The use of prayer beads in psychotherapy

Uri Wernik*

Misgav Ladach Hospital, Jerusalem, Israel

(Received 12 December 2008; final version received 15 December 2008)

The history and the varieties of positive thinking interventions in psychotherapy are discussed. It is suggested that the measures used to install positive self statements are limited. Until now there are no reports of using prayer beads for this purpose. The use of prayer beads in different cultures and religions is described and three cases of using prayer beads in therapy are presented. The promising results are understood in terms of ritual. Further directions of research are proposed. The very process of preparing prayer beads benefits the therapeutic relationship, creating an opportunity for playful and creative interaction between client and therapist.

Keywords: prayer beads; psychotherapy; ritual; positive thinking; healing

The pre-historic rock art depictions of healing ceremonies suggest that the art of healing was known already in the dawn of human history (Clottes & Lewis-Williams, 1998). It seems that communities, in different cultures and throughout civilization’s developmental stages, had always allocated to some members the role of communicating with the spirit world, and treating physical or mental illnesses. (Vitebsky, 1995)

Such healers were known throughout the ages as shamans, seers, medicine men or women, and priests. These forerunners of modern psychotherapy (Torrey, 1972) used among others, chanting, dances and confessionals to help people solve problems in living. Ritual is the common ground of all these means. The commonalities between ritual healing (also referred to in the literature as “traditional healing”) and psychotherapy were described by Frank and Frank (1991), Gielen, Fish, and Draguns (2004), and Moore (1983). Welch (2003) goes further and sees Western medical practice as based to a large degree on ritual processes.

Some of the shared elements are: an uncommon relationship between client and seeker and between therapist and healer, the prestige and authority of the latter, an explanation of problems in terms of a shared world view and the prescription of medicine or action. Not only can ritual healing be reduced to primitive psychotherapy, but contemporary psychotherapies might be viewed as ritual processes through which a small segment of modern society receives ritual leadership in times of crisis (Moore, 1983).

As a result of the growing recognition that racial, religious, and ethnic minority groups have their own illness perceptions and constructions of treatments to solve physical and mental-health issues, there are now more attempts at integrating traditional healing
practices into counseling and psychotherapy. In addition, the spread of contemporary alternative health care movements such as paganism, New Age Spirituality, and other new religious movements became an impetus to the development of multicultural counseling or trans-cultural psychotherapy, in which rituals have a central place (Moodley & West, 2005).

While more therapists are using rituals to help their clients cope with transitions and separations (Wyrostok, 1995), there are no reports of using religious artefacts and more specifically prayer beads in contemporary psychotherapy. There are also no reports of using rituals to treat upsetting thoughts, sometimes of an obsessive–compulsive nature. The present contribution describes the use of prayer beads, prevalent in many religions and cultures, to ameliorate such thoughts. It suggests that this new-old measure is worthy of additional exploration and empirical investigation.

This article continues in four sections. The first will discuss negative and positive thinking. Negative thinking is presumed to be the cause of many psychological problems. Instituting positive thinking is a central ingredient of the cognitive-behavioral therapies or, more broadly speaking, of the active therapies as opposed to insight oriented ones (London, 1969). We will see that switching from one to the other is not a simple matter. The second section will review the traditional uses of prayer beads in different religions and cultures. The third section will present three case studies describing the use of prayer beads in therapy. We will conclude by understanding the clinical application of prayer beads in terms of ritual and will propose future research directions.

Positive thinking: from idea to practice

One of the main ingredients of active and cognitive-behavioral therapies is the identification of negative, non-adaptive, destructive thoughts or self-statements. After identifying such thought patterns and challenging them, new corrective and more constructive thoughts are introduced. The identification of negative thoughts and beliefs is usually credited to the work of Albert Ellis (1973) and Aaron Beck (1975).

