Spektrum Iran | Vol. 39 | Issue 1 | Winter & Spring 2026 | pp. 9-41 |

Original Research Paper

The body politic under the knife: A critical evaluation of medical–political metaphors in Iranian political discourse

Mohsen Karami[1*]

1 *Assistant Professor, Faculty of Religion and Media, IRIB University, Tehran, Iran*

Received: Oct. 7, 2025 **Accepted:** Dec. 19, 2025

Abstract

Political metaphors are not merely rhetorical embellishments but cognitive instruments that shape perception, structure judgment, and guide collective action. This article offers a philosophical examination of the epistemic, ethical, and socio-political implications of medical–political metaphors in political discourse. Drawing upon Conceptual Metaphor Theory, Critical Discourse Analysis, discourse ethics, and theories of epistemic injustice, the study argues that medicalized political language functions not simply as a descriptive device but as a mechanism that reorganizes political understanding through biologically derived schemas. The analysis proceeds in three stages. First, it reconstructs the conceptual architecture of five recurrent medical–political metaphors, demonstrating how political actors, institutions, and conflicts are mapped onto medical categories such as pathology, infection, surgery, and cancer. Second, it examines the epistemic consequences of these mappings, arguing that they simplify complex political phenomena, generate category mistakes, obscure agency and structural causality, narrow interpretive possibilities, encourage affective shortcuts in reasoning, and transfer the authority of scientific discourse into domains characterized by normative disagreement and political contingency. Third, it investigates their ethical and political consequences, showing how such metaphors can facilitate dehumanization, undermine mutual recognition, contribute to epistemic injustice, legitimize exclusionary practices, and normalize antagonistic identities and exceptional forms of governance. The article concludes that medical–political metaphors are not neutral instruments of political communication. By transforming political disagreement into pathology, they alter the epistemic and moral conditions underlying democratic judgment, public deliberation, and political pluralism. A critical examination of these metaphors is therefore indispensable for understanding the relationship between language, power, and democratic life.

Keywords: medical–political metaphors, conceptual metaphor theory, epistemic injustice, discourse ethics, political language, critical discourse analysis

* Corresponding Author ✉ mohsenkarami@iribu.ac.ir https://orcid.org/0000-0003-3669-1029

How to Cite this Article:

Karami, M. (2026). The body politic under the knife: A critical evaluation of medical–political metaphors in Iranian political discourse. *Spektrum Iran*, 39(1), 9-41.
https://doi.org/10.22034/spektrum.2026.535645.1037

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اشپکتروم ایران | دوره ۳۹ | شماره ۱ | زمستان و بهار ۲۰۲۶ | ۴۱-۹ |

مقاله پژوهشی

کالبد سیاسی روی میز جراحی: ارزیابی نقّادانه استعاره‌های پزشکی-سیاسی در گفتمان سیاسی ایران

محسن کرمی[1*]

۱ استادیار، دانشکده دین و رسانه، دانشگاه صدا و سیمای جمهوری اسلامی ایران، تهران، ایران

دریافت: ۱۴۰۴/۰۷/۱۵؛ **پذیرش:** ۱۴۰۴/۰۹/۲۹

چکیده:

استعاره‌های سیاسی صرفاً آرایه‌های بلاغی نیستند، بلکه ابزارهایی شناختی‌اند که ادراک را شکل می‌دهند، داوری را سامان می‌بخشند و کنش جمعی را هدایت می‌کنند. استعاره‌های پزشکی-سیاسی به دلیل تکیه بر مفاهیمی چون سلامت، بیماری، تشخیص و درمان، جایگاهی ویژه در تفسیر واقعیت‌های سیاسی دارند. این مقاله با رویکردی فلسفی، پیامدهای معرفتی، اخلاقی و اجتماعی-سیاسی این استعاره‌ها را با بهره‌گیری از نظریه استعاره مفهومی، تحلیل گفتمان انتقادی، اخلاق گفتمان و نظریه‌های بی‌عدالتی معرفتی بررسی می‌کند. پژوهش نشان می‌دهد که زبان پزشکی‌شده سیاست صرفاً ابزار توصیف نیست، بلکه فهم سیاسی را بر اساس الگوهای برخاسته از زیست‌شناسی بازسازمان‌دهی می‌کند. تحلیل در سه گام انجام می‌شود: نخست، معماری مفهومی پنج استعاره رایج پزشکی ـ سیاسی بازسازی شده و نحوه نگاشت کنشگران، نهادها و منازعات سیاسی بر مقولاتی مانند آسیب‌شناسی، عفونت، جراحی و سرطان بررسی می‌شود. سپس، پیامدهای معرفتی این نگاشت‌ها بررسی می‌گردد؛ از جمله ساده‌سازی پدیده‌های پیچیده سیاسی، ایجاد خلط مقوله‌ای، پنهان‌سازی عاملیت و علل ساختاری، محدودکردن افق‌های تفسیری، تشویق به میان‌بُرهای عاطفی در استدلال و انتقال ناموجه اقتدار گفتمان علمی به حوزه‌های مبتنی بر اختلاف هنجاری و اقتضائات سیاسی. در گام سوم، پیامدهای اخلاقی و سیاسی استعاره‌ها بررسی می‌شود که می‌توانند به انسانیت‌زدایی، تضعیف شناسایی متقابل، بی‌عدالتی معرفتی، مشروعیت‌بخشی به طرد و عادی‌سازی هویت‌های ستیزه‌جویانه و شیوه‌های استثنایی حکمرانی منجر شوند. مقاله نتیجه می‌گیرد که این استعاره‌ها ابزارهایی خنثی نیستند و با تبدیل اختلاف سیاسی به آسیب‌شناسی، شرایط معرفتی و اخلاقی داوری دموکراتیک، گفت‌وگوی عمومی و تکثرگرایی سیاسی را دگرگون می‌کنند. ازاین‌رو، واکاوی انتقادی آن‌ها برای فهم نسبت میان زبان، قدرت و حیات دموکراتیک ضروری است.

واژه‌های کلیدی: استعاره‌های پزشکی-سیاسی، نظریه استعاره مفهومی، بی‌عدالتی معرفتی، اخلاق گفتمان، زبان سیاسی، تحلیل گفتمان انتقادی

* نویسنده مسئول

https://orcid.org/0000-0003-3669-1029

mohsenkarami@iribu.ac.ir

https://doi.org/10.22034/spektrum.2026.535645.1037

Spektrum Iran | Jg. 39| Nr. 1| Winter und Frühling-2026| S. 9-41 |

Original-Forschungsarbeit

Der politische Körper unter dem Skalpell: Eine kritische Bewertung medizinisch-politischer Metaphern im politischen Diskurs Irans

Mohsen Karami[1*]

1 Assistenzprofessor, Fakultät für Religion und Medien, IRIB-Universität, Teheran, Iran

Eingegangen: 7. Oct. 2025 **Angenommen:** 19. Dez. 2025

Zusammenfassung:

