Introduction: Narrating Pandemics

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Amidst the pain and suffering, the clashes and violence, the economic upheaval and political attempts at crisis management, a pandemic is also a crisis of social meaning.[1] The premise of this volume is that diseases are communicable in at least two ways: through contagion and narration. The modes of transmission reinforce and modulate each other even though they are distinct. Pathogens are not symbols, and diseases are not transmitted the way stories are. Nevertheless, people respond to pandemics, in part, by telling stories, and those stories motivate behaviors that directly impact the scope, rate, and trajectory of infection, for instance by encouraging or discouraging masking, social distancing, or vaccination.

In examining pandemics through the lens of narration and narratology, we follow the pioneering work of Priscilla Wald, whose 2008 *Contagious: Cultures, Carriers, and the Outbreak Narrative* explores how "[d]isease emergence dramatizes the dilemma that inspires the most basic of human narratives: the necessity and danger of human contact" (2). What Wald calls the "outbreak narrative" is a product of human efforts to understand, counter, and extrapolate from the spread of infectious diseases. The outbreak narrative is a storytelling paradigm that follows a familiar infectious pattern of contagion, spread, and containment to explain public health crises but also social crises more broadly. Wald notes that such "epidemiological stories" are socially productive: they inform state- and community-making, provide rationales for discipline and regulation, bolster experiences of exclusion and belonging, and even supply scientists with patterns for conducting medical research. The narrative paradigms – and metaphors – that have emerged through the human encounter with infectious disease are powerful, and outbreak narratives are, as Wald points out, widespread. However, other narrative paradigms counter epidemiological with social patterns of interaction, belonging and exclusion. Prominent among these is what we call the narrative of injustice.

1 We use the term "pandemic" broadly here – referring to major outbreaks of infectious diseases which cross social, political, and geographical boundaries – in order to stress the element of crisis, both as narrative element and social event.

"Narrative of injustice" is an umbrella term meant to invoke stories that counter the epidemiological metaphor operative in outbreak narratives with social and cultural metaphors stressing the validity of individual experience. Outbreak narratives represent communication in terms of contagion, and narratives of injustice invoke cultural, social, and personal registers to make sense of disease. The contrast might be said to involve a pathogenic version of the nature-culture debate: looked at it through the lens of contagion, meaning seems to spread like a disease; through the lens of injustice, sickness seems unfair, as do the means used to combat it. There are religious versions of the narrative of injustice that involve an angry or indifferent divinity. However, narratives of injustice can also be integrated into a secular "lessons learned" approach that helps make sense of the way people interact in the face of infection, for instance by wearing masks or practicing safe sex. The lessons learned can also involve paying attention to the unequal distribution of social cost when illness strikes. The point of the volume is to look at cases where communication in the face of contagion, rather than contagion itself, is the center point of narration, and personal stories stand at the center of what is communicated.

Though we often talk about messages "going viral," this is a metaphor. A narrative trajectory is not a vector of infection. Diseases do not spread through populations in the way stories circulate in the public sphere. Narratives move through a network of competing storylines, and each story draws on a variety of forms, contexts, rituals, traditions, temporalities (experience/precedence, the historical, or the unprecedented), registers (vernacular, traditional, religious, scientific), and voices (expert, populist, common sense). Narratives also move across overlapping and competing media platforms (from the newspaper, the book, to social media and chat groups and vice versa), sites (from a fine art gallery to an anti-vaccination demonstration), and modes (the textual, the visual, or the oral), creating their own publics and counterpublics that can coalesce or dissipate with the speed of breaking news.

Narration is a mode of expression, but it is also a field of social-political conflict: narratives of containment vie with counternarratives of destabilization, destruction, rebirth, and injustice as they circulate within – and define the boundaries of – the public sphere. Political positions ranging from socialism to libertarianism utilize narratives to motivate social action. These narratives are entangled with their respective material, spatial and temporal contexts. They change over time and in relation to the regional particularities of their production and distribution. Globalization facilitates the translation, transformation, and transregional adaptation of local narratives, just as local conditions transform international trends. This volume acknowledges the complexity by placing a number of historical and geographical narratives of infection in relation to each other.

