

Talismans and Amulets in the Pediatric Intensive Care Unit: Legendary Powers in Contemporary Medicine

Joseph Barr MD¹, Matitiahu Berkovitch MD¹, Hagit Matras MA², Eran Kocer MD¹, Revital Greenberg¹ and Gideon Eshel MD¹

¹Pediatric Intensive Care Unit, Assaf Harofeh Medical Center, Zerifin (affiliated to Sackler Faculty of Medicine, Tel Aviv University), and ²Program for Jewish and Comparative Folklore, Institute of Jewish Studies, Hebrew University of Jerusalem, Israel

Key words: amulets, talismans, folk medicine, incantations, intensive care, magic, prayer, religious beliefs

Abstract

Background: For centuries talismans and amulets have been used in many cultures for their legendary healing powers.

Methods: We asked the parents of every child (Jews and Arabs) admitted to the Pediatric Intensive Care Unit over a 2 month period to complete a questionnaire, which included demographic data on the patient and the family, the use of talismans or other folk medicine practices, and the perception of the effects of these practices on the patient's well-being. A different questionnaire was completed by the ICU staff members on their attitude toward the use of amulets.

Results: Thirty percent of the families used amulets and talismans in the ICU, irrespective of the socioeconomic status of the family or the severity of the patient's illness. Amulets and talismans were used significantly more by religious Jews, by families with a higher parental educational level, and where the hospitalized child was very young. The estimated frequency of amulet use by the children's families, as perceived by the staff, was significantly higher than actual use reported by the parents. In Jewish families the actual use of amulets was found to be 30% compared to the 60% rate estimated by the medical staff; while in Moslem families the actual use was zero compared to the staff's estimation of about 36%. Of the 19 staff members, 14 reported that the use of amulets seemed to reduce the parents' anxiety, while 2 claimed that amulet use sometimes interfered with the staff's ability to carry out medical treatment.

Conclusions: The use of talismans in a technologically advanced western society is more frequent than may have been thought. Medical and paramedical personnel dealing with very ill patients should be aware of the emotional and psychological implications of such beliefs and practices on patients and their families.

IMAJ 2000;2:278-281

Talismans and amulets have long been considered by many cultures to possess legendary powers, including the ability to heal disease, prevent illness, and bring good luck and success to various domains of life [1]. An amulet is usually an object that is worn — a charm made of stone, metal or any other material. It is frequently, but not always, inscribed with a magical incantation, or a symbol that is intended to aid the pursuit of good or the avoidance of evil. Talisman is a broader term and refers to both an object and a belief. It too is believed to avert evil or bring good fortune by virtue of its magical properties. The widespread use of amulets and amulet-like objects for healing was a tradition known not only in antiquity, as might be assumed, since records attest to their role in medicine as late as the seventeenth century. Physicians and philosophers, who could not completely reject the use of or belief in amulets, found a way to apply contemporary theories to explain the powers of these objects [2,3].

Folk beliefs of this nature were extensive in the Jewish world as well, despite opposition by religious authorities. The use of minerals, plants and animal parts for healing was considered by rabbis and physicians to be "irrational," and therefore "not Jewish." This opposition, however, never fully succeeded in stamping out these practices, which, as we shall show, are still extant — involving even the (external) use of animals, such as pigeons for the treatment of jaundice [4].

A special association has developed between magical powers and the Bible. According to Jewish folk tradition, certain biblical passages can ward off disease and danger, save life, and cure the sick [5]. The Psalms, in particular, are very highly regarded for their potency in this regard, as well as for their beauty and religious fervor.

Over the past few years we have noticed an increasing tendency among families of children admitted to the ICU to bring "objects" of various kinds into the Unit. The bringing and placement of these objects attracted our attention since it was often accompanied by unusual activity around the patient's bed and frequently involved visitors who were not family members. The surprisingly widespread use of talismans and amulets and the lack of

ICU = intensive care unit

serious documentation on this phenomenon prompted us to collect and evaluate data on the subject. We wished to examine the extent of these practices in our ICU, assess the nature of the objects used and the religious-social background of the users and, if possible, determine the perceived effects of these practices.

