

On the Difference between Morality and Ethics in the New Normal: Gilles Deleuze's Spinozist Ethics in the Context of COVID-19

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Introduction

The COVID-19 pandemic is often discussed as a single ongoing event. However, there is a distinction we can draw between the physical impersonal appearance of the SARS-CoV-2 virus in the world along with the accompanying COVID-19 disease and human ethico-political response to the disease. The emergence of COVID-19 in the world as a novel disease was met by a host of non-pharmaceutical interventions (NPIs) such as mask mandates and lockdowns as well as new sets of norms around physical distancing all intended to reduce the spread of the SARS-CoV-2 virus. The combinations of NPIs and the norms surrounding it are often referred to as the New Normal and as such we can distinguish it from the COVID-19 pandemic. Much as we can distinguish between the disease COVID-19 and the New Normal, on a Deleuzian account we can distinguish between ethics as a typology of immanent modes of existence (or ethology) and morality as a set of valuations concerned with passing judgement on the ground of transcendent values.

In this chapter I develop an account of Gilles Deleuze's ethics through his work on Spinoza, which he contrasts with morality, to argue that an ethical response to the COVID-19 pandemic should resist the moralizing of the New Normal and instead have an immanent focus on what is happening to us. In the first part of the chapter I detail the novel approach to ethics as ethology that Deleuze works out most explicitly in *Spinoza: Practical Philosophy*. In the second part I show exactly how Deleuze contrasts ethics from morality and moral thinking before showing the relation of ethics to morality in relation to the New Normal and contrast the Deleuzian ethical perspective from other ethical philosophical accounts that I claim are indicative of a moral approach to the New Normal. I conclude by arguing that the prevalence of the New Normal amidst the COVID-19 represents a triumph of what Spinoza calls the sad passions and suggest Deleuze's ethics might be a way to reject those sad passions.

Deleuze's Spinozist ethics

In *Spinoza: Practical Philosophy (SPP)*, Deleuze reminds us that centuries before Nietzsche's warnings against the nihilistic tendencies of Modernity, Baruch Spinoza had denounced 'all the falsifications of life, all the values in the name of which we disparage life'. For Deleuze, Spinoza's philosophy is in the first place an ethics oriented around the *joy* of living a life characterized by freedom and opposed to the 'sad passions' or values that disparage life, including: sadness itself, hatred, fear, aversion, anger, indignation, despair, cruelty and even security.¹

Spinoza's admonition against the sad passions comes from his theory of the affects in the *Ethics (E)* where he argues that those affects which contribute to joy lead us toward perfection while those that involve sadness lead us away from perfection.² For Spinoza, to be more or less perfect means to be more or less real (*EIII*, General Definition of the Affects) and a thing is more or less real insofar as it is better able to 'persevere in its being' or exist as whatever kind of thing that it is (*EIIIP6*). When it comes to humans, our ability to persevere in our being (i.e. survive) is correlated to the power of our body to act and the power of our mind to think (*EIIIP11*). Thus, anything which contributes to joy is necessarily good for us while anything that contributes to sadness is necessarily bad.

On Deleuze's reading then, Spinoza's ethics requires a denunciation of the sad passions because life is an impossibility if we are overcome by those passions: 'We do not live, we only lead a semblance of life; we can only think of how to keep from dying, and our whole life is a death worship' (*SPP*, 26). The life of sad passions spent concentrating on death is not so much a matter of an individual's ethical shortcoming as it is a matter of the political workings of a society. The proliferation and persistence of the sad passions comes from what Deleuze calls 'the moralist trinity' of the slave, the tyrant and the priest. The slaves are those who possess sad passions which are exploited by the tyrant and facilitated by the priest 'so that they will fight for their servitude as if they were fighting for their own deliverance.'³ That is, a despotic state is one that uses its power to mobilize the sad passions – fear, hatred, etc. – so that citizens will make themselves slaves by trading their freedom for a sense of safety. In contrast, a 'true city' is one that 'offers citizens the love of freedom' (*SPP*, 26).

For Deleuze, the tendency of societies to move toward tyranny and the sad passions rather than freedom and joy was the question that motivated Spinoza in his political writings: Why are people 'proud of their own enslavement? Why do they fight "for" their bondage as if it were their freedom?' Underlying all of these, Spinoza wonders: 'Why are the people so deeply irrational?' (*SPP*, 9–10). Yet, if we pause here for a moment to turn these questions back on Spinoza/Deleuze, we can uncover a tension in the framework that Deleuze provides: Are the people really irrational? Are security and freedom, in fact, antithetical? If, on the contrary, it is the case that security is sometimes needed to guarantee safety, which is a pre-condition for the possibility of any freedom; then it would only be rational to occasionally embrace the sad passions and trade some freedom for security.

