



Islamic Civilizations and Plagues: The Role of Religion, Faith and Psychology During Pandemics

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Abstract

The current study seeks to analyze Muslim experiences of communicative diseases with a focus on the psychosocial impacts and public, communal, and personal responses of Muslim populations throughout history. By examining a selection of plague outbreaks between the 8–19th centuries across the lands broadly defined as the Islamic Mediterranean (Varlık, 2017), the guidelines and coping mechanisms that Muslims extracted from their traditional sources are highlighted. This historical perspective contributes to a better understanding of the psychological and social aspects of pandemics for the Muslim community, specifically for the role played by faith and spirituality as determinants of psychological well-being in Muslims' perceptions and responses. We suggest that such an understanding is especially useful for contemporary mental health practitioners working with Muslim patients through the global COVID-19 pandemic.

Keywords Muslims · Pandemics · Religious coping · Psychosocial impact of plagues · Meaning-making · Islamic history

Introduction

The world's experience during the COVID-19 pandemic is a reminder to many of an oft-forgotten side of human nature; a reminder of its mortality, its frailty, its incapacity, and its epistemic limitations. It is a rare reminder that despite the

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staggering scientific accelerations and transformations within the medical field throughout the twenty-first century, we remain squarely human and that these aspects of our humanity are thrown into sharp relief during such times.

Although one could expect psychological determinants to be precedent during outbreaks, little was understood about the psychological aspects of pandemics before COVID-19 hit (Huremović, 2019). Indeed, a growing body of research shows that individual and community psychology serve as the primary loci for the devastating effects of pandemics (Achour et al., 2021; Clemente-Suárez et al., 2021; Kola et al., 2021). Furthermore, psychology and religion stand as two fundamental determinants of behaviors and responses that occur throughout the various phases of a pandemic experience, which eventually shape social outcome (Idler, 2014; Marzana et al., 2022; Pandey et al., 2021). However, the existing literature is still in its infancy to understand these underlying mechanisms that are especially effective on long-term outcomes in the face of the heavy toll of COVID-19.

Historical accounts provide plentiful research material for such an inquiry. However, the research conducted so far has focused primarily on European histories of plague. Since evidence suggests that religion functions as a primary source people turn to in the face of adversities, and the COVID-19 pandemic has been no exception to this phenomenon, the current historical research leaves a sizeable gap (Bentzen, 2020; Dein et al., 2020; Newport, 2020). To gain a broader appreciation for the roles faith and religion might play in determining both individual and community psychological responses during pandemics, it is important to consider a more diverse spectrum of plague histories.

In this paper, we analyze Muslim histories of plague in order to investigate how religion and faith functioned as psychological determinants. Our research indicates that religion affected psychological outcomes on both communality and individual levels in plague-stricken Muslim communities by providing a rich set of resources to interpret, cope with, and adapt to such adversities. Particularly, we emphasize the role of religion as a system for meaning-making, which is defined as “the restoration of meaning in the context of highly stressful situations” (Park, 2010, p. 257). We suggest that these historical case studies highlight the importance of religion and faith as determinants of psychological well-being which contemporary mental health professionals, who care for the psychological well-being of people throughout the coronavirus pandemic, should be prepared to take into account in their caregiving.

A growing body of the literature examines the role of religion in psychological well-being as a unique resource for coping vis-a-vis stressful experiences (Batmaz & Meral, 2022; De Diego-Cordero et al., 2022; Haynes et al., 2017; Krok, 2015; Oman & Thoresen, 2005; Pargament et al., 2005a, 2005b). As an important dimension to this, research suggests that belief systems provide a framework for meaning-making, a central process to restore “mental representation of possible relationships among things, events, and relationships” (Baumeister, 1991, p. 15), especially in the face of severe adversities (Krok, 2015; Park, 2005, 2010). While meaning-making is generally accepted as a crucial mechanism for adaptation during hardship (Park, 2010), religious meaning-making exclusively functions as an adaptive coping mechanism for individuals when they face unpredictable, sudden, disruptive, and intense calamities, such as natural disasters or outbreaks

of deadly diseases. Studies suggest that this phenomenon be specifically true in the long-term and for incidents with heavy losses (Haynes et al., 2017; Pargament et al., 2005a, 2005b; Park, 2005; Stephens et al., 2012).

