Rendezvous with the Pandemic Survivors: An Analysis of the Spanish Flu in Katherine Anne Porter’s “Pale Horse, Pale Rider” and COVID-19

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Abstract
Laura Spinney, British science journalist and author of Pale Rider: The Spanish Flu of 1918 and How It Changed the World observes that, “The Spanish Flu is remembered personally, not collectively. Not as a historical disaster, but as millions of discreet, private tragedies.” The pandemic of 1918 was not memorialized like World War I which supervened at the same time as the Spanish Flu. It was soon relegated in public memory as the world emerged from the throes of the nightmarish war. Almost a century later, the world finds itself in the grip of yet another pandemic, the COVID-19. Similar situations of patients with multiple complex symptoms, heaving hospitals, shortage of doctors and nurses, scenes of patients left unattended, dealing with the guilt of infecting their family and friends and struggling to survive paints an apocalyptic scenario. This paper tries to explore a parallel among the two pandemics as it witnesses the tragic tale of a survivor of the Spanish Influenza in Katherine Anne Porter's autobiographical short novel “Pale Horse, Pale Rider.” The private tragedies of physical deterioration, psychological delusions and social stigmatization also suffered by the COVID-19 survivors have been documented and blazoned all over news and social media. The design behind broadcasting these factual accounts are recognition of the reality of the virus (suspected and labelled fake on many occasions), awareness of the symptoms and understanding of the disease. These hopeful and optimistic narratives of the COVID survivors are a faint ray of hope in these bleak times.

Keywords: COVID-19, Katherine Anne Porter, Psychology, Spanish Flu, Survivor

Introduction

Pandemic and War

“In terms of single events causing major loss of life, it (Spanish Influenza) surpassed the First World War (17 million dead), the Second World War (60 million dead) and possibly both put together. It was the greatest tidal wave of death since the Black Death, perhaps in the whole of human history.” (Spinney, 2017, p. 10) Despite the impact of the Spanish Flu, “WorldCat, the world’s largest library catalogue, currently lists around 80,000 books on the First World War (in more than forty languages), and around 400 on the Spanish flu (in five languages).” (Spinney, 2017, p 255) The unforgettable war remains deep-rooted in the collective memory of the society.
while people are unwilling to recall a pandemic. Memories of war and plague work differently, while war is braced by entities like a victor, a time frame and a hero; pandemics offer “vanquished”, confusing time frames, and no heroes. (Spinney, 2017, p. 257)

**Memory**

Laura Spinney suggests that “Memory is an active process. Details need to be rehearsed to be retained...” (Spinney, 2017, p. 256) And the Spanish Flu of 1918 could not provide concrete information for memory-building considering the uncertainties surrounding the scientific findings concerning the virus and the difficulty in keeping pace with the numbers as a consequence of the downplaying by the countries in the war state. Walter Benjamin believed that in order to be able to make a headway from the horrifying past experiences of the pandemic “public silences” are important. (Spinney, 2017, p. 256) Thus, historians and novelists have relied on discrete individual tragedies to design a collective memory “a living photograph of the Spanish flu.” (Spinney, 2017, p. 259)

**Objective and Methodology**

The objective of the paper is to:

- Explore a parallel among the two pandemics i.e. The COVID-19 and The Spanish Flu (as depicted in Katherine Anne Porter’s autobiographical short novel “Pale Horse, Pale Rider.”)
- Recognize the reality of the virus, awareness of the symptoms and understanding of the diseases
- Present the narratives of the COVID-19 survivors
- Test, whether the past could be used as a model to develop on the on-going COVID-19 situation to help the survivors deal with the situation better

The Methodology adopted in designing the paper is primarily qualitative, narrative, descriptive and analytical. The whole study is situated in the backdrop of analysis of the Spanish Flu, as depicted in Katherine Anne Porter’s autobiographical short novel “Pale Horse, Pale Rider” and analysis of the current scenario of COVID-19. Apart from this, the methodology adopted for this study is based on secondary data collection techniques. The other methodologies adopted in this study are media reports and personal insights developed through diversified study. The paper further applies the past situation of the Spanish Flu (as depicted by Porter) as a model to develop on the on-going COVID-19 situation to help the survivors deal with the situation better.

**Spanish Flu 1918-19**

**Pale Horse Pale Rider**

“Pale Horse, Pale Rider” is a portrayal of the fragmentary recollection of a Katherine Anne Porter, Spanish Flu survivor during 1918-19 when she worked for Rocky Mountain News at Denver. The newspaper had typed her obituary and her family in Texas had started preparing for her funeral given her fast sinking condition. She miraculously escaped death but could not appreciate her existence as the disease left her crippled, feeble and white haired. “Pale Horse, Pale Rider”, from the collection of three short novels also titled as *Pale Horse, Pale Rider*, is autobiographical to a
great extent as it reproduces her suffering. The protagonist Miranda Gay is a twenty-four-year-old reporter working at Blue Mountain News, Denver at the same time when the influenza strikes the city.

