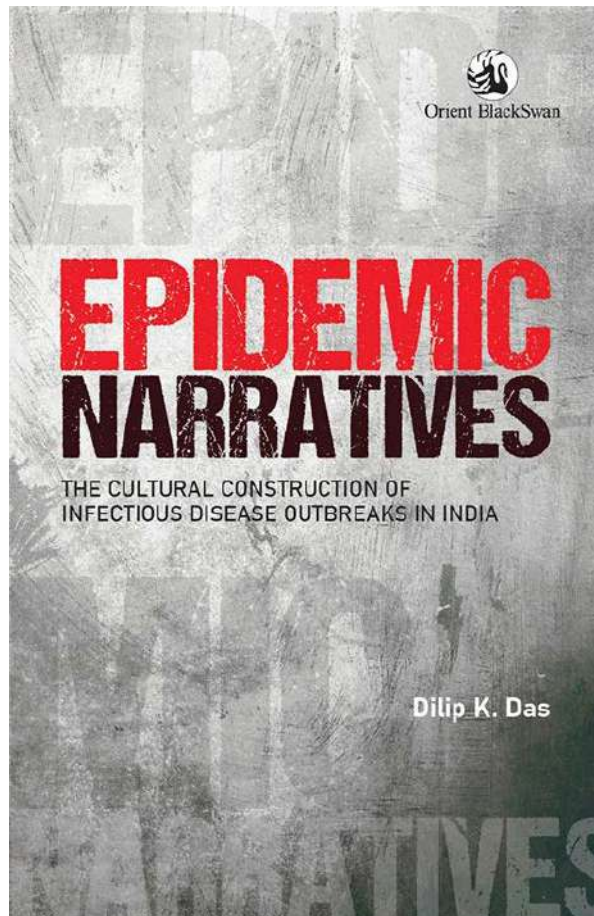


Epidemic Narratives: The Cultural Construction of Infectious Disease Outbreaks in India by Dilip K. Das (2025): A Review by Sakshi Wadhwa

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Epidemic Narratives: The Cultural Construction of Infectious Disease Outbreaks in India authored by Dilip K. Das and published by Orient BlackSwan in 2024, offers a rich interdisciplinary and cultural account of epidemic outbreaks in India from colonial to contemporary times through literary works, epidemiological, and newspaper reports, along with academic articles. The book combines laying out the objective (dealing with technical statistical details of the population affected) and understanding the subjective (individual suffering and emotional impact of people in epidemic outbreaks).

Das skillfully presents both the epidemiological and cosmological approaches to understanding outbreaks in the book. He explains in detail the objective facts of the epidemic, i.e., the historical facts as well as speculations of the spread of the epidemic, how it was dealt with by the concerned authorities and the scientific medical treatment which was offered. On the other hand, he offers a subjective understanding of the outbreak, how people perceived the epidemic, the rituals that were performed and the deities they worshipped. Each chapter of the book consistently uses an 'objective-subjective' approach whereby the key events appear to unfold in ways where the more rational view is juxtaposed with a more emotional one. The approach is praiseworthy in its attempt to highlight both perspectives and seeks to show the intersections between the two. However, in

some instances, it plays out strongly in terms of dichotomy, while in other times, fluidity appears to be dominant.

Das seeks to maintain a middle-way approach with a conscious attempt at avoiding slipping to either of the two distinct sides while also focusing on the fluidity between the two in instances such as the first chapter, where a mixture of both biomedical and traditional-cosmological approaches was pointed out. Second, the theoretical framework (s) adopted in each chapter offer a perspective for the readers to view the outbreak and its representation in the narrative. Third, incorporating regional literature like the book *Samskara* or '*Rebati*', an Odia short story by Fakir Mohan Senapati, or a chapter in the Malayalam novel '*Kocharethi: The Araya woman*' by Narayan, goes beyond the mainstream Hindi or English popular media.

However, although the book discussed colonial response to outbreaks in sufficient detail, the same appears missing in the context of contemporary governance, where the government's response could have been elaborated more. While the book incorporated fiction, memoirs, and movies as narratives, along with people's experiences as they had shared through blogs, social media is not discussed. Neither was there a mention of social media truly acting as a network for people to connect for support and arrangements for medical supplies. While social media analysis is a vast terrain and can be a study in itself, the book would have benefitted in incorporating some of its relevance during the pandemic. It is also worth noting that Das labours to explain almost all the terms related to the field of state almost in a way that a glossary is included within the chapters which is not only technical but dialogic.