That trade is, of course, the locus of the social contract which stands at the foundation of the tradition of Western political philosophy beginning with Hobbes

and running throughout liberal theory. Spinoza himself will appeal to both the state of nature and need for a social contract when he observes that ‘there is no one who does not wish to live in security and so far as that is possible without fear; but this is very unlikely to be the case so long as everyone is allowed to do whatever they want and reason is assigned no more right than hatred and anger’ (*TPT*, 197). How is it then that Spinoza can claim that a desire for security is universal if such desiring invokes the sad passions? I will address that in due course. However, to do so I first want to highlight how the tension does not just exist at the level of politics and affects but goes to the heart of Deleuze’s understanding of Spinoza’s ethico-ontology.

Spinoza’s monistic philosophy operates through what Deleuze refers to as the doctrine of parallelism. That is, in contrast to Descartes’ ontology where reality consists of the two substances, mind (*res cogitans*) and body (*res extensa*), Spinoza posits that all of nature is comprised of a single substance that expresses both the attribute of thought and the attribute of extension. The two attributes do not interact yet in every way that a body expresses itself there is a corresponding or parallel expression in thought. Therefore, to say that an affect contributing to joy empowers us or that an affect of sadness disempowers us means that both the body’s power to act and the mind’s power to think are effected. In other words, joy and sadness for Spinoza do not just describe psychological or mental states as any expression of the mind is accompanied by a corresponding expression of the body.

The doctrine of parallelism shows that there are two possible ways in which we can be subject to the sad passions. In the first place, we can see why Deleuze thinks that a life controlled by the sad passions is only a semblance of living. A mind that is subject to the sad passions is not one that is free because fear, anger, etc. usurp the mind’s power to think. And, according to the doctrine of parallelism, if the mind’s power to think has been diminished by sadness then the body’s power to act must also be diminished. We might call this sort of subjection to the sad passions a *constraint through affect*. Instances of this sort of constraint become apparent in the context of the New Normal. From fear of the SARS-CoV-2 virus or legal repercussions, many people did not leave their houses or refused to partake in social gatherings in a sort of self-imposed house arrest or solitary confinement. In other instances it may not have been fear of the virus itself that constrained people. It has been commonplace for people to avoid friends or family out of fear of the guilt they might experience if an infection followed a gathering. Similarly, many people avoided socializing or forms of recreation they used to enjoy for fear of the shame they might suffer if anyone were to witness them not behaving according to the norms of the New Normal.⁴ In all these cases, the body is not constrained from acting due to physical restraint but is nonetheless literally constrained by the affects.

In contrast to constraint through affect, we may think of those cases where the body is physically restrained as *constraint through motion*. Here we get to the heart of Deleuze’s understanding of Spinoza’s ethico-ontology that I mentioned above. Up to this point I have emphasized the affective dimension of Spinoza’s ethics but just as there is a parallel between mind and body there is another parallel that Deleuze conceptualizes in terms of two axes: ‘*longitude* and *latitude*’ (*SPP*, 127). The latitude is the set of affects pertaining to a given thing while longitude refers to the sets of relations

involving the movement – speed and slowness, motion and rest – of any given thing. Mind and body, longitude and latitude, affect and motion: Deleuze will say that Spinoza's ethics is constituted through these various complementary sets which are ways of adequately expressing things through parallelism. He calls Spinoza's approach to ethics an ethology which is not only an ethics but also an epistemology whereby we can understand things in terms of what they do and an ontology where what a thing does can be expressed through both a dynamic (affective) and kinetic (motion) proposition (*SPP*, 123). I won't give a more detailed account of ethology here as that is something I explore elsewhere.⁵ To explain this, a bit must be said about what I mean by constraint through motion.

At various points in *SPP*, Deleuze explains that in addition to affect, we can understand things through 'compositions of relations' (*SPP*, 12, 58, 126). Spinoza's ontology posits that there are elemental or 'simple' bodies that form relations with one another and thereby come to compose more and more complex bodies where the whole of Nature can be conceptualized as a complex body of which every other body is a part (E11L1-E11L7N). To say that any-thing causes or undergoes a change is to say that its composition of relations has changed, which is to say that some or all of its parts have *moved* in such a way that their relationship has been altered. Despite the talk of simple/complex bodies we should not forget that parallelism means that to speak of an alteration of the body is to speak of an alteration of the mind. Deleuze describes the whole process in the following way:

When a body 'encounters' another body, or an idea another idea, it happens that the two relations sometimes combine to form a more powerful whole, and sometimes one decomposes the other, destroying the cohesion of its parts. And this is what is prodigious in the body and the mind alike, these sets of living parts that enter into composition with and decompose one another according to complex laws. The order of causes is therefore an order of composition and decomposition of relations, which infinitely affects all of nature. But as conscious beings, we never apprehend anything but the *effects* of these compositions and decompositions: we experience *joy* when a body encounters ours and enters into composition with it, and *sadness* when, on the contrary, a body or an idea threaten our own coherence (*SPP*, 19).