Beck’s cognitive theory of depression was later extended to cover a variety of anxiety-related problems. His theory states that depressed or anxious people are biased towards negative interpretations. They acquire, in particular early life situations, a negative schema of the world and/or themselves. These schemas are readily activated in similar situations (Beck, Emery, & Greenberg, 1985). Beck uses the term “negative triad” to describe the combination of negative schemas and cognitive biases and their mutual reinforcement. Among the cognitive biases he includes the following: arbitrary inference, selective abstraction, overgeneralization, magnification and minimization.

Positive thinking is also an important tool of intervention in the Ericksonian, humanist, Gestalt, transpersonal, transactional-analysis, EMDR (Eye Movement and Reprocessing Desensitization) and recovery-work approaches to psychotherapy. Since the 1970s positive thinking became popular in self-help, medicine, sports and business best-selling books.

stayed on the New York Times bestseller list for 186 consecutive weeks and has sold around 7 million copies (amazon.com).

The source of all these varieties of positive thinking is in Greek Stoic philosophy and Epictetus (55–135, CA) in particular. He is the one who taught us in his Manual for Life (Enchiridion) that, “We are disturbed not by events, but by the views which we take of them” (Epictetus, 1995). From this magnum opus stems the recommendation to carefully examine our own interpretations and in terms of his lovely simile, choose the right handle (thought, value or statements) of a pot’s (dilemma) two handles: one suitable, the other detrimental to us.

It is difficult not to accept the rationale of positive thinking. In practical terms though, we are immediately confronted with a problem: people have a long history of repeating negative thoughts a few times daily for many years (“I am ugly and/or no one is going to love me”) and a one time challenge or positive statement is hardly going to tip the scales and undo the damage accrued. Granted that therapists and clients alike will author constructive statements, how are they going to be internalized and rehearsed? Neither Ellis nor Beck, the great authorities of cognitive-behavioral therapy, has dealt with the question.

Cognitive and behavior therapies are skilled in challenging negative thoughts and stopping them. Usually noxious stimuli (e.g., shouting “No”; and banging ones hand on the table) or distracting responses (e.g., doing push-ups or listening to music) are suggested for that purpose. The measures currently in use to promote positive thoughts originated with Emile Coué (1857–1926), a French pharmacist who in 1920 at his clinic in Nancy introduced a method of psychotherapy characterized by frequent repetition of formulas, such as the famous “Every day, and in every way, I am becoming better and better” (1922). This method of auto-suggestion came to be called Couëism.

Like many new developments Couëism had its heyday being popular and with reports of success, but with time it became, rightly so or not, obsolete. Couëism however, is still the main ingredient in different hypnotic and directed-imagery techniques, where new positive thoughts are “installed.” Yet, suggestion-base techniques assume a patient’s suggestibility, and this is often not the case. Besides, insights tend to wear off and old schemas tend to reawaken in times of crisis. We are still confronted with the challenge of making new positive thoughts more deeply rooted.

It is actually surprising that until now there have been no reports of trying to incorporate prayer beads, used in many religions and cultures for the very purpose of internalizing beliefs and statements, into therapy. Using a medical analogy, I would say that with good drugs the problem is often finding an effective delivery method (patch or pill vs. injection). This article suggests that prayer beads can serve as an alternative and effective delivery method, helping to substitute negative thinking with positive one.

From Japa Mala to Rosary

The history of prayer beads was studied by Dubin (1987). According to him, prayer beads are used by followers of major world religions: Hinduism, Buddhism, Christianity and Islam. Traditionally they are used to keep count of the repetitions of prayers, chants or meditations. In earlier periods, knots on a string were used for this purpose. The etymology of the word bead suggests its connection to prayer, it being derived from the Anglo-Saxon words bidden (“to pray”) and bede (“prayer”). It is quite probable that the idea of using beads on a string as counters was derived from the Chinese abacus, where different colored beads represent the decimal order of numbers.
Prayer beads are sometimes used as an ornamental object in the form of a necklace, or as a recreational object—merely to keep one hands busy. A secular derivative of prayer beads are worry beads, popular in Greece and other Mediterranean countries, and known as Komboloi—practically used as an instrument of relaxation and stress management. They usually have an odd number of beads (5, 9, 13, 17, and 21) with one fixed bead serving as “head,” a shield to separate it from the rest of the beads and tassel. Interestingly, pointing to its religious origin, the head is popularly known as “priest.”