Politics of Discourse and Material Pandemics

When considering the relation of infection to narration, it is important to acknowledge the work of Michel Foucault, who pioneered research into the discourse of disease. Foucault's work encouraged scholars in the humanities and social sciences to study disease *as* a discourse that could be organized into "disciplinary" structures of knowledge and power, for instance in his 1975 study on the development of prisons (*Discipline and Punishment*):

> The plague-stricken town, traversed throughout with hierarchy, surveillance, observation, writing; the town immobilized by the functioning of an extensive power that bears in a distinct way over all individual bodies – this is the utopia of the perfectly governed city. The plague (*envisaged as a possibility at least*) is the trial in the course of which one may define ideally the exercise of disciplinary power. In order to make rights and laws function according to pure theory, the jurists place themselves in imagination in the state of nature; in order to see perfect disciplines functioning, rulers dreamt of the state of plague. (Foucault 1995, 198–199, emphasis added)

Foucault's reservation, or hesitancy, is noteworthy – for him the plague is a "possibility," not necessarily a reality; imagination is cause enough for the exercise of total discipline. Foucauldian interpretations have been particularly important in the historiography of colonial health and disease regimes. There is an extensive pre-Covid scholarship demonstrating convincingly how "contagion" and "the contagious" have been formative in legitimizing oppressive and colonial regimes of border control, colonial governance, and global movement (Bashford/Hooker 2001, Bashford 2016, Amrith 2012, Tilley 2011, Anderson 2006, Ernst/Harris 1999, Marks/Worboys 1997, Arnold 1993, Bauche 2017).

Foucault's warnings against surveillance and control have been immensely influential in the humanities, but they resonate differently in the face of public health emergencies when the possibility of infection becomes a medical crisis. There is a difference between studying historical disease, represented by words on a page, and living through a pandemic. The need to counter the effects of disease but also the oppressive, sometimes colonial characteristics of disease control places both public health practitioners and theorists in a moral quandary.

The Swiss historian of science Paul Sarasin has noted the problems associated with approaching Covid-19 through a Foucauldian lens (Sarasin 2020). As he puts it, "We are in a different situation: we live in the midst of a pandemic and are subject to, or observe through the media, different modes of appearance of power and government" (Sarasin 2020, section 4). Sarasin calls for a differentiated reading of Foucault's models of governmental reactions to pandemics, a balanced approach to

the sometimes conflicting demands of disease prevention and personal freedom. However, he stops short of posing a key theoretical question: How should historians, social anthropologists, philosophers, sociologists, and literary critics factor in the specific material qualities of disease and pandemics? The theoretical issue involves not only problems of representation but of presentation: namely how diseases "communicate" between bodies, "become visible" as symptoms in the body, how diseases are distributed geographically, and how they affect specific members/groups of people, including children, the poor, the elderly, and those with disabilities.

Recent studies move away from the Foucauldian alignment of discourse and power to look at the way cultural responses to disease attempt to work out the relation of presentation to representation, communicability to communication. The historical compendium by Delaurenti and Le Roux applies the logic of pandemics to other cultural phenomena of dynamic spreading; these include examples as diverse as antisemitism, the waltz as maniacal mode of socializing in post-Napoleonic France, and the violence of Mao's red guards (Delaurenti/Le Roux 2021). Other scholars have leveraged notions of contagion to explore the dissemination of narratives, rumors, and conspiracy theories (Bar-On/Molas 2020, Castrillón/Marchevsky 2021). On the other hand, Magnusson and Zalloua have cautioned against using contagion as the "metaphor of choice" to describe other spreading threats to humanity from "global terrorism … to obesity" (Magnusson/Zalloua 2012, 4). Besides leading to questionable political consequences, metaphors of contagion can, when overused, simply lose their rhetorical force. Here it is also worth citing Thomas Piketty, who sees the global spread of Covid-19 as contagious in the way that ideas and practices of containment are contagious (mass lockdown, for instance, becoming a global trend). But Piketty also acknowledges that "the processes governing the spread of ideologies always entail a multiplicity of possible choices, sociopolitical trajectories, and opportunities" (Piketty 2021, 333–334).

