

---

# Our Monsters, Ourselves

## Desire, Death, and Deviance in Gothic Narratives and How they Inform an Inquiry of *Currere*

SHELBY JANICKI  
*Towson University*

**G**OTHIC NOVELS ARE MUCH MORE THAN JUST SCARY STORIES. Their monsters are representative of people's inner demons, of their dual identities, and different taboos. Beyond pages that cause us to tremble and quickly shut the book so as to stop the nightmare, we have characters with complex histories, diseases, and mental illnesses. There is a lot to be said and a lot to be learned about these "beasts."

The purpose of writing is, in any form, to share knowledge, and to share knowledge is to teach. In congruence with this idea, authors are all, to an extent, teachers. Mary Shelley, Robert Louis Stevenson, and Bram Stoker's social and personal life experiences have evidently influenced their writings. This auto-ethnographic element of their stories, this self-examination and incorporation of their life experiences, becomes their *currere*. Through this lens of *currere*, their stories can teach their readers about controversial topics that were too taboo to straightforwardly address during the 1800s, when they were written—topics such as mental and physical illnesses or queering sexual identity. These topics needed to be discussed under the veil of fiction, utilizing gothic narratives to appeal to an otherwise unwilling audience. In order to address these societal shifts, these notable authors took to the veils of Gothic Literature to express their opinions of these advancements, as well as to work to help make sense of this new world for people living during that time.

Mary Shelley (1818/2007), author of *Frankenstein*, lived and penned her story during the birth of revolutionary science, when social freedoms were challenging religious "norms." Sex, desire, and science were all feared for different reasons and often equated with death. For example, the discovery of the microscope, just over one hundred years prior, led to a wider understanding of microorganisms, and the discovery of the smallpox vaccination quickly contributed to the founding of more ways to prevent diseases. Humans were gaining control over these previously unbeatable acts of God, and the desire to be able to accomplish this feat grew stronger with each discovery. Robert Louis Stevenson (1886/2003), author of *The Strange Case of Dr. Jekyll and Mr. Hyde*, spent a large part of his life in a personal struggle with different illnesses. He wrote his story

during a time in which formal customs in society were dissolving, when people struggled with drug use, both due to medical treatment and personal addiction. Bram Stoker's (1897/2011) *Dracula* came about during rapid medical advancements; people were gaining more control over diseases than they had ever had before. However, venereal disease silently spread throughout countries, as the stigmas surrounding sex deemed the topic unmentionable. As Rigby (2006) suggests, "The telescopes may have been replaced with the lenses of literary theory, but there is an ongoing critical and cultural fascination with the aura of sexual non-conformity surrounding" the events that led to the creation of *Frankenstein* (p. 5).

We can extend the dread and desire of the monstrous "afflicted" identities of these authors within their historical contexts toward curriculum. Monsters are violations of ontological boundaries. Within the context of curriculum, monsters in a post-humanist framework—the process of what we know, being contingent on who we are—becomes a way of knowing, creating, and believing, transformed from circumscribed norms into a kaleidoscope of rhizomatic possibilities.

Etymologically, the French root of monster is "monere," meaning to warn and to remind. In this sense the monster suggests a reminder of what is being forgotten from daily life. The Latin root—"monstrum"—means evil omen, portent, prodigy, suggesting the danger associated with such reminders. (Pinar, Reynolds, Slattery, & Taubman, 2006, p. 540)

Monsters are a way to "deviate" from societal norms, to critique dominant attitudes and perspectives, and to create new modes of being or becoming—the authors and readers identifying with the fictional possibilities of the monsters they/we create. As the authors and their creations (their literary works) transform one another, the process of *currere* (Pinar, 1975) is constructed. From regressive, through progressive, toward analytical, and then syncretical stages, the liminal human is confronted with life and death. The past, present, and future woven throughout the Gothic tales of the monstrous reveal an auto-ethnographic framework of an inquiry of *currere* for both the living and the dead and possibilities in-between. For example, Gothic literature begins to "invite in" narratives of queer identity, because, "Like queer theory, the Gothic is a discursive space concerned with difference, otherness, marginality and the culturally constructed boundaries between the normal and the abnormal" (Rigby, 2006, p. 1).

Beyond difference and desire is death. As Paul and Beierling (2017) suggest,

Persons are recognizing being trapped in aging, eventually diseased, always smelly, forever decaying and absolutely pathetic bodies. These bodies are also trapped in meaningless economic, political, and social interactions evident in the drudgery of living daily interruptible existences—hopelessly, the walking dead. (p. 13)

The monstrosity of the desires and the dread for each of the Gothic authors examined here will be considered from the perspective of the following *currere*-as-inquiry questions: "What is consistent or common or that threads across the three separate time framings?

What fundamental (auto)biographic themes do these three data sources reveal?" (Paul & Beierling, p. 13).

## Mary Shelley's *Frankenstein*: The Appeal of Immortality at Any Cost

“Beware: For I am fearless, and therefore powerful.”

