



## Magic, Morals and Health

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My original plan for this article was to discuss a matter over which Plato fought with the rhetoricians, namely: Is (health) education concerned primarily with influencing people to think and act, or is it concerned with teaching them *how* to think and act? However, it seemed to me desirable to deal first with what is, perhaps, a still more fundamental matter. Therefore, this discussion is concerned with pointing out (1) that the ancient magic-morals-health complex is still very much with us and (2) that if modern health education is to become a respected academic discipline and significant contributor to human health and survival, it must actively disavow the reality of this complex and commit itself objectively to its available data.

Magic has to do with the supernatural and the unnatural. It is indifferent to natural law and science and is aloof from scientific inquiry. Its existence depends upon unquestioning faith. Granted such faith, it is extraordinarily potent. If it does not move mountains, it convinces the faithful that it can. It can damage health<sup>1,2</sup> and perhaps, restore it (e.g., Lourdes and Oral Roberts). It has, historically and cross-culturally, been closely tied in with and supportive of morals and religion. ("Even in... religions like Judaism and Protestantism, the conservatism of the religious mentality has preserved

the magical-sacramental attitude toward reality."<sup>3,4</sup> Deviant behavior tends to contain within itself the threat of magical retribution, if not to oneself, to one's loved ones ("What did I do to deserve this?").

Morals have to do with right and wrong, with good and bad, as defined by a particular society. The word derives from "customs." By definition, morals as well as customs may differ tremendously from society to society, right being wrong or more or less right or wrong, depending on where one happens to grow up.<sup>5,6</sup> Morals sometimes have the support and backing of laws, as in the case of our sex morals, but nearly always they are protected by magical forces via the superego and conscience.

Health may be defined narrowly as freedom from symptoms, or more broadly even than WHO's famous definition, as for example "high level wellness" in all respects.<sup>7</sup> In modern times, health has been striving for a scientific base, as has also, sluggishly, education associated with it. Still, to a remarkable extent, and in many ways, health persists in being an issue of morals and thereby subject to magical influence.<sup>8</sup>

It is doubtless unfortunate, but not surprising, that this should be so. For we are at the flowing end point of a very long tradition in which the tie-in of magic, morals and health has simply been taken for granted, like

the male-female double standard, befouling the environment, having wars, taking pride in irrationality, etc. Of course, we do not tend to take very literally the magical physical or mental punishments of, for example, Prometheus or Orestes. But the ills of Job and Lot's temptors and the magical curing of ailments by Jesus and the saints have been and still are taken quite literally. All of this contributes to the formation of a societal magic-mindedness concerning health.

The subject of sex provides a dramatic example of the viability of magic-morals in our perception of health. To take one of many possible examples, masturbation has an especially interesting history.<sup>9-11</sup> In our tradition, this story began with the Onan mythology (Leviticus) in which, for whatever reason, God smote Onan dead for spilling his seed upon the ground. Masturbation has since been a violation of morals and severely punished, if not physically by someone, by black magic via the superego. In due course, medicine of the past century joined forces with the religion-morals tradition to make masturbation the magical cause of all manner of diseases and mishaps ranging from pimples, sexual malfunctions, anxiety, mental retardation and madness, to death and damnation. It also threatened the body social, for as physician-anthropologist Mantegazza wrote:



Masturbation is a true physical and moral disease, which tends to leave a mark of abjectness and decadence with a people or with a race. It debases the man. . . . The sexual embrace very rarely slays with its excesses; whereas masturbation is often suicide. . . . Until every man has. . . a woman, the nauseous stench of solitary vice will continue to contaminate every vein of our body social. . .

This nonsense was published in 1885, but a paperback edition of its source, *The Sexual Relations of Mankind*, which appeared in the 1960s, is cited by some today as modern anthropological evidence of the ills created (magically) by masturbation. Moreover, the psychiatric literature of not many years ago was full of descriptions of disturbance supposedly caused by it—which is one of the reasons why physicians still send worried people off to psychiatrists for treatment of their masturbation “problems.” A 1969 college health text advises that fighting off the “undesirable” behavior results (magically) in “maturity in thought and action.”

Some progress is being made in removing black magic from the masturbation-health picture. Theologians are beginning to let the spook yield up the ghost, as it were.<sup>11,12</sup> Medical educators have begun to help lay the old bugaboo to rest.<sup>13,14</sup> Moreover, perhaps we are beginning to realize that our anti-smut, anti-pornography efforts are based in considerable part on belief in black magic. Anthony Comstock, the originator of our present postal obscenity laws and a contemporary of Mantegazza, believed that if young men are sexually aroused by viewing nudity or reading about sex, they will be driven to find sexual release, most likely masturbation, and will thereby bring down upon themselves and society all of the ills described above. Thus, a major and most troublesome social health law is based on a lingering belief in Puritan morals backed by black magic.

