

## About IBD Podcast Episode 116

### How to Be Happy & Healthy With IBD: The Psychosocial Impact of IBD

There are tools available to address the psychosocial impact of inflammatory bowel disease (IBD). Learn what's available to you from Dr Jessica Naftaly, a GI behavioral health fellow at the University of Michigan and Amy Bugwadia, higher education coordinator for Generation Patient, Teaching Assistant at Stanford University School of Medicine, ulcerative colitis patient, and key opinion leader in the IBD community.

Concepts discussed on this episode include:

- [The Rome Foundation Gastropsych Directory](#)
- [Psychology Today: Find a Therapist](#)
- [Diaphragmatic Breathing \[Video\] With Megan Riehl, Psy.D.](#)
- [National Council of College Leaders](#)
- [Crohns & Colitis Foundation's Power of Two Program](#)

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Find Amy Bugwadia on [Instagram](#), [Facebook](#), [LinkedIn](#), and at [Generation Patient](#).

Find Amber J Tresca at [AboutIBD.com](#), [Verywell](#), [Facebook](#), [Twitter](#), [Pinterest](#), and [Instagram](#).

Credits: Mix and sound design is by [Mac Cooney](#). Theme music, "[IBD Dance Party](#)," is from ©[Cooney Studio](#).

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### [MUSIC: IBD Dance Party]

#### **Amber Tresca (00:05):**

I'm Amber Tresca, and this is About IBD. It's my mission to educate people living with Crohn's disease or ulcerative colitis about their disease and to bring awareness to the patient journey. Welcome to episode 116. About IBD is excited to be partnering on this new limited podcast series, How to be Happy and Healthy With IBD. A quick reminder, the About IBD podcast is not a substitute for medical advice, diagnosis, or treatment. Please consult your physician or other

qualified healthcare provider with any questions you may have regarding a medical condition or its treatment.

**Amber Tresca (00:38):**

IBD affects the whole person. We use a shorthand to talk about it by saying that it causes inflammation in the digestive tract, but really it affects our bodies, our emotions, our families, our work and our social lives. To discuss the tools and solutions for addressing the psychosocial impact of IBD, I talk to Dr Jessica Naftaly, a GI behavioral health fellow at the University of Michigan and Amy Bugwadia, higher education coordinator for Generation Patient, teaching assistant at Stanford University School of Medicine, ulcerative colitis patient, and key opinion leader in the IBD community.

**Amber Tresca (01:12):**

We talk through the many issues that IBD can cause outside of the gut and Dr. Naftaly and Amy provide plenty of tools and ideas to address them.

**Amber Tresca (01:24):**

Our topic today is The Psychosocial Impact of IBD. And what we mean by psychosocial impact is the effect that IBD has on our mental health, our emotions, and our social connections. I have two guests with me today to dig into this topic. With me is Dr Jessica Naftaly, a gastrointestinal behavioral health post-doctoral fellow at the University of Michigan. Dr. Naftaly, thank you so much for coming on About IBD. Would you tell us a little bit more about yourself?

**Dr Jessica Naftaly (01:52):**

Thank you, Amber, for having me. I'm excited to be here today with you and Amy. Like you said, I am Dr. Jessica Naftaly. I'm the GI behavioral health fellow at Michigan Medicine. As the GI behavioral health fellow, I am soon to be licensed, but not currently yet licensed. And I work under the supervision of Dr. Megan Riehl. As part of the integrated behavioral health team at Michigan Medicine, I work with patients with a variety of GI conditions, including inflammatory bowel disease, but also work with patients with IBS and functional chest pain, gastroparesis, and excited to be here today. Love the work that I do and excited to talk about IBD and mental health.

**Amber Tresca (02:32):**

Thank you so much for being here. I'm really looking forward to your perspective on this topic. Also with me is Amy Bugwadia, higher education coordinator for Generation Patient, teaching assistant at Stanford University School of Medicine and ulcerative colitis patient. Amy, I know you have a lot to say about this topic, so thanks for being here. Would you tell us a little bit more about yourself?

