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# Collective Memory of Disaster and COVID-19: Narratives of Mexican Rural Women

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This article analyzes the process of construction of the collective memory of the disaster, associated with the COVID-19 pandemic event, of a group of rural women. The objective is to identify how the experiences of rural women from Xometla before, during and after the health contingency contribute to the construction of the collective memory of the disaster. A qualitative methodology was used to collect and examine the testimonies provided by these women. It is concluded that collective memory is a social construction based on painful experiences that evolves as people interact, share stories, and give meaning to the event.

# 1. Introduction

It can be argued that social events, political-economic changes in the world order, scientific-technical advances and even environmental issues and health problems, constitute foundational and transforming elements of social reality. Thus, they become determinants of the identity and culture of a community or society; and it is precisely in this complex web of realities where the collective memory of different human groups is built.

It can be argued that social events, political-economic changes in the world order, scientific-technical advances and even environmental changes and health problems constitute foundational and transformative elements of social reality. Thus, they become determinants of the identity and culture of a community or society; and it is precisely in this complex network of realities where the collective memory of different human groups is built.

Collective memory is formed through the collection of experiences, narratives and historical events shared among groups of individuals and which influence identity and understanding of the past. In the words of Jedlowski (2000) collective memory is understood as "the set of representations of the past that a collective produces, preserves, elaborates and transmits through the interaction of its members".

In the sociological tradition of Emile Durheim and Maurice Halbwachs, it should be emphasized that collective memory does not refer to the sum of individual memories; rather, it is related to the influence that social factors have on individual memory. This reality also permeates the collective memory of the disaster, from which it is possible to analyze the impact that macro-social disaster factors or events have on individual processes. Thus, when studying the collective memory of a disaster, the ways in which this traumatic event and the discourse about it are assimilated and reconstructed by individuals should be reviewed. All this in a specific historical moment, within the framework of relations between different social groups, which singularizes the global vision of a specific event, in this case, a disaster.

Therefore, the collective memory of a disaster constitutes a community reflection on the objective, subjective and psychosocial effects of an event, where the experience lived is reconstructed and given meaning, linking the past, the present and the future. In other words, we refer to a social elaboration developed according to a concrete social framework, characterized by the precariousness of the lived experiences. Thus, it is a term that alludes to a powerful phenomenon that transcends the barriers of time and takes root in the consciousness of entire communities.

So, when a catastrophic event shakes a society, its traces become an integral part of the collective identity, shaping the way history is remembered, interpreted and narrated. From natural tragedies to conflicts of war, industrial accidents to pandemics, the collective memory of disaster is an enduring testament to human resilience and the ability to learn from adversity. And undoubtedly one of the most impactful disasters of recent years has been the health emergency caused by the new coronavirus disease (COVID-19) caused by the SARS-CoV-2 virus.

This study is based on the premise that the health emergency caused by COVID-19 can be classified as a disaster situation, since it meets the four macro criteria established by the Centre for Research on the Epidemiology of Disasters (1988), namely: 10 or more people killed; 100 or more people affected; declaration of a state of emergency; or a request for international aid. A reality confirmed by ECLAC (2021), which also highlights how the threats of this epidemic can extend for years.

The COVID-19 pandemic has unleashed a series of extraordinary challenges around the world, and it has left a profound imprint on the lives of rural women. As these communities faced the invisible threat of the virus, a multitude of socioemotional challenges emerged that will unfailingly resonate in the collective memory of the disaster for generations to come. The experience of rural women during the pandemic is an essential chapter in this story, marked by resilience, struggle and sacrifice in a context of geographic isolation and limited access to resources.

In this article, we will explore not only how the pandemic profoundly affected the mental and emotional health of rural women, but also how these experiences are incorporated into the collective memory of their communities. Stories of perseverance, local solidarity, and the search for creative solutions in the midst of adversity become an essential part of the narrative of these uncertain times. As we analyze the socioemotional effects on rural women, we will also reflect on how these experiences can influence future decision making, disaster preparedness, and building a more resilient community in a post-pandemic world.