Politische Metaphern sind kognitive Instrumente, die Wahrnehmung, Urteilsbildung und kollektives Handeln strukturieren. Besonders medizinisch-politische Metaphern greifen auf kulturell etablierte Vorstellungen von Gesundheit, Krankheit, Diagnose und Therapie zurück, um politische Wirklichkeiten zu interpretieren. Der Beitrag untersucht aus philosophischer Perspektive ihre erkenntnistheoretischen, ethischen und gesellschaftlich-politischen Implikationen. Auf Grundlage der Theorie der konzeptuellen Metapher, der Kritischen Diskursanalyse, der Diskursethik und der Theorien epistemischer Ungerechtigkeit werden fünf wiederkehrende medizinisch-politische Metaphern analysiert. Dabei zeigt sich, dass politische Akteure, Institutionen und Konflikte durch Kategorien wie Pathologie, Infektion, chirurgischer Eingriff und Krebs gedeutet werden. Diese Übertragungen können komplexe politische Zusammenhänge vereinfachen, strukturelle Ursachen und Handlungsmacht verschleiern sowie den Interpretationshorizont verengen. Zugleich können sie die Autorität wissenschaftlichen Wissens auf normative und politische Kontroversen übertragen, Entmenschlichung und epistemische Ungerechtigkeit fördern und exkludierende sowie außergewöhnliche Regierungspraktiken legitimieren. Der Beitrag zeigt, dass medizinisch-politische Metaphern keineswegs neutral sind. Indem sie politische Differenzen als pathologische Zustände darstellen, beeinflussen sie die epistemischen und moralischen Voraussetzungen demokratischer Urteilsbildung, öffentlicher Deliberation und politischen Pluralismus. Eine kritische Analyse dieser Metaphern ist daher zentral für das Verständnis des Verhältnisses von Sprache, Macht und demokratischem Leben.

Schlüsselwörter: medizinisch-politische Metaphern, Theorie der konzeptuellen Metapher, epistemische Ungerechtigkeit, Diskursethik, politische Sprache, Kritische Diskursanalyse

*Korrespondierender Autor ✉ mohsenkarami@iribu.ac.ir https://orcid.org/0000-0003-3669-1029

Wie dieser Artikel zu zitieren ist:

Karami, M. (2026). The body politic under the knife: A critical evaluation of medical–political metaphors in Iranian political discourse. *Spektrum Iran*, 39(1), 9-41.

https://doi.org/10.22034/spektrum.2026.535645.1037

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1. Introduction

Metaphor is not merely a rhetorical device but a cognitive and epistemic tool through which political actors frame, shape, and direct public reasoning. Far from being ornamental, metaphors perform critical work in structuring how political realities are understood, discussed, and acted upon. As Lakoff and Johnson (2003) have convincingly argued, metaphors are foundational to human thought—they provide conceptual scaffolding for making sense of complex and abstract domains such as governance, opposition, and social change. Metaphors can illuminate and clarify complex concepts, and they can articulate experiences or phenomena that resist straightforward, literal description. Yet, however valuable in these respects, metaphors can never serve as a substitute for argument. An epistemically illegitimate use of metaphor arises when it functions in place of reasoning—misleading audiences by fostering beliefs or eliciting emotions that incline them toward a particular stance or course of action without genuine deliberative engagement. This study is concerned specifically with such epistemically and ethically problematic deployments of medical–political metaphors.

Within this problematic category—metaphors that induce or reinforce belief through fallacious means, or that evoke emotions which compel unreflective alignment or action—our analysis narrows further to those with a negative orientation: metaphors intended to cultivate adverse beliefs or hostile emotions toward political opponents, rather than to inspire positive attitudes toward allies. It is true that metaphor can also be mobilized in the service of in-group affirmation—portraying one's own leaders as *Amir-e Kabir-e Irān* (*Amir Kabir*, the Grand Vizier of Iran), or *nāji-ye mellat* (The Nation's Redeemer), or *sotun-e kheime-ye enqelāb* (The Central Pillar Holding Up the Revolution); a political group as *shajare-ye tayyebeh* (The Pure and Blessed Tree); or a military organization as *bāzū-ye qodratmand-e mellat va nezām* (The Strong Arm of the Nation and the State). Such framings generate positive affect and belief toward one's own side. However, the present inquiry focuses on the second, more corrosive use—metaphors that delegitimize or demonize adversaries—because, in the contemporary political landscape, and particularly in semi-authoritarian contexts such as that of Iran, these have proven especially effective in legitimating exclusionary, coercive, and repressive political measures.

In political discourse, metaphorical framings serve not only to make political phenomena intelligible but also to encode affective and moral evaluations within ostensibly neutral language. Through metaphor, dissent can be rendered pathological, reform can be recast as surgical amputation, and negotiation can be dismissed as appeasement. In this way, metaphors operate as what Charteris-Black (2005) calls rhetorical mechanisms of legitimation—they make certain interpretations appear natural while marginalizing others. Crucially, such framings are not ideologically innocent; they channel cognitive and emotional responses in ways that privilege some courses of action over others, often without overtly engaging in argumentation (Musolff, 2016).

Over recent decades, Iranian political discourse—especially as shaped by state-affiliated and partisan media—has employed a wide array of metaphorical systems to frame political actors, movements, and events. Among the most influential of these metaphorical domains are the following:

1. **Religious–Political Metaphors:** Political adversaries are depicted as *kuffār* (infidels), *munāfiqīn* (hypocrites), or agents of *fitna* (sedition). This metaphorical system pits *Hezbollah* (the Party of God) against *Hezb al-Shayṭān* (the Party of Satan), constructing politics as a cosmic struggle between good and evil.

2. **Medical–Political Metaphors:** Opposition figures are likened to diseased organs that must be amputated, rotten teeth to be pulled, or infections threatening the body politic. Economic crises are cast as cancers or cancerous glands requiring painful surgical remedies.

3. **Architectural–Political Metaphors:** The political system is portrayed as a crumbling house that cannot be repaired and must be demolished entirely, thereby delegitimizing reformist approaches and reinforcing revolutionary narratives.

4. **Value-Laden–Political Metaphors:** Opponents are referred to using dehumanizing terms such as *bozghāle* (kid goat), *gūsāle* (calf), *khas-o-khāshāk* (chaff), or *tofāle* (dregs), stripping them of political legitimacy and moral worth.

5. **Artistic–Political Metaphors:** Political decisions are described as scripts, scenarios, or performances, implying artificiality and manipulation, while politicians are seen as actors in a theatrical production.

6. **Familial–Political Metaphors:** The leader state described as the compassionate father of the nation, and citizens as ungrateful disobedient children, framing political loyalty in moral and emotional terms rooted in familial duty and honor.

7. **Historical–Political Metaphors:** Political actors are likened to Hitler or Genghis Khan; treaties are framed as *Turkmenchay*-style capitulations, evoking historical trauma and national humiliation.

Each of these metaphorical categories deserves close scholarly scrutiny, as they shape not only public perception but also institutional responses and policy directions. However, in this article, we focus on a single, especially pervasive and consequential metaphorical system: medical–political metaphors.