**Amy Bugwadia (02:54):**

Yes, absolutely. Thanks so much for having me. I'm super excited to chat with you and Dr. Naftaly more on this topic. As Amber mentioned, my name is Amy. My pronouns are she, her and I was diagnosed with ulcerative colitis at the age of 10. So in the midst of fifth grade. So

definitely I've been through a lot most of my life now living with IBD. So that's definitely come with its challenges through high school and college and graduate school. And now as I kind of embark on my medical school journey in the fall as well, I think mental health has definitely been something a lot on my mind as I kind of figure out what it means to live healthy with IBD not just with my gut, but also just like how I exist as a person and as a future clinician as well.

**Amber Tresca (03:45):**

Thank you so much for bringing the patient experience to this topic, especially because you wear so many hats in the IBD community. So I'm going to start with you, Dr. Naftaly because we tend to focus on the digestive system when we talk about IBD, but it affects the whole person as the three of us here are well aware. What are some of the ways that IBD can affect people outside of the gut?

**Dr Jessica Naftaly (04:09):**

Yeah, we know that IBD can be a huge adjustment for patients and can impact one's quality of life. We know that, especially when getting diagnosed for the first time, there's that adjustment period, taking medications that they might not have had to take before, learning to deal with health insurance, attend multiple doctor's appointments. And just generally how one's life can change when being diagnosed with a chronic health condition can be really overwhelming. And so we know that anxiety, depression, low mood doesn't necessarily cause IBD, but we do know that the illness itself can be overwhelming and hard to manage and deal with.

**Dr Jessica Naftaly (04:51):**

And some of that might come with some anxiety and depression [inaudible 00:04:54]. So in addition to IBD impacting anxiety, depression, we also know that IBD can impact sleep. A lot of my patients are coming in fatigued. Sometimes we also see concerns related to body image, intimacy, sexual functioning, and also because IBD and food are often kind of involved with each other, we see some eating concerns too as well.

**Amber Tresca (05:19):**

Amy, you've been living with ulcerative colitis for most of your life really. And so you're probably pretty practiced by now at telling people about it or describing it. So how do you go about that? And what are some of the responses that you've had?

**Amy Bugwadia (05:37):**

I'm thinking back to last week, I was actually at a wedding of a few of my high school friends. And so I was meeting a bunch of new people and I was thinking about it and I was like, okay, I don't know how IBD is obviously such a big part of my life. And so I just want to recognize off the bat, yes, there's so much, I think stigma and fear around how to broach the topic. I was kind of talking to a few of my friends from high school, catching up with them. They were saying, "Hey, what have you been up to?" And I was sharing with them, "Oh, right now I'm doing some really exciting higher education work at Generation Patient and we're run for and by young adults with chronic medical conditions."

**Amy Bugwadia (06:19):**

And I kind of like moved on a little bit and the person I was talking to was like, "Wait, all of you have chronic medical conditions?" I was like, "I'm glad you asked. Yes. Have you heard of Crohn's disease or ulcerative colitis? I live with colitis. It's an immune mediated condition, mostly manifests in my GI tract, but it's not just a bathroom disease." And I always make sure I say that last part, it's not just a bathroom disease. For me, my IBD manifests not just in my gut, but also in my joints, I have IBD related arthritis. And that's like a big part, I think of my awareness and explaining to folks like, it's not just this thing like, oh, she needs to use the bathroom a lot. It's a lot more complex than that.

**Amy Bugwadia (07:02):**

And I think for me, given the fact that it is tied into the work that I do and who I am as a person, it's a little easier to weave that into the conversation. And I like doing that a little bit earlier rather than later, that way when I mention a few things, "Oh, hey, I'm not drinking," people understand like, okay, it's medical related or like, "Hey, I'll be right back. I just need to take a few meds." People are like, "Cool, no worries. We'll wait. Here's some water," et cetera. So I think it just makes it a more comfortable atmosphere.

**Amber Tresca (07:35):**

Does it happen often that during a discussion of the work that you do, it turns into your disclosing your medical conditions that you live with and then an educational opportunity to let people know what it is like to live with a chronic condition?

