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# Introduction

To help you work with this manual you will receive six one hour telephone sessions with a therapist at weeks 1, 2, 3, 5, 7, and 9. You will also have two additional sessions at 4 and 8 months (all one hour in length) to discuss with your therapist how you have been doing. It is important that the phone sessions are held during a time when you can talk privately and undisturbed for up to an hour. Have your manual handy during these phone sessions so that you can ask any questions that have arisen and discuss your goals and tasks.

**Your telephone sessions will be scheduled for:**

Telephone session	Day	Date	Time
1			
2			
3			
4			
5			
6			
7			
8			

## Using the Manual

This manual contains 8 chapters. Each of the chapters should take around 45 minutes to read, and there are often tasks for you to complete as you read them through or to complete following one of your phone sessions.

In your first session with your therapist, you will decide together which chapter to focus on for the next week. For each person this may be different and you may find that you don't need to go through all of the chapters. The tasks in each chapter will help you focus on aspects most relevant to you.

The first chapter of this manual provides a summary of the information about IBS. Because it can be hard to remember all the information, you may find that as you work your way through the manual you need to go back and re-read this chapter.

Each chapter combines specific information with agreed tasks that can be fitted into your day-to-day schedule. The time taken to do these daily tasks may vary from person to person, but should often take no more than 20 minutes per day. Please try to fit these into your daily life. It has been shown in previous studies that people who engage in these agreed tasks show greater improvements in their IBS.

To help you do this we have provided task sheets in each chapter. These will allow you to record your progress and fill in information that is personal to you. At the end of each chapter there are goal sheets for you to complete in the weeks between sessions. There is also a spare copy of every goal sheet included in a folder at the back of the manual, as you may at times need to take it with you whilst you are working on the tasks during each week. The goal sheets are primarily to help you monitor your own progress throughout the programme. This will be discussed in sessions.

## **Does Self-Management Work?**

There are a number of clinical trials showing that Cognitive Behavioural Therapy (CBT) to help people with IBS manage their lifestyles and symptoms better leads to a significant reduction in IBS symptoms and the impact the symptoms have on people's lives (1, 2).

This self-management programme is based on an approach that has been shown to work in a smaller research trial with people with early onset IBS (3).

We now want to test the intervention in a larger trial with people who have had IBS for longer, with some telephone support from a therapist.

1. Kennedy, T., Jones, R., Darnley, S., Seed, P., Wessely, S. & Chalder, T. (2005). Cognitive behaviour therapy in addition to antispasmodic treatment for irritable bowel syndrome in primary care: randomised controlled trial. *BMJ*. 331(7514): 435. PubMed PMID: 16093252. Pubmed Central PMCID: 1188111.
2. Hayee, B., Forgacs, I. (2007). Psychological approach to managing irritable bowel syndrome. *BMJ*. 26; 334(7603): 1105-9. PubMed PMID: 17525453. Pubmed Central PMCID: 1877909.
3. Moss-Morris, R., McAlpine, L., Didsbury, L.P. & Spence, M.J. (2010). A randomized controlled trial of a cognitive behavioural therapy-based self-management intervention for irritable bowel syndrome in primary care. *Psychological Medicine*. 40(1): 85-94. PubMed PMID: 19531276.

# **Chapter One: Irritable Bowel Syndrome** **Explained**

**This chapter includes:**

- Section 1: What Is Irritable Bowel Syndrome?
- Section 2: The Digestive System
- Section 3: What Causes IBS?
- Summary

## **SECTION ONE: What Is Irritable Bowel Syndrome?**

Irritable bowel syndrome is often shortened to **IBS**. It has also been called:

- Spastic colon
- Mucus colitis
- Spastic bowel
- Irritable colon

**People with IBS complain of various distressing and unpleasant symptoms.**

The key symptom is recurrent or ongoing **abdominal pain** (pain in the tummy area). This pain is associated with a disturbance in bowel function and some of the following symptoms:

- Constipation, diarrhoea or alternating bouts of both
- Crampy pain or discomfort
- Gassiness, excessive wind
- Urgent need to open bowels
- Feeling of incomplete emptying of bowels
- Crampy urge to move bowels with no result
- Nausea, acid stomach and vomiting
- Excess passage of mucus
- Changes in the consistency of stools (for example small, hard, round stools to soft, runny stools)

**Fatigue** is also a common symptom of IBS.

## How do you diagnose IBS?

To be diagnosed with IBS a patient needs to have experienced IBS symptoms for at least six months. A key symptom is abdominal pain. This pain may be relieved by passing a stool or gas. The pain is often associated with a change in the number of stools passed or the texture of the stool.

Patients need to have **at least two of the following IBS symptoms in addition to pain** to be diagnosed with IBS:

1. More frequent or less frequent bowel movements since the pain/discomfort started.
2. Looser or harder stools since the pain/discomfort started.
3. The pain/discomfort stops after a bowel movement.

It is important to note that there are **no specific medical tests** to diagnose IBS. Rather, several tests can be done to rule out more serious conditions such as coeliac disease, ongoing bacterial infections of the gut, and cancer. In most instances this just involves a simple series of blood, urine and stool tests together with a good medical examination. In a small number of cases, patients may need to have more extensive examinations of the bowel itself to rule out more serious illness.

## Is IBS a serious disease?

IBS should be taken seriously. The symptoms may cause extensive discomfort and disruption to lifestyle if not managed correctly. They can affect job performance, social confidence and family relationships. The symptoms may also cause anxiety or worry about health. IBS symptoms are very personal and not that easy to explain to others.

However, **it is not a disease**. It is called a 'syndrome' because it is a collection of ongoing symptoms. These symptoms are not accompanied by any tissue damage or ongoing infection. This means that rather than being called a disease, IBS is a disorder of function. The digestive system is not damaged, it just isn't working as well as it should.

IBS is different to inflammatory bowel disease (IBD) which is characterized by inflammation in the bowel and slightly increases the chance of developing colon cancer. However distressing, IBS is not life threatening and unlike IBD does NOT increase risk of colon cancer. Your doctor would have ruled out the possibility of cancer when diagnosing you with IBS through finding out about your symptoms and the blood tests.

## How common is IBS?

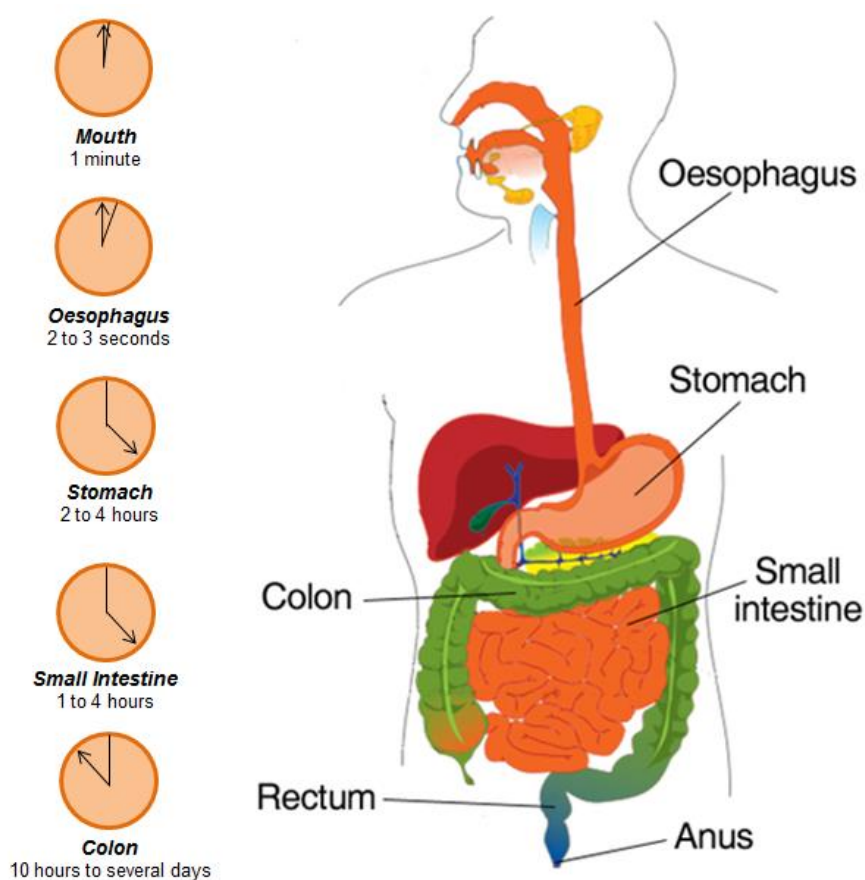
You may be surprised to hear that IBS is relatively common. You may not have heard much about it because people are often embarrassed to talk about their symptoms. However, studies have shown that 15%-20% of people in Western countries experience IBS some time during their lives. It is more common in women and often occurs in the early thirties. However, the symptoms of IBS may also come and go over a lifetime.

## What causes the symptoms?

The symptoms are caused primarily by ***irregularities in the movement of the bowel, a more sensitive bowel and altered production of mucus.*** It is easier to understand these processes if you have some knowledge of how the digestive system works. Our digestive system breaks down the food that we eat, absorbs the good bits to provide energy for the body and then creates a stool (a poo) which consists of the waste products from the food.

## SECTION TWO: The Digestive System

The diagram below shows you the different organs involved in the digestive process and the time taken from when food is swallowed, digested and the waste products passed as stools. Digestion is the process of breaking down food to simpler substances or nutrients.

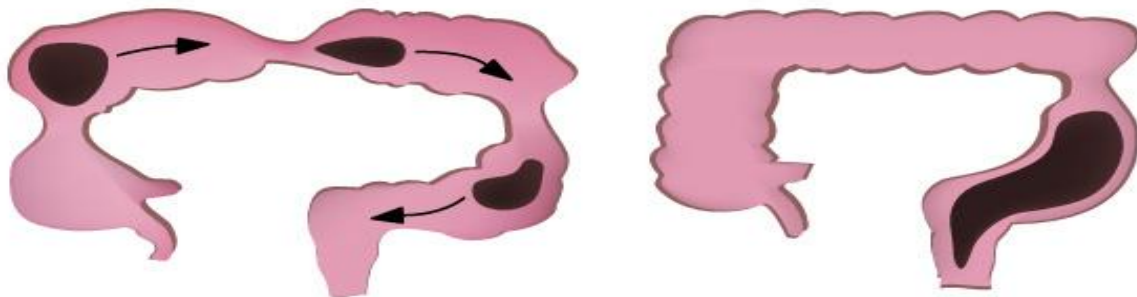


Food is digested as it travels through the mouth, continues down the oesophagus, into the stomach, then through the small intestine and the colon and out of the rectum (your bottom). The good parts of the food (nutrients) are extracted through the digestive process which includes chewing and then chemicals and digestive juices in the stomach which break down food even further. The good bits are then absorbed into the walls of the small intestine to provide energy for the body.

## The colon:

The part of the bowel which is largely affected in IBS is the large intestine. The large intestine is made up of the colon and the rectum. The colon is a 1.5 metre (5-foot) area of the bowel. Its main function is to convert liquid waste products which pass to it from the small intestine into stools. It does this through absorbing some of the water through the lining of the colon and through characteristic movements of the muscles in the wall of the colon. Stools are made up of dead intestinal bacteria and components of food that cannot be digested.

The diagram below shows how these different movements help to form and propel the stools. The movements are created by the combined and coordinated action of muscles in the wall of the colon, coordinated by a network of nerves.



### **Peristaltic contractions**

Waves of peristaltic contractions propel stools toward the rectum. Muscles behind food contract, with the muscles in front relax.

### **Mass movements**

Mass movements are strong peristaltic waves that propel stools relatively long distances about two or three times a day.

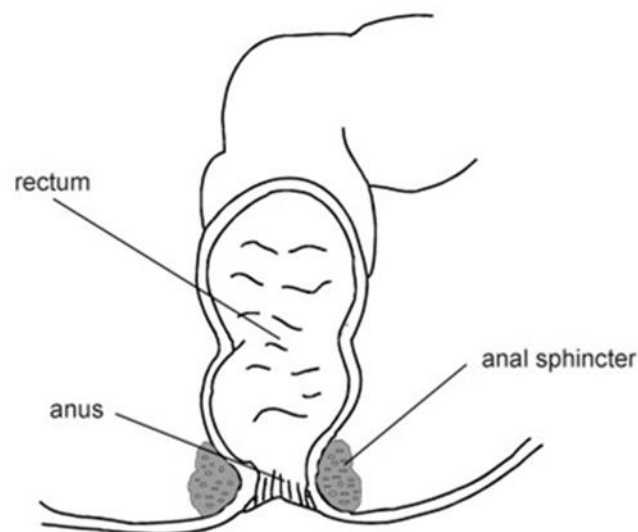
As the stool moves down the colon, its passage is eased by the production of mucus in the lining of the colon. Billions of bacteria within the colon also feed on the undigested food. These bacteria are essential for healthy digestion and produce certain gases including methane and carbon dioxide.



## The rectum and anus:

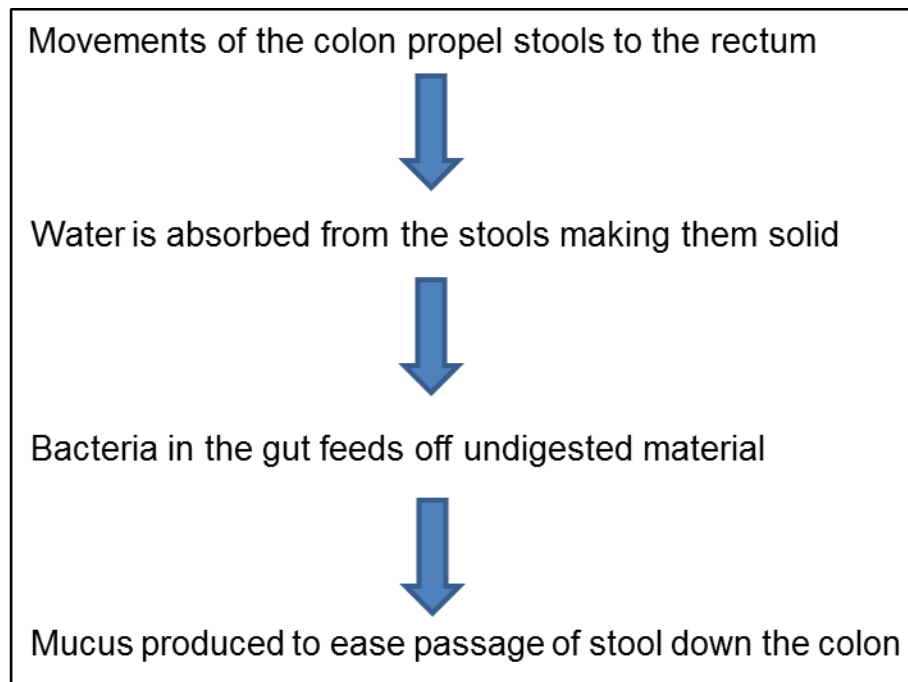
At the end of the colon you find the 12 cm long rectum (see picture on page 7). It is normally empty until just before a person passes a stool. Below the rectum lies the anal canal (see diagram below). The anal canal has two valves like structures called sphincters which keep the anus closed.

Movements in the colon push the stool into the rectum, which triggers the reflex to poo or pass a stool. This stimulates the “valves” or sphincters in the anal canal to relax allowing the stool to pass out of the body. People can assist this reflex to go to the toilet by voluntarily pushing with their tummy muscles. People can also consciously override the reflex to go to the toilet by tightening their anal muscles. We will provide more detail of this process in chapter 3 where we discuss ways to manage constipation and diarrhoea.



## Changes in the digestive system in IBS

### The digestive process in the colon:



### Change in bowel habits:

It is clear from the description of the digestive system that consistent and coordinated muscular movements in the colon are important for normal digestion and the passing of waste products in the form of stools. In IBS these muscular bowel movements can either speed up or slow down. If the motion in the colon is too fast, **cramping and diarrhoea** may result. Fast movements of stools into the rectum may also trigger a very strong reflex or urgent need to go to the toilet. If the movements slow down too much, **constipation** may result.

These changes in the speed of movement also **alter the consistency of the stool**. As the stool passes through the colon, the walls of the colon absorb water from the stools, so that it eventually transforms the liquid waste products from the small intestine into a solid stool. If the faecal material passes through too quickly, not enough water is absorbed, and **a watery ill formed stool** will result. If it passes too slowly, too much water is absorbed and a **hard, lumpy stool** will result.

You may hear people speak about being 'regular' or 'irregular' when speaking about their bowels. Whereas there is no one 'normal' pattern of bowel movements such as having one each day or every morning, for each person there is probably a normal range. For example, most people will experience constipation or diarrhoea at some time. People with IBS experience bowel movements and symptoms which are on the

extreme end of irregularity. These will be caused by the irregular patterns of motion within the colon.

### **Bloating and distention:**

Sometimes people with IBS get spasms (rapid muscle contractions) in the colon. This can be caused by lack of coordination in the peristaltic movement. In the diagram on page 8 you can see that the muscles behind the food need to contract while the muscles in front relax. If these movements don't coordinate **painful spasms** may result. This type of movement can also result in the trapping of waste and air in the bowel which can be extremely uncomfortable. This may cause excessive **bloating** and/or **strange tummy noises**.

We talked earlier about the fact that there are billions of helpful bacteria in the gut which feed off undigested food and mucus secreted by the cells lining the colon. Through this process the bacteria produce gasses. In most cases these gases cause no problem and may be passed from time to time as wind. In people with IBS the bacterial balance may be altered leading to an increase or build-up of gaseous products. This can lead to the symptoms of **gassiness** and **excessive wind**. It may also cause **reflux** and in some cases **nausea or vomiting**.

### **Changes in the mucus in the colon:**

Mucus production is important to ease the passage of the stool as it travels down the colon. People with IBS appear to have either **too much or too little mucus**. You may notice this excess mucus when you pass a stool. The production of mucus is related to the amount of pressure in the bowel. High pressure created by an increase in the muscular movements in the bowel, result in excess mucus production, while a low pressure results in too little mucus. The alteration of mucus can contribute to the **diarrhoea** or **constipation** in IBS.

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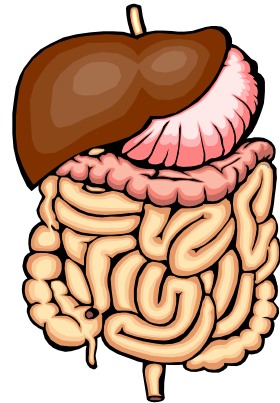
**Jot down your questions and comments here:**



## SECTION THREE: What Causes IBS?

### How does IBS start?

IBS may start gradually over time and only become noticeable when the symptoms become severe. It can be triggered by an event such as food poisoning or gastroenteritis (stomach flu) or by a stressful event or by both.



Campylobacter gastroenteritis (which is caused by bacteria in contaminated food and fluids such as undercooked chicken or unpasteurised milk) may cause prolonged symptoms for up to 25% of people. Research has shown that up to 10% of people who have a diagnosis of Campylobacter may warrant a diagnosis of IBS six months after their initial infection. Campylobacter infection releases toxins which leak into the gut wall. These toxins can affect the nerves that stimulate both the muscles in the walls of the intestine and the production of hormones responsible for bowel action.

The initial infection can also increase sensitivity in the colon. It is important to note that although the infection may trigger these changes, the changes themselves are not due to ongoing infection. Rather in some people the infection appears to cause sensitivity in the bowels.

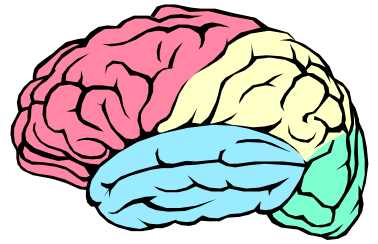
Some people are more susceptible to bowel symptoms. People with IBS tend to be more sensitive to the feelings of pain and movement within their digestive system. It is possible that this is a characteristic inherited from parents. Alternatively, as explained above, it may be a reaction to an initial infection.

