

In "The Masked Disease: Oral History, Memory and the Influenza Pandemic", Lucy Taska (1994) investigates how individual and collective experiences are translated through oral narratives in constructing our perception of the past. Drawing upon various scholars, she portrays memory as expressing qualities of myth and metaphor. As such, it has the power of memory to illuminate the historical, political and social contexts of what is remembered. Focusing on the transmission of oral history, the author demonstrates that when people "misremember" facts they in fact provide researchers with important information. Although oral accounts of events may conflict with written documentation, Taska argues that historians should accept oral testimony as a legitimate account because it "constitutes a politically shaped interpretation and representation of lived experience" (127). Therefore, it is able to reflect the prevailing ideologies, cultural values and social conflicts of the time. The article reports on Taska's research regarding people's memory of the 1918-19 Influenza Pandemic in Australia, drawing upon her extensive study of documents from the era as well as other oral historian's work regarding the same subject. Her analysis of the pandemic demonstrates how memory engages in a dynamic negotiation with individual circumstances and cultural meanings in constructing the collective conscience that then manifests as both myth and historical knowledge.

In demonstrating how experiences of the past are transformed into myth, Taska refers to Alistair Thomson's study of the Aztecs, which defines the making of myths and legends as the articulation of both individual and collective experience. Oral history is thus able to reveal incongruities within the structure of memory that reflect changes in perspectives and circumstances. The various narratives encoded within this history function as a guide as the process by which the individual, immediate circumstances, past events, and social norms interact in shaping identity. In this way individual as well as collective, political and national identities are formed. Furthermore, Taska cites Marianne Debouzy in noting that memories shift according to the retention or change of political and social agendas. For example, when Debouzy researched the oral accounts of French workers she found that militants who had a continuing association with labour organizations perceived past struggles of workers as inspirational and positive events. On the other hand, non-militant workers interpreted these conflicts negatively, as a social disturbance. The memory of a past public event effecting daily life thus provides a reference for the way people react to events in the present, on an individual and group level. Taska claims that this reference reveals the way in which memories considered appropriate for "authorized discourse" (128) are chosen, and then perpetuated in achieving the character of myth. Finally, the author notes Lenore Layman's definition of metaphor as the relativity and cross-referencing of experience in the interpretation of a particular reality. This interconnection impacts the construction of memories, allowing people to resolve inconsistencies in order to find meaning and logic in their experience. Translated into the collective memory, it allows people to reframe new experiences and perceptions, such as those involving power imbalances and exploitation. In short, myth making is a continuous event that is shaped by many experiences and voices, some becoming dominant and encoded in society.

Taska's own research, conducted in association with Martin Lyons, supports her discussion of myth. She finds that many of her subjects display the same tendency to combine or confuse the Bubonic Plague

and the Influenza Pandemic; subjects in other researcher's interviews reveal that it is common for people to use the wrong official name when asked about the 1920 pandemic. Taska offers several explanations for this mistake. The Bubonic Plague, which struck Australia in 1900 and caused 1215 deaths over a 10 year period, shares circumstances in common with the Influenza Pandemic, even though its death toll of 12,000 was much larger and occurred in a much shorter time frame. First, in both cases the cause of the disease was unknown, which intensified the public's fear and panic. Second, there were commonalities in the social and circumstances that surrounded the epidemics, which caused the first to become a "reference point" for the second (133). The Bubonic Plague afflicted primarily men between 15 and 44, who accounted for eighty three per cent of the deaths it caused. It spread primarily in working class areas, so poor families suffered tremendous financial hardship when fathers and husbands died. There was likewise a devastating and tragic loss of life among men prior to the Influenza Pandemic due to the First World War. The casualties numbered 60,000, and were concentrated among the lower class. Additionally, people turned against each other in fear of infection during the plague, causing a state of mistrust that was paralleled by social conflict in Australia during the war years, when industrial conflict divided communities. Taska suggests that these similarities caused a juxtaposition of the two epidemics in the memory of the Influenza Pandemic. Parents who lived through the Bubonic Plague told their children about the experience, and it became part of their knowledge about the past. A subject born in 1914 told Taska that he remembers adults talking about the "plague," and also recalls people wearing masks, although he wasn't sure whether this was of memory something he observed, or of a picture he saw in the newspaper. Through these observations, the author illustrates the mental process by which this child would fuse the experience of the two epidemics in memory. She claims this fusion was most common among people born near the end of the Bubonic Plague. Thus, "social responses to any particular disease are 'influenced by familiarity with others' " (133).