Medical–political metaphors wield immense rhetorical power because they evoke urgency, legitimacy, and scientific authority. By conceptualizing political dissent as a disease or contamination, such metaphors obscure the normative and deliberative dimensions of politics. They reframe complex, plural, and value-laden political disagreements as pathological deviations that must be corrected, suppressed, or surgically removed. In doing so, they depoliticize political conflict and legitimate repressive interventions as acts of social hygiene or curative care. This mechanism aligns with Entman's (1993) framing theory: the selection of certain aspects of reality and their elevation to "problem" status through metaphoric coding not only diagnoses the issue but also prescribes and morally justifies the remedy.

This article advances a threefold philosophical argument. First, we contend that medical–political metaphors, while rhetorically compelling, are epistemically flawed: they reduce political complexity to biological simplifications and misclassify normative contestation as clinical dysfunction. Second, we argue that these metaphors are ethically problematic: they instrumentalize public fear, dehumanize dissent, and violate principles of democratic inclusion and respect (Fricker, 2007). Third, we show that such metaphors carry significant sociopolitical risks, including the erosion of civic trust, the legitimation of coercive governance, and the marginalization of alternative voices.

The present study situates these concerns within a broader philosophical inquiry into the role of metaphor in political reasoning.

While the analysis draws illustrative examples from Persian-language political and media discourse—where medical metaphors have been particularly salient—it does not claim to offer an exhaustive empirical survey of any specific national corpus between fixed dates. Rather, the Iranian context serves as a rich and instructive case through which to explore more general philosophical questions about the epistemic and ethical status of medicalized political language. By examining how metaphor operates at the intersection of language, cognition, emotion, and power, this study aims to contribute to ongoing conversations in political philosophy, discourse ethics, and the philosophy of language.

To guide the inquiry, this article addresses the following central philosophical questions:

1. How do medical–political metaphors function as cognitive mappings that distort the understanding of political phenomena and substitute for genuine argumentation?

2. In what ways do these metaphors generate epistemic injustices and violations of communicative rationality in political discourse?

3. What are the ethical implications of such metaphors for democratic norms, political pluralism, and the moral recognition of the other?

By pursuing these questions through a sustained critical-interpretive analysis, the paper seeks not merely to catalog metaphorical patterns but to illuminate the deeper philosophical stakes of how politics is imagined, narrated, and enacted through medical imagery—and to assess the risks that medicalized political rhetoric poses to the conditions of possibility for democratic deliberation and epistemic trust.

2. Theoretical and Methodological Framework

2.1. Literature Review

Internationally, foundational works such as Lakoff and Johnson's (2003) *Metaphors We Live By* established metaphors as conceptual mappings that structure abstract domains like politics through concrete source domains, including medicine. In this vein, Charteris-Black (2005) elucidates how medical metaphors legitimize radical interventions by framing opposition as pathological threats, evoking urgency and scientific authority to naturalize coercive actions. Musolff (2016) extends this by examining historical

precedents, such as the Nazi regime's use of "cancer" analogies, demonstrating how such framings reduce political plurality to biological binaries, thereby eroding deliberative space. Semino (2008) and Flusberg, Matlock, and Thibodeau (2018) further highlight the cognitive simplifications induced by these metaphors, where complex socio-political phenomena are recast as diseases, prompting punitive rather than dialogic responses. Hauser and Schwarz (2015) empirically show that exposure to "cancer" framings in media increases public support for authoritarian measures, illustrating the affective potency of metaphors in manipulating moral intuitions (Haidt, 2001). These studies collectively warn of the epistemic pitfalls: metaphors that masquerade as neutral descriptors while imposing rigid frames that obscure agency, causality, and normative contestation.

In media and political discourse, van Dijk (1998) and Wodak and Meyer (2016) emphasize the role of such metaphors in normalizing ideological assumptions, particularly in semi-authoritarian contexts where they serve to depoliticize conflict and justify repression. Nerlich (2010) notes the perceived neutrality of medical language, which masks its ideological load, while Thibodeau and Boroditsky (2011) demonstrate through experiments how metaphorical framing alters problem-solving preferences, with illness metaphors favoring elimination over negotiation.

Turning to Persian-language studies, which provide a crucial regional lens, research has increasingly interrogated metaphors in Iranian political and media discourse. For instance, Sharifian, Firouzian, and Firouzian (2012) analyze the metaphorical role of body parts in political texts from Persian newspapers in Iran, revealing how somatic metaphors construct ideological narratives that delegitimize adversaries. Similarly, Behzan Ayinevand (2014) conducts a cognitive-critical analysis of metaphors in newspaper headlines, arguing that they function as tools for ideological manipulation in Iran's political landscape. More recent contributions include Imani's (2021) analysis of the "Corona War" metaphor in Iranian political speeches and media during the pandemic, which underscores metaphors' dual role in legitimation and perception-shaping. Khosravi Nik (2015) examines self-other representations in Iranian political discourse since 1979, incorporating metaphorical systems that pathologize opposition. Additionally, Rabiee Kahandani (2023) explores how metaphors of health and disease in party rhetoric reinforce hegemonic ideologies, and Ansarian and Davari Ardakani (2022) integrate conceptual metaphor theory with critical discourse analysis to evaluate blended metaphors in political cartoons.

These Persian-language studies, while insightful, often remain predominantly descriptive, with limited integration of deeper epistemic critique (Fricker, 2007) or normative discourse ethics (Habermas, 1984). The present research addresses this gap by offering a sustained philosophical-interpretive critique of medical-political metaphors, emphasizing their epistemic distortions and ethical violations. It situates these metaphors within a broader philosophical conversation rather than limiting itself to a regionally bounded empirical description.

2.2. Analytical Framework

This study integrates three interlocking philosophical perspectives to dissect medical-political metaphors as mechanisms of cognitive structuring, affective mobilization, and normative exclusion. First, Conceptual Metaphor Theory (CMT) posits metaphors as cognitive mappings from a source domain (e.g., medicine) to a target domain (e.g., politics), revealing how they impose narrative logics—such as diagnosis leading inexorably to excision—that simplify political realities and foreclose alternatives (Lakoff & Johnson, 2003; Kövecses, 2010). Philosophically, this underscores metaphors' ontological force: they do not merely describe but constitute the political world, echoing Wittgenstein's insight that language games delimit what can be thought.

Second, Critical Discourse Analysis (CDA), augmented by framing theory, examines how metaphors encode power relations, selecting and elevating certain interpretations while marginalizing others (Entman, 1993; van Dijk, 1998; Wodak & Meyer, 2016). In semi-authoritarian contexts, these framings can depoliticize dissent, transforming normative debates into technical imperatives—a process akin to Heidegger's notion of enframing (*Gestell*) where phenomena are reduced to calculable resources for intervention.

Third, an epistemic-ethical critique draws on Fricker's (2007) concept of epistemic injustice, Habermas's (1984) discourse ethics, and Haidt's (2001) moral psychology to evaluate the harms of such metaphors. They may perpetrate testimonial injustice by dismissing dissenters as irrational "patients," violate communicative rationality by substituting emotional coercion for deliberation, and exploit moral emotions like disgust to justify exclusion. This tripartite lens philosophically interrogates metaphors as ethical practices, demanding accountability for their role in eroding democratic intersubjectivity and the conditions of possibility for genuine political dialogue.