Materials and Methods

Assaf Harofeh Medical Center is a 700 bed, acute care and referral hospital located in central Israel. Its Pediatric ICU is a six bed multidisciplinary unit with an annual turnover of about 340 patients, mostly Jews and Arab Moslems. In terms of religious observance the Jewish population can be divided into three groups: religious (or orthodox), semi-religious (observing traditional religious and cultural practices), and non-religious.

During 1995, the Pediatric ICU admitted 316 patients: 78% were Jews, 18% were Arabs and 4% were of other ethnic origins. We prepared a questionnaire that sought information on whether the family used talismans, if so which, what beliefs underlay their use, and whether there was any correlation between such practices and the patient's illness (as perceived by the family). The questionnaire also included standard questions concerning the socioeconomic and educational levels of the family. The parents were asked to choose their answer from several options: mild/moderate/severe/very severe regarding the severity of disease, and low/middle/high on socioeconomic status. The parents' educational level was indicated by the number of years of schooling.

The questionnaire was part of the routine history taken by the physician on call. All patients hospitalized in the Unit during September–October 1995 participated in the survey. During the week following the 2 month survey, a second questionnaire was completed by all 19 staff members of the ICU. That group included 5 doctors and 14 nurses, with a mean age of 37.94 ± 0.16 years (range 23–59). The questions related to the phenomenon in general and not necessarily to the previous 2 month survey, and concerned their attitude towards the use of talismans and amulets by the patients' families in the ICU.

Statistical analysis

Data were collected in dBASE IV™, a database program, and analyzed using the Chi-square test by Statistix™ Version 3.1 (Analytical Software, St. Paul, MN, USA). $P < 0.05$ was considered significant.

Results

During the 2 month period September–October 1995, a total of 50 patients, 42 Jews and 8 Arabs, were hospitalized in the Pediatric Intensive Care Unit. The mean age of the patients was 3.82 ± 5.02 years (range 10 days to 15.5 years) with a male:female ratio of 3:2.

The families of 15 of the 50 hospitalized children used various amulets and talismans (30%). A total of 25 objects were used. These included 16 holy books, a note written

by a rabbi, a picture of a rabbi, a thread tied around the patient's limb, and 6 other talismans. The most common types of amulets and talismans used in our pediatric ICU, in descending order of frequency, were:

- Holy books — the whole Bible or a part thereof, e.g., the book of Psalms (*Tehilim*), placed on the patient's bed, usually adjacent to his/her head or under the pillow.
- Photograph of a rabbi — usually placed on the patient's bed, or on the wall nearby.
- Dollar note — a U.S. dollar note, sent by a well-known rabbi in the USA, usually placed on the patient's bed.
- Card or note from a rabbi — with a written blessing, placed adjacent to the patient's head or under the pillow.
- Bottle of "holy water" or "holy oil" — to be applied to the patient's skin, once or several times, or poured in a glass and placed on the floor under the patient's bed. This liquid is usually prepared by a rabbi.
- Red thread — tied around the patient's wrist or ankle.
- Medallion — pinned to the clothes or hanging on a necklace. Common medallions are blue beads and amulets in the form of an eye or a palm with five fingers (*hamsa*, meaning five in Arabic).
- Blessing by a rabbi — who prays next to the patient's bed or outside the ICU. If the rabbi cannot come personally, one of the patient's relatives will go to the rabbi to obtain a blessing.
- Adding a name — either a new first name or one or several letters. The names of angels in the Bible were usually added to the original names of male patients, and names of known personages in the Bible, or names with a certain meaning (for example, long living), were given to both male and female patients.
- Changing the name — from the patient's original first name to a new one, in accordance with the above mentioned considerations.
- Other types of talismans, amulets and various kinds of stones with various shapes — the most well-known is the hand-shaped *hamsa*. Others are hexagonal, circular, knife-shaped, rectangular, hexagram (Star of David), heart-shaped, amuletic rings, etc. These usually contain an inscription, e.g., one of the several names of God (*Shaddai*, Jehova, etc.), angels (Gabriel, Uriel, Raphael, etc.), rivers in Paradise (Gihon, Pishon, Hiddekel, etc.), and others (Zion, King David, Jerusalem), etc.

