

Il Pedante

A Cult of Death

Publicato il Sab 6 giugno 2020, 23:40 su ilpedante.info

Ultimo aggiornamento il Gio 12 ottobre 2023, 10:56

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Original text [here](#).

I do not believe that a nation dies save by suicide. To the very last every problem is a problem of will; and if we will we can be whole.

— G.K. Chesterton —

I

It is not easy to comment on the period we are now living through. While most discussion is limited to news accounts and medical bulletins focused on a disease supposedly in circulation since the start of the year, a few more forward-looking critics are daring to report on the alleged mismanagement of the related emergency. In any case, it is already clear that the reactions and opinions triggered by the viral pathology, on which debate is strictly fixed, are bringing to light scourges of a vaster anthropological pathology, from which emerge the limits, or maybe even the end, of an entire anthropological and social model.

To remain within the semantic domain that is holding sway, it is necessary to provide a clear description of the symptoms of this phenomenon before proceeding to assess causes and remedies. In point of fact, with the suspension of all social activities imposed to stem the transmission of a virus—something that has no precedent in times of peace and possibly not even in times of war—all of the offensive and defensive capabilities of the State have been unloaded onto the civilian population. The combined effect of the instituted measures has created the conditions for an experiment of extraordinary radicalness and breadth, amounting to a controlled demolition of the social fabric, originating with its atoms and spreading to its macrostructure. The primary targets are individuals, terrorized by the threat of infection and sanctions, browbeat in their daily lives with a doggedness and with resources rarely seen deployed for the repression of even the most heinous crimes.

Isolated within the walls of their homes, they are kept apart from their near and dear ones, left alone to face disease and death, instigated to inform on and fear their neighbors—if not [directly to hate them](#). Deprived of the comforts of religion and education, forced into unemployment, left to live on their savings, and hoping for a handout from the State, they are kept confined liked caged animals, reduced to experiencing the world through the squawking, pixelated virtual reality of a cellphone. The hope for liberation itself becomes a source of anxiety, due to the uncertainty of predictions and expectations and immoderate, authoritative messages announcing “remedial measures” that would have seemed unthinkable by the legal and moral standards of the previous day. These range from digital tracking and tracing of citizens and their state of health of a kind previously applied only to wild animals, to the (presumably compulsory) administration of pharmaceutical products that either [do not yet exist](#) (if ever they will) or that [have nothing to do with the pathology in question](#); from the dematerialization of our [closest human relationships](#) to the [sequestration of “infected” people](#) from their homes, and right up to the most fervid dreams of [tattoos and digital certificates](#) to allow a return to a “normality.”

On this disjointed, disoriented, and shaky foundation totters the edifice of all that is social—production and consumption, and therefore employment, enterprises, salaries, fiscal revenues, related services, public financing, political participation and decision-making processes, voluntary work, amusements, schooling, friendships and loves (and consequently reproduction and the formation of new families), religious celebrations, cultural exchanges, and—last but not least—the very same health we supposedly need to safeguard, now undermined by isolation and privation [on the psychological front](#) and by difficulty in accessing healthcare services on the physical front. If for Aristotle man is a social animal, what can we say of a humanity so deprived of its vital interactions, of which there remains only a crude shell—like a primate in a cage turned nasty and inept, dependent on its owner.

II

All this, as noted, has occurred in the name of a medical emergency precipitated by the presence of a new disease. There is no point getting into the debates that divide the experts on almost everything, from the mechanism of virus transmission to the most effective treatments, from the nature of the pathogen to the best methods of preventing and managing the contagion. It suffices to acknowledge that we are indeed dealing with debates, all the more heated for the fact that their subject is still unknown and recent. Thus, the pledge made by politicians of every stripe to adhere only to “[what the science says](#)” cannot help but conceal the real deception of all technocratic promises—*selecting* from a vast and contradictory ocean of scientific opinions only those that serve to support a predetermined objective, so as to make the desired conclusion appear inevitable and necessary, and protecting it from all debate and therefore from the requirements of transparency and the democratic method.

The suspicion that the event is being manipulated is suggested essentially by a simple observation already [expounded elsewhere](#)—that the solutions most warmly and insistently supported for protecting ourselves from the contagion are more or less the same ones we have seen imposed or proposed for confronting past emergencies—the [digitalization](#) of school, [politics](#), and work; mass surveillance and the [curtailment of personal liberties](#); limitations on consumption and movement; [electronic payments](#); censorship of “fake” news; expansion of [mandatory vaccination](#); surrender of power to technicians and technocrats; increase in public and private debt; and acceleration of super-national integration processes, amongst others. The fact that we see the same solutions touted for different emergencies raises many doubts—if not about the genuineness of the alarm that is sounded every so often, at least about the sincerity of the “saviors” and their motives.

