

READING ILLNESS FROM THE
"THE DEAD COLD LIGHT OF TOMORROW":
KATHERINE ANNE PORTER'S *PALE HORSE*,
PALE RIDER IN THE TIMES OF COVID-19

LEYENDO LA ENFERMEDAD DESDE
"LA LUZ MUERTA Y FRÍA DEL MAÑANA":
PALE HORSE, *PALE RIDER* DE KATHERINE ANNE
PORTER EN LOS TIEMPOS DE LA COVID-19

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171

Abstract

The aim of this study is to suggest a new assessment of Katherine Anne Porter's semi-autobiographical account of her near-death experience with the 1918 flu, *Pale Horse*, *Pale Rider* (1939), considered by many as the paradigmatic American narrative of that pandemic. Following the trend set by most critics of Porter, this article explores the intersections of memory and fiction in the novella, but shifting attention to our present-day response, assessed as a critical tool that provides renewed insight into the mysteries of Porter's late-modernist text. Revisited in a context in which cultural memories of the 1918 influenza have been awakened by our own traumatic experience with COVID-19, this article seeks to probe the uncertainties in Porter's aestheticized trauma narrative. The aim is to investigate the hypothesis that our contemporary reading of *Pale Horse*, *Pale Rider* illuminates the modernist obscurities in the text and, in consequence, raises the possibility of transcending the limitations of language and myth exhibited in the text, providing new meanings through connection and remembrance.

Keywords: Katherine Anne Porter, *Pale Horse*, *Pale Rider*, COVID-19, 1918 influenza, medical humanities.

Resumen

Este trabajo sugiere una revisión de *Pale Horse, Pale Rider* (1939), el texto semiautobiográfico de Katherine Anne Porter en el que la autora relata su experiencia próxima a la muerte cuando fue víctima de la pandemia de gripe de 1918. La obra está considerada como la más relevante entre las que se ocupan de dicha pandemia en la tradición estadounidense, y este trabajo se sirve de esa historia crítica del texto, centrada en gran parte en explorar las intersecciones entre ficción y memoria, para trasladar no obstante el foco crítico hacia la experiencia de lectura en el momento presente, con el objetivo de ofrecer una nueva perspectiva que aclare algunos de los misterios del texto original. En un contexto en el que nuestra propia experiencia traumática durante la pandemia de la COVID-19 ha desenterrado la memoria cultural de la gripe de 1918, este estudio examina las incertidumbres y ambigüedades de la narración de Porter, investigando la hipótesis de que la lectura contemporánea de *Pale Horse, Pale Rider* sirve para decodificar parte de la indeterminación modernista de la obra, ofreciendo así la posibilidad de trascender las limitaciones en torno al uso del lenguaje y del mito en el texto para construir nuevos significados a partir de la memoria compartida.

Palabras clave: Katherine Anne Porter, *Pale Horse, Pale Rider*, COVID-19, gripe de 1918, humanidades médicas.

1. Introduction

In the year 2020, as our world trembled under the devastating effects of the COVID-19 pandemic, scientists and media outlets turned their gaze back to the deadliest pandemic of the 20th century, the 1918 influenza pandemic, in search of answers and elusive certainties. As scientists quickly noted, these two cases of viral infection followed a different pattern of disease (Javelle and Raoult 2020), but they seemed to share certain epidemiological characteristics in terms of how the viruses were believed to be transmitted and how fast they spread (He et al. 2020: 67). Perhaps more interestingly for this study, however, it was found that accounts of influenza patients from a hundred years ago seemed to echo in the stories of respiratory failure of COVID-19 sufferers today (Weber and Culler Freeman 2020). These coincidences led to the assumption that there might be some lessons to be learned from past epidemics, specifically those related to the application of common policies of public closure and social distancing, measures followed in a desperate attempt to contain the spread of the virus. Of course, to determine whether this looking at the past for guidance in a time of fear and loss is a wise decision when making scientific or political decisions is far beyond the scope of this article. The

aim of this study is to explore how the contemporary revisiting of an illness narrative of the flu pandemic of 1918 contributes to shaping the meaning of such a tale, while simultaneously helping to soothe our own pandemic anxiety. For, as will be argued, such a revisitation renders the experiences of reading and remembering inextricable, which in turn allows the contemporary reader to envision and understand the experience of a collective trauma that was mostly forgotten, in fact almost unknown, but which has so recently become uncannily familiar.

This paper suggests a new assessment of Katherine Anne Porter’s semi-autobiographical account of her near-death experience with the 1918 flu, *Pale Horse, Pale Rider*, published in 1939. Considered to be “the most significant American literary work set during the pandemic” (Davis 2011: 56), Porter’s short novel fictionalizes the author’s personal trauma as an influenza survivor. It is a “work of memory” (59), but it manages to bridge the personal and the collective to create “a memory that connects her personal experience to the experience of millions of other victims, that connects the survivors to the dead, and that connects the past to the present” (59). The aim of this article is precisely to critically probe those connections and to relate Porter’s fictionalized, aestheticized trauma to our contemporary reading experience in a context in which dormant memories of the 1918 influenza pandemic were awakened by our own fear of getting sick and our hopes of finding in the past the answers to the questions of our own traumatic survival. As this study will attempt to demonstrate, our contemporary response to Porter’s novella intersects with the modernist uncertainties of the text, raising the possibility of finding meaning and recovery in a personal reconstruction of an almost lost cultural memory.

