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Critical Sociology

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DOI: 10.1177/0896920520971846
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Human Rights-inspired Governmentality: COVID-19 through a Human Dignity Perspective

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Abstract
The paper aims to reconstruct the debate over the pandemic in Italy to highlight the logic of the discourse that guided the various voices. The two governmentalities that have monopolized the public and political debate are biomedical and economic. The former brought the defense of biological life (*zoé*) as the ultimate element of truth and legitimacy of the government's action. The latter, based the "true" justification upon a careful cost–benefit calculation and the protection of the interests of *homo oeconomicus*. The debate lacked a "social" perspective capable of placing dignity and human rights as a compass for intervention. What has been lost by limiting the question to a choice between defending bare life or defending economic interests? Behind an apparent impartial universalism that would drive both biomedical and economic logic, there emerges a form of discrimination and lack of protection for specific sectors of society, in particular the marginal ones.

Keywords
COVID-19, Human Rights, Governmentality, Italy, Discrimination, Sociology

Introduction

In a few months, the COVID-19 pandemic has transformed most of our certainties, habits, and future plans. The global networks that seemed to be the rational and inevitable organizational system in an increasingly interconnected world suddenly dissolved: "hard borders returned; trade declined drastically; and international travel was severely constrained" (Saad-Filho, 2020). The new coronavirus has hit hard societies that were already weak and fragile, characterized by, to name only a few features, an unstable economy, precarious work conditions, increased material disparities, devastation of the natural environment, internal and international tensions that fostered

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the onset of populism, nationalist closures, and the proliferation of physical and symbolic boundaries.

The upheaval caused by the pandemic has been particularly severe in Italy, a nation already marked by extreme economic difficulties, political uncertainty, growing social disparity, unemployment—especially youth unemployment–and wide regional differences.

The aim of the paper is to describe the main stages of the development of public debate and political control over the pandemic in Italy–from within Lombardy, the most tragically affected area—and to highlight the logic of the discourses that determined the legitimacy of the various voices in the field. Starting from the clash between the various governmentalities invoked and implemented to address the pandemic, it reflects on the weakness—if not the total aphasia—of a social logic able to impose its specific perspective on the health crisis and on the possible ways to deal with it.

The Appearance of the Pandemic in Italy

Until mid-February 2020, in Italy, the coronavirus seemed like an exotic matter. Italian virologists and experts assured the public that its effects were confined to China and that it was much less aggressive and dangerous than the previous severe acute respiratory syndrome (SARS) coronavirus that hit some countries from November 1, 2002 to July 31, 2003, infecting more than 8,000 individuals, with over 700 deaths (almost 9% of infected cases). Although in 2002 and 2003 the SARS alarm was worldwide, the virus caused outbreaks mainly in China, Hanoi, and Singapore, with some cases in Canada (Lee and McKibbin, 2012; Wong and Leung, 2007).

On February 20, 2020, the first infection of the new coronavirus was recorded in Lombardy, one of the richest and most advanced areas of the country. The following day, the persons infected in the area numbered 15 and the first official death caused by COVID-19 was reported in Veneto, another affluent region in the north of Italy. On Sunday, the 23rd, the government declared the first lockdown in the two "red zones" hit by the infection and, on March 9, lockdown in the entire country. The lockdown was definitively lifted only on June 3. Within three months, the pandemic in Italy caused at least 35,000 deaths, half of them in Lombardy (Sanfelici, 2020).