Usually the patient's family does not ask permission to place the object, except when they wish to apply "holy oil" or "holy water" to the patient's body and generally also ask that the patient not be washed until the following day.

The severity of the patient's disease, as perceived by the parents, was similar to the doctors' estimation: 24% of the patients were considered to be mildly ill, 50% were considered moderately ill, 22% seriously ill, and 4%

critically ill. No significant difference was found in the usage rate of amulets among these groups. The socioeconomic status of the families, as reflected by the questionnaires' demographic data, was low for 6 families, middle for 43 families, and high for one family. There were no statistically significant differences in the use of amulets among the three socioeconomic groups.

Classification of the patients into three age groups — younger than 5 years (37 patients), 5–10 years (5 patients), and older than 10 years (8 patients) — showed that amulets were used much more frequently by parents of the youngest age group (14 patients) than those of the oldest group (zero) ($P=0.0361$).

Classification of the Jewish patients by religious observance revealed amulet use in 5 of the 7 religious families, in 3 of the 13 semi-religious ("keeping tradition") families, and in 7 of the 22 non-religious families. Interesting was the finding that none of the eight Moslem families used amulets. The difference in amulet use between the religious Jews and both Moslems and semi-religious Jews reached statistical significance ($P=0.0034$ and $P=0.0353$ respectively).

We found a statistically significant difference in the use of amulets between the highest maternal educational level and both the lowest maternal and paternal educational levels ($P=0.0359$ and $P=0.0497$ respectively). Not surprisingly, the fathers with the highest educational level tended to be married to the mothers with the highest educational level. No significance was found between the other educational level groups.

Analysis of the questionnaire given to the staff members demonstrated that 3 of the 19 believed in the power of amulets: two believed that amulets provide protection against the evil eye, and one of them believed that they also bring good fortune and recovery; the third believed they assure recovery. All three were over 45 years of age. Every surveyed staff member was asked to estimate the rate of amulet use among the families in the ICU. The average estimation was 60% of Jewish families, and about 36% of Moslem families. All members of the ICU staff reported that the parents do not ask the staff's permission to use amulets in the ICU. However, eight members reported that the parents asked for guidance prior to the use of "unusual" specific amulets. For example, the topical use of oil or any other fluid on the child's body when the medical treatment involved equipment or machines, and bizarre amulets for ceremonies such as waving a chicken around the bed and placing pigeons on the child's abdomen or a short-life flame under the child's bed.

Only one staff member claimed an improvement in a child's medical condition following the use of an amulet, and 14 reported that the use of amulets seemed to reduce the parents' anxiety. Two members, however, claimed that the use of amulets sometimes hindered the staff and the medical treatment.

Discussion

The practice of using various objects and performing ritual acts and mythical chants to deal with illness is not rare. These traditional methods, which are generally believed to have died out with the advent of modern medicine in the western world, are very much alive, and in fact were employed by 30% of the families of patients in our pediatric ICU. We found no correlation between the use of various kinds of amulets and talismans and the severity of the patients' disease or the socioeconomic status of the families.

The classic study by Schrire [6] on the decipherment of Hebrew-inscribed amulets proposed a general classification according to the problems the amulets were meant to solve. This classification listed the following objectives: generally beneficial and benedictory, promoting health, protecting against the evil eye, preventing miscarriages, promoting fertility, and safeguarding the mother and child during childbirth.

