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## **Twentieth Century Pandemic Narratives and Mental Health Discourse**

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Twentieth Century Pandemic Narratives and Mental Health Discourse

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A Thesis

Presented to

the Faculty of the College of Arts, Humanities and Social Sciences

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In Partial Fulfillment

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Master of Arts

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by

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August 2021

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Title: Twentieth Century Pandemic Narratives and Mental Health Discourse  
Advisor: Clark Davis  
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### Abstract

This paper utilizes René Girard's theories concerning plague literature to examine twentieth century pandemic novels' engagement with mental health discourses surrounding anxiety and melancholia. Girard argues that plague literature consists of four main elements: contamination, dissipation of differences, doubles, and sacrifice; he also argues that the plague represents violence. In 1918, a plague of influenza killed more people in the United States than all the wars from the twentieth century combined. William Maxwell's *They Came Like Swallows* and Katherine Anne Porter's *Pale Horse, Pale Rider* depict the trauma caused by the 1918 pandemic; Maxwell shows how the 1918 influenza disrupted family dynamics, while Porter describes the psychological and bodily damage the flu causes. Both texts portray characters that experience anxiety and melancholy due to their suffering, illuminating Girard's claim that the plague serves as a metaphor for psychological, familial, and social violence. Further examination of the authors' experiences with the 1918 influenza shows that their fictional depiction of mental health deterioration derives from autobiographical experiences. This paper evaluates the role of memory as a spiritual tool that allows the authors to inform their fiction and possibly engage in psychotherapy. Lastly, this thesis considers the potentiality of modern readers finding comfort by identifying and empathizing with the characters' and authors' psychological, familial, and societal struggles during a pandemic.

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## **Introduction**

When discussing the human experience, it seems impossible to ignore uncontrollable factors, such as the plague or illness, that weave in and out of everyday life, impacting entire societies. Deadly viruses, such as the 1918 influenza, or Spanish flu, ravage the body and mind, take the lives of millions, and leave the remembrance of the violence for the living. This thesis discusses the presence of plague within literature and focuses on three crucial aspects: the role of autobiographical trauma that spills into fictional pandemic texts, the importance of memory as it pertains to the trauma caused by the virus, and the function of narrative as a therapeutic device to give voice to trauma. As this paper dives further into plague trauma literature, discussions about grief, the past, memory, and loss move to the forefront regarding psychological deterioration. I am studying the engagement of 1918 influenza trauma narratives, specifically *Pale Horse*, *Pale Rider* by Katherine Anne Porter and *They Came Like Swallows* by William Maxwell, with mental health discourses regarding anxiety and melancholia. My research examines how Porter and Maxwell potentially utilized forms of psychotherapy during their writing processes to help them recover from their trauma. Finally, I discuss the possibility of contemporary readers engaging in bibliotherapy – the act of reading to treat

mental health issues – when analyzing these texts. Modern readers could find comfort in reading Maxwell's and Porter's fiction due to the similarities between the 1918 influenza and the Coronavirus, or COVID-19, pandemic.

While this project focuses on the interweaving of trauma narratives and the 1918 influenza, it is no secret that the presence of the plague within literature reaches much further back in history. René Girard maps this history, noting its origins in the genres of epic, tragedy, history, and poetry. Girard focuses on early depictions of plague in literature, such as Sophocles' *Oedipus Rex* and Shakespeare's tragedies, and he touches on the idea that the plague serves as a metaphor for societal violence. Using this metaphor, Girard outlines the function of plague within literature: The plague, or epidemic, causes a breakdown within the body and forces human relationships to change; in turn, society disintegrates. Girard explains that "It is human interaction that breaks down, and the entire society gradually collapses" (Girard 835). Girard provides a foundation for discussing the societal mental health fallout during health crises depicted within trauma narratives. He also focuses on the four vital elements of plague literature: dissipation of difference, familial and societal sacrifice, contamination, and doubling (840). According to Girard, plague contaminates a society and collapses societal differences with violence, making one man seem like everyman. The doubling of disintegration within the individual and society reflects the fracture in societal structures and eliminates any sense of difference. The sacrificial element relieves the tension caused by a lack of individual and collective difference; this reminds readers that all living beings succumb to death, which balances and purifies society. By highlighting these four

elements, this article points to the more considerable social consequences of the plague, which serve as the initial points of trauma on the body and the mind evidenced by plague narratives.

Girard emphasizes the plague's metaphorical status in literature, reminding readers of its lack of physical and medical importance. He explains,

Earlier, I said that the plague, as a literary theme, is still alive today, in a world less and less threatened by real bacterial epidemics. This fact looks less surprising now, as we come to realise that the properly medical aspects of the disease never were essential; in themselves, they always played a minor role, serving mostly as a disguise for an even more terrible threat that no science has ever been able to conquer [the dissolution of the social bond]. (Cooke 11; Girard 845)

With this explanation, Girard clarifies that he believes the true danger to society rests with societal collapse; his argument points to a metaphorical experience of the plague that illuminates the breakdown of social interactions. In this thesis, I break away from Girard's argument by focusing on actual disease and illness. While Girard's article begins the conversation about the connections between epidemics, individual narrative, and historical trauma, it falls short of recognizing the violence behind the medical aspects of plague on the body, mind, and collective society. Girard focuses on the symbolic and "psychosociological predicament" that the plague represents: social violence due to a lack of human interaction (845). This thesis utilizes Girard's argument that plague represents violence; however, I break away from his metaphorical lens and replace it with a literal one instead. With this shift, I place focus on the biological, psychological, and societal fallout from the pandemic itself. The prime focus of this thesis falls on influenza's attack on the human mind and body as well as a community.

Girard's article provides a foundation for conversations about plague literature, including narratives that depict the 1918 influenza, such as William Maxwell's *They Came Like Swallows* and Katherine Anne Porter's *Pale Horse, Pale Rider*. Building on the arguments set forth by Girard about the plague as a metaphor and the vital elements of plague literature, Caroline Hovanec and Catherine Belling analyze the significant psychological impact of the trauma experienced within *Swallows* and *Pale Horse*. Hovanec's article examines both Porter's and Maxwell's texts and analyzes the impact of the 1918 influenza on individual bodies and family units. She points out the existence of the hybrid body in *Pale Horse, Pale Rider*; this body vacillates between life and death and takes characteristics from both to form a modern identity (Hovanec 164). Also, this article dives into Maxwell's portrayal of the reconstruction of the family unit due to influenza; in Maxwell's narrative, the matriarch of the family, Elizabeth, falls victim to influenza, which alters the way the family communicates affection and intimacy. Hovanec points to the characters' inability to engage in physical touch, a lack that allows influenza to mark its territory and alter the family. Here, Hovanec's article shows how *They Came Like Swallows* meets two of the vital elements of plague literature: contamination and sacrifice. This article supports Girard's theory of plague as a metaphor for societal collapse because it exemplifies how both narratives reflect the deterioration of psychological wellbeing for the individual and community.

Catherine Belling exemplifies Porter's *Pale Horse, Pale Rider* to illustrate how the 1918 influenza attacked bodies and minds. Belling points to the reflection of trauma in Miranda's memory – the initial experience of violence, the reconstruction of traumatic

memories, and the subsequent remembrance as the foundation for her downward psychological spiral. This article introduces the vital function of memory, which I argue represents another element in plague literature in connecting narrative, pandemic trauma, and historical experiences. With these analyses, Girard's claim that plague symbolizes disintegration moves to the forefront; Belling illustrates this point as she shows the violent psychological impact of the 1918 influenza on a single mind. Belling's article sets the stage for the critical role of memory during the fierce battle between influenza, the mind, and the body.

Building on Belling's discussion, Cheryl Coleman, Kodai Iuchi, and Barbara Burkhardt examine the function of memory concerning trauma in both the characters and the authors. Coleman describes the constant interweaving of the past within Miranda's life. She emphasizes Miranda's inheritance of her family's legacy to romanticize the past and create illusions of chivalric love stories. By manipulating memory this way, Porter creates a family narrative fashioned more like a myth in "Old Mortality," the first story in *Pale Horse, Pale Rider*. Developing on Coleman's assertion that Miranda inherited the impulse to romanticize death, Kodai Iuchi shows the violent consequences of this learned behavior as Miranda faces a near-death experience in "Pale Horse, Pale Rider." Iuchi explains that Miranda's memory of the past – her family's legend of glorifications – directly influences her tendency to wish for death. Coleman and Iuchi uphold Girard's theory that plague represents violence; Miranda's near-death experience attacks her psychological wellbeing and brings her to a violent confrontation with her past. Like Coleman and Iuchi, Barbara Burkhardt, Maxwell's biographer, addresses the vital role of

memory in *They Came Like Swallows*. Burkhardt notes that Maxwell's direct, unembellished writing in *They Came Like Swallows* allows readers to focus on the minute details within the autobiographical scenes. Burkhardt uses Maxwell's interviews to illustrate the omnipresence of his past throughout his life. Both Burkhardt's biography of Maxwell and her collection of his interviews show readers the value of memory within his fiction and life. Burkhardt's findings of Maxwell's psychological and familial fractures from influenza support Girard's claims that the plague emblemizes violence.

Alfred W. Crosby's 1989 book, *America's Forgotten Pandemic*, discusses the 1918 influenza's label as "the forgotten pandemic." He explains that the event faded from the nation's consciousness. Elizabeth Outka expands this conversation when she outlines likely reasons explaining why society forgot the pandemic. Elizabeth Outka considers how the Great War significantly overshadowed the trauma from the 1918 influenza due to their twin-like qualities; she posits that both events inflicted the same trauma – mass death, grief, and isolation. Outka's article and 2019 book discuss that the war and pandemic rivaled each other as the primary source of trauma; the similarity of suffering from both events led to the war overshadowing the virus. Outka's research shows that the literary world responded to the overshadowing effect by producing more war narratives and only a handful of pandemic texts; this resulted in the literary silence about the 1918 influenza. David Davis explains that personal memories within pandemic novels, such as Porter's *Pale Horse* and Maxwell's *Swallows*, blends history and fiction. Davis argues that these novels function as historical artifacts that show the violence of the war and allow readers to sympathize with the characters' suffering. Essentially, Porter's and

Maxwell's use of their memories in their fiction elevates their work; their narratives memorialize the psychological, social, and familial violence from the 1918 influenza. The authors' act of writing their lived trauma helps preserve the cultural memory of the pandemic and fights back against the "forgotten pandemic" phenomenon.

Porter's and Maxwell's recollection of their trauma possibly also serves as a method of psychotherapy. Christopher Marx and Brad Lewis fuse the literary and psychiatric worlds by showing how Maxwell and Porter potentially utilized the narrative model of psychotherapy to cope with their melancholia and anxiety. Marx and colleagues discuss the use of psychotherapy, or the "talking cure," to treat mental health symptoms. He explains the various modes of psychotherapy, including catharsis, metaphor, symbolization, neurocognitive inhibition, and narrative (Marx et al. 2). In this paper, I argue Maxwell and Porter perhaps engaged with the narrative model of psychotherapy to acknowledge and understand their struggles from the 1918 influenza. Brad Lewis highlights the importance of narrative in clinical settings; he notes that narrative provides language to illness and helps clinicians treat patients with mental disorders. Lewis describes how different modes of narrative writing – metaphor, plot, point of view – shed light on mental struggles within the historical moment of the fiction. He explains that authors create narrative identities that consider the ever-changing personal, historical, and social moments. In this fashion, Lewis's book allows readers to analyze *They Came Like Swallows* and *Pale Horse, Pale Rider* while understanding that the characters' trauma speaks to the historical moment of the pandemic. Marx and Lewis help bridge the gap

between fictional narrative and psychiatric diagnosis. Their research blends the literary world with the historical memories from the 1918 pandemic.

With each of my sources building on each other, the conversation about how these personal narratives bleed into psychological discourse remains ongoing. My research allows my readers to see how narratives from a pandemic illuminate collective issues with anxiety and melancholia. Building on work from René Girard, this thesis works to fill the gaps in the literature about the symptoms of melancholia and anxiety found within the novels, the function of memory throughout both texts, and the role of personal narrative in response to mental health deterioration from a pandemic. This thesis project conducts a psychological analysis to understand the characters' and the authors' psychological declines in Porter's *Pale Horse, Pale Rider* and Maxwell's *They Came Like Swallows*. These novels serve as case studies for the authors' plausible use of psychotherapy. Contemporary readers may engage with bibliotherapy, the act of reading to treat mental illnesses, to understand and empathize with the trauma from the 1918 influenza.

Both texts portray the modernist narrative as a tool to give trauma a language. In this thesis, I utilize the phrase "modernist narrative" to describe Porter's and Maxwell's implementation of internal monologues and a stream-of-consciousness narration that emphasizes the details in their ever-changing circumstances due to influenza's attack. In both texts, the modernist literary form provides language to the suffering triggered by the virus and the pandemic. The modernist prose relates to the broader theme of trauma by pointing to the truth within the fiction; it allows readers to dive into the texts to analyze

the authors' lived experiences. This thesis examines the modernist language to understand the trauma at the textual and autobiographical levels. At the textual level, the main characters focus on the minute features of their altered worlds due to the pandemic; they express feelings of apprehension, abjection, and desolation from their losses. A psychological analysis of these emotions sheds light on the vital function of memory. In this thesis, I utilize "memory" to describe the recollection of past experiences and mindsets. The emphasis on memory makes room for a more meaningful conversation about the authors' views on the connection between personal history, present events, and future outcomes. Porter and Maxwell employ modernist narration to show the weaving of the past, grief, and the present; this reveals the spiritual qualities of memory in both the authors' lives and their fiction. I use "spiritual" to describe the inner character and immaterial parts of a memory. More specifically, a memory embodies spiritual qualities when the characters' past experiences represent the authors' lived trauma. Ultimately, I show how *They Came Like Swallows* and *Pale Horse, Pale Rider* serve as mediums to capture the spiritual essence of autobiographical remembrances within and outside of the physical texts.

With this analysis, Porter's and Maxwell's suffering shines through the fiction, allowing readers to see their autobiographical emotions within the texts; here, the worlds of literature and psychology blend. For nearly thirty years, scholars have studied the relationship between the written word and its author. In 1990, Richard Lane et al. studied the Levels of Emotional Awareness Scale (the LEAS) – a test that measures "the ability to use emotion words in a complex and differentiated fashion" (Barchard et al. 586; Lane

et al. 125). In this study, participants utilized emotion words to describe how they and others might feel in response to fictional yet emotionally evocative scenarios. The LEAS comprises six levels, ranked 0 to 5 respectively: cognitions, bodily sensations, action tendencies, single emotions, blends of emotions, and combinations of blends; a higher score indicates an elevated level of emotional awareness (127). Lane created a manual and glossary of emotion words and phrases to aid in the hand-scoring of participants' responses (127). With Lane's glossary, the LEAS combined English and psychology, making room for a multidisciplinary approach to study the human mind; an analysis of the written word allowed researchers to understand a participant's awareness of their own and others' emotions. However, hand-scoring the results proved time consuming, leading to less use of the LEAS.