This ethological framework that Deleuze provides allows us to account for anything whatsoever in terms of compositions of relations changing through motions. To give a very basic example, the processes of attaining nourishment by eating food are an instance of our body encountering another and entering into a composition with it. We could describe this relationship in any of three ways that amount to the same thing: the nourishment leads our power to increase, we move toward perfection by better persevering in our being, and we experience joy. To give another example related to the New Normal: the disease COVID-19 is determined by the presence of the SARS-CoV-2 virus in a human body. That is, COVID-19 refers to the composition of relations between virus and host. In the worst cases the relation formed between virus and host is one which leads to the decomposition of the host to the point where the host no longer persists in its being (i.e. cases where the outcome is death).

What I have called constraint through affect and constraint through movement both amount to the same thing – albeit expressed in different ways – that is, some subjection to a sad passion which leads to a decrease in power/capacity to act/freedom. For example, a person who is unable to leave their house because they are afraid of contracting COVID-19 or afraid of the consequences of violating a stay-at-home order is just as unfree as the person who is unable to leave their house because their ability to move has been compromised by COVID-19. In Deleuze's ethico-ontological terms, we might say that both cases are bad for the person concerned in that some sadness (due to a constraint through affect in the former cases and constraint through movement in the latter) has produced a decrease in their power or capacity to act. Herein I think lies a clarifying point on the tension between security and safety and freedom. On this account, limiting what one can do in the name of security is necessarily to give up some freedom. Such limitations necessarily involve the sad passions in that giving up freedom means a decrease in joy accompanying the decrease in one's power to act. Likewise, if a freely made action leads to some decrease in one's power to act (i.e. a harm), then the sad passions are involved as well. That is to say – on Deleuze's account of Spinoza – there are some situations that necessarily involve the sad passions. To say that a thing experienced no sad passions would be to say that the thing only experiences joy, which would be to say that the thing is perfect, which is only applicable to God or the whole of nature and not finite entities (modes) such as humans.

The framework that Deleuze develops through his reading of Spinoza can – I think – clarify the tension that we saw earlier. Ultimately, there are no situations where we possess perfect freedom, which in Spinoza's terms means that our joy is always somewhat tempered by sadness. Therefore, something that might appear to be security isn't really a compromise with the sad passions insofar as it has a net positive on our capacity to act. The challenge for reason is to be able to discern between those situations where security (in one sense) leads to an increase in freedom and those where security (in a second sense) is in fact a compromise with the sad passions that unnecessarily limits our capacities for action. For the sake of clarity, I'll use the word *safety* to refer to matters in the former sense and reserve *security* for cases of the latter. Thus we can slightly modify Spinoza's claim above from *TPT* to read 'there is no one who does not wish to live in safety and so far as that is possible without fear'. And recalling the next part of the claim, we can say that safety is promoted when our action is curtailed (either by our own volition or an external force) in accordance with reason. In contrast, through security constraints in the name of safety are done out of fear or anger or hatred and ultimately decrease our powers of action. The only ethical dilemma we face if we accept the Deleuzian Spinozistic meta-ethical framework (ethology) is whether some course of thinking or action will ultimately lead to an increase or decrease of our capacities for action.

In some ways the COVID-19 pandemic has been the test case *par excellence* for such a dilemma. On the one hand, there is the New Normal which uses a litany of NPIs that limit movement and use surveillance in an effort to reduce viral spread and thereby mitigate the harms the virus could cause. In ethological terms we could say that the *raison d'être* of the New Normal is to do whatever is necessary to create that composition

of relations wherein all extant SARS-CoV-2 viruses in existing relationships with human hosts are least able to form new relations with (i.e. infect) other potential human hosts. The SARS-CoV-2 virus can only persist in its being when it is in relation with a human host, so COVID-19 exists as a viral–human assemblage. As such, actions taken in order to prevent the formation of compositions of relations between humans and SARS-CoV-2 (i.e. new cases) are not directed at the virus itself, but at any human body which is potentially a host of the virus. Although the presence of symptoms has traditionally been the marker of disease, COVID-19 is well known for its asymptomatic cases – instances where a human–viral assemblage exists but without any perceivable alteration of relations beyond what a diagnostic test can reveal.⁶ The existence of asymptomatic cases means that all human bodies are potential hosts at all times and as such the New Normal conceives of the human as primarily a disease vector. In order to achieve its goal, then, the New Normal operates through the imposition of limitations on the capacities of human actions which could potentially bring any human body into proximity (i.e. ‘6 feet’) with any other human body. In practical terms these impositions have taken the form of border closures, workplace closures, school closures, prohibitions on public gatherings, prohibitions on private gathering, prohibitions on sexual activity between adults from different households (in the UK), stay-at-home mandates, mandates on the wearing of ‘non-medical’ masks in public places, and mandates requiring proof of vaccination to participate in public life. From an ethological standpoint, the impositions of the New Normal would be rational if they improved safety such that the limitations placed on our powers to act by the impositions were less than the limitations on our powers to act that would result from a greater incidence of COVID-19 resulting from the absence of those impositions. However, the New Normal would be irrational if the constraints resulting from the New Normal itself were greater than the constraints that would be caused by a greater incidence of COVID-19 in absence of the impositions of the New Normal.