173

2. Unearthing Memories of a Pandemic

As the First World War was coming to an end in 1918, Katherine Anne Porter was working in Denver as a reporter for the *Rocky Mountain News*. At this time, she came very close to dying of influenza (Platizky 2014: 1), to the point that, as she herself wrote, “they gave me up. The paper had my obit set in type. I’ve seen the correspondence between my father and sister on plans for my funeral” (in Hendrick 1965: 76). Her novella *Pale Horse, Pale Rider*, published over twenty years later, tells the story of Miranda, a reviewer for a Denver newspaper who, like Porter, falls terribly sick with the virus. Miranda narrowly escapes death at the end of the story, but the man she loves — Adam, a young soldier waiting to be deployed once the sanitary emergency allows it— tragically dies after nursing her, having most probably been infected while taking care of her. The narrative, as criticism has long established, dexterously combines memory and fiction as it mixes separate events

apparently related to Porter's own illness. As Laurel Bollinger notes, Porter's biographers' assumptions about the historicity of the text have shifted gradually (2013: 368). She makes a good claim about how the text presents "a carefully fictionalized version of [the author's] experience" (366) —which this article will examine in order to explore the text as a specifically modernist response to trauma. However, it is no less true that critics such as Catherine Belling (2009), David Davis (2011) and Caroline Hovanec (2011) have advanced quite insightful studies focused on reading the story as a record of personal trauma, motivated by biographical accounts such as Givner's, which Davis summarizes as follows:

Katherine Anne Porter survived the influenza pandemic of 1918. She worked for *The Rocky Mountain News* during the outbreak, and she contracted influenza as the epidemic reached its peak in Denver. By that time, all of the hospitals in the city were filled beyond capacity. Her landlady, fearing infection, threatened to have her evicted from her rooming house, so the newspaper's city editor finagled her admission to an overcrowded hospital. She ran a 105° fever while lying on a gurney in a hallway for nine days. Her doctors expected her to die, the newspaper drafted her obituary, and her family made arrangements for the burial, but an experimental injection of strychnine helped her to recover from the virus. When she fell ill, Porter had been seeing a young soldier, Lieutenant Alexander Barclay. While she was hospitalized, he contracted influenza and died. (2011: 57)

174

Davis's conclusion after reading Givner's biography is that *Pale Horse, Pale Rider* "testifies to Porter's own personal trauma narrative" (2011: 57). Not published until 1939, the text constitutes in this view an attempt at recovery after trauma, achieved through the creation of "an identity that incorporates the pre-traumatic identity with the traumatic experience" (58). In this process, as Davis notes, "memory plays a critical role in the recovery process as a connection between the original identity and the post-traumatic identity" (58). This critical view of post-traumatic writing is certainly insightful when analyzing Porter's novella on its own, but it becomes indispensable when exploring our contemporary response to the text, as Porter's personal memory offers a vibrant, mysterious testimony of our own lost cultural memory of the influenza pandemic at a time when we are searching for our own path to recovery.

The biographical events traceable in Porter's novella —epidemic outbreaks and peaks, hospitals filled beyond capacity, fear of infection, threats of eviction, patients lying in gurneys in a hallway, experimental treatments, etc.— may certainly be the subject of a critical debate around the veracity of Porter's autobiographical narrative. Bollinger, for instance, claims that biographical approaches to the text should not be taken at face value since the author was, in her words, "notoriously unreliable" when discussing her life (2013: 366). However, whether or not these plot details correspond squarely to Porter's life events, it is undeniably true that

they all resounded loudly in the immediate experience of readers in the year 2020, as they struggled to overcome the fear and pain of the COVID-19 pandemic. The interplay of fiction and memory thus shifts slightly, while the value of Porter’s tale as a “witness narrative” becomes clear, as the novella “amplifies the testimonial abilities of self-representation to bear witness” (Gilmore 2011: 83). Through the prism of contemporary readers’ potential response to the text, the point is no longer just a matter of aestheticized personal trauma as a possible path to individual recovery; the issue broadens to encompass the reconstruction of a lost cultural memory that offers a connection between a collective traumatic past and a shared present trauma, offering thus the chance of communal restoration. In her seminal work on limit-case autobiographies—that is, texts that combine, among others, elements of autobiography, fiction, or history— Leigh Gilmore writes that “remembering trauma entails contextualizing it within history”, because “trauma is never exclusively personal” (2001: 31). The relevance of *Pale Horse, Pale Rider* as a witness narrative is thus undeniable, as Porter’s fictional alter ego functions as the literary witness of a historical phenomenon in a self-representational dynamic that “conjoins the one whose experience propels the telling, the one who brings the story out by receiving it, and the mode of carrying the narrative to other witnesses” (Gilmore 2011: 79). Porter’s witnessing of the pandemic becomes a shared experience in the process of reading because, as Davis argues, “in a work of literature, unlike a history text, the reader can partially share the traumatic experience” (2011: 62). In the context of COVID-19, then, once established that Porter’s text functions as “a narrative that empathetically communicates the pandemic’s trauma to the reader” (62), it seems reasonable to argue that such an empathetic energy is only exacerbated in our current reading experience, as we deliberately look at the past to make sense of a very similar traumatic present.