It is important to note that religious meaning-making becomes the predominant strategy, especially when survivors of disasters are faced with the severest difficulties (e.g., observance of dying people, exposure to dead bodies, and loss of property) rather than subjective experiences of anxiety or fear (Stephens et al., 2012). This particular model emphasizes the importance of acquiring meaning for the otherwise incomprehensible situation through religion (Haynes et al., 2017; Park, 2005, 2010), a system well-suited and arguably more productive than any materialistic one in suggesting answers for the incompetence of mankind (Haynes et al., 2017; Pargament et al., 2005a, 2005b). This seems highly relevant in understanding the responses of Muslims in the face of pandemics.

Among various diseases involved in outbreaks, pestilence (i.e., plague) is by far the most commonly studied illness in the history of medicine (Varlık, 2017). It is an infectious disease with fatality rates in the past as high as 70 percent (Conrad, 1982; Varlık, 2015). The etiology of the plague as acknowledged by modern medicine, which involves a bacterium called *Yersinia pestis* and usually transmitted by rodent fleas, was unknown to people until the late nineteenth century. Also, no confirmed treatment of the disease was existent (Stearns, 2009).

Chronicles illustrate that plague was a recurring theme in the Mediterranean world during the medieval and early modern periods (Conrad, 1982). Historically, three waves of plague pandemic are recognized by scholars: (1) Justinian Plague (sixth–eighth century), (2) the Black Death (fourteenth–seventeenth century) and (3) the Third Pandemic, emerging first in Hong Kong in 1894 (Varlık, 2015). The pandemics were followed by cycles of plague epidemics that lasted for centuries. More relevantly to the focus of the current article, pestilence occurred repeatedly in Muslim territories starting with the initial wave as part of the Justinian Plague and intensified during the Black Death and the following outbreaks (Conrad, 1982; Gökhan, 2008; Lowry, 2003; Stearns, 2007).

Consequently, the disease mentioned in traditional Muslim sources as *waba'* or *ta'un* was a known phenomenon in Islamic history starting from the lifetime of the Prophet Muhammad (peace and blessings be upon him [PBUH]). It was referred to in his Hadith (i.e., collection of Prophetic traditions) and personally experienced by his companions (Noor, 2020). In the current paper, our analysis focuses primarily on the metropolitan capitals of the Mamluk Empire (1250–1517) during the Black Death which occupied much of the Muslim plague writers' attention, although we also draw on examples from epidemics subsequent to the Black Death in other centers of the Islamic civilization.

The Early History of Normative Islam and Plague

Normative Islam incorporates an extensive set of principles for every aspect of public and private activities. These principles, which originate from the interpretations of two sacred scriptures (i.e., Quran and Hadith), define the way believers interact with

their Creator, self, people, and the world (Shamsy & Coulson, 2021). Consequently, the Islamic legal-religious corpus became a central reference point in shaping the experience of and responses to communicable diseases.

The plague was an important theme in the earliest incipient history of Islam with significant and lasting normative reverberations (Kaadan & Angrini, 2014; Shabana, 2021). While the Prophet Muhammad PBUH did not directly experience plague, he clearly recognized its concern and made mention of it to his companions. In other words, concerns of the plague epidemic were real and present in the consciousness of the early Muslim community during the period when they were still formulating the religious corpus, from which the normative principles of Islam would be extracted in the ensuing centuries.

The Islamic legal-religious corpus related to plague is vast and sometimes seemingly conflicting. Much of the historical studies focus on two issues in examining the religio-legal and medical debates found among pre-modern Muslim scholars: (1) whether Muslims escaped from the plague (or not) and (2) how they perceived the contagiousness of the disease (Shabana, 2021). The literature shows that the occurrence of outbreaks in Muslim lands often sparked much legal debate among scholars and jurists, who were not only religious authorities but also as front-line representatives of the Muslim community (Bulmuş, 2012; Curry, 2017; Dols, 1974, 1977; Hopley, 2010; Stearns, 2007). Yet, even when scholars pursued dissimilar lines of legal arguments, they had the common principle of prioritizing the welfare of the *ummah* (i.e., the greater Muslim community) and of abiding by the prophetic narrations.

