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Introduction

To date, the study of contagion and contamination has been the domain of health professionals, public health professionals, and epidemiologists, but there are gaps in their work. For example, while historical texts have been published on contagious disease, they do not always offer suggestions on how to address the complex issues surrounding lay perceptions of contagion and contamination. Frequently, medical articles only state that more research or education is needed. In light of this, it can be difficult to consider the cultural or social implications of not understanding contagion and contamination narratives. As anthropologist Emily Martin (1993, 67) notes, "The practices and concepts that pertain to the human body often provide singularly telling clues about the nature of power in different historical and cultural contexts."

Some studies from the humanities and social sciences exist that approach the topic of contagion and contamination from a different angle. As examples, researchers have published on thought contagion, noninfectious disease as contagious, contagion and finance, collective behavior and contagion, contagion and commerce, and sacred contagion. Concepts from other works, such as James George Frazer's notions of sympathetic and contagious magic (1935), Emily Martin's *Flexible Bodies* (1994), Mary Douglas's *Purity and Danger* (2003),[1] Priscilla Wald's *Contagious* (2008), and Gillian Bennett's *Bodies* (2009) are utilized here, as these are the most relevant contemporary works that directly address the concepts of contagion and contamination in the United States and Canada.[2]

Since the early 2000s, there has been a steady stream of popular culture and academic texts concerning contagion and contamination (Lavin and Russill 2010, 66). This indicates and reflects a growing concern about the topic. Priscilla Wald refers to these stories as "outbreak narratives" and states that the outbreak narrative "follows a formulaic plot that begins with the identification of an emerging infection, includes discussion of the global

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networks throughout which it travels, and chronicles the epidemiological work that ends with containment" (2008, 2). Wald states that these outbreak narratives have been present in journalism and popular culture since as early as the late 1980s. These outbreak narratives were coupled with public health threats such as HIV/AIDS, SARS, West Nile Virus, antibiotic-resistant bacteria, bird flu (H5N1), swine flu (H1N1), Ebola, and Middle East Respiratory Syndrome (MERS).

Many of these diseases are linked to geographical space and how it is used is a significant factor in popular culture, folklore, and epidemiological narratives. Concerns about shipping technologies, increasing international travel, overpopulation, national security, and foreigners often accompany these narratives. They share anxieties that "focus on destabilized spatial arrangements, and how this destabilization has produced more and more efficient vectors for disease" (Lavin and Russill 2010, 68).

Contagion and contamination narratives are unique in that these stories—as actual accounts, legends, rumors, epidemiological descriptions, belief statements, and other types of narrative—seem to resonate with the dominant narrative in North American culture surrounding both science and scientific metaphors. As Lavin and Russill (2010, 73) state, "The logic of contagion organizes a series of metaphors and images that our society uses to make sense of social interactions; these images animate cataclysmic end-of-days nightmares to rags-to-riches style narratives of marketing success to the pedestrian and chronic medical conditions of the overweight. What is most interesting is not that somebody sought to explain these situations as contagious diseases, but that these descriptions have proven so persuasive to large numbers of people." In this book I hope to contribute to the discussion of why these narratives speak so clearly to us.

My research draws on and is consistent with a number of studies that apply vernacular health belief research to health education and health promotion policy. My work uses as its central premise the notion that health education must be based on community understandings of risk and that such understandings require ethnographic investigation (Hufford 1982 and 1997; O'Connor 1995; Brady 2001; Goldstein 2004; Kitta 2012; J. Lee 2014). Goldstein (2004, 56) notes, "Culturally sensitive health education must adapt itself to existing beliefs, attitudes and practices within a community rather than expect that the community will change to fit the educational program." As Sobo (1995, 3) notes, research on risk perception suggests that the meanings associated with a given risk affect how individuals "personalize, internalize, and apply to themselves the information they receive about that risk." Without an understanding of how individuals perceive

contagion and contamination, recommendations for how to handle contagious and contaminated situations and the legends and beliefs associated with them may be detrimental to all of those involved. At their best, they will be ineffective and, at their worst, deadly.

A folklorist like myself is uniquely positioned to understand contamination and contagion for a variety of reasons. To begin, folklorists spend a great deal of time looking at the transmission of information and the networks associated with that information. Although folklorists track information differently from, for example, epidemiologists, the process is not all that dissimilar. Folklorists often concern themselves with how narratives are transmitted, how they circulate, how people meet and know each other, and how those people interact.

Significantly, folklorists also understand the importance of narrative. As Priscilla Wald (2008) points out, the outbreak and carrier narratives are a crucial part of how we understand and process information about disease and spread. Additionally, folklorists offer an understanding of the effect tradition has on these topics.[3] Certain diseases are traditionally more feared than others. Polio, for example, triggers more fear than chicken pox, which is seen more as a nuisance (Kitta 2012) than a serious illness.[4] Other diseases and conditions, such as diabetes, are accepted more readily because they are normalized through the process of tradition (Bock and Horrigan 2015).

Folklorists also understand the importance of dynamism and variation to our field of study. In other fields consistency is crucial, and variants become outliers to be eliminated instead of an important part of the picture. Local variations ("oikotypes") underscore the importance of a narrative because they add to its believability and validity. If the narrative was not important, then there would be no need to make it more believable by localizing a version. Variations—especially those that do not last long—can also help scholars understand an individual's level of belief in the narrative (or at least the level of belief that they[5] will admit to believing). Finding failed variants that were short-lived demonstrate what is *not* believable in a given situation.

Oikotypes, because they involve local, deeply embedded information, show that even when people are unaware of it, they are communicating something, especially by the narratives they choose to tell. While at first reading, many legends may sound implausible, they often express a more general anxiety, such as the fear of contagion or contamination. These narratives can and do affect medical decision-making and take the place of factual information (Goldstein 2004; Kitta 2012; J. Lee 2014). Even when individuals tell narratives are not believed or are treated as "just stories," they

can still negatively affect decision-making processes. This, in turn, could be detrimental to the health of both individuals and communities.