-The Creature,<sup>1</sup> *Frankenstein*

Mary Shelley's *Frankenstein* is both a cautionary tale about scientific exploration without limits and a metaphor for the pain that Shelley faced in her own life. Shelley was born Mary Wollstonecraft Godwin on August 30, 1797 (Curran, 2009). Her parents were renowned figures of the time. Her mother Mary Wollstonecraft was a feminist writer, and her father William Godwin was the father of philosophical anarchism (Philp, 2013). Mary Shelley's first tragedy struck her immediately in life, as her mother died giving birth to her, leaving her in the care of her father who would, from an early age, expose her to revolutionary ideas and connect her with authors and notables along the depths of Lord Byron, in whose company she would write *Frankenstein* many years later (Curran, 2009).

When Mary was just a teenager, she met poet Percy Bysshe Shelley and quickly grew to love him. Percy was married at the time, and the two ran away together to explore Europe, leaving his wife and her family behind (Curran, 2009). This act psychologically took a toll on Mary, as Percy soon began to cave under the demands of his wife, which forced him to leave Godwin. A few years later, in November of 1816, Mary and Percy were reunited under unfortunate and scandalous circumstances: Percy's wife, pregnant with his child, drowned herself, leaving Percy a single man until marrying Mary just a few short weeks later (Curran, 2009). Percy and Mary were able to have children; Mary had several miscarriages, which plagued her deeply (Curran, 2009). It was the self-centered nature of her father, potential infidelity of her husband, and the recurring pain of the deaths of her mother and her own children that were at the root of her inspiration for *Frankenstein* (Duncan, n.d.). If we are to take the creation of the Creature as a metaphor for significant losses the author herself experienced, such as are described, that creation becomes the regressive phase of *currere*:

Pregnant at sixteen, and almost constantly pregnant throughout the following five years; yet not a secure mother, for she lost most of her babies soon after they were born; and not a lawful mother, for she was not married—not at least when, at the age of eighteen, Mary Godwin began to write *Frankenstein*. So are monsters born. (Bewell, 1988, p. 105)

Placed in the broader context of her historical moment, the *progressive currere* phase, embodied within the narration, gestures to the reality of Mary's life—the tragedy, the suffering—as it was similar to harsh societal pains felt in Europe during the nineteenth century (Duncan, n.d.). The progressive moment allows us to “look into possible futures” (Suarez, Lai Hing, & Slattery, 2019, p. 280). The early 1800s followed the end of the Enlightenment, a time marked by the secularization of Europe and the commencement of free secular thought. After the Protestant Reformation, the authority of the Catholic Church wilted, and people began focusing their attention on other areas of scientific study (Christy, 2013). Europe was quickly turning out industrial inventions as well as secular thinkers such as Friedrich Nietzsche and Charles Darwin (Szalay, 2016).

While this societal shift away from the church brought new discoveries, it also brought on a kind of mass-confusion regarding how to explain different elements of life and death. The craving

for immortality grew. If it could not be achieved through religion, then people would turn to their new explorative fascination with science (Szalay, 2016). Biological and anatomical discoveries, cures for previously lethal diseases, and vaccinations all began to emerge as a way to combat the new painfully real notion of human mortality (Szalay, 2016). People began to gain an understanding of chemical properties as well as cells and microorganisms (Lyons, 2016). If they could not obtain eternal life through religion, they would create it for themselves, without existing regulations, ethical standards, precautions, or limits to their experiments (Christy, 2013).

Much like Mary Shelley herself, Doctor Victor Frankenstein was surrounded by illness and death. He suffered through the severe scarlet fever of his beloved Elizabeth as well as the consequential death of his mother. As his creature began to run rampant, he also had to cope with the deaths of his younger brother William, close family friend Justine, and his best friend Henry, as well as the eventual death of his then-wife Elizabeth. Once young Victor went to school, he became fascinated with scientific knowledge and discovery, saying that “wealth was an inferior object, but what glory would attend the discovery if I could banish disease from the human frame and render man invulnerable to any but a violent death!” (Shelley, 1818/2007, p. 28). It was likely Elizabeth’s illness early in life as well as his mother’s passing that were at the onset of his desire to rid the world of disease and death. In effect, according to Tesanovic (2017),

The central theme of Frankenstein is not horror, but unhappiness, the lack of love. Mary put some undead flesh on the bones of Byronic alienation, the sensibility of those around her, whom she doted on. She wrote in the missing parts, the despair of someone who is not a dissident but less than a human being. (para 3)

People in Mary Shelley’s generation were “children of the so-called Age of Enlightenment, a movement that focused on reason and the scientific method rather than faith or tradition” (McGasko, 2014, p. 45). From studying philosophy, Victor Frankenstein complained that he “always came from [his] studies discontented and unsatisfied” (Shelley, 1818/2007, p. 27). This dissatisfaction only provided a driving force for him to advance his studies and make a significant contribution to science. In describing his fascination with anatomy, Frankenstein says,

One of the phenomena which had peculiarly attracted my attention was the structure of the human frame, and, indeed, any animal endued with life.... To examine the causes of life, we must first have recourse to death.... I do not ever remember to have trembled at a tale of superstition or to have feared the apparition of a spirit...a churchyard was to me merely the receptacle of bodies deprived of life. (Shelley, 1818/2007, p. 38)

Victor’s willingness to disturb the graves of so many people supports a complete lack of belief, on his part, in the sanctity of the afterlife. He does not fear spirits, he does not believe in superstition, he does not view graveyards as sacred resting places. “A doctor like Mary’s Dr. Frankenstein would be very familiar with the methods of obtaining cadavers in a time when demand exceeded supply” (McGasko, 2014). During this time, there was an immense desire to understand the workings of the human body in order to gain a better idea of how to treat illnesses.

