Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Neoliberal and pandemic subjectivation processes: Clapping and singing as affective (re)actions during the Covid-19 home confinement

Marco Gemignani *, Yolanda Hernández-Albújar

* Corresponding author. Dept. de Psicología, Universidad Loyola Andalucía, 41704, Dos Hermanas, Sevilla, Spain.
E-mail addresses: mgemignani@uloyola.es, gemignanim@gmail.com (M. Gemignani).

https://doi.org/10.1016/j.emospa.2022.100882
Received 5 May 2021; Received in revised form 4 February 2022; Accepted 12 April 2022
Available online 16 April 2022

1. Introduction

In March 2020, at the beginning of the Covid-19 pandemic, specific community-based practices were set in place to express and partially counter the experiential, affective, and power-based anxieties related to the significant social changes that were occurring in people’s lives. An array of local responses emerged in support of or against the increased government-enforced biopolitical controls that imposed stay-in-shelter directives to limit the spread of the Covid-19 virus. Although most governments followed the World Health Organization’s recommendations and protocols, some political leaders notably opposed them, such as the cases of Bolsonaro in Brazil and Trump in the U.S. (Greer et al., 2020). At the community level, whereas some individuals acted against the stay-in-shelter orders or the obligation to wear face masks (Vasanthakumar, 2021), practices of care in the form of “micro-volunteering” and community partnerships to support vulnerable groups were developed in locations as different as India (Anonymous, 2021), Denmark (Carlsen et al., 2021), or the Southern United States (English et al., 2021).

One of the most visible and global reactions was public clapping and, to a lesser extent, singing. They became a widespread social phenomenon that emerged as a response and reaction to pandemic-related emotions. Clapping and singing occurred in the most public of the private spaces in which the shelter-in-place confinement obliged people to live. Balconies, open windows, and terraces acted as liminal spaces between the private and the public. By intersecting “little resistances” (Bal and Hernández-Navarro, 2011, p. 9) with affective and artistic expressions, clapping and singing countered social isolation and conveyed messages of hope, solidarity, and support to the healthcare professionals and to the general community of neighbors, who sang or clapped, or who could see or hear others who did. The focus was neither on the author nor on the production, but on the process of doing.

At a time of unexpected and radical transformations in everyone’s daily interactions, clapping and singing were “affective happenings”: occasions where things and bodies are altered” to the extent that they may affect and be affected by “all forms of social productions in the contemporary world” (Parr, 2010, p. 13). Basing our arguments on Deleuze and Guattari’s (1987) reflections on affect and Massumi’s theory of affect (Massumi, 1995), we see affects as pre-personal sensations located neither in the person nor in society, but in the relational
“in-between-ness” of experience itself (Seigworth and Gregg, 2010, p. 2). Affects have “no ontological status or integrity other than that produced when assembled with other similarly contingent and ephemeral bodies, things, and ideas,” such as those that materialized during the home confinement at the beginning of the Covid-19 pandemic.

In this manuscript, we also pay close attention to the broader context of neoliberalism, which provided the ideological background for the pandemic biopolitical reactions (Giroux, 2021). As a cultural and ideological system aimed at reorganizing the global economies (Slobodian, 2018), the “neoliberal condition” is based on the general belief that people behave and should be governed in the same way as an economic market (Brown, 2015; Lazzarato, 2012), which operates according to demand and supply, celebrates entrepreneurship, and gives people personal responsibilities for their choices and outcomes. Neoliberalism “constitutes a new mode of ‘governmentality,’ a manner, or a mentality, in which people are governed and govern themselves” (Read, 2009, p. 29) while simultaneously constructing the world as increasingly commodified—in Harvey’s words, a world characterized by “the commodification of everything” (2007, p. 165).

Seeing clapping and singing as affects points both to their bodily dimension as social encounters and to their ability to affect, that is, to impact on what a body could do (Massumi, 2000, p. xvi; Youdell and Armstrong, 2011) during the Covid-19 lockdown. As affective happenings, clapping and singing represented both a form of community narratives (e.g., solidarity toward healthcare personnel) and a social strategy for the production and reproduction of experiential states, the relational encounters of bodies (e.g., the shared experience of clapping together with neighbors), and discourse-based values and orders (e.g., staying in shelter to protect oneself and others) (Atkinson and Scott, 2015).

