

Chapter Four

Symptom Management



New Partnerships for Women

Introduction*

This chapter has been written to give you a general understanding of symptom management and how you can improve the way you feel by using some simple tools. As we discussed earlier, trauma can have many serious consequences for those of us who have been exposed to it, whether as children, adolescents, or adults. Among those consequences is an increased risk of experiencing an array of symptoms, many of which can be quite disabling. However, we believe that it is possible to manage our symptoms and live happier and healthier lives. How we do that is partly a matter of trial and error and finding what works best for us.

Each of us is unique and therefore we may experience symptoms in different ways in our lives. This also means that certain symptom management techniques may work better for one person than for another. We have tried to provide a variety of different techniques that have worked for us in the hopes that each person will find something to meet her needs. You are the only expert there is on yourself. We encourage you to pick and choose articles and activities that feel most relevant to your life and experiences and disregard those that do not feel as though they apply to you.

Definition of Symptom

Let us return for a moment to our definition of trauma. Psychological trauma occurs when an event overwhelms our perceived ability to cope in everyday ways. As the stories we reviewed earlier reveal, women use a number of creative strategies to survive the traumas they experience in their lives. We refer to these strategies as coping mechanisms. Coping mechanisms helped protect us when we were experiencing a traumatic event. They are the behaviors and emotions that developed in response to the trauma. But, these protective behaviors can sometimes become unhealthy in the present. These unhealthy coping mechanisms are what we are going to refer to as **symptoms**.

We use the term symptom broadly to also include the behaviors and emotions that have developed to help us cope with the overwhelming feelings that occur with unresolved trauma. For example, if we are triggered by some event or situation and start becoming anxious or experiencing a flashback, some of us may drink or use drugs in order to numb the bad feelings. Some of us deal with our pain by inflicting more pain on ourselves through cutting or burning. These are also coping mechanisms, they are ways we cope with feeling overwhelmed. We are also referring to these behaviors as symptoms. As time goes by, these symptoms can become routine ways of responding to distressing events or situations.

It may seem that these symptoms eventually become us - or at least we start to believe that is who we are. **But it is not who we are.** At the time we developed

* Text written by Carin Mizera and Jolanda Sallmann based on the ideas generated by the NPW Consumer Curriculum Development Workgroup.

these behaviors and emotions, they helped us survive horrible things that were happening to us. But they may no longer be serving us well.

Here are a few examples of what we are talking about. While experiencing a traumatic event, an *initial reaction* may be to dissociate. Dissociation is when your mind leaves your body so that you do not mentally have to experience what is happening to your body. Sometimes you may even see what is happening to your body, a feeling of almost floating over and watching your body. This is a survival technique that allows you to survive the abuse that is happening. It becomes a symptom of trauma, or an unhealthy coping mechanism, when your brain cannot resolve the trauma and is triggered to dissociate by something that reminds you of the event.

There are so many other things we do in order to survive the overwhelming pain. We might overeat. We might have very intense emotions, or maybe not feel emotions at all. Maybe we starve ourselves to always feel empty. Maybe we isolate ourselves to not have to feel the pain of being with people. Whatever it is, we did it in order to survive. We all have our patterns of behaviors and emotions that we are not very proud of. We all have kept secrets about it because we have felt ashamed. But today we all can let go of that shame because we know that we did those things in order to survive.

Review Readings:

- *Mental Illness is a Coping Mechanism* by Laurie Ahern
- *What is Psychological Trauma?* by Esther Giller

A lot of people don't understand this at all. They would like to believe that we should just get over it. We hope that you are learning that "just getting over it" is not the answer. Remember, we believe that symptoms are the emotions and behaviors we have developed to help us cope and deal with the trauma we have experienced. For more information on the relationship between coping mechanisms and symptoms, please review some of the suggested readings from earlier chapters, along with the suggested exercises in Chapter 3. Here we offer another exercise to help you explore ways you are currently managing these symptoms in your own life.

Suggested Reading:

- *Psychological or Emotional Symptoms* by Mary Ellen Copeland and Maxine Harris

Definition of Symptom Management

The good news is that there is hope. Just as there are as many ways to respond to trauma as there are people, there are at least that many examples of ways to manage our responses. This is what we call symptom management. We use the term "symptom management" to refer to a diverse set of skills and techniques that we use to ease the intensity of a symptom or get rid of it altogether. It is taking the best possible care of ourselves so we are no longer harmed by our trauma.