Through his studies and practices, Dr. Frankenstein is finally able to bestow life on his creature:

[By] the glimmer of the half-extinguished light, I saw the dull yellow eye of the creature open.... I had worked hard for nearly two years, for the sole purpose of infusing life into an inanimate body. For this I had deprived myself of rest and health. I had desired it with an ardour that far exceeded moderation; but now that I had finished, the beauty of the dream vanished, and breathless horror and disgust filled my heart . (Shelley, 1818/2007, p. 46)

For all that he had sacrificed and worked, Frankenstein was disappointed with his creation. This discontentment towards the creature is reflective of Mary Shelley and others' dissatisfaction with the concept of scientific exploration without limits and creates for the reader a view into the third phase of *currere*: the analytical phase. Here, the story takes on an effort to invite us to the "historical moment in which we [she] live[d], in which others have lived, and in which our descendants will someday live" (Pinar, 2004, p. 187).

From the moment the Creature comes alive, Dr. Frankenstein knows he has made a mistake. He is shocked by the unnatural being in front of him and surprised by his own dissatisfaction. He does not hate the Creature because the Creature is ugly; he hates the Creature because it is unnatural. This is Mary Shelley's way of warning that scientific exploration beyond limits can lead to unanticipated consequences. Here, the author engages with the analytical moment of *currere*. Through her fictional narrative, an unconscious venue for her own lived experiences, Shelly is able to "analyze both the past and the present" (Suarez, 2019, p. 281).

Frankenstein was so consumed by the idea of scientific advancement that, when it came to its application, he was unprepared for what he would create. This plea for limits to scientific exploration is furthered in Dr. Frankenstein's deterioration following the creation of his creature. He says, "Every night I was oppressed by a slow fever, and I became nervous to a most painful degree; the fall of a leaf startled me, and I shunned my fellow creatures as if I had been guilty of a crime" (Shelley, 1818/2007, p. 43). The desire for scientific knowledge is both like a hunger and like a poison; the information is alluring, yet the attainment of it can cause one to lose oneself. Frankenstein's creature even notices the mistakes in his own existence. He tells Dr. Frankenstein,

Remember, thou hast made me more powerful than thyself.... I was benevolent and good; misery made me a fiend. Make me happy, and I shall again be virtuous...it is in your power to recompense me, and deliver them from an evil which it only remains for you to make so great, that not only you and your family, but thousands of others, shall be swallowed up in the whirlwinds of its rage. (Shelley, 1818/2007, p. 86)

The fourth phase of *currere*, the synthetical, is carried through Shelly's own grief, the collective socio-historical moment, and provokes her to narrate a tale not only of loss or historical analysis, but of caution. Frankenstein ultimately wants to warn others using his experiences. Victor Frankenstein narrates the fourth moment of *currere*, in which "self study becomes reconstructed as public service" (Pinar, as quoted in in Suarez et al., 2019, p. 282) when he alerts his friend:

Learn from me, if not by my precepts, at least by my example, how dangerous is the acquirement of knowledge and how much happier that man is who believes his native town to be the world, than he who aspires to become greater than his nature will allow. (Shelley, 1818/2007, p. 40)

## Robert Louis Stevenson's *The Strange Case of Dr. Jekyll and Mr. Hyde*: Addiction as a New Mental Illness

*"Your master...is plainly seized with one of those maladies that both torture and deform the sufferer."*

*-Mr. Utterson, The Strange Case of Dr. Jekyll and Mr. Hyde*

Robert Louis Stevenson penned *The Strange Case of Dr. Jekyll and Mr. Hyde* twice over the course of only six days in 1886—his wife burned his first copy (Townsend, 2008). During those few days, Stevenson was suffering through one of his many personal ailments and focused his energy on creating this tale (Ezard, 2000). Stevenson was born in Scotland on November 13, 1850. He was often sick as a child, and he continued to suffer with respiratory complications throughout his life.

*Myself and the Other Fellow* (Kast & Harman, 2005), a biographical work on Stevenson's life, refers to an important detail while explaining its title:

This is a phrase that Stevenson used to describe two states of consciousness that he experienced, in particular, when he was having a fever...to do with his lung problems and his illness. And he wrote to a friend that when he was in a high fever, he felt that his mind split off into 'myself' and what he called 'the other fellow.' (para. 2)

In his case, "myself" is the calm and collected, rational side of him, while "the other fellow" refers to the feverish side of him—the dark side—the embodiment of the repressed subconscious. These conflicting states of mind provided influence for his composition of *The Strange Case of Dr. Jekyll and Mr. Hyde* and several other of his works. He strongly believed that you could not completely contain all elements of a person within one body, and his writings thrived on this notion of the double self (Kast & Harman, 2005). Harman elaborates on how Stevenson valued "the notion that there's really no part of the self that you can contain within one individual" (Kast & Harman, 2005, para. 4), as he used the image of the split-self throughout many of his works.