Affective happenings emerge in the tension between reactive and active forces. In this manuscript, we argue that, in the neoliberal context, clapping and singing acted as formations and practices of affect that, as the pandemic unfolded, accompanied new processes of subjective becoming and resistance (Deleuze and Guattari, 1987, p. 256). We will first interpret singing and clapping during the confinement as reactive products and active producers of affective processes. Through them, individuals cared for, took care of, and resisted pandemic-related emotional becomings, most of which were anxiety-based. Singing and clapping were reactive and ethical self-care practices (Foucault, 1984). We then argue that this tension was related to the intensification of neoliberal subjectivation during the pandemic: on one hand, singing and clapping were assemblages that reproduced neoliberal values and emotions. On the other, they resisted them.

1.1. Method

Our reflections are based on multiple sources. First, we read the scientific and gray literature about pandemic affectivity, neoliberal emotions, and clapping or singing during the stay-in-shelter ordinance through the Ebsco Premier and Google Scholar databases. Then, we reflected on our own experiences with the pandemic and neoliberalism, especially in academia. Every day, as we (the authors) heard our neighbors clapping and singing during home confinement, we both felt haunted by the affective ambivalences that compose this paper. While one of us used to clap, the other did not feel that this practice embodied and represented their affectivity. For each author, clapping or not clapping was a matter of affectivity rather than emotionality, as the former develops at an immediate, embodied, and pre-conscious level and is not mediated by subjectivity and language. This creates a sharp difference between the affect theory’s and the social constructionist approach to emotions: “Affect, in short, escapes articulation in discourse” (Stemmer and Moreno-Gabriel, 2013, p. 236).

Our focus on affectivity framed by neoliberalism contributed to defining the space in which the social phenomenon of clapping and singing took place. As a relational environment, balconies or the other private spaces in which people clapped achieved meaning in their “haecceity,” that is, in their unique being present, describable, and “there” for some people. These “affective happenings” came to exist only as “assemblages of the haecceity type” (Deleuze and Guattari, 1987, p. 262), insofar as they were the product of a specific entanglement of agencies, forces, and circumstances (Young et al., 2013, p. 153), which extended beyond places and subjects. Generally speaking, it is unusual to see people clapping or singing from their balconies or windows. But, during Covid-19 confinement, these practices became common as they achieved new connotations in relation to the pandemic and its affectivities. These social practices, in other words, were affective and located becomings, “independent of forms and subjects,” whose relevance was in the performance, and not found in how and who was doing the clapping or singing (Deleuze and Guattari, 1987, p. 262).

The measurable dimensions of these relational spaces are entirely secondary to their relational significance. The window, balcony, terrace, or rooftop was a “smooth (vectorial, projective, or topological) space [as opposed to] a striated (metric) space” in the first case, “space is occupied without being counted,” and in the second case, “space is counted in order to be occupied” (Deleuze and Guattari, 1987, pp. 366–362. Italics in the original). Whether physically occupied by clappers and singers or spectators, or ethereally by sounds and symbolic audiences (e.g., the healthcare personnel to which the clapping was directed), balconies, courtyards, squares, and neighborhoods achieved their affective importance through the relations they allowed. People did not inhabit their balconies: instead, they used them nomadically, as points of passage or transition to be left behind at the end of the applause, like nomads for whom “the water point is reached only in order to be left behind; every point is a relay and exists only as a relay” (Deleuze and Guattari, 1987, p. 380). Similarly, windows and balconies acted as a relay to which people would come back and were called to return regularly, every evening. Thus, balconies, windows, terraces, and courtyards lost their spatial dimension to become unique relational spaces in times of social incertitude and distancing.

Recognizing the affective happening of clapping and singing as moments of awkwardness and liminality positioned us in a process of becoming that developed through our bodies, emotions, and conversions about our disparities and that, eventually, pointed us to consider the role of neoliberal affectivity in affecting our subjectivities in the context of home confinement. Methodologically, we adopted an auto-ethnographic approach. Although our biographical experiences are not at the core of the analysis, we observed, lived, and struggled with the ambivalences of clapping at the onset of the pandemic biopolitics.

2. Clapping and singing as affective social practices

With the global spread of the Covid pandemic, the vast majority of affected countries responded by setting up severe forms of confinement to reduce social contact. These initiatives proved successful in slowing down the spread of the virus and allowing health care centers to provide their services effectively. Understandably, the beginning of the crisis was also marked by misinformation, shaky scientific knowledge, and anxiety.

