

# War as disease: biomedical metaphors in prevention discourse

European Journal of  
International Relations  
1–22

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DOI: 10.1177/13540661211055537

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## Abstract

Previous research has examined biomedical metaphors in discourses on military intervention, counter-insurgency and counter-terrorism. Starting from the observation that such metaphors also occur in the contemporary conflict prevention discourse, this article inquires into their intellectual origins and implications for the understanding of war and prevention. Drawing on archival analysis, it finds that they manifest in two ways in prevention discourse. In the cataclysmic notion, war is likened to an epidemic or plague. This metaphor was popularised by Christian pacifists in the 19th century and carried forth into 20th-century prevention documents. The more recent risk factor notion is couched in terms of enabling conditions for threats to the body politic. By engaging imagery on immunity and public health, it draws parallels between social and political organisation and functions of the body. The article argues that while both notions of biomedical metaphors of war in conflict prevention discourse are firmly rooted in modernist thinking, this intellectual legacy manifests differently. The cataclysmic notion associates war and disease with barbarism and thus paints prevention as a civilisational objective. The risk factor notion, on the contrary, represents war as a technico-scientific problem and thus shifts the focus towards governing and controlling war through knowledge and technology. Furthermore, both notions converge in the idea of a body politic that is to be protected and in the implicit assumption of world order in which war-as-disease is a temporary deviation from the ‘healthy norm’, while peace-as-health is the desired and default state of affairs.

## Keywords

War, conflict prevention, metaphors, disease, discourse, modernity

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## Introduction

In 1814, Mary Godwin, who would later become known as Mary Shelley, the author of *Frankenstein*, eloped with her future husband Percy Shelley. While they travelled across continental Europe, she kept a journal that would be published three years later as part of the Romantic travel diary *History of a Six Weeks' Tour through a part of France, Switzerland, Germany, and Holland*.<sup>1</sup> During the trip, they passed through a small French town that had been occupied by Russian troops only a few months prior as the Sixth Coalition of allies drove back Napoleon's army. Upon seeing the ruinous damage to the people and the land, Shelley and Shelley (1817: 18–19) note,

We now approached the scenes that reminded us of what we had nearly forgotten, that France had lately been the country in which great and extraordinary events had taken place. Nogent, a town we entered about noon the following day, had been entirely desolated by the Cossacs [*sic*]. Nothing could be more entire than the ruin in which these barbarians had spread as they advanced; perhaps they remembered Moscow and the destruction of the Russian villages; but we were now in France, and the distress of the inhabitants, whose houses had been burned, their cattle killed, and all their wealth destroyed, has given a sting to my detestation of war, which none can feel who have not travelled through a country pillaged and wasted by this plague, which, in his pride, man inflicts upon his fellow.

What Shelley observes in Nogent makes her think of the devastation in the aftermath of a plague. In this way, she draws a comparison between disease and war in that she uses the former as a metaphor for the latter. This association through the figurative expression of the 'plague' becomes increasingly common in the discourse of peace advocacy of the 1800s. In the 20th and 21st centuries, representations of war as disease find their way into the policy discourse on conflict prevention, which, as this article shows, is rife with medical allusions and comparisons.

Metaphors for war abound, with the image of war as a strategic game perhaps being the most pervasive and well-researched one as it is frequently leveraged in military strategic thought (e.g. Lakoff, 1991; Sahlane, 2013; Von Clausewitz, 1982: 116–117). Against the rise of terrorism and remote warfare in the last two decades, a set of metaphors relating to therapeutic intervention arose, which have already received significant attention in academic inquiry into military intervention (McFalls, 2010), and especially counter-terrorism (Beyribey, 2020; Mongoven, 2006; Schwarz, 2015) and counter-insurgency (Bell, 2012), as well as in the discourse on so-called failed states (Manjikian, 2008).

This article focuses on a specific discourse located primarily in international organisations and commissions around the agenda of preventing war and armed conflict. For the purpose of this analysis, I understand conflict prevention as the policy agenda that aims to avert the emergence, escalation, continuation and recurrence of war and violent conflict (Carnegie Commission on Preventing Deadly Conflict (CCPDC), 1997: xviii; United Nations (UN) and World Bank, 2018: 77). After efforts at preventing violent conflict on an international level were hampered by the bloc confrontation of the Cold War, UN Secretary-General Boutros-Ghali's 1997 report *An Agenda for Peace* is often attributed with initiating the current prevention agenda (Carment and Schnabel, 2003;

Lund, 1996; Zartman, 2001). Today, the commitment to avoid violent conflict is a central component in the programmes of virtually all major intergovernmental organisations, international fora and numerous nongovernmental organisations (NGOs) (Lund, 2008: 287). The usage of biomedical metaphors in the conflict prevention discourse has not received equal scholarly attention yet although it is qualitatively different to the ones analysed in existing works. Principally, in counter-terrorism and counter-insurgency discourses, it is the enemy figure that is likened to the pathogen threatening the body politic of a state, while in the prevention discourse it is war itself that is the disease.

In this article, I examine how biomedical metaphors in the discourse on conflict prevention manifest. I argue that they do so in two ways. First, they can have a cataclysmic notion where war is compared with an epidemic or plague, as in Shelley's introductory example. In this conception, war as a disease afflicts a society or even humanity as a whole. Second, there is the risk factor notion that can be found in newer documents from the second half of the 20th century. Here, war and armed conflict are couched in terms of risk-thinking, implying that they can be addressed through calculation and planning. The risk factor approach works by redefining war as a medico-technical problem that is caused by certain conditions and influences, which can be identified with the help of modern diagnostics and addressed in a similar fashion to public health policy. Through tracing the historical and epistemic origins of these biomedical metaphors representing war, I argue that both notions are rooted in modernist thinking that embraces the telos of societal improvement. In the cataclysmic notion, war and disease are framed as symptoms of a lack of social development or moral decay. Through the association of war and disease with deviance, this conception bears civilisational overtones. On the contrary, the risk factor notion adopts a more scientific and technocratic stance, as it is grounded in the modernist belief that the future can be controlled by probabilistic interventions into the present. While both notions represent war and disease as undesirable, the latter shifts the emphasis from moralising to managing and pre-empting.