Stevenson, in the years during which he suffered from recurring medical issues related to tuberculosis, developed an addiction to the medicinal cocaine that was used to "treat" his condition (Ezard, 2000). It is likely that, while he wrote *The Strange Case of Dr. Jekyll and Mr. Hyde*, he was under the influence of cocaine (Townsend, 2008). As Stevenson referred to himself under fever as "myself and the other fellow" and used cocaine medically to treat fever, it is possible that he was, in fact, referring to his dissociated cocaine-high "self" as "the other fellow." The division of self and other "doubles" as a means for distancing oneself from the desire endemic in an addiction (desire for the substance or feeling attributed to the behavior)—the perverse "want" toward that which kills us. The monster is allegorical, the story of the author narrated by two, or split, characters. These historical facts about Stevenson reveal as much about the fears of our own desires, and thus, "Historical facts are primary, but it is their capacity to invoke our imagination that marks them as allegorical. Their meanings are not confined to the past; they leak into our experience of the present" (Pinar, 2015, p. 28).

The novella mimics signs of substance abuse and addiction in many ways. One way is through Dr. Jekyll's friends' observances of his behavior. When a person is dealing with an addiction, they may make "social and/or recreational sacrifices," "secrecy and solitude," "dropping hobbies and activities," etc. (Nordqvist, 2016, n.p.). Dr. Jekyll exhibits at least three, but

undoubtedly more, of the symptoms of addiction. While describing the feeling of taking the drug to turn into Mr. Hyde, Dr. Jekyll says,

The most racking pangs succeeded: a grinding in the bones, deadly nausea, and a horror of the spirit that cannot be exceeded at the hour of birth or death. Then these agonies began swiftly to subside, and I came to myself as if out of a great sickness. There was something strange in my sensations...within I was conscious of a heady recklessness, a current of disordered sensual images running like a millrace in my fancy, a solution of the bonds of obligation, an unknown but not an innocent freedom of the soul. (Stevenson, 1886/2003, p. 63-64)

Before the concoction takes full effect, Dr. Jekyll experiences what appears to be withdrawal symptoms, but once it begins to take effect, he experiences hallucinations, a feeling of personal freedom and detachment, and a disordered sensation similar to having something/someone else working the controls of his body.

Dr. Jekyll even takes on the stereotypical “I can quit whenever I want” addict attitude. He tells his friend Mr. Utterson, “I will tell you one thing: the moment I choose, I can be rid of Mr. Hyde” (Stevenson, 1886/2003, p. 22). Dr. Jekyll claims to be in control of the situation; although, as we later learn, he has less control over Mr. Hyde than he has made it seem. Even in trying to detach himself from Mr. Hyde, Dr. Jekyll begins to lose his willpower to the persona of Mr. Hyde. It is described in the story that, “The powers of Hyde seemed to have grown with the sickliness of Jekyll” (Stevenson, 1886/2003, p. 76). Henry Jekyll deteriorates physically due to his substance/drug use and addiction, “the rosy man had grown pale; his flesh had fallen away; he was visibly balder and older” (Stevenson, 1886/2003, p. 35). Simultaneously, Mr. Hyde gets stronger, just as it is in an addiction—especially from medication. As one’s body becomes more dependent on the substance, personal strength and will get weaker; addicts lose control of themselves to the addiction, just as Jekyll eventually loses control over himself to Hyde.

Addiction recovery is also prevalent in the novella. When Dr. Jekyll decides to try to disassociate himself with Edward Hyde, rapid and noticeable changes begin occurring in his personality as well as his actions:

Now that that evil influence had been withdrawn, a new life began for Dr. Jekyll. He came out of his seclusion, renewed relations with his friends, became once more their familiar guest and entertainer; and whilst he had always been, known for charities, he was now no less distinguished for religion. He was busy, he was much in the open air, he did good; his face seemed to open and brighten, as if with an inward consciousness of service; and for more than two months, the doctor was at peace. (Stevenson, 1886/2003, p. 34)

When one breaks an addiction and gets past immediate struggles with withdrawal, the addiction-induced side effects subside, and the person may begin to act like their former self again—they may regain a kinder, calmer temperament; they may attempt to repair the damages to relationships from their addiction; and they may become more dependent on religion, as spirituality/faith is often used as a tool to recover from addiction (Hartney, 2016). Seeing Dr. Jekyll’s persona restored to what it was before, and seeing him at peace for two months, is a clear connection to what Stevenson or any addicted person may feel during a period of “sobriety” from their drug/illness. Like many recovering addicts, though, the doctor faced a struggle with relapse,

and after those two months, returned to using the serum that allowed him to take on the persona of Edward Hyde.

While discussing both Robert Louis Stevenson and Dr. Jekyll's addictions, it is important to consider the societal expectations and perceptions of drug use and behavior during the nineteenth century when Stevenson both lived and wrote the story. As a young man, he traveled through Europe leading a bohemian lifestyle. The bohemians of the nineteenth century "turned to drugs to heighten their senses. Their appetite for wine, marijuana, and amphetamines was prodigious" (Gitlin, 1990, p. 42). Art—writing included—became an outlet for self-expression (Gitlin, 1990).