175

As this paper is being written, in the first half of 2022, after two years of living through the COVID-19 global pandemic, the specificities of Porter’s personal illness narrative—even if partly fictionalized in what Bollinger describes as a “fusion of observation and mythos” (2013: 387)— have become extraordinarily familiar. The similarities between Porter’s autobiographical account of surviving the influenza pandemic of 1918 and our very recent experience with COVID-19 may seem obvious now, but the immediate connection between the two epidemics is highly paradoxical, since, as scholars have underlined in recent years, the 1918 influenza pandemic had virtually disappeared from our collective memory until the threat of an infectious epidemic began to rise at the beginning of the twenty-first century. It was during the threat of the swine flu in 2009 when, as Davis writes, “scientists, epidemiologists, and government officials worldwide [looked] to the 1918 pandemic as a worst-case scenario as they developed contingency response plans” to mitigate a potential public health disaster (2011: 55-56).

The worst-case scenario was confirmed in the spring of 2020 when, on March 11, the World Health Organization declared the new coronavirus disease outbreak a global pandemic. Once again, almost immediately, scientists and government officials turned their gaze to the 1918 flu pandemic in search of answers and strategies of containment. Very soon afterwards, in May 2020, scientists had already noticed, in comparing our social and political response to the new coronavirus with historical records of the 1918 flu, “coincidences both in the general unpreparedness, in the attitudes of the population and the authorities, and in the different strategies between central and peripheral authorities” (Franchini et al. 2020: 249). Only two months after the outbreak was declared a pandemic, it was clear then that our immediate response had been shaped by our looking back over a hundred years to a deadly influenza pandemic we had almost completely forgotten. We knew, however, that the striving to contain infection in 1918 entailed public recommendations such as wearing a mask, increasing personal hygiene, disinfecting public spaces, closing the schools, or preventing overcrowding. Those recommendations became our guidelines, and it was soon noted that “all measures adopted in 2020 were the same in 1918-1919, with the same sequence of progression, uncertainties, early loosening and hasty reversals” (249). Beyond the scope of social measures to contain the virus, however, scientists also looked back to the flu pandemic in search of medical information for, as Antonia Franchini and others explain, “even from a scientific point of view all the elements had already been understood” (249).

176

In this regard, for example, it is particularly illustrative to consider how Bollinger, in 2013, analyzes the description of Miranda’s sickness and Adam’s death in Porter’s novella as the consequence of an immune system response (2013: 380), the ‘cytokine storm’ that unfortunately has become so well known among the general public in the light of the COVID-19 pandemic, as it has for a time dominated scientific discourse and scientific journalism.¹ According to historian John Barry, cytokine storms were responsible for over half of the secondary-infection deaths that occurred during the flu pandemic (2004: 251-252). Once again, the interplay of meanings between Porter’s fictionalized memoir and our contemporary reading experience is bidirectional: Porter’s narrative offers a clear imaginative reconstruction for this invisible, life-threatening enemy of today; and today’s scientific knowledge contributes to closing the meanings in Porter’s enigmatic narration. Because, in fact, the uncertainties in Porter’s novella—which will be discussed further on—eloquently express the terrifying confusion caused by the 1918 flu, which was unusually virulent, killing young, previously healthy people in a matter of days or hours, something that medical science at the time could not quite explain, as medics were less knowledgeable of the workings of the immune system (Bollinger 2013: 380). Today we know,

as Barry explains, that “in 1918 the immune system of young adults mounted massive responses to the virus. That immune response filled the lungs with fluid and debris, making it impossible for the exchange of oxygen to take place. The immune response killed” (2004: 250). Bollinger traces the symptoms of this cytokine storm in Porter’s text through an examination of Miranda’s headaches and fever dreams. The effect is that Miranda’s sickness resonates in the immediate experience and imagination of contemporary readers. It offers a familiar and visible illustration of a medical explanation for which we know the technical term, but that remains an enigma in terms of its bodily effects for so many who survived the devastating first wave of the COVID-19 pandemic without suffering the sickness in their own flesh.

3. Narrating Illness in a Pandemic

Porter’s novella, then, offers an imaginative response for our contemporary uncertainties. It provides a literary reconstruction of a pandemic that was almost forgotten, a hidden collective trauma that was only unearthed when the threat of a new catastrophe began to be suspected in the early 2000s, after the concatenation of several epidemic threats. The seemingly imminent danger of various widespread viral outbreaks caused first by the SARS virus (2002), then by avian influenza (2005) and, finally, by the swine flu (2009), led to what Rachel Bracken has defined as “the early-2000s flu boom”, which triggered a “pandemic turn in literary studies” (2021: 110). It was in this moment, as collective fear pushed us to remember the lost memories of the 1918 influenza and we decided, “suddenly, and probably selfishly”, that we wanted to know more (Belling 2009: 57), when critics started pondering why an event as deadly as that pandemic had fallen so easily into oblivion until a health emergency of catastrophic dimensions forced us to look back.