From the outset, how to react to the disease and what measures were needed to fight the pandemic gave rise to acrimonious debates. In the public and political debate, two main theses were put forward in regard to the political action most appropriate to address the risk of the pandemic. We can summarize these two competing theses under the labels of "biomedical discourse" and "economic discourse." Both fought to present themselves as the best way to inspire the right governmentality to deal with the difficulties caused by the coronavirus. Informed by the work of Michel Foucault (2009), the term "governmentality" is used here to refer to the discourses presented as necessary, rational and "true" and which function as forms of justification and legitimation for government actions. According to Foucault, governmentality consists of the set of institutions, procedures, analysis and knowledge, calculations and tactics that enable, legitimize, and justify the exercise of a specific and complex form of power—a power that finds in the population its main target, in the political economy its privileged form of knowledge and in security devices its essential technical instruments (Foucault 2009: 120). Governmentality, in the sense that I use term here, does not refer to specific government technology, but to how these concrete governmental acts are legitimized, rhetorically made explicit and supported; it refers to the justification of governmental acts (of the art of governing) and the authority that this justification confers on those who hold power.

The drama of the pandemic immediately defined a general frame of uniqueness and emergency that favored a state of exception. The usual contrast between government and opposition gave way

to a clash between different priorities of action that should have guided the government in assuming the urgent task of containing the effects of the COVID-19 crisis. As Giorgio Agamben (2005) has noted, when a state of exception arises the political power is granted the authority to operate outside the usual rules and laws. During such periods of exceptional and urgent management of collective life, certain forms of knowledge are privileged and accepted as true. The knowledge and the voice of experts are considered as the saving compass to make effective decisions in a dramatic context that requires immediate actions able to deal with the imminent danger and restore stability and security in the future. More than the antagonism between ruling parties and opposition, the struggle is between different forms of knowledge that generate different political actions, legitimizing different governmentalities. The voice of the experts becomes a priority, and political decision-makers rely on expert knowledge to justify their actions. Apparent during the state of exception due to COVID-19 has been the contrast between the indications of the expert knowledge of biomedicine and economics, while the expert knowledge of the social sciences has remained almost silent.

The governmentality inspired by biomedical knowledge conceives the defense of biological life (*zoé*) as the last element of truth and legitimacy of government action. The governmentality inspired by economic knowledge founds the "true" justification upon a careful cost–benefit calculation and protection of the interests of *homo oeconomicus*. In the former case, the political discourse (supported by several medical experts: virologists, epidemiologists, gerontologists, etc.) has underlined the role of politics in preserving people's health and protecting their lives. In the latter case, the political discourse (supported by experts in economics) has stressed the role of politics in preserving economic activities and supporting the production of wealth and prosperity. The two governmentalities have not always been able to push in the same direction.

Both perspectives have their importance and have provided useful indications on how to cope with two evils: "on the one hand, mounting estimates of deaths and on the other hand, ever worsening estimates of the potential drop in the country's GDP" (Saad-Filho, 2020: 479) with its correlate of unemployment, increased poverty, and social inequality. However, both have failed to address the need to safeguard human dignity and to protect the weakest and most vulnerable people, in the short and long term, against the negative effects of the pandemic (Nay, 2020). They have both failed to take account of the complexity of *bios*, that is, human life in its social, biographical, and experiential dimension; both have failed to provide an idea of governmentality inspired by respect for human rights and the goal of promoting social justice.

Save the Bare Life

After the outbreak of COVID-19, television debates and newspapers gave ample space to virologists and economists, and politicians took the perspectives promoted by these experts as the guidance and legitimation for their choices. However, concerns about the social costs of the pandemic were less central. Speeches by experts and politicians revolved around medical (biopolitical) or market (economic governance) issues, proposing solutions for greater pandemic control, emergency management, and a rapid return to pre-crisis conditions. Less attention was paid to the consequences for sociality because of (i) the effects that government actions could have on everyday experience, on people's relationships and identities (friendships, loves, neighborhood, fun, education), and (ii) their repercussions on maintaining the connective tissue on which modern society is based (public opinion, political action from below, volunteering).

I am not arguing that the recommendations of biomedicine and its attention to saving lives or the recommendations of economics with its admonition to safeguard collective material well-being are not very important. What I want to stress is that a form of effective political action

and governmentality able to take charge of a truly fair and democratic form of social governance cannot fail to consider recommendations that pay attention to human dignity, respect for rights, and help for people in most need of support.