To corroborate my argument, I show how imagery of health and illness manifests in conflict prevention discourse, trace its intellectual origins and excavate its implications for the underlying understanding of war and how to govern it. To do so, I conduct a metaphor analysis of canonical texts of the contemporary prevention agenda. Metaphor analysis is a sub-type of discourse analysis, which entails a critical reading of metaphors that recur within related texts (Dunn and Neumann, 2016: 114–115; Milliken, 1999: 235). Canonical texts are documents that 'show up as crossroads or anchor points' (Dunn and Neumann, 2016: 93). In the analysis below, I examine reports by international organisations and commissions as well as historical pamphlets that are described as influential and ground-breaking for the prevention agenda in the secondary literature (e.g. Ackermann, 2003: 340; Call and Campbell, 2018: 5–6; Carment and Schnabel, 2003: 12–13; Lund, 2008; Tryon, 1911; Zartman, 2015: 230–235).

The contribution of this article is threefold. First, it adds further nuance to the existing literature on biomedical metaphors for war in discourses of political violence. Second, it provides novel empirics showing how the discourse of conflict prevention is articulated through 'the lexicon of medicine and therapy' (Bell, 2012: 225). In this way, it both adds a case study to the aforementioned research on biomedical metaphors and expands the scholarship on conflict prevention by examining a common discursive strand and shedding light

on its origins. Third, it unpacks how these biomedical metaphors are originating and embedded in modernist thought and Enlightenment rationality, which, with the exception of Colleen Bell's work, none of the existing studies have addressed explicitly.

The remainder of this article proceeds in four parts. First, I turn to theoretical works from linguistics and philosophy to explain the use and function of metaphors more broadly to then discuss metaphors of disease and health in relation to the body politic. The next two sections present empirical material to discuss the cataclysmic notion and subsequently the risk factor notion in metaphors representing war as disease. The article concludes with a summary of the analysis, a discussion of the larger implications of the findings and an outlook on further research.

## Notions of normality and deviance in biomedical metaphors

Metaphors are means by which 'human minds form concepts of, and reason about, their spatial and temporal environments' (Chilton, 1996: 48). They make unfamiliar, abstract and complex concepts intelligible by establishing ontological similarities between different domains. Metaphors are ubiquitous in everyday language as crucial elements of conceptual systems. They are not mere rhetorical flourish but provide indispensable tools for understanding the world (Lakoff and Johnson, 1980). A metaphor is, as George Lakoff (1986) puts it, a 'figure of thought' that shapes human reasoning and action.<sup>2</sup> As cultural artefacts, metaphors discursively mark a shared social reality. That is, which metaphors are used and in what way is determined by the worldview of those who use them and the specific purpose of such use (Beyribey, 2020: 427; De Leonardis, 2008: 34).

Since the linguistic turn in International Relations, the role of metaphors has been investigated in a range of discourses from national identity to foreign policy, international governance, rules and norms (e.g. Doty, 1993; Kratochwil, 1989; Little, 2007; Milliken, 1999; Onuf, 1989; Weldes, 1999). For this branch of scholarship, discourses are mechanisms by which ideas, norms and identities are constructed and acquire meaning. They are enacted through language, images and lived practices (Hansen, 2006, 2011; Neumann, 2002). Examining metaphors as elements of discourses thus helps to understand *how* certain ideas – in this case, conceptions of war and ways of preventing it – emerge through linguistic mechanisms (Hülse, 2003: 239).

Political officials and policymakers routinely employ metaphors for the purpose of generating support. Wherever metaphors are used to represent a governance issue, they both provide a particular framing of a problem and an envisioned solution (Marks, 2018: 8). As discursive vehicles, metaphors are central elements in the production of belief systems that persuade decision makers and publics of problem formulations and policies in their response (Charteris-Black, 2011). Conversely, metaphors can also work to de-problematise issues through euphemisms (e.g. Cohn, 1987). In this way, metaphors influence 'policy debates, perceptions of opportunities, and threats to international stability' (Marks, 2018: 12). Analysing metaphors in policy discourses thus helps to understand how problem formulations are embedded in specific world views and cultural reference frames, which can explain why certain solutions or policy responses present as

intuitive. For example, as I explain below, the metaphorical equation with disease makes prevention the ideal mode of governing war.

Through mapping a 'source domain' to a 'target domain', abstract concepts become accessible (Lakoff, 1993). Source domains are usually rooted in physical phenomena and often relate to the body or corporeal experiences, while target domains are abstract and relate to ideas, emotions, affect or socio-political concepts. In the biomedical metaphors I discuss here, the body and its health work as the familiar conceptual realm for the representation of war. This is not to say that war is abstract. Indeed, for those subjected to war as combatants or non-combatants, war is tangible and has concrete effects they experience directly. Metaphors are thus primarily vehicles to convey meaning for those who are assumed to lack such first-hand experience.

As metaphors substitute the abstract for the familiar, they must make cultural sense to work (Rasmussen and Brown, 2005: 471). Biomedical metaphors assume that somatic experiences are universal and central to human thought. That is, the body can function as the source domain because everyone is presumed to be able to relate to it from everyday life (Sontag, 1978: 72). However, the assumed universality of the body as an intuitive reference point presents as universal but is in fact provincial as it is distinctly locatable in Western thought. Here, imagery relating to the physical is compelling because it builds on the categorical logic that originated in the Enlightenment, in which the social world is organised on the basis of essentialised biological categories such as race or sex, and in which difference is constructed as degeneration (Oyèwùmí, 1997). Through this intellectual legacy, the disease metaphor is particularly powerful in constructing deviance from a 'normal' or 'healthy' default state of individuals, groups or entire societies and systems.

Disease metaphors for war invoke the idea of the body politic, which is the conception of a social or political collective as an organic body.<sup>3</sup> It anthropomorphises the polity or society, so that 'strength' is represented in terms of military might and 'health' in terms of peace, wealth and economic prosperity (Schwarz, 2015: 67). The image of the body politic draws on a long tradition of socio-organisational European thought ranging from Plato to Hobbes, Machiavelli, Rousseau, Locke and Kant that is guided by a 'political humanism, centred on the body, in which state and citizen find their identity and ontological ground' (Burke, 2007: 36). The body as a metaphor for the state, political systems or society expresses how people and states assume themselves to be secured (Fishel, 2017: 31). It is a powerful concept for conveying ideals of social and political order, as it affixes the place of certain elements – or bodies – of society and posits such hierarchy as 'natural', in the same way the places of the organs in one's body are 'natural' (Ahmed, 2014: 99–100; Scheman, 1993: 186). At the same time, the image of the organic body conveys a notion of collectivity, as the body only functions properly when all organs are interconnected (Neocleous, 2003: 14). Political disorder or illness ensues if such 'natural' order is disrupted. Illness becomes a threat to the body politic where it threatens to disrupt structure and order.

