

# ILLNESS AND WAR

## REREADING SONTAG'S *ILLNESS AS METAPHOR* IN THE POST-PANDEMIC ERA

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This paper, building on Susan Sontag's seminal works *Illness as Metaphor* (1978) and *AIDS and Its Metaphors* (1989), aims to offer a framework for reflecting on the meaning of illness and its metaphorical representations, particularly in the aftermath of the COVID-19 pandemic. Sontag's insights into how illness is often depicted using war metaphors – casting disease as an enemy to be fought – remain highly relevant today. The paper seeks to update these reflections by exploring how the same metaphorical language was employed during the recent pandemic. The objective is to critically examine how the limitations of war-based metaphors fail to capture the full complexity of the phenomena we have experienced. Moreover, it argues for a shift towards a new vocabulary centered on concepts like vulnerability and care, which better express the nuances of collective and individual experiences of illness. This shift in perspective compels us to rethink the metaphors that structure our understanding of illness, advocating for a move away from militaristic language that frames disease in terms of conquest and control, embracing a framework that foregrounds interconnectedness and common vulnerability.

Keywords: Sontag, Illness, War, COVID-19, Care

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*The body is not a battlefield. The ill are neither unavoidable casualties nor the enemy. We-medicine society-are not authorized to fight back by any means whatever... About that metaphor, the military one, I would say, if I may paraphrase Lucretius: Give it back to the war-makers.*

S. Sontag

This article seeks to build on key insights from American thinker Susan Sontag's *Illness as Metaphor* and *AIDS and Its Metaphors*, exploring how their relevance extends beyond the specific illnesses and historical periods she discusses. The aim is to highlight the enduring ways in which human communities respond to illness through the language of war, defense, and borders – an approach that remains deeply resonant today. For this reason, the first two sections will reflect on the nature of illness itself (section 1), and on the themes of warfare and defense against disease as addressed in Sontag's essays (section 2).

The third section will then turn to the recent COVID-19 pandemic, focusing in particular on the Italian context, to examine how the defensive strategies Sontag identified continue to resonate. This will provide an opportunity, as in Sontag's time, to critique the metaphorization of illness and consider whether alternative approaches might be possible. Specifically, I will briefly explore how the language of the Ethics of Care can offer a different perspective and help us assess whether new, equally practical responses to both individual and collective illness can be imagined.

## 1. Resisting Metaphor: Sontag on Illness' Reality

Sontag's decision to write an essay on how illness is understood was deeply influenced by her own experience as a woman diagnosed with cancer in 1978, a disease that would ultimately, many years later, lead to her death in 2004.<sup>3</sup> This personal struggle, combined with her awareness of other widespread illnesses like tuberculosis and the AIDS epidemic, became central themes in her seminal works *Illness as Metaphor* and *AIDS and Its Metaphors*.<sup>4</sup>

In these two brief but powerful essays, Sontag – described by the Pulitzer Prize-winner Benjamin Moser as the «America's last great literary star»<sup>5</sup> – does not aim to turn illness into a metaphor for something else, but rather to approach it as a tangible, concrete condition. Although we might conceive of illness as part of the «night-side of life»<sup>6</sup>, she encourages us to resist the symbolic interpretations that society often attaches to it. Sontag seeks to strip illness of its metaphorical layers, urging readers to confront it in a more factual, unembellished way – free from the cultural and societal constructions that tend to distort its reality. In doing so, she challenges us to see illness for what it truly is, not as a symbol or metaphor, but as a physical, lived experience.

In *Illness as Metaphor*, the first of her two essays on the metaphorizations of illness, Sontag specifically focuses on diseases like tuberculosis and cancer, offering an analysis of how two equally serious and potentially fatal illnesses can be described in strikingly opposing ways. Tuberculosis, she observes, is often portrayed as an almost aesthetic disease, one that renders the afflicted person ethereal or even romanticized. In contrast, the sense of revulsion typically associated with cancer is conspicuously avoided. While Sontag acknowledges the factual severity of both diseases, she highlights the stark differences in the interpretations and narratives surrounding them, and how these contrasting views profoundly shape the experiences of those who suffer from them. Sontag suggests it is no coincidence that deaths from tuberculosis in literature<sup>7</sup> – and thus in collective mythology

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<sup>3</sup> For further information on Susan Sontag's life, work, and writings, see B. Moser, *Sontag: Her Life and Work*, New York (NY), Ecco, 2019.

