III. Efficacious Metaphors?

THE MILITARIZATION OF COVID-19 AS A DISEASE AND A SICKNESS

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The body and body politic 'at war' with COVID-19

Conceptualizations of the COVID-19 disease, the SARS-CoV-2 virus and their interactions with individuals and social groups have assumed various forms. The very rendering of COVID-19 as a pandemic in public and political discourse is an artifact of definition. One particularly dominant account of COVID-19, echoing historical patterns, relies heavily on the use of militaristic metaphors and on the invocation of a demonized 'Other' (Walker 2020).

Since the announcement of the COVID-19 pandemic in March 2019, militarized language and war rhetoric have permeated the speech of political leaders globally: Boris Johnson has mentioned the need to respond to the pandemic just like 'any wartime government', and Donald Trump referred to himself as a 'wartime president' called on to fight an 'invisible enemy' (Tharoor 2020). Such semantics enable the social construction of COVID-19 as not merely a health disaster, but more evocatively and polarisingly as a 'war.' Through these accounts, the virus is transformed from a collection of nucleic acids and proteins occupying an ontologically ambiguous space between life and nonlife (Gibbon et al. 2020) into an insidious autonomous agent waging a war on the citizens of our societies: our 'invisible enemy'.

Generally, military messaging is effective in imparting a sense of urgency and risk, mobilizing individuals and resources, preparing the public for trying times, and justifying exceptional socially and economically costly measures which may curtail civil liberties. It thus persuades the public to make sacrifices and accept collateral damage in accordance with these changes (Seixas 2021). To improve understanding of these proclivities to use military metaphors in portrayals of COVID-19, it is useful to mobilize Mary Douglas's (1966, 1970, 1992) symbolic/cultural approach to risk, danger, purity and containment. Seen through this framework, it can be argued that the construction of risk in Western societies supports the preservation of selfhood and social order by laying the groundwork for the (re)production of clear boundaries between the 'self' and the polluting, risky and dangerous 'other'.

Douglas (1970) emphasizes symbolic parallels between the physical body and the social body, advancing an understanding that both sorts of body are defined by boundaries that separate the inside from the outside, linking constructions of otherness at the social level with those at the bodily level. In the case of COVID-19, at the level of the human body (the physical body being 'self/us'), the enemy 'other' may be seen as the SARS-CoV-2 coronavirus. At the level of society, conversely, the concept of the enemy 'other' may extend beyond the bounds of the virus itself, taking the form of either *outsiders to* or *victims within* the social group and body politic.

Following on from this, it is possible that the prevalence of military metaphors in representations of COVID-19 may stem from their utility in reproducing social boundaries for the maintenance of the status quo as based on social stratification, therefore ensuring the maintenance of privileges for certain members of society. This inevitably involves a 'sacrifice' for those at the bottom of the social pyramid, who become the shock absorbers of the crisis. As Sarah Spellman argues in her contribution to this volume, health-care workers are described as 'soldiers' or as being on the 'frontline', and their immeasurable personal sacrifices become normalized and even expected (Khan et al. 2020). Military rhetoric may be related to a wide acceptance of material boundary-making as well. It is not surprising that, in the midst of the COVID-19 outbreak, new legislation has been passed by the UK government which puts restrictions on the right of assembly, including protests and marches (e.g. the Policing, Crime, Sentencing, and Courts Bill currently being debated in Parliament). Lockdowns, restrictions on outdoor movement, the closure of national borders and the cessation of traffic across wards, townships, cities, countries and continents have all been implemented within a year of the announcement of the pandemic.

In addition to this re-shaping of socio-institutional boundaries, a parallel process contributing to the maintenance of social cohesion and unity through the mobilization of risk consists in placing blame, as understood through Douglas's framework (1992). As Douglas states (ibid.), both victim-blaming and outsider-blaming share the purpose of preserving social cohesion and facilitating social coercion where necessary. Victim-blaming does this by creating a need for measures of social control. The monitoring and quarantining of those who are sick becomes justified not necessarily because we wish to protect our neighbours, but because we ourselves fear the carrier (Fotherby 2020). Outsider-blaming works by bolstering loyalty and acting to absolve those in power, including our governments, from responsibility and accountability for COVID-19's extraordinary death toll. Blame is shifted on to a common, malignant enemy we might collectively rally against (Fotherby 2020). This decontextualizes the pandemic and facilitates ignorance of the broader socio-political and environmental conditions that made its global emergence possible in

the first place, namely equipment shortages, failed emergency preparedness protocols, and health and social inequalities.