Elizabeth Outka, in her extremely timely 2020 book *Viral Modernism*, attempts to investigate the literary silence around an event that “killed between 50 and 100 million people” (2020: 1). She hypothesizes that the flu was “drowned out by its overwhelming scope, by the broader ways outbreaks of disease are often muted, and by the way the human-inflicted violence of the time consumed cultural and literary attention” (2). A few years earlier, Belling had argued something similar, that “narration falters when multitudes of subjects are affected at once by painful events that disrupt the secure frameworks of normality against which individual suffering is usually measured” (2009: 57). In this regard, she claimed, the flu “overwhelmed language” (57)—an argument similar to Gilmore’s hypothesis that “cultural memory, like individual memory, develops characteristic and defensive

amnesia with which those who have experienced trauma must contend” (2001: 31). For others, such as Davis, collective memory is subject to political agendas, which would explain why the war’s political significance dwarfed the flu’s social significance (2011: 63). Also, on quite a different note, the historian Alfred Crosby argued that the pandemic was “so thoroughly forgotten” because in 1918 lethal epidemics were not unexpected and therefore “not as impressive [...] as they would be today, at least in the technologically advanced nations” (2003: 319). At a time when epidemics of typhoid, yellow fever, diphtheria, or cholera were common, the 1918 flu simply had a larger impact, so “the contrast was one of degree, not of kind” (319).

This last hypothesis may not be absolutely right but, while arguments such as Belling’s shed light upon the modernist context that shaped Porter’s narration, Crosby’s explanation offers a very eloquent insight into our present response to Porter’s text. In 2020, the shock we were facing was one of both degree and kind. Some of the most technologically advanced nations in the world were suddenly brought to a stop and hundreds of millions were forced into lockdowns as they, isolated in their homes, tried to come to terms with the devastating experience of living through a viral catastrophe that, as of now, has caused almost five hundred and thirty million registered cases and over six million confirmed casualties (Dong, Du and Gardner 2020).² As Mark Honigsbaum wrote as early as spring 2020, while recording COVID-19 data as the outbreak was quickly spreading worldwide, the impact of the pandemic was especially forceful in the United States and in Europe, where the speed and severity of contagion shattered the complacency and punctured the hubris of scientists and politicians alike, who had initially claimed that the virus was no worse than a common flu, only to discover, when it was too late, that the new coronavirus spread more rapidly than seasonal flu and was twenty times more lethal, killing at the time around two per cent of confirmed cases — approximately the same mortality rate as the 1918 influenza (2020: Chapter 10). We were confronted with that shock while locked down at home, anguished and confused, terrified of contagion, keeping away from friends and relatives, and mourning the deaths of thousands who passed away in extreme loneliness and fear. At a time like this, turning our gaze to Porter’s illness narrative of suffering and surviving a similar tragedy may open for the reader an invaluable source of meaning, because it allows access to an empathetic memory of a shared trauma. As Davis argues, Porter’s fictionalized autopathography³ —“essentially the urtext of 1918-1919 influenza pandemic” (Bracken 2021: 109)— “bridges the separation between memory and history, acting both as a personal document recording the event and as an imaginative proxy for the reader” (Davis 2011: 66). As a result, Porter’s novella solves the problem explained by Belling (2009: 57) of narration faltering when a multitude of subjects are affected by a tragedy that disrupts their

framework of normalcy and leaves them with no alternative but silence as a response to collective trauma. We as readers are facing that silence now, and *Pale Horse, Pale Rider* fills it by constructing a narration that demarcates the experience of illness so that we can imagine it against our old framework of normalcy.

In practical terms, to properly understand how illness is re-imagined in Porter’s semi-autobiographical narrative, Outka’s very recent study is particularly useful, as she guides the process of reading by clearly dividing the novella in four distinguishable parts that facilitate critical examination. As delineated by Outka,

Porter divides her story into four parts: a hallucinatory opening that suggests how the pandemic disrupted temporal and spatial realities and the sense of a coherent self; a realist section that depicts life at a city newspaper and the relationship of one of the young reporters —Miranda— and her soldier boyfriend, Adam, who is about to go off to the war; a delirium-infused section describing Miranda’s battle with the virus; and a grim return to realism as the Armistice arrives and the plague persists. (2020: 52-53)

It is clearly observable that these four parts oscillate between the conventions of realist fiction, which are generally used to depict the conditions of health, and an anti-realist style —more easily identifiable with the experimental narrative techniques of modernist prose— that Outka describes as “hallucinatory” and “delirium-infused”, and which seems to better express the experience of this illness (2020: 52-53). This circumstance seems to corroborate Belling’s statement that “modernism gave the disease [...] its language” (2009: 64). Yet, it is no less true that revisiting Porter’s short novel from our own pandemic reality entails an interest in both narrative outlooks. Confronting disease from the outside perspective of the healthy allows a clearer view of the social, political, and cultural impact of the pandemic, which might allow us to better confront our own fear of infection and to process the overwhelming shock of such a worldwide catastrophe. On the other hand, the immersive reading process of a first-person narration of bodily suffering —Miranda’s delirious monologues, despite their nightmarish nature, are also “recognizably embedded in the corporeal experiences of fever and infection” (65)— might also contribute to an empathetic understanding of pandemic bodies. It allows a more profound imaginative involvement with the victims, which itself connects the survivors and the dead, the sick and the well, and the individual suffering to the collective distress experienced by the whole community. Of course, the delimitations between narrating the experience of the sick and the experience of the well are not —perhaps cannot be— completely clear-cut in a living witness narrative about surviving a pandemic, which makes the hallucinatory dream that opens Porter’s narrative particularly interesting from the point of view of understanding this shared experience of living through a plague.