<sup>4</sup> S. Sontag, *Aids and Its Metaphors*, London, Allen Lane, 1989.

<sup>5</sup> B. Moser, *Sontag*, cit.

<sup>6</sup> S. Sontag, *Illness as Metaphor*, New York (NY), Farrar, Straus and Giroux, 1978, p. 3.

<sup>7</sup> Sontag also notes the widespread belief in a correlation between suffering from tuberculosis and possessing a deep literary sensibility. She references a conversation between the English poets Shelley and Keats, writing: «The melancholy character – or the tubercular – was a superior one: sensitive, creative, a being apart. Keats and Shelley may have suffered atrociously from the disease. But Shelley consoled Keats that “this consumption is a disease particularly fond of people who write such good verses as you have

– are often depicted as relatively painless, while deaths caused by cancer are seen as marked by unbearable suffering and intense pain. The cultural framing of these illnesses, Sontag argues, not only shapes societal perceptions but also influences how the afflicted are treated and how they experience their conditions. The Italian psychiatrist Vittorio Lingiardi, building on Sontag’s reflections on the diagnosis of illness in his insightful book *Diagnosi e Destino*, observes that Sontag’s goal is «to recognize the social impact of the psychological representations of illness [...], ensuring that they remain clearly separated and do not contaminate the scientific reality of medicine»<sup>8</sup>.

The devastating impact of illness metaphors becomes clear when we examine the two examples Sontag discusses: cancer and tuberculosis. Cancer is often subject to negative metaphorical representations, reducing the individual to nothing more than an ailing body, defined by the perceived horrors of the disease. This portrayal strips away the complexity of the person’s experience and reinforces a sense of revulsion or fear. On the other hand, tuberculosis is romanticized through a more positive metaphORIZATION, almost to the point of obscuring the gravity of the illness itself. Tuberculosis, despite being a painful and deadly disease, is frequently portrayed in an idealized or aesthetic light, as if the suffering and mortality associated with it are somehow softened by this cultural narrative. In both cases, the metaphorical framing not only distorts the reality of the illnesses but also shapes societal perceptions in ways that can obscure the true experiences and suffering of those afflicted.

The greatest risk, as Sontag cautions readers, is the moralization of illness, which arises when the factual nature of illness is overshadowed and over-interpretations lead to viewing illness as a form of personal fault. In departing from the concrete reality of illness, we begin to search for reasons rooted in lifestyle choices or personal (even moral) conduct as explanations for the illness itself. In her words:

The notion that a disease can be explained only by a variety of causes is precisely characteristic of thinking about diseases whose causation is *not* understood. And it

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done...” So well established was the cliché which connected TB and creativity that at the end of the century one critic suggested that it was the progressive disappearance of TB which accounted for the current decline of literature and the arts». See S. Sontag, *Illness as Metaphor*, cit., pp. 32-33.

<sup>8</sup> V. Lingiardi, *Diagnosi e Destino*, Torino, Einaudi, 2018, p.5 (my translation).

is diseases thought to be multi-determined (that is, mysterious) that have the widest possibilities as metaphors for what is felt to be socially or morally wrong.<sup>9</sup>

This dynamic is equally evident in Sontag's second essay, published in 1988, *AIDS and Its Metaphors*, which, like the first, addresses illness and its metaphorical representations, focusing specifically – as the title suggests – on the AIDS epidemic. Sontag notes that the description of this disease is particularly linked to the stigma surrounding its transmission through sexual contact or blood,<sup>10</sup> which makes the stigmatization of those afflicted even more pervasive, as the illness becomes associated with behaviors, often associated with specific communities, that are easily labeled as immoral, particularly those related to sexuality.<sup>11</sup> This connection not only simplifies the act of blaming the afflicted but also reinforces social prejudices, making it easier to reduce the illness to a reflection of personal conduct or moral failure, especially when those behaviors are seen as deviating from heterosexual norms,<sup>12</sup> thus transforming any deviation from the “norm” into something to be combated in the name of protecting collective health.