Dr. Jekyll's history as the son of a family with a large fortune, societal respect, and intellect, therefore, comes as no surprise. He had "every guarantee of an honourable and distinguished future" (Stevenson, 1886/2003, p. 61)—not unlike many young men of the time. Just like his real-world counterparts, young Henry Jekyll found himself contemplating his position and progress in the world as well as feeling a need to repress his inner desires—desires which would go against the expectations of his family as well as those around him—he "regarded and hid them with an almost morbid sense of shame" (Stevenson, 1886/2003, p. 61).

All while he was feeling this divide between himself and others, society would have pushed him to the church for answers; however, his thirst for knowledge was unquenched by religion. Because of this, young Jekyll embarked on his journey to become a doctor and explore science. He says,

It chanced that the direction of my scientific studies, which led wholly toward the mystic and the transcendental, reacted and shed a strong light on this consciousness of the perennial war among my members. With every day, and from both sides of my intelligence, the moral and the intellectual, I thus drew steadily nearer to that truth...that man is not truly one, but truly two. (Stevenson, 1886/2003, p. 62)

In his attempt to answer the life questions that were distressing to him, he fell into the habits of science and early concepts of psychology, concluding that the person could be viewed in two lights; two forms; two entities, much like Stevenson's idea of himself and "the other fellow."

Once Jekyll makes this discovery, that the person is constructed of the moral and intellectual self, he realizes that he wants to separate the two. Drug use during the 1800s did not have the same stigma attached to it as it does today. People were unaware of the harmful effects of the substances they were using, and drug use was a more casual occurrence (i.e., Stevenson's use of cocaine to attempt to treat tuberculosis). In relation still to Stevenson's quote describing himself under fever, "myself and the other fellow," there is a clear distinction between how he views himself in good health and sober versus how he sees himself as sick and under the influence of cocaine. Jekyll says, "It was the curse of mankind that these incongruous fagots were thus bound together that in the agonised womb of consciousness, these polar twins should be continuously struggling. How, then, were they dissociated?" (Stevenson, 1886/2003, p. 62). Since drugs can facilitate the process of disassociation, it makes sense that Henry Jekyll would separate the entities of himself and Mr. Edward Hyde using a drug-like substance. Dr. Lanyon describes the drawer that contains Dr. Jekyll's substances,

The powders were neatly enough made up, but not with the nicety of the dispensing chemist; so that it was plain they were of Jekyll's private manufacture; and when I opened

one of the wrappers I found what seemed to me a simple crystalline salt of a white colour. The phial, to which I next turned my attention, might have been about half-full of a blood-red liquor, which was highly pungent to the sense of smell and seemed to me to contain phosphorus and some volatile ether.... The more I reflected the more convinced I grew that I was dealing with a case of cerebral disease. (Stevenson, 1886/2003, p. 55-56)

The description of the first substance very closely aligns with a description of cocaine; white, crystalline salt. Therefore, it is likely that Stevenson was using his own experiences with cocaine and its effects to create the concept of Dr. Jekyll's personality-splitting drug. Second, Dr. Lanyon concludes that his friend Henry Jekyll is suffering from a case of cerebral disease. Although drug use was less stigmatized in general, during the 1870s, about a decade before Stevenson wrote *The Strange Case of Dr. Jekyll and Mr. Hyde*, "the medicalization of habitual drunkenness and drug habituation...[gathered] momentum" (Zieger, 2002). Upon seeing the drugs, Dr. Lanyon is the first person in the novella to connect the concepts of drug use, disease, and addiction.

When many people in the story observe Mr. Hyde, they note his "impression of deformity without any nameable malformation" (Stevenson, 1886/2003, p. 18). People knew that drug use or an addiction was not aligned with "normal" behavior, that there was a lingering ailment of some nature, but it was likely hard to identify by one's physical appearance alone. While addiction can change someone physically, it cannot change them in a way that can be explained solely by other illnesses or disease; it can change someone mentally but, in the 1800's, not in a way that people could yet describe, as the onset of psychology as a science had yet to occur. This new concept of society viewing addiction as a disease contributed to how Stevenson wrote about Dr. Jekyll's behavior as well as people's reactions to Mr. Hyde.

### **Bram Stoker's *Dracula*: A Symbolic Discussion of Venereal Disease**

*"Death be all that we can rightly depend on."*

*-Mr. Swales, Dracula*

Born in Ireland on November 8, 1847, Bram Stoker was a sickly child and not expected to live long (Bunson, 1993). When he was young, his mother would tell him fantastic tales in attempts to appease her bedridden child. Among those stories were accounts of the cholera epidemic of 1832, which claimed thousands of lives, as well as tales from Irish folklore, including that of the vampiric "Carmilla" (Bunson, 1993). Naturally, these tales sparked and aided in shaping young Stoker's imagination.

In 1890, already having been familiar with Le Fanu's (1872/2019) *Carmilla*, Stoker met Arminius Vambery, a folklore expert, to whom Abraham Van Helsing makes reference within the story, from whom he gained useful information pertaining to Vlad Tepes (later used as the model for Count Dracula), and who supported his research on vampiric traditions and customs (Bunson, 1993). In addition to his conversations with Vambery, Stoker conducted research at the British Museum, and this research took him to several areas that he later included in his novel (Bunson, 1993). Stoker also made several trips to the London Zoo and "acquired extensive research on medicine, folklore, the supernatural, and Transylvania" (Bunson, 1993, p. 245). After his conversations, travels, and research were complete, *Dracula* was published.

