

REFLECTION ARTICLE

The summoned memory of the COVID-19 pandemic: dying in a world interconnected by networks

La memoria convocada de la pandemia de COVID-19: morir en un mundo interconectado por las redes

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Abstract The COVID-19 pandemic profoundly transformed the perception of death, a topic previously confined to private spheres but now widely discussed on social media. This article reflects on the pandemic's impact on the concept of mortality, particularly in societies characterized by hedonism and death denial. It examines how digital technologies enabled new forms of mourning, often marked by isolation and virtuality, and explores the ethical and social implications of dying alone. Finally, it highlights the importance of human presence as an essential component of dignity in the final moments.

Keywords pandemic, COVID-19, social networks, death, bioethics, solitude, dignity.

Resumen La pandemia de COVID-19 transformó profundamente la percepción de la muerte, un tema que había sido relegado al ámbito privado y ahora es ampliamente discutido en las redes sociales. Este artículo reflexiona sobre el impacto de la pandemia en la concepción de la finitud, especialmente en sociedades marcadas por el hedonismo y la negación de la muerte. Se analiza cómo las tecnologías digitales permitieron nuevas formas de duelo, a menudo caracterizadas por el aislamiento y la virtualidad, y se abordan las implicaciones éticas y sociales de morir en soledad. Finalmente, se destaca la importancia del acompañamiento humano como un componente esencial de la dignidad en los momentos finales.

Palabras clave pandemia, COVID-19, redes sociales, muerte, bioética, soledad, dignidad.

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Introduction

The advent of social media has radically transformed human interactions, becoming one of the most significant cultural manifestations of recent decades. These platforms have altered how people communicate, access information, and interact with their environment, becoming deeply integrated into everyday life (Severo et al., 2019). Beyond their recreational uses, social media has impacted key areas such as the economy, politics, and education, becoming a central axis of the so-called “information society”. In this context, global communication and connection dynamics have changed life experiences and conceptions about death and mourning, aspects traditionally relegated to the private sphere.

The COVID-19 pandemic represented an unprecedented challenge destabilizing social, economic, and healthcare structures worldwide. This global event, marked by physical isolation and social distancing, accentuated the dependence on digital technologies, including social media, as the primary means of interaction and communication (Filip et al., 2022). During this period, social media emerged as spaces to collectively process the impact of the crisis, from sharing news and personal experiences to expressing emotions and reflections on death. However, they also highlighted the contradictions of a society that, although hyperconnected, faces finitude in a context of loneliness and fragmentation.

The perception of death, historically shaped by cultural and religious factors, was profoundly altered during the pandemic. In many Western cultures, talking about death has been taboo, associated with an implicit denial of human fragility (Sallnow et al., 2022). The magnitude of COVID-19 brought this topic to the forefront of public discourse, exposing the limitations of a hedonistic system that avoids confronting mortality. This phenomenon affected people in the private realm and sparked ethical and social debates about dying alone, unequal access to medical care, and the role of technology in farewell rituals (Ortega, 2021).

Social media is the most notable cultural phenomenon of the late 20th and early 21st centuries. They now represent an important economic factor, politics, education, social relations, and more. This is why we talk about the information or communication society. According to Castells (2003), when referring to the “knowledge society”, we are talking about a new technological paradigm with two essential components: the Internet and the ability to reconfigure the codes of living matter. Its main outcome is globalization. In this context, it is relevant to analyze how people faced death during the COVID-19 pandemic and the innovative aspects related to social media. However, it is also necessary to consider certain philosophical aspects that arise in an era that revives

reflection on humanity and its environment.

Critical analysis

The return of death to everyday discourse

We begin by asserting that social media has brought us a new cultural dimension regarding the issue of finitude. The Internet is not only a form of technology but also a cultural production. In the case of the pandemic, a trend that had dominated Western culture for over 50 years was reversed: viewing death as something impersonal. Culturally, we do not accept the idea of dying. According to Castells (2003), our society has adopted an attitude toward death that recalls what the French historian Philippe Ariès proposed in his work *History of Death in the West*. Ariès pointed out that efforts have been made to “domesticate” death, making it a topic that people prefer to avoid discussing. In English-speaking contexts, even mentioning death directly can be considered inappropriate, opting instead for euphemisms like “pass away” to avoid the word itself.

