (medicine and place) act

interchangeably to define identity. Colonialism and other modes of oppression

operationalize medicine to create and define spaces while pathologizing the identities

inside them. Quarantine illustrates the operation of various modes of medical thinking at

different times and in different contexts, so that bodies and the spaces within which they

are constructed are variously privileged according to cultural or medical needs. Whether

focusing upon the bodies that carry disease or the places inhabited by bodies by utilizing what Patton calls epidemiological or tropical thinking, respectively, quarantine medicalizes bodies and their spaces to fix diseases in place. My reading of Patton's argument against contemporary and past quarantines suggests that as spaces are medicalized and identified through their status as diseased, they also pathologize bodies so that spatiality becomes a primary means of relating disease, the body, and medicine.

In my analysis of exclusion, I certainly do not wish to disparage the effectiveness of epidemiology and the science it employs to maintain the public health. However, the tendency of disciplinary boundaries between science, politics, and culture to collapse during epidemics makes a critical evaluation of disease, acts of quarantine, and the accompanying discursive and material spaces particularly effective in a study of how epidemiological and material exclusions are justified. Studying the contrasts between and conflations of literary and physical space in *Frankenstein, Written on the Body,* and *Snow Crash* reveals the degree to which writing, or translating, is also an integral aspect of epidemiology, so that containing a disease depends as much upon narratives as upon vaccines or antibiotics. Situating literary acts as fundamental to the task of quarantine locates the language of epidemiology at the center of the cultural, scientific, and medical epistemologies that together define communities as healthy or diseased, making a literary and theoretical critical exploration of epidemics and their spatiality necessary to understanding our contemporary citizenships.

NOTES

CHAPTER II

DISEASES OF THE IMAGINATION:

VIRAL TRAFFIC AND DISCURSIVE IMMUNITY

IN MARY SHELLEY'S *FRANKENSTEIN;*

OR THE MODERN PROMETHEUS

Mary Shelley's *Frankenstein* is often cited as a ground-breaking science fiction novel, an exploration of the mysteries and horrors of artificial life, and a feminist critique of the sciences that are associated with a masculine penetration of nature by logocentric, patriarchal thought.[1] As a novel that is all of the above and more, *Frankenstein* is interpolated with references to the sciences that were developing out of post-Enlightenment thought and the scientific revolution of the seventeenth century, namely, chemistry, electricity, and evolution. Feminist critics often remark upon how Shelley's association of such sciences with the destruction wreaked by the Creature reveals the ideological dangers science poses for a passive, feminine-identified nature.[2] Yet these scientific theories also necessitate the novel's homosocial world and the marking of the domestic as a natural, feminine realm outside of which women had no voice.

Shelley's own observation that invention "can give form to dark, shapeless substances, but cannot bring into being the substance itself" hints at the difficulty of producing a feminine voice out of masculinized scientific narratives (Shelley 356). Within such constructs, any subversive speech is dependent or parasitic upon and positioned as unnatural by the forms it purports to critique. In *Frankenstein,* scientific

structures generated by geographical traffic bury and silence female subjectivity deep within textual and domestic space by subordinating feminine identity to male exploits and interests and restricting her discourse to a weak, inner speech. Indeed, the possibility of a feminine voice in *Frankenstein* is challenged by the tendency of science to facilitate an egotistical "'reign of the imagination in a time when conquest itself has become overwhelmingly the province of the scientist'" (Richard 307).

Humphry Davy, a chemist and a contemporary of Shelley's, views the reproduction of feminized knowledge through the metaphor of disease, saying that science "'may destroy diseases of the imagination, owing to too deep a sensibility; and it may attach the affections to objects permanent, important, and intimately related to the interests of the human species" (2:326).   This differentiation between healthy or scientific and diseased or imaginative discourse positions masculine narratives as hosts for the feminine parasite, thus allowing the masculine to retain a dominant cultural and epistemological position. Like a parasite, unnatural discourse is always unavoidably present and replicating when its host reproduces. By injecting itself into the host's discursive structure, the parasite irrevocably changes that organization and ensures its own survival by forcing the host to reproduce diseased cells as its own. That such a relationship exists discursively in *Frankenstein's* is evidenced by the manner in which the feminized tale seems to rely on scientific knowledge as structure, while that science simultaneously casts this reliance as dependency and quarantines itself from the disease of the female. Ambiguous, paradoxical spaces within *Frankenstein's* scientific

epistemology result from this parasitic relationship; they highlight a complex host-parasite relationship that exceeds both Davy's criticism and the feminist resistance usually attributed to Shelley's critique.

Narrative Geography: Quarantining the Feminine

In *Frankenstein*, three thematically central geographical movements tied to the acquisition of scientific knowledge provide a masculine, scientific discursive framework upon which the novel's feminized content (including Shelley's critique) depends. These movements—Robert Walton's expedition to the pole, Victor Frankenstein's journey to the university, and his tour of England with Clerval—enact a masculine-heroic penetration through nature and a quarantine of the feminine that facilitate the novel's narrative progression. None of the female characters affect the plot in the same way, for none of them leave the female space of the home or their female roles as wife, mother, or daughter. I argue that these masculine discourses contain certain instabilities that drastically alter the narrative relationship of host to parasite and allow Shelley's feminine voice to construct itself as ironically immune to its scientifically and culturally imposed quarantine. Shelley's novel reveals itself to be uniquely significant as an instance of cultural critique relevant to both past and contemporary contexts because it opens up a space from which women (and other groups) can speak by paradoxically engaging their representation as diseased. Such a reading of *Frankenstein* retheorizes the effectiveness of Shelley's critique of masculine discourse to suggest that this critique radically exceeds the concerns of first wave feminism as well as more recent feminist theorizations of resistance.

I have appropriated a scientific term from virologist Robert Morse to refer to these geographical movements as viral traffic. Morse created the expression to refer to "movements of viruses to new species or new individuals" (17). New diseases result from viral traffic because it destabilizes formerly balanced relationships between co-existing hosts and parasites by introducing new strains of disease into a population. The geographic movements that quarantine Shelley's critique within discursively diseased spaces do so to protect themselves from the diseases to which movement, like viral traffic, exposes them. However, the very movements that exist to support the masculine quest for knowledge are simultaneously the carriers of the female parasite, meaning that masculinized spaces must reproduce the feminine even as they attempt to dominate her. Examining Morse's term in the context of *Frankenstein* reveals a crucial instability in the rigid categories of discursive hosts and parasites and creates a space of subversion for the disease of the female imagination. Reading the construction of feminine and masculine spaces as a relationship between a disease and the hosts it infects uncovers locations from which a female voice can speak while maintaining a subversive immunity to being constructed as unnatural and diseased on one hand and being reified into patriarchal discourse on the other.

Leaving Home: Scientific Exploration, Masculine Narratives

Shelley's story depends for its narrative structure upon Walton's heroic exploration, which functions as the outer frame of embedded tales. His account of his journey structures the story's core, privileging from the novel's start the scientific apparatus that will continue to facilitate the novel's progression. The journey provides a

logical reason for him to encounter the wandering Frankenstein and the Creature. Accordingly, his letters contain the fantastic, potentially subversive elements of Shelley's story in a rational framework. Although it is possible to read Walton's frame tale as commentary upon the novel or as evidence of Shelley's emphasis on the necessity of community, critics like Jessica Richard make a convincing argument that his account also functions as a scientific narrative. Walton's writing is an attempt to distance himself from indications of weakness or failure, which he feminizes in his letters. He writes that he has "increasing confidence in the success of my undertaking," in spite of his sister's feminized "evil forebodings" (Shelley 49). Walton clearly intends his journey to contribute to science and is enthusiastic about the expedition because he anticipates exposing the secrets of unexplored or mysterious natural phenomena which "require only this voyage to render their seeming eccentricities consistent for ever" (50). His participation in science fills him with pleasure, but he enjoys nature's mysteries based upon their exposure, and he wonders if his sister can "understand this feeling" from her distant domestic location in their familial and cultural home (49). The potential to make a scientific discovery or locate a northwest passage are "his enticements, and they are sufficient to conquer all fear of danger or death" (50). The pursuit of scientific discovery informs Walton's movements; since both his journey and his tale oppose a feminine nature, they create a masculinely gendered, (con)questing narrative space that provides the dominant structure for the novel from its outset. Nature, by contrast, is represented as a feminized, secretive object to be penetrated or explored. Walton's journey and his

treatment of nature establish science in a dominant role, defining nature as a space

awaiting conquest and suppressing the feminine voice, as represented by his sister.

Second, Victor's journey from his home to the university is a move away from his

place within a domestic collective to a homosocial existence. The illness and death of

Frankenstein's mother precedes and predicates his journey to the university, freeing him

to enter the masculine world of science. Mrs. Frankenstein's concern that Elizabeth

recover from scarlet fever fatally infects her with the same disease, as Frankenstein says,

"she could no longer debar herself from her [Elizabeth's] society, and entered her

chamber long before the danger of infection was past. The consequences of this

imprudence were fatal" (28). Nursing Elizabeth places his mother in a feminine role that

Frankenstein casts negatively as emotional, naïve, and unscientific. His subsequent travel

into academic science contrasts this female irrationality, painting Frankenstein as

dominant and knowledgeable. Further, the absence of his mother enables Frankenstein to

embrace a masculine identity as he leaves his "native country" and embraces more

rational endeavors. His mother's disease and death suggests to Frankenstein the

constructed weakness of feminine forms of knowledge, so that he prefers the more

masculine epistemology of science thereafter. The loss of his mother will continue to

influence Frankenstein, for he begins work on the Creature with hopes of "renew[ing] life

where death had apparently devoted the body to corruption" (37).

Victor is transformed even as he is en route to Ingolstadt; his life "had hitherto

been remarkably secluded and domestic" but he suddenly realizes that he "ardently

desired the acquisition of knowledge" (74). When Victor learns of the opportunities for

exploration and the conquest of scientific mystery that his studies will provide, he quickly

leaves behind all thoughts of home. Upon meeting M. Waldman, Victor is excited by his

professor's description of the "unlimited powers" of science to "penetrate into the

recesses of nature, and shew how she works in her hiding places" (74). As Frankenstein

says of his transformation,

> Two years passed in this manner, during which I paid no visit to Geneva,
> but was engaged, heart and soul, in the pursuit of some discoveries which
> I hoped to make. None but those who have experienced them can
> conceive of the enticements of science. In other studies you go as far as
> others have gone before you, and there is nothing more to know; but in a
> scientific pursuit there is continual food for discovery and wonder [. . .] I,
> who continually sought the attainment of one object of pursuit, [. . .] was
> solely wrapt in this. (78)

Of course, the Creature is the ultimate result of Victor's move to the University, and the

monster's centrality to the novel and to Shelley's feminist critique reveals the negative

effects of Victor's embrace of science as a masculine discipline to be conquered at the

exclusion of the domestic. Like Walton's soliloquies on the glories of exploration,

Victor's egocentric view of his journey to university and his experiences at Ingolstadt

reveal that the movements which structure the novel are inextricably bound to a concept

of scientific knowledge as conquest. Frankenstein's journey makes it impossible for

feminine space to be conceived of as autonomous; in his scientific world, the female's

sole position must be in opposition and contrast to the male. This model quarantines the

novel's female space, working not only to ensure that all female characters remain

passively within the domestic, but also to make nature, represented by the Creature,

appear horrible and unnatural in comparison with scientific logic.

Last, Victor's flight from marriage into the homosocial world he and Henry create during their travels abroad permanently separates Victor from his domestic ties and sends him into a purely scientific, masculine world.[3] Although he suggests that the voyage will allow him to travel before he settles down to a life of domesticity, Victor really visits England to prepare to build a female Creature. As when he left his home for university study, Victor is again "delighted with the idea of spending a year or two in change of scene and variety of occupation, in absence from my family" (177). Victor is also motivated by a desire to control the Creature permanently, as he says, "His power and threats were not omitted in my calculations" (172). Victor's fear of the Creature reveals a subconscious dread of being conquered and losing control of him; the possibility of producing a mate for the Creature allows him to maintain the upper hand in their relationship because it establishes him as superior scientific creator. Once in England, Victor moves even farther into an individual, scientific world when he leaves Henry and goes to the most remote point he can find to work on the female Creature. Victor's travel causes the deaths of the rest of his family and sends him into permanent exile from society. Once again, his penetration into science and escape from the domestic launch the events that bring the novel to its conclusion thus establishing scientific knowledge as the dominant epistemology.

Paradoxical Hosts: Subversive Parasites

Even as Walton and Frankenstein's journeys structure the novel, ensuring that writing and reading occur within the system of dominant discourse, they allow the parasitic story to be written and its unnatural aspects to infect readers' imaginations,

creating layers of paradoxical relationships between science and the feminine. As I argue above, Walton's voyage to the pole and his representation of the scientific discoveries he plans to make serve as the outermost layer of *Frankenstein*'s narrative structure, constructing the entirety of Shelley's plot and her critique of science as dependent upon Walton's journey. Ironically, however, Walton chooses to represent his voyage in a feminine form, as letters to his sister. However, his stylistic choice is not perceived as posing a threat to the masculine movement of his journey. On one level, Walton's epistolary form functions as yet another way in which the feminine is subordinated to masculine interests, for the feminine letters carry the account of his desire for heroic exploits. However, the fact that Walton writes letters is not opposed to their content, and the letters are not feminized by their form, which simply remains unacknowledged. The epistolary form functions ambiguously within masculine space, without being contrasted to an opposite and thus defined within a masculine epistemology or feminized.

Victor's scientific education and his journey to England with Clerval exemplify a second instance of the paradoxical relations between science and the feminine. His movements are as important to Shelley's fantastic story as Walton's exploration is to the commencement and conclusion of the novel. Without Victor's education, the Creature would not exist; without his trip to England, the Frankenstein family might not have experienced the Creature's deadly wrath. Victor's journeys drive the structure by which the novel privileges science, and they isolate him from the domestic, as if to suggest that the two cannot coexist unless the domestic is subordinated and textually buried. His

failure to care adequately for the Creature suggests that a scientist cannot (and should not) assume the role of both creator and caretaker and that the caretaker role is potentially harmful, as Mrs. Frankenstein's death implies.[4]

While Victor's journeys effectively distance himself and the scientific space in which he works from associations with the domestic, his attempts to reproduce his masculine world are fraught with paradoxes. Victor uses his knowledge of the descriptive sciences not merely to create a living being but to scientifically reproduce the feminine act of reproduction. Without being represented as such, feminine functions are inherent in the science and discourse Victor constructs. His drive to create a scientifically reproduced being replicates reproduction (gendered as feminine, naturally) without specifically acknowledging it as female, an act which allows gender to exist below the surface of Victor's scientific reproduction and to render his act as paradoxically both scientific and feminine.

