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## LACANIAN REVIEW ONLINE

### Coronavirus as Metaphor

In 1978, Susan Sontag published *Illness as Metaphor*, a book composed of three long essays which were originally delivered in the distinguished James Lecture Series at the New York Institute for the Humanities, and then published in *New York Review of Books* before making it to the bookstores as paperback.[1] The book invites the reader, as stated in the title, to view illness as metaphor—that is, as capable of generating social and cultural meanings. It illustrates two particular illnesses, tuberculosis and cancer, by a number of imageries and fantasies attached to them. Tuberculosis, for example, was considered to be “an insidious, implacable theft of a life” in the nineteenth century before an effective medical treatment was developed.[2] After it was conquered, though, cancer quickly replaced it in the twentieth century and filled the role of a mysterious illness waiting to strike its victims. Today one can see that attitudes towards the new coronavirus continue the same tradition, the same line of metaphoric thinking, as evident in various meanings loaded onto the virus such as “public enemy,” “foreign invader,” and “natural evil.” Without a doubt, coronavirus has already become a myth!

Drawing on her own experiences as a cancer patient, Sontag sets herself the task of de-mythologizing disease, stating explicitly on the opening page of her book: “My point is that illness is not a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking.”[3] However, one wonders if there is a discernible difference between illness as metaphor and illness as an objective process. Is there a way of separating, so to say, authentic illness from spurious meanings attached to it? Kojin Karatani answers this question by suggesting that we instead question modern medicine’s approach to illness which is itself mythological: “The problem is not the use of illness as metaphor, as Sontag would have it, but, on the contrary, the epistemological institution of modern medicine which objectifies illness as pure illness.”[4] For Karatani, the idea that illness exists independently of an individual’s awareness, that it can hurt or harm bodies without realization, is a construction of modern medical power/knowledge. Inasmuch as it perceives illness as an external agent, not in cooperation with but pitted against the self, Western medicine has always been symbolic—as a semiological system (in the appearance of factual truth). If we see coronavirus as our common enemy today, then, it is because “we have become thoroughly acclimatized” to this form of thinking.[5]

Jumping back to the nineteenth century, on 24 March 1882, German bacteriologist Robert Koch announced his discovery of the tubercle bacillus as the cause of tuberculosis. It might

sound like common knowledge to us now, but this discovery was considered to be epoch-making in its time. Until the identification of the tubercle bacillus, tuberculosis was associated with certain personality types (sensitive, delicate, prone to excitement) and family clusters. Koch showed that it originates from a single microbial agent. This biomedical model, referred to by Rene Dubos as “the doctrine of specific etiology,” is still the most accepted scientific explanation for diseases. Yet, as Dubos argues, although “the doctrine of specific etiology has been the most constructive force in medical research for almost a century and the theoretical and practical achievements to which it has led constitute the bulk of modern medicine ... few are the cases in which it has provided a complete account of the causation of disease.”<sup>[6]</sup> Using Koch’s discovery as an example, he asks why, if the cause of the disease was a specific bacillus, people who had already been infected with it (at that time practically all city dwellers in Europe were infected) and probably still carried it in their bodies did not develop the same symptoms as clinical patients? Decades later, the question is still valid in relation to the new coronavirus. We have its microscopic image etched into our minds and know its “personality” traits by heart (likes plastic and metal surfaces, likes cool weather, dislikes sun, light, and humidity etc.), yet we cannot explain why some infected people show no symptoms while others get very ill. Still we insist on clinging to the same old germ theory—but why?

Karatani would say, and Foucault would probably agree, that the modern etiological construction of disease is only one way of understanding disease, and that there are other ways—surely—but they are ruled out, limited, and suppressed by positive science. Take Hippocrates, for example. According to his view of medicine, Karatani summarizes, “illness is not traced back to either a specific or local cause, but is regarded as disturbance in the state of equilibrium among various internal factors which regulates the working of the body and mind. Furthermore, what heals the disease is not the doctor but the natural healing powers of the patient. This is, in one sense, a principle of Eastern medicine.”<sup>[7]</sup> But instead of following Hippocrates and other holistic approaches to health and body-mind equilibrium, we almost unconsciously objectify disease, viewing it as an injury from an external assault (in the same way we view UFOs, terrorists, and other “others”). What explains our predilection for mythologizing, so to speak? For Karatani, it lies in the “theological and metaphysical” value of Western medicine. As he writes, “The very thought of fixing a single, original cause is theological and metaphysical.”<sup>[8]</sup> The notion of germ as the cause of illness draws on the repertoire of Christian symbology when it induces us to imagine germs as “a form of invisible, ubiquitous evil ... as a sort of original sin.”<sup>[9]</sup> This explains why we use religious allusions when we are talking about illness. We “struggle” with depression. We “fight” against cancer as a cancer “victim.” We “wage war” on the coronavirus. All these metaphors bring to mind humanity’s ancient war with Satan. Therefore, if we speak of illness as metaphor, as Sontag believes we do, it is not merely out of personal choice, but because of the epistemological dominance of the Western medical discourse that we are (a little too comfortably) embedded in. And as long as we do not historicize its scientific objectivism, we will not be freed from our habituated compulsion to circumscribe illness with satanic metaphors.

In conclusion, illness is always already a metaphor. This is what brings it into being as a discursive construct in the space of power/knowledge. Under the medical gaze, to use a Foucauldian phrase, we have become so familiar with objectifying, reifying, and externalizing illness that it is almost impossible to envisage it outside of semantics, that is outside the realm of our dreams, fantasies, and projections. In this light, I think the virus is itself a fantasy. It principally serves to quench the quest for perfect health. The belief that better days are coming once we get rid of this pandemic, that life will be wonderful when we get back to our healthy selves again, is the underlying hope that drives our “war” with the

virus. Indeed, with every new virus, our desire for immortality is renewed and gains postponed satisfaction. However, as Dubos shows, this “mirage of health” is ill-fated as long as humans try to stay ahead of microbes. Just like our eternal fight with death—a fight that we cannot win—our struggle against illness is doomed to replay on a continuous loop with no real success, that is until one day we learn to come to terms with our mortality.

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[1] Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1978).

[2] Sontag, *Illness*, 5.

[3] Sontag, *Illness*, 3.

[4] Karatani Kojin, *Origins of Modern Japanese Literature* (Durham and London: Duke UP, 1993), 108.

[5] Kojin, *Origins*, 110.

[6] Rene Dubos, *Mirage of Health* (New York: Anchor Books, 1961), 91.

[7] Kojin, *Origins*, 109.

[8] Kojin, *Origins*, 106.

[9] Kojin, *Origins*, 106.

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