

Epidemics and Religion: From Angry Gods and Offended Ancestors to Hungry Ghosts and Hostile Demons

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Abstract: *Throughout history, religious beliefs have been a primary way of understanding the experience of epidemic disease. This article offers a pan-historical and cross-cultural analysis of such interactions. The first section examines common structures and assumptions of religious explanatory models. These are characteristically two-fold, nominating both supernatural causal agents and particular human actions that have set these forces in motion. A society's identification of the behaviors that would prompt the infliction of mass suffering and death upon an entire people reveals a great deal about the values and world view of that culture. Most revolve around definitions of the sacred, which could be polluted, profaned or neglected by deliberate or inadvertent actions, and acceptable standards of moral behavior. Defensive strategies vary according to the nature of the supernatural agency held responsible, from one or more angry gods to offended ancestors, hungry ghosts or hostile demons. The final section investigates the extent to which religion may be helpful or harmful in shaping responses to epidemics, including the present global pandemic of Covid-19.*

Keywords: Religion, Epidemics, Plague, Covid-19, Pandemic

Throughout history, religious beliefs have been a primary way of understanding the experience of epidemic diseases. Religion is here defined as cultural practices and beliefs that have as their goal relationship and communication between human beings and those (usually) unseen spiritual entities or forces that are believed to affect their lives.¹ As anthropologists have noted, the dominant motif of a religion—its fundamental characteristics—is often revealed in the ways in which it explains misfortune and sickness and by the steps recommended to avert these.² Classifying such

¹ Westerlund, *African Indigenous Religions*, 2, quoting Brenner, “Histories of Religion in Africa,” 164.

² Evans-Pritchard, *Nuer Religion*, 313; Westerlund, *African Indigenous Religions*, 4.

beliefs as “primitive” or “civilized” according to the degree to which they approach or diverge from some external, imposed ideal (whether monotheism or modern scientific medicine) is less useful than recognizing the extent to which all religions offered a way of making sense of common human experiences of danger, suffering and disease.

In the case of epidemics, religious beliefs are forged in the furnace of catastrophic mass disease and high mortality, affecting not just one or two unfortunates but large numbers of sufferers at the same time. For many societies, this represents a qualitatively different situation from individual experience of sickness and health, generating different explanations and responses.³ Because epidemics affect entire communities at a time, prescribed actions are usually public and collective, rather than private and individual, since the goal is to end the epidemic and restore health for the entire group.

Religion may offer more than one possible reading of events and may be integrated within or co-exist alongside other, more empirically inflected ideas of epidemic disease causation and cure. Ancient Assyria, for example, is known for its extensive medical corpus of naturalistic therapies, but Assyrian scholarly healers were also exorcists and priests who performed propitiatory rituals to soothe the angered gods and made no distinction between natural and supernatural causes of disease.⁴ Similarly, religious and naturalistic interpretations and practices co-exist in Indian Ayurvedic medicine, Confucian China, medieval Islam, early modern Europe, and in many societies today.⁵ Religion is thus not necessarily monolithic as an explanatory model, nor exclusive of others. Most often, people will find explanations that work for their particular set of imperatives. Being conscious of such diversity and pluralism of understandings allows us to recognize the robust creativity and resilience of human responses to epidemic disease across time and space.

The following discussion is not exhaustive, but aims to chart some of the principal ways in which religion has interacted with epidemic disease. The first section looks at common structures and key assumptions of religious explanatory models. The categories of heavenly beings held responsible are analyzed in turn. Since averting strategies only make sense in terms of the set of beliefs within which they were conceived, they will be discussed alongside

³ For a stimulating analysis of epidemics as ‘dramaturgic’ events, see Rosenberg, “What is an Epidemic?,” 1–17.

⁴ Heeßel, “The Hands of the Gods,” 120–30.

⁵ Selin and Shapiro, *Medicine across Cultures*; Watts, *Disease and Medicine in World History*.

world and across multiple faiths during the present Coronavirus pandemic.⁵⁴ The global reach of such reports demonstrates that this is a key issue that cannot be ignored and requires a concerted response from all levels of society—as has indeed been urged in recent statements by international organizations such as UNICEF, Religions for Peace, and the United Nations Secretary General.⁵⁵ While the impact of COVID-19 continues to unfold around the world, what cannot be doubted is the role religion continues to play in shaping human perceptions of and responses to the traumatic experience of rapidly escalating global infection and mass mortality. To cite the apposite observations of the authors of a recent editorial on religion and COVID-19, across the spectrum of all possible reactions, whether negative or positive, harmful or helpful, it remains the case that “religious community-making tends to be an *intensifier of response*, strengthening resolve and motivating action.... Human beings are complex and the way religion weaves itself through the lattice of human life is incredibly intricate.”⁵⁶ In sum, religion cannot be ignored in any attempt to understand past, present, and future encounters with epidemic disease.

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⁵⁴ “Israeli Rabbi: Coronavirus Outbreak is Divine Punishment”; Wildman et al., “Religion and the COVID-19 Pandemic”; Ellis-Petersen and Rahman, “Coronavirus Conspiracy Theories Targeting Muslims”; Mirza, “COVID-19 Fans Religious Discrimination in Pakistan”; Dein et al., “COVID-19, Mental Health and Religion,” 5–6; Sarkar, “Religious Discrimination is Hindering the Covid Response”; Ghosh, “Modi’s Covid-19 Policies”; “Religious Inequalities and the Impact of Covid-19.”

⁵⁵ “Launch of Global Multi-Religion Faith-in-Action Covid-19 Initiative”; “UNICEF and Faith Groups Release New Guidance”; “Religious Hate Crimes, Racist Discourse Rising amid COVID-19.”

⁵⁶ Wildman et al., “Religion and the COVID-19 Pandemic,” 116.

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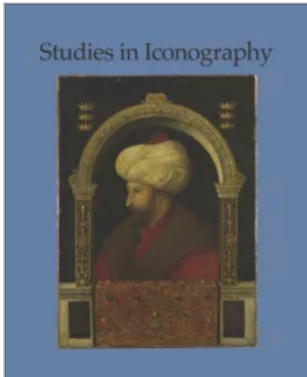
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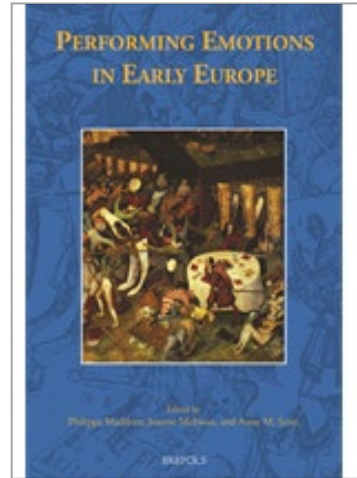
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