SRYAHWA PUBLICATIONS

Journal of International Politics
ISSN: 2642-8245 | Volume 7, Issue 2, 2026
https://doi.org/10.22259/2642-8245.0702002

RESEARCH ARTICLE

The Thucydidean Patient: Illness, Fear, and the Trap of Medical Fatalism a Clinical and Theological Essay on the Militarized Imagination in Medicine

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Received: 21 May 2026 Accepted: 05 June 2026 Published: 10 June 2026

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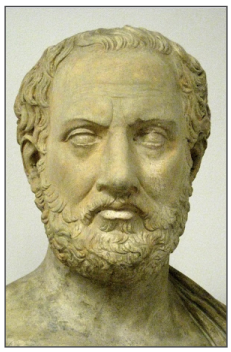
Abstract

Graham Allison's Destined for War popularized "Thucydides' Trap" — the structural danger that arises when a rising power threatens to displace an established one, generating fear, miscalculation, and a drift toward war that neither side fully intends. [1] This essay transposes that model from international relations into the clinical encounter and argues that the metaphor is double-edged. On one hand, the trap usefully names a real clinical phenomenon: when a catastrophic diagnosis arrives, the patient experiences the illness as a rising power threatening the established empire of the self, and medicine readily supplies a militarized grammar — the "war on cancer," the "battle," the "fight" — that can become self-fulfilling. Fear itself becomes causal. On the other hand, the metaphor, like Allison's thesis, risks an over-determination of reality: it assumes that the deepest grammar of existence is competition, displacement, dominance, and survival. [2,3] Drawing on post-Holocaust Jewish theology, Lurianic Kabbalah, and a hermeneutic philosophy of medicine, I argue that illness is not only an invasion to be repelled but also a rupture of meaning, a contraction of ordinary time, and a forced encounter with concealment (hester panim). I propose an alternative clinical-theological model — not war but covenant under rupture — in which the physician stands beside the patient not as a general directing a campaign but as witness, interpreter, and sacred advocate. The therapeutic task is to interrupt the fatal script before the patient comes to believe that overpowering is the only story available, and to open a third space in which the patient can say: this disease is powerful, but it is not sovereign over the whole of my being.

Keywords: *Thucydides' Trap, Medical Fatalism, Militarized Metaphor, Hermeneutic Medicine, Hester Panim, Tzimtzum, Covenant, Therapeutic Presence, War Metaphor In Oncology, Meaning In Illness.*



Plaster cast bust of Thucydides in the Pushkin Museum, created from a Roman copy of an early fourth-century BC Greek original located at Holkham Hall

Citation: Julian Y. Ungar-Sargon, The Thucydidean Patient: Illness, Fear, and the Trap of Medical Fatalism a Clinical and Theological Essay on the Militarized Imagination in Medicine. Journal of International Politics. 2026; 7(2): 33-46.

1. Introduction: A Metaphor that Travels

Metaphors are never innocent. They travel from one domain into another carrying freight — assumptions about agency, causation, and the moral shape of a situation — and they reorganize the field they enter. When the political scientist Graham Allison drew on a single sentence from Thucydides to describe the structural pressure between a rising China and a ruling United States, he gave the twenty-first century a durable shorthand for great-power anxiety. [1] The phrase "Thucydides' Trap" has since escaped its original field and become a general grammar of confrontation. It is precisely this portability that makes it worth examining in the clinic, where patients and physicians alike reach reflexively for the language of war.

Allison's argument is well known. Reviewing sixteen historical cases in which a rising power threatened to displace a ruling one, he found that twelve ended in war. [1] The mechanism is not malice but structural fear: the established power perceives the riser as an existential threat, the riser perceives the establishment as a cage, and the resulting spiral of suspicion narrows the space for any outcome other than confrontation. Allison is careful to say that war is likely but not inevitable — the subtitle of his book asks whether the United States and China "can escape" the trap — yet the rhetorical gravity of the model pulls toward fatalism. [1]

Critics have pressed exactly here. Historians of the ancient world note that Thucydides himself did not present the Peloponnesian War as mechanically inevitable; his famous line about Spartan fear of growing Athenian power sits alongside a dense account of contingency, misjudgment, demagoguery, and chance. [2,3] To compress the History of the Peloponnesian War into a single causal law is to flatten a work that is, among other things, a meditation on how fear distorts perception and how perception, once distorted, manufactures the very catastrophe it dreads. [4] The trap, in other words, is partly epistemic: it is a way of seeing that becomes a way of acting.