The Spaces Between: The Paradoxical Spatiality of Gender

Therefore, in addition to their scientific journeys and explorations, both Victor and Walton participate in an ambivalently gendered reproduction of scientific knowledge that paradoxically coexists with ordinarily feminized discourse without defining or subordinating it.[5] This particular mode of reproduction is characterized by the articulation of a voice from spaces that lie between the definitions and boundaries of science, exploration, and masculine discourse and domestic, diseased feminine space. Feminist scholars who have explored *Frankenstein's* use of the sciences have suggested

that Shelley critiques patriarchal structures by contrasting the dangers of science with the feminine, domestic, and natural.[6] While I agree that Shelley does indeed contrast scientific and domestic epistemologies, I suggest that theoretical comparisons can actually reinstate the primacy and dominance of the masculine discourse she critiques, so that her voice is subsumed into the structures it relies upon for articulation. If it is to be effective, Shelley's critique must be spoken from a problematic space that neither relies upon nor collapses under masculine-identified science.

Anne Mellor suggests that Shelley divides science into two categories on the basis of its methodology: "'good'" science is that which attempts a descriptive understanding of the natural world, while "'bad'" science focuses upon controlling and conquering nature (89). Mellor argues that Shelley associates good science with Erasmus Darwin's theories of natural evolution, which occurs through sexual selection, and that she implicitly favors his methodology by critiquing Frankenstein's attempt to circumvent natural reproduction. On the side of bad science are those methods which allowed scientists to create phenomena and modify nature using new inventions in chemistry and electricity. Mellor notes Shelley's firsthand knowledge of chemical and electrical discourse, citing her exposure to texts by scientists such as Davy (91). Chemistry falls into Shelley's category of bad science because it purported to benefit humanity by changing nature rather than by facilitating a greater knowledge of the human environment. Davy's defense of chemistry places him at odds with Shelley's focus upon the natural and supernatural, for Davy writes that science is capable of controlling formerly unpredictable or mysterious natural processes. It is also beneficial to society as

a whole because it objectifies and rationalizes the human passions so integral to the Romantic literary exploration of the supernatural. Having read Davy, Shelley engages the attempts he and other scientists made not merely to reorder and manipulate the natural world but also to influence the very ways in which people imagined their relation to their ideological and imaginative environments.

Shelley's critique also explores the ways in which science genders nature as female in order to confine women to domestic realms and isolate their nurturing, emotional capacities from the often hubristic world of science. The novel thus addresses how changes in science affected society on an epistemological and a cultural level. Although the dominant epistemology privileged masculine, objective knowledge, it required the female for its psychological and physical completion but would only acknowledge her on its own objectified terms. Elizabeth Fay suggests that the conflicting social and private roles the masculine culture expected women to fulfill created a "double-bind" that restrained women within those expectations, whether they attempted to define themselves in accordance within a prescribed female identity or to resist the logic of the male gaze by opposing it (192). She argues that a nineteenth century woman was caught between her "external appearance and how others perceive her, and her internal experience of herself and what she believes that experience should resemble" (192). Direct participation in the public, social realm was not considered proper for women who privilege "the spiritual over the physical and [who] substitutes selflessness for selfishness" (194). The proper space for the female to exist physically was in the domestic sphere of the home, and similarly, her words and ideas had to be restrained to

inner, psychological spaces of fancy and imagination. Women were invisible except within their socially-defined "natural" roles as dependent upon the masculine and as they located themselves in domestic space.[7]

Quarantine and the Feminine Parasite

Frankenstein's actions are motivated by a desire to control femininity within social definitions of female roles: "both he and the patriarchal society he represents use the technologies of science and the laws of the polis to manipulate, control, and repress women" (Mellor 122). Mellor argues that Shelley critiques the dangers of her homosocial, scientific world by showing its disastrous effects upon Frankenstein, saying, "Victor Frankenstein's desire is portrayed as horrible, unattainable, and finally self-destructive" (122). Frankenstein's plans for scientific glory fail because nature punishes him for attempting to take advantage of her. Therefore, Shelley's depiction of Frankenstein's personal and professional failures re-establishes the necessity of a holistic community that includes and equally values private and public sides of male and female.

Richard's scholarship extends the realm of science to include exploration and the scope of Shelley's critique from prescriptive (what Mellor calls "bad" science) to descriptive science. She suggests that similar methods and motivations govern both scientific methodologies and that "Polar exploration narratives reveal descriptive science to be an art of creation rather than an act of objective recording; as such, descriptive science carries many of penetrating science's risks" (296). Like the laboratory sciences such as chemistry and electricity, exploration promises "the ideological rewards of the masculine romance of conquest, penetration, and possession" (301). Therefore, Richard

27

suggests that Shelley includes exploration in her critique of science. She cites the Creature's uncanny ability to negotiate the ice packs and his acknowledgement of the North Pole as a place of death rather than an achievement of glorious progress as evidence that Shelley "condemns Walton and Frankenstein for pursuing the enticements of science at the expense of the social ties for which the Creature longs" (304). The frame tale Walton's letters erect around Frankenstein's narrative describes an act that exhibits the same scientific egotism and masculine drive to penetrate and control nature that Mellor identified in the prescriptive sciences. As Richard writes, "Walton's polar quest shows us the risks of a hubristic ethic of exploration, whether poetic or scientific, that irresponsibly creates "regions of beauty and delight" out of a world that is stark and cold" (308).

Similarly, critical discussions of Shelley's feminist critique elucidate her participation in what Fay calls a "radical Gothic critique" that brings conflicting spheres of external, scientific values and inner, imaginative reflections into contact "to denounce a wrong in the social system" (189). The goal of Shelley's critique is to reveal that, structurally, the relationship between scientific and domestic epistemologies allows scientific knowledge to position itself as objective and natural and thus to appropriate the domestic as the unnatural opposite necessary to reproducing scientific knowledge as the norm. Scientific discourses are used to expose "differences imagined as natural to bodies and hence foundational to societies based on natural law [. . .] [so that] inclusion in the polis rested on notions of natural equalities, while exclusion from it rested on notions of natural differences" (Schiebinger 9-10). Quarantining otherness with claims of natural

differences rooted in physical traits or signs, scientific epistemology constructs its preference for objective, rational thought as the natural and superior mode of thinking.[8]

In this patriarchal-scientific system, feminine speech is constructed as parasitic upon masculine discourse for its representation, which gives the feminine the only presence it can claim. It must submit to the rules that structure both language and culture in order to be enunciated. In order to identify itself as natural, the masculine must contrast itself with an opposing space marked as unnatural, meaning that the feminine can exist within that system only as unnatural representation rather than as any entity that represents itself: "woman is unrepresentable except as representation" within patriarchically defined epistemologies (de Lauretis 20). Those in power define and impose these rules as universal: "A sexed subject imposes his imperatives as universally valid, and as the only ones capable of defining the forms of reason, of thought, of meaning, and of exchange. He still, and always, comes back to the same logic, the only logic: of the one of the Same" (Irigaray, *To Speak* 228).

In *Frankenstein,* patriarchal culture maintains epistemological dominance over the feminized imagination by recognizing as valid only those knowledge forms that fit requirements of objectivity and scientificity. Recognizing the culturally imposed necessity of this dependence, Shelley wrote in her journal that she relied upon others for inspiration to educate herself and to give her life purpose. Referencing the domestic space assigned to women and its role in enforcing the parasitic relation between the sexes, she comments upon her need to rely upon the patriarchical system: "Alone and poor, I could only be something by joining a party; and there was much in me—the

29

woman's love of looking up, and being guided, and being willing to do anything if any one supported and brought me forward—which would have made me a good partisan" (205). Here Shelley seems to recognize that any chance she has for making a cultural impression is through the help of men like P.B. Shelley and her father, William Godwin.

As she points out in her journal, Shelley's critique of science is parasitic upon masculine-gendered structures, and in spite of her attempts to identify the dangers of masculine structures by contrasting them with the feminine (as Mellor and Richard point out), her writing is reified into the scientific discourse which it purports to critique. Marilyn Farwell notes that heroic plots (we might also call them teleological or prescriptive) inherently contain gendered narrative space that is imposed through the heterosexual domination of the female. When plot movement is oriented around a masculine hero positioned in opposition to an obstacle that he either desires or finds threatening, the opposing space is gendered as feminine. Further, the space gendered as masculine is defined as active and in control, so any opposing space must necessarily be passive and female. Scientific epistemologies in the nineteenth century participated in and were "inseparable from the cultural construction of gender" that gendered Shelley's authorial and cultural voice (Shaw 6). The marking of narrative space as masculine or feminine contributes to "the construction of difference according to the dichotomies which structure Western thought, those dualities, such as active/passive, mind/body, presence/absence, which ultimately rely on the gender dualism, male/female" (Farwell 95). I would add natural/unnatural to Farwell's list of binaries, for in *Frankenstein,* the

masculine-scientific forms that construct and require an opposing female-domestic space position the feminine as diseased: horrifying, mysterious, and an unnatural parasite upon the so-called normal functions of knowledge.

Because *Frankenstein*'s narrative and plot depend upon science to drive the novel's narrative progression and to establish the concrete forms within which the novel's content can be written and read, scientific theories function not merely as a "sub-text informing the style and construction" of Shelley's fiction but as literary forms necessary to the content that attempts to critique those very structures (Shaw 1). Like other female writers who incorporate science into their fiction, Shelley perpetuates masculine discourse through her utilization of science as narrative form. Her narrative incorporates what Patricia Monk calls the "androcentric mystique" so prevalent in scientific discourse: a "'literary mystique characterised by gadgetry, adventure and androcentric thinking'" that tends to appropriate and dominate women's writing to perpetuate its logocentric epistemology (qtd. in Shaw 4). While Shelley's knowledge of chemistry, evolution, and exploration help her create a monster who embodies the dangers of science, that knowledge also appropriates her critique by positioning her authorial voice as dependent. Indeed, *Frankenstein* was originally assumed to have been written by a male author, "due to its nightmare subject and the real direction of sympathy toward the creature and the male artist figures. Moreover, a women writer should have moralized overtly about the horror that the monster embodies and the destruction he wreaks, all a consequence of Victor's immoral attempt to play God in his laboratory" (Fay 195). When Sir Walter Scott wrote his complimentary review of the then still anonymously authored

Frankenstein, he found no stylistic grounds upon which to assume the author to be of any gender but male and even comments that the "tale, though wild in incident, is written in plain and forcible English" befitting a scientific, objective author (Shelley 304).[9] The feminine voice which tells Shelley's imaginative tale is usurped by the scientific forms that structure the novel.

The feminization of these imaginative spaces—the "wild" aspects of Shelley's tale—further threaten her critique. Even given the social critique whose significance Mellor and Richard noted above, the actual story of *Frankenstein* and its contrast from the rational, scientific language upon which it depends position the tale as a disease of the imagination, a source of the sort of knowledge Davy views as the antithesis of science, that is characterized by "garrulity, copious and amusing anecdote, superstitious notions, and vulgar prejudices" (2:6). Like a disease that feeds upon a host, Shelley's narrative relies upon the socially constructed naturalness of science for its representation, plot, and content. In turn, these scientific forms treat the body of the story as a parasite upon their theories and structure. Shelley's critique is thus placed in tension with its context because science treats expressions that exhibit what Davy calls "'too deep a sensibility'" or that are "'connected only with feeling'" as an unnatural, diseased body of discourse (2:326). The rational epistemology science is represented as embodying seeks dominance over the disease of Shelley's fantastic tale by defining her critique as parasitic and dependent upon scientific objectivity. The patriarchal mindset embedded in *Frankenstein's* sciences genders as female the narrative space which science creates, while in the same act representing that space as unnatural. Additionally, scientific

conquest creates a prescriptive, objective narrative structure whose privileging of

progress and empirical knowledge as opposed to social, domestic values constructs and

genders its space as masculine.

If Shelley's critique is to be read as effectively criticizing masculine science

without being reappropriated into its structures, her discourse must reveal how scientific

knowledge is produced as natural, without attempting to naturalize itself. It must

destablize the constructedness of scientific discourse and speak as a feminine voice that is

not restricted to domestic space nor reincorporated into dominant narrative structures.

Shelley cannot accomplish such a task by speaking the scientific language she purports to

criticize but must rather articulate her voice through the possibility of unrecognized,

paradoxical forms of knowledge and experience. She must use a discourse that appears

logically impossible, since "No language is capable of speaking truth without submitting

to the common-proper terms that mold it into appropriate, that is, essential, forms"

(Irigaray, *To Speak* 228). This relationship between masculine (or scientific) and

feminine language means that discussions of Shelley's feminism contain the possibility

for a more radical understanding of Shelley's attempt to speak about masculine space and

of the efficacy of her social critique.

Luce Irigaray discusses the difficulties involved in creating a space from which

women can speak without being reappropriated into patriarchal structures. She says that

it is not enough merely to replace or contest the masculine order, but rather that women

must analyze the contexts in which language is gendered, the "*sexualization of discourse*

itself" ("Power" 122). To create a new symbolic system which does not base difference

33

on a patriarchal model, individuals must critique the very assumptions that produce the discourse through which they are defined as dependent upon male subjectivity for their representation. Complicating matters further, a feminine voice speaking from within a male gendered system must resist replacing the masculine speaking subject with a feminine one, for the female then risks becoming discursively male. Shelley's critique must not merely critique the scientific knowledge that produces women as natural only when they are contextualized within the domestic, but must also refrain from replacing masculine discourse with alternative, opposing voices.

De Lauretis argues that master narratives will always manage to reproduce themselves, even in subversive texts and in spite of feminists' attempts to rewrite the cultural narratives that define them in oppositional terms. Because the social system responsible for perceptions regarding gender differences is totalizing, both constructing and being constructed by gender difference, theorizing a liberating subjectivity must always take place from within the system. This subjectivity must be written by creating "new spaces of discourse" within preexisting structures if it is to avoid producing a counter discourse that would merely take the place of the existing patriarchal structure or reaffirm that structure by relying upon it for an oppositional act (25). De Lauretis argues that working from within these spaces can offer "a view from 'elsewhere,'" suggesting that such spaces are implicit but unrecognized in the power structures that govern cultural systems (25).

