

Editorial

Resilience, Re-silence, Repeat: The Past and Future of Pandemic Reminiscence

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The influenza epidemic of 1919, though it had an enormous mortality in the United States and was, in fact, the worst epidemic since the Middle Ages, is seldom mentioned, and most Americans have apparently forgotten it. This is not surprising. The human mind always tries to expunge the intolerable from memory, just as it tries to conceal it while current.

- H. L. Mencken

From the spring of 1918 through the summer of 1920, perhaps 50 million people worldwide lost their lives (Terry, 2020) to a strain of influenza that was without precedent in terms of its virulence and against which medical science had little to offer. One out of every three residents of the United States suffered the effects of the illness, and one out of every 160 people died (Blanchard, 2018). Unlike COVID-19 deaths, which tend to occur among older adults and those with already compromised health, death from the 1918 flu was concentrated at an alarming rate among young adults at the peak of their health and vigor. The disease was devastating in both the speed of its course and the horrific nature of its effects. It is safe to say that over the close to two-year period this pandemic event dominated private fears and public discourse as few events did in the 20th century.

And yet, as a number of authors have noted, within a short period of time after the 1918 pandemic ended, discussion of it appeared to largely stop—which seems highly counter-intuitive. How could such a significant event so quickly leave both the stage of public discourse and, it appears, the day-to-day thoughts of people who had struggled for so long through this stressful (at best) or tragic (at worst) period of their lives? This leads to the question, now relevant in our time, of what clues the aftermath of the 1918 pandemic can offer us regarding the frequency with which people will reminisce in the years to come about the current COVID-19 pandemic and the nature of these reminiscences. In this short essay I'll provide a brief summary of ideas offered recently about

these issues, and I'll propose a best guess as to the fate of COVID-related memories.

A number of authors have made the observation that the 1918 influenza pandemic was largely forgotten in the decades that followed it. As a first example, in a column published in *Scientific American* in November 2020, Scott Hershberger noted that when the *Encyclopedia Britannica* published a 1,300 page, two-volume history of the 20th century in 1924 no mention was made of the influenza epidemic that had ended only a few years before. In hindsight, this seems like a strange and significant oversight on the part of the work's authors and editors. In another essay from 2020, Becky Little observed that the 1926 memoirs of Victor Vaughn, a physician who had served in a U.S. Army camp overrun by influenza, contained very little comment on the outbreak or his role in treating it. In book length treatments of the subject, the historian Alfred Crosby renamed the second edition of his book on the events of 1918 as *America's Forgotten Pandemic* (2003), and, perhaps best summing up this line of observation, Lynette Iezzoni (1999) referred to the 1918 pandemic as "the horror story no one remembers" (p. 199).

Of special interest for the field of reminiscence and life review, Little (2020) cites J. Alex Navarro, Assistant Director of the Center for the History of Medicine at the University of Michigan as stating that very few newspaper articles at the time recounted stories of individuals affected by the pandemic. In addition, according to Hoehling (1961), newspaper accounts at the time underplayed the severity of the disease and focused on official statements from health officials rather than on the consequences of the disease for individuals and families. For a country whose attention was also focused on its involvement in World War I, an event with a clear narrative arc, it appeared difficult to describe experiences related to the influenza pandemic within the narrative structure of a story—especially when these experiences had no clear cause, terrible bodily effects, no public heroes, and often tragic endings.

If the previously cited authors are correct, and the 1918 influenza pandemic was largely forgotten, how did that happen? In answering this question, it is certainly possible to employ well-established principles of memory function originating in the cognitive sciences. For example, one might argue that the pandemic events of 1918 were such that they simply did not promote later recall—or, rather, events in most years *after* the pandemic

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bore so little resemblance to life during the pandemic that they rarely provided the necessary cues to prompt later recall. For example, one common precaution taken during the 1918 pandemic was wearing a mask; however, because masks were unnecessary in the years to follow, it would be a rare event to see someone wearing a mask in everyday life. This meant masks were rarely available as visual cues for pandemic-related events with which they were associated.

Supporting the role of cues in regulating the frequency of recall for pandemic-related events is the observation that interest in the 1918 pandemic has spiked whenever a new pandemic has threatened health and safety. This includes renewed interest during serious flu outbreaks in 1957 and 1968, and, most recently, when the global effects of COVID-19 were becoming clear in the spring of 2020. Hershberger (2020) notes, for example, that the Wikipedia page for the 1918 pandemic was accessed 8.2 million times in March 2020—far exceeding the previous monthly record of 144,000 views in 2018 during the 1918 pandemic’s 100-year anniversary. This is consistent with the view that pandemics aren’t “forgotten,” in the sense that memory for them is lost, but they do go unprompted or “unremembered” for long stretches of time.