In February 2020, Italy was the first country in the Western world and global North to be affected by the infection. In a number of Italian cities and towns, amid social apprehension and while confined in their homes, people spontaneously chanted traditional Italian songs from home balconies or windows facing public spaces, such as a street, park, or square (Locker and Hoffman, 2020). At certain times of the day, Italians, found, in singing, a new way to interact with each other. Prolonged applause followed the songs. People dedicated further rounds of applause to healthcare personnel at specific time slots. These social practices, especially clapping to support healthcare workers, spread to other countries, mostly in densely inhabited environments: in Austria, Germany, France, Spain, Iraq, the U.S., Lebanon, India, and Germany, collective singing and clapping expressed solidarity and
acknowledgment of the struggles of essential service providers (Taylor, 2020).

As affective happenings, community-based singing and clapping served a social and somewhat therapeutic role for the actors involved in them—namely, lay singers, applauders, audiences, and neighbors. They were collective expressions that responded to the need to counter the emptiness and loneliness of confinement (Feng, 2020). The strength of the process was in the public and collective character of these practices. They were done with others: not abstract figures, but our everyday neighbors. In some instances, such as in larger apartment blocks, these activities even fostered mutual visibility, connection, and support among people.

In addition to these collective and relational dimensions, the affectivity of clapping and singing also resided in their contribution to the “game of truth” of expressing solidarity toward healthcare personnel. A “game of truth” is a set of procedures that regulates the construction of concerns and behaviors that become dominant for people at a historical period (Foucault, 1984). Games of truth have an ethical power, as they establish what is expected and valuable as a form of regulating one’s life and subjectivity. In the sites where people clapped in the evening during the stay-in-shelter phase of the pandemic, the general expectation of good citizenship was that people participated in this social practice to express solidarity to healthcare and other essential workers. These demonstrations of solidarity extended beyond being a cognitive volition to concern, and instead, became a bodily cognition. Their affective strength was not so much in “the ‘mind,’ […] as in the body” (Massumi, 1995, p. 90). As affects, they operated as a pre-personal process of “becoming” or variation caused by the encounter between clapping and singing bodies.

3. The neoliberal society as background to subjectivation at the time of the pandemic

In the logic of affect, personal feelings and social practices cannot be understood outside the societal and cultural contexts in which they are constructed, located, and intersect. Given the global ideological and socio-economic dominance of neoliberalism, we wondered about the role of neoliberalism in shaping the affective responses to the pandemic, including the “truths,” narratives, and discourses that paved the road toward specific views of the self and practices of self-regulation and care during the initial confinement. We became interested in the intersection of subjectivation and neoliberalism during the pandemic’s initial phases.

Beyond being an economic system and philosophy, neoliberalism is a culture and an ideology that shapes people’s ways of being with each other and with themselves (Bracke, 2016; Rottenberg, 2014). Although we realize that every national context is unique and that important differences arise within each society (e.g., between rural and urban settings), we are also aware that neoliberalism is a major force that regulates the life, relations, and constructions of most industrialized and market-oriented societies (Slöbdian, 2018).

Just to clarify, we are not arguing for the existence of a specific Covid or neoliberal subjectivity, as this would reify and essentialize social processes that are instead marked by fluidity and localization. Rather, we are exploring the ideological background against which some affective happenings came to exist during the pandemic.

3.1. Neoliberal subjectivation processes

The “homo economicus” described by Foucault in his “Lectures on Biopolitics” (Foucault, 2008) self-regulates according to the belief that any action and choice needs to be based on the fundamental economic principle of maximum output for minimum expenditure. The neoliberal subject is an “entrepreneur of himself, being for himself his own capital, being for himself his own producer” (Foucault, 2008, p. 226). People “become individuals for whom every action, from taking courses on a new computer software application to having their teeth whitened, can be considered an investment in human capital” (Read, 2009, p. 30). The push to increase one’s “human capital” is an example of the pressure to consume (e.g., the fast-increasing offer of Master’s degrees is a global dimension of the neoliberal university) and to produce or achieve more. For example, new clinical specializations and problematizations, such as the constant increase in mental-health diagnostic categories, will require more consumption and production (e.g., new training and more psychologists) in a never-ending cycle (Jergen, 1997).