While scientific thought in European society was advancing, there was still an aspect of medicine and behavior that was deeply rooted morally in religion: sex. It was not until the 1860s that views on sex became briefly more permissive; the topic again came under scrutiny in the 1890s (Marsh, 2016). The Victorian concept of morality and science combined the social and biological, producing Orthodox premises about human sexuality—such as the belief that men are naturally sexual and should be allowed to have many partners while women should be sexually monogamous (Marsh, 2016). Just as during other times throughout history when topics were considered taboo, monsters were employed to symbolically discuss Victorian sensibilities toward human sexuality. Death, for the Gothic imagination, is inextricable from desire for the perverse, the strange, or the different. The vampire connotes overtones of homosexuality, the narrative a homophobic cautionary tale for its reader that “produced homosexual meaning as a paranoid condition, an ‘unspeakable’ secret, a terrible threat to male autonomy, a cause of madness and an unnatural, diseased, abject, monstrous, deathly condition” (Rigby, 2006, p. 133).

The vampire is a literary trope of fear toward sexuality of the female body as well as homosexual desire. Only heterosexual (aka “normal, Christian”) sexual desire remains free from the vampire’s bite. All other forms of desire are equated with death. “The monstrous body,” according to Rigby (2006), “constructed from corpses and the undead vampiric body are, like homosexual bodies, more than a force of disturbance to sexual identity, they are a form of death infecting life: abject” (p. 4). By using religion as a shield, the vampire is neither given the opportunity nor power to penetrate the skin of the man. The religious symbol of the crucifix shields Harker against symbolic homosexuality, symbolic sex, and, therefore, symbolic sexually transmitted diseases. It is no coincidence that religion is ultimately used to weaken and control the vampire until he is able to be defeated.

It is important to note that Bram Stoker suffered from syphilis. It was a private battle for him during his life, likely due to high stigmatization of the venereal disease. The sexually transmitted disease eventually led to his death (Chilton, 2015). The symptoms of syphilis mirror the symptoms of a vampire bite in many ways. “During the primary stage of syphilis, a sore that is usually painless develops at the site where bacteria entered the body” (Jones, Romito, & Thompson, 2015). This is not unlike the bite marks that are left by Dracula on both Mina Murray and Lucy Westenra’s necks.

Just over the external jugular vein there were two punctures, not large, but not wholesome looking.... It at once occurred to me that that this wound, or whatever it was, might be the means of that manifest loss of blood. (Stoker, 1897/2011, p. 150)

In stories involving vampires, body fluids often morph together; “blood” can frequently become a replacement term for “semen.” The exchange of blood between Mina and Dracula, as well as Lucy and Dracula, is a euphemism. The penetration of their jugulars by the phallic “protruding” fangs of the monster is no coincidence. There may have been a focus on the jugular as the entry point, as syphilis also causes swelling of lymph nodes (Jones, Romito, & Thompson, 2015). The neck is a focal point for both the venereal disease as well as vampire bites.

Mina suffers physical pain from religious backlash in her experience with the “Devil’s illness” (Stoker, 1897/2011, p. 427). Professor Van Helsing attempts to protect her one night before leaving her, and the incident is described in the following:

“Now let me guard yourself. On your forehead I touch this piece of Sacred Wafer in the name of the Father, the Son, and...” There was a fearful scream which almost froze our hearts to hear. As he had placed the Wafer on Mina’s forehead, it had seared it.... The echo of the scream had not ceased to ring on the air when there came the reaction, and she sank on her knees on the floor in an agony of abasement. Pulling her beautiful hair over her face...she wailed out. “Unclean! Unclean! Even the Almighty shuns my polluted flesh! I must bear this mark of shame upon my forehead until the Judgement Day.” (Stoker, 1897/2011, p. 358)

After receiving a blessing of the sacred host, Mina receives a mark of uncleanness. She recognizes that the disease from which she is suffering does not align with God or Christian values. Morally, she maintains allegiance to God, yet Dracula’s sexualized action of penetrating her skin and drinking her blood violates the belief that women should not have sexual partners outside of marriage, making her soul “unclean.”

It is peculiar to note that, while Lucy and Mina are bitten by Dracula and three female vampires with a desire to drink Jonathan Harker’s blood appear within Dracula’s castle, no male characters are actually bitten by vampires within the story. That indicates a few things. First, it points to the sexual freedom of men, wherein women were subjected to sexual stigmatism and predation while heterosexual men maintained freedom in their actions. Second, it becomes a statement of male dominance—the female vampires are unable to bite Harker, and religion keeps him safe from Dracula’s bite. Because of this, it also indicates notions of religion and abstinence as protection from sexual consequences. Given the supernatural state of the vampire, he/she is an ideal trope for “bracketing” (Pinar, 1975) the taken-for-granted world, suspending ourselves “elsewhere” in a supernatural time and space, enabling us to re-examine our own reflections, as the vampire has none to cast of their own. Here, the reader uses the vampire to re-examine the self, the social self, in all its desires and fears.