**Amy Bugwadia (07:49):**

I definitely, I would say I'm the one who's intentional about being like, "We help patients just like me." That weird kind of... So for me, I kind of just like mention it. And then if people, I feel like because I set the tone, right? If I [inaudible 00:08:03] hush tones, "I have this terrible thing called IBD," and then just move on, people get really uncomfortable. But I guess me giving off the vibe like, "Hey, I have this thing," the end, people are more like, if they want to ask questions, they can, I'm open about it. And I am not perpetuating, I guess the stigma surrounding it.

**Amy Bugwadia (08:26):**

I think people are definitely always very shocked though. They're like, "What? But you don't look sick." And I'm like, "Yes, and what about it?" I could be like this one minute and the next minute, not so great. And that's okay too. That's just a part of me and kind of how my body works. We all have different embodiments and this just happens to be mine.

**[MUSIC: About IBD Transition]**

**Amber Tresca (09:10):**

Yeah, that brings me to my next topic about the new normal. And we were talking a little bit about the process of being overwhelmed by a new diagnosis and that we have to come around to our new normal in some kind of way. And how can we help people get through this

transition as they go from what seems like one day you are yourself, you are disease free and then suddenly you've got this big diagnosis and you're trying to figure out how to incorporate it into your life?

**Dr Jessica Naftaly (09:45):**

Yeah. I think that's a really important topic. Change and transition is really hard. No matter if it's for a chronic health condition or just life in general, change is hard. And I encourage patients to really give themselves time and space and just kind of let whatever's going to happen and emotions come up to come up and really normalizing that experience. There's also different emotions that people have when they're getting diagnosed with a chronic health condition like IBD. Some people feel relieved, right? They have answers for the first time. There's a plan, there's a treatment, they can kind of move forward.

**Dr Jessica Naftaly (10:22):**

There might also be grief and sadness and kind of recognizing that life will be different than what it was before. And so giving yourself time to kind of process those things, I think can be helpful in addition to seeking out support through other IBD patients. Some patients find that really helpful to hear what others are going through, really validate and normalize their experience. But recognizing that what your experience will be like may not be the same as what another patient's experience is going to be like as well.

**Amber Tresca (10:51):**

Amy, what are some of the ways that IBD has affected your mental health?

**Amy Bugwadia (10:56):**

Yeah, I really appreciate when Dr. Naftaly was talking, what kind of stuck out to me was this idea about how you're feeling. And I think when I was 10 and I was first diagnosed or at least trying to seek answers to figure out like, what is happening to this body? But I think what we missed was the, and how are you feeling otherwise? Mentally, emotionally. And I think that that is a key part that I just, I guess, fully didn't realize. I viewed IBD very much as like this gut condition because that's how my kid GI explained it to me. She was like, "Hey, you have this thing. It's chronic, which means you're going to have it forever."

**Amy Bugwadia (11:40):**

And to a 10 year old, this idea of forever doesn't really, I don't think fully stick in your brain and it didn't for me. I was like, "Okay, great. So I take meds and I'm going to be fine." I think it wasn't until my first, really big flare two years later that I realized like, this is what chronic means. Oh no. And that's really where I think what I can now recognize as like grief kind of came in. Being able to name my emotions is a skill that I'm still working on and learning to do that. And I think that that was like the first part of my mental health journey. I didn't even realize that that was stuff I was feeling until now I look back and I realize, oh my goodness, wow, yes, there was a lot of grief, there was a lot of shame and stigma, and there still is sometimes.

**Amy Bugwadia (12:29):**

I'm south Asian and I love my culture, but I think that as part of that sometimes comes with a lot of extra stigma and shame surrounding poor health, if you will. And I put that in air quotes, right? Disability, chronic disease, and then mental health is on like a whole other like, oh, we don't talk about this. And so I don't think my parents purposefully were like, "We're not going to ask you how you're feeling." They loved me and they cared so much, I just don't think that they knew like, hey, saying, "How are you feeling both physically and emotionally?" Would've really, I think helped given me that vocabulary earlier to recognize, I guess my experiences with mental health.

**Amber Tresca (13:18):**

Dr. Naftaly, there are support groups available for people with IBD. They can be online, they can be in person, but I'm wondering, how do you think patients might benefit from joining these support groups? Because I don't think that everyone thinks about going to one, especially when they're first diagnosed.