The socio-political entity behind the imagination of the body politic in prevention discourse is similar to the one in medicalised counter-terrorism and counter-insurgency discourses. However, while in the latter two the implied body politic is mostly the state, in the contemporary prevention discourse, the objective lies in achieving not only national but also *international* peace and security (e.g. UN, 1945: 8). Consequently, the

implied body politic here can be multiple and refer to both individual states and collective entities, including regions, groups of states or the world as a whole. Political strategies invoked by biomedical metaphors in prevention discourse refer to both curative and preventive treatment, as I explain in more detail below. However, in contrast to biomedical metaphors in counter-terrorism discourses in which such ‘treatment’ is usually formulated as a single-country strategy within foreign policy programmes (e.g. Beyribey, 2020; Schwarz, 2015), the prevention discourse is oriented more towards integrated politics on various levels from the community to the international sphere (e.g. Boutros-Ghali, 1992; CCPDC, 1997; UN and World Bank, 2018).

As Foucault notes in *The Birth of the Clinic*, the transformation of the field of medicine in the 19th century eclipsed the concepts of health and normality. The central interest of medicine increasingly focused on the dichotomous relationship of the ‘pathological’ and the ‘normal’ or ‘healthy’, in which the latter is connoted positively, while disease becomes a marker of the abnormal (Foucault, 2003: 35). Consequently, where medical metaphors are used in political discourse, ‘health’ stands in for the assumed default state of a polity or society, while ‘disease’ denotes a state of exception. Metaphors referring to the ‘normal’ as ‘healthy’ and the ‘pathological’ as exception in language around conflict prevention convey a specific understanding of world order in which peace-as-health is the default state of affairs, while war-as-disease is the anomaly in an otherwise functioning system.

Imagery of illness in the description of individual and collective character became more virulent and demagogic throughout the 19th century in an ‘increasing tendency to call any situation one disapproves of a disease’ (Sontag, 1978: 74). Lexica of normality and health ‘offered the archmetaphors for human tasks and strategies in the management of human affairs’ for the modern state (Bauman, 1991: 70), as is evident in both historical and ongoing politics of genocide, ethnic cleansing, eugenics, racist policing and carceral criminal justice (Howell, 2018). That is, the body politic does not include the entire population but excludes groups along lines of race, indigeneity, gender, sexuality, able-bodiedness or class, which are constructed as deviant (Foucault, 2004: 253–265; Puar, 2007, 2017). Metaphors that imply whiteness, able-bodiedness or cis-heterosexuality as the norm thus perpetuate the idea that Blackness, disability or queerness is deficient and pathological rather than part of a diverse social spectrum (see also Christian, 2018: 465–468).

The metaphorical equivalence of health with normality and illness with deviance, and in further consequence with criminality and threat, enables martial, eugenic and genocidal logics (Howell, 2018: 131). Whoever deviates from the ideological norm is constructed as detrimental to the body politic and subjected to modes of governance that include ‘curing, normalizing, or eliminating’ (Christian, 2018: 467). Discourses of a ‘healthy’ body politic, especially in combination with visions of ‘purity’ in the modern state, generated and continue to generate numerous ‘lethal projects of social engineering intent upon eliminating certain undesirable and “contaminating” elements of the population’ (Hinton, 2002: 1). Most famously, the political communication of the Nazi regime was replete with medical metaphors to advance the racist and ableist agenda of building a ‘master race’ (*Herrenvolk*). The material effects of such language manifested in an extensive regime of eugenics in a blatant dialectic of biopolitics and thanato-

necropolitics, where the life and prosperity of one part of the – able-bodied and White or ‘Aryan’ – population are protected through the extermination of the part that is racialised as sub-human and degenerate (Agamben, 1998; Lusane, 2004; Mbembe, 2019; Weindling, 1993).

Where the state or the society threatens to ‘fall ill’, intervention and statecraft become preventive therapy. Here, the disease metaphor relating to the body politic can be a call to foresight (Sontag, 1978: 77–78), for example, in the form of institution-building as I discuss below, but it can also manifest as an adjacent discourse in which insurgents or terrorists are marked as the pathogen and war, in the form of military intervention, becomes the remedy. This set of metaphors can be found in discourses on counter-terrorism, where military ‘operations’ and ‘surgical’ strikes ‘clean out’ fortifications of adversaries (see, for example, Mongoven, 2006; Sahlane, 2013; Schwarz, 2015). In this discourse, not war but terrorism is the disease that ‘attacks, lays siege to, and ultimately lays waste to’ the body politic (Manjikian, 2008: 338). Terrorists are represented as pathogens taking hold in areas that are affected by conflict or too remote to be reached effectively by a central government. Such opportunistic exploitation of the breakdown of governance is likened to infecting ‘a host whose immune system is compromised’, similar to a superinfection (Kilcullen, 2009, 35–6).

A pervasive disease metaphor for terrorism and terrorists is the one of cancer (De Leonadis, 2008; Manjikian, 2008; Mongoven, 2006), which is particularly effective in framing terrorists as the internal Other. As Sontag (1978: 67) notes, cancer cells are described as ‘non-intelligent’, ‘primitive’ or ‘atavistic’, and immunologists distinguish pathogens as ‘nonself’ cells from ‘self tissues’ (Houghton and Guevara-Patiño, 2004). In this way, cancer becomes a metaphor of ‘the barbarian within’, which, in turn, makes counter-terrorism a ‘civilizing offensive’ (Neocleous, 2011: 144; Sontag, 1978: 61). Where gendered and racialised logics enable the production of certain bodies as threatening and ‘killable’ (Foucault, 2004: 256; Puar, 2007; Wilcox, 2016), pathogen metaphors for terrorists deny their humanity and render killing them ethically inconsequential or even desirable ‘because it is against those whose lives do not matter’ (Beyribey, 2020: 428–30).