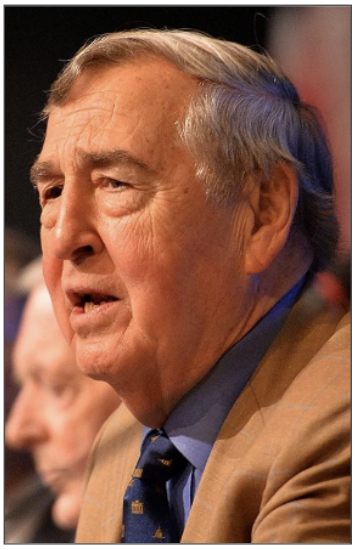
This essay takes that critical insight seriously and turns it toward medicine. My claim is twofold. First, the Thucydidean structure genuinely illuminates a clinical pathology: the catastrophic diagnosis can initiate a spiral in which fear of the illness drives escalation, escalation intensifies fear, and the patient is gradually conscripted into a permanent war economy of the self. Second, and more importantly, the metaphor must itself be placed under critique, because its hidden premise — that the deepest grammar of existence is competition and dominance — is theologically and clinically impoverished. [5] Illness is not only geopolitics inside the body. It is also exile, contraction, mourning, protest, and sometimes revelation through concealment. The physician who can hold both truths at once — the reality of the threat and the insufficiency of the war story — practices a more humane medicine.

I proceed in five movements. I first reconstruct the Thucydidean Trap and its critics. I then map the metaphor onto the clinical encounter, showing how the militarized imagination operates and where the empirical literature on war metaphors in medicine confirms the danger. I next develop the theological critique, drawing on the categories of hester panim and tzimtzum to reframe illness as rupture rather than invasion. I then propose the alternative model of covenant under rupture and specify the physician's role within it. I close with the clinical lesson and its implications for training and practice.

Chinese President Xi Jinping and US President Donald Trump shake hands at a state banquet at the Great Hall of the People in Beijing, China, May 14, 2026. REUTERS

Recently President Xi chose to compare the US-China relationship to the "Thucydides Trap", a political term coined by an American scholar based on an account of the Peloponnesian War by ancient Greek historian Thucydides.

Popularised by American political scientist Graham Allison, Thucydides Trap refers to the heightened risk of war or serious conflict when a rising power challenges an established global power.



The term Thucydides Trap was revived by the American political scientist Graham Allison around 2011

In their deaths, I find embodied at once the sadness at the historic trap we are in, and the hope that mankind, which produced such courageous, noble, and clear-seeing spirits, will yet find its way to the light that was in them, and that burns for us.

2. The Thucydidean Trap and its Critics

2.1 Allison's Thesis

Allison's Destined for War is, at its core, an argument about structure over intention. [1] He insists that the drift toward conflict between a rising and a ruling power is not primarily a matter of who governs or what ideology they hold, but of the relational geometry between them. The riser's growth is experienced by the establishment as a subtraction from its own security; the establishment's attempts to preserve the status quo are experienced by the riser as containment and humiliation. Each side's rational, defensive moves are read by the other as aggression. The tragedy is that no one need want war for war to arrive.

The diagnostic power of this model is real. It explains why well-meaning actors can find themselves locked into escalation, why reassurance often fails, and why the very instruments of security — alliances, armaments, surveillance — can deepen the insecurity they were meant to relieve. Allison's prescription is correspondingly sober: escaping the trap requires imaginative statecraft, a willingness to redefine interests, and the cultivation of restraint against the pull of the structure. [1]

Thucydides Trap case file

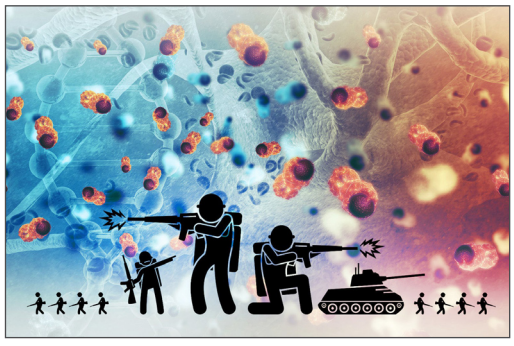
Case number	Period	Ruling power	Rising power	Result
1	Late 15th century	Portugal	Spain	No war
2	First half of 16th century	France	Spain	War
3	16th and 17th centuries	Spain	Ottoman Empire	War
4	First half of 17th century	Spain	Sweden	War
5	Mid-to-late 17th century	Dutch Republic	England	War
6	Late 17th to mid-18th centuries	France	Great Britain	War
7	Late 18th and early 19th centuries	United Kingdom	France	War
8	Mid-19th century	France and United Kingdom	Russia	War
9	Late 19th and early 20th centuries	France	Germany	War
10	Late 19th and early 20th centuries	China and Russia	Japan	War
11	Early 20th century	United Kingdom	United States	No war
12	Early 20th century	United Kingdom (supported by France, Russia)	Germany	War
13	Mid-20th century	Soviet Union, France, and United Kingdom	Germany	War
14	Mid-20th century	United States	Japan	War
15	1940s–1980s	United States	Soviet Union	Cold (proxy) war / economic/trade war
16	1990s–present	United Kingdom and France	Germany	No war

2.2 The Critique: Determinism and the Misreading of Thucydides

The most serious objections to Allison are not about China policy but about method and about Thucydides. The deterministic worry is that a model built to warn against fatalism can itself induce it: if leaders believe they are "destined" for war, they may behave in ways that fulfill the prophecy, treating the other as an enemy before any enmity exists. [2] The structure described becomes, in part, a structure produced by belief in the structure.