In spite of Shelley's critical stance toward science, the question Farwell raises in her essay remains pertinent: how can "female desire be encoded in a structure which

claims her desire as his desire?" (95). Given the overpowering presence of scientific structures in *Frankenstein*, this question can be reworded to ask how Shelley can critique the practices of a masculine science without herself assimilating—even unconsciously— the language and methodology of oppression and dominance. How can she and her fantastically imaginative tale escape the limitations of being labeled as unnatural without becoming natural (or masculine) themselves or enforcing the quarantine of women to domestic space? I suggest that an attempt to address the challenges of gendered, narrative quarantines created by the scientific discourse in *Frankenstein* underlies Shelley's parasitic critique of scientific methodology and that the "parasitic" relationship between narrative spaces offers the possibility of a contradictory articulation of knowledge.

Rather than opposing the domestic and scientific or definitions like good and bad science, exploring spaces of ambivalent definition within *Frankenstein*'s scientific discourse reveals that the novel's gendered modes of discourse cannot be defined without implicitly referencing the third, unrepresented discursive space to which de Lauretis refers. The boundaries of this discursive relationship are paradoxical, constantly blurred, and flexible because they do not participate in a system of polarities and hierarchies. In Shelley's text, instabilities and paradoxes within the dominating discourse subvert the referencing of the feminine as opposite to scientific, masculine epistemological spaces. Because they are neither acknowledged in the construction of masculine science nor positioned as a female parasite that endangers the masculine, these paradoxes escape explicit representation in both *Frankenstein's* scientific system and Shelley's critique,

which allows them to play flexibly within both spaces as neither parasite nor host, neither

natural nor unnatural. These spaces are not gendered by the scientific discourse, but

neither do they remain androgynous; they form a specifically feminine subject who is not

representable as such within masculine structures of discourse. It is only in this space of

"elsewhere" that this speaking subject can be engendered as feminine without referring to

an essential female essence or being reincorporated as representation that contrasts

masculine reality (de Lauretis 26). The paradoxical feminine subjectivity of these spaces

are a result of "the discrepancy, the tension, and the constant slippage between Woman as

representation, as the object and the very condition of representation and, on the other

hand, women as historical beings," that occurs because "women are both inside and

outside gender [which is at once their social system and system of representation], at

once within and without representation" (de Lauretis 10). This feminine subjectivity

simultaneously locates the representation of the female within feminized discursive space

and outside that representation as the unrepresentable; it has a multiplicitous subjectivity

defined by contradictions and inconsistencies. She is the diseased imagination and a

discourse paradoxically immune to her representation as unnatural and diseased.

        Locating a feminine discourse in a paradoxical and unrepresented space can resist

the discursive categories by which masculine structures position themselves as dominant

and natural. This discourse coexists with epistemological disease as well as with the

oppressive scientific structures that threaten its own discursive realization, without being

quarantined by or subsumed into either discourse. Like an immune system, it is capable

of recognizing the danger of disease without itself being incorporated into a binary

symbolic system of parasite versus host, imagination versus science. Its paradoxical (un)representation allows this discourse to evoke an immunity that effectively escapes representation as diseased and exposes scientific discourse as itself pathogenic in its desires to suppress the feminine. The immunity of Shelley's feminine discourse reveals that the sciences' claims to naturalness and their identity as dominant is artificial, a parasite itself upon the space to which it opposes itself.[10] The paradoxes this feminine voice uncovers not only make its own speech possible but also radically affect the representations and reproductions of all discourse from gendered spaces.

This retheorization of her feminine voice locates Shelley's critique in overlooked and contradictory spaces while simultaneously destabilizing the relation of masculine to feminine, science to the domestic. The scientifically justified movements—the viral traffic—upon which Shelley's story depends are parasitic themselves upon that story for their continued construction as natural. The feminine subject of Shelley's critique reveals scientific discourse to be inextricably intertwined with and dependent upon the domestic rather than being composed wholly of objective, observational knowledge. Further, this voice suggests that knowledge can exist outside the scientific-domestic relationship, an epistemology whose reproduction science can neither represent nor monopolize. The 'elsewhere' constituted by the novel's structural paradoxes destabilizes the oppositional categories by which science attempts to separate itself from the fantastic and feminized. Binaries like natural and unnatural collapse when we acknowledge the possibility of a subjectivity which is immune to the representational quarantines of a masculine-oriented science. The existence of a femininity uncontained by its discursive system reveals

masculine narrative structures to be artificially constructed, dependent for their existence upon the very spaces they position as parasitic. This space further reveals the gendering of narratives in *Frankenstein* to be unnatural and a result of the subordinating work of masculine discourse.

The subversive speech within Shelley's novel is made doubly-significant when viewed as a critique not only of masculine-oriented science, but also of the past and contemporary social and epistemological situations of women. Shelley avoids the entrapment of her novel's discursive double-bind: she neither directly opposes the masculine epistemology by attempting to position her discourse as equal to scientific methodology nor does she refuse to acknowledge the problematic effects of quarantining women in domestic spaces. Instead, she creates space for female speech that is neither wholly exterior nor interior to its context. I suggest, then, that Shelley's critique of science is most effective where it is least clearly defined: not in her depiction of the failures of science to create an objective form of knowledge or her suggestion that science fails to reproduce itself as a dominant, natural discourse but in her suggestion that science and the knowledge it engenders are never natural to begin with.[11]

NOTES

1. Debra Benita Shaw's *Women, Science, and Fiction: The Frankenstein Inheritance,* Elizabeth Fay's *A Feminist Introduction to Romanticism,* and Anne Mellor's *Mary Shelley: Her Life Her Fiction Her Monsters* are only a few of the works characterizing *Frankenstein* as such a novel.

2. Anne Mellor writes that Shelley's book is an example of how "Frankenstein's passion for his scientific research is a displacement of normal emotions and healthy human relationships," relationships which protect and value the female in her domestic role (107). By valuing only rational, objective thought and by playing into the masculine drive for ambition and invention, science risks alienating itself from the feminine values Shelley argues are needed to balance masculine epistemologies. By critiquing the "injustice of patriarchal political systems" that exclude the natural, Shelley manages to argue that "the separation from the public realm of feminine affections and compassion has caused much of this social evil" (117).

Additionally, Mary Poovey notes that Shelley links Frankenstein's scientific ambition to his creation of the monster, who then follows his maker's example as he actualizes, externalizes, the pattern of nature--Frankenstein's nature and the natural world, now explicitly combined--with a power that destroys all society" (127). In a context characterized by carefully divided and gendered spheres, the domestic, natural realm had to balance the egotism and ambition of masculine epistemologies. Shelley's novel is about the dangers of a science, that, mistaking its role, does not have as its ultimate goal the improvement of humans. Similarly, *Frankenstein* is also about the dangers of the woman who breaks out of her culturally defined role in the home, as Sandra Gilbert and Susan Gubar note: "Because he has conceived--or rather misconceived--his monstrous offspring by brooding upon the *wrong* books, moreover, this Victor-Satan is paradigmatic, like the falsely creative fallen angel, of the female artist" (233). Thus it was that the dangers science posed to femininity applied similarly to the role of the female author. Shelley is considered to be "as an author who used fiction to work out the gendered conflict over imagination and propriety she experienced even as a girl" (Fay 196). Due to the cultural constrictions on women's public visibility and role, female authors had to be especially aware of the social risks their work entailed. For if their literature was too public, that is, if it did not adequately manifest feminine qualities of emotion, empathy, etc., if "their art were to be considered artful rather than natural (that is, philosophical rather than imaginative) they would be marked as unnatural, and as available to public censure and critical attack" (Fay 151).

On a slightly different note, in his book, *Making Monstrous: Frankenstein, Criticism, Theory,* Fred Botting suggests that Frankenstein's abandonment of alchemy is driven by his feeling that science will allow him to achieve greater accomplishments: to make more discoveries and to penetrate deeper into the secrets of nature. Empirical science offers Frankenstein the means to pursue the same power the alchemists sought, creating a dangerous ideology that justifies the use of science for human authority.

3. See Eve Kosofsky Sedgwick's *Between Men: English Literature and Male Homosocial Desire* and Bette London's "Mary Shelley, *Frankenstein,* and the Spectacle of Masculinity" for considerations of the interrelations between Gothic novels and structures of homophobia and masculinity.

4. Paul Youngquist's "*Frankenstein:* The Mother, the Daughter, and the Monster," Margaret Homans's *Bearing the Word: Language and Female Experience in Nineteenth-Century Women's Writing*, and Barbara Johnson's "My Monster/My Self" note Shelley's treatment of themes of creating and mothering, suggesting that *Frankenstein* serves not only as an example of the damage patriarchy and science can do to motherhood but also that the novel reflects Shelley's personal pain related to the loss of her mother and several of her children.

5. Some critics have commented on the ways in which Shelley's novel addresses the difficulties of feminine agency and authorship. In "My Monster/ My Self," Barbara Johnson argues that in its scanty treatment of female characters and its discomfort with its own creation plot, *Frankenstein* reveals Shelley's own discomfort with the (im)possibility of female authorship outside masculinely defined spaces. What Johnson terms female "contradictions" rather than "monstrousness" emerge from the spaces between the stylized female characters and the persona of the monster to suggest Shelley's attempt to create a work about writing as a woman (9). Similarly, in her article, "Is There a Woman in This Text?" Mary Jacobus suggests that the lack of strong female characters in *Frankenstein* reveals Shelley's understanding of "an undercurrent of male bonding which has as its necessary victim a woman;" *Frankenstein* thus questions how a woman can speak from the pages of a book in which male bonding constitutes the primary social and textual organization (128). She concludes by decentering the concept of a woman being in a text, suggesting instead that a woman may be a text, that she may emerge from the gaps between male discourse as a figure that is both present and absent, that is not necessarily the object of the text.

6. Devon Hodges focuses on Shelley's subversion of the novel as a patriarchal form in order to reveal "the burden of female difference as it is defined by patriarchal culture" (163). She writes that Shelley disrupts the tendency of the novel to silence women by constraining their discourse to a form designed to reify patriarchal systems; Shelley accomplishes this task by decentering the authority of the self through multiple narrators, disturbing the "boundaries of patriarchal order" through the dream-like aspects of the text (159), highlighting Frankenstein's lack of mastery incoherency of the monster's body and Frankenstein's speech, and questioning the position of "man as the locus of truth, identity, knowledge" (160). This transformation of narrative structure is necessary if women are to speak through their novels; Shelley thus opens up textual space for women to express themselves against the patriarchal discourse that would constrain their voices.

7. Additionally, Margaret Homans explores Shelley's resistance of nineteenth-century women's subordination to men vis-à-vis their position in language, writing that "by writing novels that represent the position of women in societies that do not accommodate their needs, these authors thematize the position of women's language in a culture that does not admit it" (20). Homans suggests that Shelley addresses the cultural double-bind that required women to write realistic literature (what Homans calls "symbolic writing" (22) by equating writing with motherhood, in an act that "holds out the possibility of justifying the woman writer's temerity by neutralizing the conflict between writing and motherhood. And yet this strategy, which in fact encouraged these writers' interest in myths of a mother-daughter language, has its difficulties as well, for it falls afoul of a patrilineal culture's appropriation of motherhood for its own purposes " (27-8). Negotiating between the patriarchal demands of women to be mothers and her role as a female writer, Shelley writes a criticism which allows her to maintain the appearance of a proper woman while critiquing the culture that required the absence of women from language, yet this critique is endlessly problematized by Shelley's ongoing "Struggle to survive and to prosper by telling tales of her own disempowerment" (Hofkosh 210).

8. Such science divorces feeling from knowledge, privileging a so-called objective observation of nature over emotion. Mellor notes that the seventeenth-century scientific revolution instructed scientists to threat nature much as they did women: "'objectively,' as something separate from themselves, as passive and even dead matter—as the "object of my affection"—that can and should be penetrated, analyzed, and controlled" (110). Furthermore, Evelyn Fox Keller writes that "With the modern era, these descriptions suggest, a new form of perception came into being: a self-detachment that enabled men to conceive of an autonomous universe" (69). Science constructs itself as objective and rational, detached from the realm of motivation, emotion, and intention. The nature of scientific thought causes it to be overtly and covertly connected to a masculine-defined epistemology, a way of knowing that has traditionally distanced itself from what it perceives and feminizes as a weak, irrational natural world. Thus science contributes to a categorizing of thought that corresponds to gender dichotomies, one in which "women have been the guarantors and protectors of the personal, the emotional, the particular, whereas science—the province par excellence of the impersonal, the rational, and the general—has been the preserve of men" (Keller 7). For example, Davy is quick to call what he believes to be unscientific thought "a false path—[. . .] an imaginary system of nature, [rather than] [. . .] the visible and tangible universe" (2:5). Correct science is done by careful, rational observation, performed without bias, that leads to empirical knowledge.

9. Susan Eilenberg's article, "Nothing's Namelessness: Mary Shelley's *Frankenstein*," explores the absence of Shelley's name in early publications of *Frankenstein* and her problematic authorial position, suggesting that the anonymous publication is indicative of an attempt by Shelley to remove herself from the weight and implications of her novel.

10. See Marilyn Frye's discussion of male parasitism and the "Patriarchal Imperative" in *The Politics of Reality: Essays in Feminist Theory* for a further discussion of male dependence upon women for economic, social, and material survival (103).

11. See Keller's *Reflections on Gender and Science* for a complete discussion of this point.

CHAPTER III

"THE SKIN IS COMPOSED OF TWO MAIN PARTS":

(SELF-) QUARANTINE AND THE SPATIALITY OF FEMINISM

IN THE SARS EPIDEMIC AND JEANETTE WINTERSON'S

WRITTEN ON THE BODY

Self-imposed quarantines, an important aspect of the recent SARS epidemic,

produced oppressive effects similar to those of quarantines which are enforced by

medical and political authorities. By locating the cause of SARS in the Asian-American

community, American medical and cultural discourse discreetly produced "self"-

quarantines to redefine SARS as it appeared in America as a racial epidemic. I suggest

that self-quarantine is a spatial formulation of identity that creates space demarcated as

and defined by difference. The move toward isolation maintains the epistemological

health of the American social body against the disease of the immigrant by enforcing

divisions between interior and exterior as signifiers of health and disease. Yet the agency

suggested by self-quarantines complicates the ways in which the racial implications of

isolation can be theorized. Classifying the self-quarantine that occurred during SARS as

self-willed is not actually representative of the colonized identities which Asian-

Americans produced when they removed themselves from their communities. Reading

Jeanette Winterson's 1993 novel *Written on the Body* dialogically with SARS shows that

(self-)quarantine and its effects can be reread—translated—to make the distinctions

between interiority and exteriority upon which quarantines depend difficult to formulate, thus renegotiating the relationship between dominant and subordinated spaces.