Importantly, blame may intersect with other facets of identity, including race, ethnicity, nationality and social class, with adverse consequences. The 'othering' of those who are perceived to be carriers of the virus (whether asymptomatic or visibly sick) may create a distinction between the healthy 'us' and the at-fault 'other' along racial and national lines. The reported vulnerability of BAME communities to COVID-19 constitutes one potential source of discrimination of this sort, in which the 'victims' are reconstituted as 'dangerous' based on their being more 'at risk'. This rhetoric has gained particular salience in a country torn by years of dispute over Brexit. 'Links between imagining disease and imagining foreignness' (Sontag 1989: 119) are not historically unprecedented: for example, cholera was blamed on Irish immigrants, and tuberculosis was labelled the 'Jewish disease' in the US in the nineteenth century (Kraut 2010; Markel and Stern 2002). At the present day, associations between the existential threats of infectious diseases and alterity have continued to be perpetuated through militarized language. We are all too familiar with the scapegoating of China as the 'Other' place from which SARS-CoV-2 emerged before 'infiltrating' the West. This narrative was played out in an especially insidious way in the United States under the Trump administration, whose use of the phrases 'war against the Chinese virus' and 'Kung flu' has allowed dangerous ethno-nationalist sentiments and xenophobia to circulate within the media and public discourse, often under the guise of a seemingly harmless appeal to patriotic solidarity.

Such militaristic narratives fulfil the dual function of both Othering and/or blaming those who may already be marginalized, while simultaneously producing a distraction from some of the starker injustices of the pandemic, such as the disproportionately heavy impact of COVID-19 within these very communities. In addition to those who are ethnically and racially 'othered', socio-economically 'othered' communities emerge as well, such as workers who lack the privilege of working from home and are forced to take public transport to get to work, or temporary non-British staff catering to tourists. These dynamics exemplify how the sociality of COVID-19, COVID-19 as sickness and its discursive domain are dominated by the state and the elite. The latter are still able to defy or circumvent restrictive policies with minimal or no consequences, like a senior advisor to the Tory government in the UK (Clarke 2021).

Language denoting military activity and an invading 'other' has embedded itself not only in 'sickness' narratives that pervade social interactions with COVID-19 as a socially visible phenomenon, but even in 'disease' accounts of the material, pathophysiological interactions of SARS-CoV-2 with our cells and organs. One *Science* publication describing the pathogenesis of

the SARS-CoV-2 invokes notions of the virus 'hijacking' cell mechanisms, 'march[ing]' down the windpipe towards the lungs and starting a 'battle' that disrupts optimal lung function (Wadman et al. 2020). Although many interpretations of the pathogenesis of SARS-COV-2 exist, this portrayal illuminates how our socio-political conditionings and agendas may unwittingly penetrate even our most sincere attempts to construct a neutral biomedical account of our plight with the virus, impelling the construction of an insidious 'other.'

Of course, framings of 'self' versus 'non-self' and militarized cells are not unique to COVID-19 but are deeply embedded in the language of biomedical understandings of general cellular and molecular interactions between components of our bodies' immune systems and non-native microbes (Martin 1990). T-lymphocytes are referred to as 'killer cells', macrophages are likened to armoured units, and complement proteins (i.e. proteins involved in the rupturing of microbial cell membranes) to mines or bombs., They all work to defend the 'self' against 'non-self' intruders, making the body potential 'battlefield' (ibid.). The militarization of notions of body and health can be traced back as far as the seventeenth century to the work of Thomas Sydenham, a physician who described the challenges of his work: '[A] murderous array of disease has to be fought against, and the battle is not a battle for the sluggard' […] 'I steadily investigate the disease, I comprehend its character, and I proceed straight ahead, and in full confidence, towards its annihilation' (quoted in Fuks 2010: 59). The notion of and belief in a 'magic bullet' soon emerged within a similar ideological context (ibid.).

Through these frameworks, we are able to see what is gained through the militarization of COVID-19: fulfilment of the impetus to preserve social order and manage uncertainty as a paramount social function of modern society (Lupton, 2013). However, despite the utility, omnipresence and historical embeddedness of military metaphors in public, political and academic discourses surrounding disease and sickness, their use should give us some pause. We are implored to consider the following: what might be lost in this pursuit of social cohesion through constructions of otherness and the placing of blame? In the following section, light is shed on the ways in which militaristic language in discourses on COVID-19 as a disease and sickness may serve to alter lived experiences or obscure narratives of COVID-19 as a pandemic or illness, potentially plaguing us with additional and unnecessary sources of suffering beyond the work of the virus itself.