When extending beyond the market, neoliberalism concerns the forms in which the subject thinks of itself as a human being: as an individualized entrepreneur and competitor in an environment that needs to be marked by precariousness and feelings of dissatisfaction, inadequacy, and not being “good enough,” so that individuals keep pushing themselves through modes of consumption. The neoliberal society then regulates the direction that this constant striving should take by prescribing values, interests, and desires that follow predetermined scripts. Hidden behind naïve narratives of opportunities, success, and resilience, such scripts further the creation of self-regulating subjects and docile bodies.

Self-awareness of where one stands in the competition becomes a crucial component of neoliberalism’s “permanent vigilance, activity, and intervention” (Foucault, 2008, p. 132). As a consequence, constant assessment of one’s own “human capital” is the norm toward “compulsive achievement and optimization” (Han, 2017, p. 2) since self-evaluation and vigilance respond to the pressure to set and reach goals continuously by comparison and competition with others and with one’s self. Rankings and classifications have become central for the neoliberal social order and subjectivation to optimize this purpose, as they create affective tension based on social stratifications (e.g., demonstrations of status) and their internalization. An example of this is academicians’ acritical use of H-index rankings to self-evaluate their importance in a discipline.

People are pushed constantly to do more so that they can consume more, have more, feel more through the tension between acting and reacting or between having and missing (see, for instance, the “Fear Of Missing Out” as a neoliberal product (Brinkmann, 2019)), and then do more again. As Foucault writes, “the man of consumption, insofar as he consumes, is a producer. What does he produce? Well, quite simply, he produces his own satisfaction” (2008, p. 226), which derives from having and producing the conditions for further consumption and competition. These new neoliberal paradigmatic ontologies and products (including its emotions) are then presented and acritically understood as desire, choice, freedom, rights, or scientific advancements. This often occurs with the assistance of mainstream psychology, as for the concepts of emotional intelligence or resilience (Adams et al., 2019; Arken, 2018; Binkley, 2018; Bracke, 2016; Garrett, 2016; Schwarz, 2018).

3.2. Biopolitics and subjectivation during the initial Covid-19 crisis

Despite the belief in individuality and the “I can” credo (Han, 2017, Chapter 1), the forced confinement of the Covid-19 crisis made evident the crucial biopolitical function of the organized state to ensure the continuity of life. The public-health policies adopted by most countries to deal with the Covid-19 pandemic prevented deaths and sustained the continuity of life, for instance, by guaranteeing those services deemed essential for subsistence.

The adoption of the state of emergency and exception gave governments the power to control citizens’ private lives directly by limiting the spaces and movements available to them. This was achieved by decreeing and establishing norms—and more incisively—by persuading citizens about the necessity of self-regulation and surveillance for the public good. A consolidated biopolitical strategy is to present and reproduce discourses of fear and civil responsibility (Dillon, 2007; Gemignani and Hernandez-Albujar, 2015).
Endless reports on the count of dead and infected people, the number of hospital beds available, and the long-term impact of the crisis informed citizens about the evolution of the pandemic, but also, at the same time, were instrumental in creating “docile bodies” of obedience (Foucault, 1977). Said otherwise, managing the pandemic entailed the interaction of domination and subjectivation to “assure coercion and processes through which the self is constructed or modified by himself” (Foucault, 1993, pp. 203–204). The responsible citizen stayed at home and followed state directives as ethical acts of solidarity and care of the self and others. Social and mass media campaigns, such as Twitter’s #IStayHome or #StayHomeSaveLife, contributed to the rapid assimilation of the pandemic narrative. This narrative and its affects shaped the subjectivation practices during the shelter-in-place period, for instance, concerning how people controlled their social and leisure life or self-monitored to preserve their and others’ lives.

It follows that the subject of the Covid crisis was a composition of organic, technical, and social elements. It was neither an autonomous self-being nor a passive product of social determinants: bodily (e.g., affects and physical distancing), circumstantial (e.g., biopolitics, governance, and public health directives), technical (e.g., the widespread use and adoption of epidemiological jargon), and community (e.g., affective practices of solidarity and self-care, such as clapping and singing) processes contributed to shaping people’s perceptions of themselves and their positioning and acting during the pandemic.

Underlying these subjectivation practices is the affective tension between the subject as an agent and as subjected. In conversation with Mary Zournazi, Massumi describes it as “doubling,” which is “when you affect something, you are at the same time opening yourself up to being affected in turn, and in a slightly different way than you might have been the moment before” (Zournazi, 2015, p. 4). From this perspective then, the apparent contradiction between humanist and discourse-based understandings of agency are two sides of the same coin. On the one side, the person at the center of its experience, agency, and interpretations, act as personal “truths” through which the subject constitutes itself (Sartre, 1946). On the other side, dominant ideologies and discourses condition the becoming subject to specific possibilities for the development of the self within “a larger process that reinscribes subjectivation as a set of practices acting from outside the subject to constitute him in a passive and unreflective way” (Han, 2002, p. 185).