So far we have discussed the physiological changes in the functioning of the bowel that occur in IBS. It is likely that other factors such as stress and personality factors interact with these changes to cause the symptoms. Research has shown that people who were under stress, and who tended to be perfectionists (i.e. have high personal standards and “all or nothing” in their approach to life, were more likely to go on to develop IBS.

Following is a description of how the brain affects the digestive system. What happens biologically when you feel stressed and how that might be related to your symptoms is also presented.

## The role of the brain and nervous system in the digestive process:

There is a continual two-way communication between the brain and the digestive system through chemicals such as hormones and neurotransmitters in the brain. This two way interaction controls the muscle movements in the colon. Unlike other muscle groups, such as our arm and leg muscles which are under our voluntary control, the muscles of our digestive system are controlled automatically by signals from the brain and nervous system.



The brain sends messages to the gut which either speed up or slow down the motion of the muscles. The colon is usually in movement throughout the day. Food takes several hours or sometimes days to go through this system. A fine balance of motion in the colon is the result of a balance of these two types of messages (speeding up and slowing down) and is necessary in order to keep the contents of the bowel moving forward comfortably.

## The Stress Response:

### *'Fight or Flight'*

You may have heard of the 'fight or flight' response. This response is related to the fact that human beings are naturally primed to defend themselves in the face of stress. So when a person feels stressed, their nervous system becomes more active. Due to the release of stress hormones such as adrenaline, the heart starts pumping faster, to supply blood to the large muscle groups for physical flight, the breathing rate increases for an increased supply of oxygen and the liver releases sugar into the body for more energy.

These physical changes sometimes result in radical changes in the activity of the gut. Your body might automatically prepare for 'flight' by increasing spasms (speeding up the bowel) in order to get rid of waste within the system. Your system may also shut down all motion, virtually stopping digestion in order to give more energy to other parts of the body needed for 'fight'. The release of adrenaline may therefore **trigger diarrhoea, constipation, nausea or alternating bouts of all three.**

This system worked well in more primitive times when most of the stresses were physical dangers, such as needing to protect oneself against wild animals. People in today's world are still faced with physical dangers which may be best avoided by fight or flight, such as the approach of a speeding car as one crosses the street.

However, many of today's stresses are demanding emotionally or socially, such as juggling family life with a busy work schedule.

So stressors may be physical, social or emotional, but the stress response which can result in physical symptoms is the same. For example, you may have had diarrhoea at exam time or constipation when travelling. You may have felt nauseous when you experienced a terrible shock or bereavement.

The stress hormones would naturally be washed out of the body with the physical exertion of flight or fight. However, it is uncommon for people in today's world to actually respond to their stressors in a physical way. This means that there is often a build-up of stress hormones in the body which can disturb normal bodily processes.

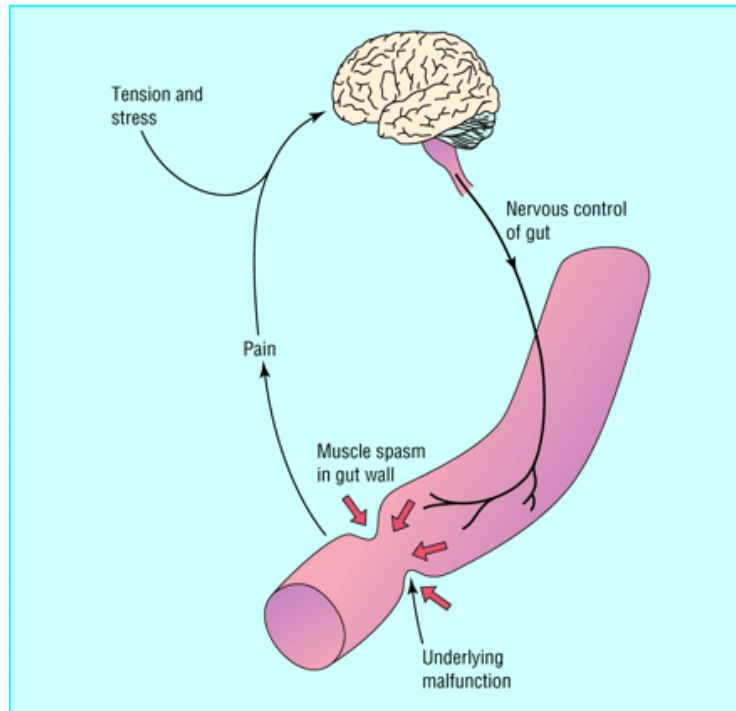
Researchers have found that the actual type of stress that someone experiences is not as important as how that person feels about those experiences. This explains how even the thought of something stressful may trigger a stress response causing symptoms such as tummy pain or diarrhoea.

### ***The Brain-Gut Connection***

In some instances the digestive system has been called the little brain because it is so closely connected to thoughts and feelings. You have probably heard these expressions used in relation to emotional experiences:

My gut reaction...  
My gut response...  
I have butterflies in my stomach  
I have a knot in my stomach  
I can't stomach it!

The diagram on the following page explains the brain-gut connection a little more fully. As we have seen, the bowel is a tube through which food is propelled by sequential movements, controlled by the nervous system. Stress and other psychological factors can interrupt the nervous control of this process through the activation of the fight-or-flight response. This in turn causes disruption in the bowel movements, which can create gassiness, cramping, pain and altered stool passage (i.e. constipation and diarrhoea). When having IBS, your awareness and attention may therefore be directed towards what is going on in your bowels, but away from what is going on in your mind, which may be responsible for exacerbating your symptoms.



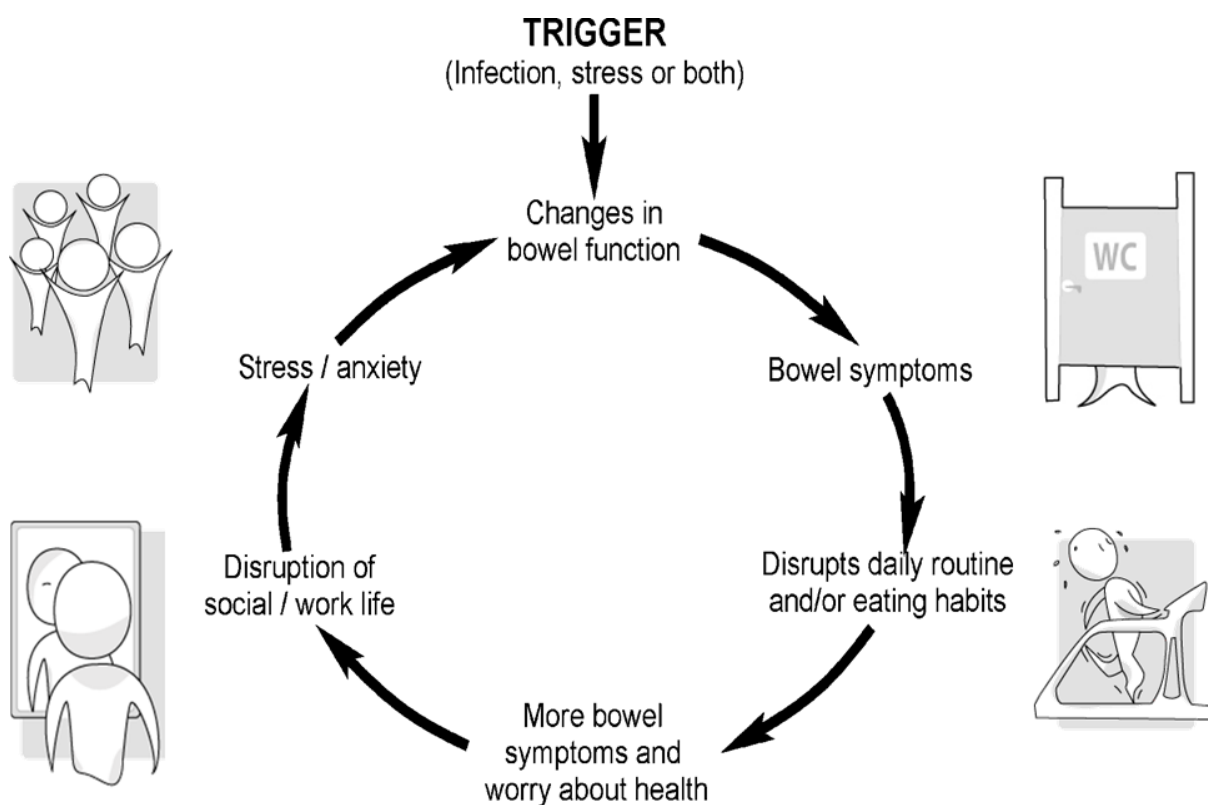
## A Vicious Cycle of Stress and Symptoms:

Many people with IBS get caught up in a vicious cycle of symptoms, pain and stress. The following is an example of how this might happen.

*Joe experiences a severe bout of gastroenteritis (a tummy bug). This infection causes intense bowel pain, extreme diarrhoea and cramping. He loses sleep, stops eating and is unable to work so his normal daily routine is completely disrupted. When Joe feels like eating again, he eats irregularly as his stomach appears to have become sensitive to food and eating often causes tummy cramps and pain. The irregular meals send conflicting messages to Joe's digestive system, and it stops and starts, causing bouts of diarrhoea and then constipation.*

*Joe begins to worry about his health, about missing so much work, and about taking care of his family. He feels upset and stressed and this makes his symptoms worse. Joe often feels sick or has diarrhoea in the morning, so he skips breakfast. By lunchtime he is really hungry so he overeats, causing his colon to overreact and start spasming again. He takes a day off work and stays in bed and sleeps during the day, but because of the extra rest finds it hard to sleep that night. He lies awake worrying about what is happening to his health and feels his tummy churning and cramping. Because he has taken a day off, he works extra hard the following day, which only serves to increase his stress and make his bowel symptoms worse.*

This may seem like a dramatic scenario but there are probably some parts of it that you can identify as your own experience. See if you can find your own examples to fit into the following diagram:



## Your Own Cycle

The previous diagram shows just one example of a vicious cycle. You can draw your own below.



## Summary

If you have been given this manual the doctor has diagnosed you with IBS after ruling out other bowel diseases or cancer. The explanations that you have just read about IBS may give you an idea of how your IBS symptoms began and why they are continuing. You will also be able to identify symptoms you experience that are common to IBS.

The good news is that IBS symptoms can be managed effectively. The earlier the problem is identified and dealt with, the more likely people can successfully control the symptoms.

However, it is important to note that it is not the type of illness that will be cured by a simple overnight solution. Because of the close link between the brain and IBS symptoms, finding ways to manage and reduce stress is an important part of keeping IBS symptoms under control. Gaining control over stress helps you to gain control over the automatic processes that occur in the colon. Changing one's responses to symptoms is also part of this process. The body, and the gut in particular, thrives on routine. Therefore it is important to make sure that one has a good balanced routine of diet, exercise and sleep. The more the gut can predict the happier it is! As explained earlier this routine is often lost through busy, stressful lifestyles and reactions to experiencing unpleasant symptoms, so it is important to re-establish a good routine.

The next chapter will help you assess your current daily routine and the role of symptoms in this routine in order for you to see what adjustments need to be made.

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**Jot down your questions and comments here:**



# **Chapter Two: Assessment of Your Symptoms**

**This chapter includes:**

- Section 1: Symptom Management Programme
- Section 2: Linking Symptoms, Behaviours and Thoughts
- Section 3: Assessing the Impact of IBS on Your Life
- Section 4: Self-Monitoring Symptom Diary
- Summary

## **SECTION ONE: Symptom Management**

In order to design a successful symptom management programme it is important to identify activities and thoughts that may be working against you getting better. For a management programme to be effective, it must be tailored precisely to your needs. This chapter will help you gain a better understanding of your symptoms, the impact these have on your life, and how you think about and react to your symptoms.

Everyone has different ways of dealing with their symptoms. These are called '*coping skills*'. For example, some people may try to ignore their symptoms and carry on with normal activities. Others may avoid certain situations which they believe make their symptoms worse, while others may rest in bed when they experience symptoms.

It is important that you develop coping skills that are effective for the management of *your* symptoms and which allow you to do the things that are important to *you*. A successful management programme will help you to identify and strengthen coping skills that are effective and change or eliminate those that are not.

Before we discuss the details of your assessment we outline the six steps of symptom management so that you get some idea of how the programme fits together.

## The Six Steps of Symptom Management



1. *The first step* involves keeping a daily record of your symptoms, the behaviours that may aggravate your symptoms and how you respond to your symptoms. This creates a detailed picture that forms a baseline, or starting point for your programme.
2. *The second step* involves a closer look at your symptom record so that you can identify changes that can be made to deal with your symptoms differently. An important aspect of symptom management is breaking the link between your symptoms and your eating patterns. For example, skipping meals due to an upset tummy in the morning and then eating a very large and heavy lunch may be the cause of stomach cramping and discomfort in the afternoon.
3. *The third step* involves assessing how your patterns of daily activity interact with your symptoms. Unhelpful activity patterns and a lack of exercise can contribute to a vicious cycle of symptoms.
4. *The fourth step* involves looking at how your thoughts influence what you are able to do and how you are feeling. There is a large pool of research that supports the idea that your thoughts, or patterns of thinking, have a dramatic influence on how you feel and act
5. *The fifth step* involves looking at your expectations of yourself. People with IBS tend to have high expectations and to push themselves very hard. They often have a pattern of overdoing things and then collapsing. This pattern tends to aggravate symptoms and is related to the onset of IBS in the first place.

6. The *sixth step* involves looking at a number of ways of managing stress so that the impact of stress is minimised. This includes relaxation techniques, improving sleep patterns and learning to take time out for you.

It is important to note that you may not need each of these steps. You may also decide with your therapist to do the steps in a different order or spend more time on one step than the others.

## **Important things to keep in mind during the programme:**

### **Symptoms sometimes get worse before they get better...**

During a symptom management programme you will find that you are able to tolerate symptoms without the same degree of worry as before. However, in the early stages of adjusting your activities and dietary schedule, your symptoms may get worse before they get better. Knowing this will help you to feel less anxious about the consequences of your actions and symptoms. Throughout the programme, it is important to remember that your symptoms are not due to a physical disease, but are related to a problem with how your digestive system functions.

### **Stress, setbacks and control...**

During times of stress or change, your symptoms may flare up. Persevering with the lifestyle changes will allow you to get your symptoms under control rather than allowing your symptoms to control you. There is no magic cure and this change happens gradually rather than dramatically. As time goes on, your confidence will grow and minor setbacks will be less upsetting. You will learn how powerful your thoughts are in influencing how you feel and what you can do.

### **Your self-assessment...**

In order to build up an accurate picture of your problem and how it affects your life, it is important that you carry out a self-assessment. This involves writing down in detail your symptoms, the restrictions they place on your life and some of the factors you think may have contributed to either the onset or continuation of your symptoms. This may seem difficult or time consuming to do, but the process itself will help you to feel that you can do something positive about your problem.

## SECTION TWO: Making the Link Between Symptoms, Behaviours and Thoughts

This first assessment exercise will help you make the link between your own symptoms, thoughts and behaviours. In the diagram on the next page we have provided four examples.

The examples provided might not be relevant to you, but they will give you an idea of what we are asking you to do. In example 1, the ***symptom*** of wind may result in the ***thought*** “I might pass wind in public and embarrass myself”, which results in the ***behaviour*** of avoiding social situations.

In example 3 the symptom of constipation is linked to the thought “I must empty my bowel at least every other day”, which results in excessive straining on the toilet for 30 minutes. Similar links are made in examples 2 and 4.

Next to the numbers marked 5 – 8 we would like you to write your symptoms, starting with the most bothersome ones. For each symptom, write down what you do in response to that symptom in the behaviour box. Then, write what you think when you have that symptom in the thought box. Continue this process until you have covered all of your symptoms.

Notice how your symptoms affect your behaviour and thoughts. Also, consider how your behaviour and thoughts may be affecting your symptoms. For instance in the second example if you feel nauseous and decide to skip breakfast, you may think that you are going to have difficulty coping with a busy day, because you have been unable to eat. This thought makes you feel anxious, which increases your nausea and makes it even more difficult to eat later on during the day. You feel weak from the lack of food and less able to cope with your difficult day. In these ways symptoms, behaviours, and thoughts are always affecting each other.

### SYMPTOMS

1. Excessive wind
2. Nausea in the morning
3. Constipation
4. Diarrhoea
- 5.
- 6.
- 7.
- 8.



### BEHAVIOURS

1. Avoid social events
2. Skip breakfast
3. Spent 30 minutes straining on the toilet
4. Checking where toilets are as soon as you arrive
- 5.
- 6.
- 7.
- 8.



### THOUGHTS

1. I might pass wind in public and embarrass myself
2. I won't be able to cope today because I can't eat
3. I must empty my bowel at least every other day
4. Fear of having an accident
- 5.
- 6.
- 7.
- 8.

## **Making the Link Between Symptoms, Behaviours, Thoughts and Feelings**

People who experience continuing IBS symptoms find that work and day-to-day tasks become a greater effort. With increased effort there is an increase in nervous system activity and adrenaline. This can result in further symptoms as explained in chapter 1 on pages 4-17. Further symptoms cause more worry and distress about health. In addition, frustration over the inability to carry out normal day-to-day activities can trigger further adrenaline production and release. The emotions surrounding the experience of symptoms can become overwhelming. Individuals may feel less and less able to cope with symptoms and more aware of their symptoms due to distress. This leads to avoidance behaviour or disruption in lifestyle which can increase the entire dynamic of symptoms, distress and disruption.

**The following case of Kate is a classic example of this process:**

Kate has an important meeting with her boss that causes her some anxiety. **(feelings and thoughts)**

She knows that these sorts of situations often cause her IBS to flare up, and cause more diarrhoea and bloating than usual. **(symptoms)**

She is further concerned that her diarrhoea will cause her to leave the meeting early. **(thoughts)**

She decides to call in sick from work. **(behaviour)**

She then feels guilty and depressed about the effect of her IBS on her life. **(feelings and thoughts)**

Kate thinks that maybe she should give up her job if she can't manage to go to meetings. **(behaviour and thoughts)**

Kate spends the day worrying and experiences an increase in bloating and diarrhoea. **(thoughts and symptoms)**

## SECTION THREE: Assessing the Impact of IBS on Your Life

On the next two pages are some questions for you. They are in four categories. Try to answer them according to how you felt **over the past month**. They will guide you in your self-assessment and also help you to ascertain your progress throughout the programme. Remember that you are answering these questions for yourself. Don't worry about what someone else may think about your answers - just try to identify your honest response.

### Symptoms

Are you experiencing diarrhoea or constipation?

---

Are you experiencing stomach cramps?

---

Are you experiencing abdominal pain?

---

Are you experiencing nausea?

---

Are you experiencing bloating?

---

Are you experiencing gassiness or wind?

---

Do you feel weak or tired?

---

Do you feel better or worse after exercising?

---

Do you feel better or worse after eating?

---

How long has IBS been a problem for you?

---

What percentage of time are you aware of your symptoms?

---

What do you think is causing your symptoms?

---

When are your symptoms most likely to occur?

---

### Thoughts and Feelings

Do you worry about doing too much?

---

Do you worry about not being able to control your bowels?

---

Do you worry about passing wind in public?

---

Do you worry that your pain is a sign of a rare disease that the doctors haven't been able to identify yet?

---

Do you worry about going somewhere and not knowing where the toilet is?

---



Do you worry about the shape or consistency of your stools?

\_\_\_\_\_

Do you worry about having an accident in public?

\_\_\_\_\_

Do you worry when you don't have a bowel movement?

\_\_\_\_\_

Do you worry about how your symptoms get in the way of  
doing the things you need to do?

\_\_\_\_\_

Do you worry about the negative effects of certain foods?

\_\_\_\_\_

## **Behaviour**

Do you spend excessive amounts of time on the toilet?

\_\_\_\_\_

Do you make yourself go to the toilet even when you haven't  
experienced the reflex to go?

\_\_\_\_\_

Do you check your stools regularly?

\_\_\_\_\_

Do you have irregular meals and mealtimes?