Although we each already have our own unique, creative ways that work for us, many of us could still use a few more tools. Additionally, since we are constantly growing and changing, our symptom management needs are also growing and changing. We also find that as we use a tool and get better at it, our needs change simply because we have changed the intensity of our symptoms. For example, we may have intense anxiety reactions. To deal with that, we may have taken an anti-anxiety medication and practiced daily relaxation exercises. We also may have used many affirmations in situations that made us anxious. Each of these is a symptom management technique. After doing this for a while, we may find that we do not need the medication anymore and that the affirmations that once seemed silly and false have become part of our normal thought process. We have succeeded in easing the intensity of the anxiety.

This of course is an ideal example of symptom management. It doesn't always happen that neatly! What usually happens is that we recognize small changes, such as noticing that our symptoms become less intense. Once that happens, we then need to find new ways to manage these different, less intense, feelings.

What is important in understanding symptom management is: ***You are your best resource***. You will get ideas from here and many other places, but you will be the one who will know what works best. We were all ***unconsciously creative*** in coping with our pain. Now we get to be ***consciously creative*** in our symptom management. In this way, symptom management is one method of taking back control over our own lives by realizing we have the ability to ease the intensity of our own symptoms.

Learning that we have the ability to change how we feel is also helpful for increasing our self-esteem. The term "self-esteem" refers to the value or worth that we see in ourselves. For most trauma survivors, our self-esteem has suffered. Many of us were told by our abusers that we were "no good," "ugly," "unloved," and responsible for the violence inflicted upon us. We heard this so many times that we began to believe these messages. Having low self-esteem sometimes means that we do not feel that we deserve to feel better. Luckily, just as we learned to believe those negative messages, we can teach ourselves ways to ***unlearn*** those messages. We can learn to find worth and value in ourselves and believe that we do deserve to feel better. For information on more ways to take back control of your life and increase your self-esteem after experiencing trauma, please see the suggested readings.

Suggested Readings:

- *Taking Back Control of Your Life* by Mary Ellen Copeland
- *Building Self-Esteem* by Mary Ellen Copeland

Safety and Prevention

Let's review. Symptom management is the diverse set of skills and techniques that we use to ease the intensity of a symptom or get rid of it altogether. It is taking the best possible care of ourselves so we are no longer harmed by our trauma. This means that when we talk about managing our symptoms, we are talking both about how to keep ourselves as safe as possible while we are experiencing the symptoms and learning ways to identify what triggers our symptoms in order to reduce their intensity with the goal of eventually preventing them from occurring. Symptom management therefore focuses both on safety and prevention. Let's explore this a little more with some examples.

Some of us use drugs or alcohol to numb the pain we are feeling. This is one way we have learned to cope with unresolved trauma. Once we have identified that substance use is a symptom of trauma (it is a behavior we have developed in response to the trauma), we can find ways of reducing the harm it does to us. We can find ways of keeping ourselves as safe as possible while we are experiencing this symptom. This may mean that if we know we are going to drink heavily in order to cope with our pain, we decide to stay home where no one can hurt us while we are drunk. This could also mean that instead of scoring crack we smoke pot. Although these may not seem like the ideal goals we have for ourselves, they are little steps we can take to reduce the ways we are harmed by our symptoms.

Here is another example: Some of us have a history of cutting ourselves as a way of coping with our pain. In order to keep ourselves safe we may remove all of the razors or sharp knives from the house. Safety is about lessening the pain of the symptom and reducing the harm it does to us. In these examples we can see how safety strategies require us to be aware of the fact that we will be overwhelmed by intense emotions and find alternative ways of coping with the feelings in order to reduce the damage that they do.

Prevention, on the other hand, is about becoming more conscious of how and when a symptom is triggered so we can work up to not having it triggered at all. For example, you may notice that you want to use drugs or alcohol, or do some other self-harm, when you are feeling lonely and sad. You may notice that you feel lonely and sad when you are alone at night. In order to prevent the symptom (the urge to do self-harm or use), or lessen its intensity, you find ways to not be home alone. This could mean calling a support line, sponsor, or friend. It could mean going to a support group meeting, a social group, or some free event in town. It might even mean getting a fish or a bird so we feel less alone. In these examples we have found new skills and techniques to prevent our symptoms from being triggered.