The Covid-19 crisis and its governance highlighted that these two aspects of power— as coercive or restrictive and enabling or productive— are ultimately not separable from each other (Foucault, 1977). As a subjectivation practice, the quarantine discipline was imposed on and internalized by subjects, who, in the production of knowledge and subjectivity, were simultaneously active and subjected.

3.3. Productive and coercive aspects of the Covid subjectivation

A whole set of “pandemic narratives” was developed and applied by individuals, the mass media, and governments (Davis and Lohm, 2020). These narratives were productive: they entailed and resulted in self-regulation through new forms of social management, surveillance, disciplining, and reference, for instance, to the authority of scientific experts who became public celebrities. These accounts of the pandemic spread a scientific vocabulary and grammar into circulation, introducing concepts and a language that the general population could make sense of and used to relate to the situation.

All of this contributed to constructing specific realities and games of truth. Through an ontological process that Maturana and Varela (1987) called “language,” the pandemic narratives sensitized the public toward the perception and communication of specific realities, which, prior to the pandemic, were not of common concern or existed phenomenologically. As such, the pandemic narratives enabled specific modes of biopolitics and problematizations through which people were governed, but also through which people could govern themselves and others (Ahrens, 2021). For instance, since the beginning of the Covid pandemic, healthcare and virology have been publicly celebrated with unprecedented vigor. Practices such as the use of hand sanitizers and face-masks have become normalized as expected forms of care of self and others. Books and movies concerned with viruses, pandemics, and various post-apocalyptic scenarios became new best-sellers (Khatib et al., 2020) in an attempt to predict, understand, manage, and even exorcize potential outcomes and new forms of human interactions.

Besides language, monitoring and awareness of self and others were instrumental to the Covid subjectivation. These new social and personal norms and strategies acted as technologies of the self. Given the new order’s scientific goodness and unquestioned obviousness which created sets of allowed and prohibited practices, surveillance of the self and others became a security measure for most people. Because the virus was a threat to everyone and anyone could be a carrier, individuals found a new sense of control by staying confined and physically distant and by remaining suspicious of everyone else. This social monitoring both derived and contributed to developing a general hermeneutics of suspicion (Ricoeur, 2008). For instance, during home confinement stages, Spanish police received an overwhelming number of calls from people reporting fellow citizens for not staying at home, playing outdoors with children, or walking their dogs too frequently (LaVanguardia, 2020). A new social surveillance strategy was openly active.

Constant reminders that any person could be a healthy and asymptomatic carrier of the virus called for unmitigating vigilance on how people related to their and others’ bodies. Whether consciously or unconsciously, people felt or realized that the “disease emergence dramatizes the dilemma that inspires the most basic of human narratives: the necessity and danger of human contact” (Wald, 2008, p. 2). This affectivity and subjectivation were not just to protect one’s and others’ health, but also the self from the danger and guilt of having infected others. A sense of precariousness and uncertainty often summarized in a generic Covid-19 stress syndrome (Taylor, 2021) became widespread, mainly because, in a pandemic, no physical/affective relationship is safe; everyone can be dangerous; and social references and economic stability become less solid (Czeisler et al., 2021). Inevitably, regulating the body entailed affecting how everybody felt, as “feeling is the inextricably intertwining of bodily affection, world-directedness, and self-involvement” (Thonhauser, 2019, p. 53).

4. Affective continuity between the neoliberal society and the Covid-19 confinement

As previously stated, neoliberal societies vigorously underscore individuality, as historically symbolized by Thatcher’s famous statement: “There is no such thing as society; there are only individual men and women, and there are families” (Brown, 2015). By moving away from collective rights and egalitarianism, the neoliberal “every-one-for-themselves model of capitalism” succeeded in destroying working-class values like solidarity and collective aspirations and substituted dog-eat-dog, rugged individualism” (Olson, 2013, p. 45).

Left alone and with the sole responsibility of becoming either a winner or a loser, the neoliberal subject feels “a generalized sense of fear, anxiety and existential disorientation, which we can call characteristically modern” (Binkley, 2016, p. 583).