Ethics against morality in Deleuze

Looking at things through the lens of ethology – especially something as complicated as the New Normal – is no doubt complex and complicated and it may even seem as futile as attempting a sort of utilitarian calculus that weighs the utils of one course of action against another. Despite the complexity, for Deleuze, it is at least not impossible because it uses life on a shared plane of immanence as a standard. In *A Thousand Plateaus (ATP)* he and Guattari use the terminology of ethology to explain this explicitly:

In any case, there is a pure plane of immanence, univocality, composition, upon which everything is given, upon which unformed elements and materials dance that are distinguished from one another only by their speed and that enter into this or that individuated assemblage depending on their connections, their relations of movement. A fixed plane of life upon which everything stirs, slows down or accelerates. A single abstract Animal for all the assemblages that effectuate it.⁷

We all live in the same physical reality and can witness the alterations that things – living or otherwise – undergo, and the changes that they can affect. In practical terms this means that the world we live in is one that we can perceive and know, and understanding is not a sacred domain reserved for the priestly class of experts. In other words, ethics as ethology is concerned with whatever is actually happening and insofar as we want to understand life we ought to understand what is happening. In *The Logic of Sense (LS)*, Deleuze says that this goes to the heart of ethics itself: ‘Either ethics makes no sense at all, or this is what it means and has nothing else to say: not to be unworthy of what happens to us.’⁸ Deleuze understands being worthy of what happens to us in terms of Nietzsche’s *Amor fati* – the love of fate. To love fate is not to be resigned to or ignorant or indifferent of what is happening, but rather to be able to confront what is happening without resorting to moralizing or succumbing to the sad passions. Returning to *SPP*, Deleuze will say that a difference between ethics and morality is that the latter is overly concerned with procuring judgement rather than understanding what is happening so ‘all that one needs in order to moralize is to fail to understand’ (*SPP*, 23). Why is it that morality which is concerned with judgement is characterized by misunderstanding?

Deleuze further defines ethics as he understands it in relation to Spinoza through a contrast with morality by explaining that: ‘Ethics, which is to say, a typology of immanent modes of existence, replaces Morality, which always refers existence to transcendent values. Morality is the judgment of God, the *system of Judgment*. But Ethics overthrows the system of judgement. The opposition of values (Good-Evil) is supplanted by the qualitative difference of modes of existence (good-bad)’ (*SPP*, 23). To say that ethics is a typology of immanent modes of existence is to say that it operates according to the ethological framework I delineated above. Following Nietzsche again, what we are concerned with when we think about things ethically is not with making the proper judgement – or having ‘the right take’ – about some matter deemed to be Good or Evil. Rather, ethics is concerned with how bodies are affected and moved in such ways that they enter into compositions of relations whereby their powers are strengthened or diminished. In contrast, morality demands that we pass judgement in accordance with transcendent values which necessarily distracts us from what is actually happening in our immanent reality. And when we replace knowledge of immanence with the command of transcendent moral law, we take ourselves to be either Gods or sinners and cannot help but err as: ‘the command is mistaken for something to be understood, obedience for knowledge itself’ (*SPP*, 24).

We can see the distinction between ethics and morality in terms of the contrast I made earlier between safety and security. In the case of safety we learn about ourselves and our environments and act in such a way that our capacities for action are promoted as best as possible. In contrast, security demands that we relinquish our abilities to act in the name of some good, but unlike safety which involves learning and knowledge, our action here is motivated by ignorance where knowledge is replaced by an appeal to the moral good. In terms of the New Normal: an ethical approach would require us to understand what is happening and then respond in the way that best mitigates the sad passions. Meanwhile, a moral approach would have us act in accordance with whatever

is commanded of us in the name of whatever is judged to be good, regardless of the facts of the situation at hand.

Ethics against morality in the New Normal

Deleuze's portrayal of the moral course of action might seem like a strawman or a caricature of any sincerely held philosophical position. However, there are peer-reviewed publications on COVID-19 and ethics that seem to have taken exactly such a position. In proceeding I will briefly consider a couple of these 'moral' approaches to the New Normal before concluding with an ethical consideration of the New Normal – i.e. a consideration of what is actually happening.

In an article published a few months into the New Normal titled 'COVID-19 Calls for Virtue Ethics', the authors note a tension between the value of freedom and the impositions put in place by the New Normal through lockdowns. For the authors, this tension exists only if we understand freedom in terms of what Isaiah Berlin termed 'negative liberty' or a view of 'freedom as absence of constraints' (by the state) where the aim of freedom is for each individual to maximize their pleasure at the expense of all else.⁹ The authors suggest that such a framework is inadequate because: 'A global pandemic is, within living memory, a novel situation that affects everyone without distinction The current situation calls everyone, with or without governments restrictions, to act morally in actions and intentions.'¹⁰ Acting morally means cultivating desires in accordance with nebulously defined virtues wherein we will ourselves 'to give up a little in order to gain moral integrity'. Once we have moral integrity our desires will no longer be directed against constraint and instead we will desire to comply with the restrictions or recommendations imposed by the New Normal 'because this is what a *virtuous person does*'.¹¹ On such an account, morality takes precedence even over life itself, as the authors note that while we do not know the costs of lockdowns, they may still be prudent even if 'it is true that the costs of lockdown measures may be greater (in terms of human lives even) than the benefit'.¹² In other words, then, morality asks us not merely to acquiesce to constraint but to actively embrace the sad passions so that we desire our own constraint even if the outcome of that constraint is itself a further reduction in our power up to and including the loss of life itself.