\_\_\_\_\_

Do you miss work because of your symptoms?

\_\_\_\_\_

Can you carry out your household chores?

\_\_\_\_\_

Is your social life restricted due to your symptoms?

\_\_\_\_\_

Do you exercise regularly?

\_\_\_\_\_

Do you have a good sleep pattern?

\_\_\_\_\_

Are your close relationships affected by your symptoms?

\_\_\_\_\_

How would you like your life to change?

\_\_\_\_\_

## **General**

Do you feel discouraged or depressed?

\_\_\_\_\_

Are you satisfied with your relationships?

\_\_\_\_\_

Do you get enough emotional support from your partner?

\_\_\_\_\_

Can you express yourself openly within your relationships?

\_\_\_\_\_

Do you have any financial worries?

\_\_\_\_\_

Are you worried about your children in any way?

\_\_\_\_\_

Do you feel you have enough or too many challenges in your  
life?

\_\_\_\_\_

Overall, are you happy in your work?

\_\_\_\_\_

What things in your life would you like to change?

\_\_\_\_\_

Now that you have answered these questions you may have a better picture of the impact IBS has had on your life and how much you do or don't worry about your symptoms and other aspects of your life. This information may be helpful in setting goals for change in future chapters.

---

**Jot down any questions or additional thoughts here:**



## SECTION FOUR: Self-Monitoring

It is useful to keep a diary to build up an accurate picture of your symptoms in relation to your daily activities and routine. Your self-monitoring record will make you aware of inconsistencies or irregularities in your activities. It will show you how your symptoms vary from day-to-day, possible triggers for your symptoms, and how you respond to your symptoms. This information is important in relation to knowing how best to manage your symptoms.

### **Some problems you may experience in self-monitoring include:**

#### *Delaying writing things down*

It is important to try and write things down throughout the day or at least at the end of every day. If you don't, you will forget quickly. You will find a spare copy of the symptom monitoring sheet in the back of the manual, which you can take around with you during the day. If you are concerned about filling it out in front of people it is okay to fill it in each night.

#### *Focusing on your symptoms*

Recording symptoms often results in an increase in focus on symptoms. This process can make your symptoms feel more severe than they usually do. It is important to remember that it is because you are more focused on them, rather than because your symptoms are getting worse.

#### *Embarrassment*

It may feel strange at first to keep a record of how you are feeling in relation to symptoms. However, you will get used to it as you work through the manual. Try and remember that many people suffer from similar symptoms. The reason we don't hear much about IBS is that people often don't like to talk about their symptoms.

### **Homework: Filling in your self-monitoring symptom sheet**

Your self-monitoring symptom sheet is on page 30. If you prefer not to write in the manual, there are spare copies in the back, which you can choose to carry around with you during the day to help you record your symptoms. Each day we ask you to keep a record of your abdominal pain/cramps, diarrhoea, constipation, stress,

meals and any behaviour changes you have made because of your symptoms. It should take no longer than 5 to 10 minutes each day. The key at the top of the shaded part of the table provides a summary of how you rate each of these elements.

Each day we ask you to rate the severity of your abdominal pain/cramps and your stress levels using the following scale

Abdominal pain/cramps	0	1	2	3	4	5	6	7	8	9	10
Stress	none		slight		moderate			severe			

Each day you also record the number of times you had diarrhoea and whether you had an accident related to your diarrhoea. An accident involves soiling your pants. You also record if you have had constipation, how many times you have attempted to go to the toilet when constipated, and the time you spent straining to pass a stool on the toilet.

For meals we ask you to record the time of day you have eaten breakfast, lunch and dinner, the size of each meal, or whether you missed a meal.

For the column on behaviour change you may like to refer back to page 22. Here you recorded examples in the behaviour box of how you respond to your symptoms. Behaviours might include cancelling a social engagement, worrying excessively about where the toilets might be, or missing work.

**Below is an example of what someone has written over two days:**

	<b><u>Pain and stress ratings</u></b>  0 to 10 none---severe	<b><u>Diarrhoea</u></b>  no. of times (T) accidents (A)	<b><u>Constipation</u></b>  no. of attempts (a) time straining (t)	<b><u>Meals</u></b> <b><u>Time eaten</u></b> Missed (ms) Small (s) Medium(m) Large (l)	<b><u>Behaviour changes because of symptoms</u></b>
<b>Monday</b>	<b>Pain = 8</b>  <b>Stress = 7</b>	<b>T = 5</b>  <b>A = 0</b>	<b>a = 0</b>  <b>t = 0</b>	<b>Breakfast ms</b> <i>time _____</i> <b>Lunch small</b> <i>time 12.30 pm</i> <b>Dinner large</b> <i>time 8.00 pm</i>	<b>Missed going to gym because of diarrhoea</b> <b>Went to the toilet to avoid accidents</b>
<b>Tuesday</b>	<b>Pain = 5</b>  <b>Stress = 3</b>	<b>T = 1</b>  <b>A = 0</b>	<b>a = 0</b>  <b>t = 0</b>	<b>Breakfast med</b> <i>time 7.30 am</i> <b>Lunch small</b> <i>time 2.00 pm</i> <b>Dinner large</b> <i>time 9.30 pm</i>	<b>Went to bed early because of pain after large dinner.</b>

## Summary

This chapter has introduced you to a new way of looking at your symptoms, and importantly, introduced the symptom management programme which the remainder of the manual will take you through.

It is important to remember that the aim of this programme is to help you distinguish which of your current coping skills are working well, and to help you eliminate those coping skills which may be inadvertently contributing to your symptoms.

Remember you will still experience flare-ups from time to time, and you may notice a flare-up at the beginning of this programme, but this process will help you to feel that there is something positive you can do to manage your problem.

This chapter has shown you a method of assessing your own symptoms, and started to make links between these and your behaviours and thoughts, by creating your own personal model.

In the next chapter, we will begin to look at ways of breaking down the vicious cycle you have identified in your personal model, by looking at alternative ways to manage symptoms and your dietary habits.

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**Jot down any questions or additional thoughts here:**



## SYMPTOM DIARY FOR CHAPTER TWO

	<b>Pain and Stress Ratings</b> 0 - 10 None Severe	<b>Diarrhoea</b> Number of times (T) Accidents (A)	<b>Constipation</b> Number of attempts (a) Time straining (t)	<b>Meals</b> Missed (MS) Small (S) Medium (M) Large (L)	<b>Behaviour changes because of symptoms</b>
<b>Monday</b>	Pain =  Stress =	T =  A =	a =  t =	Breakfast: Time_____  Lunch: Time_____  Dinner Time_____	
<b>Tuesday</b>	Pain =  Stress =	T =  A =	a =  t =	Breakfast: Time_____  Lunch: Time_____  Dinner Time_____	
<b>Wednesday</b>	Pain =  Stress =	T =  A =	a =  t =	Breakfast: Time_____  Lunch: Time_____  Dinner Time_____	
<b>Thursday</b>	Pain =  Stress =	T =  A =	a =  t =	Breakfast: Time_____  Lunch: Time_____  Dinner Time_____	
<b>Friday</b>	Pain =  Stress =	T =  A =	a =  t =	Breakfast: Time_____  Lunch: Time_____  Dinner Time_____	
<b>Saturday</b>	Pain =  Stress =	T =  A =	a =  t =	Breakfast: Time_____  Lunch: Time_____  Dinner Time_____	
<b>Sunday</b>	Pain =  Stress =	T =  A =	a =  t =	Breakfast: Time_____  Lunch: Time_____  Dinner Time_____	

# **Chapter Three: Managing Your IBS Symptoms and Eating**

## **This chapter includes:**

- Section 1: Review of Your Symptom Diary
- Section 2: Managing Diarrhoea
- Section 3: Managing Constipation
- Section 4: Eating Patterns and Stress
- Goal Sheet for Chapter 3
- Summary

## **SECTION ONE: Review of Your Symptom Diary – Is there a Pattern?**

Take a look at your weekly symptom diary and see if you can spot any patterns. How does your IBS affect what you do or your behaviour? Is there anything you avoid because of the problem, such as places or foods? You may find you alter your plans according to how bad you think that your symptoms may become, or how bad they are at the time. Changes in your behaviour may also be linked to your stress levels.

It may become clear to you that because of your symptoms, there are times of the day that you feel out of control or you don't trust yourself to engage in activities that may be important to you. Many people also notice that their stress levels are linked to their IBS symptoms. Check to see if on the days that you rated your stress as high, your pain and diarrhoea and/or constipation were worse.

Looking at your meal patterns can also be revealing. Did the severity or alteration in your symptoms influence your meal patterns? Perhaps your symptoms are worse when your meal patterns are inconsistent?

Your diary will also provide an accurate account of your key IBS symptoms. It will indicate the extent of your current diarrhoea or constipation and your pain levels. Is there anything you currently do more of than you ideally would like to, such as spending time on the toilet? Is there anything you do when you go to the toilet such as straining for long periods of time or checking your stools for

abnormalities? How many times do you go to the toilet and do not pass anything? Even though you may fear accidents because of your diarrhoea, you may find that no accidents occurred.

## Setting Goals

Now that you have identified some possible patterns, your next step is to consider some realistic goals and positive changes that you can work towards. This chapter will focus on changes you can make to help you to manage your bowel symptoms.

Firstly, we will look at specific techniques for managing diarrhoea and constipation. Secondly, we will encourage you to have a good look at your daily diet, and if necessary, help you set goals for change.

Throughout this chapter we provide examples of possible goals in each area. Your own goals may be quite different, but the examples will demonstrate how to word your goals so that they are simple, easily achievable and clearly defined. Goals need to be measurable so that you can monitor your progress.

We ask that you write your goals on the *IBS Goal Sheet* at the end of this chapter on page 48. We have provided a similar sheet at the end of each of the following chapters. You can also find spare copies of the goal sheets in the back of the manual, which you can choose to carry around with you during the week to help you record your progress.

We also suggest that you don't set too many goals each week. You need to be realistic. Each week you will add to the goals, so that you can keep working on your IBS symptom management while you learn new strategies for managing thoughts, managing activity patterns and stress.



## **Tips for successful goal setting**

- Small changes are much more achievable than large changes.
- Pick and prioritise goals that are most important to you.
- Keep your goals somewhere where you will be reminded of them regularly - for example, stuck on the fridge, as a reminder in your phone, or written in a daily diary.
- Share your goals with others. They may be able to help, support and motivate you on the journey to achieving your goal.
- Meaningfully reward yourself for hitting your goals. This could be externally - for example, treating yourself to something new, or internally, by genuinely patting yourself on the back.

Goals must be:

- Simple
- Easy to achieve
- Easy to measure
- Well defined
- Realistic – so don't set too many!

---

**Jot down your comments here:**



## SECTION TWO: Managing Diarrhoea

### Fear and diarrhoea:

For many people, one of the most debilitating effects of persistent diarrhoea is the fear of being incontinent or having an accident.

It is important to realise that people with IBS very rarely actually have accidents. Indeed, your symptom diary may have provided you with a personal confirmation that accidents are uncommon. It just feels like you may have an accident. Because of this feeling, people often develop some of the following habits:

1. Going to the toilet even if they don't have the urge to pass a stool.
2. Ensuring they go to the toilet before they go out or have to go to a meeting.
3. Rushing to the toilet the minute they have the urge to go.
4. Taking medication before they go out to help block themselves up.
5. Using antispasmodic medication when the abdominal pain or cramps start.
6. Checking where the toilets are as soon as they arrive at a new place.
7. Checking stools to see if they are "normal".
8. Avoiding activities where they feel there may not have easy access to a toilet when they need one.

Are any of these habits familiar to you? If so it is important that you read through the next few sections. We will discuss the negative effects of each of these habits and ways in which you can go about changing these habits. We will ask you to set simple goals that will help you make these changes.

Throughout the chapter you will find some example goals that you may wish to set around changing these habits. Goals should be simple, clearly defined and measurable so that you can track your progress. Write these on the goals sheet provided on page 48 or if you prefer on the extra sheet included in the back of the manual (IBS GOAL SHEET FOR CHAPTER THREE: Managing your Symptoms and Eating), which you can carry with you to help you record your progress.

Don't expect your bowels to return to normal overnight. You may be one of those people who are always vulnerable to a degree of diarrhoea. It is how you manage this that is important.

## **Going to the toilet immediately when you feel the urge and even when you don't have the urge:**

Using the toilet more than you need to will decrease your bowel control. You may remember that on page 9 of this manual, we discussed how we could override the reflex to go to the toilet by tightening our anal muscles. These muscles allow us to have some control over when we go to the toilet, rather than allowing our bodies to dictate this to us. As with any other muscle in the body, if we do not exercise these muscles they will weaken. Because of this it is important to try and hold on until your body provides you with the reflex to go.

Most people with IBS feel that if they don't get to the toilet as soon as they have the urge to go they may have an accident. Although it may feel as if you need to get to the toilet immediately, with time and patience you will find that using your anal muscles will allow you to hold on for longer than you thought.

The most important management strategy here is for you to begin to gain control over when you go to the toilet rather than allowing your body to dictate this to you. To do this you need to strengthen your anal muscles.

## **Strengthening your anal muscles:**

One way of doing this is to exercise your anal muscles regularly. You can do this sitting in your car or at your desk. Simply tighten the muscles, hold for a couple of seconds and then release. Do this for 12 repetitions. If 12 feels too much, start with 4 or more and slowly increase the number of repetitions. Try and do this 2 or 3 times a day.

## **Tightening your anal muscles to override the reflex:**

Another way of gaining control is to try and tighten your anal muscles when you feel the urge to pass a stool rather than rushing straight to the toilet. If you are anxious about this at first, go to the toilet, and then hold on while you are in the toilet. Once you are able to hold on for long enough you may find you manage to override the reflex completely and that the urge to pass a stool disappears. In this way you will rapidly lessen your fear of having an accident. You will realise you have more control than you think. This will give you confidence in managing your diarrhoea in social situations. Start off holding on for a very short time (perhaps 30 seconds or a minute) and slowly build up to longer and longer periods each week.

**Possible goals:**

1. To use the toilet only when I have a definite urge to pass a stool.
2. To hold on for one minute when I feel the urge before going to the toilet. Each week I will increase this by a further one minute.
3. To practise clenching my anal muscles – ten repetitions three times a day.
4. To visit the cinema (or another activity) without using the toilet for one hour before.

**Medication and Diarrhoea:***Anti-diarrhoea medication*

Anti-diarrhoea medication that helps block up your system should generally be avoided. Reliance on such medication means that your bowel is never given the opportunity to function normally. You will often find that there is a rebound effect and that your diarrhoea gets worse again once you stop taking the medication. You then land up in a cycle of taking medication, which is a temporary solution, and then stopping, which makes the problem worse. In this way you will never gain control over the problem yourself.

The strategies outlined on the previous page provide a far more effective way of managing the problem. They may take a bit more time and effort, but they provide a longer-term solution and one that does not interfere with your body's physiology.

*Anti-spasmodic medication*

You may have been prescribed antispasmodics for your abdominal pain and cramps. Some people find these helpful. However, it is important that you take them as prescribed and not just in response to when you have pain or cramps. The medication will work more effectively if taken as prescribed and will help to prevent the onset of the cramps as well.

**Possible goals:**

1. Taking my antispasmodic medication daily as prescribed.
2. To go out for a social evening this week without taking anti-diarrhoea tablets.

## **Checking Behaviours:**

Constantly checking for toilets just serves to make people more anxious and to feel less in control of their IBS. Similarly, checking your stools can make you feel more anxious about your IBS and more focused on the problem. It is important to remember that there is no “normal” stool and that stools can come in all shapes, sizes and consistencies.

The shape and consistency of stools can change in response to what we have eaten, how anxious we are and how much mucus our bowels are producing. As we explained in the first chapter on page 10, water is absorbed from the faecal matter as it moves down the colon. If the colon contracts faster than usual, stools will be looser and more watery. If the colon contracts more slowly, stools will be harder and lumpier. If the colon produces more mucus to help lubricate the passage of the stool, the stool itself will contain more mucus. All of these stools are normal. They just represent an alteration in the current functioning of the bowel.

Lessening your checking behaviour will help lessen your anxiety over time. Becoming less anxious about your problem will also help your bowel function more normally as explained in chapter 1 on page 13-16. Being less focused on your stools will also help reduce your IBS-related anxiety. We deal with this further in the following chapter.

### ***Possible goals:***

1. I will not check my stool for abnormalities this week.
2. I will not check where the toilets are when I go out for dinner until I have the urge to go to the toilet.

## **Avoidance activities:**

Prolonged diarrhoea often leads to the avoidance of certain activities. The case example below shows how the fear of incontinence can lead to avoidance behaviours and the steps that can be taken to reduce this avoidance.

*Jane avoided walking with her boyfriend for fear of being caught short without a public toilet and being incontinent. She had never been incontinent in the past. This restricted her life and affected her relationship with her boyfriend. She agreed to test out her fear and risk walking with her boyfriend without knowing where the toilet was. She subsequently found that even though she did have some urge to go to the toilet, she was able to control this until reaching a convenient place. By the end of the treatment she was able to go into any situation without knowledge of where the toilets were located and no longer avoided walking with her boyfriend.*

You will find that as you build up your confidence in your ability to control your bowel, you will be less inclined to avoid things. You will also need to test your newly established control by pushing yourself to do things that you have previously avoided. Start with easier situations and work your way up. Easier situations may involve socialising with good friends who are aware of your problem. More difficult ones may involve going to the gym or mixing with people you don't know very well.

The next chapter, which looks at managing thoughts, will provide you with some other strategies to help you decrease your avoidance of activities. You will be able to tackle this next week.

**Possible goals:**

1. Use the circuit at the gym for 10 minutes – build up to 15 minutes next week.
2. Go out to dinner or a drink with a close friend.

## **SECTION THREE: Managing Constipation**

**Dispelling Some Myths:**

Before looking at ways to cope with constipation it is important that we dispel the following common myths about bowel function. Many people believe that:

1. Irregularity is a sign of poor health.
2. If I am unable to get rid of my stool it is toxic or dangerous.
3. I should pass a stool every day.

4. Stools should be a particular shape or form.
5. If you have a sense of incomplete evacuation you must keep straining to pass a stool.

Under the following questions we provide the real answers to these myths.

### ***How many stools a week are normal?***

There is no single answer to this question. For some people, passing 3 stools per day is normal while for others 3 per week is normal. The important thing is not to get too stressed if you don't pass a stool on any one day.

Constipation can mean that you're not passing stools regularly, that you're unable to completely empty your bowel, and/or that you are passing hard or painful stools. Doctors define constipation in a number of ways:

- Opening the bowels less than three times a week.
- Needing to strain to open your bowels on more than a quarter of occasions (at least 1 out of 4 times).
- Passing a hard or pellet-like stool on more than a quarter of occasions (at least 1 out of 4 times).

### ***Is constipation harmful to my health?***

Whereas constipation can be very uncomfortable, it is unlikely to cause any long term harm or damage. It will not make you “toxic”. As you saw in chapter 1 the colon is very long and is able to store a large amount of faecal matter. The waste products remain in the bowel during constipation and are not reabsorbed into the body.

### ***What is a normal shaped stool?***

There is actually no such thing. We have already discussed the fact that stool shape and consistency can alter depending on the current motility of the bowel. This is influenced by factors such as your mood, change in diet, stress, anxiety and worry, travel or change in environment.

You do not need to check the shape or consistency of your stool as it does not provide a good reflection of the functioning of your bowel. The shape of your stools will vary from time to time and this is perfectly normal.

### ***Should my bowel feel empty after I pass a stool?***

Not necessarily. The feeling of incomplete evacuation is a common symptom of IBS and doesn't mean you have to pass a stool. The bowel is never completely empty and it will not harm you if you haven't managed to pass a stool or feel as if you are only half done.

Many people respond to the feeling of incomplete evacuation or constipation by spending an excessive amount of time on the toilet straining. This is harmful rather than helpful as we discuss in the following section.