Using spatial translation as a narrative and theoretical strategy, *Written on the Body* complicates (self-)quarantine, appropriating it as boundary confusion to spatially translate, rather than highlight, the difference of the other.[1] This practice provides a way to speak from spaces of (self-)quarantine without requiring static boundaries between self and other. The translation of discourses—scientific, poetic, and sexual—allows characters and readers to collapse spatial boundaries between categories while revealing the alienating effects of quarantine. Reading the complications between interior and exterior in Winterson's novel alongside (self-)quarantine as an act of colonization not merely reveals that (self-)quarantines reify medical and cultural power but also that they can be translated to provide a way of putting the self in a place rather than being put *in place*.[2]

Diseasing the Body, Spatializing Alienation

Early in 2003, the SARS epidemic struck China, Hong Kong, and other Asian countries, causing a public health crisis that affected individuals, communities, and businesses as it fatally infected people and caused an economic boycott of businesses owned by people presumed to be associated with the disease. In the United States, by contrast, no one died from SARS, and only a few cases of the virus were even reported. The American epidemic was one of a different nature altogether, an illness of fear and avoidance rather than a viral infection.   Americans, especially those who lived in areas with high numbers of Asian-American communities, such as New York City and the

West Coast, felt quite literally the threat that SARS could migrate from Asia or Canada to the U.S. via air and ground travel or trade. Because the origins of the epidemic could be explicitly pinned upon a foreign country (usually China), SARS assumed a material reality as a racialized disease, an Asian epidemic. Not only was the East to blame for the appearance and spread of SARS *there*, but Asian-Americans were represented as threatening to America's health due to their visible ties to the East and their mobility, both of which threatened to bring Asian illnesses *here*, to the West.

Naturally, Asian-American communities were adversely affected by this reaction, mostly through the institution of economic and social boycotts. However, media coverage, participating in the racialization of SARS, discloses and constitutes a more indistinct, racial reaction to the epidemic from the general public. *The New York Times* reported in April 2003 that while economic boycotts concerned Asian-American communities, "the bigger problem is that the Asian-American community is turning upon itself in fear" (Murphy). Empty Chinese restaurants and hyper-concern with hygiene characterized the communal reaction, which was characterized as an irrational "public anxiety [. . .] nearly impossible to quelch" (Murphy). Asian-Americans not only avoided areas with Asian business and homes, thus perpetuating the national distrust of anything associated with Asia, but also, in several cases, isolated themselves from contact with their own communities. The article reports that "Many people who still travel say that their biggest headaches come when they return home and feel compelled to enter a self-imposed quarantine of one to two weeks" (Murphy). The (self-)quarantines were a response to social pressures and fears: "Most voluntary quarantines have involved

individual travelers, like Shengyi Liu, who decided last week to isolate himself in his one-bedroom apartment in Oakland, Calif., after hearing the worries of friends and relatives" (Murphy). A traveler returning from China asked a friend "'not to let him come back home until seven days later,'" while a ginseng shop owner "now buys groceries in suburban Marin County to avoid unnecessary contact with fellow Asian-Americans" (Murphy). Fearing social rejection by their friends, family, or co-workers, Asian-American travelers resorted to (self-)quarantines in hopes of assuring their subsequent readmittance into their communities on the basis of their health. Isolating themselves in the private space of the home and excluding themselves from entering or moving about their communities, Asian-American travelers marked themselves as potential threats to that community, even though they exhibited none of SARS' symptoms, and none of them were ever reported to actually have SARS.

*(*Self-)quarantine is also present, though somewhat less obvious, in Winterson's novel. *Written on the Body* is a journal chronicling the various affairs of an ambiguously gendered lover, the most significant affair being one with a woman named Louise, who is revealed to have cancer. Although Louise's disease is not contagious, once the narrator learns of Louise's illness, s/he leaves her. The narrator makes the decision to end the affair and live in isolation upon learning of the possibilities for treatment Louise's physician husband, Elgin, can offer. S/he writes a farewell letter to Louise, saying, "I'm going away tonight, I don't know where, all I know is I won't come back" (105). The narrator's decision is not just an effort to ensure that Louise will receive the care Elgin has promised but also a move to alleviate both his/her and Louise's pain.

While Louise is the obviously diseased individual in *Written on the Body,* closer reading shows that it is actually the narrator who has the more dangerous disease because s/he represents a threat not only to Louise but potentially (and more insidiously) to the established order of marriage and heterosexual relationships. S/he writes later in the letter, "You are safe in my home but not in my arms. If I stay it will be you who goes, in pain, without help. Our love was not meant to cost you your life" (105). The narrator realizes that s/he would keep Louise from receiving the treatment and possible cure that Elgin can provide because Louise will not receive optimal treatment if separated from him. The lover's (self-)quarantine responds to his/her contagiousness; the quarantine is an effect of the infection of his/her love. It is the relationship between Louise and the narrator that is figured as diseased: their love is a virus upon the normal ordering of relationships, a parasite that not only keeps Louise from receiving treatment but also infects the order her marriage signifies.

Written on the Body treats the narrator's love as both an epistemological and physical disease, as Evelyne Ender writes: "lulled as we are into the comfortable assumption that we are reading another version of a love-as-a-sickness story, we discover that the beloved is truly sick and that the signs of an eroticized body are in fact the symptoms of a fatal disease" (117). Louise's lover diseases the husband-wife relations which have been socially defined as normal, thus disturbing the clearly demarcated relationship between Louise and Elgin. The lover's separation from Louise reveals explicitly what has been an undercurrent of the entire novel: love, not cancer, is the fatal threat, a disease that tragically infects both the narrator and his/her lovers. The narrator

47

defines love as "emotional clap," saying, "I had to keep my heart to myself in case I infected somebody" (25). Love breaks down the divisions between people and genders to spread like an epidemic that infects the clean spaces of a city (or a relationship) and crosses the boundaries between public and private spaces. The narrator's affairs create spaces in which divisions between the lovers and their spouses are muddy and mobile at best, where relationships do not function according to established rules of marital fidelity or gender of object choice. The indefinability of the narrator's gender and of his/her extra-marital affairs do not allow them to be concretely categorized, so they threaten the desire of power to control difference by clearly demarcating between bodies, genders, and relationships, as, for example, medical authorities used (self-)quarantines during the SARS epidemic to differentiate between healthy and diseased bodies.

(Self-)Quarantines: The Spatiality of Colonialism

In order to theorize the effects and implications of (self-)quarantines, it is necessary to understand how quarantines function to create spaces and thus define bodies. Authoritatively enforced quarantines carefully maintain space as interior and closed by setting it apart from the public, open spaces in which bodies are permitted to move freely. Acts of surveillance, quarantines establish bodies in a stable space within which they can be monitored and controlled. Cindy Patton writes that "premodern and modern authorities use spatial designations—quarantine, ghettoization—to control disease and the other at the same time" ("Performativity" 176). Rather than casting threatening groups or individuals outside society, quarantines demarcate interior spaces for disease, static

spaces which prevent contagious individuals from dangerous movement while ensuring

that they are constantly monitored.

Even as it ensures the health of the community, quarantine creates spaces of

illness that produce the individuals inside them as diseased, othered, often racialized

and/or feminized. Maintaining strict distinctions between interior and exterior is critical

to maintaining power. James Clifford writes that "acts of control, maintaining coherent

insides and outsides, are always tactical" (7). The negotiations between self and other,

the positioning and defining of cultural identities, occur in moments of transgression and

conflict between these insides and outsides:

> Cultural action, the making and remaking of identities, takes place in the contact zones, along the policed and transgressive intercultural frontiers of nations, peoples, locales. Stasis and purity are asserted—creatively and violently—*against* historical forces of movement and contamination. (7)

Because they draw such blatant lines distinguishing between healthy and diseased,

quarantines (and their transgressions) are prime sites for contact zones between cultural

groups, places where hierarchies are often established. Using discourses of power, the

dominant order erects boundaries to protect itself and to define itself as *not* the inner and

inferior.[3]

Quarantines order spatial and social relationships by subordinating interior spaces

and thus the diseased groups inside them to the public spaces of medical authority.

Restricting diseased bodies inside an open space like that of the city creates static spaces

within which aberrant bodies can constantly be monitored. As such, quarantines enact a

spatial struggle to control diseased bodies. Susan Craddock writes that "the symbolic

overlay of pathologic meanings [intersections of class and disease, for instance]

operationalizes a struggle for spatial control in the name of epidemic containment" (38). By marking bodies within spaces of disease as weak and inferior, quarantines produce the spaces those bodies inhabit as similarly subordinated in order to define diseased spaces— and thus the bodies within them—as domestic, inner, and feminine. Quarantines appropriate the cultural logic attached to the home in order to produce themselves as places in need of healing: "In a society highly gendered along spatial concepts of public and private, the woman became the real and symbolic sentinel of an increasingly sacred domestic concept, a place and an individual maintaining calm and order" (49). Quarantines define disease as natural to the space in which it is confined by insisting upon the naturalness of diseased bodies to that space so that "'Community' is transformed here from a positive term meant to cover an affiliative grouping seeking legibility in order to make claims for civil rights and their protection on the state and its medical apparatus; community becomes instead a colony" (Patton, "Performativity" 190). Inside the all encompassing nation, quarantine creates a colonized space defined by the diseases that "naturally" belong within it.

The naturalization of disease within immigrant spaces perpetuates xenophobic hierarchies in which "normal" bodies are positioned as superior to "different," diseased bodies. Interiorizing disease within the nation by defining it as proper to spaces of difference, a colonial mindset persists in the spaces created by quarantines. While the United States engaged in globalized economic relations with other countries during the SARS epidemic, the nation colonized immigrant spaces at home by engaging in what Patton terms "tropical medicine." She writes, "the very idea of tropical medicine rests on

50

the ability to reliably separate an indigenous population, perceived to be physically hearty but biologically inferior, from a colonizing population, believed to be biologically superior even while subject to the tropical illnesses" ("Performativity" 185). By fixing disease within space, describing it "in melodramatic terms, as the monster inside the domestic space, the evil endemic to the colony," American medicine created a structure of medicine and power in which diseased bodies were subordinated to and restricted by the healthy ones that reserved the power to freely move in or out of spaces while controlling the movement of unhealthy bodies (*Globalizing* 36). Disease and identity were spatialized in a here/there dichotomy to create the "implicit geographical scheme [of colonialism], in which the First World is always superior to the Third World" (36).

Creating Quarantines, Enforcing Categories

Like the epistemological quarantines during SARS, the lover's (self-)quarantine in *Written on the Body* alienates him/her from choosing—or even refusing—an identity by isolating him/her in spaces of otherness and disease that seem to require his/her isolation and form a quarantine. The narrator's decision to leave seems to be solely his/hers, for s/he writes to Louise, "I'm going away tonight [. . .] Forgive my mistakes. Forgive me" (105-6). But Elgin has conflated their affair with the disease that threatens Louise so that the narrator seems to have no choice but to leave if s/he truly wants the best for Louise. Elgin situates the ambiguity of the narrator's gender and the potentiality of a homosexual relationship with Louise as a disease, so that the narrator appears to be infecting Louise with something foreign. He defines himself as an authority—of medicine and marriage—by claiming be an expert on what Louise needs for her health

51

and happiness. He establishes himself within the dominant modes of medical and patriarchal knowledge by seizing his authoritative role as doctor and as husband. His offer of a medical cure for Louise is also an attempt to save both her and Elgin from the culturally-defined strangeness of her extramarital affair. By offering a possible cure for Louise's cancer, Elgin suggests that he is an antidote to the dangerous plague of the lover's relationship. He says he is the only person capable of caring for Louise: "Will she die?" the narrator asks, and Elgin replies, "That depends. On what? On you. You mean I can look after her? I mean I can" (102). This claim to authority hierarchicalizes the relationships between Elgin, Louise, and the narrator, subordinating Louise's love and her weak, diseased body to Elgin's strength and knowledge.

Elgin requires that the lover reject the space in which s/he and Louise have carried on their relationship for an isolated, separate space, thereby causing a spatial quarantine that also alienates the narrator psychologically, manifested in his/her inability to see the affair with Louise clearly, to believe that his/her presence harms Louise. Elgin prevents the lover from considering the possibility that her/his love is not harmful to Louise and requires that s/he accept the representation of him/herself as diseased and dangerous to Louise. He closes off the possibility that Louise's affair might ever be socially acceptable by defining the narrator's identity as aberrant and diseased. The narrator's acceptance of this identity alienates him/her from the capacity for love. Elgin requires that the lover use his language to describe his/her relationship with Louise and therefore that she define him/herself as a disease. His/her (self-)quarantine not only alienates him/her from Louise but also from a (literally and psychologically) healthy identity that

would acknowledge her/his own love as valid. Likewise, during the SARS epidemic, when Asian-Americans adopted the language of quarantine to situate their citizenship in a socially accepted discourse, they inadvertently acknowledged and reified the threatening difference of their social status.

Science and Colonialism

Medical and scientific discourse colonizes interiorized spaces by engaging in "Tropical thinking [which] superimposed its value-laden here/there view of civilized and noncivilized space on the geomedical and thus fixed disease in place" (Patton, *Globalizing* 38). As Patton writes of "tropical" epistemologies, "Because disease is always inside the domestic space, that is, endemic to the colony, the fantasy of acquired immunity, a sort of miscegenation by medical means, sustains the hierarchical difference between the colonized, immune body and the paternal, colonizing body" ("Performativity" 184). The diseased individuals immobilized within these spaces take on a colonized identity that defines them as categorically inferior and feminized in comparison to the healthy, "paternal" bodies that can move freely throughout healthy space. Interiority functions as both cause and effect of naturalized inferiority so that colonialism produces inner spaces as subordinate and dangerous even while maintaining them as such.[4]

Colonialism negates the possibility of an undifferentiated self for the 'native,' requiring that s/he assume the culture and language of the colonizer in order to be accepted into the dominant society as a speaking subject. The result is the alienation of the colonized individual through an "honorary [but false] citizenship" achieved when s/he

53

learns to speak the colonizers cultural, economic, and linguistic discourse (Fanon 38). By

looking, acting, or speaking like the colonizer, the 'native' individual assumes the

language of the power that defines him/her as other: "For it is implicit that to speak is to

exist absolutely for the other [. . .] To speak means to be in a position to use a certain

syntax, to grasp the morphology of this or that language, but it means above all to assume

a culture, to support the weight of a civilization" (17-8). Rather than admitting the

'native' to any sort of equal relationship, the ability to speak *like* the colonizer closes off

access to identity as a 'native' and alienates the colonized individual from an

understanding of his/her complete subjectivity. Fixing the native body inside a (self-)

identified space alienates the individual from his/her psychology as a historical being

which has allowed the colonizer "to fasten him [the colonized] to the effigy of him, to

snare him, to imprison him, the eternal victim of an essence, of an *appearance* for which

he is not responsible" (35).