The concept of never letting a serious crisis go to waste ([Philip Mirowski](#)) or using a crisis as a deliberate instrument to impose, on a population in “shock” ([Naomi Klein](#)), political upheavals that would be unacceptable under conditions of equilibrium, has been cited often, for example by our own **Mario Monti** in a [famous interview](#) on the “grave crisis” needed to construct the European nation. The application of this concept to health, already anticipated in the works of Michel Foucault on “biopower” and of Irving Kenneth Zola on the “therapeutic State,” can be seen by reappraising the striking series of contagions we have witnessed in the present century from an apocalyptic frame of reference, in accordance with the terroristic paradigm of “biosecurity” described by [Patrick Zylberman](#). In 2009 [Jacques Attali](#) argued that since “humanity evolves significantly only when it is really afraid... a pandemic... could trigger such a systemic fear,” thus enabling “the laying of a foundation for an authentic world government, much more rapidly that by economic reason alone.”

III

Whatever the intentions and credibility of those controlling this experiment, the placid compliance of its test subjects was not something that could have been taken for granted. To try and understand how and why the general public has been so willing to pay such a high price to address a single risk, we can make use of an analytical tool introduced by philosopher **Vladimiro Giacchè** in *La fabbrica del falso* (The Fake Factory). In this work, he coined the expression “false synecdoche” to describe an expedient technique of manipulation of public opinion that utilizes the delivery not of false information exactly, but rather of selected details, which in the absence of all the rest come to represent the entirety of the matter at hand in the perception of the receivers. In this way, it is possible, for example, to unleash hate towards a hostile government by exposing its few misdeeds and omitting its many merits, or to delegitimize a peaceful demonstration of thousands of people by reporting only the violent actions of a few. Since reality is always contradictory and multifaceted, the risk of “false synecdoche” is inherent in any selected narrative. However frequently it is used maliciously, its mechanism finds support in the objective limit of human cognition, and the technique becomes dangerous insofar as

the abundance of information creates in its targets the illusion of genuinely grasping the truth in its totality. In effect, a scarcity of neuronal resources permits only a finite elaboration of the facts, so this partial reality is extrapolated to fill in the gaps in the surrounding information, in a process of analogy and synthesis conditioned by prejudices and desires.

More than most recent events, the Coronavirus crisis seems to stand like a monument to false synecdoche, a textbook case in which the abusive extrapolation from the partial to the whole has become systematic at every possible level. Even a cursory investigation of the statistical basis of the contagion shows that the recorded cases not only represent only a small *part* of the true number of people infected, but also that this is skewed heavily to symptomatic and severe cases simply because these can be known more easily by the medical authorities. The exclusion of the more sizable *part* of asymptomatic and mild cases naturally increases the perception of the danger and deadliness of the disease to *all*. Like many other pathologies, even one that might justify the confinement of a whole population, this one attacks only a small *part* of the population in a severe way—the elderly and enfeebled. As it happens, **95% of deaths** have involved people over 60, and 85% those over 70. The average age of the deceased is 80, just one year below the mean life expectancy of men in Italy. For those under 20 years of age, the mortality rate for Covid-19 is around 0.000019% (2 cases). Anyone under 30 is more likely to die by drowning; anyone under 40 by an accidental fall; and anyone under 50 in a road accident (based on latest available data, ISTAT 2017). Yet, these figures are still further impacted by the “false synecdoche” effect, because it seems that only **four deceased patients out of a hundred** were not already afflicted by serious and fatal pathologies. On top of this, some healthcare workers have suspected that the virus to which deaths have been attributed has played only an auxiliary—if not irrelevant—*part* in the *overall* progression of fatality, or that, in any case, the criteria for recording the cause of death have been **less than rigorous, inconsistent**, or tainted by **incomprehensible omissions**. One of the latest professionals to weigh in on this question was forensic expert and head of the Medical Board of Liguria (region), **Alessandro Bonsignore**. He **observed** that by including amongst cases of death by coronavirus “all those who have tested positive while alive or even post-mortem... we are practically wiping out deaths by every other natural pathology that would have occurred even in the absence of the virus.” As an example of the consequence of this, he reports that “at the municipal mortuary of Genoa deaths by non-Covid pathologies have virtually disappeared.” Last but not least, the danger in whose name the *entire* country has been brought to a standstill has seriously impacted only a *part* of the nation—the northwest regions and especially the region of Lombardy, which has accounted for 37% of all cases and a remarkable 54% of all deaths nationwide, despite being home to only 16% of the population. Furthermore, there have been abnormal spikes in mortality in specific provinces, which it would be wise to investigate. Other vast areas of Italy, including the entire south and the islands, have been only marginally affected by the problem, not registering any anomalous fluctuations in mortality.