In 2006, Kimberly Barchard and colleagues created the Program for Open-Ended Scoring (POES) to facilitate the computerized automated scoring of the LEAS (Barchard et al. 588). In 2010, Barchard et al. conducted another study to test the reliability and validity of POES scoring; they found that the POES reports consistent results compared to hand-scoring the LEAS (593). With the POES, Barchard and others allowed research concerning language, specifically emotion words and phrases, and its connection with emotional awareness to thrive. During my undergraduate career, I had the pleasure of working in Dr. Barchard's Interactive Measurement Group, one of the various psychology labs on campus. In the research lab, I studied the POES and the LEAS. With Dr. Barchard's instruction, I learned to hand-score the LEAS while acknowledging the ease, accessibility, and benefits of utilizing the POES. With this experience, I saw how

English and psychology collide and cooperate to inform one another. Barchard et al. explain, “Awareness of emotional experiences is fundamental to individuals’ ability to be self-reflective and to relate harmoniously with others” (592). While developing this thesis, I found myself intrigued with the artistic impulse to use precise emotion words to communicate an understanding of affect. This thesis expounds upon the connection between English and psychology by examining the trauma within Maxwell’s and Porter’s narratives while creating a necessary parallel between autobiographical and fictional depictions of suffering. With the inclusion of memory, a bridge forms between the two parallels, allowing readers to dive into the written language to ultimately analyze the authors’ struggles with anxiety, melancholia, and grief.

Fully to understand these novels’ function in a broader, historical scope, this project also scrutinizes the utility of these texts for society, the authors, and contemporary readers. I emphasize how Porter’s and Maxwell’s use of their memories in their narratives solidifies the cultural memory of the 1918 influenza. The authors’ depictions of the virus and the entire pandemic memorialize the nearly forgotten suffering from the 1918 influenza. Also, this thesis acknowledges the plausibility that the authors engaged with the narrative model of psychotherapy to understand and cope with their trauma from influenza. Lastly, I argue that contemporary readers may utilize bibliotherapy to identify with the characters in these novels and find comfort in the similarities between the depiction of the 1918 influenza and COVID-19. Both authors’ autobiographical experiences confront readers with the harsh reality that genuine trauma and violence constitutes the foundation for these fictional texts. Like the characters, the authors draw

on memory to communicate anxiety and melancholic symptoms of their own experiences. A psychological analysis of the autobiographical trauma allows these narratives to blend fictional and historical memory; this combination elevates the fictional texts to historical artifacts that preserve the memory of the 1918 pandemic. Contemporary readers might empathize with these novels and find therapeutic qualities in reading about a world not so different from their own.

My thesis project contributes to two areas of the ongoing conversation about the connection between mental health discourse and the novels that depict the 1918 influenza. The first is how memory plays a major role in examining pandemic trauma on both textual and historical levels. I argue for the induction of memory as a fifth category in Girard's initial claim about the elements of plague literature. While he identifies four factors: mimetic doubles, sacrifice, contamination, and dissipation of differences, I posit that the role of memory is just as vital as the other four. In the novels, memory acts as a plot device, stalling and pushing the characters forward during their traumatic experiences with influenza. For the authors, memory might function as a coping mechanism that allows them to recollect and relive their trauma and understand the aftermath of the pandemic.

Another conversation I contribute to concentrates on how these novels exemplify the potential use of psychotherapy, which in turn allows contemporary readers to participate in bibliotherapy to empathize with the authors' traumatic experiences with illness. With my addition, these texts function within a cyclical pattern: the experience of trauma, recollection of suffering, preservation of memory, a similar exposure to trauma,

and remembrance. More specifically, this pattern begins with the authors' experience of the trauma and the aftermath of the 1918 pandemic. Then, they recollect their anguish in their literary recitations of their suffering, which provides an understanding and acceptance of their altered lives. Through their memorialization, the cultural memory preserves experiences from the 1918 influenza. Now, contemporary readers experience the trauma of isolation, grief, anxiety, and depression from the COVID-19 pandemic; they may turn to these pandemic texts, searching for identification, solace, and acceptance through the similarities between the two widespread viruses.

Overall, my project's larger implications continue to bridge literature, history, and psychology together with the use of memory via modernist pandemic narratives. This project strives to separate the fictional dramatizations from the foundational autobiographical narratives of trauma to ultimately argue for the importance of the autobiographical element concerning mental health discourse engagement. Most importantly, this thesis explains how literature acts as a window into the individual's soul and society's truth. The literary depictions of anxiety, melancholia, and grief reflect the historical memory of people that viewed the 1918 influenza as the primary source of trauma from the twentieth century. I make use of Porter's and Maxwell's biographies and correspondences to point out one of their shared interest in memory, the past, and the aftermath of traumatic events. Finally, another significant implication I concentrate on stems from the idea that bibliotherapy allows readers to understand an entire society in the throes of trauma from a pandemic.

## **Trauma Transcends Reality and Bleeds into Fiction**

WILLIAM MAXWELL

Maxwell's childhood greatly informed his fiction, particularly his relationships with his parents, older brother, and aunt. Throughout most of his work, these relationships stay true to reality; in *They Came Like Swallows*, Bunny Morison – Maxwell's fictional counterpart – spends most of his time analyzing and navigating life with his family. Maxwell gravitated towards his mother, Blossom, as he was most comfortable around her and shared her interests (Burkhardt, *Conversations* 118). In *Swallows*, Maxwell recreates his relationship with his mother when 10-year-old Bunny prefers spending time with his mother, Elizabeth. Bunny, the book's first narrator, explains his mother's presence makes all experiences – no matter how mundane, such as merely sitting in the library – livelier. Bunny explains, "If his mother was not there . . . nothing was real to [him] – or alive" (Maxwell 11). Bunny's awareness of his mother's influence reflects a more profound knowledge of relationships than most children understand: Relationships, especially familial ones, only last until one or both parties die. Bunny understands that his mother impacts all aspects of his life, even the outwardly uneventful events. Maxwell's use of the term "alive" implies some sort of force behind Elizabeth's presence; this force touches all interactions, memories, and even monotonous

moments between Bunny and Elizabeth. With the use of the word “alive,” Maxwell foreshadows the eventual loss of this force and the subsequent death of all liveliness in his experiences.

By the time Maxwell approached the age of eleven, he had endured enough trauma to inspire his literary world for a lifetime. One particular event stands out to readers and scholars familiar with his work: Blossom Maxwell died of the 1918 influenza when Maxwell was only ten years old; this tragedy serves as the focal point in *They Came Like Swallows*, along with his other well-known works, such as *So Long*, *See You Tomorrow* and *The Folded Leaf*. In *Swallows*, Elizabeth Morison succumbs to influenza just days after giving birth to her third child while her two sons, Bunny and Robert, visit their aunt Clara (133). The novel shifts perspective away from Bunny after his mother’s death; because of this, Maxwell leaves readers wondering about Bunny’s state of mind, or his mental interiority, after Elizabeth dies. However, readers and scholars gain this missing interiority from Maxwell due to his other works where he writes about his mother’s death and provides insight into his literary proxies throughout different life stages. Burkhardt solidifies this truth when she explains, “Through the course of his career, most of the novel’s characters recurred in other situations, under different names. . . . In *They Came Like Swallows*, the author first contemplated his life’s material and explores its possibility in literary art” (Burkhardt, *Literary Life* 78). Maxwell’s semiautobiographical character recurrence under other names can help show readers his interest in analyzing his lived experiences, especially the loss of his mother.

Maxwell's use of his mother's death in his novels ensures that his personal experiences never fully separate themselves from his fiction; subsequently, his work and personal life constantly intertwine in discussions about trauma, literature, and history. However, in a 1981 interview with George Plimpton and John Seabrook for the *Paris Review*, Maxwell acknowledges his fiction is not "true autobiography" (Burkhardt, *Conversations* 54). He also describes his stories as "fragments in which I am a character along with all the others" and "written from a considerable distance" (54). In *They Came Like Swallows*, Maxwell focuses on minute details before the major event of his mother's death; he paints a clear, semiautobiographical picture with his characters' acute attention to the small but influential moments. The use of two children as narrators leads readers to understand Maxwell's fragmentary existence in his semiautobiographical world. From a child's eyes, the loss of a mother might feel like an all-encompassing event that defines a person for the rest of their life. However, Maxwell wrote this novel as he approached his thirties, which gave him twenty years of life experience that added layers to his identity. Maxwell recognizes this when he explains his stories do not "represent an intention to hand over [his] whole life" (54). His mother's death was a significant experience with its own set of consequences and ripples in his life, but it is not a holistic construction of his identity.

In *They Came Like Swallows*, Maxwell's intense attention to the days before losing his mother builds anxiety about the impact of the trauma on the family. Burkhardt notes that the novel foreshadows the inevitable tragedy of Elizabeth's death with several acknowledgments of the epidemic's violence by James Morison, Bunny's father

(Burkhardt, *Literary Life* 66). The constant foreshadowing builds the tension until the breaking point finally arrives: the phone call Aunt Clara receives to notify them of Elizabeth's death (Maxwell 133). Maxwell's placement of Elizabeth's death – more than halfway through the novel – shows readers his focus on the meaning behind the traumatic event. In adulthood, Maxwell underwent psychoanalysis where he focused a great deal on understanding his emotions due to the events in his life, especially his mother's death. In an interview with Burkhardt in 1991, Maxwell discusses the relationship between analysis and creating fiction from reality and explains,

In writing, the effect of analysis is to shift the emphasis from what happened to why it happened, and this inevitably brings the action to a dead stop. I had a hard time breaking myself of the habit of looking for the why. The why is always there, but it should be felt spontaneously, and not be the driving force. (Burkhardt, *Conversations* 116)

In Maxwell's work, especially *They Came Like Swallows*, his autobiographical experiences and fiction blend when he focuses on the buildup and detracts attention from the reason behind his mother's death. With this, readers experience the emotions with the characters when Elizabeth dies, which creates a more significant effect.

#### KATHERINE ANNE PORTER

Similar to Maxwell, Porter's fictional proxy, Miranda Gay, recurs in several of her works, including "Old Mortality," "Pale Horse, Pale Rider," "Holiday," and *Flowering Judas*. Porter and Maxwell belong to a select handful of American writers who depict the 1918 influenza in their work; their inclination to explore their fictional counterparts in multiple texts places them in an even smaller, more specific group. Both

writers share a strong sense of intrigue about the self, human relationships, and hardships, which they replicate in their fiction. Maxwell uses different names for his autobiographical characters, such as Bunny in *Swallows*, but Porter remains consistent in her use of Miranda across her work. The Miranda stories allow readers to gain a clearer insight into Porter's autobiographical experiences that inform her character, including her failed marriage, work as a journalist, and encounters with illnesses.

Porter's *Pale Horse, Pale Rider* follows Miranda as she navigates life from preadolescence into adulthood; the focus on Miranda's personal and mental growth takes center stage throughout each situation she faces. In a letter to historian Alfred W. Crosby Jr., Porter acknowledges the similarities between herself and Miranda in *Pale Horse, Pale Rider* when she describes the novella as "a purely biographical story" (Porter, Katherine Anne to Alfred W. Crosby Jr.). In *The Development of English Biography*, Harold Nicolson defines pure biography as "the truthful and deliberate record of an individual's life written as a work of intelligence" (Nicolson 14). Nicolson originally published his work in 1928 – nearly ten years before Porter wrote *Pale Horse*. Given the amount of time between these events, coupled with Nicolson's notoriety as a politician, biographer, and historian, Porter's description of her novella as "purely" biographical potentially points to her agreement with his definition. If so, Porter acknowledges the importance of weaving factual experiences in her fictional texts.

In 1918, on the heels of World War I, Porter moved to Denver to pursue a journalism career; Miranda Gay reflects Porter's move and change of career in *Pale Horse, Pale Rider* (Porter 145). Soon after her arrival, the deadly influenza epidemic

started wreaking havoc on America. By October, the city of Denver shut down due to the virus taking two lives. In *Katherine Anne Porter: The Life of an Artist*, Darlene Unrue explains that more than sixteen hundred people died, despite the city taking extraordinary precautions (61). As the epidemic surged, Porter fell victim to influenza and needed hospitalization; her trauma from this experience inspired *Pale Horse, Pale Rider*. In the novella, Miranda develops flu symptoms, such as headaches, dizziness, and nausea over the course of several days. Porter accentuates Miranda's psychological turmoil when her symptoms worsen and become emergent as she faces the likelihood of death (Porter 192-199). In a 1965 interview for *McCall's Magazine*, Roy Newquist inquires whether Porter actively tries to find material for her books (Givner 101). In response, Porter emphasizes how writers “really need not to look for material for anything” because they absorb their material through each circumstance in life (101). Porter draws on her own near-death experience from influenza to provide structure and sound to Miranda’s bodily and psychological struggles throughout the text.

Porter’s *Pale Horse, Pale Rider* sheds light on the psychological turmoil an individual experiences due to the 1918 influenza. In a 1963 interview from *Writers at Work: The Paris Review Interviews*, Barbara Thompson asks Porter about events from her life that galvanized her to write (85). In Porter’s response, she admits her near-death experience from influenza motivates her work. She explains, “It just simply divided my life, cut across it like that. So that everything before that was just getting ready, and after that I was in some strange way altered, ready” (85). Porter’s description of the division of her life applies to Miranda in *Pale Horse, Pale Rider*. In the novella’s first story, “Old

Mortality,” Miranda dives into her past and expresses her desire for something more in her future; the story ends with Miranda looking forward to her “own life to come yet, [her] own life now and beyond” (Porter 70). In the novella’s final story, “Pale Horse, Pale Rider,” Porter brings her earlier foreshadowing to fruition with Miranda’s near-death experience from influenza. According to Porter, experiences like her illness are “where the artist begins to work: with the consequences of acts[.] . . . The reverberations [of an event], you might say, the overtones: that is where the artist works” (Givner 88). Porter admits that her interests as an artist rest with the repercussions of her experiences, allowing readers to understand her constant analysis of herself through Miranda, her autobiographical proxy. As an artist, Porter infuses her trauma from her illness and near-death experience into her semiautobiographical heroine; this tactical decision allows readers to dig deeper into the lasting impact Porter’s harrowing experience inflicted on her, which she then analyzed through her fiction.

Much like Maxwell, Porter understands the value of writing what happened instead of focusing on why an event occurred. During her interview with Thompson, she accentuates her point that all experiences are essential and valuable to writers when she says,

But I tell you, nothing is pointless, and nothing is meaningless if the artist will face it. And it’s his business to face it. He hasn’t got the right to sidestep it like that. Human life itself may be almost pure chaos, but the work of the artist – the only thing he’s good for – is to take these handfuls of confusion and disparate things, things that seem to be irreconcilable, and put them together in a frame to give them some kind of shape and meaning. (86)

Because Porter includes her own experiences and emotions from her encounter with influenza, scholars can look to her interviews to understand how she, and perhaps Miranda, felt after facing death. In the same interview with Thompson, Porter admits she felt alienated due to her trauma from influenza, which caused her to encounter issues reentering society afterward (85). Porter incorporates her feelings of alienation to ultimately create meanings from them. From the beginning of Miranda's story in "Old Mortality," her lack of belonging develops because she inherits her family legend of connecting and glorifying the past, death, and beauty. Miranda's family teaches her to romanticize death as it leads to beauty and femininity. As Miranda grows up, she recognizes the violence behind her illusions about the past because she lacks knowledge of true love (Porter 69). With each experience Miranda's feelings of abjection exacerbate until she confronts her tendency to glorify the past, death, and beauty. After this confrontation, Porter leaves readers on an emotional cliff-hanger as Miranda recovers from her near-death experience and leaves the hospital. In her novella, Porter utilizes her sense of othering and weaves it into Miranda's life to create a more significant effect when readers leave her after her recovery from influenza, her loss of love-interest, and her encounter with death.