#### The collective memory of disaster

An exploration of the scientific literature allows us to identify that there are abundant research references regarding the collective memory of the disaster, from theoretical considerations to consider, its macro-social implications, to theoretical-methodological contributions for its study.

Some studies such as those of Douglas (2017) and Allier (2018) point out that the collective memory of the disaster becomes a vehicle that transports the memory of the tragic event to future generations. Cortés et al., (2018) further add that it is necessary to consider its influence in the determination of the subject, in its relationships and social imaginaries.

The approaches from which it has been analyzed are diverse. Larrosa (2018) analyzes the collective memory of disasters as a collective narration of the past, redefining the role of the media in the memory and commemoration of significant episodes. García & Padilla (2021) analyze the collective memory of natural disasters derived from hurricanes and other extreme hydrometeorological episodes; while Caycedo et al., (2022) focus collective memory on disasters caused by human beings, such as wars and sociohistorical events related to armed conflicts.

In greater detail, it can be argued that the contributions of these studies lie in the determination of disaster contexts, since they provide the starting point for the research. Added to this is the methodology applied, which includes the use of qualitative, quantitative, or mixed approaches to data collection. This may include interviews, surveys, document analysis, field observations and other research techniques. In line with this, data collection is identified in these studies as involving everything from obtaining testimonies and narratives from people to the analysis of demographic data, historical records, and other relevant documents.

Based on the scope of the search for theoretical references carried out and even though the collective memory of the disaster has been the central axis of several studies, it can be argued that the COVID-19 pandemic has not been incorporated in a significant way in the existing research. This identifies an interesting and necessary theoretical gap to be addressed in the future.

Coherently with this, the general objective of the present proposal is to identify how the experiences of rural women in Xometla, before, during and after the COVID-19 health contingency contribute to the construction of the collective memory of the disaster.

## 2. Method

The methodological approach is based on the qualitative paradigm of social science research, which allows adopting a holistic perspective of reality that seeks to fully access the interpretations and experiences of social actors regarding the phenomena under study (Taylor & Bogdan, 1987). Thus, the focus is not on the formulation of universal laws based on the

statistical representativeness of subjects and data, but on the construction of a reliable, deep, and highly contextualized knowledge of the phenomena being studied.

For this article the methodology is concretized in the epistemological stance of sociological phenomenology (also identified as social phenomenology or phenomenological sociology). This theoretical and methodological perspective is applied to the study of social phenomena and human experience in the context of life in society. This approach focuses on understanding social reality from the perspective of those who live it, emphasizing the perception, subjectivity, and interpretation of individuals in their social environment.

According to García (2005) sociological phenomenology is based on the philosophy of Husserl (1954) and the method of understanding (*verstehen*) of Max Weber (1978). From an epistemological point of view, it implies a break with the ways of thinking of traditional sociology, since it emphasizes the need to understand rather than explain reality, suggesting that it is in the *during*, in the *here and now*, where it is possible to identify elements of meaning that describe and construct the real.

Complementary to sociological phenomenology, it is important to incorporate a gender perspective into the analysis, as it provides the possibility of analyzing women's personal experience within an increasingly broader framework. In addition, the gender perspective recognizes that women and men may experience and remember disasters differently because of their gendered roles and responsibilities.

Categories of analysis to be considered.

Some key indicators to study the collective memory of the disaster include oral and testimonial accounts, historical documents, art and cultural manifestations, monuments and commemorations, changes in culture and behavior, trauma, and mental health records, among others. In the present, the collective memory of the disaster is explored from the testimonies given by women in the development of two participatory workshops and in in-depth interviews applied. Both from the workshops and from the interviews, the testimonies are classified with respect to the personal-family and social-community areas as the main categories of analysis, based on a discussion centered on considerations regarding the past, present and future.

Data collection techniques

To systematize the information, testimonies focused on the past (understood as the precise

moment of the occurrence of the pandemic), the present and the future are collected. In this way, it is possible to obtain a full understanding of how this group of rural women from Xometla remember the health emergency derived from COVID-19 and its implications for the present and the near future.