It seems that our hedonistic society, characterized by pleasure and enjoyment, explicitly rejects the topic of death in schools, high schools, and academies because it is taboo. The matter is exclusive to television, which in this case substitutes education, as well as to videos that present it in a mix of playful violence and eroticism. There, in movies and games, three types of messages are offered to children, adolescents, and adults: one is that death is something entertaining; second, that life is a brutal process of everyone fighting against everyone; and finally, that death always happens to others but never to the one watching the screen. Therefore, the vision of finitude or the end of life is only accepted in its violent forms (terrorist acts, shootings, and children’s games), even though, in truth, it is the inexorable condition that awaits us all (Bordado, 2021).

The case of Venezuela

In our country, some people denied the reality of the COVID-19 epidemic and attributed the alarm to government maneuvers to control the population. At the same time, social media shows the dramatic global situation. People found it hard to believe that a virus could exterminate us all. In this regard, Altares (2021) stated that, like in times of war, a pandemic forced people to learn to live with death. The first official death from the coronavirus in Spain was a traveler from Nepal on February 13, 2020, although this was discovered later.

For many, the disease was still a distant rumor spreading from the other side of the world, not yet becoming the ho-

rifying reality that would paralyze their lives. However, starting on March 3, the official count began, and the numbers quickly increased: the number of hospitalizations, ICU admissions, and fatalities broke into daily life, becoming a sinister, daily routine of numbers.

In such situations, finitude jumps into daily life and is encoded through rituals of cultural complexity. Common sense and a sort of “necessary” forgetting always contradict the reality or possibility of worldwide extermination (Rubio, 2020). The stir caused by COVID-19 even displaced the “natural” deathbed: now people died in hospitals to avoid contaminating others with the virus. At home, there was neither the necessary equipment nor enough staff to care for someone going through the critical stage of the disease. However, a “technical” death was guaranteed in health centers or hospitals. This is the opposite of what occurred in previous times when people died in the poorhouse or among beggars.

Death as a digital spectacle

The death from Covid-19 became a fascinating spectacle on social media. On the phone, one could see people dying in hospitals without any ceremony or ritual where the dying person presides over the scene, surrounded by relatives, because this now posed an inconvenience. Instead, the end was divided into several stages, so it was no longer clear when the actual expiration began—whether when the patient lost consciousness or when they took their last breath (Bordado, 2021).

In any case, the precarious situation in Venezuela was such that the state did not even implement community educational networks to attend to the emotional needs of children and adolescents (APC, 2020). As a result, people, informed of everything through their mobile phones, presumed that the state was lying about the truthful information regarding any event (Garduño, 2020). Paradoxically, in our time, even the poorest can have a mobile phone, though they may lack food.

The addiction to mobile phones has become a significant problem. According to Bhattacharya et al. (2019), nomophobia, defined as the fear of being without or away from a mobile phone, has been present for the last decade and was recently recognized as an official phobia. This global trend showed a notable incidence in Latin America.

But it is one of the remaining means of getting various pieces of information (many exaggerated or distorted). The usefulness of technology was emphasized in many countries during the COVID-19 pandemic, to the point that telemedicine or “digital health” via smartphones reemerged (Tukur et al., 2023). This allowed the most vulnerable people and those

from marginalized sectors to have remote consultations with specialist doctors, as happens in countries like Mexico.

It even allowed many mothers to see their deceased children or relatives on smartphones in countries like Ecuador, Peru, Bolivia, Colombia, and others where they had emigrated. There, on the screens, they painfully watched their deceased loved ones wrapped in a plastic bag or sheet, placed in a simple box or casket, with few people around the coffin and covered with face masks. Thus, digital technology made death a “spectacle” (Otto, 2023).

The pandemic returned a topic to public opinion that had been relegated to the intimacy of the home (Isasi et al., 2021). It also implied new ways of working from home, revealed human fallibility, and even altered the way of “doing politics” (through social media), negotiating products with more people, and even having fun and meeting people from all over the world. Later, vaccines brought some relief and faith in research, but there is no longer complete certainty that they can save us all and definitively.

In any case, the sociology of networks brought ideas of status and human dignity to consciousness. First, the social condition from which many doctors and family members decided who would receive better care in the health center was presented. Then, the idea of dying indignantly alone or accompanied by relatives was presented so that expiration would not be a bitter transition.

The radical loneliness of being

The death in solitude represented, both psychologically and socially, a significant challenge for terminal patients and their families. During the pandemic, many patients died without the presence of their loved ones, who could not enter healthcare facilities to provide comfort (Selman et al., 2021). These cases highlighted the need for deep reflection on the dehumanization of dying or passing away in abandonment. The situation was even more dramatic in children and adolescents due to the strong attachment they develop toward their parents during these stages of development. Under such circumstances, the child experienced a desperate and distressing situation. This issue is relevant from an anthropological, practical, and ethical perspective (Meade, 2021).