**The Perception**

The novel begins with a strange dream, which alludes to the title of the novel, where Miranda is being chased by the pale rider on a horse who is “Death and Devil.” (Porter, 1965, p. 281) She wakes up from the nightmare, unaware of the fact that she has contracted the flu and hears the sound of a gong which welcomes her into the world of the nightmarish war. (Porter, 1965, p. 282) While both the war and the flu equally poison the world at the time, but the war remains more popular among the characters. Adam Barclay, who was a soldier speaks very plainly of the flu calling it a “funny new disease” men at the barracks were dying of. (Porter, 1965, p. 293) In Miranda’s office, her colleagues briefly and airily discuss about the flu. (Porter, 1965, p. 296) Only when Miranda is infected do we see them seriously discussing about the numerous funerals in the day, rushing ambulances at night, and lockdown of the city. (Porter, 1965, p. 312)

**Life, Death, and Loneliness**

Porter deals with Death, Life and Loneliness in her novel. Miranda has already lost many in her family to the “pale rider”, (Porter, 1965, p. 281) the hope for her life is Adam whom she implores not to go for the war. (Porter, 1965, p. 306) The song that she sings “Pale horse, pale rider, done taken my lover away...oh, leave one singer to mourn” (Porter, 1965, p. 316) deals with the themes of death and loneliness that is reflected in Miranda’s life. Yet her will to live is ascertained in her request to her caretaker, “I’m afraid to go to sleep, I may not wake up. Don’t let me go to sleep, Adam.” (Porter, 1965, pp. 314, 315) Being infected with something that could be fatal made her confess her feelings for Adam and value her own life more.

But as she had a near-death experience during her long struggle with the flu, her outlook towards life changed and death seemed more blissful to her. The fashionable Miranda recovered with wasted body and a disorderly mind to a world which Adam was no more a part of. “There was no light, there might never be light again...” she contemplated over the worth of her life. (Porter, 1965, p. 326) She felt cheated as she would now have to take the very journey towards death a second time. (Porter, 1965, p. 327)

**Symptoms**

Spinney and Barry reported many different symptoms of the Spanish Flu that affected the survivors’ physical body and mental condition. In the spring wave, a greater number recovered from the symptoms of ordinary flu and seldom people died unexpectedly. Whereas in August, 1918 deaths surged as situations worsened. (Spinney, 2017, p. 45) Leonide Massine, a great dancer and choreographer was shocked to learn that a great hulk looking policeman who stood in front of the theatre during his performance at London on September 5, 1918 had died of the flu by the next day. (Spinney, 2017, p. 40) Nurses reported loss of teeth and hair, delirium, dizziness, insomnia, loss of hearing or smell, blurred vision, and suicide attempts. (Spinney, 2017, p. 47)

Adam, who initially was a caregiver to Miranda succumbed to the disease much sooner while Miranda defeated the flu after a long fight. (Porter, 1965, p. 292) The first symptoms that Miranda felt were weakness, headaches, loss of sense of smell, hearing, and sight. Later she was unable to get up from the bed, slept for long hours partly conscious of things around her, had sweats and chills, vomiting, dizziness. (Porter, 1965, pp. 309-313) Delirium took over her and she
could hardly differentiate between dreams and reality. In one of these dreams she saw herself leaving on a ship for the jungles (a secret place of death) and waving to her body which was lying on the bed. (Porter, 1965, p. 311) In another dream, she found herself in angry and dangerous woods, where an arrow pierced Adam’s heart after passing through her as she tried to save Adam. She ran from her bed screaming in bewilderment, but soon Adam seized her. (Porter, 1965, p. 317) While in the hospital, she dreamt of Dr. Hildesheim with a dead infant and poison, and woke up running from her bed accusing Hildesheim. She tried to apologize to him later but soon was unconscious again. (Porter, 1965, pp. 321, 322) Her mind was confused as she could not differentiate between dreams and reality.

How the Society Reacts

Social Stigmatization, born from the fear of the uncertain disease becomes common when the whole world is panicking. Many people were scared of being around the victim like was with Roman Rolland, a French writer and pacifist who got sick with the flu and the hotel staff of Lake Geneva refused to help him. (Spinney, 2017, p. 123) In Porter’s novel, Miranda’s landlady the usually friendly Miss Hobbe was horrified when she gathered that Miranda had the flu. She threatened Adam to throw Miranda on the sidewalks if the ambulance did not come for her soon as she posed threat to the whole house. (Porter, 1965, pp. 310, 311)

Other people volunteered to help beside the risk and the fear. Psychologists explain this “collective resilience” (Spinney, 2017, p. 123) as a result of people identifying themselves as members of a group facing a disaster which is a form of “selfishness based on a broader definition of self.” (Spinney, 2017, p. 124) Daniel Defoe describes how people helped the victims of 1665 plague in London by giving them food from a distance. (Spinney, 2017, p. 123) Adam, who took upon himself to care for Miranda, convinced Miss. Hobbe. (Porter, 1965, p. 311) Bill, the City Editor at Miranda’s office gave her instructions, promised a doctor, nurse, ambulance and hospital. (Porter, 1965, p. 310) After Miranda recovered Chuck and Mary visited her in the hospital, brought her flowers, letters from her well-wishers, and accompanied her home.