Two experiential workshops were held, whose objectives included understanding the psychological and emotional effects of the COVID-19 pandemic and learning strategies and tools to care for and strengthen mental health; and five in-depth interviews focused on the personal-family and social-community areas.

Specifically in the interviews, with respect to the personal-family area, we explored the modification of family dynamics, care, experiences of confinement and its impact, effects on mental health and emotions, as well as psychological support needed by family members. In the social-community area, we inquired about community perceptions of sick or deceased persons, experiences of collective actions with family members or neighbors in response to the pandemic, changes in social and community relations imposed by the pandemic and their permanence over time, as well as social lessons learned from the COVID-19 pandemic.

#### Participants

Eight women participated in the research, members of the Ejido of the town of Xometla, in the State of Mexico; all of them took part in the workshops and five were selected to be interviewed, based on their willingness to do so. These women are organized in the Unidad Agrícola e Industrial de la Mujer (UAIM), which in turn serves as the Centro de Desarrollo Integral de la Mujer (Center for the Integral Development of Women). The inclusion criteria were being a woman and being a resident of the town of Xometla.

In this sense, analyzing the construction of the collective memory of the disaster based on the experiences of rural women during the COVID-19 pandemic is a vital task, since it will make it possible to make the rural women of Xometla visible during the pandemic and in the post-pandemic period, to take them into account, to name them. From a rescue of their valuable contributions around the construction of a shared cosmovision of what the pandemic meant at a personal-family and social-community level.

### 3. Result and Discussion

It is pertinent to begin by mentioning that the results presented here are part of a broader investigation, framed within a master's thesis whose purpose is the analysis of the socioemotional impacts caused by the pandemic on rural women, within which the collective memory of the disaster derived from COVID-19 is presented as an opportunity to deepen the general objective of the primary research.

Through the interviews, the women participating in this research provided valuable information on how they experienced and made sense of the COVID-19 crisis and how it continues to permeate their daily lives and prospects.

In the workshops some of the socialized narratives include personal stories, common experiences, and shared perceptions about the pandemic, which ultimately highlight how these narratives intertwine to form a collective memory. Which reaffirms Escalante's (2018) words, for whom collective memory allows to thread the past with the present and the future in a dialectical way, where diverse discourses are confronted from one's own experience and everyday life.

This is with the understanding that the pandemic marked a before and after in the lives of the rural women of Xometla. The notion of collective memory accounts for past forms of consciousness that are shared by social groups in the present and projected into the future, influencing the way in which significant events are reconstructed in everyday life. For this reason, the following analysis emphasizes the experiences of these women, the ruptures that occurred from the personal-familial and social-community levels.

This underscores the importance of analyzing the past, present, and future within the collective memory of the disaster, as it also provides an in-depth understanding of how the pandemic disaster has impacted the mental and emotional health of rural women in the Xometla community. These temporal perspectives allow contextualizing the present situation in terms of previous lessons and current challenges.

In more detail, reflecting on the past allows communities to process trauma and painful events, promoting healing and resilience. For its part, understanding the present through collective memory provides context to current emotions and reactions, helping people cope with everyday life. It builds on the learnings, lessons or lessons learned from the pandemic. Furthermore, considering the future within collective memory allows planning and preparation for potential challenges, as well as ensuring that knowledge and lessons are

passed on to future generations. Thus, it can be said that collective memory is built from the past, present and future through a continuous process of accumulation and reinterpretation of shared experiences.

### **Building Collective Memory of Disaster: Reflections on the Past**

It is valid to insist on the idea that the past provides the basis of memory, since communities remember events, traditions and historical narratives that have shaped their identity. In the specific case at hand, we are reflecting on a past marked by the COVID-19 pandemic, specifically the realities lived by rural women of Xometla, which were marked by a disaster that originated in a recent past where daily life had to be readjusted. It is in this past that most of the conflicts and experiences that are analyzed from the testimonies of the rural women of Xometla arise.