Similar metaphors of disease and therapy can be found in the discourse on counter-insurgency. Here, the goal is to make a target population resilient against the ‘risk’ of becoming insurgents, just as bodies are immunised against certain pathogens. As Bell (2012: 226) argues, the use of biomedical metaphors to describe and legitimise counter-insurgency measures serves to present it as benefitting the betterment of the population that is subjected to intervention. Such discourse articulates ‘a politics of life and regeneration’, all the while military operations are accompanied by death and destruction. In this way, counter-insurgency-as-therapy constructs violence as necessary and morally justified (Schwarz, 2015: 67). Coupled with notions of preventive care, therapy, immunisation and cure, disease metaphors draw on the authority, assumed benevolence and moral urgency of medical intervention (Bell, 2012: 227). Arguing against taking such metaphorical alikeness for granted, De Leonadis (2008: 35) notes that ‘establish[ing] a homology between war and medicine is manifestly absurd’. Rather than preventing death, as it is the purpose of the medical profession, war delivers it (see also Cohn, 1987: 692; Schwarz, 2015: 66).

Both sets of metaphors of war as disease or war as remedy converge in the idea of a body politic whose 'health' needs to be protected. Where discourses around counter-terrorism and counter-insurgency frame war in the form of military intervention as a therapy, biomedical metaphors in the discourse on the prevention of armed conflict assume the contrary stance by representing *war itself* as the disease that 'ails' the body politic. Where biomedical metaphors express concerns about political and social order, specific diseases stand in as examples of diseases in general (Sontag, 1978: 72). Unlike references to cancer in discourses on terrorism, metaphors of war in prevention discourse rarely invoke *specific* diseases. Instead, disease is an unspecific label expressed through a collection of symptoms. The point thus lies not the causation or process of a specific illness but in the *ill-ness* that, in turn, implies a situation that is 'not normal'. This article, complemented with existing scholarship on metaphors in counter-terrorism and counter-insurgency discourses, shows that the understanding of war can vary from problem (disease) to solution (therapy) across policy fields. This tension lays bare how the understanding of what war is and how it is connoted depends squarely on the identity and interests of the respective producers of policy discourses.

### The cataclysmic notion in biomedical metaphors of war

The first notion in disease metaphors of war in prevention discourse can be characterised as *cataclysmic* because it represents war as an affliction that 'befalls some portion of humanity or the entire human race' and serves no greater purpose (Rapoport, 1982: 16). It only brings destruction, loss and death and nobody is expected to gain from it 'for whatever advantage war may seem to confer on some, the total effect is certainly negative' (Rapoport, 1982: 40).

The cataclysmic notion appears in a variety of forms in prevention discourse but is most obvious where war and armed conflict are likened to an epidemic. The 1997 report by the Carnegie Commission on Preventing Deadly Conflict (hereinafter referred to as Carnegie Report), which notably influenced the prevention agenda of the UN,<sup>4</sup> observes a 'global epidemic of violence' in the 20th century (CCPDC, 1997: 142). Often, however, the language is somewhat subtler and employs metaphors that refer to the ways in which epidemics spread. For instance, the first occurrence of armed conflict is commonly referred to as an 'outbreak', and once conflicts are underway, they 'continue to fester' (e.g. Annan, 2001; CCPDC, 1997: 165; UN and World Bank, 2018; World Bank, 2011). Aided by modern technology and communication, conflicts spread quickly and widely in the 20th century, which makes them particularly 'contagious' (CCPDC, 1997: xvii; UN and World Bank, 2018: 37, 237).<sup>5</sup>

A synonymous metaphor to the epidemic is the one of war as a plague. UN Secretary-General Boutros-Ghali's 1992 report *An Agenda for Peace* is frequently described as a landmark document in initiating international prevention efforts after the end of the Cold War (e.g. Ackermann, 2003: 340; Call and Campbell, 2018: 5–6; Zartman, 2001: 2). It also employs disease metaphors where it states that the world 'has often been rent by conflict and *plagued* by massive human suffering and deprivation' (Boutros-Ghali, 1992: 5, emphasis added). Similarly, the Carnegie Report decries the armed violence that '*plagues* so many countries' (CCPDC, 1997: 12, emphasis added).



Plagues feature in various narratives as an instrument of divine wrath and as punishment against entire communities in ancient texts ranging from Homer's *Iliad*, Sophocles' *Oedipus Rex* and, perhaps most famously, the Bible (Sontag, 1978: 39–40). The use of plague metaphors for the purpose of peace advocacy can be traced back to the early 19th century, where it appears as anti-war sentiment in literary works such as Shelley's *History of a Six Weeks' Tour* and in pamphlets that circulated among evangelical pacifists in the United Kingdom and the United States, especially among Quakers and Unitarians. One of these works is the 1814 essay *A Solemn Review on the Custom of War* by the clergyman and founder of the Massachusetts Peace Society Noah Worcester. This essay was instrumental in initiating the US American peace movement in the 19th century (Tryon, 1911: 359–361). A central theme in *A Solemn Review* and other writings is the incompatibility of war with the spirit and message of Christianity, the so-called gospel, from which follows a particular Christian imperative to actively engage in peace advocacy (Tryon, 1911: 360). This piece also inspired the peace movement in the United Kingdom, where it was reprinted as the first tract in a collection of pacifist publications by the Society for the Promotion of Permanent and Universal Peace, also known under the less unwieldy name London Peace Society.