Debates arose about the justice of allowing people, condemned by various diseases, to die alone, facing the anguish of not having their loved ones nearby in their final moments. Opinions on this matter were diverse and controversial, influenced by the regulations intended to prevent the spread of the virus to other people, healthcare staff, or visitors (Chochinov et al., 2020).

The urgent need to save many patients led to the creation of a mass of depersonalized sick individuals who, after a situation of vulnerability, had to die alone, with little time to prepare for such an ordeal. In an attempt to protect themselves from infected patients, they were left without company, facing their end alone. It is understandable that in such stressful situations, doctors and nurses cannot dedicate the required time to each patient at the end of their life (Yu et al., 2021).

In response to the severity of this situation, some hospitals opted to provide family members with masks and other protective measures that allowed them to be as close as possible to their loved ones during critical moments. In other cases, farewells were made through text messages on mobile phones or affectionate gestures from the other side of a glass or window in the isolation room (Isasi et al., 2021).

According to the Spanish Association of Bioethics and Medical Ethics (AEBE, 2020), countries such as Spain, Germany, France, and Italy, in collaboration with bioethics committees and hospitals, approved specific protocols or norms to allow a family member to accompany the dying person without risks, also protecting the medical and nursing staff. The intention was to prevent the patient from feeling helpless or building psychological barriers that would focus them solely on their situation. It is known that being accompanied allows death to occur more quickly, albeit in silence.

Transferring a patient to the isolated loneliness of a room is like locking them in the antechamber of death, where the patient ends up dying before their time. In the most destitute and pleading moment of their life, leaving them in such a state is harmful. Staying isolated when companionship is most needed is almost like losing the sense of life. Alone, nothing makes sense because there is no meaning for the patient without an ontological and existential mutuality to sustain them, without being cared for by others. Dying alone is dying without being watched, without a watcher or a guardian, which is what defines care and the caregiver.

The idea that a patient should never be left isolated logically derives from the fact that, as a subject of coexistence, of living together, they are also one of dying together or passing away next to those “others” who shaped them over time. With them, the goal is to alleviate their pain. Companionship slightly reduces the additional harm to health, to the little physical and mental well-being. Thus, the ethical principle of not increasing the suffering of the terminally ill (beneficence) is fulfilled.

The one who dies alone dies consumed by their sorrows,

withdrawn into themselves, like a wounded animal at the back of a cold cave waiting for its hour. We hasten death if we isolate them; we certify it in advance because, by leaving them alone, it is as if we are telling the dying person to behave like a dead person while they are still alive. The solitary dying person becomes a living dead, even though clinical death has not yet occurred. Anonymous or depersonalized death is humiliating for the patient because they interpret it as a dissolution of their identity as a singular, historical, and irreplaceable being.

This condition of isolation generates a tragic silence that is not enjoyable but uncomfortable and painful, exacerbated by the absence of any person by the patient’s side. There, the history of being is written in an extreme situation that leads the individual to feel closer to the other side of the dead than to the side of the living. The few days of life that may remain will be experienced as a long wait in psychological time.

It is logical, then, that in the stressful situation that takes hold of the dying person, the most common biological response is the request for companionship to avoid the loneliness that alerts the brain that something vital is missing: the other or others. This is also important if the patient must make any decisions before the critical stage. It sometimes even delays the phase of expiration.

Many testimonies support the certainty that those about to die—the *morituri*—are physiologically and mentally capable of delaying their death on the condition of being accompanied until the last day. On the other hand, the body and soul endure less; their immune system weakens, and their strength diminishes if they die alone and isolated. A patient needs to experience the affection of a loved one for their recovery and final care; it is part of the treatment and care.

A brief excursion into philosophy

In the past, it was discovered that the patient’s social class influenced decisions about who should live and who should not. Factors such as age, social status, the state of the illness, and others, sometimes beyond the family’s control, played a crucial role. These cases raised significant ethical dilemmas. For example, questions were raised about whether the patient and their family should be informed about the proximity of death when to allow a life maintained artificially to come to an end, and how medical staff should behave in front of a patient aware of their imminent death.

Medical ethics emerged as an essential field, requiring decisions not based solely on pragmatic considerations. Vitalist thinkers, such as the Stoics and Nietzsche (2008), promoted

values such as strength, the acceptance of radical solitude, and the will to power. Nietzsche (2008), in particular, criticized the Christian view of death and life, arguing that Christianity had inverted values, promoting suffering and submission rather than strength and affirmation of life. He believed that the Christian concept of God represented a contradiction with life, being an invention to calm the weak and those fearful of death.