The demilitarization and reimagination of illness narratives

While militaristic narratives may serve a clear function at the level of society, what of their utility and impact with regard to the individual who is living amid COVID-19 and/or experiencing it as an illness? Below I consider the ways in which militarized social portrayals of COVID-19 as a sickness may be embodied in the form of the altered subjectivities, lived experiences and narratives of the individual, whether experiencing COVID-19 as an illness or contending with a world that has been transformed by the pandemic.

First, in attempting to minimize disorder and maintain cohesion within society, war rhetoric may have inadvertent emotional costs for the individual, perpetuating excess and prolonging fear, hypervigilance and anxiety, which may have already been present due to the biomedical threat to life and physiological functioning that are posed by the virus itself (Walker 2020; Kohlt 2020). Such language has led us into a 'security trap' in which the increased securitization and militarization of social problems might counter-productively serve to produce feelings of insecurity and panic. These feelings are manifested in visible phenomena such as the mass-panic purchases of toilet paper in several countries, including the UK, US and Australia (Rijal 2020), and even of guns and ammunition in the US (Beckett 2020), as well as in a rampant mental health crisis in the UK (Jia 2020).

Additionally, in all their effectiveness in reinforcing boundaries between 'inside' and 'outside' and their inculpation of the 'other', military metaphors inevitably enable and facilitate a medicalized prejudice against that outside 'other'. Such experiences may affect both the victim, by feeding into individual illness experiences through processes of internalization, and the outsider. As mentioned previously, such processes may exacerbate the marginalization, social rejection and psychosocial distress of already vulnerable communities. For instance, within the past year and a half, persons of Chinese descent, falsely perceived as embodying the virus, have become hyper-visible, suffering a surge in discrimination and verbal and physical violence that has persisted into the second year of the pandemic and has even intensified in recent months in the US (Gover et al. 2020).

Beyond stigma, another critical consequence of the 'battle' metaphor is the production of a false dichotomy of outcomes: 'victory' versus 'defeat', a binary which aligns poorly with both individual experiences of the illness and the ecological realities of human–microbe interactions within society. As seen in the context of other diseases, such as cancer and HIV/AIDS, which are surrounded by a militarized discourse of winners and losers, complications with recovery or continued struggling with the illness may be interpreted by the ill individual as defeat or personal failure (Hendricks et al. 2018). In another study, women with breast cancer who assigned negative

meanings to their illness with words such as ‘enemy’ or ‘punishment’ experienced higher levels of depression and a poorer quality of life relative to women who ascribed alternative interpretations such as ‘challenge’ or ‘value’ to their experience (Degner et al. 2003). In these ways, physiological interactions of the virus with the body may be amplified by the negative psychosocial experiences associated with having COVID-19 (or being perceived as a carrier), hence creating avoidable and unnecessary suffering. Beyond individual encounters with the virus, from an ecological perspective it is notable that military metaphors and binaries of victory and defeat also propagate the false and problematic notion that humans must constantly be engaged in a battle with our environment and our microbial enemy ‘other’, and that winning and eradication are feasible.

In addition to the potential exacerbation of suffering due to disease stemming from either stigmatization by others or self-blame, evidence regarding the use of militaristic language in medical contexts suggests that such symbolism may lack utility with regard to individual healing processes as well (Petticrew et al. 2002). Studies of illness narratives of other stigmatized diseases, such as HIV and cancer, have found that, while making meaning of illnesses through the use of metaphors can play an important role in healing and be helpful in fostering a sense of community through shared experience, the use of military metaphors within the illness experience may be ineffective at promoting healing and may not necessarily improve survival (Nie et al. 2016; Petticrew et al. 2002).

In addition to the lack of function and the potential harm of militaristic language for the individual experiencing COVID-19, the hegemony of such symbolism in accounts of COVID-19 as sickness and disease may disregard and diminish the visibility of individual and/or non-conforming narratives that characterize the experiences of those individuals who are living the interactions between SARS-CoV-2 and their bodies that sickness and disease accounts seek to describe. Though existing COVID-19 illness narratives are sparse, one account of COVID-19 patient experiences during hospitalization in Henan, China, by Sun et al. (2020) describes narratives that contrast starkly with the negative tone of the notion of ‘fighting an enemy’ that is ‘at war’ with our bodies. Sentiments of fear, denial, stigma and anger during earlier stages of the illness, often sparked by the perception that the patient had been an innocent bystander, gradually evolved into acceptance of the disease, ease and calm in later stages. Patients reported that a sense of harmony and adequate family and social support were critical to their recovery, above other factors. As one patient described it, ‘friends are concerned about my health, government staff are also concerned about me, and I feel that the country attaches great importance to us’ (Sun et al. 2020: 19). Similarly, a study of public framings of COVID-19 expressed on Twitter revealed that, although discussions of most pandemic-related topics on social media drew on military concepts,

the topics of community and social compassion, which involved words such as ‘friends’, ‘share’, ‘trying’, ‘family’ and ‘time’, and that therefore addressed ‘intimate social relations and personal affective aspects related to COVID-19’, were unrelated to this warlike frame (Wicke and Bolognesi 2020: 15).