Some of the elements that contribute to the construction of the collective memory of the disaster by these rural women are the emotional and physical consequences of the pandemic, the care crises, the ways in which the women experienced the disease (in themselves and in their families), the confinement, work, and educational activities, etc. Thus, the experiences to be analyzed are then divided into two fundamental categories of analysis previously identified, namely, the personal-family area and the social-community area.

Among the main experiences derived from the pandemic, in the personal-family area, were fears, changes in family relationships, violence within the families, and in general the intrusions in daily lives. Regarding fears, the uncertainty of how to act, what to do and what not to do, was manifested in women's chores:

My mother-in-law was very affected, she is 84 years old, and she told me that she had never seen anything like that in her life, because they closed the churches. And that made her very afraid. She told me that she was going to stay very quiet in her chair so that nothing would happen to her (María, 55 years old, in participatory workshop, October 2023).

In the house, my mother-in-law, who was the oldest person and who needed more daily care, and although she did not get sick, I was very attentive to her so that she would not get infected (Idalia, 50 years old, in interview, October 2023).

Another important aspect to mention within the personal-family sphere is how women had to take care of other family members; this refers to unpaid care work, where in practice an



overload on women could be observed. During the pandemic, it was precisely these women who had to assume the role of primary caregivers, even when they were also ill. This is evidenced by what was expressed by these rural women of Xometla:

My mother went to support some sick relatives. She took them medicine, fed them, helped them with the housework. And she told us that she felt sick, but she never took the test (Luisa, 39 years old, in participatory workshop, October 2023).

I had to take care of my little cousins because their parents were with my grandparents in another house, helping them while they were sick. That was too big a responsibility for me, and I think it did affect me a little (Selene, 22 years old, in participatory workshop, October 2023).

During the pandemic we had to be mothers, wives, teachers, nurses. It was a lot of weight, I felt that I was being claimed all the time. I remember one day when my father (who had just moved in with us) complained to me that the house was disorganized, but when up to that moment everything was in its place and clean, he never acknowledged it to me (Frida, 45 years old, in participatory workshop, October 2023).

My husband got sick at home, and I got sick too, but not very much. So, I was the one who took care of my husband and my mother-in-law, who did not get sick with COVID, but she had a liver condition, she had just gotten out of the hospital and was recovering. So, I had to take care of both (Salma, 61 years old, in interview, October 2023).

In some cases, women not only took care of family members, but also had to leave their homes to take care of other family members in poor health, such as parents, grandparents or uncles and aunts. They were the ones who assumed these activities just because they were women, since care has been stereotyped as activities inherent to them and the spaces they occupy, i.e., of the domestic space (Batthyany, 2017; Catalán, 2020; Pérez, 2020).

In general terms, it can be highlighted that the conception of women as caregivers by default responds to gender dynamics, gaps and tensions historically constructed from patriarchy and that in the rural sector these are increased. The experiences of the women of Xometla as caregivers in a pandemic context marked by fear and uncertainty are an example of these, situations that have had a clear impact on the way in which the collective memory of the disaster is reconstructed. For women and men, the experiences of the pandemic were lived

and perceived differently, depending on the roles and the way in which they faced it (ECLAC, 2020; Infante et al., 2021; Hinojosa et al., 2021).

Therefore, it is essential to consider how the interpretations and reconstructions of the contingency situation derived from COVID-19 are indisputably biased by gender. Given that they, due to their gender condition and the assignment of roles as mother-wife (one of the central axes in the scientific production of Marcela Lagarde) had to assume the care. Thus, it is possible to assert the existence of an articulation between gender and the collective memory of the disaster.

The violence expressed by women was experienced because of changes in coexistence, tensions and demands in work (productive, reproductive and care) and changes in daily life that generated different tensions in social relations.

We had to take in one of my husband's cousins and that situation was very hard, because it is one thing when you share with a relative at a celebration, but it is another thing to have to live together. Me and my husband fought constantly, we even reached the point of physical violence (María, 55 years old, in interview, October 2023).