## **The Literary Deterioration of Physical and Mental States**

### HISTORY OF ANXIETY

Both Maxwell's and Porter's novels shed light on the autobiographical trauma they experienced during the 1918 influenza. To better understand their trauma, readers must acknowledge the historically relevant progression of mental health in the twentieth century. During the nineteenth and twentieth centuries, mental health discourse developed rapidly and changed paths frequently. In 1869, George Beard coined the term "neurasthenia" to serve as a new catch-all diagnosis for disturbances of nervous energy. Medical professionals relied on neurasthenia to explain various symptoms, such as headaches, phobias, fatigue, and insomnia (Horwitz 64). Allan Horwitz tracks the history of anxiety in *Anxiety: A Short History*, an integral book a part of Johns Hopkins "Biographies of Diseases." According to Horwitz, "Beard developed the neurasthenia diagnosis to indicate that the conditions he described were physical, not mental, states. A weakness of the nervous system underlay all . . . symptoms [in] this category" (64). However, Beard's neurasthenia had two significant pitfalls: the first issue rested with the promise of a somatic, or bodily, cause; the second issue pointed to its broad, all-encompassing set of symptoms (70). With these issues on the rise, the turn of the century brought various changes to Beard's neurasthenia; the swift progression of scholarship on

anxiety established the well-respected world of psychiatry readers are familiar with today.

The diagnosis of neurasthenia lost popularity near the beginning of the twentieth century due to its somatic nature, but different theories quickly filled its place. In 1894, Sigmund Freud published an article that argues neurasthenia's broad, all-encompassing set of symptoms provides little use for diagnosticians or patients. Hence, he declares "anxiety-neurosis" should separate from neurasthenia (Freud, "Justification for Detaching" 78). Freud's anxiety-neurosis gathers closely related symptoms, such as "gastrointestinal upset, heart and breathing problems, psychic obsessions, panic, general unease, behavioral compulsions or inhibitions" (79). Freud's list of symptoms, particularly "anxious expectation," served as the fundamental element in the creation of General Anxiety Disorder later in the twentieth century; he describes anxious expectation in his article when he says,

A woman who suffers from anxious expectation will imagine every time her husband coughs, when he has a cold, that he is going to have influenzal pneumonia, and will at once see his funeral in her mind's eye. If when she is coming towards the house she sees two people standing by her front door, she cannot avoid the thought that one of her children has fallen out of the window; if the bell rings, then someone is bringing news of a death, and so on. (79)

While Freud's creation of anxiety neuroses, along with his list of symptoms, descriptions, and examples, served as vital distinctions in psychiatry, his findings were complicated and controversial; he claimed the root of anxiety neuroses rested with sexual causes. Other prominent psychologists and former students of Freud, such as Wilhelm Stekel, Alfred Adler, and Carl Jung, all supported Freud's theory, except his assertion that sexual

causes were the root of anxiety neurosis. For the purposes of this paper, I use “anxiety” in connection with Freud's “anxiety neurosis.” However, my use of the term is in agreement with Stekel, Adler, and Jung in that it is not rooted in sexual causes.

## HISTORY OF DEPRESSION

Like anxiety, the accepted terms and descriptions of depression frequently changed in the nineteenth and early twentieth century. In the late nineteenth century, Emil Kraepelin, a German psychiatrist, created a textbook of vital and foundational categorical classifications of mental health disorders. In his textbook, Kraepelin coined manic-depressive insanity and dementia praecox, separating the conditions into two distinct categories: affective and schizophrenic psychosis, respectively (Ebert and Bär 191). In the eighth edition of Kraepelin’s textbook, published in 1913, he defines manic-depressive insanity as “the whole domain of so-called periodic and circular insanity [and also] simple mania, the greater part of the morbid states termed melancholia and amentia” (Kraepelin 1). Olga Zivanovic and Aleksandra Nedic expand on Kraepelin’s term “amentia” by outlining symptoms of “confusional or delirious insanity . . . and colourings of mood” (Zivanovic and Nedic 16). The broad classification of manic-depressive insanity encompasses most contemporary mood disorders, including major depression (Lawlor 102). While manic-depressive insanity comprises the affective category, dementia praecox forms the schizophrenic psychosis classification. Kraepelin defines dementia praecox as “tangible affection of the brain, probably damage or destruction of cortical cells . . . which was the result of chemical disturbances” (Lehmann and Ban 152).

Kraepelin's categorization of disorders, especially the distinction of affective and schizophrenic psychosis, proved vital and necessary, as contemporary psychiatry still relies on his methodology for classifying disorders (Ebert and Bär 191). Kraepelin's contributions to mental health discourse heavily rely on his controversial opinion that neurology and psychiatry were different and unrelated (Engstrom and Kendler 1192). According to Kraepelin, manic-depressive insanity and dementia praecox derive from somatic or neurological causes, not psychological; this lack of focus on the individual mind influenced other well-known psychiatrists to add their contributions to the terms and descriptions of depressive disorders.

In 1917, Freud published "Mourning and Melancholia," another vital piece in psychiatry and mental health discourse development. Freud argues that depression derives from loss, eliciting two responses: mourning or melancholia (Freud, "Mourning and Melancholia" 243). Unlike Kraepelin, Freud posits that mourning and melancholia arise from psychological – not somatic or neurological – causes. According to Freud, "Mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on" (243). He notes the temporariness of mourning while he asserts melancholia's morbid disposition is more pathological (243). On the other hand, Freud describes melancholia as

profoundly painful dejection, cessation of interest in the outside world, loss of capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, and culminates in a delusional expectation of punishment. (244)

With this definition, Freud also notes that melancholia and mourning are precisely similar, except grief victims do not experience a fall in self-esteem (244). Freud's definition of melancholia paints a milder image in comparison to Kraepelin's institutionalization-ready manic-depressive insanity. Because of this, Freud's psychoanalytic approach grew more common than Kraepelin's in the early twentieth century. Freud's theory made room for more people – not just those who were institutionalized – to receive a diagnosis. Freud's argument set off a widely popular controversy surrounding the origins of mental health disorders. Some believed the Kraepelinian tradition in which somatic or neurological issues cause mental health disorders; others took the Freudian, psychoanalytic route and saw psychological issues as the cause of mental health disorders. The argument of the early twentieth century – somatic or psychological – split the developing world of psychiatry.

A few years later, in 1922, Adolf Meyer published an article that developed a new wave of thinking: The origination of mental health disorders derives from both somatic and psychological issues. Even more so, Meyer explains that the disorders fall in the domain of neuropsychiatry. Meyer explains,

The task is not only the care of paralyzed legs and arms and troublesome nerve growths and brain lesions accompanied by impaired speech and other disorders; it is especially the so-called mental aspect, including the understanding of the person; of that aspect of the person which is likely to guide or misguide public opinion – that which constitutes the moods and morale of the patients, and the willingness and capacity to accept and use assistance, and to develop a real conscience about health. (Meyer 111)

With this explanation, Meyer sets the stage for a more inclusive conversation about the relationship between mind, body, and external stressors that all impact mental health

disorders. Meyer goes on to attribute psychiatric disorders to psychobiological reactions to stress (Paykel 180). Meyer's psychobiological model "furnishes the general science of man and medicine with the simple as well as the detailed methods needed for the study of structures and parts and the study of the patient as an individual" (Meyer 121). Meyer's psychobiological findings resonate with contemporary studies of mental health disorders with the updated biopsychosocial model to understand the interweaving of the world, the mind, and the human body. For the purposes of this paper, I will use the Freudian term "melancholia" to describe the depressive states Maxwell, Porter, and the characters in their novels display; however, my use of the term is with the Meyerian knowledge that melancholic states derive from both neurological and psychological causes.

## THE VIOLENCE OF INFLUENZA: FAMILIAL, PSYCHOLOGICAL, AND SOCIETAL

### Maxwell's *They Came Like Swallows*

Throughout Maxwell's *Swallows*, Bunny and Robert experience anxiety neuroses due to the illness and eventual death of the family's matriarch, Elizabeth. In a 1995 interview, Kay Bonetti asked Maxwell to elaborate on the influence of his maternal loss in his fiction. In his reply, Maxwell explains,

It takes a while before you know how to deal with your material. . . . I would begin with a metaphor, really. The metaphor for *They Came Like Swallows* was a stone thrown into a pond making a circle, and then you throw a second stone and it makes a circle inside the first circle, as it's getting bigger, and then you throw another stone inside those other two. I made the novel on that structure. (Burkhardt, *Conversations* 180)

Maxwell describes a ripple effect, which leaves readers to imagine the center of that ripple: the metaphorical stone in the center of the pond. Maxwell amplifies this metaphor by switching out the rock for a bird and replacing the pond with a sky. The title, *They Came Like Swallows*, originates in W. B. Yeats's 1929 poem "Coole Park." In the poem's third stanza, Yeats writes, "They came like swallows and like swallows went, / And yet a woman's powerful character / Could keep a swallow to its first intent; / And half a dozen in formation there, / That seemed to while upon a compass-point, / found certainty upon the dreaming air" (Yeats lines 17-24). Yeats's third stanza serves as the epigraph to Maxwell's novel. With this strategic move, Maxwell transitions his metaphor about a rock – nonliving and sturdy – in the center of a pond into a woman's character – living, fragile, and temporary due to the inevitability of death. The woman's character remains at the center, serving as the compass for the swallows as they embark on their dance in the sky. Maxwell's decision to incorporate Yeats's poem in the title and epigraph allows readers to understand the particular characteristics of the matriarch in the Morison family: fragile and temporary but always in the center, even after her death. To fully grasp the mental health fallout Bunny and Robert experience, readers must understand Maxwell's characterization of Elizabeth as the family compass – impacting everyone with her presence and absence.

From the beginning of Maxwell's novel, Bunny Morison displays anxious expectation, one of the main symptoms of anxiety. In the first few pages of the text, Bunny enters the kitchen, notices the rain outside, and insists he stay in the house with his mother, Elizabeth. However, Elizabeth reminds him of the temporariness of rain in the

morning and his ability to go outside when the sky clears (Maxwell 9). During this seemingly mundane interaction, the mere image of Elizabeth in the kitchen stirs worry within eight-year-old Bunny. As Bunny narrates the first third of the novel, he reveals, “If his mother were not there to protect him from whatever was unpleasant – from the weather and from Robert and from his father – what would he do?” (9). Right off the bat, Bunny experiences anxious expectation as he interacts with his mother in the kitchen and fears for his quality of life at the thought of her absence. The text goes on to ask, “Whatever would become of him in a world where there was neither warmth nor comfort nor love?” (9). Here, Maxwell foreshadows Elizabeth’s death from the very beginning, bracing readers for the individual collapse of Bunny’s psychological wellbeing. With this scene, readers see the first ripple in Maxwell’s metaphor of his novel; even the thought of Elizabeth’s absence puts Bunny on a grim path filled with mental disturbances.

Bunny’s growing uneasiness develops from the idea of separation from his mother; soon after readers gain insight into this anxiety, he suffers from influenza and must isolate away from her. The doctor forbids Elizabeth to enter Bunny’s room out of safety due to her pregnancy; this forced space disconnects him from the comfort his mother provides – the solace he gains from her presence and motherly affection via physical touch (69). According to Damir Huremović, isolation and uncertainty comprise two significant psychological consequences of social distancing (Huremović 91). He goes on to explain,

Isolation in social distancing can be quite palpable, physical (contact barriers, protective equipment, physical separation by glass or locked doors) and symbolic (separation from loved ones, inability to read facial expressions from masked

faces, feel a human touch on one's skin, inability to make out a human shape underneath protective equipment). (91)

In Bunny's case, his separation from Elizabeth creates physical and symbolic isolation. It seems as if his irrational fear behind his anxious expectation – his mother's absence – comes to fruition with the symbolic isolation he experiences. The physical and emotional distance between mother and son serves as a reminder of René Girard's argument that the plague represents violence, specifically familial violence due to the changed relationship between relatives. Bunny's intrusive anxious expectation foreshadows a future without his mother, and his contraction of influenza forces physical and symbolic isolation. This traumatic, abrupt, and even violent isolation disconnects Bunny from his mother's routine of comfort and affection, changing the family dynamic before Elizabeth's death even occurs.

As soon as Bunny falls victim to influenza, the threat of the contagious and deadly virus takes over the Morison home and threatens the safety of every inhabitant inside. Christy Duan, Howard Linder, and Damir Huremović explore the societal, public, and emotional aspects of pandemics. To understand the impact of a pandemic, such as the 1918 influenza, inflicts on a family unit, one must acknowledge that “the term ‘contagion’ itself has its roots in the Latin word *contagio*, which quite literally means ‘from touch.’ Contagion therefore refers to a process of transmission by touch or contact” (Duan et al. 45). Like most families, the Morison family communicates affection through physical acts of touch. With the contagious aspect of influenza, physical touch turns from safe to dangerous. In one of the most gripping scenes, Elizabeth disregards the doctor's

orders and rushes to Bunny's aid after a swallow enters through his window; she sits "on the edge of Bunny's bed, holding him" (Maxwell 76). Caroline Hovanec points out, "The specter of the Spanish flu lurks behind every moment of family harmony and affection in this novel. Every moment of contact seems fraught with the possibility of transmitting the contagion" (Hovanec 173). Elizabeth comforts Bunny with her touch, but the looming hazard of danger and even death from her touch strikes a chord with readers; it becomes clear that influenza uproots the family's method of communicating affection, turning an act of love into an action filled with danger. Here, another ripple in Maxwell's metaphor for his novel forms: the fracture in the family dynamic. The violence and psychological fallout from this familial fracture multiply as the narration changes from Bunny's perspective into Robert's.

Moving forward with Maxwell's ripple metaphor, Robert experiences familial and psychological turmoil after his mother decides to rush into Bunny's room as he suffers from influenza. To understand Robert's trauma, readers should refer to the doctor's orders that Elizabeth remains away from Bunny for her safety; the doctor emphasized that the rest of Elizabeth's family must keep her out of Bunny's room if she attempts to see him (Maxwell 68). When Elizabeth runs into Bunny's room to comfort him, Robert attempts to remove the swallow from the house, which leaves Elizabeth unattended and allows her to enter Bunny's room without Robert to stop her (76). Immediately after, Robert finds his mother in Bunny's room, he mentally repeats the doctor's orders to keep her out continuously, creating another ripple for Maxwell's metaphor: contagion guilt. In Elizabeth Outka's recently published *Viral Modernism: The Influenza Pandemic and*

*Interwar Literature*, she describes contagion guilt as “guilt . . . [that produces] self-blame and helplessness” (Outka 92). Soon after Elizabeth comforts Bunny, Robert notices, “His mother . . . was tired and she didn’t realize[.] . . . There was a lump in his throat that he couldn’t seem to dispose of. . . . Partly it was all his own fault, because he let his mother into the room where Bunny was” (Maxwell 80). Essentially, the pandemic causes a fracture in the family unit by making communication through physical touch dangerous. The fracture continues when family members, such as thirteen-year-old Robert, experience feelings of immense guilt at the thought of putting their loved ones at risk.