Movement and space thus function as markers of identity and difference, so that

"space, instead of medical discourse, secures identities" (Patton, "Performativity" 191).

The implications of such identity-formations depend upon the ability of the medical-

colonial discourse to use these spaces—rather than its own discourse or interrelations

with disease—as the foundation for defining the colonized individuals' identities. Rather

than function through any negative definition of the self through experience of the other,

quarantine as colonialism reaches around its discourse and into the space of disease to

define subjectivity. Quarantine "threatens to secure the space of the proper with

definitional pairs formed outside its own discourse and practices [. . .] [and] operates

through definitions secured elsewhere, refusing any dialogue with the bodies whose health it administers" (193). Colonialism's use of quarantine problematizes theories of identity which suggest that the self is formed through differentiation from another person. If identity is spatially—as well as psychologically—defined, the discourses that hierarchicalize identities draw their ideas of difference from preexisting, interiorized spaces, not from their own logic or relations. These colonizations naturalize bodies within hierarchies, defining their fitness based upon interiority and separateness.

As participants in colonialism, quarantines literally and psychologically alienate diseased individuals from healthy communities and the possibility of a healthy social citizenship, respectively, by stabilizing and fixing them in a position of the diseased other. Defining SARS as endemic to the Asian-American community allowed medical authorities to colonize epistemologically the naturalized immigrants by placing them in a space of disease defined as interior. Rather than being accepted into the smooth space of American society, Asian-Americans were forced into the role of the cultural other, whose body carries the native disease so threatening to the biologically superior—but not immune to native diseases—body of the colonist. The representation of "the Asian-American community [. . .] turning upon itself in fear" and of self-appointed isolation racialized SARS even while making Asian-Americans seem responsible for the spatialization and subordination of their identity (Murphy). Medical and media power structures redefined the American epidemic of fear as a racial epidemic by locating SARS in immigrant spaces and discursively quarantining Asian-Americans from social citizenship. Such a redefinition of the American experience of SARS as an immigrant

epidemic enacted a colonizing move that naturalized disease to Asian-American communities by making the quarantines of Asian-Americans appear to be individual choices.

(Re)Writing Space: Quarantine as Translation

Winterson's text allows readers to move beyond the alienation produced by diseased spaces, for it does not permanently separate the lover and Louise. The narrator uses his/her quarantine to linguistically reorder the relations between the spaces of interiority and exteriority in *Written on the Body,* undertaking the critically important task of (literally) re-writing Louise's body, the spatial boundaries between the lovers, and thus self-other relations in the novel. His/her (self-)quarantine highlights the troubled relation between interiority and exteriority in *Written on the Body*—and in quarantines generally—by locating the lover in a space that is interior because private and separate, yet exterior because outside the relationship with Louise and the context that produces him/her as different from, and thus threatening to, Elgin.

The spatial reordering which the instability embedded in (self-)quarantines produces is manifested in the narrator's confusion about his/her role in Louise's life and in the relations between the lovers. The lover moves from the city in which s/he and Louise lived to Yorkshire, where s/he finds work in a small, pretentious pub and wards off advances from another woman. Perhaps unconsciously, the narrator relocates to allow her/himself the time and space to grieve the loss of Louise, to try to understand why s/he threatened her health.

Once in (self-)quarantine, the lover attempts to understand the difference between the inner and outer parts of the body by writing a poetic-scientific description of Louise's body. S/he writes, "The skin is composed of two main parts: the dermis and the epidermis" (123). From her/his space of isolation, s/he rewrites the boundaries of Louise's body, thereby spatializing—and ultimately collapsing—the distance between them in writing. The lover finds that there can be no clear demarcation between the lovers, only confusion over boundaries and motivations: "I am plagued. The worm of doubt has long since found a home in my intestines. I no longer know what to trust or what is right" (179). Rather than reinstating boundaries, the lover's writing of Louise's skin allows him/her to enter Louise's being more fully so that "the flesh, typically considered the marker of the boundary between self and other, becomes the gateway to immersion in the other's being" (Harris 129). Their relationship must be translated into mobile terms, for the lover realizes that distinctions between self and other are no longer applicable: "Skin is waterproof but my skin was not waterproof against Louise. She flooded me and she has not drained away. I am still wading through her, she beats upon my doors and threatens my innermost safety" (163). S/he translates the differences between Louise and him/her, inner and outer, writing "Let me penetrate you. I am the archaeologist of tombs. I would devote my life to marking your passageways, the entrances and exits of that impressive mausoleum, your body" (119).

The lover writes the interiority of Louise's body, opening and making it present and knowable by translation. S/he moves from the interiorized position of (self-)quarantine to cross the boundaries of Louise's body and redefine his/her own

subjectivity. Such mobility, the movement across the borders of disease and the other, enables the space of (self-)quarantine to contain the separateness of the other without trapping him/her in those spaces. Recognizing the epistemological alienation enacted by the spaces of (self-)quarantine, the narrator seeks a way to avoid colonizing Louise's body and does so by rewriting its boundaries. Retaining mobility while embracing marginality, the lover's positioning within (self-)quarantine translates the alienation of the other into a subjectivity with transgressable boundaries. The imperceptible signs that mark the ambiguity of the narrator's gender and readers' concomitant attempts to translate such identity markers frustrate the conflation of scientific and linguistic discourses to expose the colonized position of the narrator.

Similarly, if we read the representations of (self-)quarantine during SARS as a colonizing move enacted by medical authorities to shore up their own power, (self-)quarantines emerge as quarantines carefully disguised to figure Asian-Americans as diseased. When they made the discursive-geographic move to restrict their own movement, these "diseased" individuals assumed the capability of moving outside/exterior to the discourse that marks them as other, so media reports disguised this mobility as danger. Re-reading and re-writing the spatial distinctions between inner and outer which the quarantines erect, as the lover in *Written on the Body* does, translates isolation into mobility. As such, (self-)quarantines posit this spatial translation—a rewriting of interiority and exteriority—as the foundation of a disalienated identity that is not created by erecting boundaries between self and other. Instead, this subjectivity exists liminally, moving between interior and exterior, self and other.

58

(Self-)quarantine mimics the effects of quarantines—naturalizing otherness by keeping disease in a static, isolated space—while actually creating only an illusion of interiority. They are representations of contained space that rely upon mobility to simulate stasis and locate the individual outside both Asian and American, domestic and public spaces of belonging. Appropriating the reassuring constraints of interiority which quarantines historically signify, (self-)quarantines can suggest a non-threatening nature while existing dangerously outside the medical and cultural discourses of which they are a product. (Self-)quarantines maintain the form of interiority and isolation while constructing subjects as mobile, both interior and exterior—in a position of critique to the discursive forces that constitute them.

Critically, medicine in colonial contexts only defines disease as such when it infects the colonizer: "A tropical disease is always proper to a place, to a *there,* but only operates *as disease* when it afflicts people from *here*" (Patton, "Performativity" 185). Such is the paradox of the SARS epidemic: while defining Asian American as diseased, subordinating and colonizing them meant that the epidemic could infect Americans. Quarantines were thus necessary to mark Asian-Americans as threatening to "natural" American citizens. Likewise, in order to dispel the possibility that Louise's affair might be legitimate, scientific and medical discourse cast the gender of her lover as foreign and diseased, even though—and actually, *because*—it might actually be the same as Louise's. This paradox results in a boundary confusion that allows the lover to inhabit a space that is physically and epistemologically separate from the patriarchal order Elgin embodies without requiring the strict maintenance of marginality or boundaries and without

reifying his/her alienation. Winterson's narrator accomplishes this task as s/he rewrites

the boundaries of Louise's body, juxtaposing a lover's description of Louise's body with

scientific language to confound boundaries between interior/exterior, love/science: "It

used to be their [white T-cells] job to keep her body safe from enemies on the outside.

They were her immunity, her certainty against infection. Now they are the enemies on

the inside" (115). (Self-)quarantine reveals the medical cure Elgin advocates to be an

alienating discourse, not the "certainty against infection" he claims it to be, thereby

exposing the hierarchies that provide Elgin with his power.

The (self-)quarantine Winterson's lover and Asian-Americans enact answers Luce

Irigaray's question: "How can we speak so as to escape from their [patriarchal]

compartments, their schemas, their distinctions and oppositions. . . How can we shake off

the chain of these terms, free ourselves from their categories" (*This Sex* 212). By

providing a language with which to write or speak of the self without subordinating or

hierarchicalizing identity, (self-)quarantines create spaces that do not require exclusion or

identification against the other but instead "provide the vital clue to where the self loses

its boundaries" (Spivak 180).[5] (Self-)quarantines fracture clearly demarcated categories,

displacing the definitions of disease and difference that would restrict movement and

control identity. They are separate without requiring the maintenance of marginality or

dominant discourses; they translate otherness into something not quite interior or exterior.

By revealing the colonized spaces created by the racialization of disease, (self-)

quarantine conflates the differences between scientific, medical, and sexual discourses to

diffuse the patriarchal power in language and space.

NOTES

1. Winterson's other novels also address crossing borders between bodies, discourses, and spaces. In *The Powerbook*, for instance, time, space, and gender are collapsed, while in *Gut Symmetries,* she crosses the difference between sciences, selves, and bodies to write: "The separateness of our lives is a sham" (99).

2. I am indebted to Jennifer Heuss for describing the (dis)location of the self in this language. Thanks also to Drs. Marjean Purinton and Alice Sowaal for reading drafts of this paper.

3. In *Allegories of Empire: The Figure of Woman in the Colonial Text,* Jenny Sharpe explores the reliance of colonial power upon the identities it gives to the colonized. Sharpe focuses upon how the colonial text represents women, suggesting that they, much like Asian-Americans and Winterson's narrator, are located between the discourses that describe them.

4. Edward Said's *Orientalism* addresses the representative nature of orientalism and colonization, their relative positions as an epistemologically enforced difference.

5. For one other discussion of feminine resistance, see Audre Lorde's essay "Master's Tools," where she writes that rather than reifying the master's house, "Difference must be not merely tolerated, but seen as a fund of necessary polarities between which our creativity can spark like a dialectic" (111).

CHAPTER IV

NARRATIVES OF CONTAINMENT: EPIDEMIOLOGY,

QUARANTINE AND THE BODY IN NEAL STEPHENSON'S

SNOW CRASH

Narratives of epidemiology construct immigrants as synonymous with a location

of disease in Neal Stephenson's 1993 science fiction novel *Snow Crash,* in which an

engineered virus infects its hosts' mental capabilities and defines subjectivity on the basis

of biological and mental resistance to disease (and control). The epidemiological science

implicit in the novel's method of identifying humans as respectively infected or resistant

defines identity through an assumed physical propensity for disease versus mental

rationality and immunity. The infected constitute a weakened, diseased community,

quarantined on boats off the coast of mainland America and defined as a community of

Others characterized by a collective irrationality and femininity. On the other side of the

quarantine are powerful individuals who use their viral resistance to dominate the weak,

resist disease, and maintain a liberal human subjectivity based in domination, power, and

wellness. However, epidemiology and quarantine ultimately fail to contain the diseased

population discursively and physically because both the medical discourse and isolation

are broken briefly yet effectively by one of the novel's few female characters, Juanita

Marquez. Juanita's immunity and her disruption of quarantine allow her to embody an

ironically healthy femininity that subverts the masculinized medical language which

defines populations through disease. She constructs instead an ironic identity that

denaturalizes the bodies in restrictive spaces, rewriting scientific and cultural narratives of disease and the stories which disease tells about the Refus' community so that behavior and bodies becomes only one way of defining identity and diagnosing disease.

Epidemiology: Mapping Disease, Behavior, and Space

The primary goal of epidemiology is to halt the spread of disease by locating the source of an epidemic, a task it accomplishes by analyzing a population's location, behavior, and relation to other organisms, then tracing the disease's movement to similar populations. The science "is an investigative method used to detect the cause or source of diseases, disorders, syndromes, conditions, or perils that cause pain, injury, illness, disability, or death in human populations or groups" (Timmreck 2). Epidemiology classically focuses on the most prevalent signs and causes of disease within an entire population to define an epidemic by its effects on a community. Rather than merely defining disease through individual symptoms, epidemiology "emphasizes (1) the interaction between pathogen and human populations and (2) the relationships of both to the larger environment and cultural systems" (Boyd 7). An outbreak of disease is significant to epidemiologists when it dramatically affects a large demographic group or area, that is, when it can be defined as epidemic in a population.

In order to identify the origin of a disease, epidemiologists look for behaviorial aspects of a population that might make it susceptible to infection. These causes are tracked by mapping the spread of infection over time and geographical area. Epidemiology views diseases as "dynamic entities which evolve and spread and interact in different ways with different kinds of human societies;" they are parasites that prey

63

upon human hosts to survive (9). While humans and pathogens can (and usually do) co-exist in a stable relationship, epidemiology looks for the moments when human populations are devastated because a "new" strain or particularly potent disease is introduced into the community.

Epidemiologists can locate the cause of disease in a population's biology and/or culture to suggest that a generation which has not previously experienced a particular form of infection may be infected because they lack the physical and cultural wherewithal to resist disease. Therefore,

> Epidemiology also involves characterizing the distribution of health status, diseases, or other health problems in terms of age, sex, race, geography, religion, education, occupation, behaviors, time, place, person, etc. This characterization is done in order to explain the distribution of a disease or health-related problems in terms of the causal factors. (Timmreck 2)

Epidemiolgists' role "also includes determining if one location or geographical area has an increase or decrease [in instances of disease] more than other locations or areas. A third concern is the characteristics of the people involved and if they differ or are alike in some way" (2-3). In this way, epidemiology links disease, culture (or location), and biology, for the science claims to expose a lack of cultural traditions for resisting infection while revealing a culture's level of development, particularly in relation to matters of hygiene.

In her account of activist, political, and medical responses to AIDS, *Globalizing AIDS,* Cindy Patton defines contemporary epidemiological thinking as that which attempts to "describe the space of disease and indicate the bodies most likely to harbor or transport it, simultaneously describing a place and predicting a sequence, creating a

64

space-time for epidemic disease" (40). Such discourse considers bodies and the spaces

they inhabit as significant only once they are diseased, so that disease brings both

subjectivity and place into existence on the epidemiological map. Epidemiology makes

diseased spaces real when it characterizes them as infected. Because contagious diseases

are defined via their movement across place and time, epidemiology devotes itself to

tracing the path of disease by marking infected bodies so that these bodies signify the

materiality of the disease. Patton argues that epidemiology focuses upon outbreaks of

disease, rather than its specific vectors or their bodies: "Disease, rather than the bodies

where it may take place, was conceived as the real bedrock of an epidemic" (41). Instead

of defining disease as natural to a *place*, epidemiology works by attempting to "remov[e]

disease from the natural environment (the native's body constituting part of Nature) and

plac[e] it in the body of the displaced Other;" individuals become potential carriers of

disease significant because their fluid bodies threaten the health of the "normal"

community (40). While its focus upon vectoral movement certainly privileges a map of

the disease, epidemiology also depends upon and constructs bodies and their places to

map an epidemic.