According to Outka, this “disorienting dream sequence” (2020: 53) unsettles the demarcations of place and time (52), which, for us, beyond illustrating the debilitating bodily experience of suffering fever dreams, also provides imaginative insight into the unfamiliar and overwhelming reality of enduring months of lockdowns and quarantines. But also, the episode in Porter’s text reconstructs both personal and collective trauma. It introduces a female sleeper lying on a bed that is both her own and a different bed from the one on which she had lain down a few hours before. With her heart turned to stone and “lying upon her breast outside of her” (Porter 2011: 314), this third-person character —“she knew that something strange was going to happen” (314)— quickly adopts the position of a first-person narrator: “Now I must get up and go while they are all quiet” (314). This confusion of personhood, of being simultaneously inside and outside one’s own consciousness, mirrors the coalescence of life and death that characterizes the woman’s alertness, on the one hand, and the stony heart lying lifeless atop her chest, on the other. This discontinuation forces an awkward but inextricable attachment between the delirious mind and the seriously ill body, as the sleeper dreams of outrunning “that lank greenish stranger” that was welcomed by “my grandfather, my great-aunt, my five times removed cousin, my decrepit hound and my silver kitten” (314). He is the pale rider of the title, who has killed many before; a mythical construction of the pandemic that, as well-established by Porter’s critics, alludes to the fourth horse of the Apocalypse, ridden by Death, and described in the Book of Revelation (Bollinger 2013: 370). The sleeper valiantly confronts the rider, shouting: “I’m not going with you this time —ride on” (Porter 2011: 315). The stranger obeys and, as the sleeper approaches wakefulness, she struggles to reconnect her unbridled consciousness and her ailing body, the hallucinatory dream evaporating slowly as it merges with the first physical symptoms of her disease: “[Her horse’s] ribs heaved under her, her own ribs rose and fell, Oh, why am I so tired, I must wake up” (315).

In Outka’s analysis, this opening scene expresses “the sense of dislocation and body estrangement the virus caused”, at the same time as it encapsulates “some of the iconic features of pandemic deathbed scenes [...]: the hallucinatory experience of delirium, the disruption of place and time, the domestic space as the arena for death, and a twilight atmosphere where life and death blur together” (2020: 53-54). Such an iconic representation of a near-death experience allows us to comprehend the imagined experience of an individual’s sickness. Like the myth of the pale rider, it connects personal experience with our collective imagination, which makes it familiar and relatable. Yet, the dreamlike passage also illustrates the collective experience of living through a pandemic and connects us to the whole of the affected community. As she is lying in bed, the sleeper reflects that “too many have died in this bed already, there are far too many ancestral bones propped up on

the mantelpieces” (Porter 2011: 314). Too many have died, and the sleeper is connected to all of them. Outka notices that the emphasis on how death stalks the domestic space and the sweeping feeling of grief that assaults the character in this moment express how loss, in the context of a pandemic, is experienced through grief and fear (2020: 54). Porter’s illness narrative, then, permits a sympathetic understanding of the individual experience of sickness for the healthy, but it also enables a connection with a shared experience of collective trauma that transcends the reader’s individuality. The character’s individual suffering is described through references that are charged with meaning through a contemporary experience of communal loss and collective fear. For Davis, Porter’s story functions as what Alison Landsberg has termed “prosthetic memory”, that is, a form of memory that “emerges at the interface between a person and a historical narrative about the past” (2004: 2). Davis argues that a prosthetic memory can only simulate the experience of an event in a limited way, yet is very effective to transmit an experience between subjects (2011: 66). In 2020, Porter’s prosthetic memory, that is, her simulation of the pandemic event, became increasingly real as readers were living through an equally traumatizing situation. The transmission of the experience between subjects inevitably reached then a point of high intensity that was optimal for assigning and completing meanings in Porter’s narration.

181

4. Finding Meaning for a Pandemic

One of the reasons why reading Porter’s novella feels uncanny—in the sense of “a peculiar commingling of the familiar and unfamiliar” (Royle 2003: 1)—has to do with how the text carefully observes the nature of the flu, as Porter “traces with all-but-scientific precision the flu’s impact on the human body” (Bollinger 2013: 379). The narrative traces the course of Miranda’s sickness from the fever dreams that open the story to the suffering of headaches, pains and shortness of breath that carry Miranda to the ominous realization that “something terrible is going to happen to me” (Porter 2011: 335). Soon after Miranda accepts that she has contracted influenza, the text descends into the illusive depiction of Miranda’s delirious suffering, but once again Porter’s fictionalized recollection of her experience with the flu does not allow a clear demarcation that separates individual disease and collective trauma. Run-on sentences express a confusion between memory and delirium as Miranda remembers a landscape of warmth from her past, when suddenly a sailing ship and a jungle materialize at the foot of her bed:

[...] her memory turned and roved after another place she had known first and loved best, that now she could see only in drifting fragments of palm and cedar, dark shadows and a sky that warmed without dazzling [...] The walls shelved away in one

deliberate silent movement on either side, and a tall sailing ship was moored nearby [...] Back of the ship was jungle, and even as it appeared before her, she knew it was all she had ever read or had been told or felt or thought about jungles; a writhing terribly alive and secret place of death, creeping with tangles of spotted serpents, rainbow-colored birds with malign eyes, leopards with humanly wise faces and extravagantly crested lions; screaming long-armed monkeys tumbling among broad fleshy leaves that glowed with sulphur-colored light and exuded the ichor of death, and rotting trunks of unfamiliar trees sprawled in crawling slime. (Porter 2011: 344)