In the turmoil of the emergency, in the tragic choices to be made, and in definition of the priorities that a governmentality should take into account, failure to consider the social perspective has meant underestimating: (i) the costs for everyday sociality (social distancing, avoiding encounters and gatherings, not touching, not embracing,); (ii) the costs for personal freedom and privacy (agreeing to be tracked by an app in order to take a fast train or plane, or being allowed to move from one region to another); (iii) the costs for education and intergenerational socialization (reduction of contacts at school, online lessons, reduced time for live group discussions, reduction of sports activities, reduction of theater, cinema, popular festivals, etc.; reduction of travel and tourism, with the possible effects on ideas of migration, cosmopolitanism, solidarity, human rights); (iv) the costs for people in the worst circumstances (with reduced access to information, communication, and technology (ICT), with fewer material, social, and cultural resources and in the worst living conditions, being forced to live in cramped spaces, in overcrowded dwellings or with violent people).

Although biomedicine and economics have provided important indications, they have both proved to be deficient. Biomedicine, with its insistence on taking care of biological life (*zoé*), risks creating, at least, two problematic distinctions.

First, it attributes more value to bare life—the simple fact of living common to all living beings (Agamben, 1998; Fassin, 2018), the priority for surviving, assuring the permanence of mere animal existence—than it does to qualified life. It prizes "the sanctity of life" more than "the sacredness of human beings" (Benjamin, 1978). It does not take into account the distinction—and the inextricable intertwining—between life as a natural phenomenon and life as a historical phenomenon, between biology and biography (Arendt, 1958; Fassin, 2010). By reducing human life to biological life, it neglects the political dimension of human existence, the capacity to participate in the definition of our collective present and future. As stated by Hannah et al. (2020: 18), "To the extent that we revert to our biological status as living beings, we cease to be competent participants in decision-making".

Second, giving top priority to the saving of bare life inevitably entails the need to distinguish, when the situation does not allow everyone's survival, between the value of the bare life of some at the expense of that of others. Protecting biological life at all costs "is also 'to reject into death', either practically as a consequence of the neglect of policy-makers towards certain groups of population, or intellectually as a result of not measuring the effects of these policies" (Fassin, 2009: 54). This is particularly evident also in relation to the specific direction taken by contemporary biomedicine. The success of biomedicine in eliminating bacterial and viral epidemics has induced the belief that this type of threat to human health is marginal, uninteresting for a professional career and research. The biomedical system—large hyper-technological hospitals, biogenetic laboratories, university clinics, the pharmaceutical industry—has oncology, genetic medicine, and the treatment of rare diseases as its pivot and objective. This pioneering system has been taken aback by the return of the pandemic and proved inadequate to deal with it. The countries that have maintained, alongside the hyper-specialization of hospital care, important local care facilities (for example, Germany) have been better able to curb the costs of coronavirus infection. In Italy, the situation has proved to be particularly dramatic, and the dismantling of basic local care services—as a result of a constant reduction of state funding for the national health system—has been one of the most important factors in the high mortality rate.

Unable to receive adequate home care, COVID-19 patients have been grouped in hospitals and emergency wards where the contagion containment measures have proved insufficient. The rapid exhaustion of intensive care places in hospitals no longer equipped to cope with pandemics has made it necessary to transfer less seriously ill patients to other care facilities. These facilities, usually nursing homes for the elderly, have been incubators of infection hitting older people already affected by several other conditions that rapidly worsened their condition. The number of older people hospitalized in nursing homes who have died in the pandemic months has been dramatic.

Governmentality inspired by the biomedical discourse has often used the language of war rather than the language of care: the virus is an enemy to be defeated; the discipline and the rules are weapons against contagion; doctors and nurses are trench soldiers against the virus; the police and drones must enforce respect for social distancing. Rather than informing citizens, making them aware of the risks and responsible for their actions, the discourse on the COVID-19 threat and the war against the virus has often resulted in a paternalistic and police state attitude. The imposition of rules and their close supervision have constituted the recurrent refrain of the lockdown, triggering an escalation of controls and security requests. "To fulfil the desire to monitor all possible threats, as a tool of prevention, complete surveillance demands an exponential expansion of scope wherever the enemy and their activities can potentially be found. This dynamic of constant expansion—for the need to see all the enemy all of the time—is similar to the economic force at the heart of neoliberalism that demands incessant growth [. . .] which propels the process constantly outwards" (Renton, 2018: 2132).