Feeling of inadequacy, “not being good enough,” and guilt are common in neoliberal societies, as are the constant attempts to create hierarchies of winners and losers based on judging criteria that are typically internalized (Han, 2017). Obeying to these criteria becomes a form of care of the self, for instance, through celebrations of individual responsibility and entrepreneurship. Similarly, social inequalities and sharp distinctions between winners and losers are justified along the lines of personal agency and accountability. According to neoliberal values, it is eventually the individual who is blamed for these outcomes. In addition, regardless of which side of the competition we eventually land, we all succumb to the idea that to avoid risk and feel more secure, we should do more and constantly be better or improve. Consequences...
associated with neoliberalism, such as constant dissatisfaction, perfectionism, individualism, and stress, as well as heightened social competition and inequalities, are seen as “normal” or taken as a “natural” manifestation of social Darwinism and surveillance (Macrine, 2016).

Emotions are the means through which the neoliberal society conveys its credo in individuality, entrepreneurship, and competition, acting as technologies of the self. They become, therefore, instruments of governance (Ehrstein et al., 2020). As individuals progressively associate their emotional life to their consumption (the general notion that “new is good” and “old is bad”) and entrepreneurial activities, constructing the self personally and socially becomes tied to outputs, with the result of blending production and subjectivation.

At the beginning of the pandemic, an accentuation of emotions such as anxiety (Santabárbara et al., 2021), loneliness (Sanini and Koyanagi, 2021), and fatigue (Castellano-Tejedor et al., 2021) was reported. An international study conducted with over 1000 participants in 3 continents (Asia, Africa, and Europe) confirmed this general trend (Ammar and Consortium for the ECLB-COVID19, 2020). Without discounting the personal relevance of these feelings, we suggest through Affect Theory to see them beyond the realm of the individual, not so much as events or experiences but rather as relational impossibilities of encounters and embodiments that the pandemic, its discourses, and its biopolitical management set forth. Being more than personal narratives, these affects were extra-personal and shaped “the capacities to act and be acted upon” in the “in-between-ness” of affected and affecting bodies or agents (Seigworth and Gregg, 2010, p. 1).

On the one hand, being confined at home entailed weakening or interrupting most of the social and relational life that people had so far known. During the initial confinement, everyone was asked to see themselves as responsible for contributing to public safety by staying at home, avoiding contact, and accepting being surveilled. On the other, seen as relational and process ontologies, anxiety and fatigue did not simply emerge as responses to the pandemic. Although the Covid crisis exacerbated them, they were already behind and part of the cultural productions of neoliberalism (Han, 2017; Patalyn et al., 2020). As processes and products, anxiety and fatigue were situated in an “amongness” of affected and affecting Covid-19 biopolitics and neoliberal social orders.

With one foot in neoliberalism and the other in the pandemic, the affective manifestations of the lockdown were not only personal cognitions but also movements of encounter that shaped relational (im) possibilities, affected subjectivation practices, and were affected by biopolitics. Clapping and singing were instances of affective happenings that developed at the beginning of the pandemic, at the confluence of public health governance, and the effective assemblages that developed in reaction to the subjective and relational changes that we experienced.

Possible continuations of neoliberal affects occurred both constructively and oppressively during the initial phase of the confinement. More specifically, in the following sections of this manuscript, we focus on how singing and clapping represented practices of resistance and conformity that both spoke about and contributed to the overall neoliberal subjectivation.

5. Clapping and singing as potential acts of resistance

As previously discussed, during the Covid crisis, clapping and singing were community manifestations of the pandemic or outbreak narratives. First, they represented forms of resistance against the emotions that the pandemic brought forth; the subjectivations practices implicit in the pandemic narratives and biopolitics; and the emotional dimensions of neoliberalism which the pandemic exacerbated, mainly individualized anxiety, isolation, impotence, and self-vigilance.

In the affective context of subjectivation in relation to the dominant pandemic narratives and biopolitics, confined people found new spaces of action, expression, and creation, some of which were private while others were public and shared. These affective spaces allowed people to be agents of resistance while simultaneously they had to surrender to the new normality of the confinement. For instance, the authors, audiences, and targets of clapping and singing were nameless and faceless people whose individuality disappeared in the community-based performances. This countered “the logic of neoliberalism [in which] ‘I’ as the subjective agent in this world does not need collectives” (Teo, 2018, p. 40). In place of neoliberal individualism and competition, clapping and singing became strategies to both participate in the social control of the docile bodies by adopting, showing, and sharing the pandemic narratives and emotions and, at the same time, to transcend them partially by countering fear and by strengthening the sense of community. In a dialectical process between technologies of the self and technologies of power, the affective happenings and encounters of singing and clapping instantiated a complex differential of forces in which the power to resist coincided with the power to affect (Aryal, 2012).