Symptom Management Tools

Symptom management is about more than just having a few good exercises for dealing with specific symptoms. Symptom management is a lot of hard work. The work can be made easier by finding ways of taking care of you and having a good support system in place. For some of us, the use of prescription medications is also a form of symptom management. We will explore each of these areas in this chapter.

Taking Care of Yourself

Dealing with the effects of trauma on our lives and learning how to manage our symptoms is very hard work. It is therefore important that we make sure we are taking care of ourselves throughout this process. Just as continued stress and more traumas can worsen the biochemical effects of trauma, so too can they increase the severity of our symptoms. In other words, our symptoms can become more severe when we are under a lot of stress or have been traumatized again. However, positive life changes, positive thinking, and other healthy choices can help to reduce the severity of our symptoms. Learning what things we need each day to take care of ourselves is one of the skills we can develop to help us manage our symptoms.

One thing we realized while creating this study guide is that taking care of ourselves is not “rocket science.” Each one of us already has a number of things we do, many of them unconsciously, because they make us feel better. The tricky part is to set some time aside each day to do at least one thing that makes us feel good. What follows is lists of things we developed while creating this study guide of things that make us feel good. You may already do several of these things. You may discover new ideas that sound good to you. We encourage you to add additional ideas of your own to this list. You may even find it helpful to tape the list to a wall at home or at work to remind you to do something good for yourself each day.

List of Things You Can Do to Take Care of Yourself

- Write/journal
- Tell your story
- Exercise
- Educate yourself
- Dream/hope
- Sing
- Make music
- Listen to music
- Pray
- Meditate
- Relax
- Play
- Have fun
- Get a hobby
- Take risks
- Dance
- Make art
- Enjoy nature
- Eat well
- Meet basic needs
- Raise plants
- Seek help
- Name the abuse
- Read or listen to books on tape
- Watch sunrises and sunsets
- Take vacations
- Weigh your options
- Protect yourself
- Live “one day at a time”
- Use affirmations
- Watch movies
- Do what you enjoy
- Say no
- Find listeners
- Set boundaries
- Feel safe
- Play with animals
- Laugh
- Talk

Several other suggestions for ways to take care of you can be found in the suggested readings, including information on safety planning. Safety planning is particularly helpful for women who are currently in abusive relationships or who have recently left one. We believe that safety planning is an important tool for taking the best possible care of ourselves.

Support Systems

Having a good support system is a very important part of symptom management. We really need a lot of different kinds of support to get through this. A support system helps us get our needs met. In this way, it is also one of the ways we can take good care of ourselves.

The term “support system” basically refers to those people, other than ourselves, whom we go to for different kinds of assistance, encouragement, and aid. Because we are each unique, our need for support, and the people available to us, are going to differ. Several of the suggested readings discuss qualities to look for in a support person, or support system, as well as personal stories about the importance of a good support system.

There are two main types of support systems that can be helpful for symptom management. These are informal and formal support systems. The term “formal support system” refers to the professional kinds of help we seek to help us manage our symptoms, such as a counselor at a rape crisis center or domestic violence shelter, a mental health or substance use counselor, a social worker, psychologist, or psychiatrist. For many people this may also include someone like a massage or dance therapist. In the suggested readings, several articles offer helpful suggestions for choosing a formal support system for help in dealing with trauma. Although the articles are focusing specifically on the treatment of PTSD, we feel that many of the suggestions are also helpful for thinking about how to seek other kinds of formal support, such as finding a substance use or mental health counselor who understands the effects of trauma on women’s lives.

The term “informal support system” refers to non-professional types of support. This can include, but is not limited to, friends, family members, neighbors, romantic partners, church or other social groups, and peer or other support groups.