As Shelley did when writing about Nogent, Worcester (1904: 21) calls war a 'voluntary plague' that humans are bringing upon themselves. That is, while in the pre-modern understanding, such as in the Bible, plagues were divine punishment, 19th-century pacifists acknowledged that war is the result of human actions, albeit without attributing guilt to any nation or individual specifically. However, even where war as a plague is not principally used as standing in for the judgement of a society, it becomes one in retrospect as it follows from the lack or decay of 'morals and manners' (Sontag, 1978: 41). In the early pacifists' line of argument, war is a problem to be abolished because it deviates from the Christian virtues of piety and compassion.<sup>6</sup> It is a 'barbarous, . . . heathenish and savage custom' that is inappropriate for those who consider themselves to be the apex of civilisation (Worcester, 1904: 9, 22; see also Dodge, 1905: 4). Civilisation, in turn, is thought of as a white property, while 'nonwhites' are not only biologically inferior but also remain 'in a state of almost perpetual conflict' (Henderson, 2013: 72). By referring to war as a plague, Worcester expresses that even ostensibly civilised nations are *still* beleaguered by war although its occurrence should be a matter of the past because resorting to war-fighting as a means of conflict resolution is only natural for those who have not yet, or not fully, undergone the process of civilisation. Similarly, in Shelley and Shelley (1817: 18–19) plague analogy, she suggests that the Cossacks, who she calls 'barbarians', remembered the destruction of their native land during Napoleon's campaigns in Russia and thus ravaged French towns out of revenge – a way of conflict resolution that is associated with 'savagery' (Dodge, 1905: 5). In this way, the cataclysmic notion of the disease metaphor builds on a colonial legacy that defines war as a problem only for the 'family of nations' understanding itself to be civilised, but not for 'primitive' societies.<sup>7</sup> The strategic utility in employing disease metaphors such as 'plague' for war in writings of peace advocacy thus lies in invoking the abjection towards anything 'barbaric' of those deeming themselves to be at the top of the imagined evolutionary ladder. Civilisation and pacification are collapsed in the telos of liberating the world from barbarism by 'educating' Black and indigenous people, so they become 'closer to the white

man' (Fanon, 1986: 26; see also Césaire, 2000: 35; Elias, 2000: 41–42). The homology between war and disease in the cataclysmic conception, beyond the way in which both lay waste to the body (politic), is thus their relation to disorder, amorality and barbarism as war-as-plague manifests not only through the loss of life and general destruction but also through the lack or collapse of morals and virtues (e.g. UN, 1945: 2).

While the plague metaphor has a passive element through the association with divine punishment in religious texts, early Christian pacifism represented the 'plague of war' as self-inflicted. In this way, prevention does not only become possible but also necessary (Rapoport, 1982: 16; Worcester, 1904: 4). Peace advocacy, in turn, is facilitated as the cataclysmic notion avoids attributing specific guilt. Even where war as a 'voluntary plague' is represented as being of humans' own making, it is understood to be a remnant of a 'barbaric' past that ostensibly civilised societies should have long overcome, rather than as being caused by intentional political actions and strategies. This makes it possible to frame prevention as a common, and ultimately global, effort. In this way, it becomes possible for Worcester to appeal to all Christians, regardless of nationality, to join him in his efforts to abolish war.

### **The risk factor notion in biomedical metaphors of war**

A more recent discourse on the prevention of war employs metaphors that engage the concept of risk. Risk entails ways of thinking and acting which 'involve calculations about probable futures in the present followed by interventions into the present in order to control that potential future' (Rose, 2006: 70).<sup>8</sup> As Rose (2006: 10, 28) notes, medical jurisdiction began to expand beyond accidents and illness since the middle of the previous century towards assessing and governing of risk (e.g. of chronic illness and death) as well as towards maintaining and optimising the healthy body. In liberal democracies, 'the quest for health has become central to the telos of living' against the background of risk-thinking.

Within the risk factor approach to health, particular conditions or predispositions are understood to increase the likelihood of contracting a certain disease (Manjikian, 2008: 348–349). Contemporary prevention research and policy frequently draw on similar probabilistic conceptions to express societies' susceptibility of experiencing the onset or recurrence of violent conflict. Like an illness, war is represented as being induced by underlying factors and manifesting through symptoms. Consequently, the factors that endanger the 'health' of the body politic have to be identified and eliminated swiftly to avert adverse outcomes. Biomedical metaphors for war within the risk frame thus fuse governing life and governing war by subsuming both under risk politics (Schwarz, 2015: 62).

The risk factor notion in biomedical metaphors for war manifests in different ways. For example, it occurs where violence is compared with a symptom of various political and societal factors, such as in the joint 2018 UN-World Bank Group study *Pathways for Peace*. The report, which sets out to formulate an integrated prevention and development agenda, states that violence 'is like a fever in a human body' (UN and World Bank, 2018: 7). This simile draws a parallel to the ensemble of congenital, acquired and environmental conditions that make an individual more susceptible to disease, indicating that both illness and violent conflict can be caused by a variety or a combination of preconditions and triggers (e.g. CCPDC, 1997: xviii).

Most prominently, the risk factor notion appears as comparisons of state structures and societal institutions to the human immune system, whose failure makes the body (politic) more prone to contracting a disease or experiencing the onset of violent conflict, respectively. The analogy is here that working institutions can manage internal dispute, disorder and external shocks, thus functioning like the bodily immune system. While political contestation is understood to be fruitful and necessary, societies and states must develop and maintain ‘healthy’ and resilient political systems to avoid disputes turning to violence (CCPDC, 1997: 90, 94; UN and World Bank, 2018: 7). State institutions and civil society are thus likened to the immune defence of the body in prevention discourse while war weakens this institutional immune system and thus contributes to further deterioration and conflict risk (CCPDC, 1997: 111; UN and World Bank, 2018; World Bank, 2011).

Originally a legal term, early biomedicine expanded the meaning of ‘immunity’ to the one as the defence mechanism of the body against ‘invading’ pathogens. Coupled with the idea of the right to self-defence introduced by Thomas Hobbes, immunity became a central paradigm of modernity (Cohen, 2009; Esposito, 2011). The World Bank (2011: 86), in its 2011 *World Development Report*, which is one of a series of reports published annually focusing on different aspects that influence economic development, explicitly draws on the idea of immunity when it states that

[t]he causal relationship between weak institutional legitimacy and violence may be compared to the relationship between the human body’s immune system and disease. Weak institutions make a country vulnerable to violence, just as a weak immune system makes a body vulnerable to disease. To restore a body to health means not only treating the disease but also restoring the body’s ability to fight off disease. Similarly with weak institutional legitimacy and governance. The cause of each outbreak of violence may vary, but the underlying reason for societies’ inability to resist stresses is that their institutions are too weak to mediate them peacefully.