When we found ourselves locked up everything kind of exploded, we were not used to being together all the time. So that kind of stressed us out too much and we didn't know how to handle that stress. There were many violent situations (Luisa, 39 years old, in participatory workshop, October 2023).

Turning to elements of the social-community sphere, it is appropriate to reflect on how informal conversations, community meetings and the media played a crucial role in the dissemination of information and the creation of initial narratives, including accounts of what happened, how people felt, losses and critical moments. Related to this some of the comments in the workshops and interviews point to the existence of the widespread community belief at the beginning that COVID-19 was not true, the social pressure of being sick or having a sick family member, apathy, among others. Regarding the latter, it is shared how the community on many occasions turned its back on the families that were infected. Examples of these constructions and narratives are the following testimonies:

We honestly did not believe that the pandemic was real, we thought it was an exaggeration. Until we started to see people getting sick (Alejandra, 52 years old, in participatory workshop, October 2023).

When someone died in the town we used to take food to the families, but then with the pandemic we stopped doing it. We couldn't, the authorities said so and we didn't go either because we knew there was a high risk of infection (Idalia, 50 years old, in interview, October 2023).

I felt very bad because I saw how some people in the community turned their backs on us, even when we had helped them first when they got sick (Selene, 22 years old, in interview, October 2023).

However, this does not ignore the positive examples of resilience built in the social-community sphere. Here are some testimonies of community initiatives in response to the pandemic in Xometla:

For example, I remember that there was a party that brought food at low prices (Alejandra, 52 years old, in interview, October 2023).

Here in the community, the delegates created a group to attend to people who needed oxygen tanks to attend to them according to availability (Salma, 61 years old, in interview, October 2023).

This reconstruction of the past allows us to contextualize the immediate effects of the COVID-19 pandemic on rural women in the community of Xometla, giving meaning to present and possibly future experiences. For Chirwa (1997) the collective memory of the disaster is part of a process of recovery, reconciliation, and reconstruction at both the individual and community levels, thus emphasizing how individual experiences of the pandemic form a collective experience of a past event that continues to have an impact on the present.

### **Social-emotional health and collective memory: Connections and challenges in the present**

Undoubtedly, the versions exposed regarding the pandemic past allow building a present based on the establishment of constant feedback between the individual and the collective. Thus, in the present, there is a construction of the meaning of what has been lived, its interpretation and therefore a recognition of the effects in the here and now. It is thus highlighted how the experiences and impacts of the disaster caused by the coronavirus in the past are still relevant in the present.

From the personal-family area, one of the elements that can be most rigorously analyzed with respect to the collective memory of the COVID-19 disaster are its current effects on the socioemotional health of rural women and their families, with significant changes in family dynamics. Specifically, a traumatic event such as the pandemic has left a lasting impression on the psychology of rural women, and this is manifested in the following testimonies:

When I hear someone with the flu or sneezing, I still get scared. I don't know when the stress and fear I went through during the pandemic will go away (Frida, 45 years old, October 2023).

I feel that now I am worse off than I was during the pandemic. Before I used to work in the small business we have, but during the pandemic I had to take care of my mother-in-law and now I continue doing that, I no longer work outside, but I take care of the house, my mother-in-law, and my husband (Salma, 61 years old, in participatory workshop, October 2023).

We are trying to communicate better, but there is still some resentment for the unnecessary words or comments we said to each other (Selene, 22 years old, participatory workshop, October 2023).

One thing we still do in the family is talk. For example, I don't want you to tell me this or this thing you are telling me makes me feel bad. So, I feel that we are all in that process, like we are still not 100% (Luisa, 39 years old, in participatory workshop, October 2023).

Currently the relationship between me and my children is not very good. The fights we had while we were confined continue today. There is a lot of resentment that appeared during the pandemic and that today we cannot forget and there are always reproaches. I think that if it weren't for the pandemic we would never have argued about things that we are still arguing about today (Frida, 45 years old, in interview, October 2023).