Necklaces of beads were made from wood, stone, gems, ivory, seeds, pits, bone, shell, berries, and nowadays also from plastic. The number of counters corresponds to the number of prayers that must be repeated in one sitting or one day. Prayer beads were already recorded by Marco Polo (1254–1324), describing the King of Malabar, who wore a fine silk thread strung with 104 large pearls and rubies, used in prayer to local gods. Alexander Von Humboldt, the German traveler (1769–1859), reported finding prayer beads, called Quipos, among the native Peruvians.

Prayer beads are basically a memory aid and as a matter of fact one of the Arabic names for them is Dhiker or Zikra (remembering). A person begins praying on a different shaped first bead, and continues grasping each successive bead while whispering or chanting short prayers or one of God’s names, until the cycle ends at the last bead.

Volz (1907) in his encyclopedic article reviews the use of beads in the different religions: The earliest religious use of prayer beads is found in Hinduism. The Japa Mala has 108 beads. Japa is the repeating of the name of God or a mantra, while Mala is in Sanskrit “garland” or “necklace.” The Japa Mala is used for repetition of a mantra, performing Sadhana (spiritual exercise) and as an aid to meditation. Katch and French (2004) distinguish further between the Shaivism and Vishnuism, the two modern branches of Hinduism. The first, adherents of Siva, use strings of 32 to 108 beads made of seeds of trees growing in the island of Java; each seed has five sections, representing Siva’s five personalities. The second branch, devotees of Vishnu employ 108 beads made of the roots of basil shrubs. The use of beads is also a feature of the best-known Western version of Hinduism among followers of the International Society for Krishna Consciousness.

In Buddhism the prayer beads are considered to be a means of helping common mortals advance in their practice. The basic number of beads is 108, which is said to represent the number of earthly desires which common mortals have. Often fewer beads are used, divisors of 108 such as 27 or 36. In China such strings are named Shu-Zu (“Counting Beads”) and in Japan, Juzu.

In Islam a string of 99 (or 100) beads called the subha (blessing) or tasbih (praising), is used to recite the names or attributes of Allah. It is divided into three equal parts either by a different bead or tassel made of thread. Often a string of only 33 beads is used as it is handier. In this case the believer will go over them three times.

In Christianity prayer beads went through a long process of evolution. The Desert Fathers (third to fifth century) already used knotted ropes to count prayers, typically The Lord’s Prayer. The practice is attributed either to St Anthony or to St Achromous in the fourth century. In the Roman Catholic Church the Prayer beads are called Rosary (from the Latin rosarium, meaning “crown of roses”). It is used for prayer and meditation in sequences of 10 Hail Marys, one Our Father and one Glory Be to the Father, each sequence being termed a decade. A complete Rosary involves the completion of 15 or 20 decades. In Catholicism and Orthodoxy, the beads are often blessed by a priest with prayer and holy water, thus turning them into a holy artefact.

Mala beads spread beyond religion into popular culture where they are known as power beads, love, or peace beads and are used together with incense and other
things Indian to create an atmosphere of tranquility and “spirituality.” Beads can be bought in specialty shops and many artists offer colorful and beautifully designed beads made to order.

**Use of beads in therapy**

The equipment used to produce healing beads is elementary: some nylon string, a pair of scissors and a collection of multicolored wooden beads purchased in a handcrafts store. Clients are asked to choose colors to represent an idea or statement that they wish to internalize. The statements are authored in collaboration between the therapist and client, and times and situations of using the beads are determined. Some clients preferred to make a necklace; others made a bracelet or a key holder out of beads. Usually the beads were carried in one’s pocket or purse. Following are three diverse cases where beads were used.