In risk control anxiety, the paradox has arisen that people are allowed to go out of their homes to relieve the needs of their dogs, but they have been forbidden to accompany children outside for a short walk. People have been invited to become neighborhood watchers, and some of them, from their windows, have insulted those passing by on the street, telling them to stay at home. In the first steps of a timid relaxation of the lockdown, young people were the main target of the criticisms of biomedical governmentality. Their meeting friends for an aperitif, regaining possession of city areas usually devoted to gathering, having fun and listening to music, have been pointed to as irresponsible behavior, a threat to the health of the community.

Again, the point is not to deny the existence of the emergency, but rather to avoid the cage of lazy thinking that is satisfied with stereotyped solutions and imprisoned in the belief that There Is No Alternative (the TINA thought made famous by Prime Minister Margaret Thatcher). The experience of the emergency can lead to a conformist ritualization of possible actions or, following the etymology of the word "crisis," it can create new opportunities, stimulate innovative responses, encourage imagination, and foster thinking outside the box.

Save *homo oeconomicus*

While virologists and other medical experts insisted on the priority of saving human life and therefore on the need to impose strict rules of social distancing and lockdown, economists focused on the risks that a total suspension of activities would incur for the production system and the economic well-being of the nation. Against the doctors' call for a total lockdown, the productive forces—entrepreneurs, traders, freelancers—asserted the urgent need not to stop industrial production and commercial activities completely. Economists stressed the economic costs of the pandemic and posited as an urgency—at least comparable to the safeguarding of human lives—the need to implement political initiatives that protected production and trade. Governmental logic, in this case, should have been guided by an accurate calculation of costs and benefits, balancing the need for health with the need for wealth. A wise crisis-control policy should have given priority to

guaranteeing the continuity of the production chains, reassuring markets and buyers, directing state resources toward supporting the costs and inconveniences borne by the productive sectors.

At a very early stage of the pandemic, the biomedical discourse, in favor of a total lockdown, had the support of public opinion, which, however, gradually began to support more the economic discourse's reasons in favor of reopening activities. The northern regions in particular, the ones most affected by the pandemic but, at the same time, the most economically active areas of the country, often ended up by placing economic reasons before health ones, pushing for a reopening. The main argument underlined the need to keep the productive fabric alive as the only way for the country to ensure exit from the crisis, which was not only a health crisis but also an economic one and which would inevitably become a social crisis if no timely action was taken. In early April, The Italian Manufacturers' Association (Confindustria) warned that maintaining the lockdown would mean continuing not to produce, losing customers and international market shares, and not invoicing, with the effect that many companies would end up being unable to pay wages. The fact that the workers needed to keep the production chain active were mainly manual workers, often forced to work in situations where it was impossible to maintain the anti-contagion health security, only marginally—thanks to some feeble union action—played a role in the reflection of economic experts. In reality, utilitarian economic logic ends up by creating the "expendable lives" of people who can be exposed to risk for a higher purpose: the increase—or the safeguarding—of collective wealth.

The economic discourse sought to support and legitimize a governmentality that oriented political action toward an increase in public economic resources in favor of the market and productive forces. It supported the need to channel the investments made available—also thanks to the support of the European Union—to industries, producers, and traders rather than to the marginal sectors, most seriously affected by the crisis. In the economists' rhetoric, states can secure jobs, incomes, and basic services, including the rapid expansion of the health system, only protecting and promoting economy.