Suggested Readings:

- *Building Self-Esteem* by Mary Ellen Copeland
- *Collections* by Karen Milstein
- *10 Ways to De-Stress Your Life* by National Empowerment Center
- *Safety Planning* by Domestic Abuse Intervention Services

Suggested Readings:

- *Someone Who Believed in Them Helped Them to Recover* by Daniel B. Fisher
- *The Importance of Hope* by Judie Robson
- *Recovery is Worth the Hard Work* by Anonymous

Suggested Readings:

- *Therapy for Post-Traumatic Stress and Dissociative Conditions: What to Look for and How to Choose a Therapist* by The Sidran Institute
- *Treatment of PTSD* by National Center for PTSD

Although many of us would really like to have friends included in our support system, we may have difficulty developing friendships as a result of the traumas we have experienced. The suggested reading offers information on both what to look for in a friend and how to be a good friend. It also offers suggestions for how to build and maintain friendships.

Whether we are seeking support from a formal or informal system, it is important for us to understand what we are looking for in a support system. It may be helpful for you to spend some time making a list of all the things you think are important in a support system. This can include a list of qualities, such as “someone who is nonjudgmental,” as well as examples of desired support systems, such as a friend, counselor, or support group. You may then want to review the list, putting a circle around each item that you have right now and are satisfied with. Then, go through the list a second time and place a star next to the ones you don’t have but would like to have. We have found this exercise to be helpful for knowing how to use our support systems as a part of our symptom management as well as for setting goals about how to expand our support systems in areas where they are weak.

Suggested Reading:

- *A Wellness Tool: Developing and Keeping a Circle of Support* by Mary Ellen Copeland

Medications

Although we firmly believe that the use of prescription medications can be a useful part of symptom management for many women, we also have reasons to be alarmed about some of the problems women encounter in getting good medication management from their providers. In the WMHSS survey of women who use publicly funded ADM services, a critical area where women feel their voice is not heard and their choice compromised is in the area of medications. Over two thirds of women using mental health or substance abuse services at the time of the interview were currently taking a prescription medication for a mental health or substance use problem. When we asked women whether they had any choice in “picking medications that are right for me,” 46% stated that they did not. Other queries about medication management suggest that significant numbers of women are not happy about this aspect of their treatment. Fully 30% of the women disagreed with the statement: “The medications I received were right for me.” Further, almost 20% of the women felt their complaints about medication side effects were not taken seriously, and similar numbers reported that they had not been told what side effects to watch out for. Thus, one of the major

Suggested Readings:

- *Reclaiming Your Power During Medication Appointments with Your Psychiatrist* by Patricia Deegan
- *How to Talk with Your Doctor about Your Medications* by WCA
- *Taking Medication Safely* by Mary Ellen Copeland
- *The Myriad Medication Mistakes in Psychiatry: A Consumer’s View* by Betty Blaska

areas of needed improvement in services is a system that is more responsive to women's perspectives on the use of medications.

Ultimately, each woman must make an informed choice about whether or not the use of prescription medications is right for her. Part of making that choice is finding a prescriber who is also a good listener, respectful, informed, and supportive. We know of many women who have found such a physician, psychiatrist, or psychologist and for whom medications have been a critical tool in their recovery process, along with a good therapist. We have included several readings in this manual that are helpful resources for deciding (1) whether or not medications are right for you, (2) how to use medications as a part of your recovery or self-discovery process, and (3) how to advocate for your needs during medication appointments with your doctor.

We suggest you try the following exercise. On one side of a piece of paper list all of the things you can think of that medications *can* do (such as help you sleep, alleviate anxiety, etc.). On the other side of the page, list all of the things you can think of that medications *can't* do (such as cure mental illness, fix relationship problems, etc.). This exercise is intended to help you think realistically about what kinds of change you can expect from the use of prescription medications.

In conclusion, even though we have concerns about some of the ways we have seen prescription medications misused in the lives of women, this does not mean that we are against the use of medications as a part of symptom management. Rather, we believe that women should be empowered to make an informed choice about the use of medications and have an understanding of both the positives and negatives they can expect from the medications.

Flashbacks*

Flashbacks are a common symptom experienced by many trauma survivors. A flashback is a re-living of a past experience, usually a traumatic experience that feels as though the experience is happening again. Right now. With all the physical and emotional feelings that the person felt when the event originally occurred. It is not a memory. It is not like watching a movie. It is a re-living. It can be very intense and can come on very suddenly, often "triggered" by some seemingly innocent word or object that is associated with the original traumatic event. We may either consciously or unconsciously know these triggers.