### **Reduce straining:**

Many people with chronic constipation spend quite a bit of time straining and pushing on the toilet in the belief that they will be unable to pass a stool if they don't. Others, in desperation, even try and manually evacuate their bowels.

You will more than likely find that although you strain for long periods you still only manage to pass small stools if any at all. This is because **straining is actually unhelpful**. Straining often makes people feel desperate and more stressed about their constipation. Feeling uptight will make passing a stool harder as the sphincter muscles in the anus (see diagram on page 9) are meant to relax to allow the faeces to pass out of the body. When you are tense these muscles tighten rather than relax. Excessive pushing of the abdominal muscles will have a similar effect.

As you read in chapter 1, when faecal material enters the rectum it triggers a reflex to go to the toilet. It is best to wait until you feel this reflex as this is your body's natural signal that it is ready to pass a stool. You can then use your abdominal muscles to give a slight push to help the process. If it doesn't happen within a minute or two, rather get off the toilet and try again later. You should aim to gradually shorten the amount of time you spend straining and work towards eliminating it completely.

Rather than straining, the best way to tackle constipation is through exercise and changes in your diet. Eating a good amount of fibre, drinking lots of water and rigorous exercise can all aid in increasing the frequency of your stools. We deal with these issues in section three.



***Possible goals:***

1. I will spend no longer than 5 minutes straining on the toilet. I will reduce this by a minute per week.
2. If I have the urge to go to the toilet I will go straight away rather than delaying.

**Should I use medication to help my constipation?**

If you wish to use medication for constipation we advise that you consult your doctor or a pharmacist about this. There are some basic rules that should be considered or taken into account.

***Helpful medication:***

Medication that helps to supplement the fibre content in your diet is better for you than medications that help stimulate the reflex to go to the toilet. Increasing fibre will help bulk up the faeces, which will in turn get your body to naturally stimulate the reflex to go to the toilet. However, too much fibre may cause diarrhoea so it is best to use these medications in moderation.

***Unhelpful medications:***

Medications that directly stimulate the reflex to pass a stool such as Senna tablets, can cause extreme abdominal discomfort, cramps and pain. These are already a problem for people with IBS, so this medication may make these symptoms worse. In addition, if you use this medication too frequently over the long term, your body may lose the ability to give you the signal that it needs to pass a stool. The muscles in the anus lose their tone which can cause a number of long-term problems.

***Possible goals:***

1. I will avoid overusing medication for constipation which stimulates the anal reflex.
2. I will use a small amount of bulking agent when I get a severe bout of constipation. When my constipation is relieved I will stop taking the medication.

## **Consuming fibre:**

Foods that help to bulk up your stools increase the speed that food passes through your colon and help to naturally stimulate the reflex to go to the toilet and thus reduce constipation.

There are two types of dietary fibre: soluble fibre and insoluble fibre. People with IBS have often been told to increase their overall fibre intake to try and help their symptoms and quite often they have done this by increasing their intake of bran which is an insoluble fibre.

However, we now understand that this can be unhelpful. Insoluble fibre can make IBS symptoms worse e.g. increase flatulence and bloating. Some people with IBS actually benefit from reducing their overall intake of insoluble fibre.

Soluble fibre (such as that found in oats, in particular oat based cereals or porridge) seems to be much more beneficial for people with IBS and if you are planning to increase your fibre intake to help your constipation you may find it helpful to try soluble fibres.

Before we move onto talking about diet and the way in which this can help with your IBS symptoms, take some time to complete the section on your goals sheet for managing your diarrhoea and/or constipation (page 48). Remember you can also jot these down on the spare copy in the back of the manual, if you would like to carry these goals with you to help you record your progress.

## **SECTION FOUR: Eating Patterns and Stress**

### **Change in diet and IBS:**

The symptoms of IBS often upset dietary habits. During a bout of symptoms, some people find that only certain foods are palatable. Others find it difficult to eat at all while experiencing their symptoms. Following an infection such as *Campylobacter*, it may seem impossible to get back to a normal diet.

Self-management for IBS requires a good look at dietary habits. Have a look at your record from last week. Do you tend to eat at different times of the day each day and miss out meals on certain days? Do you find that the size of your meals varies greatly? If so these factors could be making your IBS worse.

Constantly fluctuating diet will lead to fluctuating pain and discomfort. Your bowel is unable to develop a good routine as it cannot predict your food intake. If any of

you have travelled overseas before you had IBS you may well have found that you developed either constipation or diarrhoea. This is because your bowel relies on a good routine and predictable foods, in order to function most efficiently. Any change in time zone or diet can upset the way your bowel functions.

## **Adjusting your diet routine when you have IBS:**

Certain diets (such as the low FODMAP diet) recommend avoiding specific types of food and they make strong claims about the benefits that individuals with IBS can get from them. However, the evidence that these diets reduce IBS symptoms and improve quality of life in the long term is not yet strong enough. Further large and rigorous studies are needed to confirm their efficacy in IBS. For reasons that we explain in this chapter, avoiding a large number of foods and changing diets can also cause problems of their own. As you will see in this chapter, rather than a specific diet, we suggest healthy and regular eating habits.

**The best thing you can do for your IBS is to eat a healthy, balanced diet.** This means that you should eat a balance of fibre, protein, carbohydrates and fat.

Adjustments need to be made in order to establish some consistency. For example, three meals a day at regular times helps your body to get in a rhythm of digestion. This means that if you are skipping breakfast due to time constraints or symptoms in the morning, you should consider a goal such as eating one or two pieces of toast each morning. Even a small breakfast is better than no breakfast at all.

Eating on the run is also not a good idea. If you chew your food carefully, it mixes well with your saliva and the digestive process can already begin through enzyme activity in your saliva. Eating at a consistent slower pace at each meal also provides your digestive system with a degree of predictability.

If possible it is also worth trying to have meals of a similar size. If you tend to eat very little during the day and then have a large meal at night, this tends to overload the digestive system.

## **National Institute for Clinical Excellence (NICE) have provided the following guidance for diet and nutrition for IBS:**

1. Have regular meals and take time to eat.
2. Avoid missing meals or leaving long gaps between eating.

3. Drink at least eight cups of fluid per day, especially water or other non-caffeinated drinks, for example herbal teas.
4. Restrict tea and coffee to three cups per day.
5. Reduce intake of alcohol and fizzy drinks.
6. Eat five portions of a variety of fruit and vegetables each day, in place of foods higher in fat and calories.
7. It may be helpful to limit intake of high-fibre food (such as wholemeal or high-fibre flour and breads, cereals high in bran, and whole grains such as brown rice).
8. Reduce intake of “resistant starch” (starch that resists digestion in the small intestine and reaches the colon intact), which is often found in processed or re-cooked foods.
9. People with diarrhoea should avoid sorbitol, an artificial sweetener found in sugar-free sweets (including chewing gum) and drinks, and in some diabetic and slimming products.
10. People with wind and bloating may find it helpful to eat oats (such as oat-based breakfast cereal or porridge) and linseeds (up to one tablespoon per day).
11. Eat as little as possible of: fried foods, drinks and confectionery high in added sugars, other food and drinks high in fat and sugar, such as some take-away and fast foods.

***Suggested goals for developing a healthy bowel routine:***

1. Eat an oats-based breakfast cereal each morning.
2. Eat 3 meals a day at regular intervals.
3. Chew food slowly and thoroughly.
4. Drink 6-8 cups of liquid daily, such as including fruit and vegetable juices and water or herbal teas
5. Eat 5 fruit and vegetables every day to make sure you have enough fibre.

**Food intolerances and troublesome foods:**

Some people with IBS do show food intolerances, but many researchers are not really sure why. The most common intolerances are to **dairy and wheat products**.

Some may have gained advice from a dietician and chosen to rule out problem foods and slowly re-introduce them to see the effect on their symptoms. While this can be helpful it is important to remember that these methods will not completely eliminate your IBS symptoms as though these foods can worsen IBS symptoms, they are not the sole cause of them.

Don't become too obsessed with diet, otherwise your eating habits can become ruled by fear that the pain might return. Depending on the symptoms you experience you may find it helpful to trial the exclusion of wheat bran and lactose. **BUT you must consult your doctor before doing this. Changing your diet drastically could mean that you are not gaining the nutrients you need.**

### **Reintroducing avoided foods:**

Some people with IBS try to eliminate foods that seem to aggravate their symptoms. Whereas it is a good idea to drink alcohol and caffeine in moderation and to eat spicy foods and fried or fatty foods in moderation, it should not be necessary to eliminate them entirely. Remember that the goal of the programme is to increase your options in lifestyle through the management of your symptoms, rather than to place restrictions on yourself.

If you monitor foods too closely you may find that you are attributing your symptoms to food when they are actually being triggered by other factors such as anxiety or change in diet. This process could cause you to needlessly eliminate many foods which are nutritionally valuable or enjoyable.

In addition, if you cut out certain foods, when you do happen to eat them either when you go out for dinner, or because you suddenly have a specific craving, the fact that your stomach is unused to these foods could cause an unnecessary sensitivity. If you eat these foods little and often your stomach will adjust to them.

### ***Steps to take if you have been avoiding certain foods:***

1. The first step towards reintroducing avoided foods is to decide which food would be a good starting point to try and face. These may be foods that you would like to eat such as chocolate, or food that you think would be good for you to eat.
2. If you are avoiding a number of different foods deal with one at a time.
3. Slowly reintroduce the food into your diet. You should specify the frequency and amount of food to be eaten e.g. allow yourself to have one small chocolate bar a week.

## **Possible goals if you are avoiding certain foods.**

1. Eat 1 tomato mixed in a salad once this week, and then twice the following week.

---

**Jot down your questions and comments here:**



## **Homework:**

Try out starting to work towards some of the goals you have set around managing constipation, diarrhoea, and making changes to dietary habits.

If you have created lots of goals, it may be helpful to select three to prioritise to try this week. Remember, trying to change too many things at once may be an unrealistic and unachievable target.

## Summary

This chapter has provided you with ideas of how best to manage some of your IBS symptoms. By this stage you should have a list of goals which you can work on over the next few weeks.

Remember, each goal should be clearly defined. This means that the goal should include a description of when you are going to perform the goal and/or for how long. For example, I will eat two slices of bread for breakfast three times this week. This allows you to closely monitor your progress. We have provided daily check boxes next to each goal so that you can monitor your progress for each day of the week.

Don't be alarmed if you find you can't always stick to your goals. This will happen from time to time. In most cases you can just go back to ensuring you stick to your target as much as possible. If you are consistently finding that you can't stick to the goals it may be that you have set the target too high and need to lower your expectations.

Each week you will be able to evaluate how you have done in this area and set new goals or if necessary stick with the current goals. It is important that you maintain your IBS symptom management goals throughout the programme. You will also add new goals as you work on the other areas presented in the manual.

It is important to remember that many of the changes you make here should be thought of as long-term or life-long changes. IBS is a chronic condition, so it is possible your vulnerability to IBS symptoms will be ongoing. Making these changes will help you keep the condition under control.

## IBS GOAL SHEET FOR CHAPTER THREE

### Managing Your Symptoms and Eating

Write your goals in the column provided for each section. If a section does not apply to you, leave it out. In the columns marked Monday – Sunday, tick if you have achieved the goals, or cross if you did not manage to meet your target. If a goal is set for only a few days a week, leave the other days blank and tick or cross on the chosen day(s).

#### Managing Diarrhoea:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

#### Managing Constipation:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							



## Eating:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

# **Chapter Four: Exercise and Activity Patterns**

**This chapter includes:**

- Revisiting Your Goal Sheet
- Section 1: Exercise Patterns and Goal Setting
- Section 2: Patterns of Activity and Goal Setting
- Goal Sheet for Chapter 4
- Summary

## **Revising Your Goal Sheet**

Before you start this chapter, take a moment to review the goal sheet for managing your symptoms, either on page 48 of the manual or your spare copy.

**Homework Review: Have you noticed any helpful changes as a result of trying out your goals to manage constipation, diarrhoea and dietary habits?**

This week, you may decide to keep the goals from last week or extend them somewhat if you feel you have already made some progress. Remember that small changes are more achievable than large ones.

Remember that goals must be:

- Simple
- Easy to achieve
- Easy to measure
- Well defined
- Realistic – so don't set too many!

## SECTION ONE: Exercise Patterns and Goal Setting

Most people are aware of the importance of regular exercise to maintain health. Unfortunately, although we know it is good for us, it can be hard to fit it into our busy lifestyles. Setting specific goals in this area can help. If you are someone who already exercises on a regular basis, you should strive to keep that schedule consistent, also remembering the goal of moderation.

However, if you have stopped exercising because of your symptoms or time constraints, or if you are someone who has never had a regular schedule of exercise, then this section is really important for you.

Some people when they hear the word 'exercise' immediately think gym membership, weight training, marathons, etc. In reality, exercise can be easier and more available. Research has shown that as little as 30 minutes of continuous aerobic exercise three times a week, such as walking, can be beneficial to health. Even this small amount of exercise can improve your fitness and the quality of your sleep.

Exercise can also impact on your sense of well-being. As outlined in the first chapter on page 13, our 'flight or fight' response to stressful situations prepares us for physical action. However, in our technological age the stresses we face are seldom physical. They tend to be emotional or mental stresses which create the same physical response, but rarely encourage us to get moving physically.

This is why aerobic exercise is so important for well-being. Exercise is aerobic exercise when your breathing and heart rate increases to deliver oxygen to the muscles to allow them to work efficiently. This can flush the adrenaline and other stress hormones that may have accumulated over the day out of your body. It also stimulates many of the 'feel-good' hormones, including hormones which provide a sense of well-being and natural pain relief.

So a fast walk 5 times a week for half an hour or more is better than no exercise at all. If constipation is a major problem, higher impact exercises such as running can make a huge difference. Other possible options are riding a bike, dancing, going to a gym or swimming.

## **The National Institute for Clinical Excellence (NICE), have provided the following guidance for exercise:**

There are different types of physical exercise:

- **Vigorous intensity exercise:** swimming, jogging, aerobics, football, tennis.
- **Moderate intensity exercise:** pilates, yoga, taichi.
- **Low intensity exercise:** walking.

To stay healthy, adults aged 19-64 are recommended to do:

1. At least 150 minutes (2 hours and 30 minutes) of moderate-intensity aerobic activity such as cycling or fast walking every week, and muscle-strengthening activities (e.g. lifting a weight or doing a sit-up) on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).

OR

2. 75 minutes (1 hour and 15 minutes) of vigorous-intensity aerobic activity such as running or a game of singles tennis every week, and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).

OR

3. An equivalent mix of moderate- and vigorous-intensity aerobic activity every week (for example 2 30-minute runs plus 30 minutes of fast walking), and muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms).

As with the other aspects of daily life, the goal in self-management is consistent exercise. It is better to do some rather than none. If these NICE recommendations seem unachievable, set your goals lower. It will still provide benefit. By planning your exercise activities you can be sure to exercise the suggested amount.

**In summary exercise can help reduce your constipation as well as decrease the negative physiological effects of stress. It can also help with pain symptoms.** You will often find that if you push yourself to exercise when you have symptoms such as bloating or cramps, the exercise will lessen these symptoms. For these reasons it would be useful to look at your exercise patterns and set some exercise goals to help gain a healthy bowel.

Before we move onto talking about activity patterns, take some time to complete the section on your goals sheet for your exercise goals on page 63. Remember you can also find a spare copy at the back of the manual as you might want to carry your goal sheet with you.

**Possible exercise goals:**

1. To start going to the gym for 20 minutes twice a week. To increase to three times a week in three weeks' time.
2. To walk 5 times a week for 15 minutes. To upgrade my walks by 5 minutes per week, so that by the end of the programme I am walking for 30 minutes each time.

## **SECTION TWO: Patterns of Activity**

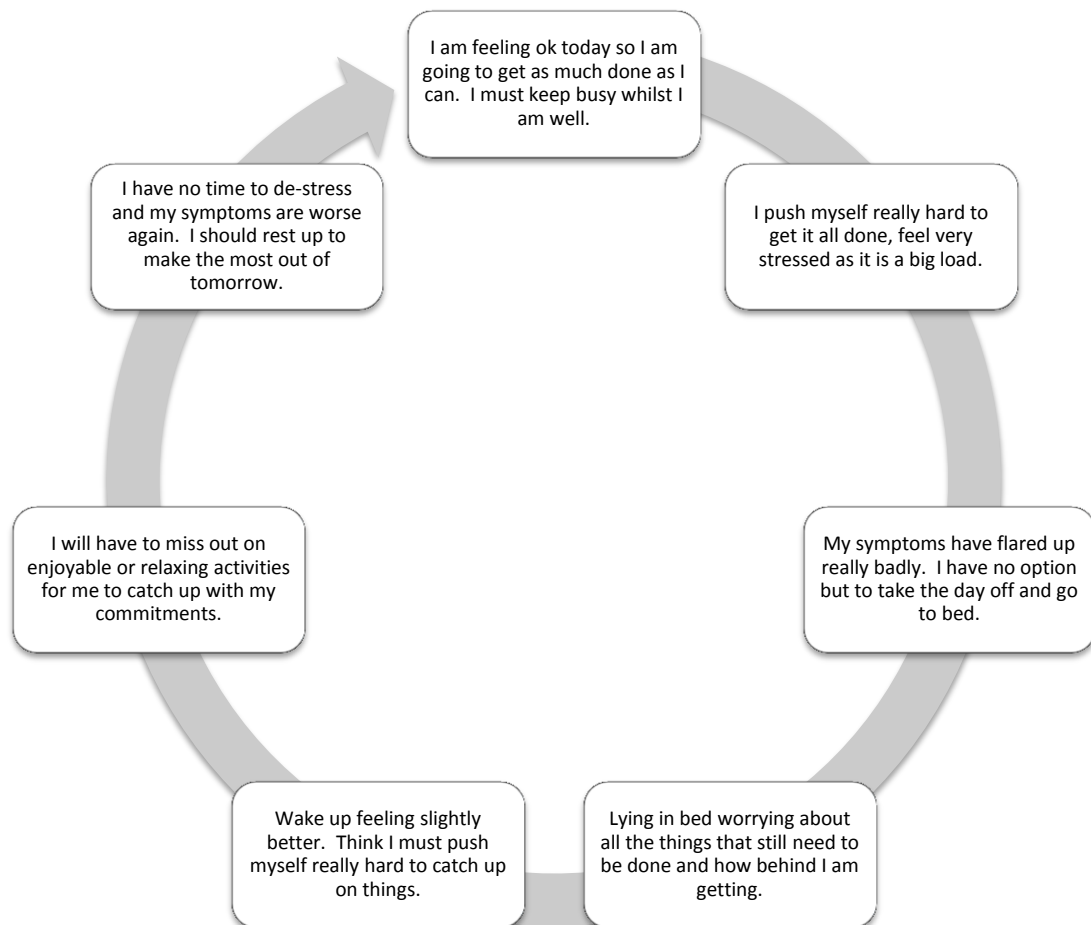
**Assessing your own activity pattern:**

There are three classic patterns of activity in IBS, which can all help aggravate symptoms including 'boom or bust', consistent over-activity, and consistent under-activity. The first two are more common but some people with IBS, particularly those who experience fatigue over a long period, may find they have resorted to a pattern of under-activity. The first part of this section describes these different patterns. You may find that your pattern changes from time to time and that more than one of these is relevant to you. The second half provides guidelines for making changes in these areas.

### **1. Boom or bust**

People with IBS tend to expect a lot of themselves. They often get over committed and try and look after everybody else's needs before their own. As a result they tend to push themselves to get things done. This may result in a *boom or bust* cycle. On a good day when the IBS symptoms seem to be under control, *boom or bust* people will overexert themselves in order to catch up on things. This inevitably exacerbates symptoms, causing them to slow down or to rest up completely. As a result they get behind on their commitments and as soon as they feel a bit better they push themselves really hard to catch up on things again. In

time the cycle repeats where symptoms re-emerge and they are forced to rest up again.