Miranda's feverish delirium transforms conscious memory —“Oh, no, I must have warmth” (Porter 2011: 344)— into an unconscious nightmare not shaped, as memory, from fragments of her experience, but from pieces of knowledge acquired through a linguistic, that is, symbolic construction of reality: she dreams up the jungle as she has read it, or been told about it. Her feelings and thoughts of what this mythological jungle looks like come from learned information, from collective imagination, which transforms Miranda's personal experience of being sick into an easily identifiable cultural icon, a myth, a cultural fabrication shared by character and readers. As Belling notes, we assume that Porter's account of surviving the flu is autobiographical because we know she suffered the disease, but “this cannot mean that she has simply recorded, as a self-witness, her own unmediated experience” because “we all learn our discourses, even down to the voice in which we offer our most private testimonies” (2009: 67). The passage of the mythological jungle clearly demonstrates Belling's point that, in a biocultural dialectic, “texts and illness construct each other” and thus the layers of memory that construct *Pale Horse, Pale Rider* are memories not only of being ill but also “of reading about being ill” (67). As she elaborates, narrative can never “reproduce the subjective habitation of the past —and especially the perpetually deflected habitation of trauma— as factual material”, so instead “it works by displacing the inexpressible into the texture of writing” (67). Hence language, in shaping a textual, mythical configuration of the jungle, constructs the bridge between Porter's autobiographical narrative and the readers' empathetic understanding of the story. It offers a familiar text, a relatable construction of meaning, which demonstrates Gilmore's point about the importance of fiction to autobiography (2001: 24). As she argues, invention and imagination make self-representation possible, while “the assertion of creativity” overcomes the silence imposed by trauma (24). An autobiographical narrative such as Porter's, modelled against the structures and references of myth, constitutes then a “limit-case” autobiographical account where “the constitutive vagaries of memory and trauma are asserted” (43). However, the familiar meanings that shape Porter's memoir ultimately collapse because, if modernism provides a kind of language that may better express the conditions of illness, it is undeniable that *Pale Horse, Pale Rider* also expresses

inevitable concerns of modernism: indeterminacy and suspicion with regards to the reliability of language as a tool to know and understand reality. As will be addressed, this circumstance becomes especially relevant when Miranda imagines the mythological jungle, because that mythical space configures “a secret place of death” (Porter 2011: 344).

In relation to this, it is crucial to consider the title of the novella, which comes from an old spiritual that Miranda and Adam sing as she lies sick in bed, and he nurses her. She begins to sing, “Pale horse, pale rider, done taken my lover away [...]” (Porter 2011: 349), and asks Adam if he knows the next line. He replies that there is much more to it, about forty verses, in which “the rider done taken away mammy, pappy, brother, sister, the whole family besides the lover—” (349). Adam’s words recall Miranda’s first dream, when she reflected that too many had died already in the bed where she lay, in a house full of ancestral bones. In this moment, individual suffering is once again inextricable from the collective trauma of a pandemic, and Miranda’s much considered reflection that the rider has not yet taken the singer, because “Death always leaves one singer to mourn” (349), conveys with great eloquence the functionality —and limitations— of Porter’s illness story as a tool for communal remembrance and healing. As the sole survivor, the singer/Miranda will become the mourner of those who perished; her purpose will be to complete the song that will serve as a memento for the tragedy. But as Gary Ciuba notes, Miranda —and Porter— cannot replicate in their own terms the old spiritual once heard in the Texas cotton fields, because such a mourning song “is founded on a transcendent view of language and death that no longer seems possible in the waste land of 1918” (1996: 57). This means to say that Miranda —and Porter— cannot easily create a meaningful song of mourning and memory, because they inhabit “the immanence that defines the modernist understanding of mortality and rhetoric” (57). Miranda, by surviving, embodies the singer of the spiritual that provides a frame of reference for Porter’s narrative, and insofar as Miranda stands in as Porter’s fictional alter ego, the novella itself stands as a mourner’s song, as evidence that, as Gilmore argues, “autobiographical and literary texts can and do constitute public mourning, expand the limits of what it means to acknowledge and grieve the losses of history, and offer a traumatic witness capable not only of injury but also of speech” (2011: 83). Yet the overarching mythical paradigm that offers a solid meaning for the old spiritual, that is, the Book of Revelation, biblical allusion, and, finally, the possibility of accessing sacred meaning through language, inevitably collapses in Porter’s post-traumatic speech. It happens precisely through what Bollinger defines as a “fusion of the personal and the mythic” that “cannot offer a reconciliation that creates meaning”, opening instead a gap of significance that reveals “the inability of the mythic to offer meaning in the modern world” (2013: 386).

For Bollinger, the fusion of autobiography and fiction in *Pale Horse, Pale Rider* creates a gap of meaning precisely because of how the personal experience of illness replaces (and cannot adopt) the preset structures of meaning contained in myth, which are, instead, contradicted. As she argues, Porter's careful observation of the flu, its symptoms, and its social impact "precludes the comfort and certainty her apocalyptic vision might otherwise have offered, bringing into tension the meaning-making function of narrative and the more accidental quality of lived experience" (Bollinger 2013: 379). After Miranda's near-death experience, she is left feeling numb and depressed. Her thoughts are captured in the words that close the novella: "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" (Porter 2011: 363). The expectations of transcendence derived from the religious configuration of her fever dreams is here thwarted, which is explained by the evidence that, as Barry demonstrates, the influenza virus affected the brain, causing serious mental disturbances and psychoses, as was immediately noted by contemporary observers (2004: 378). As Crosby points out, the story of Miranda's illness and survival ends "with an expression of the emptiness of victory over the Germans and over disease", which is "an evocation of the crushing depression that so often followed Spanish influenza" (2003: 318). Apocalyptic revelation, expected after the set of mythical allusions that give shape to Porter's text, dissolves into a clinical representation of one more flu symptom: one more example in which the personal experience of disease tears down the mythical architecture of the text. But also, as is worth exploring, the textual shape of reference and allusion in the novella contributes itself to the dismantling of such mythical certainty.