**Dr Jessica Naftaly (13:40):**

Yeah. I like how you phrase that. It's important for patients to think about why they want to seek out a support group. Is it for informational purposes? Is it for emotional support? Is it to hear about other patients with IBD and their experiences? And so when thinking about support groups, they can be really helpful and beneficial. And also some patients find them very overwhelming. And so similar to, I think, with the stigma of coming into therapy and thinking that you're going to need this forever and you're going to be in therapy forever, I think sometimes people have that misconception about support groups too, that once you start going, you have to keep going. It's never something you can stop.

**Dr Jessica Naftaly (14:18):**

And that's really, that's not true. You can use support groups for what you need. And so if you need to attend a couple of sessions with a support group and then you're doing well from an IBD perspective, don't necessarily need that support anymore, you don't have to keep going. But they can be helpful with, again, just learning information and also getting to hear other people's experiences with IBD as well.

**Amber Tresca (14:41):**

I think that's right. There can be times when patients get together for whatever reason, even just social things. And when you start sharing stories, it can be really overwhelming. We have to be kind of cautious in this way. I know that on this show, I often ask people to talk about some of, probably the worst things that have ever happened to them. And I'm well aware of that and try to be respectful of it and processing all of it can be a lot. Do you have any suggestions if someone feels overwhelmed by a support group in that way but they still need some kind of peer support? Is there something else out there that they can do?

**Dr Jessica Naftaly (15:31):**

I think, again, coming back to what's the reason for attending the support group? So if you want just general information, maybe it's something where you're reaching out to other IBD advocates and looking at their websites and their information online. Maybe you're reaching out to the Crohn's & Colitis Foundation and looking at resources there. If it's overwhelming to kind of share your experience, because I think sometimes patients can feel overwhelmed with that, once you hear other people sharing their experience, it tends to become a little easier. Some of that anxiety about sharing those down a little bit. Maybe you also need a one-on-one support versus a group setting.

**Dr Jessica Naftaly (16:04):**

So I know like the Crohn's & Colitis Foundation has that peer to peer support. Maybe you're reaching out to a friend one on one versus being in a larger setting. I'm sure Amy and Amber, you both have made really great relationships with other people in these support groups. And they're people that probably you reach out to as needed as well. And so, again, it doesn't have to be something that you're attending all the time.

**Amber Tresca (16:28):**

Amy, you're involved in the IBD community in a variety of ways. You're not a stranger to support groups, formal and informal. What do you do when you're in your feelings? Who do you reach out to?

**Amy Bugwadia (16:40):**

I think to echo Dr. Naftaly's idea of this, like why, right? What are you reaching out for? What do you need? This is a very timely podcast I will say because this week I got a lab test result back and my inflammation is very high. And just last month, my colonoscopy was beautiful and we started weaning off of medication and unfortunately things are not going great. I remember seeing that test result come in and I kind of already knew I was already feeling terrible for the past couple days. And I saw the little notification from my health. My dad was with me. We were answering an email or something, but I told him, I was like, "Oh no, the result is in." And then I said, "Can you go away for a sec actually? I kind of want to be alone."

**Amy Bugwadia (17:32):**

And I think that surprised him, but he respected it. I saw it, very high inflammation, not what I was hoping for. And I started crying a little bit and he kind of came back into the room. He's like, "Do you want mom? Do you want me?" And I'm like a fully grown woman, but also sometimes a girl just needs her parents. But I appreciated, the reason I'm sharing this story is because I really appreciated that he asked that question, "Who do you want?" Because I think sometimes the folks that are really close to us in our lives, and obviously they do know us really, really well, but that doesn't always mean that they know exactly what we need in every moment.