*Boom or bust* people often find ways to do things they feel they have to get done such as work assignments and/or care-giving for children. They tend to cut out enjoyable or relaxing activities when they experience symptoms. In this way they always miss out on activities which are seemingly ‘for themselves’.

## 2. Consistent over-activity



There are other people with IBS who tend to stay in the “boom” cycle. They keep going because they have high expectations of themselves and believe it is important to meet the needs of others around them. They often have a very stressful lifestyle and just carry on regardless of how they are feeling. Sometimes

they don't even have the time to think about how they are feeling.

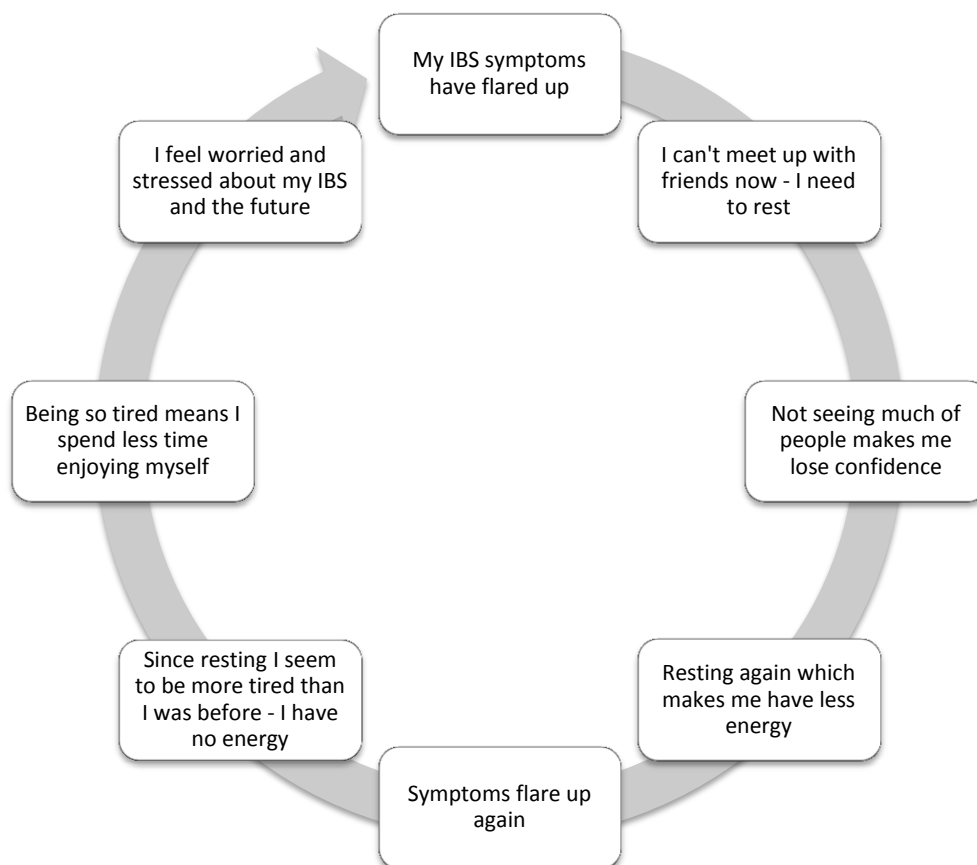
Leading this type of lifestyle can make people feel like they are on a treadmill of commitments and that they are constantly running, unable to get ahead and unable to get off. Things like meals, time out, relaxation and enjoyment are never a priority for this type of person. IBS symptoms just factor in as an added stress to their lifestyle.

### **3. Avoidance and consistent under-activity**



Some people with IBS respond to symptoms by consistently reducing what they do and resting up as much as possible. This often occurs after a period of doing too much and a fear that overdoing things makes symptoms worse. Whereas this may bring relief from symptoms in the short term, it will inevitably create more problems in the long term.

Prolonged resting also increases fatigue-related symptoms. Indeed, research has shown that your body loses conditioning in just 24 hours of bed rest. This means that your body may very quickly lose the capability of generating energy. When returning to normal activity, you may experience fatigue and muscle aches and pains. It may feel that you will never have the same amount of energy again, and this in itself, causes stress and worry for the future. Stress generates further bowel symptoms and fatigue and the cycle of inactivity continues.



As we see in the vicious cycle, when we avoid doing things over a long period of time, this often means we get anxious or worried. It makes it harder to re-engage in these things in the future. Breaking the avoidance cycle such as not going out because of worries about symptoms is an important one to break.

### **Working towards a consistent, balanced activity pattern:**

Now that you have identified your activity pattern(s), you will have some idea of how your patterns of activity may be aggravating your symptoms. Having a good look at your pattern will also give you some ideas of how you need to alter your activities. You may need to strive towards consistency, or either slowly increase or reduce the amount of activities you do. As with making changes to the way in which you manage your symptoms, setting goals is a useful way of trying to break unhelpful activity patterns.

There are some fundamental principles that should be born in mind when setting goals to alter activity patterns.



## **Fundamental principles when setting goals to change activity patterns:**

1. Your self-management programme should work towards helping you become *consistent* in your activities rather than being *symptom-dependent*.
2. In order to do this you need to make sure you DO NOT do too much on a good day or too little on a bad day. Remember that doing too much on a good day will contribute to you having a bad day.
3. Even when you are having a good day you need to schedule in relaxation periods or times of the day when you are doing enjoyable activities.
4. Consistency is achieved by trying to schedule your days so that you do a similar amount every day. It is important to try and schedule a balance of work-related activities, activities for other people, rest or relaxation periods and time during the day for yourself.
5. Carrying out your activities on a good day will be relatively straightforward. Doing the same on bad days is much harder. If you have set a balanced schedule you should be able to manage this despite your symptoms. By sticking to your routine you start to gain control over your symptoms rather than allowing your symptoms to gain control over you.
6. Do not be too hard on yourself. People's activity patterns often form part of lifelong habits and can be difficult to change. If you are a perfectionist you may find it hard to acknowledge small changes. Try and give yourself a pat on the back even for the small changes.

## **Special considerations when setting goals for people who consistently do too much:**

The effects of doing too much and not having enough time can include:

- Previously enjoyable tasks become a chore
- You feel tired all the time
- You start to feel depressed or overly anxious
- You lose your temper more easily
- Your ability to concentrate is upset
- The quality of your relationships is affected
- You feel consistently stressed

Never having enough time to rest is a modern-day complaint. However, your body is not a machine and even machines break down. Think of a car: if it is driven furiously without regular services things start to go wrong. A car that is taken care of, driven more cautiously and given regular services will last longer. You too need special care and attention to remain healthy and get on top of your symptoms.

Here are some principles to keep in mind when setting your goals:

1. Set aside about half an hour each day for yourself. This time should be strictly yours in which to do what you want. Do something restful and enjoyable – put your feet up and read a book, watch TV, listen to music.
2. Pleasure and enthusiasm help you to regain energy, whereas boredom or dissatisfaction lowers it. Try to schedule regular events that bring enjoyment into your life.
3. Set weekly goals which will help you have some control over your life. Set your own limits rather than allowing others to make endless demands on you.
4. Lighten your workload. List chores you have to do in a week. Then set your priorities. You may find there are things you can cut down on.
5. Doing too much is often related to being a perfectionist. Addressing some of the issues outlined in the first section may help you reduce the amount you do.

This is a list of goals set by someone who was doing too much:

- Leave work on time to go home at least twice a week
- Have two evenings at home per week when working
- Go swimming once a week
- Be in bed by 11.00 pm during the week
- Prioritise tasks that have to be done at the beginning of the week (Sunday PM) and eliminate tasks that do not have to be done

At the end of this chapter (page 63) you will find a goal sheet. We have provided a section for you to list any goals related to changing your activity patterns. You can also find the spare copy of the goal sheet in the back of the manual (IBS GOAL SHEET FOR CHAPTER FOUR: Exercise and Activity).

Remember that these new goals should be like stepping-stones to your final or long-term goals. Your long-term goals should include a consistent and healthy

lifestyle. They should also be based on an acceptance of IBS and a strategy for coping with possible bouts of symptoms.

### **Special considerations when setting goals for people who are avoiding things or doing too little:**

Although one often rests to make oneself feel better, too much rest has a number of negative benefits including:

- Making you feel even more tired and lacking in energy
- Impairing the quality of your sleep
- Reducing physical fitness
- Weakening the heart
- Reducing muscle strength
- Increasing muscle fatigue

In other words too little activity has a number of negative health benefits which will make you less able to do things as time goes on. Here are some basic principles to keep in mind when setting goals around increasing activity:

1. Aim for consistency on good and bad days first and then work on increasing what you do.
2. Increase your level of activity in small steps. Your body needs time to adapt to an increase in activity. If you do too much you will increase your symptoms and tend to move into a *boom or bust* cycle.
3. Spread activity and exercise throughout the day: e.g. rather than taking a 45 minute walk, take one 15 minute walk three times a day.
4. Make sure that you have rest periods scheduled between periods of activity. After a 15-minute walk you may choose to rest 15-minutes.
5. Set specific times for your schedule of activity and rest. For example write down “15 minutes of housework” rather than “clean the house”. This helps to make your goals small and achievable.

Finally, remember to make your activity goals realistic. If you have been inactive for quite some time it will take a while to build up your stamina. One way to do this

is to analyse your activities according to difficulty. Write down your normal activities and rate them according to difficulty.

### Some examples

### Your own activity ratings

Doing light housework

**Easy**

Reading the paper

Cooking

↓

Getting to work

Unscheduled meetings

↓

Socialising in the evening

Dealing with commitments when feeling sick      **Difficult**

By identifying which activities are the most difficult for you, you can plan to combine easier and more difficult activities throughout the day eliminating a dreaded time of day.

With the difficult ones you can also break these down into smaller goals. For instance if you find socialising very difficult, set a small goal first (e.g. meet a friend for coffee for 20 minutes) and then slowly build up from there. This helps build confidence.

The following is a list of goals set by someone who had limited their activity substantially over time.

- Get up at 8.30 every day
- Walk for 10 minutes, 3 times daily (11 am, 2:30 pm, 5 pm)
- Rest for an hour in the chair in the morning and afternoon
- Do not catnap during the day

- Do 15 minutes housework in the morning and afternoon
- Go to bed at 10.00 pm

## **Homework:**

On the next page is a goal sheet for chapter 4. You will also find a spare copy in the back of the manual. There is a place for you to list any goals related to changing your activity patterns. There is also place for you to list any ongoing goals related specifically to managing your symptoms, diet and exercise.

Remember that these new goals should be stepping-stones to your final or long-term goals. Your long-term goals should include a consistent and healthy lifestyle. They should also be based on an acceptance of IBS and a strategy for coping with possible bouts of symptoms.

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**Jot down any questions or additional thoughts here:**



## **Summary**

This chapter has looked at your levels of exercise and your activity patterns.

You assessed your levels of exercise and you set some goals to either increase the amount you exercise or maintain a good exercise routine.

We also looked at your activity patterns for your daily routine. It was noted that some people can be over-active and get into a boom or bust cycle, whilst others can enter a cycle of under activity and avoidance.

For homework you set some more goals focussing on these aspects of the programme.

## IBS GOAL SHEET FOR CHAPTER FOUR

### Exercise and Activity

Write your goals in the column provided for each section. If a section does not apply to you, leave it out. In the columns marked Monday – Sunday, tick if you have achieved the goals, or cross if you did not manage to meet your target. If a goal is set for only a few days a week, leave the other days blank and tick or cross on the chosen day(s).

#### Managing Diarrhoea:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

#### Managing Constipation:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

**Eating:**

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

**Exercise and Activity Patterns:**

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							



# **Chapter Five: Identifying Thought Patterns**

**This chapter includes:**

- Revisiting Your Goal Sheet
- Section 1: Identifying Unhelpful Thoughts
- Section 2: Thoughts and High Personal Expectations
- Thought Record
- Goal Sheet for Chapter 5
- Summary

## **Revisiting Your Goal Sheet**

Before you start this chapter, take a moment to review the goal sheet from chapter 4 for exercise and activity, either on page 63 of the manual or your spare copy.

**Homework Review: Have you noticed any helpful changes as a result of goals around changing unhelpful daily patterns of activity or increasing exercise?**

You may decide to keep the goals from last week or extend them somewhat if you feel you have already made some progress. Remember that small changes are more achievable than large ones.

You may recall from the exercises in chapter 2 that the way we think affects the way that we feel and act. However, we are sometimes unaware of our thoughts and the impact that they can have on us.

This chapter is dedicated to helping you identify thoughts that may be unhelpful to your recovery and exploring alternatives to these unhelpful thoughts.

## **SECTION ONE: Identifying Unhelpful Thoughts in relation to IBS**

All of us have negative or unhelpful thoughts that we are unaware of at times. This is because unhelpful thinking tends to be a fairly automatic process. We are often more aware of how we are feeling than of the thoughts that may underlie these feelings. For example, if you are at a party and begin to feel bloated, you may become aware of the feeling of panic and the need to leave the party. You may be less aware of the thoughts going on in your head such as “I am beginning to feel uncomfortable, I will soon be very sick. I won’t be able to handle my symptoms and I’ll feel miserable.”

The first step in managing your thoughts is to identify unhelpful thoughts. Once you can identify your thoughts easily, you can begin to examine and critically evaluate them, and then look for more helpful alternatives. Helpful alternatives do not necessarily have to be positive thoughts. They may just be realistic ways of viewing the situation.

In chapter 1 we discussed a food poisoning study which found that people who had high expectations of themselves and/or who drove themselves very hard were more prone to develop IBS. This is because over-activity (covered in chapter 4) and perfectionism can increase stress levels and stress, as we know, can impact on our digestive system.

Perfectionism can trigger unhelpful thoughts when we hold ourselves accountable to unreasonable and unrealistic standards. There are a number of irrational beliefs which we will look at later in this chapter which are related to perfectionism. These beliefs can generate ongoing unhelpful thoughts about ourselves and the people around us.

The first step in managing your thoughts is to identify unhelpful thoughts. Once you can identify your thoughts easily, you can begin to examine and critically evaluate them, and then look for more helpful alternatives. Helpful alternatives do not necessarily have to be positive thoughts; they may just be more realistic ways of viewing the situation.

It is important to say at this stage that there is no right or wrong way of thinking. Everyone has negative or unhelpful thoughts from time to time, IBS or no IBS. However, some thoughts are not as logical as they may initially seem. Learning to recognise some of the unhelpful patterns in your thinking can be an important step towards your recovery.

Here are some common unhelpful thoughts that people with IBS have identified:

1. If I go out, I just know I will be sick or pass wind and that will be totally embarrassing.
2. I will have an accident if I wait another minute.
3. I feel like I will explode if I don't pass a stool today.
4. I should be able to cope with my symptoms better.
5. I just know I am going to feel awful all day if I don't pass a stool.
6. Oh no, I've started to feel bloated. It's bound to get worse like the last time and ruin my night out.
7. My IBS symptoms are completely unpredictable and uncontrollable.
8. This pain is going to keep me up all night.
9. People must think I am really strange because I'm always running to the bathroom.
10. I am sure my doctor thinks that I am crazy and that my IBS symptoms are all in my head.
11. I know the doctor must have missed something. I wouldn't feel this sick if I didn't have something seriously wrong with me.

Are any of these familiar to you? In the following sections we look at some of the common unhelpful thinking styles that underlie thoughts such as these. See if you recognise some of these styles in your own ways of thinking.

## Common Unhelpful Thoughts:

### Shoulds

#### ***Examples***

"I should be able to cope with my symptoms better"  
"I should get on better with my mother in law"

Many thoughts include the word 'should'. The word 'should' implies that there is a standard or fixed rule that must be followed. It can apply to us or to others. We

may continually feel that others 'should' act in a certain way. We also may spend quite a lot of time telling ourselves how we 'should' be acting.

This can get us into thinking problems as it fills us with expectations of others and ourselves that are: 1) probably not possible and 2) leave us feeling disappointed or upset. The problem with 'should' thoughts is that they are often not attainable in reality and so they leave us constantly upset at the violation of them.

## Black and White Thinking

### ***Examples***

"I will never get better"

"My IBS symptoms are completely unpredictable and uncontrollable"

The tendency to think in black and white or in absolutes is another common unhelpful thought. These thoughts often contain a 'never' or 'always' statement. As IBS is an ongoing problem, it is not uncommon for people to start to think about their illness in terms of "always having it" or "never getting better".

Other examples may occur in other areas of your day-to-day life. You may think, "I am never on time", however, chances are that you will be on time, at least some of the time! You may have thoughts such as "I always mess things up". This type of thought is not only highly unlikely, but also powerfully underlies feelings of insecurity or low self-esteem. There are few absolutes in the world, so the use of never or always is seldom warranted.

We may also have these thoughts about other people such as "she never considers how I might be feeling". Realistically, never and always are rarely appropriate when thinking about others or ourselves.

## Catastrophising

### ***Examples***

"I couldn't live with myself if I passed wind in public"

"Being constipated is the worst feeling in the world"

"If I don't go to the toilet today my body will get all toxic"

"If I go out, I just know I will be sick and that will be totally embarrassing"

"I know the doctor must have missed something. I wouldn't feel this sick if I didn't have something seriously wrong with me"

As you can see from the long list of examples catastrophising is a very common unhelpful thought. This is the tendency to think the worst about things. Catastrophisers tend to get things out of proportion which often leads to unnecessary feelings of anxiety, panic or distress. For instance, Sally starts to worry when her husband is five minutes late from work, convinced that he has been in an accident. When he arrives home safe and sound thirty minutes later, she has made herself feel sick with worry.

Catastrophisers often jump to conclusions about future events and imagine the worst possible outcome. For example, John has been told that his IBS is not a life threatening condition. However, he is convinced that the doctor is saying that because he doesn't know what's wrong with him. John thinks that the doctor probably doesn't know what is wrong because he has a rare form of terminal cancer.

## Overgeneralising

### ***Examples***

"Oh no, I've started to feel bloated. It's bound to get worse like the last time and ruin my night out"

When we overgeneralise, we come to conclusions based on one experience or aspect of a situation. For example, Joan thinks, "I've tried changing my daily routine before, it didn't work then, why should it work now".

## Predicting the Future

### ***Examples***

"I just know I am going to feel awful all day if I don't pass a stool"  
"This pain is going to keep me up all night"

Without realising it many of us have negative thoughts about future events. If we think we are going to feel bad we often land up doing so. However, none of us can really predict what is going to happen in the future.

## Eliminating the Positive

### ***Examples***

“I feel good today, but I usually have so many symptoms. It won’t last”.

It is often easy to dwell on the bad aspects of experiences and to ignore or forget about the good aspects. For instance, Jeremy’s boss gives him some feedback about his work. Most of this is very positive but he tells Jeremy that he needs to be a bit more assertive in meetings. Jeremy goes home thinking that he is doing a terrible job. In this situation, Jeremy has ignored the fact that most of the information is positive and has only focused on the negative.

## Mind Reading

### ***Examples***

“People must think I am really strange because I’m always running to the bathroom”

“I am sure my doctor thinks that I am crazy and that my IBS symptoms are all in my head”

We constantly make assumptions about what others are thinking about us. These assumptions are usually negative, such as “Because my house is a mess, they must think I am a lazy housekeeper.” The truth of the matter is most people are too concerned about the impression they are making on you to have time to pass judgements. Some people are very critical but it is worth thinking about whether these people’s opinions need to matter that much to us.

## **SECTION TWO: Identifying Thoughts Related to Perfectionism and High Personal Expectations**

Perfectionism is the tendency to set very high, inflexible standards for yourself, your performance or your achievements. Perfectionists often feel unhappy with things that are not perfect or of a high standard. This can also be reflected in their interactions with other people. For instance, they may feel it is very important to get on with everybody and to consistently meet the needs of those around them.

Research has shown that people at risk of developing IBS tend to have high expectations of themselves and/or tend to be perfectionists. Perfectionism can be

positive in that it often produces good results and can keep other people happy; this can make you proud of yourself and bring praise and reward. However, perfectionism can also be unhelpful.