Another emergent area of study focuses on specific genres and fields of cultural production such as the "viropolitics" of horror fiction (Becker/de Bruin-Molé/Polak 2021), the metaphorical application of the Corona virus in scientific communication (Charteris-Black 2021), and the role played by narratives in the reception of the 2009 swine flu epidemic (Davis/McGregor/Lohm 2020). In short, there is much pre- and early Covid-19 work in the humanities and social sciences that emphasizes the power of narrative as a tool of policy-making and sense-making in the face of natural disaster.

The still recent exposure to the deadly force of a viral agent – however strongly mediated by cultural practice – has heightened awareness of the dangers of a purely cultural or political reading of a pandemic. The question of the nature of the relation between the biological fact of the disease and the stories we tell about it still looms large. Add to this the complicating factor that not every pathogen is transmitted in the same way, at the same speed, under the same circumstances, or with the same

physical consequences. It is important to remember this specificity, along with the difference between the transmission of pathogens and messages, when considering how narratives respond to and shape infection. Few works of research look beyond the discursive model in order to consider disease as a co-production of nature and culture – not necessarily in the literal sense of having originated in and spread from a lab, although this theory of the emergence of Covid-19 is gaining credibility, but in the sense that the agency of the disease becomes visible through techno-scientific and social processes (e.g., on yellow fever/malaria and empire, cf. McNeill 2010, Mitchell 2002). Bruno Latour, whose work is key here (1999), has chosen to give "the virus" a much more symbolic presence in his recent pandemic writing, namely as a harbinger of a future universal lockdown induced by the climate catastrophe – inflicted on humanity trapped on a planet with dwindling resources and shrinking habitability (Latour 2021). This is meant as a warning about the overconsumption of natural resources and should be contrasted with Giorgio Agamben's complaints about the state's biopolitical overreach against society (Agamben 2020). Agamben's interventions demonstrate, for some, the problems inherent to any approach that conflates discourse and power (cf. the critique by Ginzburg 2020 and, more generally, Latour 2004). We need a transdisciplinary approach to the stories we tell about disease in order to map the relations of culture to biology in a more complete picture of social reality.

Morality and Narration: From the Diagnostic and Systematic to the Communal and Personal

The contributions to this collection of essays consider the relation of contagion to narration not only in terms of justice but *injustice*, most notably Silke Schicktanz's concluding essay on the philosophical and ethical framing of pandemics. There is body of work in public health policy and the ethics of infection control on how viable concepts of justice need to balance public health with compassion and personal freedom (Arnold/Flügel-Martinsen/Mohammed/Vasilache 2020, Baron/Lenz/Hasenfratz 2021, Reis/Schmidhuber/Frewer 2021, Thießen 2021, Lupton/Willis 2021). In addition to injustice, related concepts of solidarity and vulnerability have gained much more relevance in the last decade due to an enlarged sensitivity to economic disparities and structural inequalities related to infection disease.

Why injustice? Various groups and individuals claimed that the official responses to the recent pandemic were unjust. To claim *injustice* is to express the value judgment that the suffering caused by the pandemic, and/or by responses to it, was not only unfortunate but wrong. While this can, when taken to the extreme, reflect conspiratorial or even magical thinking, mistakenly assigning blame where agency is dispersed or nonexistent, narratives of injustice also draw attention to

inequalities in healthcare or education that only come to light in moments of crisis. The moral calculus involved does not have to be systematic, and that is the point. Claims of injustice do not presuppose a coherent theory of justice, nor do they depend for their moral force on the impersonality of science or law. The moral sentiment expressed by the claim of injustice reflects a particular point of view – that of the person or group that believes itself to be unfairly disadvantaged – even when it points to problems that can be measured statistically.