As argued so far, Porter turns to the mythic to encase her fictionalized, limit-case autopathography within the framework of biblical allusion, shaping the central imagery of her story as a counterpart to the old spiritual that Adam and Miranda recall. This circumstance should provide for the survivor's tale a source of meaning and structure, which in turn would serve the author (and the protagonist) as a tool for processing trauma, operating in consequence for the reader as a mechanism that, through familiarity, facilitates empathy and understanding. However, as discussed, myth as a stable source of meaning fails when confronted with the protagonist's first-person experience of illness. But it also collapses through a complex system of crossed references that, as typically found in the modernist zeitgeist, challenge straightforward representation. The pale rider of the title, the fourth horse of the Apocalypse, described as ridden by Death in the Book of Revelation, refers to the rider that appears in Miranda's dream at the beginning of the novella, but he is also alluded to, in a double-layered—or tripled-layered—system of references, through the old hymn that Miranda and Adam sing and

through the title of the story, which offers a set framework for the novella itself as Porter’s own song of mourning. Mythical allusion thus multiplies. It is intradiegetic, extradiegetic, structural, symbolic, and even paratextual. Successive references to the biblical source are superimposed, which separates the sacred meaning of the scriptures from the narrative, drawing attention to the crossed references themselves, that is, to the textual matter of Porter’s text. Words are disconnected from a sacred meaning they can no longer incarnate. They are tangled in a closed network of interrelated references that conveys, in Bollinger’s terms, “the resistance to [...] meaning implicit in the world view of the modern era [Porter] commemorates” (2013: 379).

Ciuba notes that, as Miranda attempts to remember the lyrics of the spiritual, she does not do so as an expression of religious faith, but as an exercise of memory, as she tries to keep herself from falling unconscious (1996: 61). She clings to the words for their familiarity, not for their sacred significance, which, for Ciuba, certifies that, in the story, “words only matter as matter” (61). This becomes obvious as Miranda faces death, a moment of (un)consciousness that is presented, precisely, as an awareness of the “emptiness of language” (64). In what Ciuba defines as “a vision of language as solidly representational”, Miranda imagines death in spatial terms, defining words as ‘oblivion’ and ‘eternity’ through “sensible images” (64). ‘Oblivion’ is described as a “whirlpool of gray water” and ‘eternity’ as “more than the distance to the farthest star” (Porter 2011: 356). Miranda envisions herself “on a narrow ledge over a pit that she knew to be bottomless”, as “she strained back against a reassuring wall of granite at her shoulders” (356). In that moment, as she comprehends that “soft carefully shaped words like oblivion and eternity are curtains hung before nothing at all” (356), she understands that “that is death” (356). Ciuba explains this understanding of death as “an image for the end of the images that verify her words, for language emptied of transcendence significance” (1996: 64-65). If, as Belling observes, narrative necessarily displaces memory into the “texture of writing” (2009: 67), that is, into the words as matter, Miranda’s moment of revelation exposes an emptiness of transcendence that removes the possibility of finding a solid and unified meaning in Porter’s song of mourning.

Revelation results then, in a lack of meaning, which exacerbates the traumatic experience and coheres with Miranda’s pathological depression at the end of the story. For the imagined reader, confronted with the familiar indeterminacy of modernist prose, meaning remains open and incomplete. In the times of COVID-19, however, the contemporary reader partakes in the collective trauma that amplifies and confounds Miranda’s individual experience, which offers a new path for revelation. In Miranda’s fever dreams, as memories of warmth turn to myth to imagine an archetypical jungle as a “secret place of death”, her unconscious

cannot escape the collective nature of her own trauma: “the air trembled with the shattering scream and the hoarse bellow of voices all crying together, rolling and colliding above her like ragged stormclouds, and the words became two words only rising and falling and clamoring about her head Danger, danger, danger, the voices said, and War, war, war” (Porter 2011: 344-345). Once again, the significance of Miranda’s experience of illness relies on self-referential words that offer no certain meaning. But for the present reader, the closeness of Miranda’s experience presents an alternative. She is “both present and elsewhere” (Belling 2009: 66) as her feverish dreams coalesce with the conscious apprehension of her surroundings, and the social impact of the pandemic interferes with her delirium as Miranda’s landlady threatens to evict her: “I tell you, they must come for her *now*, or I’ll put her on the sidewalk... I tell you, this is a plague” (Porter 2011: 345). The reader of today has no trouble empathizing in this moment and can fully participate in Porter’s exercise of remembrance, as Adam promises that help will come for Miranda the following day, explaining that at the time “they can’t get an ambulance [...] and there aren’t any beds. And we can’t find a doctor or a nurse. They’re all busy” (345). In our pandemic times, the familiarity of Porter’s tale brings a chill to the bone, quite evidently when, soon afterwards, Adam informs Miranda that “it’s as bad as anything can be [...] all the theatres and nearly all the shops and restaurants are closed, and the streets have been full of funerals all day and ambulances all night” (345). Our very recent fears echo loudly when Miranda replies: “But not one for me” (345).