Secondly, in addition to being affective reactions against the pandemic and the imposed isolation, clapping and singing also served to direct people’s hopes and wishful gratitude to healthcare professionals, who were projected as “heroes” in the fight against the Covid health crisis (Cox, 2020). Furthermore, the affective encounter of clapping impacted communities, which, in many cases, became stronger during the confinement as neighbors shared a common activity. Consequently, collective clapping and singing can be seen as a choreography of participation to the pandemic narratives as well as resistance against the powerlessness of confinement, which for many carried emotional consequences, such as impotence, isolation, loneliness, detachment, and anxiety (Jungmann and Wittich, 2020; WHO, 2020).

Being confined in a private space at the beginning of the pandemic helped (some) people realize that their wellbeing depended on being with others and that the pandemic’s “new-normality” problematized the distinctions between personal and social freedom, and the separation between “me” and “them” (Hall, 1996) and “us” (Gergen, 2009). This was not so much a realization about the humanistic need to relate to others as a new way to explore relational forms of being in the world. More specifically, the rediscovered affectivity of relating and becoming showed to all of us that “everyday life is not simply the material relationships; it is a structure of feeling (…) about how you can move across those relationships, where you can and cannot invest, where you can stop/rest, and where you can move and make new connections, what matters and in what ways” (Grossberg, 2010, p. 313).

Through the desire to manage the pandemic affectivity, clapping and singing emerged as an ontological production based on relationality and engagement. The activities offered a way to resist the neoliberal concept of freedom as associated with consumption and production by engaging in costless and unmarketable and yet intensely affective and affecting practices and performances. Even if singing and clapping responded to the dominant narrative concerning personal responsibility and anxiety, they also contributed to extending the available practices of subjectivity outside the market.

From one balcony to another, the collective performances created a liminal space, an affective ‘in-between-ness’, in which unknown people circumstantially communicated and shared hopes and experiences. Clapping and singing brought on a new, although circumstantial, collectivism which was not just a means to represent social emotions or to support health workers, but also an affect-based way to see “social life as production, engaging with social life itself as the medium of expression” (Sholette et al., 2017, p. 13).

6. Conclusions

The pandemic did not create a new subject. Rather, it accelerated and radicalized some of the subjectivations processes, affects, and games of truth that already underlay contemporary neoliberalism (Heller and Barish, 2020). Against the subjectifying forces of neoliberalism and the pandemic, community expressions of support and solidarity, such as clapping and singing, stood as embodied forms of resistance in the
everyday existence. They took place in various countries and yet we should be cautious about universalizing our reflections. Rather than analyzing the populations or countries in which clapping and singing occurred, we analyzed this general phenomenon as an affective assemblage of neoliberal values and resistances against them and pandemic-related subjectivations.

As we write, we still navigate through pandemic forms of care for the self and others, government restrictions, and getting used to the so-called “new normality.” Discourses of fear and pandemic narratives convert individuals into obedient bodies, with few options but to follow the dictaments of the government. However, at this level of direct government of bodies and affectivities, we may find effective forms of resistance. People developed innovative ways of being together against the neoliberal logic of separation, individualism, competitiveness, and social disengagement despite oppression, control, misplaced perceptions of freedom, and surveillance. One way this relational resilience took place during the Covid-19 crisis was through collective and performative manifestations, such as public clapping and singing.

Spontaneous and community-based practices reaffirmed the subjective sense of belonging and the need to go through the crisis together in solidarity, with no direct economic benefit and no need to compete. Public singing and clapping countered marginalization and isolation in the pandemic and the neoliberal society. At the same time, these social practices were effective happenings and encounters that participated in the discourses of fear, self-monitoring, and social surveillance and restated the need to resist and stay at home to survive.