## Conclusion

Gothic novels, past, present, and future, are, in a very real sense, a form of “public pedagogy” in that they “cultivate a prophetic public—one that exhibits both critique and hope” (Letts & Sandlin, 2019, p. 237). The extent to which each of these “fictional” creations reflects autobiographical tracings of the author’s lived experiences, while also revealing the broader collect fears, desires, and disturbances toward illness, death, and sexuality of the historical moment, suggests they are “ontological” (Kesson, 2002) curricular texts. A philosophy of *being* or becoming, the *currere* of the author and the characters they create, is framed in part by fear and desire—the *monstrous*—the desirous impulses of the authors, to obtain something such as the birth of a child or freedom from disease and death or “freedom from the chains of desire” (Kesson, 2002, p. 60) such as an addiction.

Mary Shelley’s *Frankenstein*, Robert Louis Stevenson’s *The Strange Case of Dr. Jekyll and Mr. Hyde*, and Bram Stoker’s *Dracula* are three of the most well-known Gothic literary classics. The fears and desires of that era have transcended their time, as a collective version of the synthetical phase of *currere*, and found a place in the contemporary fears, anxieties, and desires of our 21<sup>st</sup> century. As textual spaces “often strongly associated with otherness, monstrosity and death” (Rigby, 2006, p. 56), they have a dual function as works of *currere*, in which life (the

beginning) and death (the end) are littered with ambiguity and where identity is constructed through memory becoming fragmented and, perhaps, “distorted.” Our reading of the texts and the authors leads toward monstrous analysis of self/other, fiction/reality, and possibilities for the future by critical re-examination of the past. Distancing the self through fiction offers us a “reflection,” or perhaps refraction, between the monstrous in the text and our own worlds. Monsters have always been and will always be used to represent strange and deviant facets of society, many of which are too complex or taboo to discuss in literal or straightforward terms. Because of its multifaceted applications, the *currere* of the horror genre makes it an appropriate tool in any curriculum.

These three stories are unified under the common themes of *death, desire, and difference* in many forms. For Mary Shelley’s *Frankenstein*, illness served the purpose of an obstacle to immortality. In utilizing a *regressive reflection* of her own experiences and exploring societal struggles with illness and death, Shelley created a unique tale where a man is successful in overcoming death through his scientific discoveries. She uses this synthetic approach of *currere* to both cope with her losses and warn people of the dangers of “playing God,” making a plea for the natural order of the world, claiming that the pain from it is less severe than the alternative. In Robert Louis Stevenson’s *The Strange Case of Dr. Jekyll and Mr. Hyde*, illness was represented through split personality due to addiction. Similarly to Shelley, Stevenson’s own regressive experiences with sickness, as well as cocaine addiction, heavily influenced his work and the message it communicates. In Bram Stoker’s *Dracula*, sexual disease and sexual desire are explored metaphorically through the literary symbolism of a vampire’s bite. While *Dracula* may not have spurred discussion of venereal diseases at its time of publishing, it has served as a synthetic means to discuss human sexuality through symbolism ever since.

The use of fiction as a technique to explore the taboo, the strange, and the unexplainable has been employed from the beginning of human history through modern day. Because issues are sometimes too taboo to discuss plainly and openly, monsters are useful to communicate meaning and feelings symbolically, especially within an educational setting.

The creation of the monsters’ existence at the hands of Gothic authors serves as fictionalized examples of the inquiry of *currere* (or “ficto-*currere*,” McDermott, 2019), and the exploration of “possibility,” which depends not on being rationalized, but on being “poeticized,” as happens through speculative fiction. In these stories, *currere* is perceived through the role of the authors’ own autobiographies in shaping the stories.

Consider popular horror and supernatural tales of today: works of Stephen King, the Harry Potter series, *Twilight*, *The Walking Dead*, etc. As Martin (2018) suggests:

A biographical narrative as imagined *currere* should become part of the dialogue about what constitutes *currere*. *Currere* is, after all, a way of letting us view curriculum not as a static document or material, but rather as a process of working from within through reading, writing, and processing our subjectivities in relationship to the world alongside our pasts, presents, and futures. (p. 90)

Just as in the classics, if one looks beyond surface-level meaning and considers the auto-ethnographic *currere* of the author, there is an unending realm of interpretation waiting to be explored.

## Notes

1. In this paper, for the purpose of discussion, and due to the debate about whether Victor Frankenstein or his creation was the “monster” in the story, the “monster” in *Frankenstein* will be called the “Creature.”