186

5. Conclusion

As argued so far, reading *Pale Horse, Pale Rider* today brings the strangeness of Miranda’s feverish, mysterious narrative to uncannily familiar territory. In general terms, literary testimony about surviving disease during a pandemic encourages readers’ empathetic response to trauma narratives by enabling them to participate, imaginatively, in the experience (Davis 2011: 71). But, specifically, in the current pandemic context, a sympathetic understanding of the overwhelming deterioration of body, mind and morale caused by a widespread viral infection offers not simply a connection with the dead, or with the sick of the past. It holds up a mirror that offers hopes of survival and connection through remembrance. The last words of the novel famously claim that “now there [will] be time for everything”, but only in “the dead cold light of tomorrow” (Porter 2011: 362). Such a numb emotional state, which reproduces the clinical “crushing depression” that often followed the flu (Crosby 2003: 319), expressively denotes that Porter’s structural turn to the mythic in the novella cannot offer a reassuring meaning for trauma (Bollinger

2013: 386). Despite the mystical imagery of her near-death visions, Porter’s song concludes with a sense of loss and emptiness (2011: 383). In Bollinger’s words, the narrative turns to biblical allusion and apocalyptic archetypes “to give shape and presumably meaning to [Porter’s] experiences” (2013: 370). This statement replicates the author’s own expression in an interview in which she argued that the work of the artist was to take the “handfuls of confusion” that shape human life and “put them together in a frame to give them some kind of shape and meaning” (in Bollinger 2013: 371). These words by Porter, resounding in the echo chamber of modernism, recall T.S. Eliot’s formulation of his famous mythical method, which argued that the use of myth in modernism was “simply a way of controlling, of ordering, of giving a shape and a significance to the immense panorama of futility and anarchy which is contemporary history [...] a step toward making the modern world possible for art” (1952: 426).

Pale Horse, Pale Rider partakes in modernist mythopoeia, which turns to myth as a frame of reference for order and significance, but which ultimately expresses an inescapable suspicion of those comforting certainties traditionally found in mythical narratives. As Michael Bell has claimed, myth was once “foundational, holistic and inarguable” (2009: 12), but in modernism, after this had been revealed as objectively untrue, it made “simultaneous reference to belief and to falsehood” (3). Mythopoeia became then a useful vehicle to encapsulate the paradoxes and indeterminacies of the modern world view, refuting the possibility of monolithic, transcendental meanings. In the case of Porter’s narrative, the expectation of a mythical revelation is confronted with the aestheticization of an individual’s pathological distress. However, even when the certainties of apocalyptic narratives—that is, the unveiling of a transcendental meaning, of a divine power that can ultimately explain human suffering (Bollinger 2013: 386)—are lost in Porter’s acute recollection of personal and collective trauma, the tale allows, for the reader of today, the possibility of sharing and accepting uncertainty. It offers through recognition and imaginative sympathy a new chance for meaning and recovery. Because, as Davis notes, aestheticizing the experience of the pandemic means ensuring that the pandemic will not be forgotten (2011: 71), and recuperating that almost lost cultural memory of the 1918 influenza means recovering the survivors’ group identity and in consequence restoring a collective memory that connects survivors to one another (60). Porter’s novella may not offer a solid, archetypal meaning for trauma or illness, but it does offer, in the present experience of reading, an opportunity for collective healing. It presents a chance for rebuilding our recently disturbed communal identity through self-recognition in the memories of others. This circumstance, in turn, opens a newfound path towards healing, towards a physical, mental, and social recuperation achieved through connection and understanding in a terrible time of distance and isolation.

Notes

1. See, for example, Fajgenbaum and June (2020), Hojyo et al. (2020), or Mahmudpour et al. (2021). Fajgenbaum and June, as they review the history of the term 'cytokine storm', note that this "life-threatening systemic inflammatory syndrome involving elevated levels of circulating cytokines and immune-cell hyperactivation" was historically referred to "as an influenza-like syndrome" and was "suspected to contribute to the lethality of the 1918-1919 influenza pandemic" after a "reconstructed H1N1 virus isolated from the 1918 pandemic, as compared with common reference strains of the virus that causes influenza A, triggered marked pulmonary inflammation in mice" (2020: 2255).

2. Data collection for this study was carried out throughout the years 2021 and 2022. Last update of COVID-19 data was

June 2022, a few months after the Omicron surge peaked in Europe and the United States, changing the shape of the pandemic. The Omicron variant of SARs-CoV-2, first reported by the World Health Organization on 24 November 2021, raised expectations of a transition from pandemic to endemic SARs-CoV-2 (Powell 2022). Omicron's high infectivity, its tendency for mild illness, generalized vaccination and increasing immunity due to past infection were from the beginning of 2022 believed to hopefully result in "some immunity to the virus becoming common around the world" (2022).

3. I use the term 'autopathography' here in its most general sense, as originally defined by Thomas Couser as an "autobiographical narrative of illness or disability" (1991: 65).

188

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Reading Illness from “The Dead Cold Light of Tomorrow”

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