**The penis, my friend**

A. is a 24 years old single man who experienced erectile failure a few times with new sexual partners. A. is a handsome and athletic instructor in a posh gym, and all the encounters were initiated by women members there. A friend advised him to take Viagra, which he took with good results. This young man was referred to me by an urologist who after a comprehensive examination determined that the problem is not organically based and must be of a psychological nature.

At the end of our first meeting we understood the problem in terms of performance anxiety and “the wisdom of the penis.” Performance anxiety is created whenever failure leads to anticipation of failure and heightened spectatoring, which from a physiological point of view means heightened arousal as in an emergency state, which cancels non-survival related activities including erection (Masters & Johnson, 1970). In other words, a vicious cycle was created where fear of failure led to failure and more fear of failure.

The penis can be seen metaphorically as man’s best friend. Not only does it give him joy; sometimes it even knows better what is good for the whole person. Listening to one’s body is of course crucial to women as well as to men. It is quite possible that in this case, the penis was just trying to “say” that what was really needed is a loving relationship and not additional random one-night stands, which have become more of a chore and less of an adventure.

A. agreed to put sex as an athletic activity on hold, and try to find a girlfriend instead. However, he was still anxious and worried about what will happen once they go to bed together. Although he was rationally convinced that he did not have any problem (which was easily demonstrated in self stimulation in his privacy), he used to obsess about the possibility that something was nevertheless medically wrong. A. felt that the Viagra gave him some reassurance and therefore he needed some replacement for it.

Three constructive statements were identified. A. picked a colored bead for each of them:

- Red: My friend (the penis) is independent and not under my control and knows best what is right for me.
- Purple: I am healthy and my sexual system functions as it is supposed to.
- Green: I hope to have emotionally and physically satisfying relationships.
A. was supposed to use beads and repeat the corresponding statements any time he found himself thinking about sex. At our follow-up session I was surprised to learn that A. had worn the string as a foot bracelet, not taking it off for the last 2 months. He had a successful sexual encounter without taking any drug, and explained to his partner that the bracelet was his “good luck” charm. He is still looking for a girl friend but has yet to find a suitable candidate. We brought up the possibility that it would be better if he initiates contacts for a change. This, he admitted, was a big challenge.

**I am a murderer**

B. is a 29-year-old, married mother of a 2-year-old daughter. She was in therapy for issues related to her marriage and career. In one of our sessions she had revealed her terrible secret: She loves her daughter dearly, but every once in a while she has thoughts of taking a knife and stabbing her, injuring, or killing her. Her concerns became more worrisome, as a few months earlier the newspapers reported a case of a postpartum woman who killed her two babies.

B. felt that she was abnormal and should be taken away from her daughter. B. agreed that practically speaking she was a good and loving mother. She takes good care of her daughter, and talks and plays with her with humor and patience. “How would you understand a dream in which you stab your child?” I asked. B. suggested that it could mean that she was actually very careful not to cause her any damage, or that she would hate to lose her. Another possible interpretation she brought up was that she realizes that taking care of a child is a big responsibility that does not leave her much time for herself.

Understanding the problem as a symbolic message provided some initial relief, but B. felt that the thoughts were becoming an obsession and that now she was worried “what will happen if I’ll have this thought again?” At this point I suggested a counter-obsession measure and told her about the history of prayer beads.

B. grew up in a religiously devout family and used to kiss the door’s Mezuzah (according to www.merriam-webster.com: a small parchment scroll inscribed with Deuteronomy 6:4–9 and 11:13–21 and the name Shaddai and placed in a case fixed to the doorpost by some Jewish families in order to fulfill an explicit commandment and as a sign and reminder of their faith) when coming and leaving her home. I suggested that any time she passes through a door with a Mezuzah she would have to go over the four appropriate messages, each one with its corresponding colored bead.