Epidemiology combats disease by making its primary focus the spaces—physical

bodies and geographical locations—into which disease moves. Bodies are important to

epidemiology as their movements and behaviors cause infection to engulf a space. Thus,

"For epidemiology, the first line of defense is to seal off the disease within the afflicted

body, to cure it, or at least to prevent its migration outside the body" (Patton, *Globalizing*

43). This spatial focus often results in quarantines, where epidemiology attempts to halt

the spread of disease by arresting the movement of carriers so that "These bodies *become*

diseased and are territorialized not because there is some preexisting affinity between

these bodies and a space but because they have come to harbor pathogens" (44).

Quarantines interrupt the spread of disease by defining the presence of infection within a

population and marking that population as a main source of the epidemic.[1] They then

allow scientists to pinpoint behaviors, genetic traits, lifestyles, or other factors that might

make the population susceptible to disease and, subsequently, to eliminate these factors.

　　　Science does not provide the only justification for quarantine; social

considerations also factor into the decision to isolate a population from the rest of the

social body. Howard Markel writes that social reasons for instituting quarantine have

included "the social response of avoiding the ill, or those perceived to be ill, particularly

if the disease is thought to be easily transmitted from person to person (i.e., contagious) [

. . .] [and] the complex political, economic, and social battles that guide or obstruct a

community's quarantine efforts" (4). Quarantines also affect "the extent to which

ethnicity and perceptions about a social group associated with a contagious disease frame

the social responses of quarantine" (2). In spite of the epidemiological focus upon

geographic movements of disease and its ability to spread further, quarantine infuses the

body of the diseased individual with great significance because these bodies are located

in a space of disease created when they are quarantined, bringing into existence

communities and locations that did not exist before the epidemic.

Snow Crash: Creating Spaces, Containing Disease

The *Snow Crash* virus defines what is human within the novel to position it as a primary force of identity and extinction. Snow Crash affects its hosts' behavior when it infects their minds, so it does not merely reveal the cultural development (or lack thereof) of its hosts but rather functions as their culture. Snow Crash determines which populations will survive*,* according to the wishes of L. Bob Rife, the businessman who holds a monopoly on much of the world's information systems, churches, and education and the man who releases the virus in the Refus' community. Through his control of the virus, Rife determines the culture, subjectivity, and definitions of the human.[2] Rife infects the masses who work for his transnational monopoly with Snow Crash so that he can "control the programmers without blowing their minds sky high" (Stephenson 338). Infecting his workforce with Snow Crash provides Rife with unchecked control not only of his programmers' product—the information with which they work—but also of his employees' identities. He quarantines the infected, called Refus, on a network of ships, the Raft, off the western coast of America. Snow Crash exemplifies the link epidemiology makes between behavior and infection, for it can "transmute itself from a biologically transmitted string of DNA into a set of behaviors," and since Rife can control the viruses' spread, he can also control human behavior (231). Snow Crash and Rife's quarantine contrast each other to reveal a collapse of space, time, and infection that can occur when epidemiology alone defines identity.

The virus infects such large portions of society since "'people have no resistance to it [the virus] because no one is used to thinking about religion, people aren't rational

enough to argue about this kind of thing. Basically, anyone who reads the *National*

Enquirer or watches pro wrestling on TV is easy to convert'" (Stephenson 406). The

members of society who are infected with Snow Crash are those whose behavior makes

them unfit for activities involving anything beyond physical gratification or spiritual

practices based in the emotional or irrational. Resistance and infection become

metonymous with behavioral practices so that the Refus' actions directly are correlated

with their health. Inherent in Rife's targeting of Snow Crash to a specific population is

his attempt—using epidemiological methods—to define the Refus by their behavior and

to make their culture (or lack thereof) a matter of biology.

As he views the Refus through their common behavior and defines them as an

undifferentiated population, Rife uses the language of epidemiology to mark them

collectively as a risk to the biological and cultural health of America. Rife casts the

Refus as threatening, mobile immigrants whose flexibility suggests that they (and

disease) will soon invade the healthy space belonging to America. The characteristics of

popular culture define their population as a collective whose mindless behavior

constitutes the primary risk factor in the epidemic. As Hiro Protagonist says, "The

twentieth century's mass media, high literacy rates, and high-speed transportation all

served as superb vectors for the infection" (403). *Snow Crash* emphasizes the movement

of disease in a population; the virus is a "*phenomenon* that moved through the

population" (218). The novel's focus on mobility represents the virus and, by extension,

the Refus, epidemiologically: "The franchise and the virus work on the same principle:

what thrives in one place will thrive in another" (190). As the movement and spatiality

of Snow Crash are highlighted, the Refus are defined by their potential for mobility and thus for spreading the virus. They are known for their physical relation to the virus and its space of disease so that they have no identity that is unrelated to Snow Crash. Their bodies are defined as intrinsically virus-carrying: "'A viral idea can be stamped out—as happened with Nazism, bell bottoms, and Bart Simpson T-shirts—but Asherah [the Snow Crash virus], because it has a biological aspect, can remain latent in the human body'" (399).

The Refus signify the threat of foreign labor, culture, and invasion, a plague of otherness that threatens the preexisting health of American citizenship: its monopoly on economic, cultural, and biological superiority. Rife imports the Refus from foreign countries—mostly Asia—to serve as a cheap source of labor for his techno-monopoly, but he uses disease to ensure that they will not penetrate citizenship spaces. Rife quarantines the Refus outside national borders: "In the meantime, he got the Raft going as a way of transporting hundreds of thousands of his cultists from the wretched parts of Asia into the United States" (404). In order to ensure that the purity of American culture—that is, his ability to define it as such—is not contaminated by the Refus' cultural fluidity, Rife brainwashes them so that they constitute the ideal globalized labor force: a mass population defined by their biological capabilities as workers. By infecting them with a virus that quite literally is constituted of information, he implies that their information systems—their biologically-derived mental capabilities and culture—are naturally diseased and thus inferior to his. Significantly, Rife's conflates the virus and the Refus as natural to a place of otherness to make immigrant identity, disease, and

space synonymous terms; they all converge on the Refus at the same time. Becoming

diseased, people migrate toward the Raft, so that it, rather than hospitals or clinics, is

defined as the proper, natural place for them. As a recently infected woman says, "'I

became very sick. I went to the hospital [. . .] And then I decided to go to the Raft'"

(262). By defining the Raft through disease and quarantining both diseased and healthy

Refus there, *Snow Crash* defines the Refus as inherently diseased due to their behavior

and their location. Rife achieves the appearance of this innate biological and cultural

infection by using epidemiological discourse to collapse the time between being infected

and having a spatial identity as a Refus. His quarantine defines the population of Refus

as weaker and less-evolved than freely moving, healthy American citizens, thus justifying

his representation of the Refus as inferior to his established superiority.

Collapsing Terms: A Viral Epidemiology

Rife conflates difference and behavior with space to diagnose the Refus as

diseased and to quarantine them even as he infects them with Snow Crash. Rather than

quarantining the Refus because they are ill and a threat to healthy society, Rife defines

them as a collective, nameless population in order to quarantine them on the basis of the

economic profit they represent for him and their status as immigrants; they are Refus

before they are infected, after all. The Refus are represented epidemiologically before

they are sick, not as individual, potential cases of disease or even as individualized

workers, but on a population-wide scale, as "biomass:" "'Industry feeds off of biomass,

like a whale straining krill from the ocean [. . .] the function of the Raft is to bring more

70

biomass'" (118). For Rife, the Refus are a community whose only identity is in their

collective mass, the workers and consumers they represent, and their definition as a

diseased population. According to him, the Refus "'come here, get decent jobs, find

Christ, buy a Weber grill, and live happily ever after'" (119). For Rife, there are no

specificities or differences among the Refus, only the collective economic boon and

availability for infection (meaning control) they represent.

The quarantine in *Snow Crash* reverses the relationship of the body to the

diseased space usually erected by epidemiology: rather than the virus and (subsequently)

infected bodies defining the space, the Raft incubates sickness while the Refus' bodies

are being defined as diseased. Before it is clear that everyone on it is diseased, the Raft

has characteristics of an epidemic, for it is "festering," "amorphous and disorganized"

(267). Patton writes that locating an epidemic in one place and then targeting medicine to

that location results in a situation in which "misunderstanding the epidemic's behavioral

dynamics, "targeting" emphasizes cordoning off the "disease" by conflating the virus and

the community ideologically constructed in relation to it" (*Globalizing* 124). That is,

claiming that an epidemic is natural to a place generally identified with a certain

population—immigrants, homosexuals, ethnic groups, for instance—ignores distinctions

between the behavior believed to make a population susceptible to disease and the place

which that population inhabits.

It is absolutely necessary to Rife's plot and to keeping America economically and

culturally stable that he make the Refus seem to belong to the Raft. They must be

quarantined outside the space of American nationality because they belong to a diseased

place and are themselves infected due to their location. A character says to Hiro, "If she's [Juanita] on the Raft, maybe she's not so nice," suggesting that merely being on the Raft makes one dangerous (365). Significantly, there is no distance between the diseasing of the Refus, their location on the Raft, and the identification of both bodies and space as diseased. As Rife collapses specificities in the Refus' cultural and economic behaviors, he suggests that sameness leads to their inability to think critically about information and thus to their illness. Rife justifies such claims by infecting them with a virus that produces clones who think and act the same. According to him, the Refus desire sameness because they are the same; the fact that they had specific identities before infection is never considered in the novel.

From the beginning, the Refus are described as homeless and mobile, without a native country. As their space of refuge, the Raft is always assumed to be synonymous with the Refus' mobility and homelessness: "The top deck of has been turned into an open air refugee camp. It is swarming with Bangladeshis that L. Bob Rife plucked out of the Bay of Bengal after their country washed into the ocean in a series of massive floods" (117). The Refus have only a symbolic tie to home; since their countries have no physical reality, the refugees can only be defined as a homeless, mobile population. Rife then constructs mental weakness and uniformity as natural to the Refus by defining their common cultural behaviors as innate, biological traits. *Snow Crash* constitutes the Refus as naturally inept, constructing their community on the basis of (assumed) similar cultural preferences and, more importantly for Rife, shared biological defects. The Refus' collective identity is distilled into their status as diseased, making their poverty,

72

supposedly low mental capacities, and foreignness into markers of difference, and, more significantly, of disease. Rife thus creates a tautology between disease and difference to create a collision in which behavior, disease, and difference all justify quarantine. The quarantine, in turn, reinforces Rife's classification of the Refus.

Doubly Quarantined: Fear and Feminization

Making Snow Crash natural to the Raft seems to move Rife away from epidemiological methods to those that, as Patton describes above, construct disease and place as significantly interconnected. However, even as he collapses distinctions between disease and location, Rife maintains the epidemiological focus on disease as movement in order to represent the Refus' mobility as threatening to America. Using two scientific methods—epidemiology and quarantine—to manage disease allows Rife to justify infecting the Refus (they were diseased already) and their quarantine (the disease might move). He must doubly quarantine them to make his scientific multi-tasking work and therefore epistemologically quarantines the Refus by defining them as feminized while also physically quarantining them.

The textual representation of the Refus as inherently mindless, irrational, and threateningly fluid marks them as feminine, an identity which I argue is a symptom of Rife's conflating the space and time of infection with Snow Crash.[3] *Snow Crash* suggests that the virus feminizes those it infects by stripping them of masculinely defined traits—agency and cultural power—and naturalizing the resulting lower status of the Refus. The men on the Raft are stripped of their masculine virility so that there is "No sex at all in these guys, they've got it pushed so far down inside them" (341). Women on the

Raft, on the other hand, are "babushka bitches" (342). Being on the Raft and having

Snow Crash either strips men's sexuality away completely, or creates female work-

mistresses.[4] By refocusing attention upon the danger that fluid, diseased bodies pose

when mobile, Rife can re-employ epidemiology to turn attention away from his definition

of the Raft, the Refus, and their behavior as diseased and back to focusing upon the Refus

as mobile symbols of a spreading epidemic. Feminization is key to maintaining Rife's

ability to infect and quarantine the Refus.

While much of Stephenson's plot is occupied with Hiro and Rife's competition to

control the technological economy, both men's reactions to Snow Crash stem from their

common desire to maintain masculine control over those infected Refus and their own

resistant bodies. These desires manifest themselves in attempts to normalize a definition

of health based upon controlling Snow Crash's movement and maintaining control over

the Refus. Rife implants antennas onto the Refus' heads, implying that technology will

allow him to control the behavior of the diseased. He thus protects himself from the

Refus' infected bodies by armoring the infected bodies and by marking the Refus as not

only sick and weak but also as lacking physical agency.

For the hacker Hiro, whose world is based on rationality and his ability to find

and sell information in virtual reality, where the body is secondary, an irrational, disease

ridden community threatens not only his own resistance but also the masculine-oriented

values by which he survives economically. His response to the infected Refus is to take

control of the Raft by "'cutting up people with swords'" since "'that's the only thing

they're [the Refus] good for'" and then re-release the *nam-shub* of Enki, a code that

requires people to acquire knowledge themselves and releases them from Rife's control (430). He defeats Snow Crash though a display of masculine rationality and coding expertise. Rife, but more importantly, the virus are thwarted; civilization regains its masculine-oriented rationality and individualism. The Refus' diseased-defined population still cannot overcome the biological frailty attributed to their infection, especially in an information-rich society where the physical is often a hindrance to uninterrupted interaction with information.

Inoculation: Dis-easing Epidemiology and Quarantine

Juanita, a programmer turned religion expert, embodies the ironic exception to the masculinized language of epidemiology by which Hiro and Rife define themselves as she disrupts the categories of science, quarantine, and feminization that determine the Refus' identity. In contrast to Hiro and Rife and the Refus, she neither resists disease by instituting a quarantine, nor is she infected with Snow Crash; rather, she builds up a mental immunity to the virus through prolonged exposure to the irrational knowledge with which the virus is associated. Rather than resisting knowledge that seems irrational merely because it characterizes the Refus, Juanita immerses herself in "irrational" religious texts by studying the Jesuits (one of the novel's metaphors for the informational virus), a knowledge which builds her immunity to the informational virus.