No one in my family required psychological assistance or treatment after the pandemic, but I did. I lived through this whole situation with a lot of fear, and I still have it (María, 55 years old, in interview, October 2023).

The consequences of the pandemic are not only seen in people's bodies, in the stress they continue to experience, in the fear of being infected, of suffering from diseases, but also in

socio-emotional relationships, mainly with family members. This has as consequences in the present bad family relationships because there were emotional wounds, because things were said that continue to hurt, because the memory of the past continues, and it has not been possible to make up for it.

In contrast to this last testimony, in most of the criteria provided by the women, neither they nor their families were identified as seeking psychological help or accompaniment. This situation could have several hypothetical interpretations, from the scarcity of this type of services in the area, to the high cost of private services, to the community perception, in this rural locality, that going to a specialist means that the person is "crazy" and to avoid the stigma, this support was dispensed with, as was mentioned in one of the dynamics of the workshops.

In the domain of the social-community area, at present some common sounds such as church bells evoke in the memory of women events of the pandemic and lead them to remember the traumatic events. This reality is manifested in the following testimonies:

Even today when the church bells ring if we are in a public place, we all kind of look at each other in horror. Because we remember how the bells rang when COVID-19 announced that someone had died (Salma, 61 years old, in interview, October 2023).

Collective memory is not only manifested in the stories, in the memories that are transmitted, in the case of the pandemic, the sounds, the silences, the spaces, the smells, the odors, the toilets, and the discomforts evoke the event of the pandemic disaster.

On the other hand, one of the main community constructs that currently has an important weight is the fact that going to a hospital is the last resort and should be avoided. The current justification of this argument has an explanation in the past, where from the community, there was a widespread knowledge that if you went to the hospital sick with COVID-19 you would not get out alive. This has contributed to maintain in the social imaginary of these women of Xometla the notion that the hospital is the last option; this criterion highlights it:

Already here in the community it is said that it is better not to go to the doctor. I think we are left with the trauma of so many people who died when they went to the hospital (Idalia, 50 years old, in participatory workshop, October 2023).

With respect to social-community dynamics, there are signs of transformation and change, as highlighted by the comment that:

I feel that now, as we all, or most of us, have gone through a situation like this (getting sick or having sick family members), perhaps we are more empathetic. We try to understand or maybe not make comments that make the other person feel bad (Selene, 22 years old, in interview, October 2023).

This last allusion to the social-community reality from the present time shows a strengthening of solidarity. Further analysis of how this collective memory of the disaster has been constructed in this group of rural women allows us to identify the consequences that the pandemic still has in the present not only on physical and emotional health, but also on family and community communication and coexistence. All of which is biased by the prevalence of factors such as fears, stress, depression, anxiety, among others.

Because the experiences of all the women were similar, because the event was global, and despite the fact that each of them lived it in a different way, according to the resources they had at the time, knowing that they were vulnerable like the others, feeling and knowing that they all share experiences, makes them identify in this present, because there are shared experiences, similar memories that draw a common current reality that allows them to be empathetic, to understand the past processes from a collective point of view.

### **Collective Memory of Disaster in the Post-Pandemic Era: A look to the Future**

Including the category "future" in the analysis of the construction of the collective memory of the disaster is essential because it reveals how the expectations and projections of the rural women's group influence the interpretation of the past, guiding present behaviors and strategies to face future challenges. Thus, the future guides collective memory in a proactive direction, drawing on lessons from the past for planning and preparing for future challenges, values, aspirations, and fears forward in time.

In broad terms, the collective memory of the COVID-19 pandemic disaster is testified in the projections towards the future of this group of rural women from Xometla. Reflecting on what was experienced in the past, with its influences on the present, opens possibilities for new constructions in "tomorrow", as shown by the comments regarding the personal-family area:

I think that one of the things that COVID left behind and that will continue to have an impact in the future is the use of technologies, especially for students, because it was demonstrated that it is possible to continue with education from home

(Selene, 22 years old, in participatory workshop, October 2023).