- I love my daughter very much.
- The “unconscious” has its own ways of preventing violence against children.
- My thoughts are not under my control; thoughts and acts are categorically different.
- I am a loving, feeling, functioning, social, and curious person.

The last statement is an example of a constructive formulation of the idea, as opposed to the positive “I am normal.” This is an opportunity to suggest that “positive” statements are not always so positive. A person who says to himself “I am handsome and people love me” is exposed to two unpleasant consequences: first, not everyone is necessarily going to share this view, and second our “unconscious” is quite cunning and might figure out that if I am really so handsome, why do I have to say it to myself? Thus, it is better to be constructive rather than Pollyanna positive. A much better formulation would be...
something like “Handsome or ugly, I have the right and the duty to pursue my happiness. I’ll try to do what is in my power to look attractive.”

As for B., in 2 weeks’ time the frequency and intensity of her negative thoughts were diminished. A month later, B. was more lax about using the beads and used them as a decoration for her car’s key chain.

Why did you leave me?

C. is a successful graphic designer. Since his first love relationship ended, separation was felt as a devastating experience. He used to be miserable and preoccupied with his former lovers for months. The only remedy for this condition was a new love, but this was not easy to find in his gloomy and passive state of mind.

C. was in an ambivalent relationship with a woman who went to school with him and often deliberated whether or not to put an end to it. Yet, when she decided to leave, he entered a severe crisis. He could not stop thinking about her and regretting the separation. When asked to carry out a detailed observation, he discovered that such “runs” took place between nine and 14 times per day.

His own attempts to stop this chain of thought did not succeed, and so we decided to “over practice” his jeremiahs. We identified the different elements and had him go over them with a rosary he had designed, at least once every hour. Notice that in this case unlike the other two, beads are used in a paradoxical manner to “prescribe the symptom” (Akillas & Efran, 1995).

- Red: Remind yourself that D. (his former girlfriend) has left him.
- Green: How good it was while it lasted.
- Blue: The relationship is over now.
- Purple: I am miserable.
- Yellow: She continues with her life as if nothing happened.
- White: I want to go on with my life and feel well.

The white bead had a twist to it. C. could not start with this wish as it contradicted his negative feelings, but once giving them their due respect, he could easily take an additional small step. Yet, being the last statement in a run, it had a stronger impact, or at least I hoped so.

C. has not found a new love yet, and he still thinks occasionally about D., although in a less sorrowful manner, and he can even explain that it happens in order to remind him that something is still missing in his life.

Prayer beads, rituals and healing

This article demonstrates the integration into psychotherapy of prayer beads. Now that the challenge of instituting positive self-statements, instead of negative ones, was clarified; the uses of prayer beads in different religions and cultures was described; the application of the latter to the former documented in three case studies, we must suggest how this application fostered change and how it is different from the customary cognitive-behavioral protocol.

We must start with reservations. The cases presented here must only be considered as demonstrations of the possible uses of prayer beads in therapy. First, they are not controlled experiments. Second, the beads were only one element (although a major one in
the first case along with others such as good client–therapist relationship, encouragement to act differently, and understanding of the problem in constructive terms. Thus, we cannot know what factor or combination of factors enabled amelioration of the presented problems.

These reservations notwithstanding, this work suggests that ritual can best explain the positive results. The three subjects described did not just listen to the therapists’ statements or repeat them on their own; they did actually perform a ritual. The literature on rituals is vast, coming from the disciplines of religion, sociology, anthropology, archeology, and psychology. Bell (1997) offers a current comprehensive review of “perspectives and dimensions” of ritual. To our purposes, however, it will suffice to ponder the definition supplied by Tambiah (1985). For the sake of discussion, this definition will be divided into five segments, marked by square brackets, each of them to be discussed below:

Ritual is [1] a culturally constructed system of symbolic communication. [2] It is constituted of patterned and ordered sequences of words and acts, often expressed in the multiple media, whose content and arrangement are characterized in varying degree by formality (conventionally), stereotypy (rigidity), condensation (fusion), and redundancy (repetition). [3] Ritual action in its constitutive features is performative in these three senses: in the Austinian sense of performative, wherein saying something is also doing something as a conventional act; [4] in the quite different sense of staged performance that uses multiple media by which the participants experience the event intensively; and [5] in the sense of indexical values (p.128).

