

THE BELIEF IN MAGIC

WENDELL JOHNSON *

AFTER people have learned all that they can learn about something that needs to be done, about a solution to a problem that only needs to be put into effect, they often find it hard to take advantage of their new learning. They find it difficult to change even when change would be highly desirable and they *want* to change. I think that the most pervasive and fundamental of these obstacles to change and growth is a complicated condition we can call by a simple name (or a simple-sounding name), "a belief in magic."

I think we *all* believe in magic. I think this fact is probably more fundamental than anything talked about by Freud—although he did talk about magic sometimes, usually by indirection.

What do I mean by a belief in magic? Well, let's be simple about it. When we were very young and something went wrong—when we broke a toy or bumped our heads—we learned that Daddy would fix it or Mother would kiss it away. This was no innocuous learning. We learned it very well. We were taught in this way to believe in magic, and the magician was father or mother.

Then we got measles or mumps. The doctor was called and he said we should be good and take pills and a cherry-flavored syrup. We weren't taught very much about what was going on inside our bodies. We weren't taught anything to speak of about the chemistry of the pills, the cherry-flavored syrup, and practically nothing about the relation-

* The final lecture of the late Wendell Johnson's introductory course in general semantics at the University of Iowa was an event students always looked forward to. This transcription from a tape-recording was prepared for publication and edited by J. Albert Southern and S. I. Hayakawa.

ship, if any, between these and the measles or the mumps. We were taught to take the pills and wait—and the magician was the doctor.

IN THE CURIOUS and hazardous business of teaching that I am engaged in, the basic problem I have is that those who come to me to learn tend to react to me as if I were a magician. This is their disease, their maladjustment from which their other maladjustments in large measure, I think, develop. The gravest problem I have is that I might get caught in this delusion—as I think many do who work in this business—and begin to think myself a magician and to believe in my own magic.

How do I know that those who come to me believe in magic? They differ, of course; some believe in it very much and some only a little. I am talking about averages. How do I know they do? For one thing, I know by their expectations. You would be surprised how many students come to the University of Iowa simply because the Speech Clinic is here. They stutter, but they do not come to me until the last semester of their senior year, usually a month or two before they are about to go into the world to look for a job. Then they ask, "How soon can you cure me?"

You may think this funny, but it happens very often. I've had a number of girls come to me a month or so before they were to be married. "Can you cure me? I'm going to be married in June." It takes one some time to catch on to what is going on. At first, it all sounds innocent enough, as if there were nothing to be explained: they came when they were able to, you assume. Then you begin to realize that they all could have come much sooner. And they would have come sooner if they hadn't believed in magic—if they hadn't believed that sometime, somewhere, someone would be able to do something. Daddy will fix it or Mother will kiss it away. And until there is a real need to have it fixed, there's no need to bother Daddy.

I have had many parents come to me and say, "Willie is entering school in about four or five weeks. How soon can

you cure him? We wouldn't want him to enter school this way. He's been this way for quite a while." I have to be very careful not to sound unsympathetic or unkind. I think one of the important parts of a teacher's or physician's skill is his capacity to understand this sort of thing: to be sympathetic, and to realize that this is the best some people can do. I think anyone who works with people needs to study a great deal of cultural anthropology. What I am talking about goes back to the Stone Age, I am sure—this belief in magic.

HOW DO I KNOW these people believe in magic? I am also talking about their assumptions regarding methods.

I suppose the question I am asked most often when people find out that my specialty is the study of stuttering is, "What about hypnotism? Can you cure stuttering with hypnotism?" The next most frequent question is, "What about the new drugs?"

What about hypnotism? Do you want to be hypnotized? Is this the way to maturity? You want to use my mind? You don't want to use yours? Hypnotism is, among other things, incantation. What goes on while your mind is filed away?

Here is an anthropological—what? I was going to say goldmine, but I don't mean that. I think I mean swampland. What about hypnotism? What about the new drugs? These drugs are the cherry-flavored syrup—it is an elaborate form of Mother kissing your troubles away. What are you doing when you give a person who has some kind of trouble a happiness pill? Is it therapy, or is it postponing therapy? Does he become a more mature person able to deal with the world and with himself? Ought you never to be anxious about anything? Should you just go around happy? Is "happy" the word we should use here? Are these people happy—or just indifferent? I take it for a sign of a belief in magic when people ask for hypnotism or drugs.

You would be surprised how many of the people who come to me have been to faith-healers, mineral springs, fortune-tellers. At first this fact is merely a curiosity, but after you have been in this business for twenty-five or thirty

years, it becomes one of the basic facts. They seem to want—and by “they” I mean not all, but the majority—the pat answer. “What *is* stuttering, Doctor?” The slick trick, the quick result, the secret. What is the *secret* of your success?

Over many years of practice, there are two things you get tremendously impressed by. One is the apparent belief on the part of many patients in incantation—the magic of the doctor’s words. Hardly ever does anybody ask, “What did the doctor *mean*?” “What did he *know*?” “What did the doctor *say*?” Does the patient believe that he will get better because the doctor said words over him? He acts as if he does.