The historiographical objection is that Allison reads Thucydides too thinly. [3,4] Thucydides does write that the truest cause of the war was the growth of Athenian power and the fear it inspired in Sparta. But the surrounding narrative is saturated with contingency: the plague that devastated Athens and unhinged its politics, the death of Pericles and the rise of demagogues, the catastrophic Sicilian expedition launched on hubris and rumor, the role of individual misjudgment and crowd emotion. [4] Thucydides is less a theorist of inevitability than an anatomist of how fear, once it takes hold, corrodes deliberation and converts uncertainty into catastrophe. The lesson of the History is not that the strong inevitably crush the weak, but that human beings under the pressure of fear stop thinking clearly — and that this failure of thought is itself a cause.

This is the version of Thucydides that matters most for medicine. The danger named by the trap is not merely that one power overwhelms another; it is that the perception of an inevitable contest reorganizes behavior so that contest becomes the only available mode. Transposed to illness, the warning is precise: the gravest risk to the catastrophically ill patient may not be the disease alone, but the conviction that war is the only story their life can now tell.



3. The Clinical Transposition: Illness as Rising Power

3.1 The Body as Empire, the Disease as Riser

Consider the architecture of the metaphor when it enters the clinic. The body is the established empire — a settled order of function, habit, and identity. The disease is the rising power, an upstart force that begins, often silently, to expand its territory. The patient's sense of self is the contested ground over which the two contend. A catastrophic diagnosis — a glioblastoma, a relapsing multiple sclerosis, a metastatic carcinoma, an unrelenting chronic pain syndrome, a neurodegenerative process — announces that the riser has crossed a threshold. The empire mobilizes.

From this point the Thucydidean dynamics unfold with uncanny fidelity. The patient fears the illness; the illness, real or perceived, expands; medicine escalates its interventions; the escalation intensifies the patient's sense of being under siege; and the person gradually reorganizes existence around the contest, until war becomes not an episode in life but the medium of life itself. The clinic supplies a ready vocabulary for this conscription. We speak of the "war on cancer," of patients who "battle" and "fight," of treatments as "magic bullets" and "armamentaria," of immune "defenses" and "invasion" and "staging" as if mapping enemy positions. [6,7] Susan Sontag long ago warned that such military metaphors do not merely describe illness; they moralize it, dividing patients into those who fight and those who, by implication, surrender. [6]

3.2 What the Empirical Literature Shows

This is not only a literary intuition. A growing body of research has examined how war and battle metaphors function for patients, and the findings are sobering. Studies of cancer communication have found that militarized framing can increase fatalism and may make some patients feel that prevention behaviors are pointless, since one cannot "negotiate" with an enemy bent on destruction. [7,8] Other work shows that battle language can intensify guilt and a sense of personal failure when disease progresses, as if losing ground were a moral defeat rather than a biological event. [8,9] The metaphor that was meant to mobilize courage can, for a substantial subset of patients, deepen distress, foster a sense of obligation to pursue aggressive treatment against their own values, and complicate the transition to palliative goals. [9,10]

Importantly, the research does not show that war metaphors are universally harmful. For some patients, the language of fighting confers agency, structure, and solidarity; it can be empowering to feel that one is doing something rather than merely suffering. [7,10] The clinical point is therefore not to ban a vocabulary but to recognize that no single metaphor fits every patient, and that the reflexive, system-wide default to militarized language imposes a frame that many patients neither chose nor benefit from. Metaphor menus — offering journey, gardening, navigation, and other framings alongside battle — have been proposed precisely to restore choice to the patient over the story their illness will tell. [10]

3.3 Fear as a Causal Agent

Here the Thucydidean insight earns its keep. The deepest lesson of the trap is that fear is not merely a reaction to danger; it is a cause of outcomes. In the clinic this is literal as well as metaphorical. Catastrophic expectation drives a cascade: the patient who is told, or who infers, that they are in a fight to the death may pursue interventions whose burdens exceed their benefits, may experience the anticipatory dread that amplifies pain and erodes sleep and immune function, and may withdraw from the relationships and meanings that sustain resilience. [11,12] Surveillance — the constant scanning of the body for signs of the enemy's advance — can itself become a source of suffering, a hypervigilance that converts every twinge into a frontline report. Overtreatment, the medical analogue of an arms race, can inflict harm in the name of defense. The disease-world expands to fill the whole horizon, and the patient comes to live, in the phrase that organizes this essay, as if war were the only possible mode of existence.

This is the medical Thucydides' Trap in its precise form: not simply that illness threatens the patient, but that the structure of fear and escalation can produce a totalizing war-existence that the disease alone would not have required. The therapeutic space must be able to interrupt that script.

4. The Theological Critique: Illness as Rupture, Not Only Invasion

4.1 The Thinness of the Militarized Ontology

The decisive objection to the Thucydidean model, in medicine as in geopolitics, is ontological. The metaphor assumes that the fundamental grammar of reality is competition for scarce territory — that to exist is to displace, to grow is to threaten, and to encounter another is to enter a contest for survival. This is a coherent picture, and it captures something true about a world of finite resources and mortal bodies. But it is not the whole truth and treated as the whole truth it becomes a distortion. [5] A theology attentive to the textures of human suffering would say that the war story is too thin to hold what actually happens when a person falls catastrophically ill.