This weaving of different lines and perspectives underscores that, with no identified villain and with its ideological power already thriving, neoliberalism cannot be reduced to a negative or oppressive cultural and social order (Grossberg, 2010). Instead, it should be acknowledged in its complexity. Although from a humanistic perspective, the message of public clapping and singing was empowering (e.g., for the medical personnel or the development of a sense of community), in many countries of the global North, it took the public gaze away from the dire conditions in which the public health system found itself after more than a decade of austerity, privatization, and shortage of long-term investments, which followed the 2008 Global Financial Crisis. In other words, clapping and singing focused on the micro-levels of the individual, the household, or the neighborhoods, instead of addressing structural deficits deriving from the neoliberal biopolitics, such as the funding of public healthcare and the social stratification that made marginalized groups much more vulnerable to the pandemic (Salisbury-Afshar et al., 2020).

The current pandemic underscores the need to operate in collaboration with each other. In the aftermath of the Covid-19 crisis, blaming what globally happened (from the millions of deaths to the social and economic losses) on the virus will be a missed opportunity to reflect on the downsides of neoliberalism. This economic, social, and cultural order has proven resilient to previous crises (Mavelli, 2016), and it will persist after this one, too. Neoliberalism has shown its biopolitical ability to care and to “make life,” even if this has come at the cost of heightened surveillance and necropolitics, especially in terms of the power to resist.

Paraphrasing Deleuze, these affective events “actualized with us, they waited for us, and invited us in. They signaled us: ‘My wound existed before me. I was born to embody it’” (Deleuze, 2004, p. 149). For those of us who directly or indirectly engaged in clapping and singing, these practices and events contributed to our subjectivation at the beginning of the pandemic by highlighting an ethical way to be with what happened to us and in-between us, and to open up new possibilities for becoming. As Deleuze wrote, “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” (2004, p. 149).

Simultaneously subjected to the pandemic and neoliberal biopolitics, the affective happenings related to sheltering-in-place allowed for different and reflexive modes of embodying, expressing, and developing our subjectivations. One of us clapped; the other did not. As we have shown in this article, underneath the “sameness of the idea” and practice of clapping and singing, an “entire multiplicity [of perspectives] rumbles” (Deleuze, 1968, p. 274). Clapping and singing entailed an assemblage of affects, statements, embodiments, relationalities, and biopolitics that were at the crossroad of the past of the society we had so far known, the new possibilities of the post-pandemic future, and the liminal present of the home confinement.

Declaration of competing interest

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

References

Adams, G., Estrada-Villalta, S., Sullivan, D., Markus, H.R., 2019. The psychology of neoliberalism and the neoliberalism of psychology. J. Soc. Issues 75, 189–216. https://doi.org/10.1111/josi.12305.

Arens, J., 2021. Theorising – praise of biopolitics? The covid-19 pandemic and the will for self-preservation | European sociologist. Eur. Soc. 45 (Issue) online first.

Anonymous, 2021. Stories of collective resistance in the context of hardship and crisis: an anonymous collective contribution from India during the pandemic crisis. Int. J. Narrat. Ther. Community Work 7-14.

Atkinson, S., Scott, K., 2015. Stable and destabilised states of subjective well-being: dance and movement as catalysts of transition. Soc. Geogr. 16, 75–94. https://doi.org/10.1080/14649935.2014.950699.

Bal, M., Hernández-Navarro, M.A., 2011. Art and Visibility in Migratory Culture: Conflict, Resistance, and Agency. Rodopi, New York, NY, US.

Barley, S., 2018. The emotional logic of neoliberalism: reflexivity and instrumentality in three theoretical traditions. In: Cahill, D., Cooper, M., Konings, M., Premrose, D. (Eds.), The Sage Handbook of Neoliberalism. Sage London, London, UK, pp. 380–595.

Brahe, S., 2016. Is the rubateen resilient? Notes on agency and neoliberal subjects. Cult. Stud. 30, 839–855. https://doi.org/10.1080/01388210.2016.1168115.

Brinkmann, S., 2019. The Joy of Missing Out: the Art of Self-Restraint in an Age of Excess. Polity Press, Cambridge, UK.

Brown, W., 2015. Undoing the Demo: Neoliberalism’s Stealth Revolution. MIT Press, Cambridge, US.

Castellanno-Tejedor, C., Torres-Serrano, M., Cencerrado, A., 2021. Psychological impact of the COVID-19 home confinement. J. Health Psychol. 1359105320985580 https://doi.org/10.1177/1359105320985580.

Cox, C.L., 2020. ‘Healthcare Heroes’: problems with media focus on heroism from healthcare workers during the COVID-19 pandemic. J. Med. Ethics 46, 510-513. https://doi.org/10.1136/medethics-2020-106399.