The pandemic has also caused a rapid and widespread reversal of economic discourses on globalization. Economists have insisted on the need to safeguard Italian industry, favoring the consumption of goods produced in Italy and the rediscovery of national tourism. The liberalists who previously justified, for free-market reasons, the offshoring of many Italian companies, which, since the 1980s, had transferred significant parts of their production to Asian or Eastern European countries, and who preached the state's withdrawal from the economy, have changed their mind. Their prevailing opinion during the pandemic has been the need to support the reconstruction of national production chains as independent as possible from goods and services produced abroad, and they passionately asked for generous state intervention to finance the national economic recovery. With the pandemic, most of the economists who used to be among the main supporters of unrestricted economic globalization have become supporters of nationalism and protectionism, proposing worn-out recipes for national protective policies, "where biopolitical reactions at the national scale—based on the connections among health, politics, territory and demography—are confronted by necropolitical consequences on the planetary scale" (Rebughini, 2020). The issue that sparked the discussion was the lack of face masks during the first phase of the pandemic. In the previous years, the production of face masks, considered not economically advantageous, had been completely abandoned or relocated to other countries, and when the health crisis began no Italian factory was equipped to produce them. The result has been that for a long time, in the most acute phases of the pandemic, health masks were not available (even for health workers) and their import from abroad was obstructed by the blocks imposed on the export of health care goods by the producer countries.

Is There a Human Rights Perspective on How to Deal with the Pandemic?

In the dispute between a governmentality inspired by biomedicine and oriented to the defense of bare life and a governmentality inspired by economic thought and oriented to the defense of wealth and prosperity, a perspective inspired by the defense of dignity and human rights has found only a marginal and residual space.

This lack has overshadowed important harmful effects of the pandemic: it has (i) diverted attention from its social costs for, and dramatic impact on, some marginal sectors of the population; (ii) favored a paternalistic control regime at the expense of information promoting knowledge about the risks and the assumption of responsibility; (iii) led to underestimation of the importance of the social and relational dimension that constitutes the environment necessary for the development of a dignified and qualified life, a life not reduced to mere biological survival or an individualistic calculation of costs and benefits, a life able to recognize and enhance the "between us" out of which the social fabric is constructed (Polanyi, 1957).

In both the biomedical and economic perspectives, the image of an isolated, non-social, uniform, and universal person prevails. Both perspectives understate the importance of difference and variability. Apparently speaking on behalf of a "universal" human being, they reproduce the views and interests of the privileged groups. Their alleged universality means that the voices of the most marginal groups are ignored and silenced. The reality of the pandemic has shown that "social difference matters."

COVID-19 has had many victims, and these victims are not randomly distributed. It has hardest hit the elderly, the poor, the homeless, and people who lack social capital and cannot rely on appropriate networks for support. For those who live in residential communities, such as nursing homes for the elderly, facilities for the disabled and even for those hospitalized, the chances of being infected and dying have proved to be very high. Singles, especially the elderly, have often been isolated and some of them have died in their homes without adequate help. The shock produced by the lockdown differs for persons and households that have different capacities of self-protection. The initial inequalities have amplified the costs of the pandemic. The poorest families have lost almost 5% of their financial resources while the wealthiest families have lost around 2% (Brunori et al., 2020).

The lockdown also had different effects in relation to different social positions. It appears from initial estimates (Figari et al., 2020) that the risk of poverty doubled for people who worked in industrial activities and services subject to the lockdown and who lived in single-income families. Even considering the compensatory measures adopted by the Italian government, the income of the families in the lower quintile decreased more than that of the families in the higher quintile, contributing to increased social inequality. Young people were the workers hardest hit by the lockdown. They are in fact mostly employed in the informal sector (illegal employment, apprenticeship, precarious or forward contracts, and part-time work), in services (bars, restaurants) and in entertainment: activities that had to be completely stopped during the pandemic (Casarico and Lattanzio, 2020). Their condition as precarious and informal workers prevented their access to social safety nets; and the loss, sometimes total, of income exposed them to serious risks of poverty.