## 2. War as a Metaphor

The war metaphor for illness was among the most frequently invoked during the COVID-19 pandemic. This prevalence is unsurprising, as the use of warfare metaphors in public discourse is a well-established response in moments of social crisis and adversity,<sup>13</sup> extending far beyond the context of the pandemic itself.<sup>14</sup> As recently observed by Schnepf and Christmann regarding the use of military metaphors in relation to infectious diseases and pandemics, such metaphors primarily serve «to illustrate the urgency and seriousness

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<sup>9</sup> S. Sontag, *Illness as Metaphor*, cit., p. 61.

<sup>10</sup> See S. Sontag, *AIDS and Its Metaphors*, cit., p. 17.

<sup>11</sup> See *ivi*, pp. 26-27.

<sup>12</sup> Although it is a commonly held belief that AIDS is more prevalent among individuals from the gay community or those who use drugs, this is not the case in the African continent, where the AIDS epidemic is more widespread. According to the 2023 UNAIDS report, one of the primary causes of HIV transmission in sub-Saharan Africa is unprotected heterosexual intercourse. See [https://www.unaids.org/sites/default/files/media\\_asset/2024-unaids-global-aids-update-western-central-africa\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update-western-central-africa_en.pdf); [https://www.unaids.org/sites/default/files/media\\_asset/2024-unaids-global-aids-update-eastern-southern-africa\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update-eastern-southern-africa_en.pdf).

<sup>13</sup> On this topic, see also E. Mattiello, “Metaphor and Framing in Cognition and Discourse: ‘War’ and ‘Journey’ Metaphors for COVID-19”, in *Textus. English Studies in Italy*, vol. 1, 2023, pp. 261-280. Mattiello analyzes the use of war metaphors in reference to COVID-19 by tracing numerous examples in online newspaper discourse, highlighting how these linguistic choices shaped public perception during the pandemic.

<sup>14</sup> See S. J. Flusberg, T. Matlock, P. H. Thibodeau, “War Metaphors in Public Discourse”, in *Metaphor and Symbol*, vol. 33, n. 1, 2018, pp. 1-18.

of a situation and to underscore the need for special control measures»<sup>15</sup>, emphasizing the need for decisive action and mobilization of resources. This perspective is certainly compelling, particularly when disease is viewed as an external threat that prompts individuals to seek protection within national borders, their homes, and intimate family units.

Moreover, this strategy has roots that reach far back in history. Italian author Alessandro Manzoni, in his celebrated novel *I promessi sposi*, recounts the plague that devastated the city of Milan and identifies German mercenary soldiers – *lanzichenecchi* – as the primary culprits behind the spread of this horrific scourge in Northern Italy. Through his intense narrative, Manzoni captures a pattern of attributing blame to outsiders, suggesting that the cause of an epidemic is brought from foreign lands and only imposed upon the local population.<sup>16</sup> This impulse to assign external blame appears earlier in Daniel Defoe’s *A Journal of the Plague Year*, a semi-fictive account reflecting on the 1665 London plague, which Defoe survived as a young child. As he revisits the horrors of mass suffering and mortality years later, Defoe provides a striking example of this impulse, asserting that the plague entered the city via contaminated goods shipped from the East. Here, too, disease becomes a foreign import, a menace carried from distant lands and unleashed upon an unknowing populace. The repeated depiction of disease as an external invader highlights an enduring need to identify a tangible “enemy” beyond one’s own community or nation.<sup>17</sup>

In contrast to this externalization, Sontag points inward, showing how societies often turn blame toward internal communities already marked by social stigma. In her texts, she certainly highlights the perceived need to defend against an external enemy through isolation, but she also identifies that it is often the case that a particular group is blamed for the disease within the same society (consider, for example, gay men and drug users during the AIDS pandemic)<sup>18</sup>.