2.3. Methodology

This study employs a philosophical-interpretive methodology grounded in the integration of Conceptual Metaphor Theory, critical discourse analysis, and normative philosophical inquiry. Rather than pursuing exhaustive empirical sampling or quantitative content analysis, the approach is qualitative and paradigmatic: it selects five prominent medical–political metaphors that recur with conceptual clarity and rhetorical potency in contemporary political discourse. These metaphors serve as illustrative cases chosen for their capacity to reveal deeper epistemic and ethical structures, rather than as a representative statistical sample of any particular media corpus.

The analysis proceeds through close philosophical reading of each metaphorical schema, examining its cognitive mappings (per CMT), its framing effects and power implications (per CDA and framing theory), and its normative consequences for epistemic justice, moral recognition, and democratic deliberation. This interpretive method allows for a sustained critical engagement with the philosophical implications of medicalized political language, drawing on illustrative examples from Persian-language political discourse where such metaphors have been especially salient, while maintaining a broader theoretical scope. The goal is not methodological reproducibility in the empirical sense, but philosophical rigor and depth of insight into the ways language shapes political thought and action.

3. Conceptual Reconstruction of Medical–Political Metaphors

Before evaluating the epistemic, ethical, and political consequences of medical–political metaphors, it is necessary to clarify the conceptual structures that make these metaphors intelligible and rhetorically powerful in the first place. Following Conceptual Metaphor Theory (Lakoff & Johnson, 2003; Kövecses, 2010), metaphors are understood not merely as linguistic ornaments but as cognitive mappings through which one domain of experience is interpreted in terms of another. In the case of medical–political metaphors, concepts and scenarios drawn from medicine, anatomy, surgery, pathology, and disease are projected onto political realities. Through this process, political actors, institutions, conflicts, and crises become understandable within frameworks originally developed for interpreting bodily health and illness.

The significance of these metaphors lies not only in isolated linguistic expressions but also in the broader conceptual scenarios they activate. As Musolff (2016) argues, political metaphors often function through recurring narrative structures that provide ready-made patterns of interpretation. Once a political phenomenon is situated within a medical scenario, a series of associated expectations, assumptions, and inferential pathways are activated. Diagnosis implies treatment; infection implies containment; disease implies cure; degeneration implies intervention. In this way, medical metaphors do not merely describe political realities but organize them into coherent cognitive narratives.

The purpose of the present section is therefore descriptive and reconstructive rather than evaluative. Rather than assessing whether these metaphors are epistemically justified or ethically legitimate, the analysis seeks to identify the conceptual mappings and inferential structures that underlie their operation. Five recurrent medical–political metaphors are examined as paradigmatic examples. Together they illustrate how political realities can be reimagined through the conceptual vocabulary of bodily disorder, therapeutic intervention, contamination, and pathology.

3.1. "The Loose Tooth Must Be Extracted and Discarded"

This metaphor draws upon the familiar experience of dental deterioration and translates it into a framework for understanding political instability. Within the source domain of dentistry, a loose tooth is perceived as an element that has become detached from its proper place within the body. It no longer performs its intended function effectively and often produces discomfort or irritation. The ordinary response to such a condition is extraction. Removal appears not as an extraordinary act but as the natural culmination of a process already underway. Once the problematic tooth is removed, the expectation is that discomfort will disappear and normal functioning will be restored.

When this scenario is projected onto the political domain, political actors, institutions, or social groups may be conceptualized as the equivalent of a loose tooth within the body politic. The metaphor establishes a correspondence between bodily instability and political disturbance. Just as the loose tooth appears detached from the healthy functioning of the mouth, the political actor represented through this metaphor appears detached from the proper functioning of the political order. The resulting disturbance is interpreted not as a manifestation of broader structural tensions but as the consequence of a localized anomaly.

The conceptual structure of the metaphor follows a recognizable narrative sequence: instability produces discomfort; discomfort necessitates intervention; intervention culminates in removal; removal restores equilibrium. Because this sequence is already deeply familiar from everyday bodily experience, it provides a ready-made interpretive framework for understanding political events. Political disorder is thus organized according to a model of maintenance and repair rather than one of negotiation, transformation, or systemic adaptation.

At a deeper conceptual level, the metaphor presupposes an image of the political community as an integrated organism composed of functionally coordinated parts. Stability is associated with proper integration, while instability is associated with detachment or dysfunction. The metaphor therefore translates political complexity into a scenario derived from bodily maintenance, allowing political problems to be interpreted through the logic of correction and restoration.

3.2. "The Corrupt Organ Must Be Cut Off"

The metaphor of the corrupt organ derives from the source domain of anatomy and surgery. Within medical understanding, organs are functional components of a larger biological system. Each organ contributes to the overall well-being of the organism, and the failure of one organ can threaten the health of the whole. In certain medical situations, severe damage or disease may lead physicians to recommend surgical removal in order to preserve the remaining body.

When transferred to the political sphere, this medical scenario establishes an analogy between the body and the political system. Political institutions, organizations, or individuals become conceptualized as organs within a larger social organism. Corruption is represented as a form of pathological deterioration that compromises the functioning of the broader political body. The central image is therefore not one of external attack but of internal malfunction.

The metaphor introduces a clear inferential structure. First, a problematic element is identified. Second, the source of dysfunction is localized within a specific part of the system. Third, intervention is directed toward that particular component. Finally, the removal of the problematic element is expected to restore the integrity of the whole. This sequence closely mirrors the logic of surgical intervention, in which diagnosis is followed by excision and ultimately by recovery.

The conceptual significance of this metaphor lies in its emphasis on bounded dysfunction. Rather than portraying corruption as a diffuse or systemic condition, it organizes political understanding around the image of a specific diseased component. The political system itself remains conceptually distinguishable from the source of corruption. Consequently, attention is directed toward identifying and isolating particular loci of dysfunction within the larger structure.

The metaphor therefore provides a framework through which political disorder can be understood as a problem of internal pathology requiring corrective intervention. By drawing upon the familiar logic of anatomy and surgery, it offers a coherent model for interpreting relationships between parts and wholes within political systems.

3.3. "The Economy Needs Surgery, and Surgery Naturally Involves Bleeding and Pain"

Unlike the previous metaphors, which focus on political actors or institutions, this metaphor applies medical reasoning to economic processes. Its source domain is surgery, a form of therapeutic intervention that seeks to restore health through invasive treatment. Surgical procedures are commonly associated with discomfort, risk, temporary suffering, and prolonged recovery. Nevertheless, these negative experiences are generally understood as integral parts of a broader healing process.

When projected onto the target domain of economic policy, the metaphor conceptualizes economic crises, inefficiencies, or structural imbalances as conditions analogous to bodily illness. Policymakers assume the role of surgeons, while economic reforms correspond to surgical procedures. Economic hardships, such as inflation, unemployment, austerity measures, or market disruptions, become equivalent to the pain and bleeding associated with medical intervention.

The conceptual scenario activated by the metaphor unfolds according to a familiar sequence. A condition is diagnosed; intervention becomes necessary; intervention produces discomfort; recovery follows successful treatment. The expectation of eventual improvement is embedded within the structure of the scenario itself. Temporary suffering is interpreted not as evidence of failure but as a predictable stage within a larger process of restoration.

