Ancient History, Public Health, Religion, and Spirituality: Resources for Pedagogy Susan R. Holman^[1]

Editors' Note: The PHRS Bulletin publishes a wide range of articles, with purposes ranging from education and pedagogy to advocacy to theoretical or historical reflection. In this piece, Susan Holman examines recent publications and tools that explore ancient pre-modern intersections of religion and spirituality (R/S) and public health topics. Going further, she highlights additional resources that health science faculty may find useful in supplement to existing public health or R/S curricula.

s this network and Bulletin have emerged over the past five years, it is evident that readers share a commitment to evidence-based data on why and how religion/spirituality (R/S) matter for public health in the twenty-first century. Readers also, clearly, share a broad interest in good stories on how we might learn from the past. And yet the "past" in public health stories is often—at least it seems so to me limited to data or stories from sometime within the past one, or at most two centuries, starting around the time of Edward Jenner, that milkmaid, and that cow. But what if we push back further, for yet more ancient premodern intersections of R/S and public health topics? How might health-related texts before Pasteur, Koch, Jenner, before the French before even Revolution, the earliest microscopes of the sixteenth century¹ inform modern public health pedagogy? In what follows, I highlight just a few recent publications and open access pedagogical tools that ask that question, which might be used in the classroom to invite students to explore and consider how the ancient past speaks to us today. I focus first on a recently published Sourcebook of ancient medicine by scholars in religion and the health humanities designed as a full-course textbook, and the components it could offer in even short

modules of other classes. Ι then highlight a sampling of other resources that might supplement public existing health or R/S curricula. Health science faculty may also find



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these tools useful when launching into research on cross-disciplinary issues outside their scholarly "comfort zone," to consider health narratives (and data, or hints of it at least) from the far distant past.

A new sourcebook

Historians Kristi Upson-Saia, Heidi Marx, and Jared Secord's new text, *Medicine*, *Health*, & *Healing in the Ancient Mediterranean*, 500 BCE – 600 CE: A Sourcebook (University of California Press, 2023)³ invites readers to consider modern healthcare discussions through some of the sources at the root of modern western medicine in the late antique Mediterranean world. Intentionally designed to be a classroom-friendly text for students in public health and medicine as well as religious studies, disability studies, classics, and the

history of the ancient world, the book pairs short, accessible explanations with a wide range of key primary sources in English translation.

The Sourcebook opens with immediate engagement of the "why" question—why is ancient medicine relevant for those who care about religion and the health sciences today? They answer this in the first five pages, with six representative (i.e., logical but nonexclusive) reasons: (1) to cure historical amnesia as we "trace the origins and legacies" and continuities of "approaches, values, and practices" we still observe today; (2) to understand how things have changed, as practices "sometimes morph to better suit new historical moments and new social contexts"; (3) to "complicate" our temptation to smugly assume that medicine has moved to a progressive know-all pinnacle; in fact, providers in the ancient past "had medical insights long before we did"; (4) to inspire new perspectives; the context of a time very different from our own can "unstuck" us to "reorienting and refocusing"; (5) to help us "see how social and cultural norms infiltrate medical reasoning" in ways that prompt us "to question our own modern medical priorities and investments"; and (6) to help us cultivate "an impulse to be empathetic" by our encounter "with a wide range of worldviews, practices, preferences, and values—put simply...a plurality of people." Following longer explanations of each of these possible reasons, Chapter 1 concludes with the crucial methodological question, "How do we study the history of medicine?" Here the authors highlight concerns that shape epidemiological factors across time. For example, we can identify environmental disparities that increased health risks for the poor: fevers suggesting malaria in those living in marshlands, air pollution from indoor cookstoves, and water pipes that correlate with measurably toxic levels of lead and other elements. Ancient sources offer a wealth of details on models of the healing professions, on sick people's experiences of suffering, and make possible the study of human remains in bioarcheology, and hints about environmental and epidemiological conditions across class, race, and gender. Following this introduction, Chapters 2 and 3 outline a chronological overview of Greek and Roman Medicine (Ch. 2) and the health-related living conditions of the ancient Mediterranean (Ch. 3).