The introductory chapter of the book clarifies its objectives and methodology. While Das claims to have adopted an interdisciplinary approach (combining medicine and social sciences) to the study of epidemic outbreaks, he clarifies that the interdisciplinarity should be viewed not on the disciplinary grounds but with reference to the context of the study, which in this case is epidemiological literature, media reports, and stories to make sense of the outbreak and its perception. Further, the author claims to be viewing the epidemic outbreaks in terms of a 'human interest angle' whereby he aims to not just analyse how epidemics impacted humans but also to understand how the humans made sense of the epidemics and responded to them. With this vision, the plots of the stories and the importance they attach to the outbreaks as events affecting human lives are studied. Each chapter deals with a particular epidemic, its objective and subjective aspects, and a theoretical framework that acts as a lens used by the author to perceive the literature around the epidemic.

The first chapter of the book sets the stage for forthcoming debates and discussions by clearly highlighting the conventionally perceived rivalry between the two camps, traditional sacred rites versus modern biomedical practices. People are usually considered to belong to one camp or the other and are labelled as traditionalists or modernists based on their choice of camp. However, the author argues that instead of viewing the two camps as rivals, it is helpful to consider them as two approaches that act as ends of a spectrum. While there exist differences between them, for instance, modern biomedicine relies on vaccination and the ritualistic approach that can be taken to worship a deity or perform rituals, people can adopt both instead of firmly believing in one or the other. The chapter goes on to make several important distinctions that cater to this argument. For instance, the difference between 'disease' and 'illness' is mentioned, whereby the former is more about the biological and psychological dimensions, while the latter is about the psychosocial experience and how disease is understood and perceived. Similarly, a distinction between 'curing' and 'healing' is made whereby the former deals with the treatment of a particular condition while the latter is about the holistic treatment where the person as a whole is treated with both physical and spiritual aspects. The constructivist and linguistic elements are then pointed out to show the three vital

interconnected elements in a triadic relationship with disease, which are the reality of the disease, its reflection in and shaping in the discourse, and its interpretation or perception as common sense. The 'framing' of the disease (its representation) and its expression in language are also hinted at to set the tone for other chapters where the representative and discursive aspects are elaborated. Therefore, the first chapter involves conceptual definitions and distinctions, hereby tilting more towards highlighting the dichotomy for a better understanding of the nuances that other chapters will elaborate on.

Chapter two of the book views the pandemic in terms of nationalism. Although nationalism as a concept or ideology is not explained in significant detail, which might have been helpful in better explaining the theme, the reason for the same can be to look at the pandemic and nationalism together instead of merely focusing on one. The chapter showed how the colonised regions since the colonial times were stigmatised for their lack of hygiene and, therefore, blamed for the spread of diseases and the term 'pathogeography of blame' is used for the same. One of the examples provided is William Eggleston's report, in which he noted cholera as an 'Asiatic' contagion with unhygienic conditions in pilgrims that played a key role. The continuity with this narrative is underscored by drawing readers' attention to accusations by the US of China during COVID-19. China was speculatively charged for leading to the pandemic either due to inappropriate food eating habits or generating the virus as a biowarfare instrument; both charges lacked empirical evidence. This 'othering' by the West, where Asian countries are seen as the genesis of diseases merely because of their distinct, non-western way of life, has a long history which continues unabated, as the COVID pandemic has proven. A similar 'othering', however, can be seen within countries against the marginalised 'others,' an example of this is the prejudice against Tablighi Jamaat during the initial onset of the pandemic in India. The chapter then explains the state's extraordinary role and measures during such public health crises that end up risking people's lives more than saving them, which Foucault called a 'biopolitical enigma.' Giorgio Agamben's 'state of exception' is referred to as the normalisation of such extraordinary measures, which were defended on the grounds of extraordinary circumstances. The chapter ends with theories on nationalism and transnationalism, indicating the need to prioritise global health and universal well-being over statist or pharmacy companies' interests. The question worth asking here is whether hygiene concerns can be completely quashed when such issues continue even in contemporary India. Furthermore, the discourse of 'othering' and the state's role in adopting extraordinary measures that fortify the 'othering' approach caters to the political aspect related to the pandemic, which has a direct impact on the people. While the dilemma of saving health or savouring freedom is explained in later chapters, this chapter showed how the government's actions add to the plight of a particular section of people while saving others from the same. Therefore, the chapter revolved around the politics and political dimensions of the pandemic.