From a cognitive perspective, the metaphor enables complex economic phenomena to be understood through bodily experience. Economic systems, which are often abstract and difficult to visualize, become comprehensible through a concrete narrative of illness and healing. The metaphor thereby provides a structured framework for interpreting periods of economic change and uncertainty.

More broadly, the metaphor contributes to a long-standing conceptual tradition in which societies, states, and economies are understood through analogies with living organisms. Economic disruption is translated into bodily dysfunction, while policy intervention becomes analogous to therapeutic treatment. In this way, economic transformation is situated within a familiar medical narrative of diagnosis, intervention, and recovery.

3.4. "The Infected Cell Must Be Removed from the Body and Even Eradicated"

This metaphor draws upon concepts from microbiology, immunology, and cellular pathology. Within the source domain, infected cells represent localized sites of contamination that possess the potential to spread damage throughout the organism. Because infection may expand beyond its original location, medical responses often focus not only on treating existing damage but also on preventing future transmission.

When applied to politics, the metaphor conceptualizes political opposition, dissenting movements, or disruptive actors through the image of cellular infection. The political community is represented as a living organism whose integrity depends upon protection from contamination. Opposition is understood not simply as an isolated occurrence but as a potentially expanding phenomenon capable of influencing other parts of the social body.

The inferential structure of the metaphor is shaped by a containment model. First, contamination is detected. Second, its location is identified. Third, measures are undertaken to contain its spread. Finally, the infected element is removed or eliminated in order to preserve the integrity of the larger organism. These steps closely resemble standard medical responses to infectious disease.

Unlike the loose-tooth metaphor, which emphasizes localized instability, the infected-cell metaphor foregrounds the possibility of

transmission and expansion. The significance of the problematic element lies not only in its present condition but also in its anticipated future effects. Consequently, attention shifts from immediate dysfunction to potential proliferation.

At a conceptual level, the metaphor organizes political understanding through biological models of contagion and immunity. Political relations are interpreted through categories originally developed for understanding bodily defense mechanisms. The resulting cognitive framework emphasizes boundaries, protection, detection, and containment as central dimensions of political order.

3.5. "Corruption Is the Cancer That Has Infected the Entire Political System and Cannot Be Cured"

Among medical–political metaphors, cancer metaphors possess a particularly elaborate conceptual structure. The source domain is oncology, where cancer is understood as a condition characterized by uncontrolled growth, progressive expansion, and systemic penetration. Unlike localized infections or isolated injuries, cancer often signifies a process that gradually extends throughout the organism and becomes increasingly difficult to reverse.

When mapped onto political realities, the metaphor conceptualizes corruption as a pervasive and expanding condition affecting the entire political system. The political order is represented as a living body whose internal structures have become compromised by malignant growth. Corruption is no longer confined to a specific institution or actor; instead, it is understood as a phenomenon capable of spreading across multiple dimensions of political life.

The scenario activated by the metaphor differs significantly from those discussed previously. Rather than focusing primarily on intervention and recovery, it emphasizes progression and deterioration. The conceptual sequence begins with emergence, continues through expansion and systemic penetration, and culminates in the image of terminal decline. The central concern is not localized dysfunction but comprehensive degeneration.

The metaphor thereby provides a framework for understanding political corruption in terms of scale, depth, and persistence. Through the cancer analogy, corruption becomes intelligible as a phenomenon that

penetrates institutions, reproduces itself across interconnected structures, and gradually undermines the functioning of the whole system.

From the perspective of Conceptual Metaphor Theory, this metaphor illustrates how complex political realities can be organized through highly developed medical schemas. The language of oncology provides a narrative structure that links growth, spread, deterioration, and systemic transformation into a coherent conceptual model. Political corruption is thus interpreted not merely as misconduct or administrative failure but as a condition affecting the entire organism of political life.

The foregoing reconstruction has clarified the conceptual mappings that underlie medical–political metaphors. By projecting medical schemas onto political realities, these metaphors generate coherent interpretive scenarios through which political phenomena become intelligible. The next section examines the epistemic consequences of these metaphorical constructions.

4. Epistemic Pitfalls of Medical–Political Metaphors

The previous section reconstructed the conceptual architecture of medical–political metaphors and identified the cognitive mappings through which political realities are interpreted in medical terms. The present section moves from description to epistemic evaluation and examines how those metaphorical mappings may distort political understanding. While metaphors are indispensable cognitive tools that enable individuals to comprehend abstract and complex phenomena, they are not epistemically neutral. Every metaphor highlights certain aspects of reality while obscuring others. Consequently, metaphorical reasoning can facilitate understanding, but it can also introduce distortions, oversimplifications, and inferential errors.

Medical–political metaphors are particularly significant in this regard because they import highly structured medical schemas into domains characterized by complexity, normativity, contingency, and human agency. Political phenomena are fundamentally different from biological processes. Yet when politics is interpreted through medical frameworks, concepts originally designed for understanding bodily illness become organizing principles for understanding social and political realities. The result is not merely a change in language but a transformation in the way political phenomena are cognitively represented and evaluated.

This chapter argues that medical–political metaphors generate a series of epistemic distortions. These include the simplification of complex realities, category mistakes, the obscuring of agency and causality, the narrowing of interpretive possibilities, the activation of affective shortcuts in reasoning, and the illegitimate transfer of scientific authority into domains where scientific certainty is unavailable. Each of these distortions weakens the quality of political understanding and reduces the capacity for critical reflection.

4.1. Simplification of Complex Phenomena

One of the most significant epistemic limitations of medical–political metaphors is their tendency to simplify highly complex realities. Political phenomena are characterized by multiple interacting variables, competing interpretations, historical contingencies, institutional arrangements, and normative disagreements. In contrast, medical models often operate through comparatively linear causal structures involving diagnosis, pathology, treatment, and recovery.

When political problems are represented through medical metaphors, this complexity is frequently compressed into a simplified narrative structure. Economic crises become diseases, corruption becomes cancer, and political conflict becomes infection. Such metaphorical transformations provide cognitive accessibility, but they do so at the cost of explanatory depth. Multiple causal factors are reduced to a single pathological condition, and diverse political responses become subsumed under a single therapeutic framework.

From an epistemological perspective, simplification is not inherently problematic. All models simplify reality to some extent. However, simplification becomes epistemically problematic when it obscures dimensions of reality that are essential for adequate understanding. Medical–political metaphors often encourage precisely this form of reduction. By organizing political reality around a pathology-treatment schema, they compress complex networks of causes, interests, institutions, and historical developments into a single explanatory image.

As Lakoff and Johnson (2003) emphasize, metaphors simultaneously reveal and conceal. The explanatory power of medical metaphors therefore derives partly from their ability to foreground certain aspects of political reality while backgrounding others. The epistemic concern is that

the hidden elements may be precisely those required for a fuller and more accurate understanding of political phenomena.

4.2. Category Mistakes and Conceptual Misclassification

A second epistemic problem arises from the transfer of concepts across fundamentally different ontological domains. Political phenomena belong to the realm of social interaction, normative judgment, institutional organization, and collective agency. Medical phenomena belong to the realm of biological processes, physiological mechanisms, and bodily dysfunction.