Illness is not only an invasion. It is also a rupture in meaning — the sudden tearing of the assumptive world in which the patient had until now lived, the discovery that the future they had quietly counted on has been canceled. [11] It is a collapse of ordinary time, in which the smooth flow of days gives way to the jagged temporality of scan cycles, prognoses, and waiting. [12] It is a forced encounter with concealment: a confrontation with the hiddenness of meaning, the silence where explanation should be, the sense that the order one trusted has withdrawn its face. To describe all of this as a military campaign is to mistake one register of the experience — the register of threat and defense — for the whole.

4.2 Hester Panim: The Hiding of the Face

Post-Holocaust Jewish theology offers a category more adequate to this rupture than the language of war: hester panim, the hiding of the divine face. [13] In its biblical sources the phrase names those moments when the felt presence that ordered the world withdraws, leaving the sufferer in a darkness that is not punishment but absence — a concealment whose meaning cannot be read off the surface of events. Thinkers who wrote in the shadow of catastrophe refused both easy theodicy and despair, holding instead that the hiding of the face is itself a mode of relationship under rupture, a withdrawal that does not annul the covenant but suspends its legibility. [13,14]

The clinical resonance is exact. The catastrophically ill patient frequently describes precisely this: not an enemy to be fought but a face that has hidden, a world that has gone silent, a meaning that has withdrawn. The militarized frame has no place for this experience; it can only translate the silence into a tactical problem. But the patient does not primarily need a battle plan for the concealment. They need a companion who can remain present within it without rushing to dispel it, who can name the hiddenness as real and bearable rather than as a failure of nerve. The physician who understands hester panim does not try to argue the patient out of the dark; they accompany the patient through it.

4.3 Tzimtzum: Contraction as the Condition of Presence

The Lurianic doctrine of tzimtzum offers a second, complementary category. [15] In the Kabbalistic cosmogony, creation begins not with an expansion but with a contraction: the infinite withdraws, contracts itself, to make room for a world that is other than itself. Existence is made possible by a self-limiting absence rather than by an overwhelming presence. This is the precise inverse of the imperial logic of the Thucydidean trap, in which to be is to expand and to fill. In the Lurianic grammar, the most creative act is the act of withdrawal that opens space for the other to be.

Read non-literally, as much of the Hasidic tradition reads it, tzimtzum is not a one-time cosmic event but a perpetual rhythm and an ethical model. [15,16] Applied to medicine, it grounds what I have elsewhere called therapeutic tzimtzum: the physician's deliberate self-contraction — of ego, of agenda, of the will to dominate the encounter — in order to make room for the patient to appear as a subject rather than a battlefield. [17] Where the militarized physician advances, the contracted physician withdraws just

enough to let the patient's own meaning emerge. This is not passivity; it is a disciplined restraint that is itself a form of care. The contraction creates the space in which healing, as distinct from mere victory, becomes possible.

4.4 The Patient as Sacred Text

These categories converge in a hermeneutic conception of medicine. [17,18] If illness is rupture, concealment, and contracted time as much as it is threat, then the physician's primary act is not strategic but interpretive. The patient is to be read as one reads a sacred text: with the assumption that there is meaning here that exceeds the surface, that the suffering is not merely a problem to be solved but a text to be understood, that the reader must bring humility, attentiveness, and a willingness to dwell in difficulty rather than resolve it prematurely. [18] The war frame asks, what is the enemy and how do we destroy it? The hermeneutic frame asks, what is happening to this person, what does it mean to them, and how can I accompany its interpretation? Both questions have their place. But a medicine that asks only the first has lost the patient even where it defeats the disease.

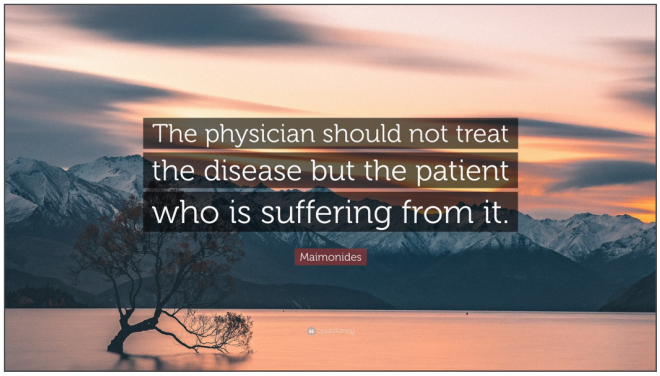
5. Covenant Under Rupture: An Alternative Clinical-Theological Model

If the war model is too thin, what should replace it? Not, I will argue, a sentimental erasure of the disease's real danger — that would be its own kind of falsehood, abandoning the patient to a threat by refusing to name it. The alternative I propose is the model of covenant under rupture: a bond that holds precisely through the breaking, a relationship that does not depend on the legibility of meaning or the certainty of victory. [13,19]

5.1 Beyond Surrender and Conquest

Covenant under rupture stakes out a position that is neither surrender nor conquest, the two poles between which the militarized imagination oscillates. Surrender is the abandonment of the patient to the disease, the premature foreclosure of hope, the treating of a person as already lost. Conquest is the totalizing war, the pursuit of victory at any cost to the person, the conversion of the patient into a theater of operations. Both share the assumption that the only meaningful axis is winning and losing. The covenantal model introduces a third axis: faithfulness. The question is not only whether the disease can be defeated, but whether the patient can be accompanied — whether win or lose, they remain held within a relationship that refuses to reduce them to the outcome of a contest.