As Gillian Chan argues (this volume), the construction of COVID-19 as ‘mild’, as something that is easy to recover from, contrasts starkly with the militarization of COVID-19 as a dangerous ‘other’, as something that must be fought against and defeated. As Chan argues, there is an inherent inconsistency in the ways in which biomedicine constructs COVID-19 alternatively as either deadly or mild in order to satisfy the twin agendas of maintaining social control while maximizing the extent to which individuals are held responsible for their conduct. The common enemy against which social groups had been so compellingly called on to battle seems to disappear when the narrative of mildness is applied. Yet individual experiences tell a different story, as Chan explores in her essay.

Conclusions

Whether through biological, psychosocial, economic or political mechanisms, COVID-19 has caused immense suffering worldwide. It is a disease, illness, and sickness to be taken seriously, and its risk and the potential for irreversible harm must be communicated effectively, but also carefully and responsibly. The same potency that grants militaristic language its pragmatic social utility serves to make it a dangerous tool capable of exacerbating suffering; it must therefore be wielded with a wariness that is presently absent from public discourse. As many have argued, it is an illusion that such messaging requires a construction of the enemy ‘other’ in order to maintain order effectively.

The main recommendation arising out of the foregoing is for a policy that demands the demilitarization of the metaphors we use to describe COVID-19 across public, political and scientific discourses and that engages on a journey of reimaginations. Semantics are critical. Pressure to remove militarized metaphors from general COVID-19 discourse should be created by public health, scientific and political leaders. An outpouring of support for de-militarizing narratives among both experts and non-experts alike, including the #ReframeCOVID initiative, has indicated that the ‘war’ rhetoric may be losing its resonance with the public. Elena Semino has recommended that the virus itself be likened to a ‘fire’ and essential workers compared to ‘fire-fighters’ (Semino 2021). Moreover, local and national governments can reframe the very necessary strategies to prevent COVID-19 transmission that involve punitive and anxiety-provoking terms such as ‘lockdown’ or ‘quarantine’, with alternative language such as ‘physical distancing’ (but

nevertheless maintaining social closeness), 'safe contact' or 'cocooning' (Walker 2020). Such framings might encourage physical distancing as a result of empathy and caring for the vulnerable rather than fear of COVID-19 infection. Furthermore, drawing on advice regarding the reframing of illness experiences of persons affected with HIV, it may be helpful to encourage envisaging the COVID-19 illness experience as a 'journey' rather than a 'battle' (Nie et al. 2016).

Beyond the individual, demilitarization may dispel the misleading notion that COVID-19 is something that can be necessarily 'defeated' by humans, which is inconsistent with the high likelihood of COVID-19 becoming endemic and with the probability that we may need to co-exist with SARS-CoV-2 as we do with other microbes, such as the influenza virus (Walker 2020). A new vocabulary may reframe our relationships with our microbial neighbours through tropes of co-existence, balance and entanglement (Nie et al. 2016). Perhaps we can harness Douglas's demonstration of the relativity of 'dirt', rethink the impermeable boundaries between self and non-self, and reimagine what 'out of place' means for certain types of matter. Along the same lines, Emily Martin (1990) offered alternative conceptualizations of human-microbe interactions, suggesting notions of a 'harmonious life unit' or 'holobionts', rather than plotting a self versus a non-self. Additional understandings of illness and general narratives need to be better understood if alternative framings of this pandemic and future health crises are to be generated.

In conclusion, we hope to see paradigmatic shifts in discourse which will allow us to emerge from this pandemic into an improved world. The demilitarization of popular and institutionalized discourses of COVID-19 as a disease, sickness and illness may remind us that the true 'triumph' will not be a victory over the virus. Instead it will be the renewed accountability of those in power who are meant to think with us and for us, a readiness to co-exist with our human and microbial neighbours, a heightened attention to the diverse narratives of individuals who have engaged with this pandemic with their bodies and minds, and a restructuring of our systems and institutions to improve the protection of our communities from the suffering and loss associated with pandemics.

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