**Amy Bugwadia (18:15):**

And so I was really lucky in that moment realizing like, wow, I do have this group of folks that I can go to, one of whom I can go to if I need like an IBD person to be like, "Yes, I fully get it, this

sucks." Another person who like, she's very much like a planner. If I literally just want a distraction and someone to tell me fun stories, I have a friend for that too. So that's great because I think that social support system is really enhanced by the fact that I know who I can go to for what type of emotional support, if that makes sense. And if I forget to articulate exactly what I need, this happened last night, I was just texting a friend about this and I was like, "I'm still feeling terrible." I do need to sit and check myself first to see, okay, what do I need in this moment before I then go and rely on and use my wonderful support system, I guess, if that makes sense.

**Dr Jessica Naftaly (19:13):**

I also want to say too that knowing what you need is really hard to figure out. It's not something where you just kind of know it automatically, it takes time and practice and trial and error. And so setting boundaries and advocating for yourself is not something that comes overnight either.

**Amy Bugwadia (19:31):**

Yeah, absolutely. Going back to my parents' story, after I said, I was like, "Yeah dad, if you guys could just give me a hug." Afterwards, they were hugging me, but then I just started to feel more sad. It helped for about a minute and then I was like, "No, this hug is too long." I was too in my feelings and I was like, "Thanks guys. I think I want to be alone now. I think I want to watch an episode of Friends to take my mind off of it." And I think that's also, yeah, even I have been going through this for like 13 plus years and yes, Dr. Naftaly, absolutely.

**Amy Bugwadia (20:12):**

It is so difficult to name what you need. And I guess going off of what you're saying, I 100% want to say like, what you need can change literally by the minute. And that's okay too. But trying to I guess start that practice of just even trying to assess your needs even if what you pick is maybe not exactly what you need, at least we're getting in or trying to get into that habit. And that's like a coping mechanism. That's challenging, but it's definitely, I think helped me longterm.

**Amber Tresca (20:42):**

Right. Yeah, for sure. And I think we tend to normalize a lot of things. And as IBD patients, maybe we should be seeking care sooner rather than later for the challenges that we're having. So I'm wondering, Dr. Naftaly, how can our friends and family look out for us? And what are some of the red flags that if they see us exhibiting those things that we should probably be encouraged to seek out some more help?

**Dr Jessica Naftaly (21:07):**

When it comes to anxiety, depression, we think about when is it time to seek mental health treatment? When is it time to get some other professionals to help? Is if you're noticing that it's really hard to do the things that you typically do and typically enjoy doing, or it takes longer to do those things, you find yourself delaying doing those things. You're anxious about, for example, going out with friends, because you're not sure if you're going to have access to a



bathroom and you consistently keep doing that over and over and over again. Noticing if stress and anxiety about IBD is impacting your relationships, your work. Noticing it's becoming harder to cope with the IBD.

**Dr Jessica Naftaly (21:45):**

Those are just some good kind of check-ins that family members can ask about for patients with IBD, but then also patients can ask themselves those questions. I think meeting with a GI psychologist or a mental health professional who has expertise in working with chronic health conditions, especially IBD can be really helpful to learn some of those coping skills to help when things are a little bit more difficult and to use those skills when needed. But we can also meet with patients when they're doing really well too. It can be a good opportunity too from an IBD perspective, it can be a good opportunity to learn those skills.

**Dr Jessica Naftaly (22:24):**

And when you don't have fires that you're having to put out, like when you're newly diagnosed, for example. From a caregiver perspective, I think it's important for them to also pay attention to what they need as well from their own mental health. We know that caregivers experience fatigue and stress and loneliness, and it's common for them to experience those things. And so seeking out their own mentalhealthcare if needed can be helpful too.

**[MUSIC: About IBD Transition]**

**Amber Tresca (23:07):**

Dr. Naftaly, do you have any recommendations for resources that patients can use to address their mental health concerns?

**Dr Jessica Naftaly (23:13):**

Yes, there's luckily a lot more than there was a couple of years ago. So lots of more resources for patients. The Crohn's & Colitis Foundation has a fantastic mental health and IBD website with a bunch of different resources, videos. Dr. Riehl contributes to a lot of that and a lot of our other GI psych colleagues also did as well. So they have good resources. If you're looking for a mental health provider who has expertise in working with patients with IBD, the Rome Psychogastroenterology Association has a provider directory. You can search by insurance and by location. And so you can find a mental health provider that way.