### **Unhelpful aspects of perfectionism:**

If you are a perfectionist you may be unhappy with your work unless it is exceptional, or with your house unless it is immaculately clean. You may spend so much time on achieving your high standards that there is not much time left over for more pleasurable activities. You may feel that you, or others, are never good enough which may lead you to be overly critical. You may feel anxious about the things that you do in case the result is not perfect. This can take out the enjoyment of doing things.

In addition, perfectionists can sometimes be intimidating to others. People around you may be unable to achieve your high standards and feel inadequate in comparison. They may feel that you are critical of what they do because it is not as good as what you can achieve.

### **Unhelpful thoughts and perfectionism:**

Perfectionism can trigger negative thoughts when we hold ourselves accountable to unreasonable and unrealistic standards. There are a number of irrational beliefs, which are related to perfectionism. These beliefs can generate ongoing negative thoughts about ourselves and the people around us.

The irrational beliefs include:

1. ***People around me must love and approve of me.*** In fact it is impossible to please all the people in your life. Even those who love you may be turned off by some of your behaviours and qualities. This doesn't mean that they do not care for you. It just means that there are certain things about you that they don't like as much. Similarly, there will be things about the people you love that turn you off at times.
2. ***I must be unfailingly competent in everything I undertake.*** It is impossible to be competent at everything you do. The price you pay for this belief is self-blame if you fail, lowered self-esteem and a fear of failing if you try something new. This belief also leads you to push yourself too hard to meet these self-imposed standards.
3. ***If I don't go to great lengths to please others they will reject me.*** Interestingly, if we try to please others all the time we often fail to do so. If you allow the real you to show, a positive response from someone relates

to the real you and you don't need to worry about letting your guard slip or doing the wrong thing. If you constantly try to please others you may find you have very little time left over for yourself.

4. ***If people disapprove of me, it means I am wrong or bad.*** It is impossible for everyone to like you just the same, as it is impossible for you to like everyone around you. This belief sparks chronic anxiety and is based on an unrealistic expectation of people's response to you.
5. ***My worth as a person depends on how much I achieve or produce.*** A more rational assessment of your worth would depend on your capacity to enjoy things in life and to make the most of opportunities presented to you.

### **Homework: Recording your unhelpful thoughts**

This week we would like you to try and record your unhelpful thoughts in a thought record.

We would like you to use the thought record on page 76 to record your daily unhelpful thoughts as soon as they occur. These thoughts can be related to your IBS or to other daily events in your life. In addition to the unhelpful thought, write down precisely what you were doing when the thought occurred. There is a spare copy of the thought record in the back of the manual. It may be helpful for you to carry this copy with you so you can try to record your thoughts as soon as they occur.

We also ask you to record how you were feeling at the time. This can help you make the link between your feelings and thoughts. It can also be quite hard to access your unhelpful thoughts if you are not used to doing this. If you are finding it difficult to work out what you are thinking, if you become aware of a negative feeling, write this feeling down first and then spend a moment working out what the thought is that may underlie this feeling.

Initially it may feel a bit strange writing your thoughts down. You may worry that you will make them worse by focusing on them or it may feel that they are trivial or silly. Remember – no thought is too trivial to write down – you need to know what your thoughts are before you can control them.

The table on page 75 provides an example of a section from a person with IBS. We have added in the type of unhelpful thought related to each of the thoughts. Have a look through these examples and then spend the next week filling in your own sheet on page 76 or the spare copy at the back of the manual.



**Each day you may like to go back to the list of common unhelpful thinking styles and see if can identify any styles in your thoughts. Once you feel that you can easily identify your thoughts, we will look at challenging your unhelpful thoughts and coming up with alternatives.**

Remember to also review and re-set your goals for managing diarrhoea, constipation, diet and exercise on the goal sheet at the end of the chapter on page 77 or using the spare copy (IBS GOAL SHEET FOR CHAPTER FIVE: Identifying your thought patterns).

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**Jot down any questions or additional thoughts here:**



## Summary

This chapter has allowed you to take a look at your thought patterns and how they might be influencing your symptoms.

In particular, we have looked at how thoughts that fall into an unhelpful thinking style can influence your symptoms by making you feel more distressed.

This chapter has also introduced how those most at risk of developing IBS tend to also have very high and inflexible expectations of themselves. Remember that whilst there may be some positive aspects to perfectionism, being perfect can also come at a high cost, usually towards your mental and physical wellbeing, which can contribute to your IBS symptoms.

This week you will complete your thought record for homework, recording your thoughts as soon as you get them.

Next week in chapter 6 we will review your thought record and try and begin to come up with some alternative thoughts that do not aggravate your symptoms.

### **Example Thought Diary:**

<b>Date</b>	<b>Situation What I was doing</b>	<b>Feeling</b>	<b>Unhelpful thought</b> What I was thinking ( <i>in detail</i> ) ( <i>Any thinking errors?</i> )
14 May	About to go out for dinner with friend	Anxiety	There is no way I can go out with these cramps. I will never enjoy myself <b>(black &amp; white, predicting the future)</b>
14 May	Talking with mother on phone about my difficulties coping with IBS	Upset/ angry	She doesn't understand me at all. She should listen to me when I try to explain my IBS problem. <b>(black &amp; white, should thought)</b>
15 May	Trying to go to the toilet after breakfast but couldn't pass a stool	Distress	Here we go again. I am going to spend the whole day feeling bloated, uncomfortable and toxic. <b>(catastrophising, predicting the future)</b>
16 May	Sitting in a meeting at work – bad gas pains and bloating	Anxiety	This is a nightmare. What if I pass wind? I won't be able to look these people in the face again. <b>(catastrophising)</b>
20 May	Handed in report to boss	Anxious	I know she is going to think it's useless. I would have liked to have spent at least another day perfecting it. <b>(perfectionism)</b>
20 May	Upset a friend by laughing when she told me about her new diet	Guilty	It's my fault she got so upset, I should have known better. <b>(perfectionism)</b>
21 May	Friends pop around unexpectedly for a drink. House not tidy	Embarrassed	They must think I am a lazy housekeeper. I know I should have stayed up last night to clean the place <b>(perfectionism)</b>
23 May	Father-in-law telling me how to fix the kitchen cupboards	Upset	He must think I am incompetent because I haven't done it myself. I am useless at home handyman tasks. <b>(perfectionism)</b>
24 May	Painting the house. Found a smudge on the skirting	Upset	I have done a useless job. It looks terrible <b>(perfectionism)</b>

## THOUGHT RECORD FOR CHAPTER FIVE

<b>Date</b>	<b>Situation</b> <i>What I was doing</i>	<b>Feeling</b>	<b>Unhelpful thought</b> <i>What I was thinking (in detail)</i> <i>(Any thinking errors?)</i>

## IBS GOAL SHEET FOR CHAPTER FIVE

### Identifying Your Thought Patterns

Write your goals in the column provided for each section. If a section does not apply to you, leave it out. In the columns marked Monday – Sunday tick if you achieved the goals or cross if you did not manage to meet your target. If a goal is set for only a few days a week, leave the other days blank and tick or cross on the chosen day(s).

#### Managing Diarrhoea:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

#### Managing Constipation:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

**Eating:**

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

**Exercise and Activity Patterns:**

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

# **Chapter 6: Alternative Thoughts**

## **This chapter includes:**

- Revisiting Your Goal Sheet
- Revisiting Your Thought Record
- Section 1: Identifying Alternative Thoughts
- Goal Sheet for Chapter 6
- Summary

## **Revisiting Your Goal Sheet**

Before you start this chapter, take a moment to review the goal sheet for chapter 5 on page 77. You may decide to keep the goals from last week or extend them somewhat if you feel you have already made some progress. Remember that small changes are more achievable than large ones.

Remember that goals must be:

- Simple
- Easy to achieve
- Easy to measure
- Well defined
- Realistic – so don't set too many!

## **Revisiting Your Thought Record**

**Homework Review: What did you notice from completing your daily thought record?**

Once you have identified your patterns of negative thinking, the next step is to evaluate your thoughts and to look for more helpful alternatives. This chapter is designed to help you come up with more helpful alternatives to these thoughts that will not impact on your symptoms. Now that you have your list of unhelpful

thoughts there are four steps to bear in mind coming up with alternative thoughts:

1. Weighing up the evidence
2. Don't expect to always do things perfectly
3. Avoid focusing on your symptoms
4. Try and come up with alternatives

## **SECTION ONE: Identifying Alternative Thoughts**

### **Step 1: Weighing up the evidence**

There are many different ways to look at any situation. An unhelpful negative thought more often than not ignores some key facts. Once you have identified an unhelpful thought you can spend more time looking at the evidence for your thought.

These are some of the questions to ask yourself when weighing up the evidence:

1. How else could I interpret what has happened?
2. Do some of the facts contradict what I am thinking?
3. Am I just focusing on the negative aspect of the situation?
4. Am I seeing the picture in black and white?
5. I am expecting the worst or catastrophising?
6. What is truly the worst thing that can happen in this situation?
7. Am I trying to predict the future or read other people's minds?
8. Am I jumping to conclusions based on a previous experience?

You will probably find that some of your unhelpful thoughts have evidence for and against them. By looking for evidence however, you are less likely to have completely unhelpful thoughts. This will help you break the habit of automatically just focusing on the negative.



Coming up with alternatives does not mean you have to be positive all the time. It simply means there are other ways of viewing the situation, which may be more helpful to you.

## **Step 2: Don't expect to do everything perfectly**

Being a perfectionist can be a good thing, but as we have already seen, it also means that you set yourself unrealistic targets, which can lead to more stress than necessary. It is important therefore to recognise when perfectionism becomes unhelpful. It is unhelpful when it makes you feel bad about yourself or your achievements. It is also unhelpful when you spend a lot of time trying to perfect things which don't have to be perfect, or when you will not gain much out of making something perfect.

Here are some questions to ask yourself:

1. Is the time and effort I am spending improving something worth it to others and myself?
2. Would others be satisfied with a lesser standard than I would?
3. Have I achieved what I was asked to do rather than what I think I should do?
4. Do I really need to do more than what is asked?
5. What would be the worst that could happen if I don't do this perfectly?

If you don't expect yourself to do things perfectly, you may find you get more satisfaction out of what you do. You don't have to do things 100% perfectly to enjoy them. However, this can be easier said than done. You may find that letting go of your high standards creates some anxiety and discomfort. This is because lower standards can trigger negative thoughts.

## **Step 3: Avoid focusing on your symptoms**

One area to be particularly aware of when identifying and challenging thoughts is how your thoughts influence how much you focus on your symptoms. Bloating and abdominal pain are common symptoms of IBS. The discomfort caused by these symptoms often leads people to focus undue attention on their abdominal areas. The result of this increased focus is an increased sensitivity to any abdominal change. Once you focus on the symptoms, then you are likely to experience more pain and bloating more and more frequently.

One way to reduce the amount you focus on your symptoms is to be aware of the thoughts you have about the onset of the bloating and pain and to find alternatives to these thoughts.

For instance an unhelpful thought such as "I have just eaten a cheese roll, that's going to give me hell!" is going to make you more likely to focus on the abdominal area. This will make you more sensitive to any changes that may have occurred anyway. Once we have felt a change we are more likely to think "Oh no, I can feel it starting, it's getting worse, I can't control this". This increases our focus on the area and is more likely to increase the symptoms.

When people identify the fact that they are focusing on symptoms their initial response is often an attempt not to think about their symptoms. However, trying not to think about something often makes it worse. The more you say to yourself "I must not think about my symptoms" the harder it is to ignore them!

It is more effective to replace the thought with an alternative one. So what might be some reasonable alternatives here? You could perhaps say to yourself "I sometimes get a reaction to eating cheese, but it doesn't always happen. If I don't get stressed out by it, I will be less likely to get a reaction."

#### **Step 4: Coming up with alternatives**

At first it will be hard to identify helpful alternative thoughts. You may have some unhelpful thoughts that are overwhelming or strong. The best way to challenge your thoughts is to list all the alternative ways of looking at the situation or experience. It is essential at this stage to write down all the alternatives. You can then review the evidence for and against each of them, and be in a better position to assess how accurate your original thought was.

Remember thoughts are neither true nor false. It is a matter of weighing up the logic and the evidence in them. You may find it hard to be convinced by your alternative thoughts at first – but do not give up. Unhelpful thoughts are like any bad habit, they are hard to change and one needs to keep working on them.

One way to tackle alternative thoughts is to imagine you are giving advice to a good friend we are often better at providing good advice to others than ourselves.

The ultimate goal of this exercise is to help you to develop the ability to challenge your unhelpful thoughts automatically. Just as unhelpful or negative thoughts can become automatic, challenging those thoughts can also become automatic.

Once you feel you have a good grasp for this exercise you can go back to your thought record and rate how strongly you believe each of your thoughts (both the negative and alternate thoughts) out of 100. At the beginning you may find that you rate your unhelpful thoughts higher than your alternate thoughts. However, over time this should reverse and you will become more convinced by the alternatives. At the end of each of the remaining chapters we have provided an additional alternative thought record so that you can continue this exercise for the rest of the programme.

We have provided some possible alternatives to the thought record we presented on page 75 in the table below. Once you have read through these examples, try generating your own alternate thoughts for the unhelpful thoughts you recorded in your daily record. Then, for the rest of the week, try and record your unhelpful thoughts as they occur and then write possible alternatives to these thoughts on the sheet overleaf.

Date	Situation	Feeling	Unhelpful Thought	<u>Alternative Thought</u>
14 May	About to go out for dinner with friend	Anxiety	There is no way I can go out with these cramps. I will never enjoy myself.	If I don't focus on the cramps they may not seem so bad and I might enjoy myself more.
14 May	Talking with mother on phone about my difficulties coping with IBS	Upset/angry	She doesn't understand me at all. She should listen to me when I try to explain my IBS problem.	She doesn't understand my IBS but that doesn't mean she doesn't understand me at all. She does listen to other problems.
15 May	Trying to go to the toilet after breakfast but couldn't pass a stool	Distress	Here we go again. I am going to spend the whole day feeling bloated, uncomfortable and toxic.	I am going to drink as much water today as I can and do some exercise. This way I may help by constipation.
16 May	Sitting in a meeting at work – bad gas pains and bloating	Anxiety	This is a nightmare. What if I pass wind? I won't be able to look these people in the face again.	The worst thing that can happen if I pass wind is that I may feel a bit embarrassed for a while. Most people will forget about it very quickly.

## Homework

This week you can complete the following tasks:

- Continue to record whether you completed your goals for this week (page 86 or the spare copy).
- Alternative thought record: Once you understand how to identify your unhelpful thoughts, try to come up with some alternatives. Remember you

can use the spare copy in the back of the manual to record your thoughts as they occur or the one in page 85.

## Summary

This chapter has focused on helping you to create some alternatives to the unhelpful thoughts you experience from time to time. There are four main steps to identify alternative thoughts: Weighing up the evidence; Don't expect to do everything perfectly; Avoid focusing on your symptoms; Coming up with alternatives.

This week you will complete your alternative thought record for homework, recording your thoughts as soon as you get them.

Next week in chapter 7 we will look at managing stress and sleep.

---

**Jot down any questions or additional thoughts here:**



## ALTERNATIVE THOUGHT RECORD FOR CHAPTER SIX

0%-----100% I don't believe this at all <span style="float: right;">I am absolutely convinced of this</span>
---

Date	Situation <i>What I was doing?</i>	Feeling	Unhelpful thought <i>What I was thinking?</i>  Plus rating of the unhelpful thought (0-100%)	Alternative thought  Plus rating of the new thought (0-100%)

## IBS GOAL SHEET FOR CHAPTER SIX

### Alternative Thoughts

Write your goals in the column provided for each section. If a section does not apply to you, leave it out. In the columns marked Monday – Sunday tick if you achieved the goals or cross if you did not manage to meet your target. If a goal is set for only a few days a week, leave the other days blank and tick or cross on the chosen day(s).

#### Managing Diarrhoea:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

#### Managing Constipation:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

**Eating:**

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

**Exercise and Activity Patterns:**

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

# **Chapter Seven: Learning to Relax, Improving Sleep and Managing Stress**

**This chapter includes:**

- Revisiting Your Goal Sheet
- Revisiting Your Thought Record
- Section 1: Learning to Relax
- Section 2: Improving Your Sleep
- Section 3: Tips for Managing Stress
- Goal Sheet for Chapter 7
- Summary

## **Revisiting Your Goal Sheet**

Before you start this chapter, take a moment to review chapter 6 goal sheet for managing your symptoms on page 86. You may decide to keep the goals from last week or extend them somewhat if you feel you have already made some progress.

Remember that goals must be:

- Simple,
- Easy to achieve
- Easy to measure
- Well defined
- Realistic – so don't set too many!

## **Revisiting Your Thought Record**

Last week you continued your unhelpful thought record and identified alternative thoughts.

**Did you notice any helpful changes as a result of coming up with alternative thoughts?**



# Introduction

Tension, sleep difficulties and stress are common problems. The feeling of being 'stressed' can be particularly detrimental to people who have IBS as it increases the activity of the autonomic nervous system as explained in the section on stress in chapter 1. Whereas it may be impossible to control the amount of stress in our lives, there are ways to limit its effects on our well-being.

This chapter will outline concrete steps to improve relaxation and sleep, and some additional tips on managing stress and your emotions. Section one includes an explanation and instructions for the use of the two relaxation exercises on the audio CD which is in the back pocket of your manual. Relaxation techniques provide a good method of gaining control over the negative physiological effects of stress. Section two identifies some common sleep problems and provides simple strategies to improve quality of sleep. Section three discusses how you might better regulate difficult emotions.

Strategies such as challenging unhelpful thoughts and altering one's lifestyle to include a greater balance of work and leisure activities are stress management techniques which have already been addressed in this manual. Section three highlights some additional tips that may be useful in managing stress.

## SECTION ONE: Learning to Relax

When we feel stressed we feel tense. As IBS symptoms are related to the movement of the muscles within the bowel, muscle tension may affect the processes underlying IBS. In addition, when experiencing abdominal pain, it is common to tense the muscles surrounding the area of pain or other areas of the body such as the neck or shoulders. This can affect muscle movement, muscle spasms and breathing patterns. All of these can increase the sensation of discomfort or pain.

### **The importance of relaxation:**

As already explained, the response to a stressful situation is an automatic 'fight-or-flight' response. This includes the activation of muscle tension. Muscle tension is a natural response which increases alertness and strength in challenging situations. Ideally, people should experience only some periods of tension during their day along with other times when their muscles are relaxed.

Therefore, it seems that relaxing should come naturally. However, when people have been under stress for a long period of time or when people have not taken time off from work, without realising it, they rarely allow the muscle tension to become de-activated. This prolonged tension may begin to hinder their normal activities rather than improving performance.

In this way, people may end up in a continual state of tension which instead of helping them to cope is adding to their symptoms and the anxiety that they feel about their symptoms. Even as you read this manual take a moment to reflect on your level of muscle tension. Are you in a position to breathe deeply or are you hunched over the manual? Are your shoulders loose or are they tight? Are you frowning or squinting? Are you sitting back in your chair or are you balanced on the edge?

It is important to break this cycle of tension, anxiety and symptoms by learning how to consciously relax. If you are experiencing a lot of tension and continued stress, this may take some effort on your part.

In general, learning to relax is important for most people who have a busy or stressful lifestyle. The health benefits of relaxation include pain relief, a decrease in heart rate and blood pressure, reduction of anxiety and a general sense of calm and well-being. It will take time to learn how to relax and also to experience the benefits. Following are some specific exercises which will require your active participation over the next few weeks. They will equip you with the experience of relaxation along with the skills to achieve it.

## **Breathe Easy:**

When people feel stressed or tense, they tend to overbreathe by using shallow rapid breaths. This is a natural response to exertion or stress. However, people who are experiencing ongoing stress can get into a habit of continuously overbreathing. This provides insufficient levels of oxygen for everyday activities and can result in physical sensations such as cramping similar to muscle spasms, aches and pains, and uneasiness.