The lockdown also had a different weight according to gender. Many women were trapped in a paradoxical situation. On the one hand, being engaged largely in essential services, many women continued to work during the lockdown because they were employed in the food chain, in health care or other indispensable services. On the other hand, they were burdened with further domestic and care work—in regard to the children who remained at home because of school closure, or the elderly in precarious health and unable, due to the emergency, to turn to traditional support and

assistance systems. During the lockdown, women were also more exposed to the risk of violence. Forced coexistence in limited domestic space with violent partners made even more evident a phenomenon already rooted in Italian society, as demonstrated by the increased number of women who sought help in anti-violence centers (Lonati and Melzi d'Eril, 2020). Nor were the children equally affected by the lockdown. With the closure of schools, their opportunities to continue their education varied according to the support that they received from their parents. Those from middle-class and high cultural capital families could count on the supportive environment needed to successfully learn from home (hardware and internet access, parental help, adequate cultural resources available at home, etc.), while the children in worse social conditions lacked those resources.

The forms of governmentality suggested by biomedicine or by the economy also favored a further step toward establishing a society of control. On the one hand, the lockdown emphasized the paternalistic and coercive dimension of contemporary biopower. Rather than providing detailed information about the risks and how to avoid them, thus treating citizens as adults and fostering reflection on how to live with risks without losing the social dimension of life, it was preferred to insist on the rhetoric of the threat and to impose restrictive sanctions. Restraining "measures were legitimised by a continuous stream of numbers—such as on daily new numbers of infected or death persons—that was employed to illustrate the severity of the threat and how well countries managed the spread of the virus" (Zinn, 2020). Citizens were infantilized and depersonalized, treated as potential infectors, reduced to solitary monads who could sacrifice their social relationships to safeguard the survival of biological life. In general, control intervenes directly in social life; it becomes pervasive and acts through people themselves. Personal and neighborhood control becomes the only responsibility required; a responsibility that is expressed not through informed and risk-appropriate behavior or by manifesting cooperation and solidarity to promote and maintain collective well-being, but through withdrawal from public space and social relations, through domestic confinement. With the persistence of the rhetoric of emergency, it is increasingly likely that the effort to overcome fear and threat through the lockdown and social distancing does not produce a sense of sharing and solidarity. It does not create a sense of community; on the contrary, it favors an individualistic closure. Social distancing does not remain only physical but translates into a real reduction of social ties, of the ability to deal with risks through cooperation, mutual help, and attention to those who need it most. The rhetoric of fear and emergence easily produces distrust of others. The trap of the emergency is that there is never an easy going back; the forms of control and discipline introduced to deal with risks always leave a mark, they easily become a habit, a rule.

On the other hand, subjects are de-individualized, reduced to the control of interactions, fluxes, movements. "They are not physical agents but rather tele-producers; they are codes, pixels, bank accounts, doors without names, addresses to which Amazon can send its orders" (Preciado, 2020). This kind of pervasive control has no interest in the individual, his/her identity and his/her reasons—be they right or wrong. It is aimed at a more capillary level, at actions, physical movements, sites and digital resources consulted. Control intervenes directly in social life, but in its sub-individual manifestation, in the form of data flows and correlation patterns. The individual is reduced to a particular statistical pattern (Arvidsson, 2020); an algorithm defines him/her.

Finally, the lack of a governmentality inspired by human rights prevents full recognition of the importance of the social dimension in human life. The individualistic solutions promoted by governmentalities guided by the defense of bare life or by the mere calculation of material costs and benefits are insufficient and inadequate. They cannot take into consideration the social dimension as a constitutive dimension of human beings. They do not consider the importance, for a dignified life, of togetherness, of sharing, of embracing. The fabric of social life is made up of micro-rituals of mutual attention, the ability to give meaning to collective action, to share spaces and times.