These chapters set the stage for Chapters 4 through 15, twelve thematic modules that each include a brief essay by the authors, followed by substantial excerpts from what together total 48 representative primary [ancient] texts in English translation. While some are translations published elsewhere, many are newly commissioned just for this book. Chapter 4, "The Cosmos and the Body as a (Micro)cosm," helps readers understand how differently ancients understood the body and the cosmos, in terms of humoral theory, geography, and astronomical forces believed to determine disease risks. Themes then range "Theories" (Chapter from "Diagnosis" (Chapter "Common 7), Complaints" (Chapter 9). "Common Treatments and Therapeutics" (Chapter 10), to "Patients" (Chapter 12, "Ethics and Professional Conduct" (Chapter 13), and "Healing Places and Spaces" (Chapter 15). Public health themes thread through the essays and translations, particularly those on women's health, epidemics, pharmacology, incubation and dream healing, ethics, and healing places and spaces. The Sourcebook ranges across a millennium, drawing from diverse philosophies and religions, but largely focusing on sources originally in HOLMAN 11

Greek and Latin, with representative religions limited to the Greek and Roman pantheon, Christianity, and to some extent Judaism. These limits were intentional and help keep the book affordable (at 432 pages) and practically useful for readers in the English-speaking Western world.

In addition to the overview essays, the book includes 72 images from ancient art and archaeology that illustrate various physical aspects of community life and material or bodily practices. The supplementary back matter includes a timeline for those unfamiliar with this period in history, names and sources, a glossary of common terms and concepts in the context of ancient medical thought, a glossary of people, and a short bibliography for further reading. With the publisher's blessing, the authors also developed and have posted a free online Instructors' Guide. available https://remedhe.com/pedagogy-2/.

Disability in the Ancient World: Scholar Networks and Other Resources

The Sourcebook is just one example (though it is a uniquely comprehensive example) of a variety of new resources for considering health care, community, and medical issues through a lens that prisms lessons from premodern history. Another, related but more social, interactively resource the international working group cofounded by two of the Sourcebook's authors, on Religion, Medicine, Disability, and Health in Late Antiquity (ReMeDHe). ReMeDHe is an open collective of academic scholars (including independent scholars and graduate students) who meet online together at a broad range of organizational conferences, and collaborate (pro bono) to support new ideas

and junior scholars, and to "push the envelope" on diversity, equity, access and inclusion issues within the academic sphere. ReMeDHe has sponsored a summer writing workshop, "first book" workshops, all-day sessions on how to publish one's first article, topical sessions at national and international conferences, and recently launched a book series on religion, medicine, and health in late antiquity.4 ReMeDHe affiliates have also cotaught large-scale courses relevant to religion, health, and public policy, and members used the pandemic to freely share online resources, syllabi, and educational videos. Its volunteer model, independent of today's ruling climate of institutional funding insecurities, may encourage other affiliations of health care-related scholars to do the same. In 2022, the ReMeDHe Board drafted a list of best practices and action items professional societies and scholarly communities could take to be more inclusive welcoming historically and to underrepresented colleagues, then hosted a workshop in which scholars (mostly from the fields related to late antiquity) together produced Actions for Inclusivity in Scholarly Communities: A Working Guide. example reminds us how engagement across disciplines (something PHRS is also engaged affords new dimensions ofinterdisciplinary work that takes seriously scholarship in various fields.

Decentering ableism is an important theme in other resources on ancient religion relevant to modern public health concerns and debates. Voices from the field (and often personal experiences) of disability studies help readers rethink the cultural assumptions around what "healing" means for those with neurodiversity and other-abled bodies.⁵ In her new book, *Loving Our Own Bones: Disability Wisdom and the Spiritual*

Subversiveness of Knowing Ourselves Whole (Beacon Press, 2023), Georgetown professor and rabbi Julia Watts Belser combines personal narrative, as a "queer disabled Jewish feminist" with examples directly relevant to public health today, of the stigma and shame that typically follows 'normative' readings of sacred texts in ways that deny disabled voices from the past. Another voice working inside conventional medicine is that of Victoria Sweet, MD, who combines her clinical practice with the homeless with lessons from 12th century medic, artist, and mystic nun, Hildegard of Bingen.⁷ My community health nursing students instantly connect with clips from Sweet's TEDx talk on lessons from Hildegard about "The Efficiency of Inefficiency."8

Diverse religious traditions and the ancient past

Beyond these resources, there is a wealth of other material on similar topics that might be used to supplement classroom discussions or individual modules on premodern roots of R/S and their pertinence to global and public health issues today. Some focus on particular religious traditions. For example, new scholarship on the history of Jewish medicine in public health-related interests includes a 2021 open access volume on Defining Jewish Medicine edited by German scholar, Lennart Lehmhaus, of the Institute for Jewish and Religious Studies in Tübingen, Germany and funded by a research project at the Free University of Berlin; the book includes a chapter on "Public Health in Jerusalem according to the Talmudic Literature," by Estēe Dvorjetski. Swiss scholar, Monika Amsler explores the way Jewish Rabbinic texts contain (sometimes hard-to-notice) recipes for health, in her work on medical "magic" and the transmission of knowledge. (Both Lehmhaus and Amsler publish in English.) Connecting and encouraging further studies, the Herbert D. Katz Center for Advanced Judaic Studies at the University of Pennsylvania recently announced that its 2024-25 Fellowship year will support "new research at the intersection of Jewish studies and the study of health, medicine, and the body."