Flashbacks are often one of several PTSD symptoms. A full re-experiencing of the traumatic event is what people think of as a flashback. However, there are different degrees of severity of flashbacks. Heightened startle response or body memories are also types of flashbacks. Often when a traumatic experience happens to us we block out the memory in order to survive the pain and if these traumas are

* *Flashbacks* was written by Barbara Hennings (2002) for the *NPW Consumer Curriculum*. Her piece is a reflection on the work of Kenna del Sol © 2001 found in the suggested readings.

not dealt with they can return in the form of flashbacks. However, even if you remember the traumatic event you can still have flashbacks.

Flashbacks can be a very scary experience. Luckily, like other symptoms, there are tools we can use to manage them. For more information on flashbacks, the symptoms of flashbacks, and suggestions for coping with them, please see the suggested readings. Many of us have also found it helpful to share this information with both our formal and informal support systems. It can be very difficult for our support systems to witness us having a flashback. Many people do not know how to be helpful. This information can help our support systems understand what a flashback is and provide the opportunity for us to talk about what kinds of help we need from our supports when we are experiencing a flashback. If you are looking for a professional caregiver, we suggest finding one who is experienced in dealing with flashbacks. Even trained professionals may not know how to treat trauma survivors and you may have to teach them how best to help you. You know best what helps. Remember, this is not “one size fits all” therapy. What works for you may be different than what works for others.

Suggested Readings:

- *Coping with Flashbacks* by Kenna del Sol
- *Ideas for Coping with Flashbacks* by Bristol Crisis Service for Women

Symptom Management Plans

As we stated earlier in this chapter, symptom management is about both keeping ourselves safe while experiencing a symptom and working to eventually prevent our symptoms from being triggered. We believe that the best way to approach managing our symptoms is proactively. The term “proactive” refers to acting before a crisis occurs. When we are in crisis we are already dealing with feeling overwhelmed. During crisis is not the best time to think out how to best manage our symptoms. We believe that a symptom management plan is a helpful tool for managing our symptoms. It should be written when we are not in crisis and address how we should deal with crises when they happen. It should also address what we would like other people to do for us when we are in crisis.

Suggested Readings:

- *Guide to Developing a WRAP – Wellness Recovery Action Plan* by Mary Ellen Copeland
- *Developing a Wellness Toolbox* by Mary Ellen Copeland
- *A Wellness Tool: Developing and Keeping a Circle of Support* by Mary Ellen Copeland
- *Crisis Planning* by Mary Ellen Copeland

We have chosen to provide you with information on how to develop your own Wellness Recovery Action Plan (WRAP), a symptom management plan developed by Mary Ellen Copeland.³ This plan is a way of individualizing your own symptom

³ Mary Ellen Copeland has written many articles and books relating to the development of Wellness Recovery Action Plans (WRAP). If you are interested in ordering her books or finding more information on the topic, please visit her web site at <http://www.mentalhealthrecovery.com>.

management and the suggested readings will walk you through how to create one. By creating the plan, you will explore your own personal symptom triggers and techniques for managing them. You will also examine how to identify your own warning signs that a crisis is approaching. Additionally, the plan will guide you through developing an individualized crisis plan. A crisis plan is a proactive plan for what to do when a crisis occurs. This is helpful not only for yourself, but provides guidance for your caregivers and support systems by laying out what kinds of help you do and do not want while you are in crisis.

While we were creating this study guide, many of us felt that it would be very helpful to work on a crisis plan with our caregivers or other support persons, or at least make sure that we share this information with them once it is completed. That way we know that our support people are aware of our needs and are committed to helping us carry out our crisis plans to the best of their abilities. Keep in mind though, even the best thought out of plans do not *always* work out in the way we would like. The hospital we have chosen may be full. Our doctor may be on vacation and her substitute may not be familiar with our plan. Life is unpredictable. However, we still believe that a crisis plan is an effective tool for managing our symptoms. You may want to review an earlier reading that tells one woman's story about the importance of a crisis plan.

Review Reading:

- *K's Story* by Anonymous

We hope these tools provide you with a good start on your way to recovering from the effects of trauma and discovering new things about yourself. In the next chapter of this study guide we will provide you with some information on meeting basic needs. Having our basic needs met is another way of taking good care of us. In this way it is an additional tool we can use to help us manage our symptoms.