This particularity, in turn, reveals something essential about narrative and the way stories differ from, and respond to, the spread of disease. Particularity is a basic feature of narrative and one of the ways it differs from other modes of description. As David Herman puts it in *Basic Elements of Narrative*, "the degree to which represented events are particularized provides a parameter along which narratives can be distinguished from explanations" (Herman 2009, 92). Particularity, in storytelling, tends to express itself through characterization and point of view, but also through the vagaries of fate, revealed through a narrative arc, that distinguish the individual from the statistical average. The subjects of narrative are cast as protagonists and antagonists, not as examples or types. There can be average heroes – in the sense of Everyman – and parables tend to leave their protagonists unnamed. Nevertheless, the kind of universality achieved through such narratives is representative rather than statistical. Everyman acts for reasons that may be widely understandable; his actions, however, are not the predictable results of quantifiable causes (cf. Herman 2009, 97).

The particularity of narrative does not necessarily make it more biased than other modes of reasoning, but it does impact the way narrative produces knowledge. Using "system" in a looser sense than we mean it here, literary scholar Peter Brooks argues that "[n]arrative is one of the large categories or systems of understanding that we use in our negotiations with reality, specifically, in the case of narrative, with the problem of temporality: man's time-boundedness, his consciousness of existence within the limits of mortality" (Brooks 1984, xi). This is the second feature of storytelling that needs to be emphasized: narratives are particular; they also unfold over and are bound by time (Cohan and Shires 1991, 52–53; Hermann 2009, 90). The features are linked existentially: one event follows another in narrative in the way one experience follows another in life. The lifespan of narrative gives it a beginning, middle, and end – designations that go beyond mere sequentiality. The beginning and end of a story stand in a special relation Frank Kermode calls "consonance," which involves the end commenting on the beginning (Kermode 2000, 17). Consonance invests the middle of the story with a fullness that liberates it from "chronicity," the mechanical sequencing of one event after another, because elements *in medias res* recollect the beginning through analepsis, and anticipate the end through foreshadowing, in an order that is diegetic rather than strictly serial (Kermode 2000, 50). Kermode, like Brooks (1984), points out that narrative order

is above all existential. He also stresses the religious dimensions of narrative, the way every beginning echoes Genesis, and every end anticipates the Apocalypse, so that the existential qualities of narrative draw their moral force from eschatology (Kermode 2000, 12–15).

It is not necessary to invoke the Final Judgment to note that narratives invite judgment. The patterns are also amenable to logics of secular morality. The beginning and end of narrative can be understood as terminal points of an arc spanning the is/ought gap. Conventions like the plot twist or the surprise ending, and even basic elements of storytelling like suspense, depend on the fact that even casual readers have strong feelings about how stories are supposed to develop, in part because we learn from common stories, such as fairy tales, from a very early age. Alasdair MacIntyre invokes this quality of narrative, its tendency to point towards a fitting ending, to explain how personal and collective stories intersect in ways that result in shared values. His teleological model of ethics is not consequentialist. He does not propose evaluating the results of actions in terms of a fully developed ethical system; rather, he is interested in how collective stories link up with the open-ended stories we tell about ourselves as we go along:

> We live out our lives, both individually and in our relationships with each other, in the light of certain conceptions of a possible shared future, a future in which certain possibilities beckon us forward and others repel us, some seem already foreclosed and others perhaps inevitable. There is no present which is not informed by some image of some future and an image of the future which always presents itself in the form of a *telos* – or of a variety of ends or goals – which we are either moving or failing to move in the present. Unpredictability and teleology therefore coexist as part of our lives; like characters in a fictional narrative we do not know what will happen next, but nonetheless our lives have a certain form which projects itself towards our future. Thus the narratives which we live out have both an unpredictable and a partially teleological character. If the narrative of our individual and social lives is to continue intelligibly – and either type of narrative may lapse into unintelligibility – it is always both the case that there are constraints on how the story can continue *and* that within those constraints there are indefinitely many ways that it can continue. (MacIntyre 2020, 250)

Narratives provide a heuristic basis for judgment because they are open-ended and end-directed at the same time, at least for the agents experiencing and shaping them as they unfold. We are actors in dramas we compose collectively, as we go along, with a number of possible ends in mind – not authors of stories whose end is already clear.