Medical–political metaphors establish conceptual bridges between these domains. Such mappings can be illuminating when used heuristically. However, they also risk generating category mistakes by encouraging the treatment of political realities as though they possessed the essential properties of biological phenomena.

Political disagreement, for example, differs fundamentally from biological infection. Corruption differs from cancer. Economic policy differs from surgical intervention. Yet metaphorical mappings often encourage inferences that blur these distinctions. Characteristics belonging to one conceptual domain are implicitly projected onto another domain without sufficient justification.

Kövecses (2010) notes that metaphorical mappings generate entailments that extend beyond the original comparison itself. Once a political phenomenon has been categorized through a medical framework, further assumptions associated with that framework become available for inference. Consequently, conceptual distinctions that ought to remain clear may become blurred.

The epistemic issue is not that metaphorical comparison is impossible or illegitimate. Rather, the problem emerges when metaphorical correspondence is mistaken for conceptual identity. At that point, the metaphor ceases to function as a heuristic device and begins to shape understanding in ways that obscure the fundamental differences between biological and political realities.

4.3. Obscuring Agency and Structural Causality

Medical–political metaphors frequently alter the way causality is understood. In medical discourse, diseases often appear as conditions that

emerge, spread, and develop according to biological mechanisms. Although human actions may influence such processes, the primary explanatory framework remains physiological.

When these explanatory models are transferred to political phenomena, they can obscure the role of human agency and institutional causation. Political developments frequently result from decisions, policies, strategic actions, social structures, historical trajectories, and collective choices. Yet medical metaphors often recast such developments as quasi-natural processes analogous to the progression of illness.

This shift has important epistemic consequences. Explanatory attention moves away from intentional actors and institutional mechanisms and toward abstract pathological conditions. Political outcomes become associated with symptoms rather than with the complex interactions that produced them.

Moreover, medical metaphors tend to foreground visible manifestations while backgrounding underlying structural dynamics. The immediate phenomenon becomes the primary object of attention, while broader causal networks receive comparatively little scrutiny. As a result, explanation risks becoming symptom-centered rather than causally comprehensive.

From the standpoint of epistemology, adequate understanding requires attention not merely to observable outcomes but also to the processes, structures, and agents responsible for producing them. To the extent that medical metaphors redirect attention away from such factors, they may weaken causal understanding and encourage incomplete explanations.

4.4. Cognitive Closure and Framing Rigidity

A further epistemic concern involves the tendency of medical metaphors to generate rigid interpretive frameworks. Every metaphor establishes a frame through which information is selected, organized, and interpreted. Once a frame becomes dominant, alternative modes of understanding may become more difficult to access.

Medical metaphors are especially powerful framing devices because they activate highly coherent narrative structures. Illness implies diagnosis; diagnosis implies treatment; treatment implies recovery. These relationships form a tightly integrated cognitive network that guides interpretation in predictable ways.

The epistemic difficulty emerges when the metaphorical frame becomes sufficiently dominant that competing explanations are neglected or dismissed. Alternative conceptualizations may receive less consideration not because they are weaker explanations but because the medical frame has already structured perception and reasoning.

Framing rigidity reduces interpretive flexibility. Instead of encouraging multiple explanatory possibilities, it channels reasoning along a predetermined path. Political phenomena become understandable primarily through categories already supplied by the metaphor. Consequently, the range of conceptual alternatives available to inquiry may narrow.

An epistemically healthy environment requires openness to competing interpretations, conceptual revision, and alternative explanatory frameworks. To the extent that medical metaphors encourage the premature stabilization of a single interpretive model, they risk producing a form of cognitive closure that limits inquiry rather than expanding it.

4.5. Emotional Contagion and Affective Shortcuts in Reasoning

Medical metaphors are not merely conceptual structures; they are also affectively charged cognitive instruments. Terms such as cancer, infection, contamination, disease, and surgery carry strong emotional associations derived from personal experience, cultural narratives, and collective memory.

These emotional associations influence cognition. Contemporary research in cognitive psychology demonstrates that emotional responses frequently shape judgment, attention, and inference (Kahneman, 2011). Consequently, the use of emotionally charged metaphors can affect how information is processed and evaluated.

The concern here is epistemic rather than moral. The issue is not whether particular emotions are ethically justified but whether emotional activation alters the quality of reasoning itself. When a metaphor triggers strong affective responses, attention may become concentrated on emotionally salient features while alternative considerations receive less scrutiny.

Medical metaphors often facilitate rapid intuitive judgments by activating familiar emotional schemas. Such judgments can be cognitively efficient, but efficiency is not equivalent to accuracy. Emotional salience

may increase confidence in a particular interpretation without increasing its evidential support.

This phenomenon is especially significant because metaphors often operate below the level of explicit argumentation. Rather than presenting reasons, they activate associations. Consequently, emotional responses may influence conclusions before those conclusions have been subjected to critical examination.

From an epistemic perspective, the problem is not emotion itself. Emotions can contribute to understanding in important ways. The concern is the substitution of affective immediacy for reflective evaluation. When metaphorically induced emotions become shortcuts for reasoning, understanding may become less responsive to evidence and more dependent upon intuitive reactions.

4.6. The Illegitimate Transfer of Scientific Authority

Perhaps the most subtle epistemic danger associated with medical–political metaphors is their capacity to transfer the prestige and authority of scientific knowledge into domains that differ fundamentally from scientific inquiry.

Medicine occupies a unique position in modern societies. It is associated with expertise, empirical evidence, technical competence, and practical effectiveness. Medical judgments often command high levels of public trust because they are grounded in specialized knowledge and systematic investigation.

When political issues are framed through medical language, some of this epistemic authority may be implicitly transferred to the political domain. Political interpretations begin to appear as though they possess the same degree of objectivity, certainty, and technical necessity that characterizes medical diagnosis.

Yet political questions differ fundamentally from medical questions. They involve competing values, conflicting priorities, normative judgments, and alternative visions of collective life. Such matters rarely admit the kind of empirical resolution associated with clinical medicine.

The epistemic problem therefore lies in the possibility of confusing metaphorical resemblance with evidential warrant. Because a political situation is described through medical terminology, it may appear more

scientifically grounded than it actually is. The metaphor creates an impression of expertise without necessarily providing additional evidence.

Musolff (2016) observes that political metaphors often function as cognitive shortcuts that naturalize particular interpretations. Medical metaphors are particularly effective in this respect because they draw upon one of the most authoritative knowledge systems available in contemporary culture. The resulting transfer of credibility may encourage acceptance of interpretations that have not undergone the same level of evidential scrutiny that scientific claims ordinarily require.

The analysis presented in this chapter has shifted the discussion from conceptual reconstruction to epistemic evaluation. While medical–political metaphors provide powerful cognitive tools for understanding abstract political realities, they also introduce a series of epistemic risks. By simplifying complex phenomena, generating category mistakes, obscuring agency and causality, narrowing interpretive possibilities, activating affective shortcuts, and transferring scientific authority into non-scientific domains, these metaphors can distort political understanding in subtle but significant ways.