It is possible, however, to glean two principles that emerged to the fore of both scholarly and lay discourse during pandemics right up to the recent COVID-19 outbreak. These can be seen to have had a direct and significant influence on both the communal and individual psychological response to plague in Muslim societies. These two principles, one theological and one legal (Dols, 1977), can be succinctly summarized as follows: (1) There is no absolute determination of how a plague must be interpreted insofar as indicating wrath or mercy from God. Both are possibilities depending on individual circumstances, (2) One must never enter nor flee a plague-stricken land and must take available measures to protect oneself and others from danger.

Both of these principles were derived from the Hadith literature. In addition to the prophetic tradition defining illnesses as a way of purification for the believer (Noor, 2020), one prominent Hadith on plague regarding the beliefs Islam teaches states that:

It was a punishment sent by Allah on whom He wished, and Allah made it a source of mercy for the believers, for if at the time of a plague epidemic one stays in his country patiently hoping for Allah's Reward, and believing that nothing will befall him except what Allah has written for him, he will get a reward similar to that of a martyr (Bukhārī, 1997, p. 427).

The creedal tenets established from this Hadith span the various beliefs one may hold regarding plagues and pandemics. Ibn Ḥajar al-ʿAsqalānī (d. 1449), a prominent Islamic scholar in Hadith sciences, comments that those who receive the plague as

punishment are the sinful and the non-believers. On the other hand, the mercy in the plague is designated for the believers, meaning the Muslims, as the Hadith mentions. While there is seemingly a contradiction here for those Muslims engaged in these grave sins Allah is punishing, Ibn Ḥajar explains that it is from Allah's mercy that a Muslim receives punishment for their sins in this life rather than in the hereafter (Al-‘Asqalānī, 2013). The result of the establishment of these tenets causes believers to consign the true meaning, cause, and purpose of the plague to God alone, while practically turning inward and considering their wrongdoings without losing hope of God's forgiveness.

Regarding the legislation on how a Muslim must act during a plague, multiple narrators quote the Prophet Muhammad PBUH as saying, “If you hear that there is plague in a land, do not enter it, and if it breaks out in a land you are in, do not leave it” (The Hadith, n.d.). This Hadith bears not only an important commandment but also a subtle distinction between the seemingly contradictory tenets of free will and predetermination. In his or her beliefs, the Muslim holds that God alone determines whether or not one will fall ill from exposure to a source of disease. In the same vein, one's actions are held to account according to the casual means they took advantage of in their situation. Hence, when it is possible to isolate oneself from a pandemic, one must do so. This principle of taking the means (known as *asbāb*, plural of *sabab*) while ultimately relying on God (*tawakkul*) bears an important relevance to the interpretation of this Hadith.

The principles established by these two narrations were tightly fastened into Islamic normative thinking by the stances of pre-eminent early Muslim figures during the plague of Emmaus (639 CE). The outbreak was early enough to be witnessed by some of the foremost paragons of the Islamic tradition including the second Caliph (i.e., the chief Muslim ruler) ‘Umar (d. 644) and his top commander Abū ‘Ubaydah (d. 639), who died from plague during the same outbreak. As the outbreak spread from Emmaus throughout most of Syria, Caliph Umar had arranged to travel throughout the Levant to personally oversee the situation in the new Muslim lands (Dols, 1977). While on his way, he was informed that the plague had already spread into Syria-Palestine and he was met by a delegation from Damascus led by the military commander there, Abū ‘Ubaydah, at Sargh, where an advisory summit was convened. After long deliberation among the elite council, the summit concluded with ‘Umar deciding to return with his delegation to Medina instead of proceeding into the plague-stricken lands.

Upon Abū ‘Ubaydah objecting that they would be fleeing the decree of God, ‘Umar wisely replied that they were fleeing from the decree of God toward the decree of God. His decision was conclusively influenced by the prophetic injunction to never enter nor flee a plague-stricken land. Thus, he took the means presented, as the Hadith advises, while his statement regarding God's decree shows that he maintained his reliance ultimately on God, not on physical means. ‘Umar also ordered Abū ‘Ubaydah to relocate his garrisons to the highlands presuming them to be healthier (Muir, 1891).

The first principle was also forthright during the Council at Sargh and was a central message in Abū ‘Ubaydah's consolatory speech to his troops at Emmaus (Ibn ‘Asākir et al., 1329). It is underpinned by a more fundamental epistemic principle

that plague was decreed by God for reasons knowable with certainty only by Him and that to declare a definitive interpretation of plague was to arrogate to oneself an unattainable level of knowledge. The understanding of this principle did not preclude religious interpretations of plague occurrence, but it did have the effect of precluding any negative interpretations from becoming dominant or overwhelming. Although Muslim chroniclers did record that the plague was interpreted by some as a warning or chastisement from God, this was always counterbalanced by the hopeful interpretation of the plague as divine mercy and an opportunity for heavenly martyrdom, which was more confidently disseminated by scholars subsuming it, as it were, under the wider theological principle of assuming the best in the decree of the divine.