MacIntyre points to a third quality of narrative worth invoking here. Besides being particular and temporal, narratives can be personal and communal at the same time. This aspect of narrative goes by various names in literary criticism: tradition,

archetype, paradigm, genre. MacIntyre's account of the confluence of personal and collective narratives is an attempt to theorize virtue. This is not the same as injustice. Nevertheless, he illuminates some of the ethical issues at stake when personal – or small group – and public accounts of behavior diverge.

Narratives of injustice derive their pathos, their emotional charge, from the claim that dominant stories, sometimes labeled in populist terms as the "system" or the "establishment," are indifferent to the particular. While the emergence of systematic thinking in science has its own history, as does the relation of narrative to system and method in scientific research, for our present purposes it suffices to say that public health measures, and a bureaucratic healthcare system, can seem indifferent to the individual. The significance of this indifference antedates the most recent pandemic. For several years, programs in narrative medicine have stressed the importance of listening to the stories patients tell about themselves inorder to resist "the individual's abstraction into the institutional space of diagnostic categories," as one of the contributions to the standard textbook in the field puts it (Charon et al. 2016, 72). The first page of the introduction to that textbook raises the relation of narratives to injustice: "Narrative medicine … emerged to challenge a reductionist, fragmented medicine that holds little regard for the singular aspects of a patient's life and to protest the social injustice of a global healthcare system that countenances tremendous health disparities and discriminatory policies and practices" (Charon et al. 2016, 1). The goal of narrative medicine is to address injustice in healthcare by telling stories that put the particular back into focus.

Social Inequalities and Narration

It does not always make sense to rail against the injustice of infection per se. The narratives impugning biology are often misdirected, from an epidemiological point of view, because sickness as such cannot be put on trial. Nevertheless, the sick curse their fate, family members accuse those who infect their relatives (Battin 2009), protestors condemn governmental policies and the advice of experts, the vaccinated disparage the anti-vaxxers, citizens close ranks against foreigners (Bobba/Hube 2021). We could observe all of this in real time in 2021 and 2022. Now, after a pause, we can begin to reflect on what was at stake when narratives of injustice began to spread in newspapers, in social media, and the academic literature. The narratives often register a basic human sense of unfairness; they also testify to the inequities built into collective responses to contagion. A virus like Covid-19 does not respect borders, but richer nations did have better access to vaccines, as did wealthier individuals within their communities. Political power and economic interest limited access to vaccines for poorer countries by protecting some patents. This is unjust. The rich within one nation could better avoid exposure to pathogens than could the

poor (Harsh 2021, Timmermann 2021, ten Have 2022). This is unjust. On a closer look, the social epidemiology of the Covid-19 pandemic offers a veritable pandemonium of very real inequalities with regard to exposure, mitigation, and recovery in health care, but also economically and for society as whole (Duncan/Kawachi/Morse 2024). Of course, this echoes pre-existing societal and global inequalities perceived during earlier epidemics (e.g., Farmer 1999). It is, however, not a given that narratives of injustices reflect social inequalities in a direct or impartial manner, or that they simply "give voice" to them. The hypothesis of this volume is that the relationship between narratology of pandemics and the social epidemiology of pandemics is complex but also productive (in a social and poetic sense) and therefore needs to be examined.