These overlapping extrapolations from the partial to the whole have resulted in the “worst case” becoming the norm, firstly at the level of public sentiment and then at the level of law, disregarding the criteria of proportionality and circumscription that are so essential to good government. In effect, *all* Italians saw themselves as an elderly resident of Bergamo province with heart disease, and this is precisely how they were treated by the authorities, without distinction. An unfortunate consequence of this, is that no special attention has been dedicated to categories at higher risk. It was this basic, “technical” distortion that paved the way for such indiscriminate action. If health is an intrinsic “good,” a virus, however aggressive, is no more than a single *part* of *all* that threatens it, from the hundreds of thousands of pathogens in circulation to the thousands of diseases diagnosed every day. The most dangerous and widespread of these—cardiovascular and oncological diseases, responsible for two thirds of all deaths in Italy—are *not* infective. On top of all this, diseases themselves contribute only in part to a broader conception of health, which for the World Health Organization is defined as “a state of *complete* physical, mental and social well-being and *not merely the absence of disease or infirmity*” ([WHO Constitution](#), italics are mine). The notion that stress, material and emotional privation, marginalization, fear, and other forms of “psychological and social” unease have a direct impact on physical health is well established. And last but not least, health as correctly understood in all of its expressions is not merely safeguarded under the law; it is in turn *part* of a *comprehensive* set of rights, all equally unassailable, that are integrated with and reinforced by each other for the purpose of realizing the kind of society envisioned by the architects of our Constitution.

IV

The false synecdoche is a cognitive failure that distorts reality, impoverishing it and deforming it. It is especially dangerous when applied to practical matters, because it creates the illusion of a hierarchy in which *one* particular viewpoint, obsessively fixated on, overshadows *all* others, insisting on their subjugation and sacrificability, to the point of nullifying them. The method of “emergency” that has so much shaped our sensibility and the most important decisions of this century draws its life blood from this paralogism inasmuch as it subjects the public and decision-makers to alarms, by turns desperately insistent and demanding of undivided attention, entangling them with each new round of warlike rhetoric about the “unprecedented attack,” thereby rendering acceptable the annihilation of every other value, even the most sacred, considered an obstacle on the road to victory. From terrorism to the “spread,” from immigration to exanthematic diseases, from corruption to a resurgence of “fascism,” from undue geopolitical influence by China to the virus that keeps us shut in between our kitchen and bathroom. Dragged from one exception to another, the social body is dulled and dispossessed of its dialectical vitality, its fabric, and the connective tissue that keeps its complexity in equilibrium. Crushed by a singular threat, we cave in to a single way of thinking, a single language, diverting our

highest energies to championing one or another side of irrelevant theoretical controversies, becoming simple playthings in the hands of the manipulators.

Since an organ cannot live without an organism, it is impossible to cure the first by suppressing the second. It is astonishing that in practice, under the pretext of avoiding *one* risk—of a medical nature in this latest crisis—an avalanche of incalculably worse risks is produced, *including risks of the same type*. Despite the obvious fact that the illness so feared today impacts only a *part* of the population, with serious consequences in only a *part* of cases, the anthropological devastation with which the illness is being combated is affecting *all*—in terms of psychological health compromised by terror, livelihoods, and reduced access to services, and as a result of an abhorrent restrictions on the most basic human functions, the brunt of which is borne by the **bodies and minds of our youngest**. Overlooking the questionable health benefits of staying indoors and **breathing the discharges of one's own lungs**, it is amazing that the disastrous health consequences were not foreseen. For one, as the president of the Italian Society of Cardiologists **has reported**, deaths by heart attacks and other coronary pathologies—the *leading* cause of death in Italy—have apparently tripled since the beginning of the epidemic, due to a lower rate of hospitalization and delays in surgery arising from “fears of contagion.” Or that more than two thirds of Italians have not undergone medical examinations and visits to specialists **for fear of going out**. Or that in a few short weeks the number of people who have sought food and aid from religious charity organizations **has more than doubled**. Caritas International **has bluntly warned** that before long, due to the effects of recession on the poor, “the consequences of coronavirus will have killed more people than the pandemic itself.” These are no more than a few modest acknowledgements in a situation that is progressively worsening. It takes very little to imagine the extent of human devastation we will see in the wake of the failures of thousands of enterprises and the unemployment of millions. And more deeply, the assault on the roots of the dignity and rights that protect us not only from indigence, but more deeply from barbarization, from war, and from chaos.