The *Pathways for Peace* report draws on the same comparison by noting that like a ‘healthy immune system mounts a quick, targeted response to a pathogen, effective institutions can respond and contain the actions of individuals or groups that threaten overall societal well-being’ (UN and World Bank, 2018: 80–81). At the same time, the more recent prevention discourse acknowledges that prevention strategies have to be contextual, as there are no one-fits-all solutions or, as the Carnegie Report puts it, ‘there are no vaccines to immunize societies against violence’ (CCPDC, 1997: 69).

As noted above, immunity metaphors can be also found in the discourse on so-called failed states. Especially in the discourse after 9/11 and the ensuing Global War on Terror, conflict-affected states were painted as ‘breeding grounds’ for terrorist cells. As a result, intervention becomes the therapeutic answer to prevent ‘failing’ states from decaying further and ‘contaminating’ adjacent regions (Manjikian, 2008: 338–344). Although the conflict prevention discourse of the last decade has largely abandoned the ‘failed state’ terminology and refers to ‘fragile contexts’ and ‘weak institutions’ hollowed out by war instead (UN and World Bank, 2018; World Bank, 2011), it still relies on a metaphoric repertoire that invokes deficiency and powerlessness. In this way, it mirrors what Mitchell and Snyder (2014) have called ‘narrative prosthesis’ in relation to discourses on disability, which describes the symbolic use of disability to denote political and social wrongs.

Such language constructs what is 'normal' by identifying 'abnormalities' in the form of disabilities (see also Christian, 2018: 467). Metaphors of 'weak' and 'fragile' state institutions thus call upon a presumed dichotomy of the healthy and normal body (politic) that is functioning and capable versus the dysfunctional body (politic) that is marked by disability or debility.<sup>9</sup> Understood as relational concepts (Puar, 2017: xiv), disability and debility do not describe fixed attributes of states but, when used metaphorically, rather reflect specific historical, political and social contexts and relations of power that mark certain states and societies as dysfunctional and thus 'weak' or 'ill'. Consequently, although the language of racial superiority and civilisation disappeared from policy documents since the mid-20th century, underlying logics of hierarchy persist as the 'unit within which the ontology of difference is situated' has shifted from race and civilisation to the institutional form of the state, thereby carrying forth the implication that some states or societies are incapable of governing (Gruffyd Jones, 2015: 72–73).

The framing of war as a disease, violence as its symptom and institutions as the immune system reaffirms the idea that war can be 'cured' and even avoided through preventive action. Thus, medical metaphors not only *describe* but *prescribe* (De Leonardis, 2008: 36). The inherent policy suggestion is that war-as-disease needs to be healed, ideally forestalled, through prudent behaviour. Here, the approach to prevention is based on the 'inculcation of resilience' through changing attitudes and social norms. Those changes shall empower the 'patient' – be it an ill individual or an 'ailing' society – to work on the self, that is, to make life choices and pursue lifestyle habits or governance and statecraft strategies, respectively, which are deemed less risky (see also Chandler, 2013: 219). In this way, conflict prevention 'is not dissimilar from preventive health care' (UN and World Bank, 2018: 5). This comparison conveys a cost-benefit rationality that can also be found in medicine, according to which prevention is 'far better and more cost-effective than cure', as noted by UN Secretary-General Kofi Annan (2001: 7) in his landmark report *Prevention of Armed Conflict*. However, while the individualising approach to prevention that locates the responsibility first and foremost with the individual government is in line with international norms like state sovereignty, it at the same time omits larger structural and systemic conditions that might feed political instability, social grievances and large-scale violence. Hence, medicalised risk factor metaphors that invoke individual resilience and adaptivity are compatible with neoliberal politics while at the same time lowering the expectations towards other state and international actors that at some point might have contributed to 'weakening' a state's structures (see also Joseph, 2013: 44).

Metaphorical language from health risk profiling imports preventive strategies from medicine into conflict analysis and response, particularly by equating pre-emptive conflict management with preventive public health policy. For example, the Carnegie Report compares conflict prevention with primary prevention in public health throughout (CCPDC, 1997). It does so to advance the argument that one crucial component required to tackle the problem of violent conflict is a better understanding of its causes:

Preventive action to forestall violent conflict can be compared to the pursuit of public health. Thirty years ago, we did not know precisely how lung cancer or cardiovascular disease developed or how certain behavior, such as smoking or high-fat, high-cholesterol diets,

increased the likelihood of contracting these diseases . . . In much the same way that sustained medical research and conscientious public health practices have eliminated many deadly epidemics, we believe that the security and well-being of millions of people could be improved where knowledge, skill, and dedication are placed in the service of preventing deadly conflict. (CCPDC, 1997: 8, 157)

The above quote demonstrates that the risk factor notion, via the metaphor of public health policies for conflict prevention, relies on the premise that with the help of scientific knowledge and technocratic interventions, war can be managed in the way that diseases can. The responsibility for doing so lies primarily with states and their governments, while civil society and the international community, including the UN system, play a central role in supporting preventive efforts (Annan, 2001; Boutros-Ghali, 1992; CCPDC, 1997; UN and World Bank, 2018). The metaphorical analogy to public health thus has strategic utility insofar that it constructs conflict prevention as an issue that is genuinely international due to its border-crossing nature, and in this way makes clear that it benefits all of humanity and warrants a combined effort of actors at multiple levels to be addressed.

The thinking that underpins risk factor metaphors for describing war and its prevention relies on two central premises. These are, first, that causes of events such as disease or war can be known through scientific inquiry and, second, that the occurrence of events is not predetermined but probabilistic (Rose, 2006: 4).<sup>10</sup> By equating war with disease and conflict prevention with pre-emptive public health interventions, war is represented as a scientific and technical problem. This assumption that science and technologies can be harnessed to solve complex socio-political problems gained traction in guiding policy in Europe from the 19th century onwards, when governing the state became focused on governing populations (Allan, 2018; Foucault, 2007: 67–79).

In pre-Enlightenment cosmology, the primary framework for rationalising unexpected events was to assume they happen through fate or divine intervention. As a result, catastrophic events (such as plagues or wars) are deemed inescapable (Chandler, 2013: 218–219; Giddens, 1994: 151). In contrast, in post-Enlightenment and especially liberal thinking, unexpected events are rationalised as ‘risk’, which can be calculated, insured against, minimised and controlled (Chandler, 2013: 218–219). As Giddens (1994: 151) puts it, nothing less stands behind the idea of risk than ‘the whole weight of Enlightenment philosophy’, as it constitutes an integral part of the ‘quest to control the future’. The metaphorical linkage of the domains of war and disease is thus not incidental, as both the modern paradigms of control and immunisation draw on the ideals of planning and administration that originate in Enlightenment thinking (Bauman, 1991: 70; Bell, 2012: 235).