When Robert and Bunny visit their Aunt Clara while their parents travel to Decatur for the birth of the new baby, Robert’s contagion guilt forms into anxiety. He notices a “noisy little bird . . . it reminded him of how he let his mother into the room where Bunny was – a thing he would rather not have remembered” (114). Robert explains that the sight of the bird alerted him of his apprehension, but he still experiences constant idle worry at all other times (114). With this confession, readers see another symptom of anxiety: the presence of worry constantly lurking in the consciousness, even in the background. Robert’s contagion guilt leads to another subsequent break in the family structure. Outka discusses this second fracture to the family unit when she says contagion guilt “damages the family, breaking the sense that they can protect one another from harm and introducing the terrifying possibility that they caused the harm themselves” (Outka, *Viral Modernism* 92). In this sense, influenza represents familial violence in two ways: through contamination via touch and separation via contagion guilt. Hovanec explains both consequences when she says, “the family has been

reconceptualized as contagion network. Influenza does not just break family bonds; it sometimes appropriates those bonds for the spread of illness” (Hovanec 174). The reconfiguration of the family structure creates another ripple for Maxwell’s metaphor and confirms Girard’s theory about plague serving as a metaphor for familial violence.

Robert’s declining mental health creates cracks in the family structure, impacting his psychological wellbeing. Robert’s parents develop influenza around the same time he falls victim to the virus (Maxwell 121-124). During a feverish and restless night, Robert dreams of his mother,

Torn bodily, torn by the roots out of his dream, he sat up in the dark. Some one was shaking him. . . . It was his mother . . . she bent over him in the dark and brushed the hair back from his forehead. . . . If his mother would only stay with him, he would not drop into it immediately and dream that same dream. But he could not ask her to do that. He was too old. Much too old. . . . Without having to tell her, she went to the window and adjusted the shade so that it wouldn’t snap. . . . *You’re not used to sleeping in this room* . . . She came back then, and sat down beside him on the edge of the bed. His head cleared. . . . When he was quite calm inside, he started down. . . . He was not afraid now. His mother was there, and she was not going away just yet. There was no need to hurry. Once he looked back, trying to say good-night to her, but no words came. He had gone too far. There was a great distance between them. At the very bottom, he turned and saw that she was still sitting on the edge of the bed where he had left her. (Maxwell 131-132)

In a 1919 article, Karl Menninger explains that high fevers from influenza caused delirium, a state in which the victim experiences hallucinations and disorientation (Menninger 168). Robert’s delirium state creates another ripple for Maxwell’s metaphor; however, this ripple serves as the first example of psychoses formed from the attack of influenza on a body. In his delirium-induced dream state, Robert gains comfort from the presence and touch of his mother. According to Freud’s psychoanalytic theory, dreams

facilitate the expression of wishes (Freud, *The Interpretation of Dreams* 147). Maxwell underwent psychoanalysis as an adult with Theodor Reik, one of Freud's students. When Burkhardt asked Maxwell for his opinion on Freudian theory, he responded, "it can . . . open up possibilities . . . one ought to try to understand oneself by listening to one's own mind and trying to understand one's dreams" (Burkhardt, *Conversations* 116). With the understanding that Maxwell believed in Freudian theories, readers gain the ability to view Robert's dream with a psychoanalytic lens. In this sense, Robert's dream illuminates his wishes for his mother's recovery, her continued presence in his life, and her ability to comfort him via touch. His desire for his mother's comforting touch brings the threat of contagion back to the spotlight. Hovanec explains, "Affection and physical contact, the signifiers of familial harmony and unity in *Swallows*, . . . seem foreboding and threatening in the context of a pandemic" (Hovanec 172). Robert's dream illuminates the disintegration of the family structure due to their inability to communicate via touch. His unconscious yearning for his mother's touch deepens the trauma the family unit experiences during a pandemic; the absence of familial affection shows the loss of youth Robert and Bunny endure.

Lastly, readers might notice the glaring absence of influenza in Robert's dream. In the dream, Robert's feverishness and discomfort arise from sleeping in a different room rather than illness. This absence plausibly points to another wish Robert's unconscious fulfills: his desire for influenza to have never attacked him or his family. Hovanec discusses the violence of the flu on the family unit when she says, "The dark undercurrent of contagion creeps beneath the appearance of close family ties" (172). When Robert

wakes up, he learns his mother passed away after giving birth (Maxwell 134). At this point, the presence of influenza no longer seems temporary in the children's lives; Elizabeth's death ensures the permanent disintegration of the family dynamic. Robert's wish for his mother's affection via touch fades into the realm of impossibility, ensuring the perpetual presence of influenza – the event of the sickness rather than the contagion itself – in the Morison family. With Robert's anxiety, contagion guilt, delirium, and wishful dream, several new ripples form in Maxwell's metaphor for his novel. Elizabeth's death marks the end of Robert's narration, which leaves readers with a reminder: Elizabeth functions as the family's compass. While narration never returns to Bunny or Robert, readers feel the weight of their conceivable further psychological deterioration after the passing of their mother.

Porter's *Pale Horse, Pale Rider*

While Maxwell's novel portrays the violence the 1918 influenza causes on the family unit, Katherine Anne Porter's *Pale Horse, Pale Rider* explores the psychological trauma influenza produces on a single mind. Like Maxwell, Porter centered her novella around the title *Pale Horse, Pale Rider*, a reference to the four horsemen of the apocalypse from the book of Revelation. In the New Testament's final book, Revelation, "one of the four horsemen of the apocalypse is the pale rider who represents plague" (Outka, *Viral Modernism* 192). With this reference, Katherine Anne Porter immediately introduces a melancholic tone for her novella; she intentionally warns readers of the constant presence of death via plague in her story about Miranda. To solidify this

continuous presence of death, Porter begins the last of her three stories that comprise the novella, aptly named “Pale Horse, Pale Rider,” with a dream where Miranda rides her horse, Graylie, to escape the clutches of a stranger who she calls “Death and the Devil” (Porter 142). The personified Death rides a gray horse and “is no stranger to [Miranda]” (143). With this statement, Miranda emphasizes death’s prominent presence in her life; the figure’s lack of strangeness communicates Miranda’s familiarity with death and all its melancholic qualities. Outka notes, “Such a figure is likely no stranger to the reader either; Porter draws on classic iconography of the Grim Reaper, with his pale face, flapping garments, and bones” (Outka, *Viral Modernism* 55). From the beginning of the narrative, Porter intentionally foreshadows Miranda’s life in 1918 – grim, dysphoric, and filled with plague and death.

Porter sets the stage for the consistent presence of plague and grief in Miranda’s life almost immediately. While Miranda walks with her love interest, Adam, several funeral processions pass by and block their path (Outka, “Wood Coffins” 157). Adam, a soldier in World War I, gets an extension on leave and explains, “the men are dying like flies out there, anyway. This funny new disease” (158). With Adam’s immediate connection between the multiple funerals and the other mass deaths of soldiers, readers gain an understanding of the inescapable grief that comprised 1918. Outka discusses this constant presence of grief from the pandemic when she says, “Porter captures the paradoxical mix of omnipresence and avoidance the pandemic introduced: it’s everywhere, and yet it’s unnamed and either ignored or watched in silence” (Outka, *Viral Modernism* 60). The ubiquitous nature of a pandemic – in this case, influenza –

emphasizes one of Girard's main arguments: Plague represents societal and psychological violence. In this case, Porter illuminates the muted violence behind influenza; the constant communal grief seeps into everyday life, which carries the chance of desensitization and apathy towards the violence and dangers of the virus.

In this scene, Adam highlights more social violence caused by influenza when he says, "the men are dying like flies" (Porter 158). To understand this particular form of societal violence, readers must remember Girard's four vital elements of plague literature: contamination, sacrifice, doubles, and dissipation of difference (Girard 840). Girard argues plague eliminates all social differences due to the virus's ability to attack anyone. Adam's statement highlights the virus's capability of attacking bodies at risk, which shows how certain groups were more vulnerable to infection. Charles Rosenberg, historian of medicine, explains, "Epidemics start at a moment in time, proceed on a stage limited in space and duration, follow a plot line of increasing and revelatory tension, move to a crisis of individual and collective character, then drift toward closure" (Rosenberg 564). Rosenberg posits that epidemics function as "stress tests" that reveal inequities in social values. In this case, soldiers lacked proper tools and space to fight influenza. Historian Carol Byerly confirms this when she explains,

The exigencies of war also thwarted many of the efforts such as crowd mitigation and quarantines to control the epidemic. The influenza epidemic in the U.S. military therefore provides a cautionary tale about the power of war to change the health environment and the power of disease to influence the conduct of war. (Byerly 183)

Adam's statement follows Rosenberg's logic in that it illuminates tension and social inequity in the treatment of infected bodies that are already at risk from their participation

in the war. Also, his statement partially contrasts Girard's theory that plague eliminates differences; in this circumstance, the soldiers experience a heightened sense of danger from the influenza, making them a different and more vulnerable group of people. Porter's deliberate incorporation of Adam's small but powerful comment shows the tension in America; those risking their safety in the war face the risk of death on the frontlines and from contraction of influenza due to their inability to quarantine. Adam's comment points to an exacerbation of inequity in terms of vulnerability; readers could see this as a partial disagreement with Girard's theory that plague dissipates differences due to Porter's display of the fragility of certain bodies at risk. However, Porter upholds Girard's theory in the idea that anyone infected with influenza – soldiers and civilians – fall on the same level of human fragility because the virus still attacks and devastates the body.

Thus far, readers see the melancholic ubiquity of death throughout Porter's narrative and its connections with grief and societal violence. As the novella unfolds, readers notice more psychological trauma connected with death. Miranda shows symptoms of anxiety as she experiences persistent worry about Adam's safety in the war. Hovanec explains, "Even at the peak of good health, however, Adam has already been claimed by death – Miranda cannot even conceive of him surviving the war" (Hovanec 166). Here, readers see Miranda's gradual psychological unraveling due to the consistent presence of death in her life. Miranda goes on to describe Adam as a "monster" (Porter 156). Hovanec explains Miranda's comparison of Adam to a monster when she says, "All bodies in this novel, sick and well, male and female, fragmented and whole, are

potentially hybrid; all are ‘monstrous’ and marked by death” (Hovanec 164). Miranda’s preoccupation with Adam’s inevitable death allows her to avoid the deadly virus moving into Colorado. Her preoccupation symbolizes the silent violence from influenza while enabling the avoidance of her own marked-by-death hybrid body. Soon after her time with Adam, Miranda must confront the truth of her modern hybrid body, existing between life and death, which exacerbates her declining psychological state.

Only a day passes after Miranda’s time with Adam when they see the funeral processions; in that period, Miranda begins the perilous fight – life versus death – within her own body as influenza takes over. Just like Robert in *Swallows*, Miranda experiences delirium from the fever and hallucinates, “Adam transfixed by a flight of . . . singing arrows that struck him in the heart. . . . [He] fell straight back . . . and rose again unwounded and alive” (Porter 191). Miranda watches another set of arrows strike Adam and kill him, but he continues to rise after dying in “a perpetual death and resurrection” (Porter 191). Miranda’s delirium-induced dream brings readers back to Freud’s psychoanalytic theory on dreams. According to Unrue, Porter expressed extreme interest in Freudian theories on dreams. Specifically, Unrue notes that Porter agreed with Freud in his theory that dreams work to “translate unconscious ‘thoughts’ into images or to resolve conflicts, fulfill wishes, and satisfy physical stimuli” (Unrue, *Critical Essays* 80). To better understand the conflict in Miranda’s unconscious, delirious mind, Outka points out the similarities between the arrows in her dream and influenza in her conscious life: invisible, concealed, inhuman, yet still dangerous and deadly (Outka, *Viral Modernism* 62). Here, Miranda’s unconscious mind evokes the fourth horsemen, Death, yet again,

but this time in the form of an arrow. Even with the changed personification, Miranda still witnesses the constant, melancholic presence of Death. However, this time, Death pursues Adam, leaving Miranda with feelings of helplessness and anger out of survivor's guilt (63). With this dream, Miranda experiences symptoms of anxiety and melancholia due to the omnipresence of death and inevitable grief she sees in her future.

Miranda's mental deterioration illuminates her unconscious guilt due to her inability to save Adam from death. Unrue explains how Freud argues that the unconscious mind provides images to resolve mental conflict to ultimately "restore sufficient mental equilibrium so that sleep could continue without tension" (Unrue, *Critical Essays* 81). In her dream, Miranda acknowledges the only way to resolve the tension of survivor's guilt: She must die in place of Adam. While she successfully pinpoints the root cause of her conflict, her resolution never works; the arrows strike her in the heart, and she continues to live (Porter 191). Miranda's dream illustrates the psychological violence influenza inflicts on a person due to her inability to help Adam and her subsequent guilt. Outka confirms this when she says, "It is these very qualities – the unwitting spread, the inability to protect another, the invisible exchange, and the unclear paths of transmission – that produced a sense of nameless, haunting, and hard-to-represent guilt" (Outka, *Viral Modernism* 64). Because Miranda lacks the ability to resolve her conflict, sleep evades her and she "scream[s] terribly" as she wakes up (Porter 191). Miranda finally acknowledges the grim future in front of her through her delirium: Only death relieves the tension caused by the pandemic.

When Miranda finally gets transported to the hospital, her delirium and the deterioration of her mental state only worsen. There, Miranda almost succumbs to influenza while she slips into another delirious stupor. She dreams again of her conflict with death. On the brink of demise, Miranda dreams of a sublime scene where “small waves . . . lapped upon the sad silence and retreated; the grasses flurried before a breeze that made no sound” (Porter 200). Eventually, Miranda’s family joins her blissful landscape vision:

They surrounded her smoothly on silent feet, then turned their entranced faces again towards the sea, and she moved among them easily as a wave among waves. The drifting circle widened, separated, and each figure was alone but not solitary; Miranda, alone too, questioning nothing, desiring nothing, in the quietude of her ecstasy, stayed where she was, eyes fixed on the over-whelming deep sky where it was always morning. (200)

Huremović points out that isolation makes patients more susceptible to neuropsychiatric complications, such as “delirium, anxiety, depression, [and] a sense of hopelessness and despair” (Huremović 95). Interestingly enough, Miranda’s dream lacks just about all the complications in Huremović’s list, apart from delirium. Kodai Iuchi reflects on this lack when he says, “perhaps Porter proposes that romanticizing death is in a way necessary and natural because death is so overwhelmingly awful” (Iuchi 166). In a Freudian sense, Miranda enters another dream to approach death and resolve the conflict she experiences throughout her life. Readers recall the absence of strangeness from Death in her dream that opens the story; perhaps Miranda’s comfort in the face of death represents her familiarity with the grim, melancholic nature of death’s presence. Iuchi goes on to say, “Ultimately, when humanity is faced with the utter horror of death, it necessarily resorts

to such illusions of bliss, despite whatever human will exists beforehand during life” (167). Miranda’s sublime state filled with living people illustrates her reality before influenza attacked her body – death was familiar and even comfortable to live with. This scene, specifically her state of bliss, points to the more significant conflict Miranda expresses at the beginning of the story: She must choose whether her reality consists of living among the dead or if she accepts her demise while others from her dream continue to live.

