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The current paper argues that religious conservatism may be an evolutionarily evoked disease-avoidance strategy. From an evolutionary perspective, the mind is an evolved behavioral multi-tool composed of psychological mechanisms, which are evolved solutions to unique adaptive challenges (e.g., infectious disease; Tooby & Cosmides, 1989). All psychological phenomena (i.e., affective, behavioral, and cognitive) are physiologically bound to the unconscious, automatic processing of our embodied mind (Lakoff, 1999). As such, culture (e.g., religion) is an emergent property of the interaction between the physical mind (i.e., the brain) and the environment within which it is embedded (Gangstead et al., 2006).

One of the adaptive challenges that may have played a significant role in the production of culture is infectious disease (i.e., pathogens). The first line of defense against pathogens is the behavioral immune system (BIS), which is a cluster of psychological mechanisms that promote adaptive affective (e.g., disgust), behavioral (e.g., avoidance), and cognitive (e.g., contamination obsessions) responses to potentially contaminated stimuli or situations (Schaller, 2006). As person-to-person contact is a significant route of infectious disease transmission, it follows that the BIS should have important implications for interpersonal interactions and the production of culture. In our ancestral past, outgroups who were geographically separated may have posed a greater disease risk because they could have harbored pathogens for which the local population had no immunity (Diamond, 1997). Indeed, evidence has shown that experimentally inducing disease-threat increases negativity toward foreigners (Fessler & Navarrete, 2003), that those who have a more reactive BIS (i.e., are more sensitive to disgust) tend to be more socially conservative (e.g., ethnocentric; Terrizzi et al., 2013), and that areas of the world that have greater rates of infectious disease tend to be more socially conservative (e.g., religiosity; Thornhill & Fincher, 2014).

Adopting a disease-avoidance framework for studying religion can elucidate many of the puzzles that underlie the scientific study of religion. 1. Why are purity related traditions a seemingly universal characteristic of the most prevalent religious affiliations (i.e., Christianity, Hinduism, and Islam)? Though these practices are often interpreted as symbolic (e.g., absolution), evidence suggests that religious conservatism is related to the disease-avoidance components of disgust (e.g., pathogen and sexual) but not moral disgust (Terrizzi et al., 2012). 2. Why is religious conservatism consistently correlated with prejudice (Allport & Kramer, 1946)? Evidence suggests that disgust may promote religious conservatism as a means of reducing contact with outgroups, which would limit exposure to foreign pathogens (Terrizzi et al., 2012). 3. Why do women tend to be more religiously conservative than men? Evidence suggests that sex differences in religious conservatism are fully mediated by variation in disgust sensitivity, which may encourage women to avoid costly mating errors (Terrizzi et al., 2014). 4. Why are there regional variations in religious conservatism? Regional differences in parasite stress have been correlated with greater religiosity suggesting that prevalence of infectious disease may trigger religious conservatism (Thornhill & Fincher, 2014). Thus, religious conservatism may have in part emerged from the evolutionary need to avoid infectious disease