Folklorists seek to understand the nature of representation and often choose to study—and sometimes speak for—those who they perceive do not have a voice. Folklore scholars have long studied issues associated with representation; they continue to be engaged in conversations about how to collaborate with their participants so as to best represent them. Representation is often missing in vernacular discussions about disease, especially in narratives about carriers, "superspreaders," and "patient zeros." These narratives can turn people into patterns and networks, and thus the humanity of the individual and their story is lost. While containing and preventing further infection is important, people should not be thought of only as viruses to be controlled. They should also be considered a participant in the process, and perhaps a part of the solution.

It is important to recognize that people need to be a part of this process and that society cannot be controlled with information alone. My past scholarship on the vaccination discourse demonstrates that even with pertinent health information, rumors and legends will persist and become a part of the medical decision-making process (Kitta 2012). However, both folklorists and health communicators have noted that recitation of facts is not the most effective way to communicate scientific information to the lay public. A greater understanding of the above-mentioned factors could lead to better communication between the lay and medical communities. Folklorists, for example, analyze how stories can be used as a way of articulating what is difficult to discuss, because it is difficult emotionally, culturally, or even because it is too abstract.

Stories are a way of processing information. They give structure and create meaning. Not only do they let people articulate beliefs that they are currently processing, but they also allow for the sharing and testing of those beliefs with others. They give the storyteller the opportunity to see how others react to that information. And yet not all beliefs that are articulated are actually believed by the person speaking about them. Some beliefs are traditional, such as telling someone that if they break a mirror they will have seven years of bad luck. The person who articulates this information may or may not believe it but will still pass on this information.[6]

Stories can often highlight bias, and there are inherent biases in people, organizations, and disciplines. One publication that sheds light on such biases is the 2013 "CDC Health Disparities and Inequalities Report," issued by the Centers for Disease Control and Prevention. This report clearly demonstrates that people of color in the United States receive a lower quality of

care than others in the same socioeconomic bracket (Centers for Disease Control and Prevention 2013). Recognizing those biases and the agendas associated with them may help medical professionals and scholars to unpack narratives associated with contagion and contamination. Understanding that there is a desire to assign blame, even in situations where blame is not helpful, may help scholars to identify situations where this occurs and attempt to eliminate the associated stigma.

Additionally, it is important to stress that I am neither anti-establishment nor anti-medicine. I do not see official medical establishments or practices as presenting ideas that are in stark contrast to those I present here. Instead, my methods can commingle with established practices: each can reinforce the Other, offer opportunity for discourse, and be mutually beneficial. It has been my experience that people enter the field of medicine because they want to help people. Unfortunately, the structural bias within the system does not always allow for individuals therein to make changes, in part because the system does not teach them how to deal with some of the issues raised by this (and other) work. Those within the system, no matter how much they wish to help or how they feel about bias, also benefit from structural biases in other ways, including the power and privilege associated with the medical establishment. Research in areas like folklore, medical humanities, anthropology, narrative medicine, sociology (and others, all of which have their own sets of biases, issues, and privileges) seeks to offer more information and counterbalance these systems of power. Thus, it is folklorists' deepest hope that those in the medical establishment read our work, reflect, and engage with us to make our ideas more practical and useful for those working within institutionalized medicine.

Reciprocally, other disciplines have much to offer folkloristics, and folklorists have worked with scholars from a multitude of other disciplines. In particular, narrative medicine, public health, medical humanities, sociology, and other disciplines are often quoted throughout this book. Concepts such as pandemic, epidemic determinant, health outcome, intervention, prevention, and population health are used throughout this text and are all derived from my research and readings in public health. My approach to the materials, while folkloric in its fundamental nature, is also strongly influenced by narrative medicine. Narrative medicine, with its focus on voice and representation, demand for deep readings of text, nonneutral language, and "nondualistic effort to appreciate the spatial nature of a body, both within its individual biological frame and within its social and political and professional frame" (Charon 2017, 191), is a natural fit with both this research and folklore studies at large.

Additionally, I understand that the primary aim of those dealing with disease is the eradication of that disease, and I am in no way trying to hinder their efforts or undermine the importance of what they do. Ebola and HPV, two of the diseases that I discuss in this work, are devastating (albeit in different ways), and the primary focus as regards those diseases should remain on prevention and elimination. From 2014-2016 there were there were over 28,000 suspected cases of Ebola in West Africa that resulted in 11,320 deaths (Centers for Disease Control and Prevention 2016). The statistics for HPV are also staggering, and while fewer people die of the disease, it is so virulent that almost every person gets the virus at some point in life (Centers for Disease Control and Prevention 2017).

While disease eradication is vital to a healthy planet, I do not think that introducing cultural sensitivity into the equation presents a distracting contrast. When done well, exercising cultural awareness increases uptake of a treatment. It is far easier for the smaller group of medical practitioners to change their tactics than ask those at risk, especially those who are already suffering and stigmatized, to make significant changes to their way of life. Major organizations, such as the aforementioned Centers for Disease Control and Prevention (CDC), have created official statements and publications that directly address stigma as it relates to Ebola (Centers for Disease Control and Prevention 2015d, 2015e). In so doing, the CDC is clearly striving to be culturally aware and is encouraging those involved to work to fight stigma.

WHY DO UNDERSTANDING CONTAGION AND CONTAMINATION MATTER?

It is crucial to understand the concepts of contagion and contamination for a variety of reasons. Firstly, these concepts demonstrate the common concerns of the lay public and reflect sources of apprehension within the culture. Specific themes seem to recur in contagion and contamination literature, such as immigration; racial and class conflicts; "slut shaming" and misogyny; homophobia; the struggle between authoritative and vernacular knowledge and belief; and victimization caused by the abuse of authority. These matters go beyond contagion and speak to other medical circumstances as well as social conditions. A knowledge and understanding of these broader social trends inform potential concerns and help to focus on the larger fears, as opposed to specific incidents.