As Miranda’s mental state deteriorates from influenza and she slips into a delirium-induced state of bliss, she must confront her issues with death. Just when she achieves total comfortability in her dream,

Miranda felt without warning a vague tremor of apprehension, some small flick of distrust in her joy; a thin frost touched the edges of this confident tranquility; something, somebody was missing[.] . . . I have left something unfinished. . . . Where are the dead? . . . At once as if a curtain had fallen, the bright landscape faded, she was alone in a strange stony place of bitter cold, picking her way along a steep path of slippery snow, calling out, Oh, I must go back! (Porter 200-201)

Here, readers notice a symptom of anxiety: the constant existence of apprehension, even in the background. Outka expands on this apprehension when she comments, “As if to remind her readers, though, of the real conditions of the pandemic and its representational challenges, Porter quickly plunges Miranda into a reverse resurrection” (Outka, *Viral Modernism* 67). Finally, Miranda realizes her choice: Continue with life among the presence of the dead or accept death and face the probable future of being forgotten. In this powerful scene, Miranda experiences several emotions, especially excessive worry, when she expresses the need to remember the dead. Hovanec expands on these emotions

when she explains Miranda's "ambivalent [,] contradictory emotions and desires [are] essentially being composed of 'one single motive, the stubborn will to live'" (Hovanec 169). Here, Hovanec sheds light on the complexity of the human mind that fights against the grip of death. Hovanec goes on to say that Miranda's contradictory emotions and her will to live parallel with the characteristics of the virus (169). With Hovanec's comparison of Miranda's dream and the virus, readers gain a clearer image of the silent violence of influenza. This comparison brings one of Girard's four main elements of plague literature – doubles – back to readers' attention. The coupling of Miranda's stubborn will to live and her ease with death doubles the virus's violent destruction on an individual's and a society's existence.

When Miranda's strong will to live prevails, she wakes up after a month of hospitalization. Almost immediately after her return to reality, she experiences mourning and melancholia from the impact of influenza. Hovanec reminds readers of Miranda's hybrid body when she says, "Miranda finds it difficult to perceive her body as anything but fragmented and alien" (168). Indeed, Miranda finds herself in disbelief at the sight of her body parts that look entirely different than her pre-influenza image of herself (Porter 207). Hovanec points out that Miranda feels a disconnection between body and consciousness (Hovanec 168). In this scene, Miranda's abject feelings illuminate symptoms of mourning. In a psychoanalytic sense, Miranda's mourning occurs when she loses her sense of self due to the bodily trauma from influenza. Hovanec confirms this loss of self when she explains, "[She] sees herself as a hybrid, neither fully dead nor fully alive, but with 'one foot in either world'" (170). Miranda's hybrid body represents the

psychological trauma influenza leaves victims with; survivors must mourn for their lost understandings of themselves and attempt to acquaint themselves with the new, abject bodies. In this sense, Porter illustrates how the 1918 influenza caused grief for bodies that transcended the physical realm; Miranda, just like other influenza survivors, must grieve for her previously healthy body on a psychological level.

While Miranda mourns for her loss of self, she also mourns for a physical body she knew and loved: Adam. When she wakes up and learns the war ended, she also learns of Adam's death from influenza. In the last few pages of the novella, Miranda expresses unfamiliarity with the new world and wishes Adam lived (Porter 208). Her mourning turns into melancholia as the permanence of the situation sets in. Outka explains that this scene depicts Miranda's future – her reintegration in a society filled with pain from the aftermath of the pandemic and the war (Outka, *Viral Modernism* 69). Just like Robert and Bunny from Maxwell's *They Came Like Swallows*, Miranda's future includes influenza even after the contagion passes; the effects – loss of herself and Adam, her changed body, and the touch of death she experienced – tie themselves to her life. Huremović expands on these adverse effects when he explains that isolation from a pandemic produces depression and anxiety among patients (Huremović 101). Miranda displays these symptoms with the last two sentences of the novella when she says, “No more war, no more plague, only the dazed silence that follows the ceasing of the heavy guns; noiseless houses with the shades drawn, empty streets, the dead cold light of tomorrow. Now there would be time for everything” (Porter 208). Porter's intentional description of Miranda's bleak future illustrates the individual and collective sense of melancholy. The

senselessness of the pandemic, coupled with the dramatic losses from the war, leaves Miranda and readers with a desolate, forever changed outlook.

## **Recollection in Fiction Leads to Memorialization in History**

### MAXWELL AND MEMORY

Readers lack a complete understanding of the trauma from each novel unless they acknowledge the significant role memory plays for both characters and authors. Maxwell and Porter based their fiction on autobiographical experiences, specifically their experiences of anxiety, mourning, and melancholia they experienced from the 1918 influenza. In pandemic literature, memory operates as a crucial element for authors, characters, and readers. In this section, I argue for the inclusion of memory as the fifth element in Girard's list of vital characteristics of plague literature, along with contagion, dissipation of differences, sacrifice, and doubles. In William Maxwell's case, the recollection of his childhood memories resulted in several minute details in *They Came Like Swallows*. Burkhardt explains that Maxwell's ability to dive into his grief so thoroughly triggered his clear and direct narration in *Swallows*. Maxwell's simple narration led to unembellished sentences that provide a clear focus on the small details of Bunny's life, such as the window seat, patterns in the rug, slight sounds in the house (Burkhardt, *Literary Life* 66-67). She goes on to posit that Maxwell's simple narration style illuminated the notion that "the words he typed on the page were his memories themselves" (66). Of course, it is possible to read *Swallows* without deeper contextualization of Maxwell's childhood memories and trauma. Still, such reading lacks

the enriching experience of a more powerful understanding of the interweaving of autobiographical trauma and fiction. To gather a holistic interpretation and analysis of the uncomplicated, direct narration, readers must understand the characters through the author's eyes and his memories that permeate his fiction.

At the beginning of Bunny's narration, he sits next to Elizabeth in the window seat that faces the side yard and the neighbors' house; here, he notices, "All the lines and surfaces of the room bend toward his mother, so that when he looked at the pattern of the rug he saw it necessarily in relation to the toe of her shoe" (Maxwell 11). Bunny's house and all its small, seemingly meaningless details illicit an emotional connection to his mother; every element in Bunny's sight leads back to Elizabeth's presence in the room with him. The psychology of this scene rests within the reality of Maxwell's memories bleeding into his fiction; the details of the Morison house derive from his childhood home in Lincoln, Illinois (Burkhardt, *Literary Life* 25). In Maxwell's *Ancestors: A Family History*, he elaborates on his house on Ninth Street when he says, "the house was always reassuring. . . . [T]here were traces everywhere of human occupation: building blocks or lead soldiers in the middle of the library floor, [or] a book lying face down on the window seat. . . . Traces of being warm, being comfortable, being cozy together" (Maxwell 191). In the scene from *Swallows*, Maxwell recollects his memories of the human occupation from his family home to describe the scene between Bunny and Elizabeth at the window seat. Slightly different from Maxwell's explanation in *Ancestors*, though, Bunny seems to connect all things back to his mother rather than general familial occupation by any member in the household; he relates the window seat and the pattern

on the rug to his mother's presence, or perhaps with his mother's life. This singularity speaks volumes when readers recall Bunny's apprehension about his mother's potential future demise.

As Bunny sits with his mother, he thinks about how his possessions, such as toy soldiers or marbles, transform into lively crusaders or elephants on the rug. He notes that these imaginative transformations rely on his mother's presence when he says, "If his mother went downtown[,] he might push his marbles around the devious and abrupt pattern of [the] . . . rug for hours, and they would never be anything but marbles" (12). Here, Maxwell's childhood memories from the comfort of his family home blend with Bunny's uneasiness about the consequences of Elizabeth's absence. This interweaving between memories, fiction, and trauma makes room for a deeper analysis of Bunny and perhaps Maxwell. In this scene, Bunny views his mother as the sole contributor to the house's life force and all its inhabitants. The life force Elizabeth creates in *Swallows* represents Maxwell's autobiographical experience of comfortability and coziness from human occupation in his childhood home. The mixture of memory and fiction in relation to home, comfortability, and life brings Hovanec's points about family harmony back to the forefront. Hovanec explains how the Morison family, like most families, expresses love and affection via touch; when this act of harmony turns dangerous with the 1918 influenza, the family structure deteriorates (Hovanec 173). While this scene lacks physical contact, Bunny and Elizabeth occupy the same space – the window seat – as Bunny contemplates how his mother metaphorically touches all aspects of the home and his lively imagination. With Elizabeth's death, Bunny – along with Robert and their

father, James, and all their possessions – may experience a permanent lack of harmony due to their inability to communicate love to Elizabeth. Also, they could feasibly experience a metaphorical death as everything that connects to Elizabeth – the window seat, rug, sewing kit, dishes, etc. – lacks the life she once brought to it. Readers can only hypothesize about these consequences in Bunny’s case as narration never returns to him. However, because Maxwell infused his memories so thoroughly in *Swallows*, readers might look to his experiences after his mother, Blossom Maxwell, died from the 1918 influenza.

Maxwell’s precise recollection of autobiographical memories in *They Came Like Swallows* creates a direct line between fiction and reality, with memory serving as the bridge. According to Maxwell, “the shine went out of everything” the moment he learned of his mother’s death (Burkhardt, *Literary Life* 22). The shine Maxwell refers to potentially represents the life force Elizabeth creates in *Swallows*. With this logic, readers can assume Bunny experienced a symbolic death just as Maxwell did when his mother died. Maxwell’s memory of his traumatic loss and his subsequent feelings of lacking shine provide context to Bunny’s and Robert’s symptoms of mental health decline. Their mental fractures, or ripples, represent Maxwell’s suffering from Blossom’s death and his intense recollection of the memories that led up to her death. In this sense, the characters’ mental deterioration – excessive worry, contagion guilt, mourning, and melancholia – all derive from Maxwell’s memory of the trauma of losing his mother. Burkhardt notes that Blossom’s death led to Maxwell’s realization “that happiness is fragile, that no one is safe” (22). Indeed, Maxwell illustrates happiness as fragile and fleeting in *Swallows* as

Elizabeth's two sons grapple with her imminent death. Maxwell's memories of his psychological turmoil influenced his characters' trauma in *They Came Like Swallows*; his depiction of reality through fiction allows readers to acknowledge the constant conversation between memories of the past, trauma, and narrative.

A further inspection into Maxwell's memory of his past illuminates his initial inclination to write about his trauma. In a 1994 interview, when Maxwell was in his mid-eighties, David Stanton asked him how writing fiction altered his view of memory.

Maxwell explained,

I sometimes wonder if I skipped what is referred to as infant amnesia – that is to say, the point when children of five or six forget nearly everything that happened to them and start all over again. . . . Within the last two or three years the quality of my remembering seems to have changed, and it is as if the past and present were all one, that the past is present; and I do not simply remember something that happened long ago but am living it. For example, soon after my mother died, I stopped being able to remember her face clearly, and now it has come back to me. (Burkhardt, *Conversations* 155)

Maxwell's admission of his initial inability to recall his mother's face provides readers with a greater, more sympathetic view of his lifelong literary analysis of his mother's death. His constant scrutiny of his mother's death allowed him to keep her alive for the time being, at least until the inevitable scene in which the characters learn of the maternal demise. Maxwell takes the idea of keeping his mother alive a step further when he adapted characteristics from his mother and subsequently wrote his characters, Bunny and Elizabeth, to carry those traits. Maxwell elaborated on this in a 1999 interview for *Economist* magazine when he said, "I couldn't bear to part with my mother so I took on aspects of her personality. . . . So she's not dead. She's sitting right here" (204). Edward

Hirsch noted that Maxwell's "maternal loss was so traumatic and intolerable . . . that his memory – supplemented by his imagination – set out to defy it" (194). Perhaps, in this fashion, Bunny's anxiety about the prospect of life without his mother, followed by his lack of narration after Elizabeth dies, speaks to Maxwell's unwillingness to let her go. With this rationale, Maxwell lives in a state like Miranda from Porter's *Pale Horse, Pale Rider*: a modern, hybrid sense of reality in which traits from the living and the dead coexist. Maxwell replicates his melancholic and anxious existence in his literary depiction of mental health deterioration, specifically in his characterization of Bunny and Robert; this parallel shows how he and his characters in *Swallows* exist in the space between life and death.

Maxwell's memories bleed into his fiction and provide readers with a more insightful understanding of his trauma narrative. When knowledgeable readers analyze the characters' declining mental health and familial violence in *They Came Like Swallows*, they also enter a conversation about Maxwell's traumatic past and his inclination to write about his own memories for the majority of his literary career. Maxwell's style interweaves fiction, memory, and mental health, which blurs the lines between recollection and imagination. Also, his style makes room for a conversation about his tendency to dwell in memories of the past. In a 1991 interview with Burkhardt, Maxwell explained, "if you live long enough the past rises up and becomes a part of the present; it is all one thing, enormously interesting to the mind" (107). The blending of past and present within Maxwell's life informed his fiction, especially in the case of *They Came Like Swallows*, to create well-rounded, realistic characters who experience trauma,

such as Bunny and Robert. Maxwell elaborated on his views about the past in a 1996 interview with Hirsch when he explained, “I don’t miss this past because I am never separated from it” (197). With this admission, Maxwell elevates the longstanding impact of *They Came Like Swallows* by showing the significance of his past inside and outside of the novel. More specifically, he reveals that all his emotions from his traumatic past – grief, melancholia, anxiety – still exist in his life and other novels.

#### PORTER AND MEMORY

In the same fashion as Maxwell, Porter’s *Pale Horse, Pale Rider* illuminates the spiritual quality of memory from the past. In the first of Porter’s three stories that comprise *Pale Horse*, “Old Mortality,” young Miranda Gay navigates childhood while learning and understanding her family history. At the beginning of the story, memories of the past insert themselves into the lives of eight-year-old Miranda and her twelve-year-old sister Maria, both of whom “knew they were young, though they felt they had lived a long time. They had lived not only their own years; but their memories, it seemed to them, began years before they were born, in the lives of the grown-ups around them” (Porter 4). Right away, Porter characterizes Miranda as someone who envelopes the past, showing the prevalence of memories – even distant familial ones – in her Miranda stories. The memories Miranda and Maria feel they experienced before their birth surround their deceased Aunt Amy and the family legacy. Miranda narrates, “Aunt Amy belonged to the world of poetry. The romance of Uncle Gabriel’s long, unrewarded love for her, her early death, was such a story as one found in old books: unworldly books, but

true” (10). As the girls grow up, their living family members, such as their father, Harry, frequently describe Amy as beautiful and charming – the epitome of femininity (4). Eventually, Miranda notices that her family’s stories about the past, most notably about her Aunt Amy and other deceased family members, lack “worldly considerations” due to their extreme idealization of women as beautiful, tragic creatures and men as heroic knights (6). The family’s tendency to romanticize every person and relationship creates an inner struggle for Miranda while she matures.