It's worth taking a moment to consider the two claims that the authors say call us toward morality. In the first place they note that a global pandemic is novel within living memory. This claim is a fine example of moral thinking being used to obfuscate from what is really happening, as other pandemics in the past century are a matter of public record, with influenza pandemics occurring in 1957–1958 (H2N2 Virus), 1968 (H3N2 Virus) and 2009 (H1N1 Virus). But are those pandemics in anyway comparable to COVID-19? Here we should recall the Deleuzian ethical maxim and consider what is actually happening to us rather than leap to moral invocation. In the cases of the 1957–1958 and 1968 pandemics, the U.S. CDC estimated that there were about 1.1 million and 1 million deaths worldwide.¹³ The 2009 pandemic was considerably less severe with only about 200,000 deaths.¹⁴ For comparison, just over 1.8 million deaths were directly attributed to COVID-19 in 2020 although the WHO estimated that

number could be as high as 3 million.¹⁵ For the comparison to be meaningful we should also keep in mind the growing population of Earth where 1.1 million people in 1957 constituted the same percentage of the human population as would 3.062 million in 2020, and 1 million in 1968 is the same percentage of the population as 2.194 million in 2020.¹⁶ Of course, the disease COVID-19 did not begin and end with 2020, but as a single year event its severity was not novel in living memory. Rather, the first year of COVID-19 was comparable to the influenza pandemics of the second half of the twentieth century. And while those influenza pandemics were single year events, the strains that caused them continue to exist to this day and are counted amongst seasonal influenza strains, claiming a comparably mild 400,000 lives in a given year.¹⁷

As an ongoing event not limited to 2020, the disease COVID-19 is – at the time of writing – responsible for almost exactly 5 million deaths and we can expect that number to grow as time continues to pass.¹⁸ Accordingly, we would be justified to say that while comparable to pandemics of the second half of the twentieth century, COVID-19 has been responsible for proportionally more deaths and therefore constitutes a novel situation in living memory. However, if living memory does not exclude the oldest living humans, then we should also account for the 1918–1919 H1N1 influenza pandemic. According to the CDC, the 1918 pandemic was responsible for at least 50 million deaths – about an order of magnitude more than COVID-19.¹⁹ Adjusted to the 2020 population, a pandemic of comparable severity today would claim more than 215 million lives. Even worse, the age group most likely to experience fatal outcomes from the 1918 pandemic was 15–34-year-olds in contrast to COVID-19 where those 85 years of age and older are at the highest risk of death and have accounted for the greatest number of deaths, at least in the United States according to data from the CDC.^{20, 21} As a result, the 1918 Pandemic was even worse in terms of potential ‘life’ lost rather than just ‘lives’ lost.

The point of all this is that while COVID-19 has been and continues to be a disease that has led to millions of deaths, that fact hardly makes it novel. Instead, by the measure of the twentieth and earlier twenty-first century, COVID-19 represents an outbreak of infectious disease more severe than some, comparable to others, and more than an order of magnitude less severe than the H1N1 of 1918. The fact that disease outbreaks comparable to COVID-19 are not novel is not significant for the disease COVID-19 itself (i.e. the disease COVID-19 is exactly as bad insofar as it causes decompositions of relations of human bodies that correspond to decreases in power), but it is significant for thinking about the New Normal. The New Normal calls us to think and act morally in the face of a new and unknown threat. It tells us that new norms are needed if we are to preserve ourselves because the old norms are now unsuitable. Indeed, the New Normal tells us that without the norms of the New Normal, the situation would be unimaginably worse despite the fact that some jurisdictions have refused to implement the norms which studies have shown not to impact mortality.²² However, from an ethical standpoint untroubled by morality, we can look around at the present reality and recognize it is not so different from the old.

From an ethical standpoint, the edict of the New Normal now becomes open for questioning. Recall that the *raison d'être* of the New Normal is to do whatever is necessary to create that composition of relations wherein all extant SARS-CoV-2

viruses in existing relationships with human hosts are least able to form new relations with (i.e. infect) other potential human hosts. The authors of the call for virtue ethics echo this with the blanket claim that ‘it would be bad for human beings to be infected with SARS-COV-2 and to infect others.’²³ Infection with the virus is necessarily bad from a moral standpoint and therefore we ought to avoid infection and avoid any activity (i.e. being in physical proximity with other human bodies as they are disease vectors) which might lead to infection.