Furthermore, Nietzsche (1995) argued that Christianity had corrupted divinity, presenting God as a figure that denied life and human nature. He criticized Christianity's hostility towards life, nature, and the will to live, considering that it had banished humans' fundamental instincts and made the strong man a reprehensible being.

Regarding medical ethics, it was recognized that there was a need to address life-or-death decisions with profound reflection, considering the technical and scientific aspects and the human and ethical values involved. Bioethics became established as a discipline seeking to balance respect for life with the autonomy and dignity of the patient, confronting complex dilemmas such as euthanasia, abortion, and related issues.

In summary, the past demonstrated the influence of social and ethical factors on medical decisions regarding life and death. Thinkers like Nietzsche (1995) offered profound critiques of traditional views, proposing an affirmation of life and accepting death as a natural and inevitable element of human existence.

Nietzsche (1995) criticized Christian morality for promoting values he considered contrary to life and the strengthening of the individual. From his perspective, Christianity had inverted traditional values, exalting weakness and submission instead of strength and affirmation of life. He argued that by focusing on compassion and humility, Christianity had devalued the qualities contributing to personal growth and self-overcoming.

Nietzsche (1995) saw in the figure of Christ an individual who, having died young, did not have the opportunity to fully mature his doctrine. According to him, this could have led to a retraction of his teachings had he lived longer. In his view, Christianity represented a form of evasion from reality and a denial of human vital instincts. Therefore, he advocated for a reevaluation of values that would promote the affirmation of life and the strengthening of the individual.

Nietzsche (1995) deeply criticized the Christian concept of God, considering it a human invention contrasting with the affirmation of life and nature. For him, the figure of God

represented a denial of life, a contradiction that prevented the glorification and eternal affirmation of existence. Instead of promoting strength and the acceptance of man's radical solitude in the universe, Christianity, according to Nietzsche (1995), had inverted values, proposing ideals of suffering and asceticism. This inversion of values had led humanity to seek refuge in the idea of a supreme being as a form of comfort in the face of the vastness of the cosmos, an illusion created to calm the anxious and those who did not understand that the dramatic nature of death is that we are always on the verge of dying. For Nietzsche (1995), this dependence on a divine figure was a failure of pre-man, a manifestation of weakness and lack of strength.

Nietzsche (1995) saw belief in God as a human construct born from fear and vanity in the face of the vastness of the cosmos. He considered that taking refuge in the idea of God was a manifestation of weakness, an evasion from reality, and a lack of strength to face death and existence. In his work *Thus Spoke Zarathustra* (Nietzsche, 2008), Zarathustra showed indulgence toward the sick and those seeking comfort in religious illusions. He encouraged them to transform into convalescents and overcomers to create a superior body. He did not anger the convalescent who, in their suffering, clung to the illusion of a god, recognizing that illness and the sick body continued to be part of their experience. Zarathustra observed that many, especially those who poetize and venerate the gods, hate the man of knowledge and the virtue of honesty.

According to Nietzsche (2008), these individuals sought dark times when illusion and faith were distinct, and doubt was considered a sin. Zarathustra emphasized that, in reality, these individuals believed more in their bodies than in otherworldly realms or drops of redemptive blood. Despite their belief in the divine, they regarded the body as something diseased and sought to escape it, listening to the preachers of death and preaching otherworlds. Nietzsche criticized this trend, suggesting that true greatness lies in affirming life and the body rather than seeking comfort in religious illusions.

In his criticism of Christianity, Nietzsche (1995) addressed young people and naive individuals who maintained false illusions about an afterlife where they would live better than in this world. He warned them that, upon dying, they should not blaspheme against humanity or the earth. He urged them that, upon dying, their spirit and virtue should continue to shine like an evening light around the earth; otherwise, their death would have been in vain. Nietzsche expressed his wish

to die in this way so that others would love the earth more in his honor, and he longed to return to the earth to rest in the one that gave him life.

Furthermore, Nietzsche (1995) considered that Christ had died too young and, therefore, had not sufficiently matured his doctrine. He thought that if Christ had lived longer, he would have probably retracted his teachings. He observed that, in youth, people love and hate immaturely, with the spirit's mood and wings still bound and clumsy. In contrast, adulthood has more childlike wisdom than youth and is less melancholy; death and life are understood better. This approach reflects Nietzsche's critique of Christian morality and his emphasis on personal self-overcoming and affirmation of life.