A second explanation offered for the scant attention paid in the years following the 1918 pandemic is that events surrounding it were simply too painful to remember. On the surface, at least, there seems little point in remembering events that had horrific and tragic effects at the time but that seemed completely removed from the ins and outs of daily life once the disease had run its course. In a world focused on moving forward, these authors (e.g., Crosby, 2003; Mencken, 1956) note that there just didn’t seem to be much point in dwelling on events from the past, especially if they had little to do with building a brighter future.

At this point we have two potential sources of influence over recall of pandemic-related memories. The “fewer cues” theory explains reduced recall of pandemic events by invoking a lack of reminders among the events occurring around a person in later years. With this factor, the contents of consciousness emerging from memory are largely under the control of one’s environment rather than governed by a person’s internal will to remember—it’s an outside-in effect. In contrast, the “avoiding painful memories” explanation is an inside-out effect where individuals exert control over the contents of consciousness to avoid the discomfort of recalling painful events, especially when these events no longer seem imminent in terms of threat.

My best guess is that the 1918 influenza pandemic fell off the radar of individual recall and public discussion because of the simultaneous and combined effects of both previously described factors. In short, beginning in the 1920s people weren’t externally reminded of the 1918 pandemic very often and there was little internal motivation to revisit it. Likewise, the application of these factors can also explain the sudden burst of interest in the 1918 pandemic when news of a new pandemic presents

itself. When a new pandemic threat emerges people are suddenly swimming in a sea of cues for memories of previous pandemics—either personal memories of lived experiences or memory for information learned long ago, possibly in school. In addition, the threat of health risks provides sudden and powerful motivation to recall and apply lessons learned from previous pandemics. The convergence of these outside-in and inside-out factors makes it difficult to avoid thinking about previous pandemics.

Although drawn from fiction, one analogy for what happened to memories of the 1918 pandemic—and what I think will happen to memories of life under COVID—can be drawn from the plot arc of the classic science fiction movies *Alien* and its sequel *Aliens*. My apologies if you aren’t familiar with them, but I think they illustrate how memory for a rare but serious event can go “unremembered” for a long period of time and then re-emerge much later when it’s needed. Specifically, in the first movie *Alien* (1979) the hero, Ellen Ripley, is a member of a crew on a spaceship that is attacked by a member of a previously unknown but violent alien species. Ripley is resourceful enough to survive after the rest of her crew is killed but only by destroying her own ship and escaping on a small lifeboat vessel. At the end of *Alien*, because the lifeboat is an enormous distance from any possible source of rescue, she places herself in suspended animation. At the beginning of the second movie, *Aliens* (1986), Ripley is reawakened after 57 years, and then, some time later, because of her success in surviving her encounter with the alien, she’s asked to join an expedition to help a new generation confront the creature—the same threat. Her knowledge of fighting the alien wasn’t lost to collective memory (Wertsch & Roediger, 2008)—it wasn’t forgotten over this 57-year period—it was just literally frozen, waiting for the moment when Ripley’s memories could be put to use when they were badly needed. Although the analogy clearly isn’t perfect, in much the same way, pandemic-related memories of 1918 could lay dormant for many years until 1) relevant cues activated them into consciousness and 2) the potential benefits of using these memories to prevent painful events in the future was more motivating than the costs associated with the pain of recalling tragic events of the past.

I suspect these same factors will combine in the years to come to catalyze another round of pandemic under-remembrance and then sudden, fervid recall. At first, the day-to-day weirdness and inconvenience of COVID will fade quickly. Iconic images of refrigerator trucks storing the bodies of COVID victims and of family members talking to senior living residents from outside their windows will rarely spring to mind, and even sharp family disagreements over masking and vaccination will seem less and less important. The ability to access long unused knowledge, either personal knowledge of specific, experienced life events or recorded information available through written and other media, provides great advantages in helping a current generation face challenges that are largely new to them. This part of the cycle of

pandemic memory is an era of resilience where people struggle through hardship (e.g., unemployment, isolation, uncertainty about the future) and confront tragedy as best they can, using the tools they have. Memory for, and knowledge of, previous pandemics is one of these powerful tools. But once the effects of COVID have largely abated, when COVID restrictions have ended and the in and outs of daily life reset (largely) to the way they were before COVID, there will be little need for the lessons of life under COVID to speak to us, and they will go silent, waiting in the background for times when we need them again. Across repeated episodes of the same type of challenge this cycle becomes one of *resilience* and *re-silence*, in which the volume of the inner voice of memory is raised to “11” in the thick of a crisis but turned down to near nothing in those times in-between, *repeating* as often as necessary. Resilience, re-silence, repeat. That, I think, is the rhythm of pandemic reminiscence. Let’s hope we live for a long time to come in an era of “silence is golden.”

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