In this sense, the fight against disease is no longer merely a battle against illness itself and becomes a struggle against a segment of population; the disease’s framing becomes predominantly political, with a segment of the population blamed for engaging in

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<sup>15</sup> J. Schnepf, U. Christmann, “‘It’s a War! It’s a Battle! It’s a Fight!’: Do Militaristic Metaphors Increase People’s Threat Perceptions and Support for COVID-19 Policies?”, in *International Journal of Psychology*, vol. 57, n. 1, 2021, pp. 107-126: 107.

<sup>16</sup> See A. Manzoni, *I promessi sposi*, Milano, Rizzoli, 2014, ch. XXVIII, XXIX, XXX.

<sup>17</sup> See D. Defoe, *A Journal of the Plague Year*, London, Penguin Classics, 2003.

<sup>18</sup> See S. Sontag, *Aids and Its Metaphors*, cit.

behaviors deemed transgressive. Sontag notes that this moralistic view results in limiting individual freedoms, contributing to the consolidation of power by those in authority. A similar situation is depicted, for instance, in Karel Čapek's *Bílá nemoc* (*The White Disease*), in which a brutal dictator, in a country on the brink of war and gripped by a mysterious epidemic, exploits the confusion surrounding the illness to reinforce his control.<sup>19</sup> In Čapek's dystopian narrative, illness is weaponized as a political tool, used to tighten control and instill fear by manipulating public perception and response. Sontag similarly critiques the political exploitation of illness metaphors, arguing that these apocalyptic representations obstruct practical action. Rather than confronting the tangible reality of disease, society is presented with an exaggerated, fear-laden construct that remains elusive, preventing genuine engagement and meaningful solutions.<sup>20</sup>

In both perspectives, albeit in different ways, the rhetoric of illness as an enemy and of a community of citizens as soldiers fighting against this enemy emerges in Sontag's work as a metaphor that has gained widespread traction. Illness does not merely denote the natural course of the body's ailment but becomes a metaphor for a society waging war against illness and defending itself from illness through the instruments of war or combat.

Where once it was the physician who waged bellum contra morbum, the war against disease, now it's the whole society. Indeed, the transformation of war-making into an occasion for mass ideological mobilization has made the notion of war useful as a metaphor for all sorts of ameliorative campaigns whose goals are cast as the defeat of an "enemy".<sup>21</sup>

### 3. Why We Should Care, Not Combat: COVID-19 and the Post-Pandemic Era

The COVID-19 pandemic, which disrupted the world for at least three years beginning in March 2020, provides a relevant case study for examining the enduring relevance of Sontag's reflections and the persistent use of war metaphors in public health discourse. This section aims to highlight the limitations – and potential dangers – of such language, questioning whether an alternative exists that could more accurately reflect a mode of human

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<sup>19</sup> See the 1937 film *Skeleton on Horseback*, directed by Hugo Haas, which is based on Karel Čapek's play *The White Disease* (*Bílá nemoc*).

<sup>20</sup> See S. Sontag, *Aids and Its Metaphors*, cit., pp. 85-87.

<sup>21</sup> See *ivi*, pp. 10-11.

coexistence focused not merely on survival but on positively embracing the shared vulnerability that all people experience.

Building on this idea, one common response to disease involves the defense of national borders and the safeguarding of one's sphere of action – a strategy typical of wartime postures. COVID-19, more than many previous diseases, has revealed a widespread belief in the effectiveness of this strategy. Although restricting non-essential international travel was a favored strategy for pandemic control, particularly during peak phases, the economic, social, and emotional risks for individuals from heavily affected regions were not sufficiently considered.<sup>22</sup> As Seyfi has highlighted, although tourism restrictions and travel bans within specific countries primarily target citizens of other nations, their main function is often to reassure the domestic public, conveying a sense that the government is actively working to protect them. These measures thus hold a primarily symbolic value, with their effectiveness as a public health strategy taking secondary importance.<sup>23</sup> The intent is to create a sense of “us”, unified and cohesive, acting to defend against a “them” (the others) perceived as a potential threat to the physical integrity of the group. The physical closure of borders serves to protect this construct, reinforcing the idea of a secure, safeguarded collective. The first action taken by governments to reassure citizens of their commitment to addressing the issue is, therefore, clearly the isolation within national borders. However, if this strategy ultimately fails to satisfy people's desire to feel safe from the risk of contagion, it necessitates a further expansion.

