



# Tracking your symptoms might make you feel worse, experts say



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More and more, Victoria Natarelli was feeling scatterbrained.

It wasn't until she was listening to a podcast about [Attention Deficit Hyperactivity Disorder](#) (ADHD) that she heard a near-perfect description of her most troublesome habits.

“[They] mentioned organizational issues that could be considered quirks — like paper all over the place or losing things a lot — and [explained that] if you're high functioning, it will just seem like a self-improvement task and not a symptom,” Natarelli said.

She went to see her (now former) doctor, hoping for an ADHD diagnosis so that she could start on a path towards better management of her symptoms.

She was told that ADHD was typically diagnosed in young boys, but that she should track her behaviour (like her sleep and attention span) anyway to see if there are any patterns.

She tried, but she found the practice — which involved taking notes every time she felt distracted or disorganized — time-consuming and frustrating.

“I actually felt a little annoyed with myself when I tried to track the attention span type of stuff. I work for myself, and alone, so having to sit at a computer and try to focus while also checking in on [myself] was demoralizing,” Natarelli said.

“Somebody who is potentially more forgetful than others being expected to track symptoms consistently is a funny little irony in itself!”

Ultimately, Natarelli wasn't able to track her symptoms for the prescribed time, and she didn't receive any diagnosis.

## **The practice of symptom tracking**

Tracking your symptoms (also known as self-monitoring) means writing down any symptom or behaviour believed to be associated with a chronic illness — either physical or mental.

The goal is to give your doctor a holistic, precise portrayal of how you feel so that they can make an informed diagnosis.

It often requires taking meticulous notes about your eating, sleeping, and mood, though what you're asked to track will vary from illness to illness.

“This is something that would widely accompany cognitive behavioural therapy for anxiety, depression, anger and a wide range of other conditions,” said Dr. Simon Sherry of [Crux Psychology](#).

In his research at Dalhousie University, Sherry has had great success asking patients suffering from disordered eating to self-monitor their eating behaviour, but the practice can also be effective for people suffering with “binge-eating episodes, drinking behaviour, the experience of anxiety, guilt, shame [and],” among other problems.

According to Sherry, it's common for memory to fail — especially in times of discomfort. Symptom tracking is more reliable.

“We humans often struggle to accurately recall what we were thinking, feeling, doing... so when we monitor behaviour close to its actual occurrence, we can get a more accurate representation,” he said.

By doing so, your doctor can get a clearer picture of what may have contributed to the behaviour.

With tracking, “you get more contextualized information in technical terms,” said Sherry. “You get more ecologically valid information.”

This makes it easier to properly diagnose and treat the problem.

“You're studying someone in the context within which their behaviour is actually occurring,” he said.

## **The possible side effects**

Sometimes, this practice can do more harm than good. One concern, says Sherry, is the effect that monitoring your actions can indirectly alter them.

In research, this is known as a “reactant.”

“By intensively monitoring a behaviour, you can unintentionally change the behaviour,” said Sherry.

For example, if you ask someone to closely track their drinking behaviour and bring the record back to therapy, the person may drink differently knowing that their actions will be analyzed critically.

This may sound like a positive side effect, but it can actually make it more difficult for a doctor to discover the root of the problem in the long run.

“By monitoring something, you can change the thing you’re seeking to understand,” Sherry said.

However, he doesn’t believe self-monitoring will have much of an impact on most problematic behaviours: “[They] don’t change that easily,” he said.

Montreal-based psychologist Dr. Félix Gauthier Mongeo has a similar worry. He’s concerned that closely monitoring one’s symptoms can lead to hyper-vigilance.

“Hyper-vigilance is the state of anxiety when anxiety is dysfunctional,” he said.

“When you’re too anxious... you can [start to] think there is danger everywhere.”

Basically, by focusing intently on your symptoms from one moment to the next, you can create anxiety where there wasn’t before.

“Your attention plays the role of an amplifier,” said Gauthier Mongeo.

In his work, Sherry has also witnessed hyper-vigilance become a problem.

“People can be extremely perfectionistic about such things, and they can create a lot of pressure and burden on themselves as they go about this exercise,” he said.

“I don’t particularly care if it’s done on paper or on the back of a napkin... what I want is contextualized, valid information. But some people will feel [the] need to track these symptoms incessantly, and it creates an unpleasant experience.”

However, if this does happen, Sherry sees it as an opportunity for further discussion.

“It’s just a problem to solve in therapy... it provides an opportunity when someone gets stuck to give them some additional help.”

Another limitation to self-monitoring is a perceived sense of judgment — similar to what Natarelli felt.

“Bringing back a record of their eating or a record of their emotions... they may feel embarrassed or judged,” said Sherry.

In his view, this is another opportunity for further analysis of why the patient feels personally targeted by the act of tracking their symptoms.

“That’s something you can work out with your therapist over time, [and] I actually think it’s quite meaningful to then help a person so that they feel less ashamed or less judged.”

### **If tracking your symptoms doesn’t work...**

In addition to self-monitoring, Gauthier Mongeo recommends the use of mindfulness strategies to avoid the potential negative side effects.

“Rather than trying to identify your emotions and question them or get them to go away, you’re going to identify and label your emotions and then use some strategies to let them do their thing and go at their own pace,” he said.

In Gauthier Mongeo’s view, tracking your symptoms can bring to light a lot of intense emotions as a patient realizes their problem areas and their triggers.

The process is likely to be more effective if the patient is also equipped with ways to deal with those emotions.

“After putting a name on it, you can start gradually paying attention to other things... and soon, you forget altogether that you were anxious.”

Mindfulness practices could be exactly the addition Natarelli needs for her self-monitoring to be successful.

Formerly, she felt that tracking her symptoms was time-consuming and ultimately fruitless because the nature of her symptoms made self-monitoring difficult.

“ADHD could explain a lot if were diagnosed,” she said. “I probably have it but now can’t bring myself to go in and go through the whole [process] again.”

Were Natarelli properly equipped to self-monitor, Sherry believes the contextualized information collected as a result could be “enormously valuable.”

“For example, you could ask someone to track the time of day [and] track their mood,” Sherry said.

In this example, Sherry would ask his patient to place their mood on a scale of one to 10, one being an awful mood and 10 a great mood.

“This will allow you to see that when someone is actively engaged in their world and socializing with friends their mood rating is a seven. However, when they’re at home, working on their taxes, their mood rating is a one,” he said.

“That may suggest that more socializing could improve their mood and it may also point to a problem within their life that they need to work on.”

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