Without realising it, you may be breathing inefficiently and making your tension and symptoms worse. The most efficient form of breathing is called *diaphragmatic breathing*. This type of breathing uses the band of muscles which are separating your chest from your abdomen. This is called the diaphragm. It is located right under your rib cage. Diaphragmatic breathing uses all of the lung volume and gives you optimum oxygenation to your muscles. It is an easy quick method of relieving tension.

Try the exercise below to experience diaphragmatic breathing. It is best to sit in a gently reclining position with your head supported.

## Diaphragmatic breathing:

- Place your hand below your rib cage on your abdomen.
- Your diaphragm is the muscle that sits below your ribs and helps to move the chest wall in and out when you breathe.
- Breathe out gently.
- Now breathe in through your nose, taking the air down as far as you can into your lungs.
- When you breathe in your hand should move outwards and you should see your abdomen rise up.
- Some people make the mistake of pulling their diaphragm inwards as they breathe in. This only allows the oxygen to get to the top half of the lungs, so make sure you move your diaphragm outwards.
- Now breathe out gently through your mouth allowing your diaphragm to fall.
- Focus more on the outward breath and think RELAX as you let it go.
- Let all the air escape from your lungs through your mouth, but don't use any force to do this.
- After each breath pause for 1-2 seconds before breathing again

Once you have practised diaphragmatic breathing a few times and feel that you have the hang of it, it can be done in almost any situation; sitting at a desk at work, driving your car, or lying in bed at night. It is a useful simple technique to use before you go into any stressful situation, or to quickly de-stress if you feel you need to.

Once you feel you have mastered diaphragmatic breathing, you can proceed to the relaxation training exercises.

## Relaxation Training:

There is a CD in the folder at the back of your manual, which has two relaxation routines on it.

These relaxation routines have been designed to help you to:

- Recognise tension
- Relax your body
- Let go of tension in specific muscles

## **Preparation**

To prepare for the relaxation exercises you will need a CD player and a comfortable chair. Use pillows if needed to ensure that your head and legs are supported in a comfortable position. If you don't have an appropriate chair you can use pillows or cushions against a wall. If you prefer, you can also try the exercises lying down on a comfortable surface, such as a bed.

You need a time and a space where you won't be interrupted. In order to do this it may be worthwhile explaining the exercises and your need to concentrate on them to those in your household.

Each routine is approximately ten minutes in length. Try out both routines so that you can master two different techniques. You may find that you prefer one over the other. It is fine to use either one or you may alternate between them over time. Both routines employ progressive relaxation techniques which will guide you to relax all of parts of your body in a progressive manner. Your goal is to acquire the skill of deep relaxation.

## **Track One: Progressive Muscle Relaxation**

The progressive muscle relaxation routine requires you to tense and then relax various muscles of your body in an orderly sequence. This process will help you to experience the physical sensation of tension and then contrast this with the physical sensation of relaxation. By participating in that process, you will improve your ability to identify tension and to release tension in various parts of your body. At first, you may need the contrast of tensing your muscles in order to relax them, but eventually you should be able to induce relaxation in your muscles without tensing them first.

## **Track Two: Guided Imagery Relaxation**

The second routine combines relaxation imagery with breathing and isometric techniques to induce the sensation of deep relaxation, both physical and mental. This routine requires you to work mentally to create images which help you to recognise your state of tension and relaxation. Like track one you will be asked to work progressively through different muscle groups. However, track two finishes with a guided journey involving the whole body that may induce a very deep state of relaxation.

## Important tips when learning relaxation:

- Learning relaxation for the first time is rather like trying to get fit for the first time. Initially, it feels very hard with few benefits. Most people do not feel different overnight. However, if you persevere, the positive effects of relaxation can be hugely beneficial.
- **Try to incorporate relaxation activities into your daily schedule for at least 15 days.** If you do one exercise each day it should take no longer than 15 minutes.
- Once you feel you have become proficient at relaxing you may choose to do a relaxation technique two or three times a week, or when you have had a particularly bad or stressful day.
- **You shouldn't try or allow yourself to go to sleep during the relaxation routines. You need to be awake to learn relaxation skills. It may in time improve your sleep.**
- As you try these routines, you may become more aware of your tension. This may make you feel even more tense. Remember that this is okay and with perseverance you will learn how to relax.
- You also may feel some anxiety about relaxing the 'right' way, which can increase your tension. Some people feel very uncomfortable when they try to let go of their tension. They don't feel comfortable with the feeling of being relaxed. Try to relax gradually more each time you do the exercises.

Once you have experienced the sensation of relaxation within these routines, you can strive to relax different parts of your body during different activities during the day. Needless to say, it is not a good idea to practise relaxation techniques during activities that require a high degree of alertness such as driving a car or operating a machine.

## Setting goals for relaxation:

As with any of the other behavioural changes you have worked on, we suggest that you set some goals to help you develop the habit of relaxation. On the relaxation goal sheet on the next page we have left a place for you to set these goals and to monitor your daily progress for a period of 15 days. In order to see if you are improving, we have left a place for you to rate your degree of relaxation after you have finished the exercises.

As with any of your other goals we suggest that you try and be specific about what you are going to do and when you are going to do it. Also try and upgrade from diaphragmatic breathing to the more complex forms of relaxation.

A good way to start might be by setting daily goals for the first 5 days. Once you have a good feel for what works best, you can then set your programme for the further 10 days. Here is an example list of goals for a 5-day period and the ratings of success. Success was rated as follows:

Rate the extent of your relaxation following your chosen exercise on the following scale:

**0      1      2      3      4      5      6      7      8      9      10**  
 As tense as I can be      Moderately relaxed      Completely relaxed

	Goal	Achieved	Rating
Day 1	Diaphragmatic breathing 3 times after each meal	2/3	3
Day 2	Diaphragmatic breathing after breakfast and lunch and before bed	3/3	5
Day 3	Diaphragmatic breathing after breakfast and lunch and before bed	2/3	6
Day 4	Progressive muscle relaxation before bedtime	1/1	2
Day 5	Guided imagery before bedtime	1/1	5

## SECTION TWO: Improving Your Sleep

Irritable bowel symptoms can make you feel tired. They can also disrupt your normal sleep patterns. Tiredness, lack of sleep or disturbed sleep isn't helpful to symptoms for a number of reasons. The most obvious one is that being tired makes us feel more stressed and less able to cope. Most people need between 6-8 hours of sleep a night to function at their optimal levels. Getting enough restful sleep in a regular routine can be particularly important for people with IBS.

In the sections below we discuss some of the common problems with sleep and how to address them. If you are a good sleeper, you will be able to sleep without doing a number of these things. However, poor sleepers need to be more careful and therefore have to make more effort to ensure they are doing the right things. As you read the following sections, jot down for yourself what you think are the factors that contribute to your sleep problem. You will find some factors are very relevant to you, while others are not. Once you have done this it will make it easier to set goals to improve your sleep.

### **Erratic sleep patterns:**

If you have symptoms or worries that keep you up at night you may well find that you have a sleep pattern which varies from day-to-day. People who have difficulty sleeping may go to bed earlier than usual on some days, sleep in later on others, or nap during the day to catch up on last sleep.

Erratic sleep patterns such as these can confuse our internal body clock or natural bodily rhythm. This in itself can create symptoms. Jetlag is a classic example of what happens when our body clock is disrupted. If you have ever experienced jetlag from long haul overseas travel you will be aware of the symptoms. These include a feeling of heaviness, waves of extreme tiredness, difficulties remembering and/or attending to things, and difficulties sleeping. If you consistently have restless or disturbed sleep, particularly if this leads you to sleep at different times each day, similar symptoms may arise.

The best solution for this is to develop a consistent sleep routine. Our bodies operate best when we go to bed at more or less the same time and wake up at the same time each day. Even if you have had a really bad night sleep you should try and stick to this. Similarly you should avoid daytime napping. Daytime sleep may help in the short term, but it is often responsible for sleep difficulties at night. If you feel like sleeping during the day try taking your mind off the urge to sleep by taking a gentle walk or doing something relaxing.

To make sure you wake at the same time set an alarm clock. Even if you have woken several times during the night, get up regardless of how you are feeling. Over time, this approach will ensure that you sleep better.

It will be hard at first and you often feel more tired initially. As with all the changes you have made to date, with perseverance the situation improves and you will soon experience the benefits.

**Note**

Some people can't sleep at regular times each night as they do shift work or they are up in the night with young children. If you have children as far as possible still try and have a set sleep and wake time. If you are getting woken a number of times during the night, try and schedule a relatively consistent time every day to have a daytime nap. If you do shifts, when you are on night duty try and have the same sleep wake times during daylight hours.

**Stress and sleep:**

Some people find that due to the stress of IBS they have a hard time getting to sleep at night. Stress as you know can cause an increase in adrenaline release in your body. Adrenaline tends to make you feel alert even when you are very tired.

Diaphragmatic breathing when in bed not only helps you switch off this autonomic nervous system arousal, but it can subdue the experience of pain. If you feel very tense, doing one of the relaxation exercises before bed can help you to switch off and relax.

Also, it is not uncommon for people with IBS to work late into the night on projects or work that they have brought home and then find it difficult to sleep. Set a bedtime and then 'turn off' an hour before that in order to start relaxing. For example, turn off the email and cell phone. Switch your thoughts away from the children once they are in bed. Turn off work related thoughts and try to do something you find relaxing such as reading a book or watching television.

**Worry and sleep:**

It is also common to wake up at night and start worrying about your difficulties or problems. This can keep you from falling back asleep and may make you feel anxious or upset.



If you find yourself waking and worrying:

- Try setting a time during the day at least two hours before you go to bed to be your “worry” time. Write down the problems or worries that go through your head when you lie awake at night. Write down the next step you need to take towards resolving the problem. Be specific and if necessary break the problem down into small parts.
- If you wake or fail to go to sleep worrying, tell yourself you have the matter in hand and that worrying about it now is not going to help.
- If unhelpful thoughts pop into your mind, try some relaxation exercises or breathing and finish with imagining your most relaxing scene, such as lying in the sand on a beach.

### **Sleeping too much:**

Some people find that due to their symptoms they are sleeping too much. You may hear people say that if you sleep for 12 hours it means your body needs this amount of sleep. However, sleeping this amount every night is actually going to make you feel more tired. You will often wake up feeling un-refreshed. If you are very sleep deprived, having an extra-long sleep can be restorative but it should not become a habit.

**If you find that you are sleeping more than 8-9 hours a day:**

- If you go to bed early, try going to bed a little later each night and continue to set your alarm for the same time each morning. Start off gradually. For instance, start by staying up for an extra 15 minutes, then 20 minutes the next night and so on.
- If you go to bed at a reasonable hour but tend to sleep late, try and wake up each day a little earlier than the day before with the aim of reducing your sleep to around 8 hours. Once again do it gradually, starting off by waking up about 15 minute earlier and increasing this by around 5 minutes a day.
- Avoid daytime napping and resist the temptation to sleep during the day by sticking to an activity plan.
- These changes in your sleeping pattern will initially result in your feeling more tired, which can be tough. If you hang in you will find that the reduced sleep together with increasing your exercise will help energise you.

### **Important general tips for getting a good night sleep:**

- Only go to bed when you feel sleepy. If you try and fall asleep before your body is ready you will tend to lie in bed thinking worrisome thoughts.
- Your bedroom should be associated with sleep rather than wakefulness. Therefore, if you are unable to fall asleep or return to sleep within 20 minutes, get out of bed, go to another room and do something relaxing like read a book, listen to music, or do a relaxation exercise. Return to bed only after you feel sleepy. This may feel like a hassle particularly if you are leaving a nice warm bed, but it does make a difference.
- Because the bedroom should be associated with sleep, with the exception of sex, try and avoid doing all other forms activities in the bedroom such watching TV, working or eating.
- Avoid stimulants such as coffee, tea, chocolate or chocolate drinks, fizzy drinks, and cigarettes at least 4 hours before you go to bed. All of these disrupt sleep.
- Many people think that alcohol helps them sleep because it relaxes them. It may help you to fall asleep but it causes awakenings during the night. It is better therefore to avoid alcohol two hours or so before bedtime.
- Simple things like a comfortable bed, in a warm, quiet, darkened room can all help facilitate sleep. Ear plugs and eye-shades can help if you can't get the environment the way you like it.
- Regular exercise will help you sleep better but avoid vigorous exercise just before going to bed as it can create a hyper-aroused state which is incompatible with sleep.

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### **Factors contributing to my sleep problem:**



## Setting goals for improving sleep:

Your sleep problem will almost certainly get worse before it gets better. This can make sticking to your goals difficult. Try not to get discouraged as the long term benefits of sticking to a good sleep plan can make a substantial difference to how you feel and how you cope in your daily life. It may, however, take at least a month or two before you start to feel the difference.

Once you have identified the factors that may be contributing to your sleep you can set some sleep goals for the next few weeks. The IBS goal sheet for chapter 7 on page 104 provides a space for you to write your weekly goals and monitor your progress. You can also find a spare copy in the back of the manual (IBS GOAL SHEET FOR CHAPTER SEVEN: Learning to relax, improving sleep and managing stress).

### *Here are some examples of sleep goals set by a person with IBS:*

1. Go to bed at 11.00 pm and wake at 7.00 am each day of the working week.
2. Avoid napping when I get home from work if I have had a bad nights sleep.
3. Get out of bed and go and read in the lounge if I haven't fallen asleep within 20 minutes.
4. Don't smoke or drink alcohol after dinner.

## SECTION THREE: Tips for Managing Stress

We often think of stress as something that happens to us. This is certainly an aspect of stress. We can't always control what happens and there are often situations that are very stressful. However, as you may already have discovered through monitoring your thought processes in chapters 5 and 6, another aspect of stress is the way we think and react to things that happen to us. Research has also shown that when we increase our sense of control over stressful events, the negative effects of stress are decreased.



You may have noticed that when you feel that you can cope with a difficult event, then it doesn't seem as stressful. You also may know people who live with numerous stressful demands on them but they don't seem to suffer from stress. This may be due to their sense of control over the demands on them.

## Determining control:

Take time to think about the things that make you feel nervous, worried, tense, upset or hopeless. Now try and identify your ability to control or change those aspects of your life. By deciding to accept those things that are out of your control you may eliminate some of the anxiety and stress that you feel about them. At the same time you need to identify those things in your life that you can change (even small things) and focus on taking positive steps to change them.

Research has shown that for many people it is the small or minor hassles facing them every day that really get them down. Quite often with some thought or planning, these can be handled differently.

The key to finding to control these situations is to break the problem down into smaller parts. For example, you may feel stressed about your situation at work. It may at first seem impossible to change your work environment. However, you may be able to change the way you think about your work, the way you respond to your work environment, or your interaction with the people at work. You may be able to make simple changes, like ensuring that you take half an hour for lunch, which could make significant differences to your levels of stress.

## Reframing experiences:

Our daily activities are often 'framed' by our thoughts and feelings about them. Sometimes these frames are negative. This can add to the stressful impact of the event. Re-framing is a term used to describe the practice of seeing things in a different light, perhaps with a more positive perspective. The case of Sue on the following page is a good example of this process.

### Example:

*Sue finds that by taking an hour walk on the beach she feels much better. She is able to relax and feel more positive about her problems. This is often offset by her feelings of guilt for taking this time out of her busy schedule. She feels she is letting her family down by not getting practical errands done during this time.*

*Sue learns how to think differently about this time out. She tells herself that she will have more energy for the people and things in her life if she takes this time out to relax and exercise. She replaces the 'frame' of guilt and anxiety around her time-out with a new frame of 'self-care'.*

Try to think of something that you could give a new frame to in your life and, if you like, write it down in the space provided.

### **Learning how to say “no”:**

Many people prone to IBS find that they are continually doing too much or feeling overcommitted to other people, deadlines, and responsibilities. Learning how to say “no” to commitments or to other people, can be difficult. It is important to realise that saying no is not a failure or ‘cop-out’ when it helps you to become healthier and more capable of doing the things that you want or need to do. We are all entitled to say no and it doesn’t mean that we are rejecting the person who is asking things of us.

### **Prioritising:**

Part of saying no to some things or people is becoming aware of your needs and priorities. By saying yes to those people and things in your life which are the most important to you, you will soon see which things are not necessary. While priorities are often dictated by responsibilities to family and work, it is also important to realise the importance of self-care. Spending time to do the things that you enjoy, that help you to relax or that get you exercising is time well spent.

### **Looking after yourself:**

By looking after yourself and making your health a priority, you will, in the long run, have more energy and time for others. It may seem that you don’t have time for activities that will help you to cope and relax. However, by making some time available each day for yourself and your health, you will have more quality time overall.

## **Reward yourself with something you enjoy:**

Stress happens. We all have some episodes in our lives that are difficult, heartrending, painful or frustrating. It is important to surround those times with something that is pleasurable or nourishing to your sense of being. People who feel stressed usually say that they have no time to do enjoyable things. Make it a priority to take time to do the small things that you enjoy, particularly when you are stressed. These may just be simple things such as walking through a park, curling up with a good book, reading the newspaper, catching up with close friends, taking a hot bath, or just simply putting your feet up.

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## **Write down any questions or additional thoughts here:**



## **Homework**

This week you can complete the following tasks:

1. Fill in your relaxation goal sheet. You can find this page 104 and a spare copy in the back of the manual.
2. Fill in the rest of your IBS goal sheet on page 104 and a spare copy in the back of the manual.
3. You can also continue with your alternative thought record during the week.

## Summary

Hopefully some of these tips we gave you throughout the chapter will help you gain a sense of control over your levels of tension, your sleep patterns and your daily stresses. Remember, making changes to your routine can make your symptoms feel worse as your body takes time to get used to something new. So go gently and realise that you can't do everything at once. You may like to start out by just trying one or two of the suggestions that seem to be most applicable to you. As things improve you will feel able to make more changes.

Although we have set this up as a 9-week self-management programme, in many ways the changes you have made should be seen as just the beginning. We encourage you as far as possible to keep working on your goals and to make new ones as you progress.

As we mentioned in the first chapter, IBS is generally considered a chronic condition which means it may always be an area of sensitivity for you. It is therefore important that you try and maintain the changes you have made. Setbacks will occur from time to time. In the last chapter we briefly discuss how to prepare yourself for possible relapses. We ask that you read this when you have the time.

## IBS GOAL SHEET FOR CHAPTER SEVEN

### Learning to Relax, Improving Sleep and Managing Stress

Write your goals in the column provided for each section. If a section does not apply to you, leave it out. In the columns marked Monday – Sunday tick if you achieved the goals or cross if you did not manage to meet your target. If a goal is set for only a few days a week, leave the other days blank and tick or cross on the chosen day(s).

#### Learning to Relax, Improving Sleep:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

#### Changing Activity Patterns:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							



### Managing Diarrhoea and/or Constipation:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

### Diet and Exercise:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							
3.							
4.							

# **Chapter Eight: Processing Emotions, Managing Flare-ups and Maintaining Improvement**

This is the final chapter of the manual. Today you will be setting some long term goals to continue to manage your IBS symptoms and to **manage** possible **flare-ups** in the future. To set these goals you will be able to focus on areas of the programme that you feel have been most relevant to you. We will provide you with a **long term goal sheet** for you to print off at the end of the chapter.

## **The chapter includes:**

- Revisiting Your Goal Sheet
- Section 1: Processing Emotions
- Section 2: Long Term Goals
- Section 3: Strategies for Symptom Flare-ups
- Section 4: Long Term Goal Setting

## **Revisiting Your Goal Sheet**

Before you start this chapter, take a moment to review chapter 7 goal sheet for managing your symptoms on page 104 or the spare copy you may have been carrying around with you. You may decide to keep the goals from last week or extend them somewhat if you feel you have already made some progress. Remember that small changes are more achievable than large ones.

## **SECTION ONE: Processing Emotions**

At the beginning of the programme, we introduced you to a model explaining IBS, and this included an emotion/feeling component. Emotions may include fear, anxiety, frustration, anger, depression, embarrassment or shame, sadness and grief. Such feelings are common in most chronic illnesses and indeed in everyday life.