Secondly, the aforementioned contagion and contamination themes recur consistently over time and across space, typically when a new virus

emerges or a health concern comes to light. If medical professionals want to educate and inform the public about particular diseases, they must be aware of the themes that occur at the onset of a disease or the introduction of a vaccine. Understanding these subjects may also help identify which rumors and legends are likely to occur and provide the public with health information in a timely manner. History has shown us that some of these legends are true and, if taken seriously, may lead to the discovery of safety issues for a variety of conditions. Even when these narratives are questionable, they still give insight into lay understandings of health and wellness, including perceived risk and risk behaviors.

The presence of contagion narratives gives the lay public a forum to discuss their concerns, dispute them, and subsequently deny or accept them. When the perceived threat is based on a misunderstanding of science or medicine, professionals from academic and medical communities have the opportunity to discuss their knowledge with the public. In these situations experts can clearly communicate with the public, trusting that they will make an informed decision for themselves. However, denying or dismissing information instead of working with the public to understand is one way experts can lose their authoritative voice within the community. This issue has become increasingly complex over time due to the amount of information available to the public, what information is not readily available to the public (for example, information that is behind paywalls), and the promotion of politically charged information that focuses on the maintenance of a specific set of beliefs instead of on the presentation of a balanced viewpoint.[7]

The persistence of these narratives does not demonstrate public ignorance. Instead, it shows that the public is interested and involved in their own health care. It reveals their desire to be active participants in their well-being and indicates they are knowledgeable and capable of observing trends. It demonstrates they can approach the subject logically by investing in understanding their experiences and the described experiences of those around them. All these characteristics imply that the public can properly describe symptoms and understand cause and effect.[8] In a time when some of our most pressing health concerns are preventable through lifestyle choices, a patient's ability to observe trends in their own wellness is crucial. When the lay public uses scientific terminology or attempts to discuss science in public, it is an indicator that they are interested and want to engage with scientific knowledge. These attempts, even if misguided, should be encouraged by medical professionals since they demonstrate the public's investment in its own health care.

Additionally, as academics, we do not want to further the elitist notion that, as experts, we hold all knowledge. The communities we study and the people we interview are fully capable of analyzing their own culture and can understand and comment on the role of narrative in meaning-making. We should ask not only for their stories but also for their input and insight. Additionally, we are a part of the communities we study, as participant observers, but also as consumers of culture and as users of biomedical systems, we should be invested in these processes.

Just as medical and scientific professionals should engage the public when their specialties are prevalent in the public discourse, social scientists and humanities scholars should also engage with the public when their own areas of expertise are at the forefront. One of the roles of the specialist should be to address current events, both in the classroom and in more public settings. Educational institutions and other workplaces should acknowledge and encourage public communication and engagement as a part of the working conditions of the individual.

The rumors, legends, and personal experience narratives mentioned above provide insight into deeply embedded social issues. In certain social situations these stories may express thoughts and deeply held feelings that may not be able to be expressed publicly in another narrative. The structure of legends and rumors allows a distancing between teller and the story being told. If the story involves contestable or offensive themes, the teller can create distance by stating that it is "just a story" or something they read online. This allows a flexibility not always present in other types of narratives and gives both teller and listener room to engage with the narrative without owning it.

CONTAMINATION, CONTAGION, AND HYBRIDITY

The words "contamination" and "contagion" have a complicated history and usage. They are frequently used as though they are interchangeable, which at times makes writing about these topic more complex. The word "contagious" nearly always applies to the spread of something through contact. Technically, for a disease to be contagious, it is spread by touch (the term used to describe diseases spread by microorganisms in the air or water is "infectious"); however, the words "contagious" and "infectious" are often used interchangeably. While "contagious" is used to describe diseases, it is also used to describe the spread of thoughts, feelings, or attitudes. Typically, "contagious" is used to describe both positive and negative feelings, while "infectious" is used to describe only positive feelings.[9]

Although "contagious" is perceived as a medical word to those outside of medicine, it is rarely used in modern medicine. Martin S. Pernick states that "as contagion became equated with modern microbiology in mass culture, the term was dropped from the lexicon of medical science. Ever since its creation in the late 1910s, the official US public health handbook of infectious diseases has used the term communicable instead of contagious, and its extensive glossary of technical terms completely omits contagion" (2002, 860). It seems that current medical thought has left the notion of contagion behind, perhaps because is it not descriptive enough to cover everything necessary for medical practioners' needs. The question then becomes, why is the word "contagious" used so often in North American culture? Peta Mitchell (2012) addresses this issue in a variety of ways in her book *Contagious Metaphor*, though she admits that a complete study of what North American culture considers to be contagious is impossible. *The Kiss of Death* attempts to see contagion and contamination metaphors in relation to the discipline of folklore. It looks specifically at contemporary legend, rumor, gossip, and the ways people express belief in the concepts of contagion and contamination both online and in person. However, as with Mitchell's study, there are certainly more instances of contagion and contamination in folklore than the ones given here.

Contamination refers to the idea that something that was previously untainted is made impure by exposure to or addition of something poisonous or polluted. While contamination can also be used figuratively, it usually suggests corruption or debasement of the physical. Touch is still a key feature in the word "contaminate," and indeed both "contact" and "contaminate" come from the same Latin root, *contangere* (*con* meaning "with" and *tangere* meaning "touch"). Contamination can also refer to blending, such as the blending of two or more stories or plots so as to form something new. The notion of blending shares much with the concept of hybridity.