Why is infection necessarily bad? One of the possible outcomes of infection with SARS-CoV-2 is an asymptomatic case where the virus is present in a composition of relations with the human body but produces no alterations or constraints to the body itself in terms of either affect or motion. In such cases, infection is – from an ethical standpoint – neither good nor bad. This is definitionally true as there is no alteration to the body and no corresponding alteration (either an increase or decrease) to the body’s capacities for action. Of course, there are still some potentially bad outcomes if an asymptomatic infection leads to another infection that is not asymptomatic, but such are not the terms set by the morality of the New Normal. As the aim of the New Normal is to minimize cases – regardless of the outcome of any cases – any case is a bad case. Here we can recall the second claim made by the virtue ethicists as to why COVID-19 calls us to morality: the situation is not just one that is novel, but one that *affects everyone without distinction*.

Some variation of that second claim has been a central tenet of the New Normal both among philosophers and the wider discourse. Writing in *Vox* in the early days of the New Normal, Sarah-Vaughan Brakman, a Professor of Philosophy at Villanova University, argues that the physical distancing demanded by the New Norm is a duty rather than a choice as she repeats the mantra ‘*We are all in this together*’. The claims that we are affected without distinction and are in this together are meant to elicit a response of solidarity wherein we recognize that ‘we face a common threat’ while doing ‘our part by holding each other accountable, as we hold each other dear (but not too near).’²⁴ Almost identical to Brakman’s call for an equal-but-separated solidarity, Andrew Benjamin argued in *Philosophy Today* in Fall 2020 for a solidarity stemming from the disconnect between the ‘non-discriminatory nature of the virus’ and ‘settings that are inherently discriminatory’ where all bodies are vulnerable to the virus but where outcomes differ due to ‘disequilibria of power’. The claim that the virus does not discriminate is taken up by Benjamin who notes that it is a common claim made about SARS-CoV-2 that even appeared in the title of a press release for the United Nation’s Office of the High Commission for Human Rights.²⁵

The mantras that the virus does not discriminate, that it affects all without distinction, and that we are all really in this together are ostensibly empirical claims but are in fact part of the moral law of the New Normal. As the New Normal is categorically opposed to new cases the avoidance of infection becomes a categorical imperative. To become a positive case is to violate the imperative where on the one hand the non-discriminatory nature of the virus means that any case is as bad as any other. On the other hand, the fact that we are all in this together means that an individual infection is not merely an individual failure but a failure for all, and we must hold each other accountable to avoid such failings. However, from an ethical standpoint, the virus is

highly discriminatory. In some cases, entering into a relation with the virus leads to that worst possible outcome (death). Other cases, as I mentioned above, may produce no perceptible alteration of our capacities, no alteration of joy or sadness, no symptoms.

In terms of understanding what is happening to us, understanding the likelihood of different possible outcomes matters. But how do the best case and worst case scenarios stack up? According to a systematic review and meta-analysis of 350 studies on asymptomatic SARS-CoV-2 infection published in the *Proceedings of the National Academy of the Sciences* (PNAS), the likelihood of asymptomatic infection is 35.1 per cent, or just over one in three cases, where younger people are more likely to be asymptomatic.²⁶ At the opposite end of the spectrum, CDC projections show exactly how discriminatory the virus is in terms of age among individuals without immunity from vaccines or prior infection. For paediatrics, they estimate that exactly 1 death will occur in every 50,000 cases (0.002 per cent of cases). Among those under 50 this rises to 1 death in every 2,000 cases (0.05 per cent), with the majority of these being at the older end of the age range. The outcomes are considerably worse for older adults at 1 in every 166 cases (0.6 per cent) and those over 65 fare the worst by far, with 1 death for every 11 cases (9 per cent).²⁷

Concluding thoughts: a triumph of the sad passions?

The picture painted by considering what is actually happening is not one of a radically novel virus or a virus that doesn't discriminate. That picture is radically different than the one painted by the New Normal and yet the triumph of the New Normal in many countries around the globe suggests that the promise of safety is really a mask for security. That is to say, the picture presented according to the New Normal is not reflective of what is actually happening, and is instead indicative of an embrace of the sad passions.

The influence of the sad passions – that is, as Spinoza frames it, evidence of people's desire to work for their bondage as if it were their freedom – is apparent when we consider the relationship between perceptions of the disease COVID-19 with its actual impact. In most cases we find that people have tended to gravely overestimate the risk to their safety from the disease. To give an example of this, the Brookings Institute conducted a survey at the end of 2020 of 35,000 US adults according to party affiliation. Two of their findings stand out. Both Republicans and Democrats dramatically overestimated the likelihood of COVID-19 infection leading to hospitalization. Almost half of Democrats and nearly a third of Republicans estimated that at least 50 per cent of infections lead to a hospitalization. Yet only a quarter of Republicans and fewer than one in ten Democrats correctly estimated the actual number, which is between 1 and 5 per cent, and less than 4 per cent of respondents underestimated that number. Similarly, the perception of who is at risk was much more in line with the New Normal *all in this together* narrative than with the data. Both parties estimated that people over 65 accounted for less than half of deaths, when in reality that age group accounted for more than 80 per cent of deaths. In contrast, people identifying with both parties estimated that around 8 per cent

of deaths were in people 24 and younger, when in reality that cohort only accounted for 0.1 per cent of deaths.^{28, 29}