This third space is what makes it possible for a patient to say the sentence that is, in a sense, the whole aim of this essay: "This disease is powerful, but it is not sovereign over my whole being." That sentence is unavailable within the war frame, which by its logic grants the disease total sovereignty over the field and makes the patient's worth contingent on conquering it. It becomes available only within a frame that distinguishes between what the illness can take — function, time, perhaps life — and what it cannot reach without the patient's own surrender of it: meaning, relationship, dignity, the interpretive freedom to author one's own story even under siege. [19,20]



5.2 The Physician as Witness, Interpreter, and Advocate

Within the covenantal model the physician's role is reconfigured. The general directs a campaign; the witness, the interpreter, and the advocate do something else entirely.

As witness, the physician's first task is to see and to testify — to register the reality of the patient's suffering without flinching and without rushing to fix it, so that the patient is not alone in their experience. [21] Witnessing is not a passive prelude to action; it is itself a form of care, and often the form patients most need when the disease has outrun the reach of cure.

To be seen accurately by another is to be restored, however partially, to the community of persons from which serious illness threatens to exile one.

As interpreter, the physician helps the patient read the text of their own illness — not imposing a meaning, which would be its own violence, but assisting the patient to find or make a meaning that is theirs. [18] This is the hermeneutic labor proper to medicine: translating between the language of pathology and the language of a life, helping the patient locate the illness within a story larger than the disease.

As advocate — a sacred advocate, in the sense that the patient's irreducible dignity is what is being advocated for — the physician stands between the patient and the dual dangers of the system: the over-treatment that would conscript them into a needless war, and the abandonment that would surrender them before their time. [20,21] The advocate keeps the third space open, defending the patient's right to author their own response to the rupture.

5.3 Resisting Both Fatalism and False Reassurance

The covenantal physician must walk a narrow path. On one side lies the medical fatalism that this essay names in its title: the conviction, transmitted often without words, that the contest is already lost, that the patient is destined to be overwhelmed, that fear is simply realism. This fatalism is the clinical form of the Thucydidean trap, and like its geopolitical cousin it tends to produce the outcome it predicts. [2,11] On the other side lies false reassurance, the denial of the disease's real power, which abandons the patient to face the truth alone when it inevitably arrives.

Between these lies the covenantal stance: honest about the threat, faithful through it, and refusing to let either the disease or the fear of the disease become sovereign over the patient's whole existence. This is not a technique that can be reduced to a protocol. It is a disposition, cultivated over a career, that combines clinical honesty with theological depth — the capacity to tell the truth about the body while keeping open the space in which the person remains more than their prognosis.

6. Clinical Implications and the Lesson for Practice

6.1 The Lesson

The clinical lesson of the Thucydidean patient can be stated compactly. The danger is not only that illness overpowers the patient. The deeper danger is that the patient comes to believe that overpowering — being overpowered or overpowering in turn — is the only story available. The first danger is biological and often beyond anyone's control. The second is narrative and meaningful, and it lies squarely within the physician's power to influence. Every clinical encounter either reinforces the totalizing war script or interrupts it. The words we choose, the metaphors we default to, the silences we keep, the presence we offer or withhold — these are not decoration around the real work of medicine. For the catastrophically ill patient, they frequently are the real work.

6.2 Implications for Communication

Several practical commitments follow. First, clinicians should become conscious of their metaphors and should resist the reflexive, system-wide default to militarized language, offering instead a menu of framings and, crucially, attending to which framing the patient themselves reaches for. [10] Second, the disclosure of catastrophic diagnoses should be paced and accompanied, recognizing that the patient is undergoing a rupture of their assumptive world and not merely receiving information. [11] Third, surveillance and treatment intensity should be calibrated not only to the biology of the disease but to the burden they impose on the patient's capacity to live, with explicit attention to the point at which defense becomes its own source of suffering.

6.3 Implications for Training

If the covenantal model is right, then medical education must cultivate capacities that the technical curriculum largely neglects: the capacity to witness without fixing, to interpret without imposing, to remain present within concealment, and to practice the therapeutic self-contraction that makes room for the patient to appear. [17,21] These are not soft additions to a hard science; they are the competencies that determine whether the science serves the person or conscripts them. The medical humanities, narrative medicine, and the contemplative traditions all offer resources here, and a hermeneutic philosophy of medicine provides a framework within which they cohere. [18,22]

6.4 A Note on the Limits of the Metaphor

It would be self-defeating to replace the tyranny of one metaphor with the tyranny of another. The covenantal model is offered not as the single correct frame but as a corrective to the monopoly of the war frame —

a way of restoring the plurality of stories available to the ill. Some patients will, with full authenticity, choose to fight, and the physician's task is then to honor that choice rather than to substitute their own theological preference. [10] The point is not to forbid the language of war but to break its monopoly, to ensure that it is one option among several rather than the air the patient is forced to breathe. Freedom over the story — this, finally, is what the third space protects.

