

Supplemental Interventions: “What Can I Do Besides Take Medication?”

Summarized by Thomas T. Thomas

In addition to medication, many people with brain disorders are able to deal with some aspects of their illness or address the associated stress through activities like yoga, faith and spirituality, acupuncture, art therapy, and so on. NAMI East Bay President Liz Rebensdorf introduced the program at our September 22 meeting by recalling an encounter at last year’s Solano Stroll between members staffing the NAMI booth and people parading for pet therapy. Although no pet therapists were able to attend the meeting, a number of local people who offer supplemental interventions and alternative therapies agreed to participate.

Ellen Pompa, a marriage and family therapist in private practice, discussed art therapy, which she had used as a young person growing up and has since studied. “How can art help?” she asked, and one of the audience members immediately affirmed that “art saves lives.”

“In the process of making art,” Pompa said, “symptoms and feelings get transferred to the page. The page becomes a holding place for them.” She recalled that when people can give a name to their feelings—such as calling their depression “the black cloud” or “bummer feelings”—those feelings become externalized and separate from the person. With art therapy, the feelings leave the body so that only the paper or clay is holding them.

She described an 11-year-old boy with an urge to hurt himself. When she asked if these feelings had a place in his body, he described a column of bubbles rising inside his chest. Those feelings became “the bubbles” and he made drawings of them ebbing and flowing, as well as of the good things in his life. He finally was able to draw the bubbles at rest under a headstone.

Pompa also described exercises in relaxation therapy that she uses with clients.¹ For example, if someone has trouble sleeping, he or she should tense and relax parts of the body, starting with the extremities—a technique called Jacobsonian progressive relaxation. Another technique is guided relaxation, which can reduce anxiety and depression. Here the therapist asks the client to recall a relaxing image, like a favorite color. For relaxation podcasts, she invited the audience to her website, www.ellenpompa.com. Ellen Pompa can also be contacted at epompa@inbox.com.



ELLEN POMPA, MA, MFC

¹ Most relaxation techniques involve closing your eyes, she said, but when dealing with people in psychosis this is not a good idea, because they use vision as an anchor to reality.

Jeffrey Levin is an acupuncturist and yoga teacher. He practices acupuncture at a local community clinic. “This is treatment with needles, not just pressure,” he said, displaying various samples of the needles. “They are sterile packed and single use. They come in different gauges and all are flexible, so you don’t have to be afraid to move around once the needle is in place.”



JEFFREY LEVIN, LAC

Depending on the acupuncture system being used, there are between 400 and 500 different points on the body that the therapist chooses for treating the underlying constitutional imbalance. You start with questions, he said, because there are different kinds of anxieties. There are even different kinds of insomnia—for example, waking up between 1 and 3 a.m., versus not being able to get to sleep until 2 a.m.—and these require different points for treatment. Levin said the therapist also takes the pulse at three different places on the body and looks at the client’s tongue to determine the imbalance.

“When the needles go in, people generally experience a shift of consciousness, similar to having a glass of wine,” he said. The client usually comes in twice a week for about a month until he or she graduates to a nonsymptomatic state.

Acupuncture is used by various kinds of people with mental disorders, including those who prefer needles to medication,² those taking medication but also feeling anxiety, and those who are stabilized on their medication but use acupuncture to treat its side effects. “Acupuncture is also for people who simply don’t feel right,” he said, “and the ancient texts have descriptions like ‘use this point for people who have an aversion to people talking.’”

As to yoga, Levin has been practicing for 17 years and teaching for 10, most recently at the Albany YMCA. He makes a distinction between yoga teachers and yoga therapists. “As a therapist you can tailor yoga to what’s going on with a person, using the chakra system, different postures, and mantras to cultivate that inner calm. Some of this is drawn from ancient teachings, but a lot has been invented in the last 100 years. It works, but it’s expensive and takes a long time. I prefer something that’s more accessible. A drop-in yoga class is more accessible and can be used long term.”

For anxiety, Levin suggested breath retention: evening out the pattern of inhaling and exhaling, and pausing at the end of each exhalation. “This can be really helpful, especially in avoiding an acute anxiety attack.”