By these definitions, something can be contaminated without being contagious, but all contagious things are contaminated in some way. There is also the notion that blending two different things is both harmful and immoral, harking back to the idea of purity. Hybrids are sometimes seen as inferior to the original, as if the positive attributes have been tainted instead of enhanced or improved. Racism may be deeply embedded in this perspective since hybrids mirror "impure" bloodlines. Past folklore scholarship that has looked at hybridization includes D. K. Wilgus's 1965 study of hillbilly music, Deborah A. Kapchan and Pauline Turner Strong's 1999 work on Creolization, and, more recently, Robert Glenn Howard's work (2000, 2008, and 2015) and Trevor J. Blank's (2013a) examination of hybridity in a digital

world. Hybridity, even within the context of folklore, has multiple meanings and definitions.

Robert Glen Howard (2010, 682) defines hybridity as "an analytic term referring to a cultural form, expressive behavior, or identity that exhibits features thought to originate from two or more distinct realms." For the purposes of this book, I use a similar definition, defining hybridization as "the blending of two things." While I cannot outright reject the complicated history of this term (see Howard 2010 and 2008; Blank 2013a), I use modifying words to describe hybridization so as to clarify my meaning. It is important to mention a few things about hybridity, especially in the context of this work. To start, both institutional and vernacular cultures are affected by their means of production, so the participation often characterized in this book, while certainly folk, is affected and effected by its mode of communication. The Internet, in many ways, is a great equalizer, offering access to those who may have previously been without, especially in the cases of disability (see Blank and Kitta 2015) or geography. Nevertheless, many North Americans still criticize the Internet, blaming it for people's actions (as we will see with both cyberbullying and Slender Man in chapter 3). No matter one's view of the Internet, it is difficult to deny that it both has changed communication and is a hybrid, at least in its current usage.

The hybridity of the Internet is apparent in several ways, including that Internet content amalgamates vernacular, commercial, and institutional interests. Additionally, the Internet incorporates folk culture with popular culture at both the official and unofficial levels (Howard 2008, 194), and the vernacular cannot exist without (and feeds on the power of) the official (Howard 2015). We also see the combination of public and private space, where an individual may post with different privacy settings on a single platform, have multiple accounts, and simultaneously manage both a public and private persona online. Additionally, certain spaces can become communal and have their own communal authority, which allows for the constant generation of shared meaning. This is distinct from a static text (Howard 2008, 199). Communal authority is often challenged in "zones of contestation" (Appadurai and Breckenridge 1995, 5) where debates happen as more of a process than an object (Howard 2008, 200). A consequence is that these "texts" are left fluid. Much of the research for this book occurred in these zones of contestation, where meaning and function are debated, modified, and altered according to the community.

Since these online communities have no physical location, they are often dependent on the "ongoing enactment of the shared expectations that are both witnessed and enacted by the participants in the discourse" (Howard

1997, 2000, 2008). The shared aesthetic for group communication, along with the communication itself, becomes the locus of the entire group, even when individuals within a group are at odds with each other. As readers will see throughout this book, many of these aesthetics are remarkably similar, even when the group is discussing seemingly different topics. In the comments section of online articles—no matter what the topic is—disagreements are standard, and political affiliation is crucial. While there certainly are the rare individuals who post to support the article, there are still critiques in their compliments, and it is inevitable that someone will comment negatively to even the positive initial comments.[10] Howard (2013, 82) also notes that comments sections below articles show "the vernacular and the institutional stand side by side in the same medium. Both are marked, but they are marked in distinction from each other: one as an institutional product and one as the vernacular commentary." This tension is interesting and certainly demonstrates the intersection of the institutional and the vernacular.

I should also note that while, at times, the notion of hybridity can be perceived as negative, especially respecting notions of purity, not all hybrids are negative.[11] Deborah Kapchan and Pauline Turner Strong (1999) note that there is an overemphasis on the new in conceiving the hybrid instead of a focus on the hybrid as a product of its history. The hybrid is simultaneously old and new. That amalgamation gives it a certain power because it is liminal and able to move in spaces and access different authorities not available to the nonhybrid. The hybrid's power and movement are crucial for understanding why the hybrid is often seen as contagious: hybrids can move between groups where movement is normally discouraged, leaving it to infect and contaminate, literally and figuratively. The hybrid is also able to provide commentary on the groups it moves through, as it is outside the institutional frame and is, itself, vernacular. The vernacular's power, in part, derives from its ability to either support or challenge the institutional, and often it does both (Howard 2008, 205).

In certain circumstances, the hybrid or vernacular can move into the institutional frame. This happens in folk medicine because folk remedies are studied by official medical institutions, such as the US Food and Drug Administration (FDA), given approval by the authoritative body, and adopted into procedural practices in health care. However, when the vernacular becomes a part of the institutional, it is often consumed by the centralizing power of monologic discourse (Bakhtin 1982, 666), either by bringing the vernacular into the official (as in the above example) or by declaring the superiority of the official over the vernacular (as frequently seen in arguments that place biomedicine over alternative therapies).

However, the vernacular is at its most disruptive when it is able to challenge the institutional, showing that there are alternatives to the dominant discourse, or at least demonstrating that there is the possibility of more than one authority (Howard 2008). The Internet has certainly shown this in both positive and negative ways. Diane Goldstein's (2000) research on menopausal women's communities demonstrates how these women changed the care they received (and future women will receive), taking their own experiences and making them a part of the institutional discourse on menopause. My own research (Kitta 2012) on vaccination discourse demonstrates how a single medical study, which was retracted by all but one author, became crucial in the anti-vaccination and vaccine-reluctant communities found online. The belief that vaccines can cause autism is widespread in multiple online communities and has resulted in numerous responses and studies conducted by medical institutions and agencies. It does not seem to matter if the vernacular is acting for or against an institution; in either situation, those involved see themselves as alternative to that institution (Howard 2008, 207). Therefore, while the belief that vaccines cause autism is traditional in that it has existed consistently for an extended period of time, it is also traditional because it is a "vernacular authorizing force" (Howard 2013, 73). The Internet has changed our methods of communications: because participatory media allows us to express ourselves alongside institutions, it has given agency to vernacular authority (Howard 2013).