7. Conclusion

Graham Allison gave us a powerful warning about how fear, between great powers, can manufacture the catastrophe it dreads. [1] The deepest reading of that warning, faithful to Thucydides himself, is not that conflict is destined but that the belief in its inevitability is itself a cause — that fear corrodes thought and converts uncertainty into disaster. [3,4] Transposed to the clinic, the warning is urgent: the catastrophically ill patient stands at the lip of a trap in which fear of the illness, amplified by a medicine fluent in the grammar of war, can produce a totalizing war-existence that the disease alone would not have required.

But the metaphor must also be placed under judgment, for its hidden ontology — that to exist is to compete, displace, and dominate — is too thin to hold the reality of human suffering. Illness is also rupture, concealment, contracted time, mourning, protest, and sometimes revelation through the very hiddenness it imposes. The categories of hester panim and tzimtzum name what the war frame cannot, and they ground an alternative: not war but covenant under rupture, in which the physician stands beside the patient not as a general but as witness, interpreter, and sacred advocate. [13,15,17]

Medicine must resist both surrender and conquest. It must hold open a third space — honest about the threat, faithful through it — in which the patient can say what no war story permits: this disease is powerful, but it is not sovereign over my whole being. To keep that sentence available to the patient is, in the end, among the highest tasks of the healer. It is the difference between treating a battlefield and accompanying a person, and it is the difference on which the dignity of medicine depends.

Addendum

Peloponnesian War Athenian naval forces in the harbour of Syracuse, Sicily, during the Peloponnesian War, 19th-century print

7.1 Thucydides, the Peloponnesian War, and what the History Actually Says

The main essay borrowed Graham Allison's phrase "Thucydides' Trap" and pressed it into clinical service, arguing that the metaphor both illuminates and distorts. [1] But a metaphor drawn from a particular ancient text deserves an account of that text. This addendum returns to the source: the war Thucydides chronicled and the History he wrote of it. My aim is not antiquarian. I want to show that the actual narrative is far richer, stranger, and more medically suggestive than the structural slogan suggests — and that the deepest features of Thucydides' account, including a literal plague that sits at the heart of the work, reinforce rather than undermine the clinical-theological argument of the parent essay. The closer one reads Thucydides, the less he supports a doctrine of inevitability and the more he becomes a physician of the body politic, diagnosing how fear unmakes deliberation.

A map of the Greek city states and their alliances at the onset of the Peloponnesian War around 431 BCE

7.2 The War in Outline

The Peloponnesian War (431–404 BCE) was the long, ruinous contest between Athens and its maritime empire and Sparta and its Peloponnesian League. [2] It was not a single war but a sequence of phases separated by an uneasy truce. The first, the Archidamian War (431–421 BCE), saw annual Spartan invasions of Attica answered by Athenian naval raids, a strategy of attrition that neither side could convert into victory. It ended in the inconclusive Peace of Nicias. The peace did not hold. A second phase culminated in the Sicilian Expedition (415–413 BCE), Athens' vast and catastrophic gamble to conquer Syracuse, which ended in the annihilation of the expeditionary force. The final, Ionian or Decelean phase (413–404 BCE) saw Persia bankrolling a Spartan fleet, the revolt of Athens' subject allies, and at last the defeat of Athens, the dismantling of its walls, and the brief imposition of the oligarchy known as the Thirty Tyrants. [2,3]

Thucydides, an Athenian general exiled in 424 BCE after failing to relieve Amphipolis, wrote the contemporaneous history of this conflict and did not live to finish it; the History breaks off mid-sentence in 411 BCE, its later books incomplete. [3,4] He announced at the outset that he wrote not for the applause of the moment but as "a possession for all time" — a phrase that has shaped how every subsequent generation has read him, and which carries the implicit claim that the patterns he traced would recur wherever human nature remained constant. [4]

7.3 The "Truest Cause" and the Problem of Inevitability

Everything in the Allisonian appropriation turns on a single sentence. Thucydides distinguishes between the immediate grievances and disputes that triggered the war — the affairs of Corcyra, Potidaea, the Megarian Decree — and what he calls the truest cause, least openly avowed: the growth of Athenian power and the fear this inspired in Sparta, which made war inevitable. [4] It is from this sentence, and chiefly from one English rendering of one Greek word, that the doctrine of structural inevitability is built.

The word doing the heavy lifting is *anankasai* — commonly translated "compelled" or "made inevitable." But classicists have long noted that the term need not carry the sense of iron necessity that the English "inevitable" imports. [5] It can mean "forced the issue," "pressured," or "brought to a head" — a strong causal claim, certainly, but not a denial of human agency. The translation choice is not neutral; it determines whether Thucydides is read as a fatalist or as an analyst of how perceived necessity becomes a motive. The distinction is precisely the one that animates the clinical argument: there is a vast difference between a disease that will inevitably overwhelm a patient and a fear of inevitability that itself drives the patient toward an overwhelmed existence.