Sontag does not stop at identifying this stigmatizing strategy; she highlights another approach she finds more compelling in examining the narratives surrounding illness. In the previous paragraph, we explored how, in her second essay, *AIDS and Its Metaphors*, Sontag's aim extends beyond simply constructing a defensive barrier against an external enemy. Her analysis also reveals the internal scapegoating of certain groups within a nation's own population, with AIDS used as a vehicle to blame specific communities – such as gay men and people who use drugs – reinforcing prejudice within shared national boundaries. From a certain point onward, this also proved true for the coronavirus epidemic within the Italian context. From the outset, the closure of national borders alone proved insufficient to contain the spread of the contagion. On March 8, 2020, in Italy, the

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<sup>22</sup> See S. Seyfi, M. C. Hall, B. Shabani, “COVID-19 and International Travel Restrictions: the Geopolitics of Health and Tourism”, in *Tourism Geographies*, vol. 25, n. 1, 2020. pp. 357-373.

<sup>23</sup> See *ivi*, p. 364.



government, led by then-Prime Minister Giuseppe Conte, announced an initiative that would later serve as a model for other European countries. In a speech to the nation, Conte declared the necessity of a nationwide lockdown, accompanied by the now-famous slogan *#iorestoacasa* (“I stay at home”), urging citizens to remain in their homes to limit the spread of the virus.<sup>24</sup> With Conte’s announcement, the response evolved beyond the nation’s initial act of closing itself off to prevent external agents from introducing the virus into the country (where it was already significantly present). It also surpassed the efforts of individual Italian regions attempting to shield themselves from contagion originating elsewhere.<sup>25</sup> The focus shifted to individuals seeking sanctuary within their own homes, thereby curtailing the virus’s circulation within the confines of their domestic spheres. This approach delineated a smaller, more intimate unit of protection and imposed a heightened sense of personal responsibility upon each individual to defend their household against the potential incursion of the virus. As with AIDS, Sontag observed that, at a certain point, societies began identifying and stigmatizing specific groups as responsible for the spread of the virus, a pattern that also emerged with COVID-19. Pedroni has effectively emphasized this construction of a «negative hero» a figure embodied by the runner,<sup>26</sup> solitary beachgoers, and later extending to the broader category of “youth” or those engaging in the so-called “movida” – the nightlife and social gatherings seen as high-risk behavior, «promoting a kind of house arrest over responsible distancing»<sup>27</sup>. This scapegoating mechanism reflects society’s tendency to channel collective anxieties and frustrations onto visible subgroups whose actions are perceived as emblematic of non-compliance or irresponsibility. Such narratives reinforce the dichotomy between the responsible citizen and the presumed agent of contagion, exacerbating social division and stigma during public health crises. The runner at first, then solitary beachgoers, and later the youth frequenting nightlife scenes became the new “spreaders”, those who, through their

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<sup>24</sup> See the ANSA article from March 9, 2020, which includes the video of Conte’s address to the nation: [https://www.ansa.it/sito/notizie/cronaca/2020/03/09/borrelli-salgono-a-7985-i-malati-1598-rispetto-a-ieri.-\\_dd169084-d4a9-4391-9d1c-2d9f42bace3f.html](https://www.ansa.it/sito/notizie/cronaca/2020/03/09/borrelli-salgono-a-7985-i-malati-1598-rispetto-a-ieri.-_dd169084-d4a9-4391-9d1c-2d9f42bace3f.html).

<sup>25</sup> The initial strategy, following the spread of the virus primarily in Lombardy, involved an attempt to limit the expansion of the virus within the region, which was the first to implement containment measures. See <https://www.regione.lombardia.it/wps/portal/istituzionale/HP/lombardia-notizie/DettaglioNews/2020/02-febbraio/17-23/coronavirus-ordinanza-cosa-prevede>.