Meeting, touching, gathering, being together, and discussing are not simple surpluses to human existence; they constitute its most precious dimension. It is through these practices that we become "human." —Emergency—especially when it occurs or is configured as "permanent"—requires the ability to manage risks, rather than the illusion of their complete cancellation. This is especially so when the cost of this cancellation is the reduction of our humanity or our freedom. The real challenge lies in finding together how to adapt the imperative of protecting health and the economy to the imperative of protecting forms of "sociation," that is, as Georg Simmel (1964/1908) defines them, the processes through which individuals become a society.

If priority had been given to the logic of dignity, perhaps the discussion on how to treat the elderly, the lonely, and the least privileged amid the pandemic would have changed policies. An effective local health care network, directing resources to basic medicine, supporting voluntary work, empowering subjects, and giving adequate information about risk containment would perhaps have avoided dramatic situations and overloads in hospitals and nursing homes.

The cost for young people of a total closure of schools and educational facilities would also have been assessed differently. Young people have been the group least listened to and least considered during the pandemic. They have often been seen only as subjects to be controlled to prevent their behaviors (prejudicial considered irresponsible) from spreading the infection. From their point of view, the cost of closing schools, sports facilities, and leisure venues has not been evaluated. Even when activities restarted after the lockdown, the reopening of schools and universities was postponed. It was believed that they could continue online, with distance learning, considering them places of the mere transmission of knowledge and not places where, collectively and through free discussion, the critical spirit is strengthened. If schools and universities have a *raison d'être*, it consists in their ability to furnish a variety of educational experiences that develop in, and cannot do without, a dimension of community life that cannot be reduced to virtual meetings. The same applies to the importance of sports, voluntary work, and leisure activities in training for active citizenship. Blocking them for an indefinite period means not recognizing the social needs of young people and the educational character that these activities carry out.

Conclusions

Biopolitical and economic governmentalities reduce the public debate to questions of technical solutions and policy packages rather than open-ended discussion about the good policy of a just society (Rodd, 2018: 313). Using human dignity as a compass for governance means recognizing that rights and freedoms do not primarily concern the protection, *at all costs*, of the biological life of individuals, or the security of their economic freedom *against all* that hinders it. Rather, it means recognizing that rights and dignity imply enhancing participation in shaping the environmental, social, and political conditions of one's life *with others* (Banai and Kreide, 2017: 915).

Thinking about how to build a different society, in which risks—including health risk—are reduced not by reducing or eliminating dignity and solidarity, but by increasing social justice, respect for the environment, and a different style and rhythm of life requires greater and no less social closeness, greater and no less participation. I do not intend to deny the importance of precautions in reducing contagion, nor the need to act urgently; rather, I suggest maintaining and developing a point of view that promotes a governmentality guided by the priorities of defending sociality, fostering human dignity and social justice. From this point of view, a governmentality driven by an interest in safeguarding and strengthening human dignity does not have health or wealth as its priority, but well-being. Moving from biomedical or economic governmentality to social governmentality entails not only safeguarding health by preventing diseases and deaths, or the economy by preventing the closure of companies and a downturn in GDP; it also entails safeguarding social

life by preventing individualistic retreat or the withering of the rich networks of relationships that make life a human life. Emphasizing threat and fear or imposing lockdowns by force and law leads to a depletion of our humanity. Social governmentality, inspired by the defense of human dignity, aims to increase responsibility toward common goods, to encourage a public debate on how to face the risks and uncertainties produced by human activity and the environmental context and, at the same time, to respect and strengthen civil life, ensuring a just life rooted in solidarity-based relationships and forms of democratic coexistence.

As the etymology of the word indicates, a crisis implies both rupture and choice. It can cause suffering and destruction, but at the same time it opens up new opportunities, imposes a new beginning and a change (Matthewman and Happatz, 2020). A governmentality inspired by human dignity goes beyond the protection of mere existence or the *status quo*. It allows us to rethink social life—to rethink globalization, ecology, the use of technology—favoring an inclusive society that places the needs of the weakest people in the foreground, giving voice to women and young people. It is up to our (human) abilities to direct governmental politics and political power in one direction rather than the other.

Declaration of Conflicting Interest

The author declares that there is no conflict of interest

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

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