The notion of contagion is not only a term used by institutions and medical professionals, such as epidemiologists; it is also a concept that is linked to religion and the study of belief. James George Frazer (1935) used the term "contagious magic" to describe mundane objects that were thought to be magical because they came in contact with other objects deemed to have mystical properties. These previously mundane objects were then thought to contain magical properties due to the contagious effect of being near or touching the sacred object. A classic example of this would be second-class saints' relics (items that were touched or used by the saint, such as an article of clothing), or third-class saints' relics (items that have touched a first- or second-class relic, such as many medals sold at religious institutions). These objects have power because their proximity to the sacred object makes them contagious.

Past folklore scholarship on contagion and contamination legends is almost too numerous to list. Contamination in contemporary legend research is a frequent topic. Legends such as "The Kentucky Fried Rat," "The Mouse in the Coke Bottle," and others have received extensive attention. While I discuss contaminated objects and contagious ideas in the legends and their

symbolism, I also consider the idea that thoughts, morals, and behaviors are overtly and directly contaminated. For example, Gary Alan Fine's (1980, 233) scholarship on "The Kentucky Fried Rat" considered that in some versions, one of the implications within the legend is that it was the woman's fault that her family had eaten the fried rat. If she had only cooked a homemade meal, thereby fitting into notions of what a "good" wife or mother would do instead of working or being otherwise too busy to tend to her family, the entire incident would not have happened. While this legend, at first glance, seems to be about food contamination, there is also a secondary lesson in place—one of social control. Marianne H. Whatley and Elissa R. Henken (2000) demonstrate similar implications in their analysis of "The Peanut Butter Surprise."[12] While at first glance the legend appears to be about a woman and her unusual relationship with her dog, there is also a judgment about the woman and her nonsexual activities. She lives alone and works, demonstrating that she has no need for a man. This is an important component of some narratives. In these cases, the text is about a specific object, but the text carries within it a subtler, deeper secondary meaning.

Some of the legends I explore in this book, such as HPV vaccine contamination, also fall into this category where legends can indicate deeper meanings. While the focus of HPV legends seems to be on the safety and efficacy of the vaccine, there is a more complex concern about identity and group dynamics. In other legends, such as that of Slender Man—an entity invented by Internet users that has reached legendary status—the primary concern of those participating in Slender Man narratives is more overt. Some believe that Slender Man is literally causing people to be violent. However, this legend addresses more complicated beliefs as well, such as concerns about technology. While many of the legends examined in this book also have deeper secondary meanings, some of them are relatively distinct in that they directly state the moral issue they are exploring through narrative. The moral of the story is not in the symbolism; instead, it is overt. This demonstrates how complex function and use can be for both the teller and the listener. There is no single meaning embedded in any rumor or legend. Rather, multiple meanings are possible and likely.

UNDERSTANDING THE IMMUNE SYSTEM

One fundamental concept that varies between communities is how contagious disease and contamination work on the body. In current medical discourse the focus is less on how the virus affects the immune system and more on how the immune system responds to the virus.[13] The notion of

the body as active rather than passive is relatively new to Western medicine, likely brought about by the discovery of antibodies in the 1890s. The idea that the body is flexible, responding to stimuli and relating to the world, only surfaced in the 1970s (Martin 1993, 70–71).[14] In one interpretation of this context, our bodies are no longer passive, docile things with external forces acting on them. They are reactive and empowered.

This seems very different from the way many North Americans articulate how disease works. The North American focus tends to be on how viruses attack the body and in what manner the body defends itself. The military metaphors for this exchange abound (Martin 1994). Phrases such as "battling," "losing," "winning," and "defeating" are common in the language used concerning external forces on the body. People lose their battle against cancer, they fight a cold, they triumph over disease, and vaccines are a defense against illness. The notion of an active, flexible body also stands in stark contrast to discourse about medical treatments: a pill is swallowed; intravenous solutions are inserted through the skin; or a surgery is performed on the body as the patient passively waits for external forces to heal it. In these scenarios the body is not itself actively doing something to facilitate the healing.[15] Preventing germs and disease has been a long-standing part of North American culture, beginning in the early part of the twentieth century with its focus on hygiene and antiseptics (Martin 1993, 71–72) and persisting into the present, with its myriad products marked as antibacterial and the ubiquitous hand-sanitizing stations.

Additionally, bodies are influenced by culture and privilege. Emily Martin (1993), in her own ethnographic work on Infectious Disease Grand Rounds, found that all the cases presented were in stark contrast to white male bodies. The bodies represented in Martin's study of Grand Rounds were said to all have "compromised" immune systems that had been "breached." Even though those in attendance were not all white, middle-class, or male, all bodies mentioned were held in stark contrast with white, middle-class, male bodies (Martin 1993, 70). Martin goes on to comment, "Whether working class, female, elderly, or of color, the bodies presented are not up to par: they fail when challenged, they have inadequately flexible responses, or inadequately specific ones. We are seeing here the process of creation of a norm focused on a healthy immune system, in which some individuals have healthier ones than other individuals" (73).

The unmarked category of the white, male body as the norm is prevalent in both medical literature and lay perceptions of the body, and gendered metaphors are commonly used throughout medicine (Martin 1994; Condit and Condit 2001; Lupton 2012; Dragusin 2014). Even cells

themselves are given a gender in the immune system, with cells such as macrophages—which engulf and act as "housekeepers"—being designated female; and with killer T cells—which attack and penetrate and which are associated with "higher function"—being labeled male (Martin 1994, 55–59). These metaphors often break down when it comes to more complex conversations about how the immune system works. Although these comparisons likely say more about the masculine bias in the sciences, metaphors like this exist nonetheless and continue to permeate conversations about both the immune system and the body. The indication here is that there are right and wrong types of immune systems that are attached to right and wrong types of bodies. Those who have the "right" kind of immune system are stronger than others and survive (Martin 1994, 231).