<sup>26</sup> M. Pedroni, “Apologia del runner. Note sulla costruzione di un eroe (negativo) dell’immaginario pandemico”, in *FataMorganaWeb*, 2020, online: <https://www.fatamorganaweb.it/apologia-del-runner/>.

<sup>27</sup> M. Pedroni, “Narrazioni virali. Decostruire (e ricostruire) il racconto dell’emergenza coronavirus”, in *Mediascapes Journal*, vol. 15, 2020, pp. 24-43: 33.

behaviors – now heavily stigmatized – were seen as contributing to the virus’s transmission and, consequently, to illness and the potential deaths of others. These figures soon came to embody societal disregard and irresponsibility, cast as the very agents through whom danger spread. The notion that was notably absent during the pandemic period was that of responsibility, which was overshadowed by the language of obligation and prohibition.

This approach – along with the emergency rhetoric and the obsessive use of war metaphors criticized by Sontag – was a result of how we conceive of sociality and our way of relating to one another.<sup>28</sup> In envisioning human beings as autonomous and self-sustaining, as if they emerged into the world «like mushrooms»<sup>29</sup> – to use Hobbes’s well-known phrase – and thus framing their social existence primarily in terms of necessity and mutual defense, we have reinforced the creation of precisely such a paradigm. In viewing human beings as entirely indifferent to one another, incapable of acknowledging mutual vulnerability – or, even when recognizing it, exploiting it to wound the other – and perceiving cooperation only as a means of securing one’s own interests, property, and safety, we have effectively established that the sole valid reason for assisting one another is defense, for instance, against illness.<sup>30</sup> From this arises the prominence of a language of war, of battling disease, of fighting; such language not only gains traction but, within this conception of humanity, appears to be the most fitting. If, however, the effect of framing illness as an enemy to be vanquished – as Sontag pointed out – leads to harmful consequences for ourselves and for our relationships with others, both distant and close, then we should consider this as a call for a shift in the language we use regarding illness and a re-evaluation of how we conceive of ourselves in relation to others.

Other intellectuals, the critics of the various restrictions imposed during the pandemic, most notably Giorgio Agamben and Massimo Cacciari, argued that these government-implemented containment measures constituted a violation of personal freedom, claiming that the government’s actions restricted the lives of individuals and, in fact, their very existence.<sup>31</sup> Agamben, in particular, vehemently criticized the apparatus of control over personal lives established in the name of limiting the spread of the pandemic, drawing

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<sup>28</sup> See C. Botti, *Vulnerabili. Cura e Convivenza dopo la pandemia*, Roma, Castelvecchi, 2022, p.19.

<sup>29</sup> T. Hobbes, *De Cive. The English Version*, ed. by H. Warrender, Oxford, Clarendon Press, 2018, ch. VIII.

<sup>30</sup> See C. Botti, *Vulnerabili*, cit., p. 20.

<sup>31</sup> See G. Agamben, *A che punto siamo. L’epidemia come politica*, Macerata, Quodlibet, 2021.

comparisons between the green pass and the internal passports used by the Soviet regime. In his view, these measures served not to protect public health but to extend governmental control over the population.<sup>32</sup>

However, an alternative path remains possible. The ethics of care, articulated within a distinctly feminist framework, stands in stark contrast to the principles of modern contractualism by envisioning the subject not as a self-sufficient, independent, and invulnerable entity, but rather as a human being inherently characterized by need, dependency, and vulnerability, what we might, borrowing Adriana Cavarero's term, call an «inclined» subject.<sup>33</sup> These attributes are not limited to particular life stages – such as illness, birth, or old age – but instead are understood as fundamental aspects of human existence, persistently defining the individual beyond the traditionally recognized moments of acute dependency.

The pandemic has revealed how our “good life” is deeply dependent on others: on the ways in which they choose to live their lives and act with responsibility and care within the communities and world we share. The language of restriction – to stay indoors, to refrain from visiting grandparents, friends, the gym, from dancing, swimming, and in many cases, even from working – that permeated the pandemic period failed to capture this condition of interdependence. Our well-being, our health, and even our happiness rely on those around us and their choices, underscoring the shared nature of our lives. Conversely, this need for interdependence was also disregarded by those, such as Agamben, who prioritized freedom above all else, even at the expense of the relationships and mutual support that sustain us.