The evidence suggests that the demands of the New Normal do not become a rational assessment of risk in terms of what is actually happening to us, but from the influence of sad passions such as fear and anger. Yet the real indicator of the sad passions is revealed by considering the one thing the New Normal seems to disregard – that is, every decrease in our capacities stemming from the New Normal not resulting from COVID-19. I won't detail these but will close by quickly noting two. In the United States alone, working people saw their wealth and the relative power that comes through economic security decrease by \$1.3 trillion dollars as a result of the New Normal.³⁰ Meanwhile, billionaires consolidated their wealth by 54 per cent or almost \$4 trillion between March of 2020 and March 2021.³¹ Globally, the picture is far worse and estimates suggest that while over 1 billion people had exited extreme poverty (living on less than \$1.90 per day) since 1999, the New Normal pushed between 119 to 124 million people back into extreme poverty.³² As a final remark, if we consider the sad passions in the more limited yet literal sense of mental well-being, then the devastation of the New Normal is evident. Even though young people stand a less than a 1 in 50,000 chance of dying from COVID-19, they have not been so resilient to the New Normal. In Canada, paediatric hospitals reported more than a 100 per cent increase in admissions for mental health problems while admissions for substance abuse and attempted suicide rose by at least 200 per cent.³³

Overall, the promise of the New Normal to save lives has, for many – especially the most vulnerable – led to a semblance of life. From a moral standpoint the New Normal blackmails us with a call to follow its decrees or be personally responsible for murder even while doing so has led to a dramatic increase of the sad passions and a loss of capacity for action. But from the alternative standpoint of Deleuze's Spinozist ethics, which cares not for judgement but asks us to be worthy of what is happening to us, we can consider an alternative. The alternative is one that again comes from Deleuze where, after examining what is happening, we might consider the unhappy demands of morality and answer simply: 'I would prefer not to.'

Notes

- 1 Deleuze, G. (1981) 1988, *Spinoza: Practical Philosophy*, trans. R. Hurley. San Francisco: City Lights Books, 26.
- 2 Spinoza, B. (1677) 2005, *Ethics*, trans. E. Curley, London: Penguin Classics, EIII, definitions of the affects, II–III. Hereafter referred to parenthetically in the text using a standard notation for Spinoza: Book-Part-Proposition number or Definition, Postulate, Scholium, Lemma etc. where necessary, as represented here.
- 3 Spinoza, B. (1670) 2007, *Theological-Political Treatise (TPT)*, trans. J. Israel and M. Silverthorne, Cambridge and New York: Hackett Publishing Company, 6. See also, *SPP*, 25.
- 4 An entire paper could easily be written on the role of shame and shaming in the New Normal so I won't discuss it in detail here, but one rather spectacular example is illustrative of how strong a role it has played. In March and April of 2020, a Florida