Charles L. Briggs and Clara Mantini-Briggs also put language under the microscope in their 2003 work on a 1992 outbreak of cholera in Venezuela, in which they bring to light ways in which infected individuals are stigmatized through naming. "Sanitary citizens" are "civilized" and "cultured," while "unsanitary subjects" do not understand disease transmission, are "inferior" or "pre-modern," and belong in "natural" habitats. The Briggs and Mantini-Briggs critique is just one example of the perceived inferiority or superiority of the immune system (as a representation of the body), or the body itself, which is prevalent in current and past discourses. Perceptions of the immune system are reflections of the self and not-self (Martin 1994, 52–55), a distinction that is demonstrated throughout this book. This is often intimately linked to racism, as I show in chapter 3 while discussing patient zeros.

Many of these narratives make moral judgments on nonwhite, homosexual, and/or nonmale bodies, and it is critical to deconstruct and analyze outbreak narratives since these narratives clearly have consequences. As the disease spreads, so too do the narratives about the disease. These narratives can affect contagion routes and survival rates, promote stigma, and influence the perception of the disease and its consequences. The ways in which the narrative is framed can turn individuals, groups, and places into legends, changing the victim(s) into the embodiment of the contagion and/or contamination. Pathways of communication can turn into the networks of infection (Wald 2008, 3–4).

Outbreak narratives tend to have a formalized structure that "begins with the identification of an emerging infection, includes discussion of the global networks throughout which it travels, and chronicles the epidemiological work that ends with containment" (Wald 2008, 2). This structure helps to contain both the narrative itself and our perceptions of that narrative. By

encasing the outbreak into a narrative structure, we are attempting to control the outbreak itself. If it fits the formula, it can be controlled—thus the importance of identifying a patient zero character to act as a scapegoat and object of control. If we can quarantine patient zero, then we can control both the narrative and the outbreak associated with it.

Turning the infected into the embodiment of the infection, outbreak narratives cast individuals into the realm of a stock character. They are denied any individual personality or agency. By casting them into the role of superspreader (an individual who infects disproportionately more secondary contacts than other hosts), they move from an individual person to a threat. They are "figures of fascination as well as of fear because of the connection they elucidate" (Wald 2008, 9). Not only do these narratives turn people into stereotypes about their folk groups, but they can also turn people into representations of the diseases and dangers that are most feared. The attraction we seen in these outbreak, superspreader, patient zero, and other narratives is that these narratives and stock characters simplify the problem and the networks. We are no longer fighting an unseeable, unknowable virus; we are fighting something tangible that can be blamed and, most importantly, contained. As Mary Douglas (2003, 3) notes in her discussions about dirt, "In chasing dirt, in papering, decorating, tidying, we are not governed by anxiety to escape disease, but are positively re-ordering our environment, making it conform to an idea." The same could be said for the body, which we also clean, adorn, and sanitize.

IS FOLKLORE CONTAGIOUS?

While there certainly is some truth to the contagious nature of folklore in that it spreads and highlights our networks, it is not a useful metaphor for a variety of reasons.[16] First, the association with disease may indicate that there is something "wrong" with folklore and that is it something that should be contained. Second, it indicates that folklore *can* be contained. One cannot "immunize" or "quarantine" oneself from folkloric processes. It is impossible to trace an item of folklore back to its original form. It is possible for multiple versions to arise at different times, or even contemporaneously. Such a phenomenon is known as polygenesis. Relatedly, an oikotype is a regional or localized variant. While certainly multiple strains of an epidemic can arise in different locations, this is nevertheless another place where the metaphor breaks down. No physical contact or even close proximity is required for folklore to spread. All that is required are the networks, which can exist in both the physical and virtual world.

Other medical metaphors abound in folklore. Folklore spreads "like a virus," and we attempt to think of ways to "inoculate" ourselves against folklore. No matter how hard we may try, there simply is no way to stop folklore. Individuals can and will choose whether a tradition, narrative, or other element of folk culture has meaning for them personally. They may continue to pass on this information, regardless of their own personal belief in it, or they may not. There is nothing folklorists (or others) can do to prevent or treat this expansion. Pertinent information can help, but it is not always the cure-all that some hope it will be. Thus, while medical metaphors are certainly a popular way to make sense of the world around us, they are not always useful. Additionally, medical and military metaphors can be condescending and frequently demonstrate privilege more than they explain concepts.

Folklore does not always show society at its best, and its negative aspects can also be contagious. Folklore can be dangerous, racist, homophobic, sexist, xenophobic, ableist, and inappropriate. We cannot only focus on the positive aspects of folklore; instead we must acknowledge these realities of culture and be critical of what they say about the folk group (Dundes 1991; Ellis 2001). While folklorists certainly want to honor the narratives received, it is possible to be both sensitive to the fears and concerns of our participants while also critiquing how folklore contributes to society and culture in negative ways. As Stephen Olbrys Gencarella (2013, 50) notes, "In an attempt to foster a more equitable world, a critical folklore studies seeks to redress some of the most pernicious expressions of tradition still thriving today, including racism, sexism, classism, ageism, homophobia, and xenophobia." A critical study of folklore does not diminish or ignore the role of tradition; rather, it acknowledges the political and social roles that systemic racism, sexism, homophobia and ableism, along with a variety of other social issues, have on the discipline and its subjects. Tradition is always intimately linked to the values of the participants, either because they support or are trying to subvert these values. In addition to looking at what is being transmitted in these contexts, it can also be crucial to consider what is not being said or otherwise expressed (Gencarella 2013, 58). Of course, by expressing the differences in communities, we also may need to reject some traditions within those communities because they conflict with moral ideologies (Gencarella 2013, 62). Additionally, by breaking with these traditions, we may expose the community (and ourselves) to other voices that have gone previously unheard because they were heretofore constrained by tradition.