Chapter three deals with the plague outbreak and nationalism. In continuity with the extraordinary, often overly strict state measures during the crisis, as mentioned in the chapter before, this chapter also pointed out that more than the plague, it was how government measures were enforced that severely impacted the people. Therefore, the colonial past and history of such an ever-controlling, unaccountable state can be seen in this chapter, too. People chose suicide over hospitalisation due to rumours of their body parts being cut in the hospitals and apprehensions of caste pollution. Especially in Poona, the inhumane treatment of travellers, their disinfection with women passengers asked to change clothes and bathe in public and government officers raising people's homes and entering women's quarters added to the anguish of the people who often wrote letters to the authority which fell on deaf ears. In the comparative approach, the author showed two distinct ways in which plague was handled whereby in Poona, Officer Walter Charles Rand's apathy for people

despite complaints against mistreatment by officials was contrasted with William Forbes Gatacre's plague management in Bombay, where he took support from locals in combating the spread of the disease thereby showing the importance of developing consensus and involving people's participation in administration, especially during major crisis. The chapter finally moved on to the nationalist aspect by highlighting the assassination of Water Charles Rand and Lieutenant Charles Ayerst by Damodar Chapekar, who was later hanged to death, a self-proclaimed patriot. Delving into Chapekar's autobiography, the response of native newspapers, and his glorification in recent years as a martyr. He was glorified as a patriot by the state through the renovation of his family home in 2005, a book chapter dedicated to him for a children's book published by National Book Trust in 2009, and even the movie made on him '22 June 1897,'^[1] received National Film Awards. The author shows different narratives as expressed by native newspapers of that time and the different focus of the autobiography and the movie. Chapekar's story in the chapter begs the question of varying ways of perceiving him, which in itself indicates the version of nationalism one confirms.

Chapter four also takes up the plague outbreak in light of ethics, traditions and modernity in U.R. Ananthamurthy's book, '*Samskara*.' The chapter offers scholarly views on *Samskara* as a critical commentary on complexities regarding the adherence to traditions of the caste system and builds on the same by locating the uneasy yet worthwhile debate between tradition and modernity in the context of the plague. It is argued that the backdrop of the plague against which the story is set indicates a close link between ethical and epidemic crises. Similar to the distinction between the autobiography and the movie on Chapekar, this chapter also highlights the different endings in the book and the movie, whereby the former has an open-ended closure while the latter does not have such a climax.

Chapter five elaborates on the Spanish flu pandemic and the narratives surrounding it. The chapter begins by pointing out the irony of naming the disease as 'Spanish' flu when evidence of it emerging in the US or France is much more substantial. The power politics behind the naming of diseases can be seen in the second chapter. Continuing with the bifocal approach, the author highlights an outbreak as a threat and a means of solidarity for communities. The marginalisation of the poor during the outbreak acts as a threat to already fractured societal ties, while people's support for each other during such crises can strengthen community ties. The latter can be seen when volunteer grits and charitable organisations offered much more effective help than the British government, which itself accepted its failure to mitigate the crisis albeit with justifications. The chapter focussed on excerpts from an epidemiological report to show objective and factual details of the outbreak affecting the masses, which is then juxtaposed with Suryakant Tripathi Nirala's 'A Life Misspent' and Ahmad Ali's 'Twilight in Delhi' to show the people's suffering at the more personal and community levels respectively, with more cosmological underpinnings. Through these reports and accounts, authors emphasised Mikhail Bakhtin's concept of chronotope which is about the spatiotemporal narrative, is noted to show that the events are represented in ways that recreate them. Further, drawing upon the importance of chronology and perception, both collective and personal experiences are enmeshed and narrated in ways where the objective facts and chronological details, despite existing, are taken over by the emotional aspects of personal and collective experiences. Foucault and Judith Butler also referred to highlight the state's power over the people's lives whereby states can both be responsible for securing people's lives while also taking them away. The hierarchy of human lives created by the government is therefore exposed, whereby some human lives are considered more important than others.

Chapter six of the book analyses Satyajit Ray's '*Ganashatru*' and the play '*Enemy of the People*' by Henrik Ibsen, probing into the background of Hepatitis and how religious dogmas and scientific inquiry are seen as conflicting. Both works (the former being inspired by the latter and appearing as its adaptation in many ways) expose the contradictions between biomedical evidence, religious adherence, vested interests, and bodily welfare versus socio-economic welfare. However, the former is distinct from the latter due to its radical and blunt denial of the structural social order as against more subtle and internal transformation, a focus on the economy, public health as against religion, vanity as against modesty in the latter, and finally, individual radical reformer as against the community stalwart. The chapter underscores how, just like the state, religion too can adversely impact what it promises to secure, i.e. the health and well-being of those participating in its practices. Intersections of religious practices with health concerns and interpersonal, familial and societal relationships in both chapters are well discussed. The chapter does not take an anti-religion stance but points to the importance of scientific inquiry while laying bare vested and economic interests.