- lawyer named Daniel Uhlfelder began dressing up as the Grim Reaper and went viral posting pictures on his Twitter @DWUhlfelderLaw in costume at the beaches to shame other beach goers.
- 5 Novak, K. (2021), 'We Still Do Not Know What a Body Can Do: The Replacement of Ontology with Ethology in Deleuze's Spinoza', *Symposium* 25 (2): 75–97.
 - 6 'Glossary: Centre for Evidence-Based Medicine (CEBM), University of Oxford' (n.d.), <https://www.cebm.ox.ac.uk/resources/ebm-tools/glossary> (accessed 30 October 2021).
 - 7 Deleuze, G. and F. Guattari. (1980) 1987, *A Thousand Plateaus: Capitalism and Schizophrenia*, trans. B. Massumi, 2nd edn, Minneapolis: University of Minnesota Press, 255.
 - 8 Deleuze, G. (1969) 1990. *The Logic of Sense*, trans. M. Lester and C. Stivale, New York: Columbia University Press, 149.
 - 9 Bellazzi, F. and K. Boyneburgk (2020), 'Covid-19 Calls for Virtue Ethics', *Journal of Law and Biosciences* 7 (1): 1–8, 2.
 - 10 Ibid., 3.
 - 11 Ibid., 8 (emph. in orig.).
 - 12 Ibid., 6.
 - 13 '1957–1958 Pandemic (H2N2 Virus) | Pandemic Influenza (Flu) | CDC' (2019), Centers for Disease Control and Prevention, <https://www.cdc.gov/flu/pandemic-resources/1957-1958-pandemic.html> (accessed 30 October 2021). '1968 Pandemic (H3N2 Virus) | Pandemic Influenza (Flu) | CDC', (2019), Centers for Disease Control and Prevention, <https://www.cdc.gov/flu/pandemic-resources/1968-pandemic.html> (accessed 30 October 2021).
 - 14 '2009 H1N1 Pandemic'. (2019) Centers for Disease Control and Prevention, <https://www.cdc.gov/flu/pandemic-resources/2009-h1n1-pandemic.html> (accessed 30 October 2021).
 - 15 'The True Death Toll of COVID-19: Estimating Global Excess Mortality' (n.d.) World Health Organization, <https://www.who.int/data/stories/the-true-death-toll-of-covid-19-estimating-global-excess-mortality> (accessed 31 October 2021).
 - 16 'World Population by Year' (n.d.), Worldometer <https://www.worldometers.info/world-population/world-population-by-year/> (accessed 1 November 2021).
 - 17 'The Spanish Flu (1918–20): The Global Impact of the Largest Influenza Pandemic in History' (n.d.), Our World in Data. <https://ourworldindata.org/spanish-flu-largest-influenza-pandemic-in-history> (accessed 1 November 2021).
 - 18 'Home' (n.d.), Johns Hopkins Coronavirus Resource Center. <https://coronavirus.jhu.edu/> (accessed 1 November 2021).
 - 19 '1918 Pandemic (H1N1 Virus) | Pandemic Influenza (Flu) | CDC' (2020), Centers for Disease Control and Prevention, <https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html> (accessed 1 November 2021).
 - 20 'The Discovery and Reconstruction of the 1918 Pandemic Virus' (2019), Centers for Disease Control and Prevention, <https://www.cdc.gov/flu/pandemic-resources/reconstruction-1918-virus.html> (accessed 1 November 2021).
 - 21 'COVID-19 Provisional Counts – Weekly Updates by Select Demographic and Geographic Characteristics' (2021), https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm (accessed 27 October 2021).
 - 22 For example, one analysis at the country level published by the *Lancet* found that: 'Rapid border closures, full lockdowns, and wide-spread testing were not associated with COVID-19 mortality per million people.' C. Rabail, G. Dranitsaris, T. Mubashir, J. Bartoszko, and S. Riazi (2020), 'A Country Level Analysis Measuring the Impact of

- Government Actions, Country Preparedness and Socioeconomic Factors on COVID-19 Mortality and Related Health Outcomes'. *EClinicalMedicine* 25 (August).
- 23 Bellazzi, F. and K. Boyneburgk (2020), 'Covid-19 Calls for Virtue Ethics', *Journal of Law and Biosciences* 7 (1): 1–8, 2.
- 24 Brakman, S. (2020), 'Social Distancing Isn't a Personal Choice. It's an Ethical Duty' (2020), Vox, <https://www.vox.com/future-perfect/2020/4/9/21213425/coronavirus-covid-19-social-distancing-solidarity-ethics> (accessed 31 October 2021).
- 25 Benjamin, A. (2020), 'Solidarity, Populism and COVID-19: Working Notes', *Philosophy Today* 64 (4): 833–837, 824–825.
- 26 Pratha, S., M. Fitzpatrick, C. Zimmer, E. Abdollahi, L. Juden-Kelly, S. Moghadas, B. Singer, and A. Galvani (2021), 'Asymptomatic SARS-CoV-2 Infection: A Systematic Review and Meta-Analysis', *Proceedings of the National Academy of Sciences* 118 (34).
- 27 'Healthcare Workers' (2020), Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>.
- 28 Rothwell, J. and S. Desai (2020), 'How Misinformation Is Distorting COVID Policies and Behaviors'. *Brookings* (blog), 22 December 2020. <https://www.brookings.edu/research/how-misinformation-is-distorting-covid-policies-and-behaviors/>.
- 29 For a more complete analysis of this topic, see also: Brown, R. (2020), 'Public Health Lessons Learned from Biases in Coronavirus Mortality Overestimation', *Disaster Medicine and Public Health Preparedness* 14 (3): 364–371.
- 30 Cohen, S. (2020), 'U.S. Workers Have Lost \$1.3 Trillion – So Why Is Stimulus on Hold?' *Forbes*. <https://www.forbes.com/sites/sethcohen/2020/05/19/us-workers-have-lost-13-trillion---so-why-is-stimulus-on-hold/> (accessed 2 November 2021).
- 31 'Billionaires Got 54% Richer during Pandemic, Sparking Calls for "Wealth Tax"' (2021), <https://www.cbsnews.com/news/billionaire-wealth-covid-pandemic-12-trillion-jeff-bezos-wealth-tax/> (accessed 2 November 2021).
- 32 'Updated Estimates of the Impact of COVID-19 on Global Poverty: Looking Back at 2020 and the Outlook for 2021' (2020), <https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-looking-back-2020-and-outlook-2021> (accessed 2 November 2021).
- 33 McArthur, B., N. Racine, and S. Madigan (2021), 'Child and Youth Mental Health Problems Have Doubled during COVID-19', *The Conversation*, <http://theconversation.com/child-and-youth-mental-health-problems-have-doubled-during-covid-19-162750> (accessed 2 November 2021).

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