It is also staggering that those charged with tweaking the levers of our macroeconomy, almost none seem troubled by doubts that a community in which nobody works, whose freshest and most productive forces are condemned to a senseless, deadening idleness, in which whole sectors of industry are abandoned to inevitable ruin, and whose people must pin their hopes on welfare, may well no longer even have an economy. Deboned and drained of blood, the economy is vulnerable to collapse at any moment. The coup de grâce might come with *any* public emergency, even that we are currently trying to overcome. It would suffice to stop here, but more can be said. Even before this crisis, the public sector was crying poor, so with fiscal revenues now draining away, who will pay for the salaries of our doctor-heroes? And for our intensive care facilities? And emergency rooms? And for all of our public health system? And if the young who are capable of working without excessive risk must desist out of love for their elderly relatives (who may then find themselves

rejected at the door of the hospital for... [a lack of beds](#)), who will pay for them—not just for their medical care, but also for the pensions that some have already [insinuated to be at risk](#)? Are we trading the chance that *some* of them get sick with the certainty that *all* of them die from hardship? Mind you, it is not really a question of money. Without the wealth created by work, our money is nothing more than scrap paper, or a debt to be repaid by [liquidating the last meagre pieces of our common inheritance](#), slipping inexorably down towards “third world” status.

V

There is no need to insist any further on the incongruities of this insane mutilation, distinguished from many others of recent times only by the enormous scale of its effects. Even if the false synecdoche and its power over us highlights the delusion of a civilization that believes itself guided by reason and the naked law of “data,” the impulses that drive the celebrants of this new religion, with its priest-experts, its taboos, *mitzvot* that regulate every trifling daily action, the pale blue niqāb and liturgical fixtures in plexiglass, its jogging and strolling sinners, its skeptical unbelievers, its false prophets of plasma therapy, its consciousness of an omnipresent and invisible foe that takes possession of human bodies, and the messianic wait for the sacrament of vaccination. Over all of this soars a sacrificial dimension that does not admit limits to its offerings and drives the suplicants to divest themselves of everything—from the materiality of possessions and bodily integrity to the immateriality of constitutional, natural, and moral laws. Fundamentally, these impulses cannot help but be self-destructive in nature, driven by a nihilistic impulse in which our current generation is offered as a sacrificial lamb to atone for the failure of an epoch, immolated to be subsequently reborn purified of pain in a world in which “nothing will ever be the same.”

Of the few philosophers critical of recent events, **Paolo Becchi** has been timely in [recalling](#) the Aristotelian distinction between *bíos* (all of life, lived as experience of the world and of oneself, as a project) and *zoé* (the part of life that is mere biological expression) to highlight the paradox of what we are now witnessing—a process of dying out of fear of death. Along the same lines, **Giorgio Agamben**, in a [brilliant series of articles](#), has applied the concept of “bare life,” a concept he developed long ago in his work *Homo Sacer*, to the movements of these past months.

It is evident that Italians are prepared to sacrifice practically everything for the risk of disease—the normal conditions of life, social relationships, work, even friendships, their loves, as well as their religious faiths and political beliefs. Bare life and the fear of losing it is not something that unites people; it blinds and separates them instead.

If the restrictions on movement and contacts can limit the transmission of microbes, a ban on copulation would eliminate venereal diseases, the branding of HIV carriers would eliminate AIDS, the closure of roads would eliminate car accidents, the

banning of alcohol would eliminate cirrhosis, the ending of livestock farming would eliminate rustling, the eradication of trees would eliminate rime ice, the prohibition of knives would eliminate stabbings, the abolition of families would eliminate domestic abuse, the abolition of property would eliminate theft, and the elimination of work would end worker exploitation and work-related accidents. From one renunciation after another, from one short circuit to another, we are quickly discovering that the only “disease that is always fatal” is life itself (**Italo Svevo**), and also that it is impossible to eradicate the discordance and perturbation of evil without destroying the greater good, if not at a time that is not of man (Mt 13, 29-30). In a worldly sense, we are returning to a gnostic pessimism that sees, in corruptible materiality and thus also in our flesh, the creative work of an evil demiurge. This tendency is today regaining force by means of the isolation and sterilization of our bodies, the dematerialization of their social functions, and through the [religion of science](#), already gnostic and sapiential by its etymology. As it happens, one of the first edicts imposed on us was a ban on celebrating the scandal (1 Cor 1,23) of divine *incarnation* in the form of unleavened bread (although bread with raisins and sesame is still available).

Thus, the ultimate and spiritual dimension of the problem emerges along with the fact that it is the fruit of an eclipse of the transcendent that has entrapped modern humans within the short and *partial* horizons of their terrestrial adventure, constraining them like pigs with their faces in the mud. If not in the divine, then what transcends and makes entirely *whole* our human being lies in our moral, intellectual, and political actions, which cross the generations. It has been observed, for instance, that to our antecedents who sacrificed their lives so as not to lose their freedom, we are responding today by sacrificing our freedom so as not to lose (possibly, one never knows, but only in the worst case) our lives. With the result that we will lose both. To lose *all*, and therefore also the *part*.