Throughout the current COVID-19 pandemic, both these principles were taught widely by Muslim scholars. The first was voiced vociferously against popular tendencies to view the pandemic as some sort of divine retribution. The second, on the other hand, was expressed to encourage social distancing and quarantine. Having set out the framework for normative Islamic thinking during plague outbreaks, the following section focuses on the Mamluk Empire and our inquiry into how these principles operated historically in determining psychological responses during the Black Death.

The Black Death in the Mamluk Capitals

In the exploration of the experience and psychological impacts of the Black Death on those who witnessed the plague, chroniclers leave little doubt that the outbreaks were traumatic experiences. Life turned macabre; survivors were constantly preoccupied both physically and emotionally with death. Municipalities could experience unprecedented demographic upheavals and epidemics frequently coincided with food shortages and famines (Gökhan, 2008). The experience of surviving an epidemic was so traumatic that its effects would last for years and leave its mark upon social custom. A historical narration states that the horrors experienced were so severe that people would refer to their age by the number of years they lived beyond an epidemic as though surviving an epidemic was a second birth (Al-Jāhiz, 1985).

The massive urban death rates during the Black Death morbidly transformed the daily experiences of survivors. In addition to the experience of losing loved ones, death had a domineering and tangible presence. Urban spaces which were once the arenas of everyday life, transformed into passageways and stations for the dead through which funeral processions passed ceaselessly. With the Black Death in Cairo, the poet Ibrahim al-Mi'mar (d. 1348–49) recounts, “The approaching funeral processions frighten us, and we are delighted when they have passed by—with the alarm of a gazelle when it sees a jackal and then returns to ease when the jackal is gone” (Dols, 1977, p. 240).

The surplus of death also directly impacted the daily activities of the living. The scarcity of shrouds, coffins, biers, funeral celebrants, and gravediggers meant that bodies were frequently transported using makeshift apparatuses and that

the removal of bodies was impeded to the extent that they were sometimes piled up in markets and gardens (Al-Maqrizi, 1973). The cost of burials skyrocketed as the demand grew, to the extent that morgue-attending and gravedigging became lucrative occupations that attracted other professionals who were struggling to find work. Many would abandon their normal employment to profit from the abundant opportunity. Others also involved themselves in funeral works voluntarily, burying bodies by whatever possible means the prevailing circumstances allowed, some even resorting to digging graves inside their houses to bury their family members.

The prominent historian Al-Maqrizi (d. 1442) narrates with striking morbidity that homes were turned into graveyards. Hence, plague survivors were not only emotionally and mentally engaged with death but also physically. They were heavily occupied with taking care of the dead and attending to their last offices which included washing, shrouding, and burial (Gökhan, 2008). As such, they presumably invested a great deal of time and finances in such activities.

Mass funerals were also a common scene at the principal mosques of Cairo and Damascus, especially on the day of Friday when the masses would gather for communal services. On some occasions, the coffins would reach the hundreds, causing much dismay and angst among the attending worshippers. The Arabic writer Ibn Abi Hajalah (d. 1375) witnessed such a mass funeral at the Umayyad Mosque in Damascus on Friday the 31st of October, 1348, when the dead to be prayed over numbered 263. Of the size of the mass funeral he recounts, “The people saw in this a dreadful thing and there was a great clamor in the mosque” (Dols, 1977).

In the subsequent severe plague outbreak of 1429–1430 in Cairo, the historian Ibn Taghri Birdi (d. 1470) provided a glimpse into the psyche of the educated urbanites in response to the omnipresence of death. People would track the death rates by comparing the sizes of the mass funerals from Friday to Friday each week, each having prepared his will in resignation to death (Ayalon, 2014).