To do this, folklorists may need to accept that not all traditions are good or even interesting and that some of these traditions must be betrayed

to examine them critically (Gencarella 2013, 63). Throughout this book, I attempt to call out traditions that lead to marginalization—both those based on medical models and those based on cultural norms. As a folklorist, I still struggle to strike a balance between portraying my subjects fairly and analyzing their culture critically. I believe this struggle is crucial to our discipline as we constantly challenge our own biases and assumptions. We try to faithfully represent the people we study while still being critical of their—and our own—actions. I am cautious of placing folklorists in the role of elitist cultural critic, as many of us are a part of both the elite and the subaltern (see Gramsci 1971; Strine 1991; Madison 2005; Gencarella 2011).[17] I do believe that many folklorists utilize critical ethnography as both "traditional" and "organic" intellectuals. As Gencarella (2001, 263) mentions, due to the place in the communities we inhabit, at times we are at risk of destroying relationships with these communities because of the way in which we critique these communities. However, that does mean that, unlike the detached cultural critic, we are able to participate in dismantling domination as a community member. Yet it is difficult to take this analysis past description and interpretation, as folklorists have done historically, primarily due to the fact that folklore changes constantly. This is reminiscent of Gillian Bennett's criticism of the vicious cycles in studying the supernatural: one reproof is that when we put our informants' words into print, we can make them canonical, especially if no one else continues our research. Then, like Bennett's criticism of studying the supernatural, we are reduced to old, outdated critiques and calls for action as our only sources and descriptions of the communities we are trying both to accurately represent and, as sources of domination, to dismantle. That is not to say that we should not publish such things (as often oppression is systemic and relatable); rather, it is to serve as a critique of the outdated model used by most universities and academics. The model to which I refer is the one in which the focus is on publish-or-perish over community engagement, the latter not always directly resulting in the traditional forms of publication recognized by academic institutions or organizations.[18] I find in the writing of this very book that I am caught between conflicting desires: to be more critically engaged in a way that is unusual in academic writing and to meet the criteria for academic writing, which is seen as the gold standard among many folklorists and academe at large. This latter achievement also directly affects practical concerns such as promotion and compensation.

Nevertheless, I am unapologetic in my aim to demedicalize the way we talk about people with disease, disability, chronic conditions, mental illness, neurodiversity, and any other way that medicine portrays some bodies as

"not normal," including race, sex and gender, size, age, and ability (both visible and invisible). My goal is to place the person first and the institutions (official or unofficial) second.[19] As Gencarella (2013, 65) notes, "Critical folklorists must turn their attention to inciting crises in traditions that prohibit social justice." A part of this critique is not just to confirm or deny vulnerability but to "show how vulnerability is defined, navigated, and critiqued in informal folkloric expression" (Wilson 2013, 3).

Even in areas where the stakes are lower, folklorists should still be aware of intolerance and silencing voices. While all areas of folkloristic inquiry find intolerance, in my own research (and teaching) I find that most people are the most comfortable with being intolerant about medicine, belief, and the supernatural. As David Hufford (1982) discusses in his notion of the traditions of disbelief, just as it is traditional to believe in certain things, it is also traditional to not believe. Additionally, people hold beliefs that they do not express to others or that they know are culturally inappropriate to express in certain situations (e.g., telling a racist joke or otherwise publicly expressing racism). However, it is often deemed culturally appropriate to express disdain for others' beliefs in the supernatural or distrust of medicine. While these beliefs do not have the same consequences as, say, a religious belief that announces the inferiority or inherent evil of other religions, it is still important to be aware that silencing others' beliefs, no matter what they are, is not in the best interests of society or the study of folklore.

POPULAR CULTURE, MEDIA, AND FOLKLORE

It should be noted that folklore and popular culture are not the same thing. Folklore, with its focus on variation, repetition, and transmission, clearly differs from popular culture, which focuses on the analysis of fixed texts. Nevertheless, the two genres borrow from each other, thus perpetuating a great deal of exchange. Throughout this book I use examples from popular culture and media, such as movies and television shows, as well as examples from the folk tradition.

Folklorist Paul Smith (1992, 41) notes that "in the real world, not just a single *oral* medium of transmission is utilized to communicate folklore, but *any available and relevant media* is employed." Dégh and Vázsonyi (1973, 36–37) also observe that it is impossible to find the origins of legends and that it can be difficult to comprehend the intersections between legends and the mass media. Similarly, Diane Goldstein (2007a, 4–5) states, "Intricately woven together, popular culture uses folklore continuously to tap into traditional cultural values and to satisfy audience expectations. But just as

popular culture appropriates folklore, folklore too appropriates popular culture." So multiple forms of media, popular culture, and folklore combine to reinforce older beliefs and traditions or establish new ones.

Popular culture texts, such as movies, television shows, and other forms of media, clearly reflect belief traditions (Koven 2003, 176), both informing and replicating what concerns and fears are relevant to those who consume them. In her research examining how people understand the immune system, Emily Martin (1994) drew on a number of movies, such as the science fiction film *The Fantastic Voyage* (1966), to demonstrate that many people visualized the immune system as they saw it in movies. She also often referenced other popular culture sources as both a source of understanding and a common language between investigator and participant. While this process is certainly more complicated than mirroring culture,[20] popular culture texts are useful to researchers as additional examples of current cultural themes already noted in more traditional folkloric forms, such as contemporary legends and rumors, as well as in newer folkloric forms, such as fan fiction, Internet memes, and comments made in forums or posted elsewhere.[21] Folklore and popular culture are more closely related than they are different and should be considered as a part of a larger collection of texts by a variety of groups using a range of types of media (Narváez and Laba 1986, 1; Goldstein 2007a, 5).

