



From the Editor

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When Sick Children and Their Families ‘Believe’ in Magic

Children’s and families’ belief in magic might be more common in health care than we acknowledge. The prevalence of superstition is difficult to determine because many believers are reluctant to confess their superstitions for fear of ridicule. However, looking at the American population overall, when participants in a CBS News poll were asked, “To avoid bad luck, do you ever carry a good luck charm,” 13% of Americans surveyed responded yes (CBS News, 2012). An older study that considered age found that 45% of children surveyed reported having at least one good-luck charm (Epstein, 1993).

Magic in Children’s Health Care Settings

Most of us are familiar with a child who is always accompanied by a special stuffed animal when they come to the hospital or who insists on wearing their ‘lucky’ shirt for a procedure. However, a quick scan of the literature reveals that limited research exists on children’s or parents’ use of magic wands, lucky charms, or other talismans in pediatric settings. Further, most of the literature discovered is from outside the United States and often includes religious overtones.

For example, a study conducted in a neonatal unit in Columbia reported that amulets were found alongside 26.6% of children (Lloreda-Garcia, 2017). Of the 93 parents the researchers surveyed, 40% expressed a belief in magic concepts, such as the evil eye.

In Isreal, Barr and colleagues (2000) surveyed parents of children in a pediatric intensive care unit about the use of talismans or other folk medicine practices and the effects of these practices on the patient’s well-being. Of the 50 families responding, 30% used amulets and talismans, irrespective of the socioeconomic status of the family or the severity of the patient’s illness. Staff members ($n = 19$) were asked about the effect of the use of amulets; one claimed an improvement in a child’s medical condition, and 14 reported that the use of amulets seemed to reduce the parents’ anxiety.

Why Do Sick Children and/or Their Families Believe in Magic?

Young children’s magical beliefs are often explained by their lack of scientific knowledge and not yet developed reasoning skills (Piaget, 1929). Yet perhaps the most logical explanation for sick children’s and families’

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superstitious behavior is the primary motivators of uncertainty and fear inherent in illness. Malinowski (1948) argues that the primary purpose of superstitious behavior is to reduce the tension associated with uncertainty and fill the void of the unknown.

We find magic wherever the elements of chance and accident, and the emotional play between hope and fear have a wide and extensive range. We do not find magic wherever the pursuit is certain, reliable, and well under the control of rational methods and technological processes. Further, we find magic where the element of danger is conspicuous. (Malinowski in Vyse, 2014, p. 12)

Thus, people often turn to magical beliefs when the stakes are high, for example, with a cancer diagnosis. For the mother of a 5-year-old girl with high-risk neuroblastoma, a magic fairy wand with pink feathers, a gift from another mother whose daughter had survived cancer, gave the mother the illusion of control during times when she felt hopeless and afraid (McHugh, 2023). With no guarantee from medicine and science, magical thinking helped fill the gap and provided emotional benefit in the moment. McHugh’s daughter survived and is headed off to college this fall. Her mother acknowledges that the doctors and medicine—not the wand—saved her child’s life. However, she said the wand did save hers by helping her cope.

Why Do We Believe What We Know Is Not Rational?

Although traditional research on magical thinking and superstition assumed a focus on individuals’ cognitive shortcomings, we know that even intelligent, educated, and emotionally stable adults have superstitions that are not rational. Noted Risen (2016): “Stated simply, magical thinking is not magical. It is not extraordinary. It is surprisingly ordinary” (p. 182).

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To understand the psychology underlying superstition and magical thinking, Risen (2016) uses a dual thought processing model. She focuses on the 'corrective' model proposed by Kahneman and Frederick (2005). This model suggests that when judgment problems arise, System 1 quickly proposes intuitive answers, and then System 2 monitors the quality of these proposals, which it may endorse, correct, or override (Kahneman & Frederick, 2005). Regarding magical thinking, the model proposes the following:

- System 1 quickly and easily generates magical intuitions, which, once activated, serve as a default for judgment and behavior.
- System 2 may or may not correct the initial intuition.
- When System 2 fails to engage, then the magical intuition will guide individuals' responses.

But how do we explain when someone recognizes in the moment that their intuition does not make sense rationally, but follows it anyway? In other words, they detect an error but fail to correct it. To explain, Risen (2016) introduces and describes the phenomenon of acquiescence using the example of a sports fan watching television:

Most sports fans rationally know that their behavior in their own living room cannot influence play on the field, but they may still insist on sitting in a particular seat, wearing a certain shirt, or eating a specific snack, and they may feel uneasy when they do not. These fans recognize that their belief is irrational, but choose to acquiescence to a powerful intuition. (Risen, 2016, p. 183)

Whether or not magical intuition is activated in the first place is likely driven by the extent to which the individual is motivated to manage uncertainty in the moment and the costs involved in their choice (Risen, 2016). High-stakes health care situations are typically strong motivators. For example, in the situation of the mother mentioned above, McHugh (2023) saw the cost of getting rid of the magic fairy wand as unpleasant, and the cost of keeping it was nonexistent, so she felt she had to keep it.

Concluding Thoughts

Superstition and magical thinking often play important roles for coping for children and their families in pediatric settings. Being aware of these beliefs offers another way pediatric nurses can support children and families, especially in times of crisis. ■

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