## References

- Bewell, A. (1988). “An issue of monstrous desire”: *Frankenstein* and obstetrics. *Yale Journal of Criticism*, 2(1), 105-28.
- Bunson, M. (1993). *The vampire encyclopedia*. New York, NY: Random House, Inc.
- Chilton, M. (2015, September 18). *Bram Stoker: 10 facts about Dracula author*. Retrieved from <http://www.telegraph.co.uk/books/authors/10-facts-about-Bram-Stoker/>
- Christy, J. (2013, December 10). *The decline of European Christianity*. Retrieved from <http://www.johnchristy.com/blog/the-decline-of-european-christianity>
- Curran, S. (2009, May). Biography of Mary Wollstonecraft Shelley. *Romantic Circles*. Retrieved from <https://www.rc.umd.edu/editions/frankenstein/MShelley/bio>
- Duncan, G. (n.d.). *Frankenstein: The historical context*. Retrieved from <http://public.wsu.edu/~delahoyd/frank.comment1.html>
- Ezard, J. (2000, October 24). The story of Dr Jekyll, Mr Hyde and Fanny, the angry wife who burned the first draft. *UK News*. Retrieved from <https://www.theguardian.com/uk/2000/oct/25/books.booksnews>
- Gitlin, T. (1990). On drugs and mass media in America’s consumer society. In H. Resnick, S. E. Gardner, R. P. Lorian, & C. E. Marcus (Eds.), *Youth and drugs: society’s mixed messages* (pp. 40-52). Rockville, MD: U.S. Department of Health and Human Services.
- Hartney, E. (2016, August 27). What does a cocaine high feel like? *Verywell*. Retrieved from <https://www.verywell.com/what-does-cocaine-high-feel-like-21988>
- Jones, K., Romito, K., & Thompson E. G. (2015, May 22). *Syphilis*. Retrieved from <http://www.webmd.com/sexual-conditions/tc/syphilis-symptoms#1>
- Kast, S. (Interviewer), & Harman, C. (Interviewee). (2005, November 27). *Robert Louis Stevenson’s split personality* [Interview transcript]. Retrieved from <http://www.npr.org/templates/story/story.php?storyId=5028500>
- Kesson, K. (2002). Contemplative spirituality, *currere* and social transformation: Finding our “way.” *Counterpoints*, 38, 46-70.
- Le Fanu, J. S. (2019). *Carmilla* (C. M. Machado, Ed.). Philadelphia, PA: Laternfish Press. (Original work published 1872)
- Letts, W., & Sandlin, J. (2019). Enacting critique and hope: Toward prophetic public pedagogies. *Journal of Curriculum and Pedagogy*, 15(3), 237.
- Lyons, A. S. (2016). The nineteenth century—The beginnings of modern medicine (part 1). *Healthguidance*. Retrieved from <http://www.healthguidance.org/entry/6352/1/The-Nineteenth-Century--The-Beginnings-of-Modern-Medicine-Part-1.html>
- Marsh, J. (2016). *Sex & sexuality in the 19<sup>th</sup> century*. Retrieved from <http://www.vam.ac.uk/content/articles/s/sex-and-sexuality-19th-century/>
- Martin, K. (2018). Finding Marya: The beginnings of a doubled *currere* narrative. *Currere Exchange Journal*, 2(1), 81-92.

- McGasko, J. (2014, January 23). *Her 'midnight pillow': Mary Shelley and the creation of Frankenstein*. Retrieved from <http://www.biography.com/news/mary-shelleyfrankenstein-i-frankenstein-movie>
- McNulty, M. (2019). *Blood's will: Speculative fiction, existence and the inquiry of currere*. New York, NY: Peter Lang.
- Nordqvist, C. (2016, January 4). Signs and symptoms of addiction. *Medical News Today*. Retrieved from <http://www.medicalnewstoday.com/info/addiction/signs-of-addiction.php>
- Paul W. J., & Beierling S. (2017). Currere 2.0. In L. M. Nicosia & R. A. Goldstein (Eds.), *Through a distorted lens constructing knowledge: Curriculum studies in action* (pp. 3-18). Rotterdam, Belgium: Sense Publishers.
- Philp, M. (2013). William Godwin. *The Stanford Encyclopedia of Philosophy*. Retrieved from <https://plato.stanford.edu/entries/godwin/>
- Pinar, W. F. (1975, April). The method of "currere." Paper presented at the annual meeting of the American Research Association, Washington, DC.
- Pinar, W. F. (2004). *What is curriculum theory?* Mahwah, NJ: Lawrence Erlbaum Associates.
- Pinar, W. F., Reynolds, W. M, Slattery, P., & Taubman, P. M. (2006). *Understanding curriculum* (5<sup>th</sup> ed.). New York, NY: Peter Lang.
- Rigby, (2006). *Monstrous desire, Frankenstein and the queer Gothic*. Doctoral dissertation, Cardiff University, Cardiff.
- Shelley, M. (2007). *Frankenstein*. New York, NY: Sterling Publishing. (Original work published 1818)
- Stevenson, R. L. (2003). *The strange case of Dr. Jekyll and Mr. Hyde and other stories*. New York, NY: Barnes & Noble Classics. (Original work published 1886)
- Stoker, B. (2011). *Dracula*. London, UK: Harper Press. (Original work published 1897)
- Suarez, M., Lai Hing, E., & Slattery, P. (2019). A brief exercise in currere and bathroom bills. *Journal of Curriculum and Pedagogy*, 15(3), 278-281.
- Szalay, J. (2016, July 7). What was the enlightenment? *Live Science*. Retrieved from <http://www.livescience.com/55327-the-enlightenment.html>
- Tesanovik, J. (2017). *Less than human, more than human*. Retrieved from <https://boingboing.net/2017/09/27/less-than-human-more-than-hum.html>
- Townsend, M. (2008, November 15). Drugs in literature: A brief history. *Guardian News and Media Limited*. Retrieved from <https://www.theguardian.com/society/2008/nov/16/drugs-history-literature>
- Zieger, S. (2002, September 7). *The medical "discovery" of addiction in the nineteenth century*. Retrieved from <http://www.victorianweb.org/science/addiction/discovery.htm>