Addressing social determinants of health connected with ethnocentrism and bias, a number of resources about ancient health care may help "de-colonize" its classical focus on Greece and Rome. A new book from anthropologist-physician, Piers Mitchell at the University of Cambridge, highlights how parasites have shaped civilizations, including their (unintended) presence in the religious wars of the Crusades. Israeli scholar Ronit Yoeli-Tlalim, who teaches in London. recently published the richly illustrated ReOrienting Histories of Medicine: Encounters along the Silk Roads (Bloomsbury, Looking 2021). bidirectional influence between ancient Greece and Rome with China and India, Yoeli-Tlalim illustrates medical practices that include the uses of dice, moxa-cautery (traditional Chinese medicine therapy), and related medical texts from the Dunhuang caves, a medieval Buddhist monastic library in northwest China, on the edge of the Gobi Desert. A more extensive study on these texts and their social context is Christopher Cullen and Vivienne Lo's Medieval Chinese Medicine: The Dunhuang Medical Manuscripts (Routledge, 2005). Social factors in the history of health in Buddhist communities is also a pervasive theme throughout a massive anthology of English translations, Buddhism and Medicine: An Anthology of Premodern Sources, edited by

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C. Pierce Salguero (Columbia University Press, 2017).

Online Resources

All of these sources have value as we try to understand the past in ways useful for modern healthcare conversations. Many of them also wisely remind us of the danger, reading history, imposing when of retrospective diagnoses into disease frameworks that are based on very different cosmic interpretations from our own. Certain pathologies obviously cross time and some can be measured clearly. Bioarcheology can confirm, for example, malaria, plague, lead levels, malnutrition, and various work or domestic stressors. But ancient readers also describe symptoms that suggest very different realities in their world and ours. For instance, modern readers might be tempted to impose diagnostic terms like "schizophrenia" descriptions of ecstatic spiritual experiences described in religious healing ceremonies, which may disregard how such encounters powerfully shaped and informed the experience of suffering and healing in the ancient world, and further, how echoes of these practices still exist in the modern world.

A final example here is that of health historians and R/S researchers in public social media. The COVID-19 pandemic, for instance, inspired several Byzantine and classical historians to post open access resources and launch new podcasts on the histories of infectious diseases in the premodern world. One of these is Dr. Monica Green an independent scholar, former Radcliffe Institute Fellow, and author of more than 250 articles and translations on the history of global health, women's health, and the ancient and medieval plagues.⁹ Kristina Killgrove brings her voice as an

anthropologist to media bioarcheology. Anthony Kaldellis's podcast, "Byzantium and Friends"—beyond the usual radar of public health feeds—also includes occasional interviews about new books on health conditions in the ancient world. His talk with historian Paul Stephenson, on "Lead mining and lead pollution in the Roman world," discusses the science in detail and its measurable consequences on ancient bones, drawing from Stephenson's ongoing project on metallurgy and environmental violence. Finally, Princeton-trained Byzantine historians, Merle Eisenberg and Lee Mordechai, teamed up in 2020 to launch "Infectious Historians," with now more than 100 hour-long interview podcasts posted on current research and new books connecting pre-modern (and modern) history with concerns around social and biological contagion health, and religion. Invited guests have ranged from public policy experts in Europe to medical research at the National Library of Medicine to new data on social and population effects of cholera, flu, Jews and the Plague, anti-vaxxers, 16th century Mexican missionary medicine, immigration health from the ancient to the modern world. and much more.

In conclusion, the resources highlighted here are only a small sampling of new scholarship on ancient history that can be useful in public health pedagogy. Even when the data they document is visual and suggestive rather than globally statistical for modern epidemiology, such tools can help us—and our students—understand R/S nuances and their role in community transmission and control of diseases and health risks across time.

Disclaimer: The author is a member of the ReMeDHe Board; all Board members serve pro

bono. She has no financial interests in any of the resources mentioned in this essay.

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