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It was argued that only weak-minded individuals, influenced by the story of Socrates' death, could choose to despise the body and the earthly, even considering the possibility of suicide, either literal or symbolic. According to Savater (2007), these individuals did not perceive (or preferred not to) that the signs of the body, the symptoms, the diseases, and the pains were constantly whispering, silently anticipating the imminent outcome of their existence.

Sophocles (2014), in his work *Antigone*, illustrated this connection between life and death with the hope of reuniting with her loved ones in Hades. In her monologue, Antigone addressed the tomb as her nuptial chamber and eternal abode, expressing her intention to reunite with her deceased family members, whom Persephone had received in the underworld. She lamented descending to Hades as the last and most unfortunate, not having thoroughly enjoyed the life that was hers. Despite her sadness, she hoped her arrival would be well-received by her father, mother, and brother, whom she deeply loved.

This passage reflects Antigone's deep connection with her family and her resignation before a fate she considers unjust. It also shows her courage and determination in facing the

consequences of her actions.

Like Socrates and Plato's (2008) account, Creon, the poet, maintained his belief in immortality. However, according to Savater (2007), it was necessary to bury the body and render it the final honors before reaching that transcendence. In these rituals, the body was the object of prayers, pleas, storytelling, and the performance of funeral rites. No one seemed to face the idea of death, especially their own, with complete naturalness. In this sense, death was radically different from birth, which generated fewer questions and concerns, although, upon closer inspection, both phenomena shared a similar degree of mystery.

As observed, birth was not considered an exceptional event nor a subject for deep academic reflection, while death was, as it was seen, a cosmic injustice. People desired to live forever, though in practice, they consumed themselves in the pursuit of pleasure. In Chinese tradition, on the other hand, the birth of a baby was mourned and the death of an adult or elder was celebrated, as this event marked the end of life's sufferings and challenges.

Heidegger (1926) also reflected on the subject, noting that the corpse, even though still present, remained, from a theoretical perspective, an object for the study of pathological anatomy, which interpreted its nature from the perspective of life. According to him, what was present was "more" than an inanimate material object, as it represented a non-living being who had lost life.

As pointed out, the curious thing about death was that the remains continued to resemble the one who had lived and influenced the living. This bond was so strong that it seemed natural to speak to the deceased as if they could hear, whether to apologize, make amends, pay tribute, make a claim, or reassure them, expressing that they would be reached one day. However, as Unamuno (Páez, 2022) stated, deep down, no one truly desired to depart.

As people grew older, it was assumed that they had already lost several of their loved ones: parents, spouses, children, or other close family members. In that context, they clung to those who still accompanied them and the memories they evoked. The loneliness and profound silence that presaged the end took over them if not.

The poet from Cumaná, Duarte (2007), captured the loneliness and silence in his writings, describing them poignantly, yet also as an intimate companionship. He expressed his isolation when stating that he found himself alone, in body and soul, at seventy-five, like a flickering spark in the middle of the desert. Crowds terrified him; thus, he fled

from the human tides, war, and ill intentions. Over time, a deep sadness invaded his spirit, and he understood that in his agitated heart, incessant storms persisted. He continued, accompanied only by silence and loneliness.

In his old age, he often told his visiting friends that he had been waiting for the arrival of death to surrender to it. The proximity of this event and the awareness of the supreme solitude and absolute silence provoked a singular poetic-philosophical impulse. This occurred because creativity intensified, and at least in appearance, there was a disconnection from the social-affective world to focus on a more introspective and personal dimension (Heidegger, 1926).

Previous paragraphs mentioned that when someone dies, they seem to depart, though remaining in some way. However, according to Heidegger (1926), they no longer exist factually in this coexistence with the deceased. Nonetheless, to coexist means to be together in the same world. The deceased has abandoned our "world," leaving it behind, while those who remain can continue to be linked to it. The more one understands the phenomenon of the definitive absence of the deceased, the more evident it becomes.

Conclusions

The COVID-19 pandemic highlighted the fragility of human life and the need to rethink our relationship with death. In a hyperconnected world, social media emerged as a space to express grief and share experiences, but also as a reminder of the loneliness faced by many patients in their final moments. This phenomenon raises ethical questions about dignified treatment in critical circumstances and underscores the importance of human accompaniment. Philosophical and bioethical reflection becomes crucial to understanding these dynamics and promoting a society that recognizes and respects the inherent vulnerability of human existence.

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Conflicts of interest

The authors declare that they have no conflicts of interest.

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