At first glance, it seems that viruses are great equalizers that infect the rich and the poor alike. If society were nothing but a densely packed biomass, a pandemic would unfold in a most democratic fashion. However, the structures that define social life by separating inside from outside, rich from poor, public from private, and various identity groups from one another impact infection patterns and rates in ways that are patently unfair. Stories address these inequalities, and they contribute to them as well, motivating actions that lead to more injustice, e.g., by scapegoating vulnerable groups as the spreaders of infection. Narratives of infection can stigmatize or voice injustice; they can also inspire compassion or solidarity, provide assurance by signaling organizational strength and scientific insight, mark crises and turning points, provide hope, voice despair, and highlight self-sacrifice or the sacrifices made by others.

Focus and Scope of this Collection

This volume contributes to the growing field of infection-related work in the humanities and social sciences by bringing a transdisciplinary perspective to narratives of pandemics. To this end, we employ a broad set of research perspectives integrating social sciences (sociology, social and cultural anthropology, STS), humanities (literary studies, history), and ethics. We engage with a variety of historical and contemporary settings as well as social contexts of narration (scientific, humanitarian, religious, popular, political). The common denominator is an emphasis on narration / narratology in the analysis of the "making sense of epidemics." Privileging narration as a bridging concept between various disciplines, this volume aims to provide a complementary approach to research that focuses on concepts such as "discourse" and the "imaginary" (Lynteris 2021), and also on the outbreak narrative (Wald 2008). The contributions attempt to link a cultural approach with perspectives that expose the material conditions and social inequalities that characterize pandemic events (e.g., Duncan/Kawachi/Morse 2024).

The interdisciplinary layout of this volume allows for a dialogue between various perspectives: historical, contemporary, sociological, organizational, narratives of everyday experiences, as well as movement-oriented, ethics-oriented, policy-oriented, and communication-oriented narratives. The authors engage with diverse social formations in Western, post-socialist, and colonial societies. The various contributions discuss issues of mediality as well as the ability of narratives to translate and transform the materialities ("the nature") of specific epidemic diseases.

The volume has a geographical focus on the German-speaking countries of central Europe (Germany, Austria, Switzerland), but also includes flanking studies of the United States and England. Various contributions draw attention to the international as well as colonial angles of Western narrations of pandemics. In this respect, the chapter complements a growing body of work that focuses mainly, and sometimes exclusively, on North America or colonial health regimes. A global approach would of course resonate metaphorically with the global nature of a pandemic such as Covid-19. However, regional studies, like those making up this collection, can also contribute to an understanding of particularities that more global perspectives sometimes miss.

The volume is structured by three sections devoted to, firstly, *Literary Narratives and Metaphors*; secondly, *Social and Historical Narratives*; and thirdly, to the relationship of *Narratives and Morality*.

Literary Narratives and Metaphors: Andrew S. Gross traces the development of the figure of the "lone survivor" in a genre he calls the pandemic pastoral. The post-apocalyptic literature that fits this definition presents the world (in which humanity has been nearly eradicated by a pandemic) as a garden on the far side of catastrophe. Only the "lone survivor," who remembers what life was like before, is able to make sense of the ruins preserved in the garden and explain what they mean for civilization, which has disappeared in the present tense of the narrative (the lone survivor has no neighbors) but is preserved in the readership. The difference between neighbors and readers, built into the language of the narratives, accounts for the survivor's loneliness, but it is also the novel's means of exploring the difference between communication and communicability. The essay offers readings of six novels and novellas: Mary Shelley's *The Last Man* (1826), Edgar Allan Poe's "King Pest: A Tale Containing an Allegory" (1835) and "The Masque of the Red Death" (1842), Jack London's *The Scarlet Plague* (1912), Katherine Anne Porter's *Pale Horse, Pale Rider* (1939), and Richard Matheson's *I Am Legend* (1954).