Death was not all that the inhabitants of plague-stricken communities had to fear. Unlike in the current pandemic, where the walls of hospitals and institutions caring for the sick shield the eyes of the lay public from the distressing nature of the disease, historic peoples in plague-stricken spaces would have been acutely aware of the natural history and symptomatology of plague. Symptoms and sufferings of the infected were witnessed by family members as therapy and care were delivered primarily at home. Hence, the characteristics of the disease itself as described with dramatic vividity reflect the intensity of fear and agony it created in the psychology of its witnesses (Varlık, 2015). For instance, the Byzantino-Ottoman chronicler Kritovoulos (d. 1470), who recorded the bubonic plague that hit Istanbul in 1467, provided a striking description of the plague and its effect on the human body based on his own experiences (Kritovoulos, 1954). Also, according to contemporary witnesses, communities would get easily alarmed solely by the hearing of the plague, such that even the youngest members of society, children, would talk about the coming of the plague in the streets when such news was heard (Gökhan, 2008). So, even when the plague was not existent, fear related to it was observable.

Taken together, the chronicles illustrate the severe impact of the plague outbreaks on Muslim communities. The psychosocial effects of the plague were deeply rooted in a context where people experienced constant exposure to death, loss of multiple

loved ones, fear and anxiety regarding the spread of the disease, and other challenges brought to their personal lives, such as economic struggles.

The Role of Religion and Faith in Muslim Responses to the Black Death

Rigorous exercise of religious rituals, special services, and ceremonial processions dominated communal city life in the Mamluk urban centers during the Black Death (Dols, 1977). Such practices and the Prophetic injunction not to flee from a plague-stricken land, as well as resurgent interest in Islamic mysticism, may have contributed toward allaying popular panic and anxiety. Although there was a degree of social disorder caused primarily by economic destabilization, normative Muslim behavior dominated the communal response.

The heightened concentration on ritualistic practice can be seen to have functioned as an adaptive response and potential coping mechanism for Muslims during these times. Ibn Taghri's eyewitness account of the day on which the Friday Sermon was delivered twice at the Al-Azhar Mosque in Cairo, a hitherto extraordinary occurrence, documents the intensified scrupulousness toward ritual performance and heightened awareness of ritual purity (Dols, 1977). These characterized much of the lay congregation's behavioral response to the panic of the outbreak.

Documentation of congregational incidents in public spaces provides a valuable glimpse into the general populace's attitudes toward the epidemic. This obsession with ritual purity and the legal validity of one's prayers is characteristic within the Islamic religion of an individual seeking to perfect their ritualistic practice. Ritual purity and prayer, which are the two fundamental and regular daily practices within the religion, are often the primary focus of attention. However, other practices were soon brought into focus also. In some instances, these practices were encouraged top-down and functioned additionally in contributing toward maintaining a communal sense of duty. In many urban centers, it was not an uncommon occurrence for the municipal authorities to declare a three-day fast (Dols, 1977).

The procession to the outskirts of the city for beseeching prayers was also documented in many other urban centers. The organization of these processions during the Black Death is remarkable, especially because it is the same normative communal response Muslim communities practice during droughts, famines, and other protracted natural disasters. For example, it is a well-established practice during drought, even in modern times, for communal supplications beseeching for the rain to be organized. Regardless of the different theological interpretations of its occurrence, these events suggest that plague was altogether observed to be part of the natural and ordered world, subsumed in the common Muslim psyche under other more understandable natural disasters. In the face of the apparent devastation and panic, these practices no doubt served as reminders that the plague remained a part of the divine order and no doubt bolstered the epistemic position that the plague was decreed by God for reasons known only to him. This helped to allay widespread panic and fear and preclude messianic or apocalyptic interpretations of the plague

from becoming dominant, as they did in other contemporaneous societies (Dols, 1974).

Scholars earnestly spread the teachings of the unique theological interpretation that plague was divine mercy and provided the opportunity for the blessing of martyrdom. This served as a source of comfort for the distressed or grieving Muslim. In doing so, the scholars were emulating Abū `Ubaydah who spread similar teachings to his public centuries earlier during the plague of Emmaus. Scholars and preachers drew heavily on the prophetic assurance of martyrdom for those afflicted by plague as well as anecdotal reminders of the griefs experienced by the Muslims of the early pious generations including the companions of the Prophet (PBUH) who lost loved ones in earlier plague outbreaks. This body of knowledge was circulated among the Muslim masses and provided a source of hope and tranquility amid the pervasive death and despair.