Survivor’s Guilt

“Survivor’s guilt” has been explained as the feeling of the people who lived with the fact that their loved ones had died, like the grief of parents who outlived their children. Victims of the pandemic also deal with fear and guilt of infecting their loved ones. Miranda is happy to see Adam beside her during her tough times but she fears for him and reminds him twice to open the windows and sit near them to get some fresh air as he was “running a risk.” (Porter, 1965, pp. 312, 315)

COVID-19 Survivors

COVID-19 has created an alarming situation as it is a novel disease, not much is known about it, and no cure has been found. Exposing the virus might take longer, but the explosion will not stop while we are at it. So, it is best to be protected from being infected by the virus since researchers are not completely aware of its effects on the human body. Severe symptoms and fatality are not the only problematic grounds. As there are possibilities of severe damage to the vital body organs during exposure to the virus which may result in long-term or permanent physical problems. (Acharjee, Aug 2020) Even after recovering from the disease it has taken the survivors quite a while to return to their normal lifestyle as many have experienced fatigue, anxiety and depression till much after their recovery. Some survivors have also reported effects on memory and mental sharpness.
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**Casual Attitude of People**

Many survivors have shared their stories on social media and news platforms to promote awareness and seriousness among the public. The survivors below the age of 30 have urged the youngsters to think beyond themselves as no one is invincible, the virus does not discriminate and one might have long term symptoms even after recovering from the disease. (Vulpo, 2020) An ad campaign casting a survivor sharing his critical experience was broadcasted in an attempt to motivate the public to be cautious and guarded.

**Symptoms**

The survivors and the doctors treating the victims in the hospitals have validated many physical and psychiatry symptoms of the COVID-19. Some lucky people were asymptomatic, (Wellford, 2020) while others experienced body aches, fatigue, nausea, breathlessness, loss of sense of taste and smell, sweats, chills, bad memory, unconsciousness for many days, etc. (Mccoy, 2020) Doctors have acknowledged many psychological symptoms like fear of death and loneliness, delirium and confusion in many patients. (McGeorge, 2020) Some survivors have been afraid of sleeping wondering that they would die in sleep, (Morgan, 2020) while others feared loneliness during their long stays at the hospital. (Mccoy, 2020) The hospital experience is alienating for the patients in isolation considering the inadequate human interaction with the doctors covered in protective gears. (Chakraborty, 2020) Jenny Judge, a British forensic psychiatrist strangely heard her dogs talking as if it was something very normal. (Acharjee, 2020) Dwayne Long saw inanimate polar bears from Coca-Cola commercials dancing on his bed. (Brown, 2020) Another survivor got out of bed from a fever induced nightmare thinking he/she had missed the bus on the day of final exam. (Dwyer, 2020) Barry Jones imagined himself at D.C and Chicago, going bike riding with old friends, having barbeque and beer, on a boat and then at work while he was lying on the bed the whole time. (Renault, 2020) Another survivor hallucinated that the nurse was cutting her arms and legs with a saw, she also experienced slow falling and attending her own funeral. (Buder, 2020) Another survivor believed that her husband had died of COVID-19 but he was alive and absolutely fine. (Miller, 2020)

**Survivor’s Guilt**

Victims who were in close proximity with their family in the beginning of the infection or who stayed home for the period of their recovery confess that they felt scared and guilty of being a threat to their family. Sharrarne Morton was scared of infecting her children as they did not have any masks at home when she was infected, but her daughters could not stay away as their mother was in a very bad shape. (DePuyt, 2020) Paul, who had some minor symptoms after coming in contact with an infected colleague, disposed it as common cold. But he understood soon when his father was hospitalized. He regretted not being careful and of unknowingly becoming the reason for his father’s death. (Schuppe, 2020) Doctors and other essential workers are at more risk of infecting their family than other people.

**Social Stigmatization**

Many survivors have also been made to feel guilty as they become victims to social stigma. Neighbours ostracized these families, some were relieved from work and the local shopkeepers refused them supplies. (Mukherjee, 2020) (Lobo, 2020) (Acharjee, 2020) Sometimes even families have been scared and unwilling to take them back, thus 50 survivors in Hyderabad had to be readmitted to the hospitals. (Sadam, 2020)
Conclusion

Hope and Resilience

Inspirational stories gratefully mention supportive family and friends who have helped these survivors recover. Healthcare professionals have also tried to help the patients mentally by assisting them in staying connected to their families through video calls. The survivors encourage people to be brave, fearless, avoid panicking, and donate plasma to help others. (Mukherjee, 2020) They have advised people on following safety measures and how to deal with post recovery symptoms. Survivors have made efforts in rising beyond their own suffering and trauma to help the world deal with COVID-19 with the weapons of hope and resilience.

References


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