Franziska Meier traces how Western writers struggled to find an adequate form for pandemic fiction. She uncovers the intertextual relations of narratives through many centuries, from Thucydides' *The Peloponnesian War* to Giovanni Boccaccio's *The Decameron*, to more modern works by Daniel Defoe, Alessandro Manzoni, and Albert Camus. One feature these texts have in common is the centrality of eyewitness accounts. As Meier demonstrates, Thucydides discusses his own role as a contem-

porary witness of the plague, while Boccaccio has an eyewitness relate scenes of turmoil. The centrality of the eyewitness is emphasized by Defoe, who uses a first-person eyewitness as narrator in his account of the London plague of 1665, much as Camus does with his account of a fictitious plague in a fictional German-occupied Algeria set in 1940. Manzoni's early 19th-century novel, on the other hand, has a first-person narrator discuss the reliability of various eyewitness accounts of the Milan plague of 1629–30.

In his essay on the entanglement of medical and communication discourses, Pierre-Héli Monot approaches a key issue of this book: the morphology of the pandemic narrative as a form. Issuing an apt warning about the danger of metaphorical health communication, he contends that the public is misled when warned of the "viral" spread of misinformation, even when international organizations such as the WHO include this in their well-meant health messaging. Monot's argument is gathered from current observations and underpinned by several loosely connected cases of medico-literary history. The key figures here are Oliver Wendell Holmes, Ignaz Semmelweis, and Louis-Ferdinand Céline. Monot demonstrates how when medical discourse intersects with political pamphleteering, it can spiral out of control, most viciously in Céline's murderously antisemitic texts of the late 1930s and early 1940s.

Social and Historical Narratives: Yvonne Völkl takes a deep dive into recent examples of Corona writing, including diaries and self-narrations, which helped some people cope with the hardships of the pandemic lockdown. Analyzing two online journals – one in French and one in Spanish – Völkl explores what renders them effective and which narrative tools seem best adapted to therapeutic, commemorative, and testimonial goals.

Jan Hinrichsen shares his reflections on the changing nature of the modern experience of immunity, which can no longer be defined as a personal boundary created by the body's immune system. Both the contingency of the pandemic and the implications of new vaccines based on messenger-RNA technology, call for new narratives that stress multi-relational concepts rather than corporeal boundaries. In the course of his analysis, Hinrichsen revisits key theoretical works of cultural anthropology (and other related fields of study) by authors such as Barbara Duden, Emily Martin, Donna Haraway, Bruno Latour, and others.

How to educate the public about sexually transmitted diseases, such as syphilis, that come with moral and religious baggage as well as a stark class and gender bias? The question bothered European doctors around the time of the First World War. Their answer was to put a stop to the stigmatization of syphilis and to address the problem publicly, rationally, and scientifically. This was the proclamation of a professional group of doctors, but it did not necessarily correspond to public opinion. Victoria Morick examines the outcomes of this new, supposedly non-moralistic approach by focusing two photographic slide shows originating from the Dresden Hygiene Museum in the mid-1920s and intended for medical presentations all around

Germany. Based on a reading of the visual narratives implicit in the two series of photographic representations, Morick asks whether the moralizing/non-moralizing binary can capture what the images were doing in terms of medical communication. She concludes much more complicated "re-coding" of traditional syphilis narratives was really taking place.

In another historiographical inquiry, set in colonial health care systems of the 1920s to 1940s, Richard Hölzl traces the impact of African and European historical actors (doctors, nurses, missionaries, patients) on imperial narratives of "leprosy eradication." He argues that narrative plots and characters depended on the social contexts of empire, but also on the imaginary of therapeutic success and failure. A masculine, heroic, and curative paradigm could only govern leprosy narratives as long as success in the form of an effective drug therapy was deemed available. Once the success of the drug-based "leprosy eradication campaign" of the 1920s and 1930s was called into question, the highly symbolic, heroic tales of "curing empire" gave way to more care-focused stories, often highlighting the "selfless female care worker." The case study focuses leprosy work in Southern Tanzania, local agency, and missionary care workers, as well as on medical health campaigners of the British Empire Leprosy Relief Association and a Catholic mission society.