**Dr Jessica Naftaly (23:52):**

Unfortunately, there's not a ton of us yet, but we're growing. We're a growing field. So if you can't find someone in your state or near you through the Rome Foundation's directory, I suggest looking on a website called Psychology Today. On that website, you can search by location, insurance. And then under the, I think it's like at the concerns tab, you can check the box for chronic health conditions. And so although that therapist may or may not have expertise in IBD specifically, they will have some expertise in treating patients with chronic health conditions.

**Dr Jessica Naftaly (24:25):**

So those are kind of the main resources I direct people to. Another good resource if you want to learn some relaxation skills or just diaphragmatic breathing, there's a fantastic video of Dr. Riehl and Dr. [inaudible 00:24:40] from Michigan Medicine practicing diaphragmatic breathing. And so that's a really great video to watch on YouTube just to learn some brief relaxation strategies.

**Amber Tresca (24:48):**

That video from Dr. Riehl is on frequent replay in my household. It is wonderful. And I will absolutely put it in the show notes. I'm always sending it out too. So I'm so grateful that she put that together. Amy, same question for you. Do you have any tips or resources for patients that you'd like to share?

**Amy Bugwadia (25:09):**

Absolutely. I think going back to what we were talking about earlier, this idea of support groups has definitely helped me as someone who has both attended a support group and now as a support group leader, I think that that can be a really wonderful more formalized approach to getting support. The Crohn's & Colitis Foundation does let you, if you hop on their website, you're able to search up and see if there's a support group near you. I know they also have some virtual support. I personally am a support group leader through Generation Patient, which is for young adults with any type of chronic medical condition, including IBD.

**Amy Bugwadia (25:52):**

And we actually call it a support network because I'd like to think of us more as like a squad of friends kind of hanging out every other Sunday, talking to each other. So I guess like in that same vein for all of our young adults out there, the Crohn's & Colitis Foundation does have a wonderful national council of college leaders who post Mental Health Monday, little tips and tricks and sharing all about their own IBD journeys. And I think for me, going on the social media profiles and sites that have featured folks just like me who also have IBD has been immensely helpful as a form of mental health support just to realize that I'm not alone.

**Amy Bugwadia (26:35):**

And if you're looking for someone, kind of like a one-on-one mentor or peer and don't know where to look, the foundation also has the Power of Two Program that I am a mentor for. And that's also been a really fun way to connect with folks. And finally talking to your GI. I definitely did not realize that that was something I can/should bring up until a lot later in life. But definitely your GI wants to know how you're doing, not just how your gut is doing, if that makes sense. So talking about those concerns, my advice definitely too, I'm a person who has all these concerns and then when I go into the 15 minute appointment, I'm like, "Yeah, I'm doing good." And then that's the end.

**Amy Bugwadia (27:20):**

And so at the beginning, bringing up, saying, "Hey doc, I want to talk about this, but I also had a few mental health questions for you. So definitely I would appreciate if we could get to that."

And they can provide more specific resources in terms of if you're looking for something more clinical.

**Amber Tresca (27:41):**

We talked about Dr. Riehl's video of, her breathing video, which I just love and I send to people all of the time, but I'm also wondering what you all do for yourselves. So let me start with you, Dr. Naftaly, is there something that you do for yourself that helps you deal with your day-to-day stress?

**Dr Jessica Naftaly (28:02):**

Yes. I love listening to podcasts in addition to About IBD but love podcasts, love going on walks. I'm a big college basketball and volleyball fan. So when we're in season, I love watching that as well as just playing and shooting some hoops. And through the pandemic, I've gotten interested in paint by numbers. So I've been doing some paint by numbers as well. The mix of creating, mix of exercise, like doing those things.

**Amber Tresca (28:31):**

Right. Engaging all the different aspects of your brain it sounds like as well as your body. Amy, same question for you. We've talked about quite a few of the things that you do for your mental health. Are there any others that you have go to that help you get through the stress of living with a chronic illness? And then of course, all of the different roles that you play in your life and in your work?