Prominent scholars would journey from the urban capitals to the rural communities to spread these teachings of hope. Muhammed Al-Husni is reported to have returned to a rural community on the outskirts of Damascus with the intention of helping its locals overcome grief and fear. He did this by dedicating his sermons to encouraging hope in God's mercy (Ibn Ṭūlūn & Muṣṭafá, 1962). Such teachings also gained enduring expression in poetry which has always functioned in the Islamic tradition as a major mode for spreading spiritual teachings among the public. For instance, the poetic description of the plague of Emmaus contained in the prominent twelfth century Islamic scholar Ibn `Asākir's history of Damascus (1332) gained popularity:

How many brave horsemen and how many beautiful, chaste women were killed in the valley of `Amwas.

They had encountered the Lord, but He was not unjust to them.

When they died, they were among the non-aggrieved people in Paradise.

We endure the plague as the Lord knows, and we were consoled in the hour of death (as cited in Dols, 1977).

Apart from helping with the grieving process, these teachings also helped prevent guilt and fear-based psychological reactions to the Black Death, which can otherwise be potent psychological forces in religious thinking. The emphasis on the piety of those who had suffered by plague in the past and those being chosen for divine martyrdom expressed in this poetic form would have reminded individuals not to view their plights and afflictions during the plague with negative frames of thought. The aforementioned increased emphasis on religious ritual practice and ritual purity should be interpreted in light of these other religious factors and should not be assumed to be rooted in guilt, fear, or desire for penance. However, this is not to say that the heightened ritual practices were devoid of any spiritual significance. They would have served as a coping mechanism for many who viewed them as positive behaviors. For others, they were means for spiritual growth, helping them turn the trauma of the outbreak into an occasion for spiritual ascendancy. The early Muslim ascetic Masruq ibn Al-Ajda' (d. 682) writes of his experiences of the Emmaus

plague, “I see it as an opportunity to disconnect from everyone and reconnect with my Maker” (Ibn Sa‘d & Bewley, 2012).

Discussion

Above all, it appears that it was the deep capacity of Islam to offer resources for meaning-making in previous plagues that allowed it to play such a great role in ameliorating the psychological impacts of the plague. The Islamic tradition points out that the exact reason behind an incidence, including something as large as a plague, cannot be defined by humans and is only known to God (Noor, 2020). Nevertheless, religious guidelines provide wisdom suitable for particular individuals to reflect on the incident. Accordingly, disease outbreaks can be understood as a blessing for the believers, which was clearly stated by the Prophet Muhammad PBUH, a sign from God to reflect upon the working system created by Him, or a punishment for persecutors (Akasoy, 2007; Curry, 2017; Gökhan, 2008; Hopley, 2010). Likewise, calamities such as a plague could be for advancement, cleansing, contemplation, or correction of people (Noor, 2020). Muslims believe that God is the ultimate power over everything occurring in the universe and it is only the Omnipotent who can lift any calamity at any time (Noor, 2020), be it a divine punishment or reward (Dols, 1974; Stearns, 2009; Varlık, 2015).

Historical documentation presented in the current article provides powerful glimpses regarding the nature of psychosocial responses to plagues among Muslim populations throughout history. Islamic traditions are home to a rich body of knowledge, with the earliest references available directly from the primary sources of the Prophet Muhammad PBUH and his companions. This tradition provides not only techniques for meaning-making but also guidelines for individuals and communities to build adaptive and ethical responses vis-a-vis a plague. Insight derived from the examination of the capacity of Islam and its influence on the psychology of Muslim communities during plague epidemics can be beneficial in the contemporary circumstances of the COVID-19 pandemic.

The variation of approaches provided by the Islamic tradition about major disasters and particularly communicable diseases, like pestilence, diversified the meanings attributed to the plague. As an example, while one possible explanation could be a warning from God for those involved in misbehavior, epidemics could also be conceptualized as a divinely-granted chance for martyrdom (Noor, 2020). Hence, being exposed to diverse explanations for such a severe tragedy provided a rich repertoire for Muslims in the meaning-making process and eased the adjustment to the new normal during a plague experience.

