Pandemic, Democratic Death, and Antifragility in Contemporary Italy

A Personal Reflection

This article aims to reflect on how dying and the perception of death in the COVID-19 pandemic have changed in Piedmont (Italy). It explores how the relatives have been deprived of the possibility of accompanying the corpses and practicing the funeral ritual of the deceased; and how a new form of 'death education' has become necessary in times of isolation.

I would like to start with the testimony by Noemi, who is one of the very young nurses (22 years old) working on the front line in a COVID-19 emergency unit in Turin:

"I spend many hours in front of a patient, then another one and another one. When I get home, I think that maybe all three died, and they didn't even know my name. They have only seen two eyes looking at them carefully to intubate or extubate them, in a white suit, with a mask that burns the face after so many hours. Alone, tremendously alone, they die clear-headed, as if drowning, without affection or someone to hug them or accompany them to the cemetery" (13 March 2020).

Where is the medical ethic in this situation, but, more importantly, what is death, and how does death take place in this pandemic? The language of war is frequently used to talk about this virus (Vita.it – http://www.vita.it/it/article/2020/03/26/la-viralita-del-linguaggio-bellico/154699/). But this is not a war, and the enemy is known. People die alone in the isolation ward of a hospital, and after a very short time, the hospital authorities are forced to dispose of the corpses to make room for new patients. These deaths, however, must not be viewed as numbers that increase the statistics or the epidemic curves around

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the world to feed an 'infodemy' seasoned with strongly misleading fictitious news. Rather, these deaths need to be considered as the end of people, each one with a life story, filled with emotions and experiences. They left their home and never came back again. They had left the places where their families in quarantine are still waiting in vain for them to return.

The coronavirus has fundamentally changed the constitutive acts of human civilization. The accompaniment to death and the ritual of mourning in which "culture as a whole prepares the strengths that are available to man to go beyond the critical moment of the mourning event and to drive away the temptations of the crisis further and more easily" (de Martino 1958: 53). Funeral rituals were one of the foundations of the ethical value for Greek and Latin civilizations: the redemption of Hector's body in the last canto of the Iliad, the drama of Antigone, the traditions of the *epicedi*, the displaying of the corpse on the *lectus funebris* (deathbed), and the practice of '*prefiche*' (women paid to publicly weep and commemorate the deceased) in classical and imperial Rome.

In contemporary Italy, none of these rituals remained in practice. Instead, nurses organize video calls with family members for bidding farewell on a death bed. The coffin is not accompanied to the cemetery. Military vehicles carry myriads of coffins intended for cremation or burial, even to cities different from where the death occurred due to the lack of burial sites. For instance, from Lombardy to Piedmont in a procession, soldiers unloaded six hundred coffins in twenty days. "It is a solitary death and no longer prohibited" (Ariès 1975: 88). Death is no longer taboo. Rather, it is the first official enemy against whom we struggle, and which lays bare our fragility and the delirium of omnipotence inherent in human nature. We die alone, and the bereaved we leave behind struggle with the difficulty of giving death a rational meaning, going through those five phases well described by Kübler-Ross (1969): from denial and isolation, passing to anger, bargaining, depression, and finally, acceptance.

Nurses in the ward, Turin hospital, Easter party. Copyright: Annamaria Fantauzzi.

What is most disturbing is not only death itself (for the dying people and their loved ones), the sudden change of habit, and the denial of sociability, but also the confusion and uncertainty that comes from the scientists who should give answers and clear indications.

Health policies have been unable to better manage the COVID-19 emergency. Many health workers have tested positive for the swab due to the absence of safety and protection devices in Italy. Supplies such as sanitizing gels and disinfectants were

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already exhausted at the beginning of March. Washing hands and keeping a safe distance, being careful to respect the endless queues outside the supermarkets, and avoiding all forms of gathering became a habit, in the name of a body which, if 'pure', is not in danger (Douglas 1966). However, no one was concerned with the ecological and psychological imbalance resulting from COVID-19 and the extent to which isolation can affect the mental health of individuals and communities, e.g. through the emergence of new forms of psychosis and 'social suffering' (Fassin 2006), which cannot and will not be contained with any mask or distancing measure. As I witnessed in the field, psychologists and psychotherapists have been listening and comforting through Skype or Zoom calls, and even assisting a child in receiving a call in which he was informed of the death of his father or mother or, even more atrocious, of a young brother.

Death becomes democratic. Not only do the elderly die but also young people in their thirties, governors and state presidents, sportsmen, women, and entrepreneurs. And the migrants, until now disparaged and refused by a large part of the Italian people, particularly in the North, help the sick and impoverished families. Africa is praying for Italy as doctors from Cuba and medical devices arrive from China. Northern Italy (with Lombardy being considered the capital of guns and lazars for the second time after the plague being described by Manzoni in the nineteenth century) is isolated from the rest of the peninsula. The southerners do not want the northerners because they would create a strain on local, already seriously flawed health systems. Today, many people die of poverty as much as the loneliness of patients (Elias 1982).

To some extent, the virus made death democratic. Many people died, and the survivors lost many loved ones, without being able to rework the mourning. Those who remain recover with difficulty. Death has subtracted the right of mourning but has increased the search for antifragility among those still alive. That is the strength to start again and go beyond one's own finiteness as a human being.

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