Shortly after breaking the Refus' quarantine by visiting the Raft, Juanita disappears from *Snow Crash* for good. But she does not exit the narrative without profoundly disturbing the discursive categories by which the Refus are represented. Her immunity means the failure of Hiro and Rife's maneuvers to feminize the Refus. They

are unsuccessful because Juanita recognizes the potential of the informational virus as a

mechanism for exploring alternate forms of knowledge and the very fluidity Rife seems

to fear, for building coalitions rather than erecting quarantines. The human she becomes

through her immunity is mediated upon contact not with a natural environment but with

an informational one, thus making her into an unnatural being whose biology and

behaviors—and thus epidemiological identity—cannot be intrinsically associated with the

virus.

Juanita learns to speak the Refus' language and adopts the signs of their

difference, allowing an antenna to be implanted in her head without actually embodying

its effects. She tells Hiro that '"This doesn't work on me. It sort of did, for a while, but

there are ways to fight it'" (429). She assumes the Refus' status as diseased by

performing their behavior and thus appearing to share their genetic make-up. Ironically,

however, she can remain physically healthy because Rife has defined disease to be

informational and thus epistemological, as cultural and geographic difference rather than

merely physical symptoms. She exposes the faulty representation of disease as natural to

the Refus by crossing the boundaries of the quarantine but still remaining healthy.

Significantly, Juanita remains cognizant: not only of her similarities to the Refus, but also

to her differences from them—her citizenship and class differences. Recognizing that

disease can affect different bodies differently means that Juanita can acknowledge

specificity within the Refus' community and define citizenship positively, without

relying on negative definitions of the body or difference. As Juanita performs the Refus'

diseased behavior and enters their space, she disrupts the synonymous relation between

space and the body Rife has constructed. She exposes the fact that space and disease

have collaborated to construct the Refus' bodies and re-writes the relation between the

space constructing the body and the body itself to make biology only one way to define

space and identity. Juanita uses her mental immunity to Snow Crash to make information

a positive site of identity: "'Your brain has an immune system, just like your body. The

more you use it—the more viruses you get exposed to—the better your immune system

becomes. And I've got a hell of an immune system'" (429).

Juanita's unnatural subjectivity confuses the boundaries between humans which

Hiro and Rife create on which to base their definition of the Refus as less complex beings

and allow Juanita to reposition the role of Snow Crash specifically and disease generally.

Her ironic subjectivity is significant not merely within the context of the novel but also in

the larger context of discourse about disease, for she offers the possibility of a mobility

that lacks the expected association of discrimination and othering common in virus

narratives.[5] She thwarts those who would use disease to mark infected bodies as

unnatural by suggesting that such bodies, interpolated with the informational virus, were

not natural in the first place but can be constructed and changed.

I suggest that Juanita drops out of *Snow Crash* after she inoculates the Refus and

shows that they can think individually because she breaks Rife's quarantine so effectively

and reveals, if only momentarily, that his representations of disease and otherness are

essentially the same. In the place of Rife's quarantine, she suggests that culture and

identity need not always be written on the body. Juanita can define identity as acquired

because, like the Refus, she has no established place in the globalized information world

77

where "the Feds and L. Bob Rife and the Reverend Wayne's Pearly Gates and the Raft are all part of the same deal" (382). She refuses to participate in a world where monopolies on information, religion, culture, and work admit the Other as a feminized, babushka work-force, as de-sexed (male) immigrants, or hyper-sexualized innocents, like Y.T. Juanita, as a successful programmer and a woman who is "sort of in love" with an ancient goddess, finds no cultural home for an identity that is not solely based in materiality (202). Juanita refuses to use her ability as a programmer to create lifelike representations for virtual reality, to "make avatars show something close to real emotion" and instead devotes herself to pursuing immunity to Snow Crash (63). The globalized, mass-consumer society in *Snow Crash* cannot acknowledge a woman who crosses boundaries into diseased space in order to develop immunity, who refuses to define the Refus' identity as biologically debilitating but instead acknowledges a complex realm of possibilities for identity.

Juanita has no space that is natural to her: "settled notions of territory, community, geography, and history don't work" (Mohanty 127). It is precisely this lack of settledness and absence of home that allows Juanita to imagine the Refus as a valid community, to acknowledge their right to think individually without defining them or their bodies as natural to a certain space. Using the quarantined position that being female provides her, Juanita breaks both the epistemological and spatial quarantines Rife erects to imagine her own space of belonging: "not as a comfortable, stable, inherited, and familiar space but instead as an imaginative, politically charged space in which the familiarity and sense of affection and commitment lay in shared collective analysis of

social injustice, as well as a vision of radical transformation" (Mohanty 128). Her mental immunity allows her to exist within the Refus' othered community and in the subject-oriented world of Hiro without herself making needing to define the Refus as Other. Like the cyborgs about which Donna Haraway theorizes, Juanita "seizes the tools to mark the world that marked [. . .] [her] as other," but in a series of actions that identify her character as ironic, she does not merely re-mark the world in mastery-subordination, machine-body, weak-strong binaries (175).

As epidemiology continues to work—quite effectively—to combat disease in a globalized world, where information and bodies are mobile, where travelers easily carry disease across space and time, and where border control is perceived as increasingly important, the science continues to map diseases onto mobile bodies. For example, identifying new outbreaks of AIDS in communities of prisoners or Black American women allows epidemiology to track the bodies as signs of the epidemic's movement. Recent news headlines are suggestive of epidemiological work: "The New Face of AIDS: Why is HIV preying on minority women, and what can America do about it?" (*Newsweek*) and "Links Between Prison and AIDS Affecting Blacks Inside and Out" (*The New York Times*). These methods, like Rife's, risk conflating the behavior or culture of the ill with their places and to quarantine (whether physically or discursively) people outside national/citizenship spaces. On the other hand, to make mobility a positive attribute of identity or to seek a subjectivity that is mediated outside the body, as Juanita does, is to allow home to be anywhere or even perhaps nowhere and to treat

physical difference (or disease) as a phenomenon that is not natural to a body, intrinsic in

behavior, or necessarily connected to a place. Such openings disrupt quarantines of both

bodies and minds that attempt to subject populations to control.

NOTES

1. In her essay, "Imagined Immunities," Priscilla Wald suggests that infection allows community to "actually recognize[s] (as it defines and salvages) what is human about human beings" (205). To Wald, "immunity marks a stable community; strangers bring the threat of new microbes that can introduce a destabilizing element, manifested as a disease outbreak" (199). The healthy form a community based on a relationship in which "immunity replaces kinship, offering a bodily connection through which to imagine a distinction between the communion of connected strangers and the threat of invasive or undesirable ones" (201). This kinship constitutes a system that remains closed to the diseased strangers who compose a "potential threat" to its healthy members; only the disease-resistant are welcome (201).

2. Stephenson's conception of viruses as informational entities emerges out of a precedent of imagined viruses in postmodern and science fiction genres. Representations of viruses in science fiction usually involve scenarios in which a virus serves as a metaphor for control; cyberpunk artists such as William Burroughs and David Cronenberg have used the virus to critique contemporary society's manipulation of individuals through media images. For Burroughs, language is a virus which destroys the unity of mind-body beings. Viruses primarily attack the body in his narratives to create monstrous entities, as Scott Bukatman says, "The recurrent image of the virus (the virus of the image) biologizes the waning autonomy of the individual in the face of the consumerist spectacle" (76). In *Nova Express*, the language virus that preys upon human bodies reduces them to mutated, subhuman identities: "Language, *the word*," imprisons people in material bodies, which are subject to decay and little better than excrement" (Murphy 117). The word-virus preys upon the body in order to graft it into a society that controls its every need and desire and where "Divided within itself rather than an organic unity, it is subject to occupation and expropriation by a variety of parasitic forms, both cultural and physical" (Hayles 212).

3. Toril Moi states in *Sexual/Textual Politics: Feminist Literary Theory* that woman is typically essentialized and defined as the weak, negative side to the male's more powerful identity.

4. Scott Bukatman describes the feminization of populations in science fiction films and novels as "attempts to reseat the human (male) in a position of virile power and control" (308). What Mark Dery calls "body horror" at the realization that the body "'turned out to spread deadly viruses'" is evidenced by Rife's use of Snow Crash to strip identity down to information and to do away with positive functions for the body except when absolutely necessary or when viewed as subjugated to information (233).

5. Heather Schell notes that "Fears about an emerging viral menace thus actually offer a revamped justification for reasserting national, racial, and sexual categories,

thereby averting any long-term transformation of our ideas about identity" (114). She goes on to connect the characterization that science fiction novels give to viruses as "dangerous" (96) and "foreign entities" as signs of a cultural fear of strange, diseased bodies (102). Disease, according to Schell, is used as an excuse to continue the tradition of othering those outside a defined community. In such a scenario, the "metaphor of social marginalization as infection is apt" (124).

CHAPTER V

CONCLUSION

Reading the discourse of disease in and against literature, as I have done in the
preceding chapters, shows the extent of the cultural reliance upon the language of
quarantine to articulate and construct identities, both communal and individual. The
accompanying epidemiological reliance upon location and space as ways of describing
and predicting diseases clearly relates to the definition of physical space in the discourses
produced out of epidemics, especially those related to quarantines. While representations
of disease change over time—Mary Shelley's feminine parasite does not have the
technological characteristics of Neal Stephenson's feminized Refus—the tendency to
couple identity to spatializations of disease has not.   Literature and language continue to
function as the context in which these spatializations occur.

In the twenty-first century, concerns about disease are often conflated with those
regarding terrorism, so that bioterrorism is viewed as one of "two crucial frontiers [that]
had been crossed in the fall of 2001 [. . .] [when] lethal germs had been used effectively
as a weapon against civilians" (Miller 13). Concerns regarding terrorism are linked to
those of extinct diseases like smallpox, so that considerations of national security after
9/11 and the anthrax letters are consistently expressed in the context of public health and
hypothetical epidemics. Fears of bioterrorism now shape both national and individual
understandings of communal health and safety. However, rather than exclusively

privileging the terrorism in "bioterrorism" in a study of the discourse, I think it will also be fruitful to read terrorism against disease, to explore how epidemics—and more specifically, quarantines—offer a language by which to express anxieties regarding national security. Political, media, and cultural discourses raise issues of border security alongside those of bioterrorism to portray national security as a matter of quarantining disease.

Bioterrorism, not AIDS or SARS or influenza or smallpox, is represented as the most imminent threat to national health in the United States. That terrorists—imagined variously as Middle Eastern jihadists, global travelers from Asia, and illegal immigrants from Mexico—might inflict any number or combination of contagious or engineered diseases upon a target population and create an instant epidemic outweighs the perceived danger of a naturally occurring outbreak. A report from the Belfer Center for Science and International Affairs urges an overhaul of medical systems to confront the immediacy of bioterrorism's threat, suggesting that "The combination of terrorists who are determined to kill as many civilians as possible, the tremendous destructive potential of biological agents, and the growing availability of scientific knowledge is a legitimate cause for concern" (Allison). Media reports and nonfiction legitimize what were formerly the themes of popular novels or films, using quotations from public figures like Senator Sam Nunn (D-GA) to justify the belief that "'The scenario of a terrorist group either obtaining or manufacturing and using a weapon of mass destruction is no longer the stuff of science fiction or even adventure movies [. . .] "It is a reality which has come to pass'" (qtd. in Miller 191).

Bioterrorist attacks are considered especially insidious because they pose a dual

threat, endangering both the physical health of individuals and challenging the capability

of national borders to ensure the safety of the citizens by keeping foreign invaders outside

healthy spaces. Numerous representations of bioterrorism as a national security issue

allow bioterrorism to encapsulate dramatically the connection between disease and the

borders of the individual body and the nation. A failure to police national borders is

analogous to a failure to keep one's own borders healthy—that is, to the ability to

differentiate between one's self and others. The ability to identify dangerous strangers

becomes even more crucial to keeping them outside the body. Therefore, bioterrorism

endangers both the discursive and physical health of the nation as it wraps into one figure

the threat of an invading epidemic and the invading immigrant.

As might be expected in a time when anxieties regarding attacks on America are

high, the logic required to resist terrorism seeps into discourse on disease prevention. For

example, coverage of the recent (possible) discovery of a new strain of HIV in New York

City casts them as terrorists who are purposely infecting their sexual partners. The *New

York Times* reported that activist Larry Kramer—who himself has AIDS—criticized gay

men for their behavior. "'You are still murdering each other,' he said" (Jacobs).

Kramer's speech casts gay men as bioterrorists, people who know they are not healthy

and whose contact with healthy people results in widespread infection.

The medical community has adopted the rhetoric of bioterrorism as well: "some

veterans of the war on AIDS are advocating an entirely new approach to the spread of

unsafe sex [. . .] They want to track down those who knowingly engage in risky behavior

and try to stop them before they can infect others" (Jacobs). To describe gay men by

their "risky behavior" and argue that they should be "track[ed] down," casts gay men as

bioterrorists who are invading a healthy space and infecting it with their actions.

Epistemologically, bioterrorism allows prevention discourse to quarantine gay men by

restricting their identities to a definition of their general behavior as risky and their sexual

behavior as purposefully contagious.

Increasingly, terrorism is figured as endemic to our experiences, so that health and

national security are viewed as inextricably related issues. Fears about the rapid travel of

disease across national boundaries complement those regarding the ability of terrorists to

similarly penetrate those same borders. The concern with space that accompanies

discussions of bioterrorism lends itself easily to the institution and language of

quarantine, renewing its usefulness as a medical, social, and discursive phenomenon.

Because the danger of bioterrorism reinforces the perception of quarantine's usefulness, it

has become critical to the ways in which Americans imagine the shape of the nation and

how they subsequently define its (and their) character. By locating the threat of disease

outside the healthy community, bioterrorism justifies a quarantine of the suspicious

foreigner and represents the other as a terrorist or immigrant with sinister (even if

inadvertent) plans to infect the country, someone attempting to penetrate the healthy

borders of the nation and bodies.

The epistemological quarantine I explore in the literary context of Shelley's

Frankenstein reappears in the efforts to police and secure national borders against illegal

immigrants and makes quarantine part of the nation's defense against terrorists. The *New*

86

York Times reported in 2004 that "the nation's southern border is under siege"

(Blumenthal) and that "the nation's porous borders represent a serious threat to national

security" (Swarns). Border patrols' authority has been increased in attempts to ensure

that only people whose identities can be verified as safe enter the country:

> Citing concerns about terrorists crossing the nation's borders, the
> Department of Homeland Security said on Tuesday that it planned to give
> border patrol agents sweeping new powers to deport illegal aliens from the
> frontiers with Mexico and Canada without providing them the opportunity
> to make their case before an immigration judge. (Swarns)

Bioterrorism provides a discourse by which to discuss anxiety about diseases crossing

borders, for a failure to monitor traffic into the country could lead to an attack or an

epidemic. A quarantine of the nation is enacted by keeping dangerously illegal or

undocumented foreigners separate from healthy citizens who pose no threat to security.

