

So let's review the journey we've been on through the course.

A major theme has been the use of relaxation to enable us to defuse agitation and distress, and to foster a sense of inner peace, stillness and calm confidence. Relaxation is a skill that is built through practice. During the training phase we go through a formal procedure for relaxation, but I believe relaxation needs to develop into something that can be used quickly and easily when the need arises.

Its use is not just in reducing agitation and stress, but also in fostering that inner peace that allows us to recharge our batteries, something that is needed all the more when dealing with a chronic health condition like IBD. Research shows that continual practice of relaxation and meditation can actually change the way we think. In this course we provided several examples of relaxation, and it may well be that you have audio material of your own that you find helpful. Develop the use of relaxation, one way or another, into your normal lifestyle.

Dr Andrews has discussed in considerable detail the physiological and medical approaches to understanding, managing and treating IBD, she has endeavoured to answer questions that you may not have thought to discuss with your GP or specialist. If there are questions left unanswered from your perspective, then this can form a good foundation for your further discussions with your medical team. As you can see from her presentation, and in particular her advice about travel, Dr Andrews' experience is that, properly managed, people can lead a relatively normal and rewarding life even with their condition.

A similar perspective underlies the work of Dr Shepherd. Have a look at her website and, if you would like to experiment with food that you CAN have, check out her recipe books (We can recommend the continental spice cake!), or seek out a similar special recipes. If you want individual advice talk to your medical team about seeing a dietician.

In responding to his jury's sentence of death, Socrates (470 BC – 399 BC) said "The unexamined life is not worth living for a human being". Modern cognitive behavioural clinical psychology helps people become examiners of their own lives by understanding the role that habitual thoughts and beliefs play in translating the events that occur around us into our own emotional response. By bringing into our awareness our habitual thoughts, and by following these down to the fundamental assumptions that the thoughts express, we are able to assess how realistic and helpful these thoughts and assumptions are, and retrain our thought habits to produce an internal mental environment that is more conducive to the outcomes we want.

In this program, we provided learning material and exercises to encourage you to become aware of your own automatic thoughts and the effects these have on your emotional and behavioural responses to the things that happen to you. And of course managing your behavioural and particularly your emotional responses to the events around you, including your health condition, is likely to induce a feeling of control over yourself and your life, to

reduce stress, to enhance your relationships, and by doing all of the above, to hopefully reduce the chances of an IBD flare.

Review the topics and the skills we have discussed. Practise them so that, over time, they move from being words on the page to being an effective technique for you to use in your life. Note the gradual shift in our focus during a journey with a chronic condition, from seeking a diagnosis and external cure, to seeking education, understanding and developing self-management and acceptance, working to find opportunities notwithstanding the limitations.

During the course we talked about the risks of avoidance. We can develop fears and phobias, sometimes following a bad experience, or we can just gradually withdraw because things get too hard. During the program we challenge you to become aware of your areas of avoidance and to seek out opportunities to challenge these. To “avoid” avoidance.

We reviewed coping strategies, specific techniques, ideas or habits that can help or hinder our functioning. Even though some seem fairly obvious, it is surprising how often we don't adhere to what we know as common-sense self-protective behaviours. Once again this is a process of turning ideas and words into habits and actions. We discussed goal- setting at the beginning of the program, and this is an underlying theme throughout all sessions. Goal setting may seem obvious, but once again it's more adhered to in theory than in practice.

The session on assertiveness training challenges us to consider our typical style of relating with others. Of course, this relates back to our thoughts, beliefs and life schemas – the view of the world, and our place in it, that we have developed from our earliest years. In our clinical experience, poor understanding of assertion and use of assertive skills is a major component in unhappiness and stress in people's lives. Assertion is not just about asking for your money back when a product you have bought doesn't work, it underlies our fundamental relationships within the family, our expectations of others' attitude and treatment toward us, and our willingness to accept less than reasonable behaviour from others. Over the years this can escalate into a personally un-affirming relationship “system”, and significantly reduce our quality of life and even our personal safety. Understanding the concepts behind assertion and being able to use respectful and assertive communication is a key factor in having quality relationships, and in managing stress.

This leads to a discussion of social support, being able to seek and accept support from others, being able to ask for the sort of support that is needed at the time, and being able to enhance your personal relationships through intimate communication. Chronic health condition can create areas about which people are sensitive or unwilling to discuss. The section on social support encourages you to feel more comfortable and to develop skills in discussing these issues, and remembering that listening is a, if not the, major component of the communication process. Communication within relationships also requires the development of skills in self-managing anger and working through disagreements in a

constructive way.

Finally, we discussed attention and distraction as cognitive skills in managing pain. Some simple techniques are presented, and you may find these helpful in managing both pain and emotional distress. All the sections hitherto contribute to the development of an active, full, emotionally and socially satisfying lifestyle, and what better distraction from a chronic health condition, and what better focus for our attention, can we have than all that makes up a full and active and emotionally satisfying life.

We hope that this program has been of interest and assistance to you, and, of course, that it represents just the beginning of the journey.