### MORAL NOTIONS OF NORMALITY

The multidimensional concept of normalcy is of special interest. Our magic-mindedness makes us incredibly vulnerable

to threats posed by such words as “normal.” Am I? Is my child? Is this behavior? Actually, of course, normality may be defined in several ways, including statistically, culturally, medically and morally. Most definitions acquire overtones of morals, deviating from whatever norm is likely to be construed in good-bad terms, which is to say, in terms of morals. Notions of a normality based on morals give rise to many curious interpretations of what is healthy and what isn’t. Thus, many medical specialists do not seem to notice when they step out of their area of expertise and into the role of authoritative moralist on matters of normalcy, as for example, in connection with homosexuality, nudity, child rearing and other mysteries. Similarly, health educators, as well as psychiatrists, often find themselves calling the play with regard to what people *should* do to be normal, and decorum winds up looking like a health issue. Following are some examples of how the word normal makes people toe the mark by its magic.

Normalcy has some quite rigid, though unrealistic, requirements to make concerning such things as when a child *should* begin eating solid foods, be toilet trained, crawl, walk, talk, be ready for formal schooling, not be selfish, etc. Various forms of persecution, often times beyond belief, are utilized to drive the child toward the magically blessed norm. The young must not be interested in sex, self-stimulated or otherwise, although playing doctor may verge upon normalcy. Presently, gender role becomes a matter of normalcy, and one may quickly wonder darkly about the little boy who prefers to play with girls or has “female mannerisms” (which, in point of fact, usually reduces to matters of faulty body mechanics). A real boy (normal) should be aggressive, sports and mechanically minded, mesomorphic, a good eater, outgoing. A normal girl may be a bit of a tomboy, but her main job is to learn how to be a graceful composite of Zsa Zsa Gabor and the Virgin Mary.

Disease and ailments, though by definition abnormal, are still not free of a status in morals. Most people will admit to having such diseases as measles; but cancer,

epilepsy, psychiatric disorders and VD are tainted, as it were. Tuberculosis used to be. About the only good thing that can be said for heart disease is that it has tended to be socially acceptable. Mental retardation is slowly becoming so, but the stigma is still very much there.

Incidentally, food and sex afford an interesting contrast with regard to looking at normality from opposite ends. The sacrosanct status of eating—eating heartily, having three squares a day, feasting, using sweet-fatty foods as rewards for good behavior, glorifying meat, etc.—has given rise to the widespread disease of over nutrition.<sup>15</sup> On the other hand, the traditional denigration of sex has made it the principal target of morals and has given rise to a host of problems. It is perhaps amusing that the unmentionables are unspeakable; but the epidemic diseases of impotency and frigidity are not amusing.<sup>14</sup> Nor are the human relations problems which arise from the ineffability of personal sexual matters.<sup>10,17</sup>

It is clear that language plays a major, though generally unnoticed, role in the dynamics of the magic-morals-health complex. Indeed, language is perhaps the major means whereby that complex is perpetuated, and it seems deserving of some detailed consideration.<sup>18</sup> Immediate as opposed to chronic effects of language are easily demonstrated. Thus, word association-polygraph studies are based on physiological responsiveness to “loaded” words. A person happily eating candy or a sandwich begins to retch upon learning that the candy is a grasshopper and the sandwich is made of rattlesnake meat. The food is the same; only the words are changed.

### SOCIALLY DAMAGING EFFECTS OF LANGUAGE

The preconditioning effects of language are greater than commonly realized. Emotional trauma tends to become associated with happenings only when people talk or otherwise communicate about them in catastrophic terms. Thus, events ranging from sexual molestation, religious doubt, divorce and the death of a loved one to economic



depressions, floods and bombings tend to acquire psychiatric overtones only if the language of catastrophe is associated with them.<sup>19,20</sup> Masturbation and childhood sex play—homosexual or heterosexual—have no known ill effects as such, but innumerable people have been made to feel guilt-ridden and self-despising for much of a lifetime because of what was said and otherwise communicated to them by adults who “caught” them and invoked the magic of morals. Guilt and self-hate are, of course, major contributors to psychological illness.

Certain words are taboo in most languages<sup>21</sup> but in some, like our own, their use is also generally assumed to pose a threat to public moral health by means of a kind of voodoo. The young are punished when they demonstrate themselves wicked undesirables by using “dirty” words, which everyone knows should be avoided by circumlocution. The first University of California student uprising was not met with force until someone put an impolite word on a placard. This word, being a clear-cut affront to morals and thereby, magically, to social health, led to the unleashing of the armed and eager police. Parents rarely feel as righteous in their savagery as when responding to such words.

In upholding the conviction, jail sentence, and fine of Ralph Ginzburg, the U. S. Supreme Court was concerned mainly, perhaps, with the socially damaging effects of words. For example, the Court found it damning that he had had his magazine, *Eros*, mailed from Intercourse and Blue Balls, Pennsylvania, so as to have the benefit of their somewhat droll postmarks. He thereby betrayed the “lear of the sensualist” (neither word defined) which, magically, for reasons of morals, posed a threat to the moral health of the people.