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Frances Raeside is clinic manager at La Cheim Behavioral Health Services. “I’m excited to be here,” she said, “because I’m inspired by NAMI. Many of our clients at La Cheim have family members in NAMI.”

² Levin noted in later discussion that while acupuncture can reduce medication’s side effects, it does not replace other therapies, including medication, in treating schizophrenia.

La Cheim is a partial hospitalization program, she explained, for people who have just come out of the hospital or those trying to stay out. The organization offers a nonresidential day program, five days a week with five sessions a day, and includes a hot lunch. “In addition to medication management,” Raeside said, “we offer a loving, client-centered environment. And we try to involve the people who are important to our clients as much as possible. But unfortunately some people don’t have much support.

“Some of our groups are talking groups, where people can share in a confidential setting,” she said. “The clients are the experts, and they’re learning from each other and problem solving. We also do expressive arts, music, and visual arts as therapy. And almost every day we have skills training—cognitive behavioral therapy, dialectical behavioral therapy—and what they are is skills for living.

“The idea is liberating,” Raeside said. “If you’re having trouble, it’s not because you’re a failure but that you don’t have the skills yet. You can get better at getting along with people and calming yourself down.”



FRANCES RAESIDE, MFT

One of the big ideas influencing this training is the body-mind connection. What we think and feel influences how we act, and how we act affects our feelings. In this connection, Raeside shared an exercise called the “half smile.” It’s about being relaxed. It’s not putting a big, false smile on your face for other people but a small smile that sends a message to the brain that you’re being serene. “This is not so much a problem solving skill,” she said, “as it helps you get through something difficult with a little more grace.”

Another idea is that where you put your attention determines your experience. Raeside described a morning when she was heading out the door for a difficult meeting, and on the way she saw a hummingbird, and just looking at the bird became her reality for a moment.

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Kokomon Clottey was born in Ghana and about 12 years ago developed a practice he calls “mindful drumming.” Drumming is an ancient technology found in every culture, he said. It is not chorded or melodic, like playing the piano, but comes from breathing and sound—something everyone can do. Mindful drumming is done in a community setting. Everyone plays the same synchronized rhythm, and the rhythm changes every three to four minutes. “Collectively, we lock all our rhythms together,” Clottey said. “We achieve equilibrium and a place of oneness. Everyone goes into a trance.



KOKOMON CLOTTEY

“Through this way of drumming, cognitively the mind goes into a place of rest, and the body enters a place of rest as well.”

Mindful drumming is beneficial for people who are dealing with cognitive or emotional issues. Clotey holds drumming sessions once a month in Oakland, but he advocated the practice in any community setting such as a school or group therapy session.

Kokomon Clotey can be contacted at the website www.ach-oakland.org and at Aeeshah@sbcglobal.net.

Lujan Thompson has been practicing for the past 12 years as an interfaith minister in both hospital and hospice settings. She described a recent survey among African-American, Caucasian, Latino, and Native American mental health consumers that showed a majority of them, 56%, turn to faith-based communities or spiritual advisors for help with their mental health issues.

Among the ways people dealt with their condition, prayer topped the survey list as a technique used by 79% of respondents, with meditation, religious services, or reading sacred texts in the 50% range, and singing, spending time in nature, community service, and journal writing at 40%.

Thompson volunteers on a suicide hotline and reported that a great number of callers are living with mental illness and often they just want to talk to someone, although the hotline limits conversations with people not in crisis to 12 minutes. Thompson’s approach is to work with people as they are, without judgment, try to find what resources they’ve used in the past, and then lift those up for consideration again and expand on them a bit.

Lujan Thompson can be reached at chaplthompson@yahoo.com.

After the main speakers, members of the audience made their own recommendations for therapy. Anne Richards (Tannerichards@aol.com) addressed a portable spiritual tool, mantram repetition, which involves selecting a sacred word that is meaningful to you and repeating it when your mind is racing out of control. This interrupts the cognitive flow, diffuses emotions, and focuses attention. Aeeshah Clotey (Aeeshah@sbcglobal.net) recommended attitudinal healing as an alternative support group process.