The internal evidence of the History tells against simple inevitability. If the war were structurally foreordained, the bulk of Thucydides' narrative — his

minute attention to debates, decisions, accidents, and reversals — would be otiose. Why record the speeches at Sparta, the agonized deliberations at Athens, the persuasions of demagogues, if none of it could have altered the outcome? The text's own architecture insists that choices mattered. Thucydides gives us not a machine grinding toward war but a sequence of moments at which human beings, under the pressure of fear, chose badly and could have chosen otherwise. [5,6]

7.4 The Speeches: Fear, Rhetoric, and the Corruption of Judgment

Thucydides' most distinctive technique is the paired or embedded speech. He admits, with disarming honesty, that he could not reproduce the exact words spoken and so composed speeches that captured what was "called for" by each situation while keeping as close as possible to the general sense of what was actually said. [4] These speeches are not decoration; they are the laboratory in which he studies how language moves crowds and how fear deforms reason.

7.4.1 The Mytilenean Debate

After the revolt of Mytilene, the Athenian assembly first votes to execute the entire male population and enslave the women and children, then reconvenes the next day, racked by misgiving, to debate the decision again. [4] Cleon argues for the original sentence, insisting that mercy is weakness and that an empire is a tyranny that must rule by fear. Diodotus answers — strikingly — not on grounds of justice but of expediency: indiscriminate cruelty will only make future rebels fight to the death. The reprieve ship arrives at Mytilene just in time. The episode is a study in how a polity in the grip of fear and anger nearly commits an atrocity, and how deliberation — the reopening of a foreclosed question — pulls it back from the brink. The clinical resonance is direct: the catastrophic decision made in the first heat of fear is not always the wise one, and the discipline of reconvening the conversation can be the difference between harm and restraint.

7.4.2 The Melian Dialogue

The most chilling passage in the History is the exchange between the Athenian envoys and the magistrates of Melos; a small neutral island Athens intends to subjugate. [4] Stripped of the usual oratorical form, it proceeds as raw dialogue. The Athenians refuse to discuss justice at all, asserting that the strong do what they can and the weak suffer what they must. The Melians appeal to fairness, to the gods, to hope; the Athenians dismiss hope as the comfort of the desperate and warn that it leads to ruin. The Melians resist; Athens takes the island, kills the men, enslaves the rest.

The Melian Dialogue is often read as Thucydides' endorsement of realism — the naked law of power. But its placement is devastatingly ironic: it sits immediately before the Sicilian Expedition, in which the same Athens, drunk on the logic of dominance it preached at Melos, overreaches catastrophically and destroys itself. [6] Thucydides does not celebrate the law of the strong; he shows it curving back to annihilate those who proclaim it. The militarized ontology — that to exist is to dominate or be dominated — is not affirmed by the History but anatomized and, in the Sicilian disaster, refuted by events. This is the textual heart of the parent essay's claim that the war grammar is too thin: Thucydides himself stages its self-destruction.

The Plague of Athens - 430 BC

7.5 The Plague of Athens: Illness Inside the History

There is a peculiar and underappreciated fact about the text from which medicine borrowed its master metaphor of war: at its very center sits a literal epidemic. In the second year of the war (430 BCE), a devastating plague swept Athens, packed with refugees behind its walls under Pericles' strategy of withdrawal. [4,7] Thucydides caught the disease himself and survived, and he describes its symptoms with clinical precision — the burning in the head, the inflammation of the eyes, the retching, the pustules — explicitly so that it might be recognized should it ever return. Here the exiled general writes as a proto-physician, recording a case history for posterity. [7]

But Thucydides' deepest interest is not pathological but moral. He describes how the plague dissolved the social order: how the dying lay unburied, how religious and legal restraints collapsed, how men, seeing the pious and the impious perish alike, concluded that honor and law were pointless and gave themselves over to immediate pleasure. [4] The epidemic produced not only bodily death but a death of meaning — a collapse of the shared narratives that had held Athenian life together. This is hester panim in a pagan key: the felt withdrawal of any moral order from events, the silence where justice should have answered. The plague is the moment in the History when illness is shown to be not a battle but a rupture of meaning, exactly the reframing the parent essay urges. [8]

The juxtaposition is almost too apt. The text that gave medicine the language of strategic war contains, at its core, a real disease that Thucydides refuses to narrate as war at all. He narrates it as catastrophe, as the unmaking of the assumptive world, as the occasion on which a society discovered that its inherited meanings could not survive contact with mass death. A medicine that learned its metaphor from Thucydides took the wrong lesson; the right one was sitting in Book II all along.