Importantly, these concerns are epistemic rather than ethical. The argument advanced here is not that medical–political metaphors are morally objectionable or politically harmful, but rather that they may impair the quality of understanding and reasoning through which political realities are interpreted. Having examined these epistemic limitations, the discussion can now proceed to a distinct but related level of analysis. The next chapter investigates the ethical implications of medical–political metaphors and evaluates their consequences for moral recognition, respect, and normative responsibility in political discourse.

5. Ethical Violations of Medical–Political Metaphors

Whereas the previous section examined the epistemic shortcomings of medical–political metaphors, the present section turns to their normative and ethical implications. The concern here is not whether such metaphors accurately represent political reality, but whether they respect the moral status of persons, preserve conditions of mutual recognition, and remain compatible with the ethical requirements of democratic coexistence. From

the perspective of discourse ethics, political morality, and theories of recognition, medicalized political language raises serious concerns because it tends to transform political opponents into objects of treatment rather than subjects of moral consideration.

Medical–political metaphors are ethically significant because they do not merely describe political actors differently; they reposition them within a moral economy of worth, vulnerability, and legitimacy. When political opposition is framed through categories such as "infection," "tumor," or "disease," the ethical grammar of political engagement is altered: disagreement ceases to be a form of rational contestation and becomes a symptom of pathological deviation. This shift has profound implications for moral perception, recognition, and responsibility.

5-1. Moral Devaluation and Dehumanization

Medical–political metaphors frequently produce a form of moral devaluation in which political opponents are no longer recognized as full moral persons. Instead, they are conceptualized as pathological entities within a larger "body politic." When dissenters are described as "viruses," "cancerous cells," or "diseased organs," they are implicitly stripped of those properties that ground moral respect—autonomy, dignity, and rational agency.

From a Kantian perspective, this transformation is ethically significant because it undermines the requirement to treat persons as ends in themselves. Once individuals are redescribed as pathological objects, the moral obligation to engage with them as autonomous agents is weakened or suspended. In such cases, ethical regard is replaced by a logic of containment and elimination.

Similarly, Iris Marion Young's account of cultural imperialism helps illuminate how such metaphors establish hierarchies of moral worth by defining certain forms of political existence as deviant rather than legitimate. Miranda Fricker's notion of recognition-related harms further clarifies how this process can occur prior to any explicit interaction: credibility and moral standing are pre-emptively undermined by the very terms of description.

5-2. Instrumentalization of Human Beings

A second ethical concern arises from the instrumentalization of individuals through the metaphor of the political body. In this framework,

society is construed as a biological organism whose health must be preserved, and individuals are implicitly assigned functional roles within that organism.

Political opponents, in particular, are reconfigured as defective components whose value is determined solely in relation to systemic stability. The ethical risk here lies in the reduction of persons to functional means: they are no longer treated as independent centers of moral value but as elements whose justification depends on their contribution to collective "health."

This logic stands in tension with Kantian ethics, which insists that persons must always be treated as ends in themselves. It also raises concerns within discourse ethics, where Habermas emphasizes that legitimate political order depends on communicative relations among equal participants rather than hierarchical relations of management and treatment.

The metaphor of "political surgery," for instance, implicitly legitimizes harm to individuals by framing it as necessary for the survival of the whole. Yet from an ethical standpoint, the mere appeal to collective well-being cannot by itself justify the suspension of individual moral status.

5-3. Epistemic Injustice as an Ethical Harm

Although epistemic exclusion was analyzed in the previous section from a cognitive standpoint, it also has a distinct ethical dimension. When medical–political metaphors are employed, dissenting voices are often pre-emptively categorized as symptoms rather than interlocutors. This categorization undermines the moral conditions of communicative equality.

In Miranda Fricker's terms, such processes constitute a form of testimonial injustice insofar as speakers are denied the status of credible moral agents before their claims are even considered. The ethical harm lies not only in misrepresentation but in the structural denial of participation in moral dialogue.

What is ethically significant here is that the exclusion occurs at the level of moral recognition. Individuals are not simply disagreed with; they are repositioned outside the space of meaningful moral address. This transformation undermines the possibility of reciprocal ethical engagement, which is a necessary condition for any form of democratic morality.

5-4. Manipulation of Moral Emotions

Medical–political metaphors also raise ethical concerns insofar as they strategically mobilize moral emotions in ways that bypass reflective judgment. Emotions such as fear, disgust, and anxiety are not ethically problematic in themselves; rather, the concern arises when they are deliberately structured to predetermine moral conclusions.

For example, framing political dissent as "infection" or "contagion" activates deeply rooted affective responses associated with bodily threat and impurity. These responses can then be redirected toward political targets, thereby short-circuiting deliberative moral evaluation.

From the perspective of moral psychology (Haidt), such processes illustrate how intuitive emotional responses can precede and shape moral reasoning. The ethical issue is not emotionality itself, but the instrumentalization of emotion in ways that restrict the autonomy of moral judgment. When affective reactions are engineered through metaphorical framing, the conditions for free and reflective moral assessment are weakened.

5-5. Erosion of Mutual Recognition

A further ethical consequence of medical–political metaphors is the erosion of mutual recognition. Ethical and political life presupposes that individuals recognize one another as legitimate participants in a shared normative space. This recognition is not merely cognitive but moral: it involves acknowledging the other as a subject capable of reason, justification, and participation in collective life.

Within a Hegelian and post-Hegelian framework (Taylor, Habermas), recognition is a constitutive condition of ethical community. Medicalized metaphors disrupt this condition by reclassifying the other not as a participant but as a pathological object.

Once political opponents are conceptualized as diseased entities, the relational symmetry required for recognition collapses. The other is no longer addressed as a "you" within a shared normative world but as an "it" to be managed. This shift has profound ethical implications, as it undermines the reciprocity at the heart of moral relations.

5-6. Moral Legitimation of Harmful Actions

Medical–political metaphors also play a role in the moral legitimation of

actions that would otherwise require substantial justification. When political exclusion, coercion, or elimination is framed in therapeutic terms, the moral grammar of such actions is fundamentally altered.

In this framework, harmful interventions are redescribed as necessary treatments. Political opposition becomes a symptom; its removal becomes a form of care. This transformation allows actions that involve harm to be perceived not as violations but as moral obligations.

The ethical danger lies in the normalization of harm through metaphorical reframing. Actions that would ordinarily demand justification within a framework of rights, dignity, and consent are instead presented as self-evidently necessary responses to a pathological condition. This bypasses the need for moral deliberation and weakens the normative constraints on political action.

6. Macro-Level Consequences for Political Culture and Democratic Institutions

The previous chapter focused on the ethical status of medical–political metaphors. This chapter turns to their broader societal and institutional consequences. At this level of analysis, the concern is no longer the moral standing of individuals or the epistemic structure of reasoning, but the ways in which metaphorical framings, when stabilized in public discourse, gradually shape political identity formation, institutional performance, and the long-term configuration of democratic life. In other words, this section abstracts from individual-level moral relations and focuses on structural transformations in institutional communication and political organization.

Medical–political metaphors, once normalized in public discourse, do not remain confined to rhetorical expression. Over time, they sediment into the background assumptions of political culture, shaping how political actors are perceived, how institutions function, and how democratic participation is imagined. The following sections examine these macro-level transformations.