Feeling tense, stressed, or low in mood is unpleasant enough, but these feelings can also produce physiological changes such as changes in bowel function, increased muscle pain, fatigue and impaired memory and concentration. Strong emotions are a signal that something important is going on in your life. Ignoring and/or pushing away

your emotions may not be helpful in the long term both in terms of your general well-being and IBS symptoms.

In this chapter, we will introduce you to ways of identifying, accepting and managing emotions.

## **Step 1: Identifying our emotions**

### **Positive emotions**

What positive emotions do you experience frequently?

These emotions can be a motivator to tackle tasks or try new things. For example:

- A sunny day might help you feel alert and active. You might then feel determined to tackle the garden.
- Watching your favourite TV show might make you feel content, meaning you set aside the time for it each week.

However, sometimes it is harder to let these positive emotions come through. For example:

- You may sense that things feel good now, but sooner or later symptoms will flare up.
- You may want to share your positive feelings towards someone but be afraid he or she will reject them.

Being able to stay with and share positive emotions allows you to get the full benefit from these feelings.

## Negative emotions

What negative emotions do you experience frequently?

These emotions are more difficult to experience than positive ones, and you may sometimes find them very hard to tolerate. For example:

- You may feel afraid of your IBS symptoms, and therefore put off going out.
- You may feel angry when someone treats you badly but feel unable to let the person know he or she has upset you.
- You may feel very sad because of a loss but feel you need to put on a brave face for others.

Can you give an example of how your negative feelings have affected you in the past? What was less helpful and what was helpful?

## Step 2: Developing acceptance

### What do we mean by acceptance?

Acceptance literally means living in the present moment, engaging fully in what you are doing or able to do, rather than getting lost in your thoughts. As already mentioned – this may mean accepting and staying with positive feelings.

It also means sometimes accepting symptoms and/or negative feelings. Rather than trying to pretend difficult emotions are not happening or trying to push away distressing thoughts, it can be helpful to just sit with them. There is nothing wrong with allowing yourself to feel bad.

*So how do you develop acceptance?* One way is through Mindfulness practice, which is a way of paying attention to and seeing clearly what is happening in our lives. This can mean that you develop a non-judgemental awareness of your reality and feelings.

To illustrate this you can hear a 3 minute exercise in the CD. Research has shown that Mindfulness becomes more and more effective with regular practice over time. You may wish to set a goal to regularly practice Mindfulness exercises and add this to the goal sheet at the end of the chapter.

### **How do I accept my emotions?**

Sometimes, we keep negative emotions to ourselves because we are embarrassed or uncomfortable showing them. We may fear negative judgement from others or worry that we will be viewed as a burden.

Keeping negative emotions bottled up may not be helpful in the long term. This is because it may encourage build-up of emotions, which may intensify over time. This may also impact on your IBS symptoms. One way to think about this is rather like imagining that you are trying to push a beach ball underneath the waves. If you push down hard, you may just manage to submerge it. However this process takes a lot of consistent effort and the ball feels unstable and hard to keep under the water.

Expressing our feelings can be a source of relief and it can help us to find new ways to manage difficult aspects of a chronic condition. Some individuals with IBS find that talking about their feelings to people they trust, makes it easier to manage the stress and worries caused by their symptoms.

There are a few strategies that can be helpful for alleviating different feelings and we will introduce these below. You may find that some of these strategies have already been covered during the previous weeks.

## **Step 3: Managing our emotions**

This step introduces you to some strategies that can be helpful in managing emotions, which will in turn also help us to accept them.

### **Expressing emotions**

Many people keep their emotions to themselves. They may feel embarrassed or uncomfortable about showing them. They may fear negative judgement from others,

or that they will be a burden to other people. However, talking about your feelings to people you trust makes it easier to manage the difficult emotions caused by your symptoms. You might like to practise first with close friends or family

Some individuals find it helpful to take part in support groups or online blogs because it is easier for them to share their feelings with people who go through similar experiences.

Some people find talking to others about the way they feel very hard. Some also have difficulty identifying what they are feeling. A researcher in Texas, James Pennebaker, has shown that writing about how you feel about traumatic experiences can help relieve distress and improve health. Straight after writing, people are usually more distressed – this is normal and to be expected. Writing about how you feel is a good way to understand and process the information. It can also help you get your thoughts in order before you talk to someone about how you feel.

We will now look at strategies to process and manage specific emotions.

## **Managing fear, anxiety and embarrassment**

Given the unpredictable nature of IBS, fear and anxiety are common emotions. Repeated experiences of severe and unpredictable symptoms (e.g. diarrhoea and fear of an accident) can lead to fear of not being able to complete some activities without experiencing negative effects.

Some people feel anxious because they believe they should be doing more or are letting other people down. Others feel embarrassed about their IBS symptoms. This may be in part because they don't realise their IBS symptoms are in fact experienced by quite a number of people.

Jane's experience illustrates this:

*Jane has never told her group of friends that anxiety and embarrassment about her symptoms getting out of control is why she frequently cancels dates to go out at the last minute. She's afraid that her friends won't understand her symptoms and the way she feels about them.*

Given the unpredictable nature of a chronic illness like IBS, fear and anxiety are common emotions. Repeated experiences of severe and unpredictable symptoms brought on by activity can lead to anxiety and apprehension before any task, for fear of not being able to complete it without any negative effects. Similarly someone might feel anxious because they believe that they should be doing more, are letting other people down, or that other people may be expecting them to function better.

Asking someone for help in handling a difficult situation that you do not feel able to manage yourself can be a good first step to manage anxiety or fear. Many people with IBS feel anxious about future flare-ups. We will provide strategies for managing flare-ups towards the end of this chapter.

If we think about Jane's example, her friends may end up feeling rejected as they don't understand why she has stopped spending time with them. What happens if she tries another strategy?

*One evening Jane decided to confide in her best friend about her symptoms and embarrassment. Her friend told her she was relieved to hear this was the reason Jane was cancelling their dates out. She had worried Jane was losing interest in their friendship and was wondering if she should stop phoning to make arrangements. However, she also realised it must be awful for Jane to feel this anxious about her unpleasant symptoms. She asked if there was anything to do to help her feel less anxious when going out with a group of friends.*

In addition to letting people know when you feel anxious, one way of increasing your tolerance of feeling anxious or fearful is through a process of exposure. It is common to avoid situations that make you anxious. Exposure means gradually re-introducing ourselves to situations that we may have previously avoided because they make us feel anxious. If you can gradually reintroduce situations to your life that provoke anxiety, it can increase your tolerance of the symptoms themselves. You will start to feel more confident in dealing with unpredictable situations or symptoms.

**Tip:** We covered how to approach (instead of avoiding) stressful situations linked to your symptoms in chapter 3.

### **Setting up goals for managing anxiety and fear**

As with the other techniques we have introduced, it is helpful to set some goals to help you put these new strategies into place.

*1. Think about a recent event where you felt anxious and write it in the box below.*

## 2. How could you try to manage the situation?

Before you come up with your goal, these are some example goals for Jane's situation.

- When Jane feels anxious about going out to the movies, she will call one of her friends for a chat before leaving home.
- When Jane feels stressed by a hectic week, she will set aside some time to invite one of her friends for a drink at her place.
- When Jane feels anxious, she will set aside some time in the evening for watching a movie.

Now you can set your own goal. To help you, we have broken down the goal into three parts:

What you will do:

When:

How often:

You might like to add this goal, and any additional goals you wish to set, to the goal sheet at the end of the section on page 118 or the spare copy at the back of the manual (IBS GOAL SHEET FOR CHAPTER EIGHT: Processing Emotions).

## Managing anger or frustration:

Feeling angry or frustrated can be a common experience with any chronic illness. People have to adjust to limitations imposed by their symptoms. For example, a person might find that their social life has become more restricted, resulting in them feeling frustrated or angry.

Other people have a sense of frustration because of the unpredictability of their symptoms and the lack of control they have over them.

John's example shows this:

*John used to enjoy camping with his family. However, he had to cancel two trips during the last year because of his IBS flare-ups. John feels angry and frustrated about cancelling because he feels he is missing precious time with his children. However he doesn't say anything because he would rather not talk about his symptoms and feels that there is nothing that can be said which will help.*



It is also possible to feel angry with people close to you or people at work. You may feel angry because they put too much pressure on you, take advantage of your good nature, or don't understand how difficult things can be. Holding these feelings inside can make your symptoms worse.

When managing frustration, building a schedule of rewarding activities can give you back a sense of control, which is often lost when experiencing flare-ups or other difficult life events.

Getting involved in exercise to 'let off steam' can help you process the physical experience of anger, which in turn helps us to process the emotional part. It can be useful to do this before talking to others, to help get the situation in perspective. In John's example, he felt angry about cancelling the camping trips with his family.

*At first, John tried to avoid thinking about how frustrated and angry he felt. Every time his children asked about the next camping trip, it reminded him of his failure in this regard and he found himself snapping at them. He was left feeling guilty. He then decided to talk to his wife about his frustration. He felt relieved, as his wife understood and suggested talking with their children together to explain why they had to postpone the trip and to find other family activities before they next went camping.*

## **Being assertive**

The core of self-assertion is an awareness of, and respect for, one's own feelings. It is being able to express one's needs, wants, feelings and beliefs in a direct, honest and appropriate way.

For example, Laura is trying to avoid public transport because she is currently experiencing a flare-up. Her partner is supposed to pick her up from work at 6 pm but he calls to let her know he will be an hour late.

These are three different scenarios that show what Laura can do with her feelings of anger.

	Suppression of anger	Aggressive response	Assertive response
6 pm – 7 pm	Laura ignores her anger and keeps working for an hour	Laura vents to her colleagues about her partner being late	Laura writes down why she is angry and what she will tell her partner. She then looks for pleasant weekend activities
In the car	She stays silent, thinking how mad she is at him	She starts shouting and they have an argument	She tells her partner why she is feeling angry and frustrated. They talk about this
Later at home	She starts complaining about dinner being overcooked and tasteless	They spend their evening apart not talking to each other	Laura feels calmer and they get on with their evening

### Setting up goals for managing anger or frustration

As with the other techniques we have introduced, it is helpful to set some goals to help you put these new strategies into place.

*1. Think about a recent event where you felt angry or frustrated and write it in the box below.*

*2. How will you try to manage the situation?*

Before you come up with your goal, these are some example goals for John's situation.

- When John feels angry about not being able to go camping more often, he will exercise in the cross-trainer for 20 minutes to let off steam.
- When John feels frustrated about not spending enough time outside with his children, he will talk to his wife to find alternative family activities for the weekend.
- When John feels frustrated about his symptoms, he will set some time aside in the afternoon to read his favourite book.

Now you can set your own goal. To help you, we have broken down the goal into three parts:

What you will do:

When:

How often:

You might like to add this goal, and any additional goals you wish to set, to the goal sheet at the end of the section on page 118 or the spare copy at the back of the manual (IBS GOAL SHEET FOR CHAPTER EIGHT: Processing Emotions).

## **Managing sadness, grief and loss:**

Sadness, grief and loss are at times part of all our lives. Difficult things do happen, such as the loss or death of a loved one or a change in a situation that is out of one's control. You often can't change these situations so you need to give yourself time to grieve and be sad where appropriate.

Some people think they shouldn't let others know they are sad. This may result in feeling burdened. However, sadness is part of life and it is not realistic to be upbeat if difficult things have happened. It is okay and normal to feel sad from time to time. If you have suffered the loss of a loved one this may mean being sad for quite some time.

Kate's experience illustrates this:

*Kate's brother was promoted which required a move to another country. She has been having a hard time since. They used to see each other frequently and she always found it easy to talk to him about her IBS. Kate misses him and feels really sad. She spends much more time at home alone than she used to. When her brother occasionally finds time to call, she pretends to be bright and cheerful as she doesn't want him to feel guilty about his move. Because she believes she should be pleased for him, she also feels she can't tell anyone else she is miserable.*

It is tempting, like Kate, just to hide away when feeling sad and pretend to others everything is fine. However this becomes very isolating and you have no way of dealing with the sadness. Expressing your feelings to others helps maintain social contact with people. It also allows people to understand how things are for you.

In Kate's example, she was feeling sad because her brother moved away.

*A few weeks ago, she decided to start writing about her feelings in her new diary. This helped her to better understand her sadness and accept her feelings. Following this, she decided to send more emails to her brother, including one saying although she was really pleased for him that he got a promotion, she also really misses his company. She was surprised to get an email from him saying he missed her and had found it hard too. She now feels better and has started going out a bit more.*

Some people find allowing themselves some time to feel sad, and perhaps to cry helpful in processing feelings. Try to balance this with doing pleasurable and rewarding things for yourself. Allow yourself to believe that you deserve to have, or to experience, something nice. It is possible and acceptable to feel sad, and to have positive feelings and get enjoyment from things at the same time.

### **Setting up goals for managing sadness, grief and loss**

As with the other techniques we have introduced, it is helpful to set some goals to help you put these new strategies into place.

*1. Think about a recent event where you felt sadness or grief and write it in the box below.*

*2. How will you try to manage the situation?*

Before you come up with your goal, these are some example goals for Kate's situation.

- When Kate feels sad about not seeing her brother, she will write about this in her diary.
- When Kate feels sad, she will set aside enough time at night to see her favourite TV show.
- When Kate feels low, she will call one of her friends to chat or see if her brother is around for a Skype call.

Now you can set your own goal. To help you, we have broken down the goal into three parts:

What you will do:

When:

How often:

You might like to add this goal, and any additional goals you wish to set, to the Goal Sheet at the end of the section on page 118 or the spare copy at the back of the manual (IBS GOAL SHEET FOR CHAPTER EIGHT: Processing Emotions).

## IBS GOAL SHEET FOR CHAPTER EIGHT

### Processing Emotions

Write your goals in the column provided for each section. If a section does not apply to you, leave it out. In the columns marked Monday – Sunday tick if you achieved the goals or cross if you did not manage to meet your target. If a goal is set for only a few days a week, leave the other days blank and tick or cross on the chosen day(s).

#### Practising Acceptance:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							

#### Managing Anxiety and Fear:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							

#### Managing Anger and Frustration:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							

### Managing Sadness, Grief and Loss:

Goals:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
1.							
2.							

## SECTION TWO: Long-Term Goals

Now that you've worked through the manual and had time to think about the most important aspects of managing your symptoms, it is worth planning for the future by making some long-term goals and identifying strategies for dealing with flare-ups of IBS.

Nine weeks is a relatively short time to make any major changes in your behaviour or the way you feel about things. When things get busy you will find it easy to fall back on old patterns and to forget some of the new habits you have developed. For this reason it is important that you keep working towards the various goals you have set. One way to do this is to set some long term goals for yourself.

### Long-term goals:

Your long-term goals should be consistent with a healthy lifestyle. This should include:

- Maintaining a balance between work, enjoyable activities and rest.
- Eating healthily which involves eating three regular, balanced meals a day. Try not to avoid too many different foods or to focus unduly on what you are eating.
- Exercising regularly: five times a week for half an hour.
- Maintaining a regular sleep pattern where you go to bed and get up at regular times.

Maintaining a healthy lifestyle doesn't sound very complicated. However, you may have found that when you set some goals in these areas earlier on, you never achieved them, or gave them away when you got too busy. Rather than forgetting them, set them as long-term goals. You will be more likely to achieve these goals if you break them down into smaller achievable stepping stones.

If, for example, you identified that getting regular exercise was a problem, you may set a long-term goal such as three half-hour sessions of aerobic exercise per week. You may decide to start with three ten-minute sessions of walking a week. When you accomplish that, gradually increase the time until you have been able to walk steadily for a half-hour five times a week. You may then be able to increase the time or you may feel confident to try a more strenuous aerobic exercise. In this way you can reach a healthier lifestyle through taking gradual steps.



You may have found that you already lead a healthy lifestyle and that the most useful aspect of the manual was the explanation of the how unhelpful thoughts and high personal expectations can affect the way you feel and your physical symptoms. If this is the case, a good long-term goal may be to continue working on identifying unhelpful thoughts and finding alternatives to these thoughts. It is worth keeping an ongoing daily diary of thoughts and alternatives. Once you get good at identifying and changing unhelpful thoughts, you can just monitor them in times of stress or when you feel particularly upset or anxious.

Remember to give yourself credit for achievements however small they are. In order to do this you may have to lower your personal expectations of yourself.

### **Make sure your long-term goals are:**

- Specific: vague goals are hard to achieve
- Measurable: so that you can measure how close you are to accomplishing your goal
- Achievable: a goal may sound good or seem important but if you can't find a way to achieve it, it won't be helpful
- Relevant to your situation: try to focus on the areas that you have found to be your trouble spots

## **SECTION THREE: Strategies for Symptom Flare-Ups**

It is hard to change aspects of ourselves and easy to fall back into old patterns of doing things or thinking about things. Setbacks and flare-ups of symptoms often occur along the way. This can be rather discouraging. However, if you anticipate that you may well experience relapses, you can recognise when these are happening and take steps to lessen their impact on your life. Here are some suggestions for managing flare-ups or setbacks:

- Don't be too hard on yourself. Setbacks do happen. Rather than blaming yourself, focus on things you can do to solve the problem. All the skills you have learnt in this manual can be used as problem solving strategies for difficult times.
- A good way to encourage yourself is to think how you would speak to a good friend or family member in a similar situation. Encourage yourself the way that you would try to encourage them.

- Flare-ups of IBS symptoms can be expected in times of stress such as moving, relationship difficulties or project deadlines. Plan for stressful times by planning some relaxation sessions or time-out for yourself, making sure that you eat regularly, keeping a good sleep routine and exercising. Thought diaries at these times can also be helpful.
- Think back to how you changed and coped the last time. This will help you to remember that you can get on top of your symptoms and provide you with strategies to do so.
- You don't have to sort out everything in one go. Sometimes taking a bit of time out and then going back to the problem can be a useful strategy.

## **SECTION FOUR: Long-Term Goal Setting**

On the next page is a sheet where you can write down the long-term goals that are most important to you. You can add your goals here or on the the spare copy provided (LONG-TERM GOAL SHEET). To help you break these goals down into smaller targets or sub goals we have left some spaces under each goal. For instance:

### **1. Goal: To reduce my catastrophic thinking and “should” thoughts**

#### **Steps:**

- a) Monitor my unhelpful thoughts in a thought diary every day for two weeks
- b) Come up with alternatives for each of these thoughts by asking myself how I would get a friend to think in a similar situation
- c) Rate my conviction for the negative and alternate thoughts out of 100
- d) Re-rate my unhelpful thoughts once I have done this
- e) After two weeks, I will only write my thoughts down when I am feeling hopeless or anxious

Refer back to these in times of stress or relapse. They will help you focus on how best to manage the setback.

# **LONG-TERM GOAL SHEET**

1. **Goal:** \_\_\_\_\_

**Steps:**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

2. **Goal:** \_\_\_\_\_

**Steps:**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

3. **Goal:** \_\_\_\_\_

**Steps:**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

4. **Goal:** \_\_\_\_\_

**Steps:**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

## Final Summary

Over the past nine weeks you have been following a symptom management programme to help improve your IBS symptoms.

Firstly, well done on completing the programme! As you have experienced, managing your symptoms means making changes, which at times can be hard. Investing some time and dedication into making these changes, however can result in substantial rewards in terms of managing your IBS. Hopefully you experienced the gradual improvement throughout the programme.

However don't stop now! As you have learnt, there is a continuous link between your symptoms, thoughts and behaviours. This means that the more you work towards your behavioural goals, and are able to spot and change unhelpful thinking, the more manageable your symptoms should become. Giving up on your goals and slipping back into old habits may mean your symptoms slip back too.

Nine weeks is a relatively short time to make major changes, and you may have set some of the changes you wish to make as longer-term goals. Remember to review these goals regularly, and break them down into small steps so they feel manageable.

And finally, remember to expect a few flare-ups along the way, particularly in times of stress or personal difficulty. Keeping up with the strategies for managing stress and emotion covered in the final chapter should help when life starts to get tough.

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**Jot down any final thoughts here:**