I also recognize that "cultural critics have long recognized that mass media often serves the interests of institutions instead of communities" (Howard 2008, 200, referencing Adorno and Horkheimer [1947] 2002; Habermas [1962] 1992; Marcuse 1964; Marx [1845] 1998; see also Arato and Gebhardt 1990). While I do discuss mass media and popular culture throughout the text, both as dominant narrative and as a reflection of the culture it represents, I also consider folkloric expressions that defy mass media and popular culture. Those who utilize popular culture are not passive recipients of culture; participants discuss, joke, create memes, write fan fiction, and engage in a variety of activities that demonstrate their involvement with these genres. Those who create movies, television shows, and other forms of media certainly pay attention to these creations and often respond to fans in social media and through the creation of new texts. Fans can influence storylines, keep television shows on the air, or even cause television shows to come back into production (see Foster and Tolbert 2015; Blank 2015). Fortunately, folklore scholars have been long aware of these trends (and their precedents) and have been studying these interactions for years, challenging the "notion that folk belief expressed in popular or commodified culture is any less serious, any less important, any less rational,

or any less a belief than what is expressed more traditionally" (Goldstein 2007a, 16). This volume hopes to add to the study of this relationship between folklore and popular culture.

HYBRIDITY AND MONSTERS

Throughout this text I will use the ideas of "hybrids" and "monsters" in a variety of ways, most of them demonstrating how both are frequently negatively conceived, even though I do not believe that they are necessarily negative (see this chapter). I also recognize that not all hybrids are considered monstrous (e.g., liminal creatures such as angels, which are neither divine nor mortal but perhaps a hybrid of the two), nor are all monsters necessarily hybrids, although many of our classic movie monsters, such as Dracula and Frankenstein's creation or even classical monsters, such as the Minotaur or Sphinx, could certainly be considered liminal hybrids by some definitions. Despite this, some monsters are monstrous because of their size, such as Godzilla or the Kraken. With these in mind, I am compelled to challenge Cohen's (1996, 6) idea that the monster is a hybrid all of the time, though I do agree that it refuses to be easily categorized. I also agree with Cohen's assertion that the monster "resists any classification built on hierarchy or merely binary opposition, demanding instead a 'system' allowing polyphony, mixed response (difference in sameness, repulsion in attraction), and resistance to integration" (7). Simply put, it is very difficult to discuss hybridity without discussing monsters, and much that has been written about monsters is relevant to the discussion of hybridity.

TELLABILITY AND THE STIGMATIZED VERNACULAR

Goldstein and Shuman use the phrase "the stigmatized vernacular," which "is intended to capture not only the emic experience of stigmatization, but also the *contagion* of stigma—the way it spills over beyond the topic into the means of articulation" (2012, 116; emphasis mine). In other words, the stigma extends beyond the topic at hand. Some narratives are additionally untellable due to the nature of the stigma associated with them. Goldstein and Shuman further address the concept of "untellability" to explain narratives that

> can or cannot be talked about in particular context, the factors that limit such narrating, and the risk-taking inherent in the telling of certain types of personal narratives. Stories become untellable because the content

> defies articulation, the rules of appropriateness outweigh the import of content, the narrator is constrained by issues of entitlement and storytelling rights, or the space the narratives would normally inhabit is understood by the narrator as somehow unsafe. Narrative telling can be risky business, not just in terms of the personal discursive risk for the tale teller, but also as narration reflects on, and acts upon, others potentially implicated in narrative events. (119–20)

Untellable narratives differ from chaotic narratives: the latter includes "situations in which narrative confusion, fragmentation, or disorder is the result of traumatic, psychological, or intellectual challenge; where it results in an inability to articulate experience; and/or where their chaos of the experience itself becomes larger than any narrative can handle" (Goldstein 2012, 184). Goldstein goes into more specifics about the forms of chaotic narratives, which can include (but are not limited to): "(1) performances produced prior to competence acquisition, as might be found in young children or new culture members; (2) performances resulting from different cultural aesthetics; (3) the performance of purposeful incoherence directed at specific ends and goals; (4) performances in which consciousness or performance capacity is altered by drugs or alcohol; (5) inability to articulate coherency due to health or intellectual challenge; and (6) ineffability or inarticulateness due to traumatic experience" (183–84). She goes on to discuss that these texts might also be considered unwritable since the chaos is more noticeable during the transition from oral to written form (184). It is unfortunate that this untellability, which is often marked by narratives that seem disjointed or incoherent, is the very thing that marks these narratives as happening; yet survivors are required to tell their stories in an organized way or risk having them be dismissed (Goldstein 2012; Blank and Kitta 2015; Willsey 2015). While these narratives can become more formulaic over time, they are always at risk of disintegrating during distressing instances of recollection (Goldstein 2012, 187). Both audience and teller are aware of both this chaos and the knowledge that these stories are ineffable and untellable in both discourse and experience (185).

When a story is untellable, it may be easier to substitute it with a similar story. For example, an individual may be unable to express their concerns about an epidemic in a way that is socially appropriate, knowing that even approaching the topic may open them to ridicule, scrutiny, or other stigmatizing actions. Instead, they tell another story—one that is similar to their own concerns but not exactly like theirs. Narratives such as contemporary legends provide opportunities to discuss concerns without directly linking the story, and therefore the stigma, to the individual. Many of the stories

contained in this book are untellable, chaotic, and result in extensive stigma, which is precisely why they need to be discussed. As researchers, we cannot ignore the unpleasant parts of a culture simply because they make us uncomfortable. Instead, we must understand why the discomfort exists in the first place and critically consider the role of stigma in our own lives and stories as well as in the stories we study and tell.