In 10 years, I don't know if we will remember it (the health situation caused by the coronavirus) or if we will value the good things such as the advances in technology. Those advances such as the use of Zoom or WhatsApp video calls are surely going to continue to be used, because they are also comfortable (Luisa, 39 years old, in participatory workshop, October 2023).

Possibly one of the best projections for the future is the advance of digital technology, because with the pandemic its use became massive, and people learned to use new platforms and digital tools that will continue in the future.

With respect to family relationships, it is expected that family relationships will change, because during confinement the dynamics within the households were modified, especially in the arrangements of domestic and care activities, so they consider necessary a greater co-responsibility in domestic and care activities, where men will be more involved. This is how some participants put it:

I believe that, in the future, men will help more with the housework. It is like Maria said that, in her family, her husband took care of everything when she got sick; so, we should not wait for something bad to happen. We must educate the boys so that they also help around the house and grow up with these ideas (Salma, 61 years old, in participatory workshop, October 2023).

However, not everything looks positive in the future, because the shadows of the past are still present, especially on the emotional side, wounds that have not healed and that if not healed will be reflected in the future, because as Selene points out, the pandemic also meant the breakdown of relationships, wounds that are difficult to heal.

I believe that in the future if they knew how to handle the situation (in the family) the relationships will be fine, however, if they did not know how to handle it, it will be very difficult because perhaps many relationships were broken or people were hurt and maybe it is a wound that will be very difficult for them to heal or that they are not willing to heal and forgive (Selene, 22 years old, in participatory workshop, October 2023).

These testimonies corroborate that the implications of the pandemic have a future scope. And this undoubtedly has a clear effect on how the collective memory of this event will be

reconstructed, on how this experience will be transmitted to future generations. Related to this, there is consensus that the memory of the pandemic is fundamentally negative and biased by the emotionally challenging experiences lived, which leads to affirm that in the future the reconstruction that the women of Xometla will have as a backdrop is the effect of the pandemic on the emotions.

Regarding the social-community area, a necessary element to consider in the construction of the collective memory of the disaster is the role of the media in the elaboration of narratives and expectations, even the interviewees consider that, in the future, they will not be so aware of the negative news broadcast on TV or social networks, only what is necessary:

In my house since the pandemic, we practically don't watch the news, it's very stressful. And if in the future something similar were to happen again, we would be less attentive to the networks or to what is being said. Maybe just enough to be aware (Luisa, 39 years old, in participatory workshop, October 2023).

Finally, the following testimonies show how the collective memory of the pandemic can influence collective learning with a focus on the future:

I believe that in the future we will learn and teach our children to value life and family. To learn to dedicate quality time to these issues (Alejandra, 52 years old, in participatory workshop, October 2023).

In a few years we must remember with much love the people who are no longer with us and the experience and the good things we learned (Luisa, 39 years old, in participatory workshop, October 2023).

After everything we have been through, in 10 years, for example, we must be confident that there will be support from people, family and our authorities and acquaintances; that they will be there to support us and we will move forward in all aspects (Idalia, 50 years old, in participatory workshop, October 2023).

I will pass on to my grandchildren my reflections on how fragile life can be (Salma, 61, in participatory workshop, October 2023).

A common element in these testimonies is an optimistic vision of the future, aspirations to improve family and social relations, as well as a desire to remember the importance of community support in times of crisis. Thus, these testimonies reaffirm what was highlighted



by Blatz & Ross (2009: pp. 261) on how the need to preserve the memory of tragedies promotes altruistic behaviors within a group. It highlights the valuing of life and people, especially because the pandemic showed the vulnerability and fragility of people.

In sum, it can be said that the shared testimonies identify similarities with respect to the construction of collective memory based on painful experiences in the personal-family and social-community spheres. The experiences that the rural women of Xometla lived through with respect to the pandemic have not remained entirely in the past, as they are still present and will endure over time.