Risk-thinking presupposes that factors for the onset of disease and war, respectively, can be identified by mobilising modern science and technology, such as through novel techniques of monitoring, diagnostics and visualisation (Rose, 2006: 11; Schwarz, 2015: 62). The underlying epistemology of this approach thus embodies the modern ‘ideals of precision, specificity, and quantification’ as part of a broader rise of governance through statistics in European modernity (Aronowitz, 1998: 125). The rise of the territorial state and colonial expansion in the 19th century created the need to make large populations and land legible, commensurable and comparable for rulers (see, for example, Foucault,

2007: 67–79; Rottenburg and Merry, 2015; Scott, 1998). The quest for better, more accurate and detailed knowledge of the causes of disease and war, respectively, is thus compatible with a neoliberal and technocratic approach to intervention into public matters that employs a range of bureaucratic practices, including standardised norms, measurements, performance assessments, indicators and audits (Bakonyi, 2018; Hibou, 2015; Merry, 2016).

## **Conclusion**

Metaphors as a form of cognition not only help to render the strange and unfamiliar knowable, but they are also strategies for conveying a specific representation and envisioned solution to a problem at hand (Bell, 2012: 231). In this article, I have shown how biomedical metaphors representing war as disease and conflict prevention as pre-emptive remedy draw on associations with illness, immunity and public health to shape ideas of governing war and violent conflict. I have argued that their use in conflict prevention discourse can be categorised along two notions. To be sure, by proposing this typology I do not claim that it is the only way in which war is represented within conflict prevention discourse, nor are the two notions mutually exclusive. Instead, the focus of this article lies on instances of discursive associations with the medical field and where they work to strengthen the case for prevention specifically.

There is, first, the cataclysmic notion in disease metaphors that expresses an understanding in which war is an illness that befalls a society, a country or humanity as a whole. It manifests through metaphors of epidemics and plagues. Such imagery originates in classic literary and religious texts. Since Christian pacifists adopted them in the 19th century, cataclysmic disease metaphors became a recurrent phenomenon in peace advocacy. The image of the plague associates war with widespread devastation, suffering and death. Where war as a plague is represented as a result of human volition, it gets discredited as a legitimate means for achieving political ends through the association of war with a barbarian past. War thus becomes a problem to be addressed by those who consider themselves civilised. Cataclysmic disease metaphors for war evade any specific attribution of guilt and paint the rejection of war as a civilisational move, which makes it possible to represent the abolition and prevention of war as a desirable and common, even global, goal.

The second notion in biomedical metaphors of war and its prevention introduces the idea of risk factors, which are conditions and influences that are thought to make succumbing to war-as-disease more or less likely. It relies on the idea that through calculating probabilities, the present can be manipulated in order to control the future. The risk factor notion manifests through metaphors and analogies that draw parallels between elements of political and social organisation to the functions of the body such as by equating state structures and especially institutions to the immune system that can be weakened by certain circumstances and triggers. The risk factor notion subscribes to a modernist, liberal and technocratic mode of governing where problems such as disease and war can be known, controlled and ultimately prevented by leveraging knowledge and technology. As a result, conflict prevention is equated with pre-emptive interventions in public health policy. In this way, the risk factor notion conveys that the agent – be

it an individual patient or society as a whole – can take proactive steps to ‘strengthen’ the figurative immune system. References to resilience and good governance in risk factor metaphors for conflict prevention suggest that prudent and ‘healthy’ behaviour, such as maintaining, protecting and building political institutions, contributes to containing conflict risk. In further consequence, the risk factor notion also shapes the approach to prevention policy as it emphasises the role of modern knowledge and technology in the processes of identifying, monitoring and averting risks to national and international security by suggesting that responding to and pre-empting risk demands specialised expertise and managerial rationality.

While both approaches of biomedical metaphors in the conflict prevention discourse characterise war as undesirable, the central difference between the cataclysmic notion and the risk factor notion is that the former emphasises the disastrous effects of war-as-disease on lives and morals, while the latter emphasises that war and disease are caused by an interplay of factors for which remedy is available and desirable, thus explicitly constructing war-as-disease as ‘curable’. Both notions are embedded within a distinctly Western, modernist cosmology, which, in turn, is co-constituted by coloniality, racialisation and enslavement (Quijano, 2000). This legacy manifests in the civilisational overtones of the cataclysmic notion and in the underlying liberal telos of control and improvement of the risk factor notion that can be located in Western rationality according to which the world can be mastered by harnessing knowledge and technology. That is, while the construction of difference along the body and embodiment is represented as universal within prevention discourse, it is rather provincial as its intellectual origins can be traced back to Enlightenment thinking (Oyèwùmí, 1997). Against this epistemic background, biomedical metaphors in the prevention discourse produce and maintain a particular idea of world order in which war-as-disease is a temporary deviation from the ‘healthy norm’, while peace-as-health is the desired and default state of political affairs.

By leveraging biomedical metaphors that subscribe to the idea of progressivism and that construct illness and disability as undesirable, medicalised conflict prevention discourse constructs war and armed conflict as equally objectionable. While the cataclysmic notion does so through moralising, the risk factor notion advocates for managing and pre-empting. In doing so, medicalised analogies disavow historical and contemporary instances in which preventing and containing violent conflict might be immoral, unethical, irrational or unjust, such as in the cases of revolutionary struggles, decolonisation and rebellion against oppression and occupation (e.g. Cramer, 2006: 4; Fanon, 2004: 1; Richards, 1996). At the same time, biomedical metaphors that represent war as universally abhorrent also omit the tension in the discourse and practice of international organisations between the ideal of prevention and reserving military intervention as a means of maintaining or restoring international peace and security (UN, 1945: 9–11).