7.6 Sicily: Hope, Hubris, and the Self-Inflicted Wound

The Sicilian Expedition is Thucydides' masterpiece of tragic narrative and his clearest demonstration that the war was lost not to structural necessity but to human folly. [4,6] Athens, at peace and at the height of its power, chose to launch an enormous armada against a distant island it barely understood, persuaded by the glamour of Alcibiades and the wishful arithmetic of a crowd that wanted to believe. Nicias, the reluctant commander, tried to dampen the enthusiasm by exaggerating the forces required — and the assembly, instead of recoiling, voted him even more, so that the very caution meant to prevent the expedition enlarged it. [4]

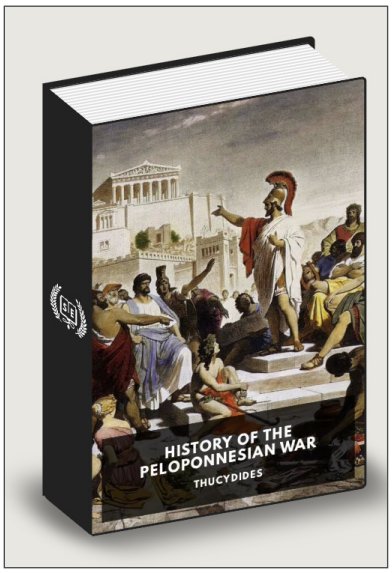
The campaign unravels through a sequence of avoidable errors: divided command, superstitious delay after a lunar eclipse, the failure to withdraw when withdrawal was still possible. The end is among the most harrowing passages in ancient literature — the Athenian survivors penned in the quarries of Syracuse, dying of exposure and thirst. [4] Nothing about this was foreordained by the rise of Athenian power. It was a wound Athens inflicted on itself, driven by overconfidence and the inability to stop a course of action once fear of seeming weak had taken hold. The Sicilian disaster is the parent essay's warning written in Greek: the catastrophe came not from the enemy's strength but from a self that had organized its whole existence around dominance and could not imagine restraint.

7.7 Thucydides as Physician of the Body Politic

It has often been observed that Thucydides writes like a Hippocratic physician. [7,9] He shares the medical writers' commitment to observation over myth, to the search for causes (*aitiai* and *prophasis*) beneath surface symptoms, to prognosis grounded in the regularities of human nature. His stated method — to record events accurately so that those who wish to understand the past and the future, which in the course of human things must resemble it, may find his work useful — is essentially a clinical method applied to politics. [4] He diagnoses; he prognosticates; he expects the disease to recur in similar form because the underlying nature does not change.

This is why the appropriation of Thucydides for a doctrine of inevitability misreads his deepest spirit. The Hippocratic physician does not say the patient is doomed; he says that in such-and-such a condition, this is the likely course, and here is where intervention and regimen may alter it. Prognosis is not prophecy. Thucydides offers the same: he shows what fear does to deliberation so that future readers might recognize the pattern and resist it. The History is, in this sense, preventive medicine for political communities — a clinical text whose purpose is to make the recurrence it predicts less likely by naming its mechanism. [9]

The implication for the parent essay is considerable. If Thucydides is a physician, then the medical borrowing of his name for the language of war inverts his actual stance. He was not the theorist of the body-as-empire-at-war; he was the diagnostician of how fear sickens judgment, the recorder of a plague that dissolved meaning, the ironist who watched the logic of domination destroy those who preached it. The truer Thucydidean medicine is not the war on disease but the disciplined attention to how fear, surveillance, and catastrophic expectation become causal — and the cultivation of the deliberative restraint that can interrupt them. [1,8]



7.8 What the History Gives the Clinic

Read whole rather than sloganized, the History of the Peloponnesian War offers the clinic four gifts that the phrase "Thucydides' Trap" obscures.

First, the priority of perceived over actual necessity. What drove the war was not raw power differential but fear of growing power — a perception that became a motive. The clinical analogue is that prognosis communicated as destiny can produce the outcome it names. [1,5]

Second, the redemptive possibility of reopened deliberation. The Mytilenean reprieve shows that a catastrophic decision taken in fear can be revisited and reversed. In the clinic, the willingness to reconvene the conversation — to revisit goals of care, to question the momentum of escalation — is not weakness but the very faculty Thucydides shows saving Mytilene. [4]

Third, the self-defeating character of the domination logic. Melos and Sicily together demonstrate that the ontology of pure power curves back to destroy its adherents. A medicine organized solely around conquest of disease risks the analogous overreach — the Sicilian Expedition of overtreatment, vast and confident and ruinous to the person it was meant to save. [6]

Fourth, illness as rupture rather than war. The Plague of Athens, sitting at the center of the canonical war text, narrates disease as the collapse of meaning and

social order — not as a campaign. It is the strongest possible internal warrant for reframing catastrophic illness as rupture, concealment, and the unmaking of the assumptive world, exactly as the parent essay proposes. [7,8]

The slogan flattens all four into a single deterministic warning about rising and ruling powers. The text, attended to closely, gives back what the slogan removed: contingency, the corrosive work of fear, the irony of domination, and a plague that teaches illness is rupture. The Thucydidean patient, properly understood, is not a combatant in a destined war. The patient is a person within a rupture, accompanied — if medicine remembers its truer Thucydides — by a physician who has learned, like the historian himself, to diagnose how fear unmakes us and to keep open the deliberation that can pull us back from the brink.

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