In light of this definition it is plausible that the following factors characterize the ritual use of prayer beads as compared with the current cognitive-behavioral therapy measures:

1. The use of prayer beads is culturally associated with religious rituals, and the latter are associated with supernatural powers. The beads are similar to amulets worn as protection from evil. The initial tying of a string of beads around a person’s wrist has a ritualistic character too. Only recently did I learn that certain Rabbis tie a red string around the wrist of those seeking their blessing. Kwan (2007) reviewed research findings on the relationship between ritual and healing, concluding that the clinical efficacy of ritual is best explained by invoking the concepts of self-healing and placebo. The ritual itself, combined with faith in the healer and expectations for improvement stimulate the subjects’ capacity for self-healing. Thus, the ritual use of prayer beads might be more effective than a rational dry explanation at triggering this capacity.

2. Hypnosis and self-hypnosis are also based on a repetition of “patterned and ordered sequences of words,” as in Coué’s (1922) famous mantra. The same happens in using prayer beads with the addition of tactile (grasping of beads) and visual (their different colors) involvement. Thus, the subject enters a relaxed state (“worry beads”) of heightened receptiveness to new ideas, similar to what occurs with meditation mantras.

3. Interventions in cognitive-behavioral therapy are based on verbal exchanges between therapist and client, in an analytical-rational mode of information processing. It could only be hypothesized that the ritual use of beads assists in rendering a verbalization performative, that is, the client is doing something with their body and grasping something concrete while repeating the predetermined ideas. This makes a stronger impact, just as in learning—reading a text aloud and/or copying it in writing is more effective than reading only.
Lacking an audience, the performance in this case is less of a drama compared with rituals carried out in public. And yet, it could be viewed as an intra-personal drama, with the “audience” being the aspect of self characterized by holding of the negative schema. Often, though, when the beads are visible, when used as a bracelet for example, they turn into a conversation piece—a “mini-drama” in which the reactions of others to the explanation given reinforce the positive messages.

Each colored bead serves as an index of a particular statement. Thus, complex statements can be transmitted and remembered. This can also be considered as a mnemotechnic device, in which messages are anchored or associates with a specific concrete object.

In addition to the above factors, the very problem a client presents in therapy is in many cases a ritual. In obsessive–compulsive disorders, for example, thoughts and activities are repeated in a rigid stereotyped manner. The problem of negative thinking discussed in this article can be understood as detrimental uncontrollable rituals. It can only be speculated that the ritual of using prayer beads is effective as it substitutes one ritual with another.

The clinical vignettes and their understanding in terms of ritual point to the need for additional research: (1) A basic study of the effectiveness of prayer beads as a memory aid is required, comparing memorization with and without beads. (2) Comparisons are called for among clients using beads, clients in standard Cognitive Behavioral Therapy and clients taught to use self-hypnosis or guided imagery. (3) To control for the effect of ritual, clients using prayer beads could be compared with clients listening to taped messages.

It can already be said that beyond the apparent direct effect of fostering change in the target problem, the whole process of articulation of statements to rehearse, the choice of beads and stringing them together becomes an opportunity for joint playfulness and creativity. This experience contributes to the creation of a good therapy bond and working relationship between therapist and client, which by itself is an important, if not the most important, factor in the effectiveness of therapy (Wampold, 2001).

Acknowledgements
The author gratefully acknowledges the helpful comments of two anonymous reviewers on earlier versions of this manuscript.

References