If, as American psychologist and feminist Carol Gilligan has taught us, life is sustained only through relationships and the care we invest in them, it becomes evident that a language based on prohibition fails to account for a different understanding of human nature.<sup>34</sup> By recognizing vulnerability as an intrinsic aspect of being human – albeit manifesting in varied forms<sup>35</sup> – care offers an alternative to approaches that focus on “waging

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<sup>32</sup> See G. Agamben, “Tessera Verde”, in id., *Una voce. Rubrica di Giorgio Agamben*, 2021, online: <https://www.quodlibet.it/giorgio-agamben-tessera-verde>; see also G. Agamben, “La nuda vita e il vaccino”, in id., *Una voce. Rubrica di Giorgio Agamben*, online: <https://www.quodlibet.it/giorgio-agamben-la-nuda-vita-e-il-vaccino>.

<sup>33</sup> See A. Cavarero, *Inclinations: a Critique of Rectitude*, Stanford (CA), Stanford University Press, 2016.

<sup>34</sup> C. Gilligan, *In a Different Voice*, Cambridge (MA), Harvard University Press, 1993.

<sup>35</sup> On the topic of the different degrees of vulnerability we experience throughout our lives, I refer to J. Butler, *Precarious Life: the Powers of Mourning and Violence*, New York (NY), Verso, 2006.

war” against illness through restrictions and obligations imposed on citizens. If life is sustained through relationships and the care we invest in them, we must acknowledge a shared responsibility in preserving lives that are interdependent. This understanding allows us to move beyond prohibitions and make conscious choices to mitigate contagion. When our bodies cease to be seen as “battlefields” – to use Sontag’s expression<sup>36</sup> – they reveal, beyond metaphor, their true reality: not sites of combat, nor weapons, nor objects to be defended against through barriers and prohibitions, but rather sites of vulnerability and interconnectedness. Only then can an alternative way, one that moves beyond prohibitions and the assertion of sovereign freedom, find space to exist.

If, as the authors of *The Care Manifesto* have argued, we recognize that the ability to give and receive care has been steadily diminished – a process that began long before the pandemic and has left our social bonds strained – then we must consider a different approach.<sup>37</sup> A call to collective responsibility, rather than one rooted in defense, prevents us from reducing the body of the other, and the illness it carries, to nothing more than a threat or an enemy to be avoided. The ethics of care, which emphasizes our shared dependence and the understanding that our well-being is tied to the well-being of others, offers a meaningful alternative. It challenges the language of combat and the idea of the human body as a battleground, highlighting instead our mutual vulnerability and the strength of empathy. Illness, even when contagious, should not be seen only as something to guard against, but as a reminder of the need to foster care and solidarity. By moving away from a narrative of prohibition and fear, this approach invites us to rethink how we respond to illness – not through isolation or avoidance, but through a renewed commitment to connection and responsibility, where responsibility may mean choosing temporary distancing or wearing a mask when necessary to protect others. This shift reshapes how we relate to one another, opening the way to a richer understanding of what it truly means to care—for ourselves and for the communities we belong to.

#### 4. Conclusion

Illness, stripped of the metaphorical constructs built around it, remains conspicuously absent. It is absent because it confronts us with our vulnerability, with the reality that we

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<sup>36</sup> S. Sontag, *Aids and Its Metaphors*, cit., p. 96.

<sup>37</sup> See The Care Collective, *The Care Manifesto. The Politics of Interdependence*, New York (NY), Verso, 2022.

are all, in different ways, exposed to it. The language of “waging war” on illness is also a form of combat against those who suffer from it; it creates distance, reinforces detachment, and hinders an understanding of our shared vulnerability. This combative framing stands in stark contrast to another possible language: that of care. Though terms like emergency, battle, defense, and border protection defined the recent pandemic period, positioning us against a cunning, invisible enemy, perhaps an alternative narrative – a path left unexplored – was possible. Illness, stripped of its metaphors as Sontag envisioned it, could be the starting point for this unexplored path.

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