**Amy Bugwadia (28:51):**

Yeah. One thing I don't think I've mentioned yet is I guess just this idea, like, I know we've talked a little bit about knowing yourself and your needs. One thing that's helped me conceptualize who I am as a person is sort of this idea actually of the five love languages, not in the romantic sense, but in just like a self-love language kind of way. And I realized, wow, I am a words of affirmation type of girl for sure. 100%, if you tell me you have a test on Friday, I will, remember, I will text you Friday morning, say, "Good luck."

**Amy Bugwadia (29:25):**

When I was an RA in college, I would leave little sticky notes on the doors of my residents. Like, "Hi, I hope you have a great day." And I do the same thing for my students in their binders now. And so for me, one thing I've started to explore as well is just this idea of writing. I know snail mail, I don't know if that's in or out at the moment, but I love writing notes and getting things in the mail. And so I've been practicing actually watching these calming calligraphy videos and yeah, this is like a new development in my life, but I love it.

**Amy Bugwadia (29:58):**

I bought some markers and some pens and I've just been... And I think for me, just that calming motion. I've actually been practicing trying to sync my breath to it. Because for me, I know meditation is a good idea to try, et cetera, but my mind wanders and I need more structure. And so if I can listen to a guided meditation or a guided... Right now I'm trying to fuse my love

for lettering with also the breathing. And that's actually been an interesting fun thing for me. And I think bringing joy to other people makes me so happy and likewise, because then sometimes I'll get a letter back and that's always really fun.

**Amy Bugwadia (30:43):**

And I think partially this is going to sound so silly, but I will share it with you all. As part of the words of affirmation, I think sometimes I want to give my future self some affirmations. And so what I started doing in college actually is I would take a bunch of sticky notes and write nice things to myself and hide them around my room and in my textbooks and all over. And so then it's like a random act of kindness for my future self when I open a drawer and I'm pulling out a sock and then I see this little note, I'm like, "Oh, thanks past me."

**Amy Bugwadia (31:17):**

And so, anyway, it sounds silly, but I think that's a way that I exercise my words of affirmation love language both to other people, but also to myself, which I think just, it's a fun little surprise to get in the middle of the day. And I also keep a bunch in my medicine cabinet. I keep one by my injection medication, like in the fridge. I'll slip a little note to myself, that way it's like, woo, go you. You did the injection today, which is always, I think like a fun little pick me up.

**Amber Tresca (31:47):**

I love postcards. Everywhere I go, I have way too many postcards. I send them out all of the time, sometimes after a long day or a hard day. I love the idea that you are bringing breath work into it. That's something that never occurred to me. I'm also a poor meditator, if that's what we want to call it. Amy, when we are finished here and offline, I'm going to get your address so that we can be-

**Amy Bugwadia (32:16):**

Likewise.

**Amber Tresca (32:16):**

... postcard buddies, because it is so fun for me. And I have quite a collection of postcards from everywhere I go. I need to be stopped at this point from purchasing any more postcards. I really don't. I will probably never live long enough to send all of the ones that I have. Thank you both for coming on About IBD to discuss the psychosocial impacts of IBD. And I'm going to put so many things in the show notes, and I really appreciate everything that you do in the community. Dr. Naftaly, Amy, thank you so much.

**Dr Jessica Naftaly (32:49):**

Thanks for having us. I appreciate it.

**Amy Bugwadia (32:51):**

Thanks so much for having us.

**Amber Tresca (32:57):**

Hey, super listener. Thanks to Dr. Jessica Naftaly for sharing the tools and resources IBD patients can use to address their mental health needs. GI psych is a growing field, and I know its future is in good hands. She shares more great information via her Twitter account, which is @Dr.Naftaly. Thank you also to Amy Bugwadia who does so much for the IBD community with grace, humility and good humor despite the many challenges this disease throws her way. You can connect with her via Generation Patient, or on Instagram as Miss Amy B. Links to a written transcript, everyone's social media handles, and more information on the topics we discussed is in the show notes and on my episode 116 page on [aboutibd.com](http://aboutibd.com).

**Amber Tresca (33:46):**

As always, you can follow me, Amber Tresca, across all social media as About IBD. Thanks for listening. And remember until next time, I want you to know more about IBD.

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