Documented cases do exist of severely ill children who were reportedly cured following the use of talismans and amulets. An example is the 1952 case of a 5-year-old Sephardic Jewish girl with acute lymphoblastic leukemia in critical condition who was believed to be cured after wearing a talisman that was inscribed by a Sephardic rabbi and brought by her parents. Although they complied with all the medical treatments and follow-up, the parents were convinced that it was the amulet that cured her [7].

The act of placing a holy book at the bedside of an ill child or obtaining a note from a rabbi might be considered an act of religious faith. Yet, our observation that a significant number of the families who performed these actions were actually non-religious suggests that these acts are also based on superstition.

We found a significantly higher use of amulets among parents of the youngest patient group, among religiously observant Jews and, interestingly and somewhat surprisingly, among families with the highest parental educational level.

Although we did not observe the use of talismans by any of the Arab families during the study period, the numbers are too small to draw any significant conclusions. Perhaps the non-use of amulets by Arabs may be attributed to their sense of discomfort to do so in a predominantly Jewish environment. Another possible explanation is that the Arab families were less likely to believe in the efficacy of magical methods. However, according to the staff members' reports, the Arabs in the ICU do in fact use amulets, many of which are Jewish amulets that they received from rabbis who visit the pediatrics department from time to time. It is worth mentioning that during the centuries that the Jewish Sephardic population resided in Arab lands, Moslems bought amulets made by Jewish goldsmiths or silversmiths because of their belief that the power of their amulets would be reinforced with inscriptions in Hebrew

[8]. Furthermore, our finding that a higher educational level predicted a greater use of amulets is related to the fact that none of the Arabs, misconceptually regarded as less educated, used them. Indeed, the percent of educated Arabs (at least 12 years of education) was not significantly lower than that of educated Jews (50% and 40.47% respectively).

The finding that parents usually do not ask the staff's permission to use amulets in the ICU is of concern, because even if amulets might help to cure the patient they may also cause adverse effects. An example is the case described by Garty [9] of a 6-month-old boy, the fifth child of healthy young Yemenite Jews, who was admitted to hospital with a temperature of 40°C and suspected pneumonia. Crushed garlic cloves were placed on the infant's wrists and fixed by adhesive tape, according to his grandmother's recommendation. This led to the development of unusual lesions and a circular area of ulceration. Despite the occurrence of the lesions, the parents were convinced that the child recovered because of the garlic treatment.

We believe that the frequent use of talismans, as found in this study, might express the families' need for emotional and psychological support. We therefore suggest that this issue be taken seriously, and that consideration

be given to increasing the involvement of psychologists in the global care of the critically ill child. We also contend that a greater awareness and follow-up by the staff is needed to understand, help and encourage families who use amulets as an extra treatment for children in the ICU.

References

1. Schneck JM. Gemstones as talisman and amulet. *N Y State J Med* 1977; 77(5):817–18.
2. Telson H. An explanation of the charm against measles. *J Hist Med Allied Sci* 1978;33(3):408.
3. Baldwin MR. Toads and plague: amulet therapy in seventeenth-century medicine. *Bull Hist Med* 1993;67(2):227–47.
4. Rosner F. Pigeons as a remedy (segulah) for jaundice. *N Y State J Med* 1992;92(5):189–92.
5. Trachtenberg J. Jewish Magic and Superstition: A Study in Folk Religion. 5th edition. New York: Atheneum, 1979:104–14.
6. Schrire T. Hebrew amulets. Their decipherment and interpretation. London: Routledge & Kegan Paul Ltd., 1966:50.
7. Rosner F. Can an amulet cure leukemia? *JAMA* 1999;282(4):307.
8. Schrire T. Hebrew Amulets. Their Decipherment and Interpretation. London: Routledge & Kegan Paul Ltd., 1966:72.
9. Garty B-Z. Garlic burns. *Pediatrics* 1993;91(3):658–9.

Correspondence: Dr. J. Barr, Pediatric Intensive Care Unit, Assaf Harofeh Medical Center, Zerifin 70300, Israel. Tel: (972-8) 977 9104/5; Fax: (972-8) 977 9109/8; email: jbarr@post.tau.ac.il.