Throughout her upbringing, Miranda faces the fact that her memories of the past lack a foundation of truth. According to Janis Stout, Miranda’s family legacy of idealization portrays the “serious problem of memory, fantasy, and truth” that follows her (Coleman 235; Stout 267). To fully understand the anxiety, melancholia, and mourning Miranda suffers in the final story of the novella, “Pale Horse, Pale Rider,” readers must acknowledge the context surrounding her detrimental inclination to romanticize love and tragic young death. Miranda’s tendency to mix fantasy and reality concerning the past begins in “Old Mortality.” Iuchi points to Miranda’s family as the source for these glorifications when he says her “family . . . encourages . . . preoccupations [with death]” as they “romanticize and sentimentalize death and the past to an extent or with a self-indulgence that Miranda at first can only find somewhat disturbing or desolate” (Iuchi 154). Miranda’s feelings of disturbance arise when she notes how her grandmother routinely spends entire days crying over Aunt Amy’s things and romanticizing her beauty in death several years after her demise (Porter 6). Iuchi goes on to explain the temporary quality of Miranda’s discomfort; she and her sister eventually “shed their initial

‘melancholy’” for the dead and fully believe in their Aunt Amy’s unattainable perfection (Iuchi 155). In a span of only a few pages, Porter displays the inherited legacy of the Gay family – the dangerous glorification and connection between the past, death, and beauty.

Porter’s decision to begin the narrative with Miranda’s mental assimilation to her family’s legacy pushes readers to notice the vital role of the past throughout Miranda’s journey. Cheryl Coleman discusses the importance of Porter’s characterization of Miranda:

Porter would certainly want readers (and Miranda) to believe that there are fragments of truth in . . . the family’s . . . memories and myths, but it is unreasonable and foolish of Miranda to expect to find absolute truth in either version or for the reader to expect Miranda to reach a point of objective reality and total clarity about the past, present, or future. (Coleman 244)

Here, Coleman illuminates the ultimate struggle for Miranda in “Pale Horse, Pale Rider” as she navigates adulthood: her disillusion due to her inability to rely on her memories and her learned habit of mythologizing the past. Miranda leaves her childhood with the realization that she lacks true knowledge of love because of her assimilation into her family’s legacy of romanticization (Porter 69). Miranda’s “mind closed stubbornly against remembering, not the past but the legend of the past” (70). Porter ends “Old Mortality” with Miranda’s resolve to forge a new path to avoid the romanticization of her memories; she promises herself that her future will differ from the rest of her family’s (70). Here, Porter illustrates the interweaving of memory, the past, and the future; Miranda’s resolve leaves readers wondering whether one carries the ability to separate the past from the future.

In “Pale Horse, Pale Rider,” Miranda’s glorification of the past contributes to her mental health decline as she navigates adulthood during wartime and the onslaught of influenza. With the context from “Old Mortality,” Miranda’s psychological unfolding in “Pale Horse” becomes less reactionary to her trauma and more related to her relationship with the past. For instance, Miranda’s delirium-induced dreams shed light on her learned romanticization of death. In her dream, she witnesses arrows strike Adam and kill him repeatedly, and she responds by attempting to sacrifice herself in place of Adam. In the chaos of Adam’s perpetual death, Miranda “threw herself before him, angrily and selfishly she interposed between him and the track of the arrow, crying, No, no like a child cheated in a game, It’s my turn now, why must you always be the one to die?” (Porter 191). While Outka perceives this scene as an example of survivor’s guilt, Iuchi takes a different stance: Miranda’s desire to die shows the influence of her childhood memories – her family’s glorification of death – in her unconscious mind (Iuchi 163). According to Iuchi, “[Miranda] . . . does not want to end up as the Uncle Gabriel figure, left alive to mourn over the loss of a beautiful lover – she would much rather be the Aunt Amy, eternally young in death” (163). With this interpretation, Miranda’s memories of the past influence her unconscious mind and make her decision to step in front of the arrows seem less heroic and more self-serving. In a Freudian sense, Miranda’s dream facilitates her wish for death that she formed at the age of eight due to her upbringing; despite Miranda’s resolve to distance herself from the past, her unconscious mind proves a constant interweaving of memories, history, and future. With the context from “Old

Mortality,” readers see Miranda’s melancholic desire for death as the preservation of her family’s legacy to mythologize love and young death.

Porter emphasizes the importance of memory concerning Miranda’s mental spiral during her delirium-induced dream at the hospital. Throughout Miranda’s near-death experience, her unconscious mind forces her to confront her inherited longing for death. David Davis examines Porter’s methodology of incorporating trauma into her novella, specifically Miranda’s dreams; he notices she immerses a sequence of “remembering and forgetting into the text’s language and structure” (Davis 58). Porter shows readers the constant entwining of memory, history, and the present day with this composition. In Miranda’s dream, she faces the fluidity of temporality as her past and present blend in one vision; she describes her dream as

Oblivion, thought Miranda, her mind feeling among her memories of words she had been taught to describe the unseen, the unknowable, is a whirlpool of gray water turning upon itself for all eternity. . . . She lay on a narrow ledge over a pit that she knew to be bottomless, though she could not comprehend it; the ledge was her childhood dream of danger, and she strained back against a reassuring wall of granite at her shoulders, staring into the pit, thinking, There it is, there it is at last, it is very simple; and soft carefully shaped words like oblivion and eternity are curtains hung before nothing at all. I shall not know when it happens, I shall not feel or remember, why can’t I consent now, I am lost, there is no hope for me. Look, she told herself, there it is, there is death and there is nothing to fear. But she could not consent, still shrinking against the granite wall that was her childhood dream of safety, breathing slowly for fear of squandering breath, saying desperately, Look don’t be afraid, it is nothing, it is only eternity. (Porter 198-199)

Here, Miranda explains that the ledge represents danger while the granite wall symbolizes safety; the threat of the ledge points to its pit that leads to eternity and oblivion. As Miranda physically nears death in the hospital, readers see that the eternity

in her dream stands for death, leaving the wall of safety to signify life. Miranda's admittance that the ledge and the wall derive from her childhood brings memory to the scene's forefront. Her memory of the past – the family legacy she vowed to leave behind – still weaves itself in her present circumstance. Mentally, Miranda exists between the two tangible items; spiritually, she lives between the modalities of life and death. With the blending of the physical, spiritual, and mental realms in this fashion, Porter "implies that Miranda is ignorant for thinking she can possibly reject her inherited attributes and face death unmediated by easeful glorifications." (Iuchi 166). Miranda remains arrested in her development between the ledge and wall, which reminds readers of Hovanec's concept of the hybrid body that wavers between life and death. Miranda's unconscious mind takes advantage of memory to ultimately force Miranda to address her hybrid existence in her dream and reality.

While Miranda slips deeper into the dream – closer to death – her memory and awareness of pain allow her to decipher between reality and illusion. As she contemplates her existence between safety and oblivion, Miranda suddenly loses her sight, hearing, and voice during her mental and physical battle with influenza. She stops oscillating between emotions of fear and safety and falls into an existence that is "withdrawn from all human concerns, yet alive with a peculiar lucidity and coherence" (Porter 199). As pain and all other anxieties fade, Miranda notices one reminder of life: "a minute fiercely burning particle of being . . . that relies upon nothing beyond itself for its strength" (199). She goes on to describe this particle as "not susceptible to any appeal or inducement, being itself composed entirely of one single motive, the stubborn will to live" (199). Miranda

begins to move toward oblivion, which readers see with the loss of her sensations, but a tiny particle in her body stubbornly holds onto life. In a sense, the small particle attempts to decide – life or death – for Miranda by willing her body to stay alive. However, Porter clarifies that Miranda must ultimately choose to live because Miranda only sinks further into the dream. Miranda loses all sense of reality as her dream changes to the serene setting with her living family members nearby. Before Miranda enters eternity in this peaceful oblivion, though, she finally remembers the missing piece from her dream: the dead; this realization forewarns her of the danger of permanence unless she fights (201). With this inclination to return to the world of the living – a world filled with melancholia, mourning, and death – Miranda chooses life. This choice brings her back to reality, where she feels “a terrible compelling pain running through her veins like heavy fire” (201). By remembering and yearning for her life, even the grim parts filled with the presence of death and pain, Miranda breaks the cycle she inherited from her family; she no longer desires death because she had a choice to die and fought against it. Iuchi notes that Miranda “renounces her illusory reveries of the past and her disavowing blindness toward the present” (Iuchi 167). Porter utilizes memory to free Miranda of her lifelong struggle with her romantic illusions and subsequent existence in between life and death.

Porter’s use of memory surpasses beyond the pages of the novella when readers remember her narrative stems from factual experiences. In a 1969 interview with John Dorsey, Porter revealed the dream sequence in the hospital was entirely factual (Givner 139). In fact, in her interview with Barbara Thompson, Porter famously said her dream experience was “what the Christians call the ‘beatific vision,’ and the Greeks called the

‘happy day,’ the happy vision just before death” (85). Porter’s lived trauma saturates her fiction to such an extent that imagination and reality seem blurred at times. Catherine Belling touches on Porter’s reality in her fiction when she says, “Patients who survived the flu were changed by it. Not only did waking from fever mean waking to a new world, but for many it meant waking as a changed person. For . . . Porter, it quite possibly meant waking as a writer” (Belling 56). Belling continues to discuss Porter’s artistic awakening when she describes Porter as “articulate . . . and unafraid” in her portrayal of memories, psychological deterioration, and near-death experience in her fiction. Porter’s memories of her mental fracture and near-death experience from influenza spill into her narrative, allowing readers to understand the foundation of lived trauma in the fiction.

Porter’s brush with death remains the most memorable piece of her autobiographical experiences in her novella. Still, another personal memory served as a major influence: the death of her love interest, Alexander Barclay. Davis points out that Porter dated Alexander, a soldier, during her bout with influenza (Davis 51). Porter confirmed that Alexander was “the Adam of my World War I story” (Givner 128). Porter adds a layer of knowledge to her narrative; the fiction contains a foundational truth in a psychological break as well as mourning for a loved one. During her interview with Dorsey, Porter describes Alexander as “patient . . . [during] those nights when I was sick and delirious” (140). Immediately, readers notice similarities between Porter’s Alexander and Miranda’s Adam. Just like Alexander, Adam cares for Miranda and stays with her before she takes a turn for the worse and heads to the hospital (Porter 191). When Porter awoke from her “beatific vision,” she learned of his death, a loss “no one seems to think

that was important and it was one of the most important and terrible things that ever happened to me” (Givner 140). With this context, readers understand Miranda’s anxiety about Adam’s death with a more holistic and sympathetic understanding of Porter’s autobiographical loss. Adam’s inevitable death feels more personal as it stems from Porter’s grief for the man she loved and trusted.

Porter’s romantic loss also possibly influenced the Gay family legend of illusory views of death, the past, and love. Porter continued her discussion with Dorsey about Alexander’s death when she said,

I remember saying to a Spaniard in Mexico once that Alexander was the only man I could have ever spent my life with. And he replied, ‘Just think, now he can never disappoint you.’ And I suppose if there is anything at all good about it, that’s it, but it does seem an awfully high price to pay to keep one’s illusions[.] (140)

With this information, Miranda’s struggle between life and death due to her inheritance of romanticization seems much more rooted in reality than readers initially might think. In addition, Porter’s anecdote opens the door to the reasonability that Miranda’s Uncle Gabriel glorifies Aunt Amy in the same fashion as Porter did for Alexander. Ultimately, memory – personal and fictional – provides a backdrop for Porter’s narrative by weaving reality, history, the past, and the present together.

## CULTURAL MEMORY

Up until this point, I have discussed the importance of memory as a plot device to push and stall the characters’ progression in Maxwell’s *Swallows* and Porter’s *Pale*

*Horse*. I have also provided context into the authors' pasts to show how their autobiographical memories inspired their fiction. This section explores the significance of the connection between Porter's and Maxwell's pandemic narratives to cultural memory. In the literary world, the 1918 influenza all but disappeared from the public discourse after World War I ended. In *America's Forgotten Pandemic: The Influenza of 1918*, Alfred W. Crosby puts the phenomenon of forgetting in perspective when he points out that the 1918 influenza caused more American deaths in ten months than all the twentieth century wars combined (Crosby 207). Even with the statistical evidence of mass destruction, the 1918 influenza slipped out of the nation's consciousness as it only maintained the memory of the Great War (Burkhardt, *Literary Life* 77). In the literary world, the presence of literature surrounding the 1918 influenza was scarce; Maxwell's *They Came Like Swallows* and Porter's *Pale Horse, Pale Rider* comprise two of only a handful of narratives about the virus. Both authors waited until the 1930s to write and publish their narratives, which illuminates the overwhelming lack of American literature surrounding the pandemic in the decade following its attack.

While limited literature involving the 1918 pandemic existed, war narratives arrived in abundance. Outka makes an argument that the "neglect of the pandemic arises . . . not because it was insignificant but because it became the shadowed twin to the war, a disaster as unprecedented in its casualties and in its suffering as the war, yet at times locked into a paradoxical relation with it" (Outka, "Wood Coffins" 938). With this, Outka points to the consequences of these tragedies: the duality of loss, mourning, and psychological turmoil because of mass violence and deaths. Outka postulates the 1918

influenza “became a suspect rival to the ‘real’ trauma of the Great War and (paradoxically) a loss too great to assimilate” (938). The pandemic’s historical position coincides with the war’s end, which created this paradoxical relationship between the two significant events. As society grappled with the end of the war, the additional twin-like suffering from influenza overwhelmed an entire culture, which led the 1918 influenza to fall under the shadow of the war. Because the war and influenza disrupted society in similar ways, such as the mass deaths, forced separation, and the omnipresence of mourning, their traumas mirrored one another. This twin-like quality of trauma allowed one event – the war – to overshadow the other – the pandemic. Despite this overshadowing, the cultural memory still preserves trauma from both occasions due to the mirrored suffering. The war’s overshadowing of the pandemic resulted in the literary silence of influenza narratives while opening the door to copious war narratives. Outka explains, “Flu deaths were in part drowned out by war deaths, but also in part subsumed into the vast work of mourning that marks the postwar period and modernism itself” (938). Essentially, war fiction still encompasses society’s grief from the wrath of influenza due to the twin-like qualities of the trauma from both the war and the pandemic.

While the trauma itself remains in the cultural memory due to its presence in war literature, the specific root causes of pain from both events blend, which eventually led to the phenomenon of the “forgotten pandemic.” War narratives illustrate grief, death, and melancholia, but they neglect to point exclusively to the pandemic as a source for the psychological, familial, and social fractures in general wellbeing. Maxwell and Porter push back against this issue with their autobiographical memories infused within their

pandemic narratives. In Maxwell's *Swallows*, the pandemic serves as the main event in the Morison household. At the same time, the war remains in the family's awareness but as a secondary and less meaningful event. Outka elaborates on this dynamic shift when she says Maxwell's narrative "captures how, in families made up entirely of noncombatants (often families with younger children), the pandemic could become the dominant tragedy, with the war a background event that might even offer comfort" (Outka, *Viral Modernism* 88). Indeed, the pandemic shines as the prevailing tragedy in Maxwell's novel, with Bunny and Robert narrating their anxiety and melancholia in the days leading up to their mother's death. The mere existence of Maxwell's narrative preserves the literary and cultural reality of families that viewed the pandemic as the primary tragedy.