The Islamic tradition also provides a balanced standpoint for individuals and communities during times of hardship and uncertainty, a phenomenon observable in the case of pestilence. Muslims are encouraged to be positioned between “*khawf* and *rajāa*” (Al-Jawzīyah et al., 1996) or apprehension (fear) and aspiration (hope), and this state enabled dynamism and adaptability in their responses to a plague. On the individual level, acceptingly facing their mortality, Muslims in plague eras were involved in realistic preparation for death (e.g., writing wills, carrying ‘name tags’

for identification of the body, and preparing spiritually for their afterlife). At the same time, they were hopeful for the removal of the calamity by the will of God. Consequently, they were involved in restorative activities, including both religious (e.g., fasting, praying, and repentance) and curative ones (e.g., medical or traditional remedies, Ayalon, 2018; Dols, 1977; Tokuş, 2016). Taken together, Muslims would be called upon to evaluate and revise their lives for the better, but at the same time to be content with the ultimate reward if they succumbed to the disease. On the other hand, on a community level, they were advised to maintain a balance between their own well-being (i.e., protecting themselves from the disease and not jeopardizing their own life deliberately) and the well-being of the community (i.e., fulfilling responsibilities to those in need, whether alive or dead).

Future Directions

The historical narratives presented in this article constitutes a snapshot of past experiences rather than the overall plague history of Islamic communities for the given time period due to the limited space and scope of the study at hand. Further interdisciplinary work would provide a better understanding and more in-depth analysis of the role of the Islamic tradition as a source of coping and guidance which could be found weaved in the communal and individual expressions during plague outbreaks.

Furthermore, in addition to the existing literature on the primary position of religion and faith as sources of reference, comfort, and coping during stressful life experiences, including various natural disasters (Haynes et al., 2017; Stephens et al., 2012), recent evidence illustrates that people have increasingly turned to religion in the form of praying and increasing their spirituality during the COVID-19 outbreak (Bentzen, 2020; Dein et al., 2020; DeRossett et al., 2021; Imran et al., 2022; Newport, 2020). Therefore, belief systems evidently remain an essential source of impact for people during adversities in the modern era and their role in the psychology of pandemics is crucial to explore in future studies.

Limitations

A primary limitation of the current study is that any extraction of insights from the Islamic history of plague about the role of religion in the contemporary psychology of pandemics arguably runs the risk of anachronism in at least two ways. Firstly, given the scientific advancement in the modern era, experiences of communicable diseases are expected to be significantly different from early modern experiences. Secondly, based on the expectation that religions would lose their impact on communities together with modernization (Bentzen, 2020), Islam as a belief system may not have the same capacity of influence on individual and community responses today as it had during the plague pandemics of the pre-modern period. It cannot be overstated that the circumstances across centuries and geographies obviously differ. This requires being cautious in providing analogies between the plague experience

of Muslims in the past and the current experience of the coronavirus outbreak. Nevertheless, there seems to be sufficient literature to support the validity of such historical examination.

Conclusion

The psychosocial experience of the COVID-19 pandemic seems to have common elements with the historical experience of plague outbreaks such that both diseases were highly and quickly transmissible, had a large geographical reach, presented without any proven treatment, and left humanity coping with many uncertainties. Furthermore, both diseases caused a comparable psychological impact on individuals and communities, which was generally manifested as excessive panic, fear, and helplessness (Gökhan, 2008).

The examination of historical accounts provided in this paper demonstrates that religion can play an important role in pandemic psychology and individual psychological well-being during epidemics/pandemics. In line with the contemporary literature on religion as a protective factor through meaning-making (Haynes et al., 2017; Park, 2005), we argue that Islamic resources as a holistic collection, which include both explanatory knowledge and practical guidelines, provide ways of coping, adaptability, and flexibility for Muslims.

The historical roots of how the religious and spiritual framework functions on the psychology of the believers are of practical significance to mental health care providers taking care of Muslim clients during the COVID-19 pandemic. It is beneficial for therapists and other mental health professionals to be aware of the religious/ spiritual resources and reference points. For instance, the decision-making process of a Muslim client regarding the COVID-19 vaccines and related psychological processes can be addressed in a therapeutic context if the professional is aware of the main reference points in Islamic history about treatments, precautions (tadbeer), and reliance on God (tawakkul).

Islamic resources are especially crucial to be utilized in clinical settings for long-term outcomes of a pandemic (e.g., loss of family, financial stability, or health due to the pandemic, long COVID-19, chronic health issues related to COVID-19, and/or vaccination) which can be less obvious than the initial acute phase of the pandemic but more detrimental psychologically. Thus, Muslim histories of plagues provide a framework in understanding the emotional, cognitive, and behavioral responses of Muslims within a therapeutic context.

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