Another thing you get impressed by is the apparent belief in the physical presence. People will tell you, “I’ve been to Rochester. I’ve been to Johns Hopkins. I’ve been to Iowa City. But I’ve still got that pain in my back. I’ve been to your Speech Clinic, but I still stutter.”

The physical presence! You would almost believe sometimes that these people think the walls have a special kind of substance that emanates rays. But you’ve got to find the right place. If they only come to a certain room, a certain office, with a certain name on the door. Names are important. All of this goes back to the Stone Age. All of this is fundamental to our culture. How anyone can work effectively with people without a rather wide knowledge of history and culture, I don’t know. I don’t really think one can.

PEOPLE also have an almost unaccountable lack of information that is available. Very few have ever read a book dealing with the problems they are troubled with. Even more interesting are those who have. Have you ever had occasion to question such people about a book they have read? Usually they don’t remember the date of publication or the publisher. They know almost nothing about the world of publishers and publications: which publishers might be more dependable than others; what there is about a book that might give you a clue as to its dependability. They seldom know the author, or anything about him. They almost never can tell you what the author said.

On the subject of speech correction (or other therapies), there is information available. It is quite easy to get. But very few make any kind of systematic effort to get it—by writing to the American Medical Association or the American Speech and Hearing Association or the American Psychological Association. They almost never have written to the nearest university. When you try to find out why they came to this particular speech clinic, you discover that it was by word-of-mouth: Uncle John heard somebody talking about it down at the store. It's almost a lottery. It's an accident that they come at all. Hardly ever have they even gone to their own doctors for this kind of information.

These are some of the observations which make me think that an enormous number of people believe in magic. They surely do not believe in information. They surely do not know much about the methods used for obtaining information. I take it as a reasonable hypothesis that they don't see the value of seeking information, because they believe in magic.

Daddy will fix it. Mother will kiss it away. So why know anything about it?

BUT MAINLY I notice how they talk about their problems. "It" is something they "have." "It" is something that exists more or less independently of them. They talk about "it" whether "it" is their allergy or their stuttering or their ulcer or their backache. "It" comes and goes. "It" gets worse. They sometimes think "it" will go away, as if they were talking of something quite independent of themselves and their thinking and behavior.

This kind of language is animistic. It is a language that animates what they are talking about, giving it a life of its own, an activity of its own, a will of its own. The language of these people is also either-or-ish or categorical. They *are* stutterers or they *are not*.

And there is the magic: if they *are* stutterers, *that* is why they stutter.

They talk this way. Not just stutterers, but everybody! I

just happen to work with stutterers. I have friends who work with ulcer patients, others who work with allergy patients. No difference.

WHAT MIGHT be done about all of this in the last seven minutes of the semester? Well, I have waited until now to ask this question, because this is what we have been answering all semester. This is fundamentally what the course is for, in case you haven't been entirely clear on this up to now. The course has been designed to make for a kind of facilitation of one's reorientation; to counteract the belief in magic; to make it possible for the individual to become more aware of his language as a factor in his knowledge and understanding. It has been designed to make one more aware that one's language does tend to put words in one's mouth, ideas in one's head, and spooks in one's world.

Thus, as an individual learns to talk with more care and awareness of the effect of what he is doing while he talks and abstracts and projects, you find that he talks less and less about what he *is* and what he *has*, and he talks more and more about what he *does* and how he *feels* and *when* and *where*. He talks less about what happens *to* him and talks more about what he *does*. He talks in terms of *degrees of change* and improvement rather than magical transformations, categorical changes. Because he can understand improvement rather than transformation, his expectations become more realistic. Not "I am" or "I am not" a stutterer, but I do *more or less* of what I have been doing.

As expectations become more realistic, the individual encounters less disappointment and discouragement and confusion. He therefore has less need for rationalizations and compensations. He has less need for defensiveness, and therefore is able to be cooperative and understanding of other people.

Such an individual comes to depend more on himself and less on Daddy and Mommy and the Magician. He begins to have what we call, in a curious phrase, "a mind of his own." Why did we ever think of such a phrase? A mind of

his own? Whose else? Unless he believes in magic and is under a hypnotic spell.

The child begins to grow up. He takes increasing responsibility for what he knows, for what he doesn't know, for what he says. He no longer says, "I can't help how I feel, can I?" This is the voice of a child. A mature person helps how he feels. He takes responsibility for how he feels. He takes responsibility for what he does. If he stutters, *he* is doing it; it is not happening to him. If he is afraid of other people, *he* is the one who is tensing and cringing. He takes responsibility for himself. Then he becomes able to help others take responsibility for themselves.

IF YOU WANT to be a parent, teacher, or doctor—or anyone who presumes to help others—an important question to ask yourself is, "What is help?" Help is something you do that enables others to become mature, to take responsibility for what they say and do and think. They can be themselves because they can take responsibility for themselves. If you are going to be a parent, teacher, or doctor, rather than something I would call a magician, this, so far as I know, is how you become one.

Well, we are not done, but the hands of the clock tell us we are done. So we will end the course with a word we always have to use to end things: *et cetera*.