When Maxwell published his book in 1937, Geoffrey West from *The Literary Times Supplement* critiqued the first two-thirds of the text because the children's narration created a pathos that is "dangerously near sentimentality" (West 607). West explained that the sections narrated by Bunny and Robert increase the "pathetic effect of a given situation" but ultimately lack an objective lens. In a 1985 interview with Geoffrey Stokes, Maxwell discussed his decision to have young narrators when he said, "I think small children understand life better than anyone else, because there is nothing between them and it, no rationalization or second hand ideas of what they ought to think and feel" (Burkhardt, *Conversations* 91). The subjectivity from Bunny's and Robert's narration derives from Maxwell's own suffering from the loss of his mother; Maxwell recollected his suffering and weaved it into the trauma Bunny and Robert experience. Because

Maxwell interpolates his memories of mental health decline into the text, the subjective sentimentality reminds readers that some families – the Maxwells and their fictional counterparts, the Morisons – suffered primarily from influenza. While West claims the narration from the eyes of a child lacks “effectiveness,” I argue it shows how subjective trauma speaks to a collective experience. The first two-thirds of the novel illuminate views from an underrepresented community in the literary world: the families that experienced the pandemic as the dominant tragedy of the twentieth century. Maxwell recollects his autobiographical trauma in Bunny’s and Robert’s narration; this solidifies the cultural remembrance of families, like the Maxwells, that suffered from trauma caused primarily by the pandemic.

Analogous to Maxwell, Porter incorporates her memories in *Pale Horse*, which provides readers with an image of not only Miranda’s suffering but Porter’s trauma as well. While Maxwell’s fiction sheds light on the families and communities that viewed the 1918 influenza as the dominant tragedy, Porter’s novella solidifies the cultural remembrance of individual psychological and somatic suffering from the virus. Brooker explains the significance behind Porter’s title allusion to the four horsemen of the apocalypse and its connection to cultural memory:

Through her title allusion to the four horsemen, . . . Porter both points to the contemporary situation and puts it into a context of large impersonal forces. In the history itself, the war is the essential background; the foreground is the personal journey of an individual caught in historical crisis. From beginning to end, Porter keeps her heroine in focus and, at the same time, points beyond her to Everyman. . . . [Porter] both retains the particularity of Miranda’s experience and universalizes it. (Brooker 227)

As discussed, the fourth horsemen, Death, appears throughout Porter's novella, reminding Miranda and readers of the ubiquity of grief and death wrapped around the historical moment. In *Envisioning Disease, Gender, and War*, Jane Fisher acknowledges that the fourth horseman remains the most prominent within Porter's text; she also mentions that the other three horsemen – Conquest, War, and Famine – also weave throughout Miranda's journey (Fisher 140). She points out that "Pale Horse, Pale Rider" depicts Conquest, the first horseman known for spreading the Christian faith to the community, and the second horseman, War (141). At the beginning of "Pale Horse, Pale Rider," Miranda acknowledges the ongoing Great War; she expresses discomfort and anxiety due to the pressures to buy a Liberty Bond, the symbol for Conquest, to aid in the war effort (Porter 144). With the mention of the four horsemen, Porter provides historical structure to her novella; knowledgeable readers begin Miranda's trauma narrative with the understanding that it takes place in a moment of crises due to war. With Porter's emphasis on Miranda's anxiety over her inability to afford a Liberty Bond, she places more significance on Miranda's wellbeing while recognizing the trauma of the historical moment. With this purposeful structure, Porter's novella focuses on Miranda's deteriorating mental and physical health and ensures the individual trauma from the pandemic remains remembered in literary fiction. In the same way war literature generalizes the historical trauma from 1918, Porter shows the ubiquitous nature of suffering throughout Miranda's journey of influenza. Porter's framework for *Pale Horse* – personal suffering from the pandemic at the center and societal suffering from the war

in the background – ensures the literary world will never be completely devoid of trauma narratives surrounding influenza as the primary source of pain.

In the final scene of “Pale Horse, Pale Rider,” Porter universalizes Miranda’s suffering by reminding readers of the trauma that took place outside of Miranda’s hospital room: the grief, losses, and mass deaths from the war that just ended. Miranda barely survives the ravages of influenza and enters a grieving society; the nation starts to mourn the losses from the Great War, which paints a melancholic and changed world (Porter 208). Miranda notes that while the war and plague cease to exist, “there would be time for everything” (208). Porter demonstrates the similarities between the two events by showing the shared grief for bodies from influenza survivors and mourners from the war. In Miranda’s case, she comes to terms with her hybrid body that touched death. In terms of society, the war forced communities to accept death in their everyday lives; with the armistice, people must grieve for those who never returned home. Outka elaborates on this idea and explains that Porter’s final passage displays the “strange borderland between present and absent bodies” (Outka, *Viral Modernism* 50). She describes the borderland as a place that “mingles the experience of the civilian grieving for bodies absent and lost in the war and the experience of the flu victim grieving for bodies that are present yet not (fully) alive” (Outka, ““Wood Coffins”” 950). In this sense, the grieving nation exemplifies a hybrid body that remains touched by death; the losses from the war mirror the grief that flu victims experience for their bodies that nearly faltered. Porter’s novella fights back against the cultural phenomenon of the “forgotten” pandemic by

showing the hybrid body – individual and collective – that resulted from the twin tragedies.

Porter's and Maxwell's fiction ensure the cultural memory never lacks narratives that depict the pandemic as the central source of devastation. Through the authors' implementation of personal memories in their work, memory proves powerful enough to surpass the texts and speak to the historical moment. French historian Pierre Nora explains, "memory has never known more than two forms of legitimacy: historical and literary. These have run parallel to each other but until now always separately. At present the boundary between the two is blurring" (Nora 24). Davis expands on this idea when he posits that 1918 pandemic texts function as works of historical and fictional memory; the texts record the spread of the virus while "[allowing] the reader to imagine the traumatic experience sympathetically" (Davis 67). These novels engage readers on historical and fictional levels with the use of memory. As survivors of the pandemic, Maxwell and Porter document their memories – psychological fractures, losses, and subsequent grief – into their fiction; this elevates their work into a blend of history and narrative. Davis explains that these works merge "elements of personal narrative, literature, and history" (62). With this logic, both Porter's and Maxwell's texts exemplify historical artifacts that preserve the trauma from the 1918 influenza. Because both authors employed their memories in their work, *Swallows* and *Pale Horse* maintain the memories of personal, familial, and societal suffering due to influenza. Historically, the autobiographical foundations and recollection of memories in these texts ensure their perpetual remembrance in the cultural memory of the twentieth century. In any lens – fictional,

autobiographical, or cultural – memory stands out as a significant factor in understanding pandemic texts and plague literature; memory, just the same as Girard’s other four elements, requires consideration and should be included in his list.

## **Psychotherapy and the Recollection of Trauma**

Memory functions on several levels in these texts: It works as a plot device that moves and stalls character progress and increases anxious foreshadowing; it performs as a tool for Maxwell and Porter to recreate their lived experiences; it memorializes the literary and historical accounts of trauma surrounding the 1918 influenza. In the final section of this thesis, I discuss a positive consequence from Maxwell's and Porter's literary recollection of autobiographical trauma: psychotherapy. In the late nineteenth century, Freud and Josef Breuer developed psychotherapy, or a "talking cure," to treat nervous disorders (Marx et al. 1). Essentially, Freud and Breuer found that patients experienced relief from their nervous symptoms after they verbally recollected their traumatic memories (Breuer and Freud 6). The key to psychotherapy rests with the "exchange of words" that produces a medium filled with memories of traumatic experiences, thoughts, and feelings (Marx et al. 1). In this therapeutic technique, the speaker's recollection induces the same affect from the original experience of trauma; through the exchange of words, the speaker experiences a "cure" that alleviates their psychological pain. This section of my thesis works to elucidate Maxwell's and Porter's potential engagement with models of the "talking cure," specifically the narrative model, to analyze and reach a fuller understanding of their trauma. This model explains that "humans use narratives to make sense of their lives, to gain a sense of self and identity"

(7). Porter and Maxwell seemingly take advantage of the narrative model of psychotherapy “to make sense of their lives,” during the writing process of both their pandemic texts.

Bradley Lewis’s *Narrative Psychiatry: How Stories Can Shape Clinical Practice* delves into the importance of narratives in clinical atmospheres. Lewis points to the crux of narrative’s function: to provide language to illnesses and diseases, which helps clinicians understand and empathize with a patient to treat them (Lewis 78). For authors like Maxwell and Porter, their narratives speak to a particular historical moment. As I discussed in the previous section, both texts serve as historical artifacts because Maxwell and Porter infused their memories and trauma from the 1918 influenza into the plot. Their personal memories speak to the historical moment as well as the medical crisis. Because both authors illuminate personal, communal, and historical trauma, their narratives form similar complex identities. Lewis explains, “Narrative identity recognizes the tremendous variability of human identifications and joins with a library of contemporary scholarship that troubles the notion of human identity as fixed or essential” (70). Maxwell and Porter seamlessly characterize their narrators as complex, intrinsic beings; both authors use their memories and traits to inform their characters as they grapple with past trauma and present suffering. Lewis goes on to say, “From a narrative perspective, we form our identifications through the stories we tell about ourselves, and those stories are shaped and organized by the plots and metaphors we use” (70). In this fashion, Maxwell and Porter create personal, historical, and psychiatric identities through their literary depictions of trauma surrounding the 1918 influenza.

Maxwell and Porter form narrative identities that speak to their personal trauma, memories, anxious and melancholic experiences, and losses. To create these narrative identities, they both used modernist prose that “gave the disease, if not the pandemic, its language” (Belling 64). With the modernist prose, the narrators from both texts “[track] the subjective internal realities” (64) of those suffering from the psychological deterioration due to influenza. Bunny and Robert suffer from anxiety, delirium, and melancholia in the first two-thirds of the novel; their narration provides language to the psychological and familial fractures caused by the onslaught of influenza. Even more so, Bunny and Robert provide language for grief during the 1918 influenza; both children suffer losses due to their inability to communicate through affection and, later, their mother’s death. In *Pale Horse*, Porter utilizes the modernist prose via Miranda’s stream of consciousness to give language to turmoil – mental and bodily – a single individual experiences while under the attack of influenza. Like Maxwell, Porter’s modernist prose gives language to the trauma she experienced from influenza; Miranda loses her romantic partner, mental hold on reality, and – nearly – her life. Maxwell and Porter implement their own traumatic memories into their modernist prose, which allows their literary, personal, and historical narrative identities to form and blend. Their subjective experiences go beyond the pages and inform the cultural memory of the nearly forgotten trauma from the 1918 influenza.

Fully to understand how Maxwell and Porter use the narrative model of psychotherapy, readers must understand the value of narrative for trauma survivors. Davis touches on this when he says, “Narrative serves as the primary means of recovery,

allowing survivors to recover their identity and allowing listeners to experience the trauma empathetically” (Davis 62). Maxwell’s loss of identity occurred once his mother died from influenza when he was ten years old. Maxwell alluded to this loss of identity when he said, “One’s parents are perhaps the key to the rest of the world, and my education is somewhat incomplete” (Burkhardt, *Conversations* 92). Maxwell’s feelings of incompleteness, or disorientation in the world, reflect Bunny’s feelings about life without his mother; Bunny constantly worries about his future without Elizabeth’s presence. In this sense, Maxwell and his literary counterpart display the loss of an identity that has yet to be formed: the comfort and confidence in one’s ability to navigate the world alone. Throughout his childhood and young adulthood, Maxwell continued to struggle with this loss. In Maxwell’s interview with Hirsch, he reflected on his declining mental health during college and explained, “I did cut my throat with the intention to die, it was also with the expectation that I would join my mother” (201). Maxwell, just the same as Bunny, lacked an understanding of how to exist in a world without the comfort and affection of his mother.

In previous sections, I discuss the vital purpose memory serves for Maxwell’s novel; this includes the recollection of everyday moments that carry significant importance to Maxwell, such as his memory with his mother in the window seat. Here, I focus on Maxwell’s intent on using his memory to understand and memorialize his suffering. Maxwell explains, “In *They Came Like Swallows* it was pretty much raw grief” (201). His admission that the novel exhibits his grief shows readers how he continuously experienced the pain of losing his mother during the writing process of his narratives.

Maxwell's inclination to remember and relive his mother's death within his fiction illuminates his constant struggle to cope linearly. In a 1995 interview, Kay Bonnetti asked Maxwell to elaborate on his "inner life laid bare – [his] grief as a child" in his fiction. Maxwell responded, "I think this is the motivation behind a great deal of fiction – I didn't want the things that I loved, and remembered, to go down to oblivion" (181). With this response, Maxwell illuminates one of the drives behind his artistic impulse: to preserve and commemorate his time with his mother, even if his recollection leads him to experience the suffering all over again.

Through the act of writing this trauma narrative, and all his other texts that surround his mother's death, Maxwell confronts his loss of identity. In *Swallows*, Bunny and Robert inhabit existences filled with constant worry, contagion guilt, and feelings of hopelessness; Maxwell's own memories of the days before his mother's death fill the pages and create a narrative identity reminiscent of a scared child. To achieve psychotherapy through narration, Maxwell needed to recollect his pain, relive it, and experience the same affect. In his interview with Hirsch, Maxwell confirmed he felt the same hopelessness and negative affect from his childhood when he "[walked] the floor in tears" as he wrote *Swallows* (96). Maxwell devoted his literary career to reliving and analyzing his childhood suffering through his narratives. After a lifetime of trauma recollection, it seems natural to wonder if he ever felt relief from his suffering. In a 1979 interview with Robert Dahlin, Maxwell explained, "It occurs to me, perhaps it's essentially a maternal thing to want to make life acceptable. You know how a mother comforts a child who's come up against the world. Perhaps my writing is the ghost of my

mother working through me” (47). In this fashion, Maxwell’s constant recollection of traumatic memories allows him to “make life acceptable” and more comfortable. In other words, he found relief in writing about his childhood trauma; he seemingly regained the strength he lacked from losing his mother at such a young age. With this comment, Maxwell implies that he purposefully employed the narrative model of psychotherapy throughout his career.

Porter’s potential use of the narrative model of psychotherapy leads to the reconciliations she and Miranda make with their past trauma. In the last scene of *Pale Horse, Pale Rider*, Miranda leaves the hospital as a changed person who nearly escaped death. Before her taxi arrives, she notes that she needs a “walking stick” (Porter 208). As Miranda narrates with a stream of consciousness, she points to the equally altered world outside of the hospital when she observes the “noiseless houses with shades drawn, empty streets, the dead cold light of tomorrow” (208). Porter’s striking final passage enlightens readers of two losses of identity: personal and societal. For the personal loss, Porter inserts her own memories of her changed body with the mention of the walking stick. According to Unrue, Porter left the hospital with a different, more fragile body. Unrue describes Porter’s condition as “crippled . . . in her left leg, her right arm had been broken in a fall, and she was bald” (Unrue, *Life Artist* 63). Society reflects her bodily hybrid existence in that they both experienced plague, death, and future grief. In her interview with Thompson, Porter explained that she needed to know the consequences of an event before writing about it (Givner 88). With this logic, the consequences in the final passage point to the personal and societal identity crises from the trauma of the

pandemic and the war. Porter described her writing process when she explained, “I always write my last lines, my last paragraph, my last page first, and then I go back and work towards it. I know where I’m going. I know what my goal is” (88). As a survivor, Porter recognized the violence within her own body and within society from the war. In this regard, Porter’s *Pale Horse, Pale Rider* serves as her literary journey to analyze and understand not only her loss of identity but the nation’s as well.