A few additional examples may suggest the magnitude of the role of language in the magic of morals and health. Syphilis, which was associated darkly with sex moralistically long before it was microbiologically, is a dirty word. Thus, we are still able to tolerate the disease but not the word and words associated with it. So it flourishes. Cleanliness is next to godliness, and nothing is so dirty

as dirty words. The word fluoridation has become a matter of black magic for some groups, white magic for others. The angry extremes seem unable to deal with the subject, only emotionally with the word. John Lear of the *Saturday Review* is something of a villain to many public health authorities for attempting to maintain an open dialogue concerning this shotgun prophylactic. “Smoking” was a magic-morals issue long before there was evidence on the subject. The ferocious attacks on “marijuana” users are not based on data of commensurate strength; it would seem that the roots of these attacks are not to be found in health science but in the dirtiness of the word, as well as the inquisition and subsequent witch hunts. The health-by-magic mentality is appalled by reports of pot smoking or wenching by “our boys” in Vietnam; but it seems curiously indifferent to the weekly fatality listings of “our boys.” Morals must be served at all costs. After all, Rome sickened and died, magically, for reasons of morals; and so, it is claimed, will we.

Albert Ellis has made a large point of the implications of the word “should” as a factor in mental health and rational living.<sup>19</sup> This word probably has important though, perhaps, subtle implications for other aspects of health as well. Frequently, “should” implies the existence of a divinely inspired rule book of morals, the violation of which means punishment by magic. Such admonitions as you *should* (or should not) bathe every day, eat a large breakfast, clean up your plate, exercise daily, stop drinking or smoking, be popular, be involved in lots of activities, marry, have children, become a skilled sex partner before marriage, strive for simultaneous orgasm, sun bathe, etc., etc.—all such raise the question, “Who says so?” And, “What is supposed to happen to me if I don’t?” “You should. . .” is quite different from citing the available evidence and drawing conclusions from it.

#### PLATFORMS FOR THE WOULD-BE MORALISTS

It has been my experience that the health educator most commonly gets involved in

the magic-morals-health complex at this particular point—at the point where he acquires the notion that he knows how people *should* live and behave if they would be “healthy”—healthy, of course, as defined by the particular health educator. I am not referring here just to the scouting manual type exhortation about such things as drinking, smoking, masturbating and helping old ladies across the street. Rather, I am trying to identify an entire philosophy of health education which is based upon morals-by-magic, rather than upon objective evaluation of available data. I am protesting the popular brand of health education which serves as a platform for the would-be moralist who pretends to have, or is in quest of, a scientific base for his magic-mindedness as he sets about telling people what they should do. Health is not witchcraft for converting the infidel. Still, how depressing it is that so many teaching health seem to know more about morals than ecology.

A recent event may illustrate my meaning. A college-level health educator stated that he was adjusting a graduate course on health science to make it a study of persuasion techniques so as to study ways of “getting people to live the way they should—at least the way we think they should.” I am not concerned here with the colossal arrogance of the statement which implied the ability of a slowly emerging discipline not yet surfeit with intellectual giants to presume to tell people how they should live. (I am not disrespectful of the possible uses of persuasion techniques in health education.) The point is that this was not a statement about health at all. It was a statement about morals in the directive, Puritan tradition. Hell fire is no longer available to us. We must therefore resort, reluctantly, to subtle means of coercion. But we do know what is good for people and what they *should* do and be, even though as Dubos has emphasized repeatedly, we really don’t know much about human health at all.<sup>15</sup>

Whenever one comments at all critically in the subject of morals, he risks being accused of being in favor of immorality, against values and ethics. Anthony Com-



stock rammed our postal obscenity laws through Congress on the threat that Congressmen were either for his brand of morals or they were immoral. The Far Right is currently playing this same game with regard to school sex education, and the invocation of magic-morals makes serious dialogue on the subject virtually impossible. In contrast, the scientist arguing against amoral science feels a certain obligation to define his terms in a way that encourages discussion.<sup>22</sup>

My impression is that a crucial but apparently little recognized issue in modern health education has to do with the question of whether we are data or magic-morals oriented. This question may be important for at least two reasons. First, health educators have to decide whether they do, indeed, possess an academic discipline in the same sense that other scientifically based subjects do. The study of magic-morals can be an academic discipline, but the practicing of it cannot. Second, when health educators do not try to act like professional moralists in their teaching, they are in a better position to help mankind deal with some of its major problems—problems of which if not soon confronted frontally and rationally will likely lead to the destruction of the race, perhaps even of life on earth. Our new knowledge of the moon and planets provides accurate and picturesque insights into what lies ahead for planet earth unless we soon see

the need for desperate action relative to our collective health.

It seems to me that health education can have a future as a major academic discipline. However, it will not become one until, like chemistry emerging from alchemy or astronomy emerging from astrology, it emerges from the limbo state in which it is, to an amazing degree, still magic-morals looking furtively and futilely for its justification in science.

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