Cultural anthropologist Laura Bäumel turns to the contemporary scene to analyzing the meaning and reception of a common Covid-19 pandemic narrative ("We're all in this together") in an everyday work environment. Bäumel conducted qualitative interviews with working mothers, most of them in temporary employment, in Austrian factories. Situating their stories in the wider discourse on Covid-19 in Austria and the German speaking countries, the analysis uncovers connections between self-narration and the medico-political grand-narrative, especially in the way the mothers address issues of social cohesion rather than their own vulnerability and potential social injustices.

This representation of social respectability is contrasted in the following chapter by the "social figure of 'the jailbreaker.'" The sociologists Böhrer, Döbler, and Pfaller take a close look at the narratives surrounding an incident in the Bavarian small town Mitterteich. The town was locked down after a local beer festival developed into a potential "super-spreader" event in March 2020. The authors argue that social figures, such as "the jailbreaker," emerge in mass mediated societies as shorthand for complex social events; social figures personalize blame and simplify complex situations, but they also provide tools for individuals and groups to position themselves within society.

The essays in the third part *Narratives and Morality* explore the moral implications of pandemic narratives. The authors ask how pandemic narratives represent behavior and how they attempt to provide moral guidelines.

The cultural anthropologists Moritz Ege and Julian Schmitzberger trace a particular social phenomenon in relation to the increased concern with ethical communi-

cation during the Covid-19 pandemic: anti-judgmentalism. Employing a transdisciplinary lens, the authors follow a widespread resistance to judging (as in "don't judge me!") through various discourses and social environments. They note, for instance, that the English verb "to judge" has entered German youth culture with the negative connotation of judgmentalism ("judgen"). This observation sets the scene for the narrative analysis of interviews with activists from the Berlin hedonist youth culture and clubbing scene. The interviews were conducted during the Covid-19 pandemic.

Julia Brose examines narratives of injustice in conversations of German anti-vaccination groups on the social media platform Telegram. Asking how vaccination critics perceive their social positions and voice their claim of having experienced injustices during the Covid-19 pandemic – by others, by the state, by society – Brose addresses the larger question of how right-wing movements mobilize members and potential members by questioning resource distribution, access to social opportunities and mobility, as well as health policy decision-making. Brose notes the circularity of group discussions, the devaluation of opponent groups, and the utopian trajectory plotted by discourses of "systemic change."

Jennifer Reich's chapter takes a complementary look at groups opposed to vaccination in the United States. Reich highlights the extent to which anti-vaccination narratives reinforce inequalities within society by stressing personal responsibility over public health. Often vaccination opponents argue in highly individualistic terms, claiming responsibility for "one's own body" and portraying health and disease as matters of life choices and bodily practices. Brose's and Reich's findings highlight both important transnational similarities, but also marked differences in the way vaccination is opposed across the Atlantic.

Turning towards a line of argument that advocates societal protection of vulnerable social groups, Niklas Ellerich-Groppe and Mark Schweda highlight a variety of storylines that put forward the motif of intergenerational solidarity. Based on a narrative analysis of German newspaper commentaries, the authors differentiate the ethical potential of intergenerational stories of missing, required or even successful solidarity. Most of these emphasize already existing relations between age groups. However, the same stories can also result in a "blame game" by pointing the finger at an alleged lack of gratitude among the younger generation. In this sense, the various claims for more solidarity should also be understood as discursive attempts to frame structural injustices, marginalization or misrecognition of particular social groups.

These various forms of injustices are taken up in the concluding contribution to this volume by Silke Schicktanz. She provides a philosophical overview of different concepts of injustice, ranging from maldistribution, oppression, unfairness, epistemic, and everyday injustices. She argues for the analytical need to preserve multiple meanings relative to the scenarios in which they are deployed and suggests the importance of maintaining nuance in concepts of injustice, especially those involv-

ing concepts of social recognition. The point of this concluding chapter is to show how the theme of injustice, with its emphasis on the particular story rather than the systematic diagnosis, unites the various contributions to this volume.

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