The construction of collective memory is concretized from the transcendence of memories. It is about how rural women reflect on and make sense of their own experience, linking the past, present and future, to understand the psychosocial processes that were brought into play by this event that drastically modified their daily lives.

Thus, the construction of collective memory is a process that involves the preservation, re-evaluation and reinterpretation of past events and experiences shared by this group of women. Thus, these shared testimonies reaffirm what Molina (2012) stated regarding the fact that collective memory is the memory of communities.

In addition to all this, it is considered essential to incorporate the gender perspective to delve deeper into how women's construction of the collective memory of the disaster is based on experiences marked by inequity and inequality with respect to personal-family and socio-community responsibilities. In this way we can raise awareness of the fact that the roles assumed by the rural women of Xometla during the pandemic are the product of social constructions that respond to a patriarchal vision of the world.

Thus, it should be noted that in the community of Xometla, the social and cultural notion was reaffirmed, based on which the female sex is assigned the (unacknowledged) responsibility for the maintenance of daily life, mainly the care of life. This is evidenced by the fact that it was women who assumed a greater workload due to the confinement measures implemented.

In the construction of the collective memory of the pandemic disaster, the creation and transmission of shared narratives about this traumatic event is involved. The testimonies are personal, individual constructions that, when taken to the collective, have an impact on the construction of a common knowledge and perception of an event experienced by all. Thus, the accounts of the experiences and emotions aroused during and after the pandemic become part of the narrative of the disaster.

The above is consistent with Halbwachs (2004), Baeza (2011) and Muller & Bermejo (2016) for whom it is necessary to build a view that integrates collective memory processes around disasters, which can help to understand how the experience has been given meaning and stability to social reality, in the face of highly destabilizing events of the social order known up to that moment. All of which reflects the interaction between the lived experience and the individual and collective interpretation of the pandemic event.

It is important to analyze the collective memory derived from the COVID pandemic because it allows us to explain social, family, and emotional processes in the present and future, seeing the consequences as part of a global event that has its effects at the local and individual level, and that can only be analyzed from the collective. In the end, personal experiences, the way of living and facing the pandemic allow us to understand the current reality and future expectations of the rural women of Xometla.

## 4. Conclusion

Collective memory is woven over time, drawing on past experiences, adapting to the present and projecting into the future, creating an ongoing narrative that gives meaning and resilience to a community. Thus, the way a society remembers past events and their interpretations can influence its decision making and its approach to contemporary challenges. In addition, the collective memory of a disaster can be influential at the community level in terms of affecting the mental health of the community, especially because of changes in traditional community activities. People may experience post-traumatic stress or anxiety associated with past events, and how the community deals with these issues may depend in part on how traumatic experiences are remembered and managed.

In the case of the rural women of Xometla, the experiences lived during the COVID-19 pandemic continue to shape the present and future; where there is a continuous and dynamic process of construction of collective memory, which unites them as a group around their shared history and their projections for future generations.

The testimonies regarding the past, both in the personal-family and social-community areas, are characterized by painful memories of the pandemic, with family breakups, problems in coexistence and communication, as well as an overload of unpaid domestic work for women. Likewise, the stigmatizing visions and practices in the community towards families that became ill were evidenced in changes in social dynamics that to some extents are still

maintained today.

At present, the collective memory of the disaster of the rural women of Xometla is built on the basis, in the first place of individual and shared experiences (personal experiences in the face of the disease, losses, adaptation to new circumstances) that contribute to the collective narrative. In general, the testimonies give an account of the socioemotional impacts of the pandemic on the personal and social imaginary, highlighting the prevalence of difficulties in communication and family and community ruptures. But they also show gradual healing processes among families and a growing solidarity and empathy in the community. Together, these diverse bases shape the way in which society remembers and gives meaning to the impact of the pandemic in the present, thus building a collective memory that reflects the complexity and diversity of experiences during this historical period.

With a view focused on the future, positive narratives are identified based on the adaptive capacity of individuals, families, and society in the face of the pandemic. However, it is important to note that this does not ignore the transmission of painful and challenging experiences to new generations.

## 5. References

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