Porter’s deliberate excursion into the recollection of her trauma through Miranda’s eyes seems to mark the beginning of her use of the narrative model of psychotherapy. Similar to Maxwell, Porter breathed life into her suffering with the act of writing; she not only recollected her trauma, but she relived her pain during the writing process. During a 1958 interview for *The Texas Observer*, Porter explained,

I think everyone lives a story three times over. . . . The first time is when the events occur . . . then when you remember them . . . and the third time is when you begin to put them into art. . . . And then there is a fourth time when people ask how it happened when they ask artists to explain themselves. . . . Tracing the art through the labyrinth of experience. (36)

Porter recounted and relived her experiences throughout her career as she implemented her memories in her Miranda stories; this constant recollection places her in a seemingly perpetual state of grief, melancholia, and anxiety. Even more so, Porter – like Miranda – seemed trapped in the past. In light of this, readers gain insight into Porter’s possible intentions behind documenting her suffering within *Pale Horse* and the rest of the Miranda stories: Like Miranda, Porter struggled with reconciling the past and the present, so the act of writing potentially allowed her to feel awareness and belonging in her hybrid existence.

Thompson asked Porter to discuss the changes she experienced after her brush with death. Porter responded, “You are no longer like other people, and there’s no use deceiving yourself that you are. But you see, I did: I made the mistake of thinking I was quite like anybody else, of trying to live like other people” (85). Here, readers see the core consequence of Porter’s near-death experience: She lacked an understanding of herself and her experience, which led to a disoriented identity. Porter’s memories and feelings of abjection fuel her narrative identity. Miranda reflects Porter’s hybridity and her lack of belonging, struggle with past and present, and mental health decline. In the introduction to *Truth and Vision in Katherine Anne Porter’s Fiction*, Unrue explains, “Each of [Porter’s] stories . . . are about confronting and accepting the totality of life, including one’s own nature and the Unknowable” (Unrue 10). Porter further explained, “It took me a long time to realize that [I was not like other people], that I had my own needs and that I had to live like me” (Givner 85). This statement points to Porter’s recovery of her sense of self; it also implies a new identity formed from accepting the consequences and influence of the past. Essentially, readers using a psychological lens reasonably see Porter’s journey through her use of psychotherapy: With narrative, Porter relived her trauma, confronted the consequences of her new hybrid existence, and found relief from coming to terms with the aftermath of influenza in her life. Just like Miranda, Porter walked into the Unknowable after surviving influenza. Through Porter’s act of writing, reliving, and analyzing her near-death experience, she seemingly recovered her identity and concluded her Miranda stories with *Pale Horse, Pale Rider*. In this psychological sense, Porter used the narrative model of psychotherapy to reach

acceptance and understanding of her new identity, which allowed her to break free of her constant recollection and reliving of trauma.

### **One Hundred Years Later: Bibliotherapy for Contemporary Readers**

William Maxwell and Katherine Anne Porter intertwine their childhood memories of trauma throughout their narratives. Maxwell's *They Came Like Swallows* and Porter's *Pale Horse, Pale Rider* function as literary examples of René Girard's assertion that plague literature contains contamination, doubles, dissipation of differences, and sacrifice. Both texts also illustrate Girard's claim that plague represents violence. The authors show the psychological, bodily, familial, and societal violence caused by the destruction of the 1918 influenza. The modernist prose allows readers to notice symptoms of anxiety, melancholia, contagion guilt, and mourning throughout these texts. Maxwell's *Swallows* displays the psychological ripple effects the young narrators, Bunny and Robert, experience from the loss of their mother from influenza. With help from Hovanec, Huremović, Freud, and Outka, readers understand the familial violence the Morisons experience due to their inability to communicate via physical touch. While Maxwell's text focuses on the family unit, Porter's *Pale Horse* shows the psychological violence influenza inflicts on a single mind. Porter's narrator, Miranda, illuminates the melancholic omnipresence of death during the 1918 influenza. Hovanec asserts that Miranda and Adam exist as hybrid bodies that contain qualities relating to death. As Miranda's physical health begins to fail during her battle with influenza, she confronts her hybrid existence in a delirium-induced dream. With Freudian analysis, readers gain

insight into Miranda's sublime vision and her stubborn will to survive her battle with influenza.

Fuller contextualization of the authors' pasts shows readers see the significance of memory throughout both texts. Maxwell and Porter include their memories in the characters' struggles with melancholia and anxiety. Memory performs as a bridge to connect the trauma within the fiction to the authors' lived experiences. Interviews and Burkhardt's biography of Maxwell shed light on his traumatic memory of losing his mother to influenza. Even more so, these materials allow readers to identify factual scenes in *Swallows*, such as the small yet noteworthy passage where Bunny spends time with Elizabeth in the window seat. Maxwell creates a continuous conversation between memory, trauma, and narrative with his implementation of autobiographical experiences from his past into the text. Maxwell and Porter memorialize the past within their narratives, which shows readers their hybrid existences and the spiritual quality of memory. For Porter's *Pale Horse*, young Miranda Gay inherits the family legend of romanticizing the past, death, love, and beauty; all these ideals weave themselves together until Miranda falls into the same pattern as the rest of her family and glorifies the beauty in death. At the end of "Old Mortality," Miranda decries her familial memories and habits of idealization with a resolve to separate herself from the past. Iuchi, Coleman, and Davis help readers understand the significance of memory throughout Miranda's journey in "Pale Horse, Pale Rider." Memory serves as a plot device that keeps Miranda arrested in her development when she avoids the truth of her hybrid existence. Memory also pushes Miranda forward and forces her to confront her romantic

illusions, despite her previous denouncement of her family's legend. During Miranda's near-death experience, she remembers her reality – a life filled with grief, death, and melancholia – and chooses to live, which breaks her free of her inherited romantic illusions. Exactly like Maxwell, Porter implements her memories into her narrative; during interviews, Porter admitted that Miranda's experiences, particularly the dream scene where she vacillates between life and death, derived from Porter's actual memories of her battle with influenza. Porter integrated her memory of her beatific vision into *Pale Horse*; this act elevates her fiction because readers gain a more sympathetic view of Miranda's struggles and near-death experience.

Contextualization illuminates the value of memory not only within the text but for the authors as well. Because Maxwell and Porter drew on their memories to form their narratives, these texts evolve into historical documents that memorialize the trauma from the 1918 pandemic. These records of suffering from the impact of influenza work against the literary silence surrounding the pandemic. Outka points out that the twin qualities of the pandemic and the war allowed society to blend their grief and suffering; unfortunately, the consequence of this combination resulted in only a handful of literary accounts of the 1918 influenza. Outka, Davis, and Brooker show the value in Maxwell's and Porter's decision to use their memories in their fiction. Without their clever use of memory, the lack of cultural remembrance surrounding the 1918 influenza could have solidified the "forgotten pandemic" phenomenon for good.

Memory stands out as a crucial element to thoroughly analyze these works and their extensive influence on society. Memory stalls and pushes the characters in these

texts; it shows how a person never truly sheds their past. The authors' recollection of their suffering shapes these texts and provides a solid structure to the trauma within their work. Even more so, without Maxwell's and Porter's insertions of autobiographical recollections into their fiction, the cultural memory might be completely devoid of literary accounts that viewed the 1918 pandemic as the main traumatic event of the twentieth century. Readers must acknowledge the significance of memory for the characters, authors, and culture to fully understand the impact of these novels in historical and literary contexts. Plague literature – mainly pandemic texts – relies on memory to bridge narrative to autobiographical trauma in the past. Memory aids in the blending of historical and literary accounts of trauma during the 1918 influenza. Girard's vital elements of plague literature includes doubles, dissipation of differences, contamination, and sacrifice. Girard's list should consist of a fifth element: memory; whether readers scrutinize the characters' trauma, authors' pasts, or cultural significance, memory stands out as one of the most critical factors in analyzing plague literature.

Maxwell and Porter conceivably utilize the narrative model of psychotherapy to analyze their trauma, relive their suffering, and find relief through the writing process. With a purely psychological lens, both authors engaged with the narrative model of psychotherapy to recover their lost or new identities. Maxwell's recollection of trauma allowed him to understand his grief and loss of identity; through the act of writing, he made his life without his mother more endurable. Similar to Maxwell, Porter used the narrative model of psychotherapy to confront her loss of identity. While Porter wrote the Miranda stories, which end with "Pale Horse, Pale Rider," she faced her hybrid existence

and accepted her new identity; this freed Porter from the abject feelings she experienced after her near-death experience. Both authors engaged with psychotherapy as they recollected their traumatic memories and relived their original affect during the writing process. Marx, Lewis, and Davis examine the psychological and societal consequences Porter and Maxwell experienced from their trauma during the 1918 influenza. The scholars also analyze Porter's and Maxwell's modernist prose that gives the virus, and the pandemic, a voice. While both of their artistic inclinations ranged from a variety of impulses, this paper focuses on their conceivable psychological desire to understand their trauma. In light of this, the authors credibly employed narrative to recover their lost identities and understand their altered worlds.

Maxwell and Porter illustrate the idea that the act of writing embodies therapeutic qualities. As the world currently struggles to maintain the outbreak of a new pandemic, Coronavirus (COVID-19), contemporary readers may find solace in the act of reading these plague narratives. The *APA Dictionary of Psychology* defines bibliotherapy as “carefully chosen readings [that] . . . some individuals [use] as self-help tools to foster personal growth and development . . . by facilitating communication and open discussion of problems or enhancing self-concept” (“Bibliotherapy,” def. 1). Similar to the 1918 pandemic, COVID-19 forces society into a hybrid existence filled with the constant death, grief, anxiety, and depression. Of course, readers should acknowledge the historical and contextual differences between both pandemics. While they carry significant similarities, their differences in social and risk factors and life expectancies pre-pandemic remain essential. According to L.A. Sawchuk, an anthropology professor,

the 1918 pandemic put young people at the greatest risk (Sawchuk 584). In contrast, recent studies show that middle-aged and older people comprise the most vulnerable age groups for COVID-19 deaths (Levin et al. 1127). In her 2011 book, Gina Kolata points out that

so many [people] died [from the 1918 influenza], in fact, that the average life span in the United States fell by twelve years in 1918. If such a plague came today, killing a similar fraction of the U.S. population, 1.5 million Americans would die, which is more than the number felled in a single year by heart disease, cancers, strokes, chronic pulmonary disease, AIDS, and Alzheimer's disease combined. (Kolata 7)

Kolata refers to Alfred Crosby's experience as he realized the significant decline in life expectancy; he picked up an almanac and saw that in one year – from 1917 to 1918 – the life expectancy in the U.S. dropped from fifty-one to thirty-nine (7). Currently, the U.S. life expectancy is about seventy-seven, which points to a drastic difference in overall health and medical care between both historical moments (Gutin & Hummer 3.11). Despite the contextual differences between the two pandemics, contemporary readers may still gain solace from reading Porter's and Maxwell's novels. As of July 2021, over 600,000 people in the U.S. have died from COVID-19 ("Mortality Analyses"). The growing mortality rate from COVID-19 brings Kolata's last point back to the forefront; she explains that a similar pandemic to the 1918 influenza would kill around 1.5 million Americans. Kolata published her book in 2011, and the U.S. population has grown by at least twenty million people since its release. Even with the increase in population, this threat of influenza carries the possibility of rivaling the 1918 pandemic in terms of

mortality, considering the number of U.S. deaths from COVID-19 increases every single day.

While understanding the historical differences, modern readers might still utilize bibliotherapy to connect with the pandemic from one hundred years ago. This connection makes room for communication about the issues – psychological, familial, and societal – that arise during a pandemic. In their 2020 article, Emmanuel Stip and others explain the different types of bibliotherapeutic books, such as “the classical repertoire (novel, poetry, biography, fiction)[,] . . . works whose theme is psychology[,], and . . . self-help books” (Stip et al. 2). The authors elaborate that classical repertoire books “bring better wellbeing” through “a process of identification” (2). In contrast, psychology books “describe a current disorder as well as provide information on a specific disorder” (2). Both *Swallows* and *Pale Horse* serve as a combination of literary and historical trauma. Because these texts function as fiction and historical documents, readers can consider them examples of both types of bibliotherapeutic books: classical and psychological.

Contemporary readers can engage in bibliotherapy by identifying with the struggles Bunny, Robert, and Miranda experience. Readers can sympathize with the fictional and autobiographical encounters with psychological and familial violence due to the pandemic. In the past twenty-five years, several scholars, such as Rick MARRS, Judith Gellatly, and Deborah Fanner have conducted meta-analyses and systematic reviews of the effectiveness of bibliotherapy. While each researcher concedes that the psychological world requires more evidence-based studies on this matter, they still conclude with the same positive results: Bibliotherapy relieves symptoms of “mild to moderate depression

and anxiety” (Brewster et al. 188). These results point to the possibility that contemporary readers, especially those dealing with depression and anxiety, may find comfort in reading literature surrounding the 1918 influenza. Through the process of identification, along with understanding the similarities between the viruses, readers can possibly experience empathy with the characters as they struggle with death, grief, anxious thoughts, and depressive lives during a pandemic.

In a May 2020 release of the *New York Times Book Review*, Michiko Kakutani explains the benefits of reading 1918 pandemic texts during COVID-19. She explains, “Literature provides historical empathy and perspective” and pushes “through the isolation we feel . . . to connect us, across time zones and centuries, with others who once lived through not dissimilar events” (Kakutani 20). Kakutani suggests that contemporary readers might connect with 1918 pandemic novels, such as Porter’s *Pale Horse, Pale Rider*. She goes on to say that pandemic literature “conjures our worst nightmares . . . [and] highlights what we have in common with people in distant cultures and eras” (20). If Maxwell and Porter never integrated their traumatic memories into their fiction, modern readers would lack the ability to sympathize and empathize with their narratives. Both texts preserve the cultural memory of the communities that viewed the pandemic as the most significant trauma of the twentieth century. Now, almost one hundred years after the authors published their pandemic narratives, readers find common ground with their experiences. Kakutani elaborates on the utility of plague fiction when she says it “[prompts] us to remember that others have not only grappled with traumatic events that slammed home the precariousness of life, but have also experienced some of the same

things we are dealing with today” (20). Porter and Maxwell endure psychological and familial violence during the 1918 influenza; they recollect this trauma and use their memories in their fiction, showing readers how memories from the past constantly weave through the present. Now, modern readers – people with over a year of experience with trauma from COVID-19 – can read Porter’s and Maxwell’s memories to alleviate their current feelings of anxiety and depression, find common ground, and reach an understanding of a world filled with trauma at the hands of a pandemic.

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