To conclude, this article provided a first glimpse into the usage and intellectual origins of biomedical metaphors in prevention discourse. However, more research is needed for deeper insight into their employment, implications and influence on policy-making. For example, further inquiry could analyse interviews, meeting minutes and artefacts from the production processes of key documents to examine the extent to which biomedical metaphors are employed intentionally and, if so, to what ends they are integrated into prevention discourse. Future research could also assess the impact of medicalised

language on policy-making by studying whether, and to what extent, specific governance responses can be traced back to the strategic use of biomedical metaphors.

Going beyond the study of conflict prevention, subsequent research could investigate the metaphorical nexus of war and disease by scrutinising the inverse figure of disease-as-war which appears in public health campaigns, such as US president Richard Nixon's 'War on Cancer' or in the political communication and media narratives around the management of epidemics such as SARS (severe acute respiratory syndrome) or Covid-19 (Caso, 2020; Mongoven, 2006). Here, the relationship between the source and target domain is inverted. War works as the familiar concept and disease as the abstract one, so that metaphors of war and battle describe illnesses and treatment, ranging from 'invasive' procedures to allusions of siege warfare by pathogens as they 'colonise' organs and 'attack' the body's 'defences' (see, for example, Fishel, 2017: 49; Mongoven, 2006: 404; Sontag, 1978: 64–67). The implicit assumption here is that the ontology of war is intuitively understood through common sense, which suggests a dialectical relationship between war and disease as 'known unknowns' in liberal societies that builds on the meaning-making powers of war and how national identities are shaped in relation to their belligerent histories (Barkawi and Brighton, 2011). This relationship might explain variance in the inclination to adopt militarised language in public health communication during the Covid-19 pandemic.<sup>11</sup>

Further research could also read both directions of the target and source domain of war and disease metaphors together in order to shed light on larger implications for governing either. Where the medical and martial domain are conflated through metaphors of war-as-disease or disease-as-war, lines between matters of public governance (war and peace) and private matters (health and illness) are blurred.<sup>12</sup> In the context of the risk factor notion, biomedical metaphors in prevention discourse work to transfer responsibility from a collective of states to the individual state, society or community through the rhetoric of resilience and foresight. Contrarily, metaphors of war for epidemic management transfer responsibility onto the individual member of society for the protection of the entire body politic. Furthermore, the rhetoric of war for public health policies in light of the Covid-19 pandemic 'breeds and legitimises authoritarianism' through normalising mass surveillance and expanding the use of the police and military to enforce repressive politics. These range from border closures to suppressing mass protests under the guise of infection control (Ajana, 2021). Where the collapse of the domains of war and disease invokes 'immunitarianism' – as is the case in both prevention discourse as explained above, as well as in the public debates about vaccination drives and herd immunity in the context of the Covid-19 pandemic – the body (politic) is subjected to policies of defence and pre-emption that embolden the state's hold over its subjects through monitoring and surveillance (Ajana, 2021). This is particularly so where the 'enemy' that is being fought in an actual or metaphorical war is elusive, as the executive decisions dubbed as emergency measures become unending as a result (Caso, 2020).

As the research avenues outlined above show, the analysis of how lexica of health/disease and war/peace are related through metaphors in policy documents and political communication opens up a multifaceted research agenda that can not only reveal implied understandings about war and how it is to be governed but also about underlying ideas of the functioning and order of the world. The latter, while being mediated through and



represented by metaphors, are of perennial interest for students of international politics because, as Sontag (1978: 88) predicts, once their cure is found, metaphors of specific diseases such as cancer will become obsolete ‘long before the problems [they have] reflected so persuasively will be resolved’.

### Acknowledgement

I am indebted to Kirsten Ainley, Emil Archambault, Jonny Hall, Asha Hertzen-Crabb, Milli Lake, Iver Neumann and the participants of the 2021 BISA Panel ‘Metaphors in International Security’ for their comments and encouragement. I would also like to thank the Editors and two anonymous reviewers for their invaluable feedback and support in the development of this article.

### Funding

The author disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This article draws on research conducted as part of the author’s doctoral studies, which are funded by the UK Economic and Social Research Council and the London School of Economics and Political Science.

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### Notes

1. Although Shelley was still known as Mary Wollstonecraft Godwin at the time of writing the diary, she had married Percy Shelley by 1816 and thus by the time the book was published, both bore the last name Shelley.
2. For case studies on how metaphors influence political imagery and action, see, for example, Chilton (1996), Cohn (1987, 2014) and Mutimer (2000).
3. The body in the image of the body politic is always represented as human rather than as the body of a non-human animal, see Rasmussen and Brown (2005: 482, n2).
4. In his 2001 Report that emphasises the urgency of establishing a ‘culture of prevention’ within the UN system, Annan (2001) repeatedly references the work of the Carnegie Commission. In fact, its 1997 Final Report is the only noted source.
5. The metaphor of ‘contagion’ is also frequently employed in the study of inter- and intrastate war, where it refers to the geographical spread and clustering effects of conflicts beyond state borders (Black, 2013; Braithwaite, 2010; Buhaug and Skrede Gleditsch, 2008; Kathman, 2010).
6. It is worth noting the dissonance in the belief expressed by early Christian pacifists that the spread of the Christian religion is conceived as a remedy for the ‘plague’ of war, while the actual missions between the 15th and 19th centuries introduced a number of deadly diseases into indigenous societies, often leading to mass death (Igeler, 2004).
7. For the concept of the ‘family of nations’, see, for example, Kleinschmidt (2016).
8. This conception of risk follows the ‘sociological/radical constructivist’ approach as outlined by Petersen (2011: 699–700).
9. Puar (2017: xv) introduces the term *debility* in relation to disability to make the distinction that ‘while some bodies may not be recognized as or identify as disabled, they may well be debilitated’ in the sense of temporarily or permanently incapacitated, impaired, maimed or worn down.

10. On the development of the concepts of probability and risk-thinking, see Hacking (1990).
11. Militarised language around the regulation of the epidemic was avoided in Germany, arguably because glorifying militarism is a taboo due to the legacy of Nazism, as opposed to, for example, Britain or the United States where imperial nostalgia and military glorification are a staple of the political communication of the (centre-)right, see Paulus (2020).
12. The author would like to thank an anonymous reviewer for this point. This collapsing of what is traditionally considered the public and private sphere in the context of governing the Covid-19 pandemic also has gendered implications, see Johnson and Williams (2020).

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