Chapter seven brings in the narratives surrounding AIDS through movies. Locating the narrative in the philosophical framework by Susan Sontag, who points out the perception of diseases as 'foreign' and turning the marginalised section as scapegoats, blaming them for the spread of the disease, the author traces the evolving perception regarding AIDS in India. While sex workers, truck drivers, and migrant labourers were initially blamed for the advent of AIDS in India, it gradually came to the fore that the disease no less touches the middle classes. With several middle-class housewives testing positive for AIDS, the boundary line between the "morally deviant" and "morally obedient" became fuzzy. The moral component associated with AIDS led to the disease dividing people into 'Guilty' and 'Innocent' whereby the sex workers, truck drivers, migrant labourers, and others who were involved in sexual activities were viewed as undeserving of compassion when the disease hit them, while the housewives, thalassemic patients and others who were infected through "non-deviant sexual activity (i.e. within the confines of marriage)", syringes or medical negligence were considered as undeserving of the disease and deserving of all the compassion. The same societal perception could be reflected in Indian movies like '*Naya Zaher*' and even in more sensitive depictions in movies like, '*Ek Alag Mausam*,' and '*Positive Lives*' However, the chapter notes the gradual evolution regarding the understanding of AIDS in movies such as '*Phir Milenge*,' and '*My Brother...Nikhil*' points to the need for non-discrimination against the affected and the dissolution of societal moral grounds for compassion. The chapter shows that movies as popular media not only reflect the realities of the outbreak but also shape their understanding and perception.

Chapter eighth caters to the movie '*Virus*' by Ashique Abu and, through it, comments on causes of contemporary outbreaks, which include environmental spillovers (accidental transgression of human and animal boundaries), bioterrorism and the lifestyle-related risks, thereby indicating a shift from the earlier localised and specified outbreaks of the earlier century to a more globalised and generalised one. The climax of the movie indicates the scientific possibilities of microbes just being dormant and never completely vanishing after the end of outbreaks, therefore indicating that it is not its end but an intermission. The biowarfare risks, power politics, suspicion of the marginalised, and emotional valence are all conveyed through the movie, which is inspired by a real-life outbreak. It is worth noting that the chapter dealt with the aspect of bio-sociality and the importance of the community. Bio-sociality is referred to in the context of the porous human lives which are affected by the outside environment and the solidarity developed among the patients facing chronic, incurable diseases as a counter to the prejudice by the unaffected others. The framework of community with its key feature of 'giving,' an exchange, a form of communication, is discussed along with communicable disease that serves to decrease communication due to the threat of spread but can

also provide the basis for strengthening solidarity whereby protecting oneself can help in protecting others. Through the short movie, *'Infected'*, set in the background of communicable diseases like COVID-19, the chapter underlined the emotional costs of physical barriers which lead to restrictions on freedom and intimacy to ensure health safety.

Chapter nine revolves around the COVID-19 pandemic and its narratives. The chapter begins by describing the distinctness of COVID due to its speed, global lockdown, acute shortage of medical supplies, and the spatio-temporal anxieties it brought forth. Considering 'My COVID story' as blogs, (a platform provided by The Times of India) of people sharing their stories of surviving amidst the virus and a documentary movie by Vinod Kapri, *'1232 kms'*, on the migrant labourers' on-foot movement back to their homes due to sudden imposition of lockdown. The chapter throws light on the personal aspects of suffering amidst the collective calamity, underlining the subjective, emotional consequences of the pandemic apart from its physical impact.

The tenth chapter of the book provides a conclusion along with vital information on narratives a focus that runs through the book. Details on events as a basic unit of narration, differences between a story and a plot, chronological and causal connections in a narrative and the perception of time through memory, attention, and expectation, further the intersection of past, present, and future. After explaining the vital concepts related to narrativisation, epidemic narrative as a genre is explained through examples in the two paradigmatic forms, i.e. biomedical (realist) and cosmological (mythic). The chapter also points out that the equilibrium which gets affected by the pandemic is restored after it has ended (for the time being), but not in the same as its original state.

The epilogue of the book authored by S. Mukundan uses the ballad, *'Plague Sindhu'* and throws light on the literary representation of the plague that included both scientific and cosmological aspects. Readers' attention is drawn to the reversal of 'untouchability' whereby the Thotti Madhavi community, considered untouchables, pushed people's corpses with makeshift rods and sticks to avoid touching the infected corpses. Hence, the infected, who could belong to the highest social order became untouchable for those viewed as 'untouchables' by society. Literary works like *'Plague Sindhu'* are referred to as 'incipient pedagogy', which, although not formally educational, helped comprehend and form public opinion of the diseases.

To conclude, Das's book is theoretically rich, combined with well-articulated and appropriate case studies. The book is comprehensible and uncluttered by academic jargon. It also reflects the author's clarity of thought, evident in the seamless flow of the chapters. His focus on narrative and how meanings are derived is well communicated in the text. Although the inclusion of several stories and films can make the work appear broader than deeper, the author succeeds in showing the importance of narratives and how they influence meaning and perception.

COVID-19 is a watershed moment in the history of outbreaks due to its large-scale impact and stringent restrictions on border movements, which makes 'Epidemic Narratives' a must-read.

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