6-1. Polarization of Political Identity

One of the most significant macro-level effects of medical–political metaphors is their role in structuring political identity in increasingly

polarized terms. When political disagreement is framed through the language of pathology—such as infection, contamination, or disease—political identity tends to be reorganized along binary lines of belonging and exclusion.

In such a framework, political actors are not primarily understood as holders of competing views within a shared civic space, but as representatives of fundamentally opposed identity categories. The result is a shift from issue-based disagreement to identity-based antagonism. Political differences become markers of group membership, reinforcing rigid boundaries between "us" and "them."

Over time, this contributes to the stabilization of antagonistic identity structures in which compromise becomes more difficult to conceptualize, not because of ethical disagreement, but because of the way political identities are cognitively and symbolically configured.

6-2. Erosion of Civic Trust

A further macro-level consequence is the gradual erosion of civic trust. Civic trust refers to the background expectation that other participants in the political system, including institutions and fellow citizens, operate within a shared framework of legitimacy and mutual intelligibility.

When political discourse is persistently organized through medicalized metaphors, this shared framework becomes destabilized. Opponents are no longer interpreted as legitimate participants in a common political project, but as non-aligned or oppositional elements within it. This shift increases reduced trust in communication channels.

As a result, social trust—both horizontal (between citizens) and vertical (between citizens and institutions)—becomes increasingly fragile. Political interpretation becomes more defensive and less cooperative, and public discourse tends to operate under conditions of reduced trust in communication channels rather than baseline trust.

6-3. Weakening of Deliberative Institutions

Medical–political metaphors also have important implications for the functioning of deliberative institutions, including parliaments, political parties, media systems, and civil society organizations.

Deliberative institutions depend on the assumption that disagreement is not only permissible but structurally constitutive of political life.

However, when disagreement is metaphorically reframed as pathology, the institutional value of deliberation is weakened. Political opposition may come to be perceived as something to be managed, contained, or corrected rather than engaged (Foucault, 1977, pp. 170–177).

This shift can gradually alter institutional norms. Parliamentary debate becomes less oriented toward genuine contestation and more toward symbolic affirmation; media discourse becomes increasingly polarized; and party competition may shift away from policy-based negotiation toward identity-based confrontation.

In this way, the metaphorical framing of political conflict has the potential to reshape the internal logic of deliberative institutions, reducing their capacity to function as spaces of structured disagreement.

6-4. Normalization of Exceptional Governance

Another significant macro-level effect is the normalization of exceptional forms of governance. When political or economic crises are framed through medical metaphors—such as emergency surgery, containment, or urgent treatment—they often generate a temporal logic of urgency and exception.

Within such a framework, extraordinary measures appear not as deviations from normal governance but as necessary responses to systemic pathology. In Foucauldian terms, such developments illustrate how discourses of security and protection can transform exceptional interventions into routine techniques of governance, thereby extending the reach of political power through appeals to collective well-being (Foucault, 2007, pp. 44–49). This can contribute to the gradual normalization of governance practices that concentrate decision-making power and reduce institutional constraints.

Over time, the repeated association of political problems with emergency conditions can shift expectations about governance itself, making exceptional interventions appear routine rather than extraordinary. This has structural implications for the balance of institutional authority, even in the absence of explicit institutional change.

6-5. Long-Term Effects on Political Culture

Beyond immediate institutional effects, medical–political metaphors can contribute to long-term transformations in political culture. Political

culture refers to the shared norms, expectations, and interpretive habits through which citizens understand political life.

One potential effect is the normalization of self-censorship, as individuals anticipate that certain forms of speech will be interpreted through pathological categories. Another is increased conformity, as deviation from dominant interpretive frames becomes cognitively and socially costly.

Over time, these dynamics may contribute to political apathy, particularly when citizens perceive political engagement as structurally constrained or symbolically predetermined. If political disagreement is consistently framed in pathological terms, individuals may withdraw from participation rather than engage in what appears to be an already foreclosed discursive space.

The cumulative effect is a gradual transformation of political culture, in which the interpretive openness required for vibrant democratic life is reduced, and political imagination becomes increasingly constrained by dominant metaphorical frameworks.

7. Conclusion

The findings of this study suggest that medical–political metaphors warrant far closer philosophical scrutiny than they have typically received in discussions of political language. Far from functioning as merely rhetorical devices that ornament political discourse, such metaphors operate as cognitive and normative mechanisms that restructure the very conditions under which political understanding, evaluation, and judgment become possible. From the perspective of Conceptual Metaphor Theory, they project relatively stabilized medical schemas—such as diagnosis, pathology, treatment, and surgery—onto the domain of politics, thereby generating a cognitive architecture in which political action is interpreted less as a field of rational and value-laden contestation than as a set of pathological conditions requiring therapeutic intervention.

The analysis developed in this article demonstrates that this conceptual transposition produces three interrelated levels of consequence. At the epistemic level, medical–political metaphors contribute to the simplification of complex political realities, induce category mistakes, obscure agency and structural causality, and facilitate an illegitimate

transfer of scientific authority into domains where such authority is methodologically unwarranted. At the ethical level, these metaphors reshape the moral grammar of political engagement by reconstituting political opponents as pathological entities—"patients," "tumors," or "infected bodies"—thereby undermining conditions of mutual recognition, enabling forms of epistemic and moral devaluation, and legitimizing exclusionary or coercive responses under the guise of therapeutic necessity. At the macro-institutional level, the gradual sedimentation of such metaphorical frameworks within political culture contributes to the polarization of political identities, the erosion of civic trust, the weakening of deliberative institutions, and the normalization of exceptional modes of governance.

A central claim advanced in this study is that the normative force of these metaphors does not reside in their propositional truth-value, but rather in their capacity to pre-structure the field of political intelligibility. In this sense, medical–political metaphors do not merely describe political reality; they delimit the horizon within which political reality can be meaningfully perceived and interpreted. Their philosophical significance therefore lies not at the level of explicit argumentation, but at the level of what might be called the conditions of possibility of political reason itself.

Consequently, the critical task is not the elimination of metaphor from political language—a project that would be neither feasible nor desirable—but rather the cultivation of reflective and normatively sensitive practices of metaphor selection. Such practices should distinguish between metaphors that expand the space of political understanding, pluralism, and mutual recognition, and those that, by naturalizing exclusion, pathologizing dissent, or legitimizing coercion, systematically constrict the horizons of democratic life. From this standpoint, the struggle over political metaphors is ultimately a struggle over the conditions under which political reality itself becomes thinkable, intelligible, and governable. Political metaphors are therefore not peripheral rhetorical devices but constitutive elements of political reason itself, shaping the horizons within which collective judgment, democratic contestation, and political action become possible.

Funding

This research received no external funding.

Use of Artificial Intelligence Tools

ChatGPT (OpenAI) was used in a limited and supportive manner for language editing and translation. All AI-assisted text was carefully reviewed and verified by the author, who assumes full responsibility for the final content of the manuscript.

Conflict of Interest

The author declares that there are no conflicts of interest regarding the publication of this article.

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