During the SARS epidemic, a fear of travelers from Asia resulted in increased security on

the borders: airports and checkpoints at the U.S. borders. Congressmen such as Edward

Kennedy called the virus a "'wake-up call' to the dangers of a potential biological

attack," (qtd. in Heil) while doctors predicted that "The fear from those anthrax-by-mail

cases in 2001 (only 5 deaths from 23 cases) and this year's SARS outbreak (zero U.S.

deaths from about 300 cases) demonstrate how psychologically unprepared we are to

cope with bioterrorism" (Holmes). Whether or not SARS was deliberately released, in

America, it was defined and treated as a biological weapon, in analogies that discursively

produced the disease as a threat to American security, both physical and national. During

the SARS epidemic, scientists and the media conflated fears of bioterrorism with those of

87

the outsider, suggesting, as does Neal Stephenson's *Snow Crash,* that immigrants pose a medical and cultural threat to the nation's health which must be avoided at all costs.

Strangely, bioterrorism is also represented as a threat from inside the nation, for it envisions the likelihood that carriers could already exist among healthy communities. Terrorist "operatives inside the United States" constitute the "first among his [Robert S. Mueller, then director of the FBI] concerns" (Jehl). Therefore, bioterrorism also justifies the quarantine of those already inside the space of the nation, individuals who are figured as foreign when they are associated with terrorism and disease and quarantined, like Asian Americans during the SARS epidemic and the Refus in *Snow Crash*. The *New York Times* reported that "the growing number of germ laboratories-financed from the $14.5 billion in federal money spent on civilian biodefense since 2001- may pose a menace to public health comparable to the still uncertain threat from bioterrorism" (Shane). The fear that the wrong people could gain access to biodefense labs creates anxiety not only about the presence of the labs but also about the presence of citizens who might be dangerous if they contact germs. My chapter "'The Skin is Composed of Two Main Parts': (Self-) Quarantine and the Spatiality of Feminism in the SARS epidemic and Jeannette Winterson's *Written on the Body*" reveals how quarantines are utilized to restrict citizens to isolated spaces demarcated as unhealthy in order to protect the health of the larger social body. But we can also expand upon the scope of this chapter, to suggest that since research on bioterrorism threatens to infect people by moving from a location already within the nation, interior quarantines are also constructed as necessary to contain bioterrorists.

Whether it functions as a means to maintain the health of the nation, justify policing national borders, or isolate immigrants, quarantining disease is endemic to concerns about terrorism and thus to formulations of national identity. Similarly, fears regarding bioterrorism have slipped into discursive responses to epidemics, to represent infected groups like gay men with AIDS as dangerous travelers who purposely infect others. As the preceding chapters have attempted to demonstrate and as a consideration of bioterrorism affirms, quarantine is integral to the task of reifying borders, making visible or imagining into existence the differences between individuals and communities on the basis of physical markers (like race and gender), a task increasingly played out in discursive contexts.

The recent anxiety regarding bioterrorism reveals that twenty-first century America continues to utilize the discourse of disease to define communal and individual identities, reinforcing my argument that there is no outside to epidemiological thought. As the possibilities of bioterrorism are researched and discussed, disease becomes not only a major threat to national security but also a rhetorical means of describing terrorists and distancing healthy citizens from the foreign threat.

For instance, the possibility of genetically engineered smallpox virus resistant to vaccine endangers national security while providing a means of describing the terrorists who might use the virus. Similarly, the existence of a vaccine resistant mousepox led to the assumption that "a rogue state or terrorist group might be able to achieve this [vaccine resistant] result with smallpox, the devastating human virus (Miller 311). This news "richocheted through Washington, whose national security community had become

increasingly concerned about the nation's vulnerability to the possible re-emergence of smallpox as a terrorist threat" (311). In the context of the anthrax letters, the possibility that terrorists might engineer old diseases or release new ones continues to haunt the national security advisors. The bioterrorist threat haunts science, too: Matt Meselson, a biologist doing research on the DNA of diseases, uses the very discourse of the diseases he researches to describe bioterrorists: "'Are we really so sure that we're completely enlightened after ten thousand years of recoded history, even though Hitler was not that long ago?' [. . .] 'Are we now cured of such things?'" (314). Bioterrorism is defining the task of science as curing the nation of the threat of both epidemics and outsiders; it also requires that we think critically about how language is used to "cure" communities of epistemological and material diseases by acts of quarantine. As we increase our awareness of how we utilize the discourse of disease for medical, cultural, and political means, it also becomes important to examine how accounts of epidemics like SARS, AIDS, smallpox, or avian bird flu conflate anxiety about bioterrorism with that regarding disease and how these competing discourses fashion contemporary identity.

WORKS CITED

Allison, Graham. "Implications for Public Policy of the Threat from Bioterrorism."
        Working paper, Nov. 2003. 20 June 2004
        <http://bcsia.ksg.harvard.edu/publication.cfm?ctype=paper&item_id=421.>

Blumenthal, Ralph. "New Strains and New Rules for Agents Along Mexican Border."
        The New York Times. 12 Aug. 2004. 12 Aug. 2004.
        <http://nytimes.com/2004/09/12/national/12border.html>

Boyd, Robert. *The Coming of the Spirit of Pestilence.* Seattle and London: University of
        Washington Press, 1999.

Bukatman, Scott. *Terminal Identity: The Virtual Subject in Postmodern Science Fiction.*
        Durham and London: Duke UP, 1993.

Burroughs, William S. *Nova Express.* New York: Grove Press, 1992.

Craddock, Susan. *City of Plagues: Disease, Poverty, and Deviance in San Francisco.*
        Minneapolis, London: University of Minnesota Press, 2000.

Clifford, James. *Routes: Travel and Translation in the Late Twentieth Century.*
        Cambridge, MA and London: Harvard UP, 1997.

Davy, Humphry. *The Collected Works of Sir Humphry Davy, Bart.* ed. John Davy. 5 vols.
        New York, London: Johnson Reprint Corporation, 1839-1972.

Dawkins, Richard. *The Selfish Gene.* New York: Oxford UP, 1976.

De Lauretis, Teresa. *Technologies of Gender.* Bloomington and Indianapolis: Indiana UP,
        1987.

Dery, Mark. *Escape Velocity: Cyberculture at the End of the Century.* New York: Grove
        Press, 1996.

Ender, Evelyne. "'Speculating Carnally', or, Some Reflections on the Modernist Body."
        The Yale Journal of Criticism. 12.1 (1999): 113-130.

Fanon, Frantz. *Black Skin, White Masks.* Trans. Charles Lam Markmann. New York:
        Grove Press, Inc., 1967.

Farwell, Marilyn R. "Heterosexual Plots and Lesbian Subtexts: Toward a Theory of
        Lesbian Narrative Space." *Lesbian Texts and Contexts: Radical Revisions.* ed.

Karla Jay and Joanne Glasgow. New York and London: New York UP, 1990. 91-103.

Frye, Marilyn. *The Politics of Reality: Essays in Feminist Theory.* Trumansburg, New York: The Crossing Press, 1983.

Fay, Elizabeth A. *A Feminist Introduction to Romanticism.* Malden, Ma: Blackwell Publishers, 1998.

Gilbert, Sandra and Susan Gubar. *The Madwoman in the Attic.* New Haven and London: Yale UP, 1979.

Haraway, Donna. *Simians, Cyborgs and Women: The Reinvention of Nature.* New York: Routledge, 1991.

Harris, Andrea L. *Other Sexes: Rewriting Difference from Woolf to Winterson.* Albany: SUNY Press, 2000.

Hayles, N. Katherine. *How We Became Posthuman.* Chicago: U of Chicago P, 1999.

Hodges, Devon. "*Frankenstein* and the Feminine Subversion of the Novel." *Tulsa Studies in Women's Literature* 2.2 (1983): 155-63.

Hofkosh, Sonia. "Disfiguring Economies: Mary Shelley's Short Stories." *The Other Mary Shelley.* Ed. Audrey A. Fisch, Anne K. Mellor, and Esther H. Schor. New York and Oxford: Oxford UP, 1993. 204-219.

Homans, Margaret. *Bearing the Word: Language and Female Experience in Nineteenth Century Women's Writing.* Chicago and London: University of Chicago Press, 1986.

"How the 'global village' faced SARS." *BBC News Online.* 2 May 2003. 20 June 2004. http://news.bbc.co.uk/go/pr/fr/-/1/hi/health/2991725.stm.

Irigaray, Luce. "The power of discourse and the subordination of the feminine." *The Irigaray Reader.* ed. Margaret Whitford. Oxford: Blackwell Publishers, 1999. 118-32.

---. *This Sex Which is Not One.* Trans. Catherine Porter. Ithaca, NY: Cornell UP, 1985.

---. *To Speak is Never Neutral.* Trans. Gail Schwab. New York: Routledge, 2002.

Jacobs, Andrew. "Gays Debate Radical Steps to Curb Unsafe Sex." *The New York Times.*
    15 February 2005. 16 February 2005.
    http://www.nytimes.com/2005/02/15/health/15aids.html

Jacobus, Mary. "Is There a Woman in This Text?" *New Literary History* 14 (1982):
    117-141.

Jehl, Douglas. "U.S. Aides Cite Worry on Qaeda Infiltration from Mexico." *The New
    York Times.* 17 Feb 2005. 19 Feb 2005.
    <http://www.nytimes.com/2005/02/17/international/americas/17intel.html>.

Johnson, Barbara. "My Monster/My Self." *Diacritics* 12.2 (1982): 2-10.

Keller, Evelyn Fox. *Reflections on Gender and Science.* New Haven and London: Yale
    University Press, 1985.

Kraut, Alan. *Silent Travelers: Germs, Genes, and the "Immigrant Menace."* New York:
    BasicBooks, 1994.

Lorde, Audre. *Sister Outsider: Essays & Speeches by Audre Lorde.* Freedom, CA: The
    Crossing Press, 1984.

Markel, Howard. *Quarantine! East European Jewish Immigrants and the New York City
    Epidemics of 1982.* Baltimore and London: The Johns Hopkins UP, 1997.

Miller, Judith, Stephen Engelberg and William Broad. *Germs: Biological Weapons and
    America's Secret War.* New York, London: Simon & Schuster, 2002.

Mohanty, Chandra Talpade. *Feminism Without Borders: Decolonizing Theory,
    Practicing Solidarity.* Durham and London: Duke UP, 2003.

Murphy, Dean E. "In U.S., Fear Is Spreading Faster Than SARS." *New York Times* 17
    Apr. 2003. 20 June 2004.
    <http://www.nytimes.com/2003/04/17/health/17SARS.html.>

Murphy, Timothy S. *Wising Up the Marks: The Amodern William Burroughs.* Berkley,
    Los Angeles, London: University of California Press, 1997.

Patton, Cindy. *Globalizing AIDS.* Minneapolis, London: University of Minnesota Press,
    2002.

---. "Performativity and Spatial Distinction: The End of AIDS Epidemiology."
    Performativity and Performance. Ed. Andrew Parker and Eve Kosofsky
    Sedgwick. New York, London: Routledge, 1995. 173-196.

Richard, Jessica. "'A Paradise of My Own Creation:' *Frankenstein* and the Improbable Romance of Polar Exploration." *Nineteenth-Century Contexts* 25 *(*2003): 295-314.

Schell, Heather. "Outburst! A Chilling True Story about Emerging-Virus Narratives and Pandemic Social Change." *Configurations* 5.1 (1997) 93-133.

Scott, Walter. "Remarks on *Frankenstein*, or the Modern Prometheus; a Novel." *Frankenstein; or, The Modern Prometheus.* ed. D.L. Macdonald & Kathleen Scherf. Ontario, Canada: Broadview, 2001. 300-6.

Shane, Scott. "Exposure at Germ Lab Reignites a Public Health Debate." 24 Jan. 2005. 24 Jan. 2005. <http://nytimes.com/2005/01/24/national/24lab.html.>

Shaw, Debra Benita. *Women, Science, and Fiction: The Frankenstein Inheritance.* New York: Palgrave, 2000.

Shelley, Mary. "Appendix G: Introduction [1831]." *Frankenstein; or The Modern Prometheus.* ed. D.L. Macdonald & Kathleen Scherf. Ontario, Canada: Broadview, 2001. 353-59.

---. *Frankenstein; or The Modern Prometheus.* ed. D.L. Macdonald & Kathleen Scherf. Ontario, Canada: Broadview, 2001. 45-244,

---. *Mary Shelley's Journals.* Ed. Frederick L. Jones. Norman, OK: University of Oklahoma Press, 1947.

Shiebinger, Londa. *Nature's Body: Gender in the Making of Modern Science.* Boston: Beacon Press, 1993.

Sibley, David. *Geographies of Exclusion: Society and Difference in the West.* London and New York: Routledge, 1995.

Sontag, Susan. *Illness as Metaphor.* New York: Farrar, Straus and Giroux, 1978.

Spivak, Gaytri Chakravorty. *Outside in the Teaching Machine.* New York and London: Routledge, 1993.

Stephenson, Neal. *Snow Crash.* New York: Bantam Books, 1993.

Swarns, Rachel L. "U.S. to Give Border Patrol Agents the Power to Deport Illegal Aliens." *The New York Times.* 11 Aug. 2004. 11 Aug. 2004.

<http://www.nytimes.com/2004/08/10/politics/10CND
IMMIG.html?ex=1108789200&en=22455ffee71daae3&ei=5070.>

Timmreck, Thomas C. *An Introduction to Epidemiology.* 3rd edition. Sudbury,
    Massachusetts: Jones and Bartlett Publishers, 2002.

Warner, Judith. "Mommy Madness." *Newsweek* 21 Feb. 2005: 42-49.

Wald, Priscilla. "Imagined Immunities." in *Cultural Studies and Political Theory.* ed.
    Jodi Dean. Ithaca: Cornell UP, 2000. 189-208.

Winterson, Jeanette. *Gut Symmetries.* New York: Vintage Books, 1997.

---. *Written on the Body.* New York: Alfred A. Knopf, 1993.

Zakaria, Fareed. "High Hopes, Hard Facts." *Newsweek* 31 Jan. 2005: 22-26.