

Using Willpower: Set Yourself Up For Success

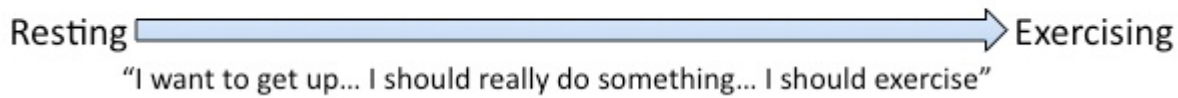
Many consider September to be the 'other' New Year because its arrival signals the end of summer vacation and the start of school. This return to routine and so-called 'regular life' is also a time when many people make resolutions to improve their lives and health. However, by the start of October, when life has resumed and schedules fill it can be difficult to keep up; commitments to new goals often waver. Understanding the psychology behind willpower can help you to harness your strength and succeed in whatever goals you set.

People mistakenly believe that willpower is an internal thing, a quality or an element of personality that some have but others lack. The truth is that we all have willpower and its abilities are limitless. But willpower is like a muscle: we can only use it so much before it tires and needs a break. Retailers know this, so it's no accident that low-cost-high-profit items like candy and magazines are located near the checkouts in the grocery store – after using willpower to make so many decisions throughout the rest of the store, shoppers are often so fatigued that by the time they make it to the cashier they have little left in the tank to withstand the temptations of sugary sweets and trashy magazines. Knowing how to conserve our important willpower resources and use them effectively greatly improves our chances of succeeding in realizing life goals.

One useful strategy is to break activities that require large amounts of effort into several smaller activities that each require less effort. Consider exercise as an example. It is tremendously difficult to begin an exercise routine because it takes a lot of energy and our environment may be set up to keep us sedentary. At the end of a busy day, going from resting to exercising may require more effort than is

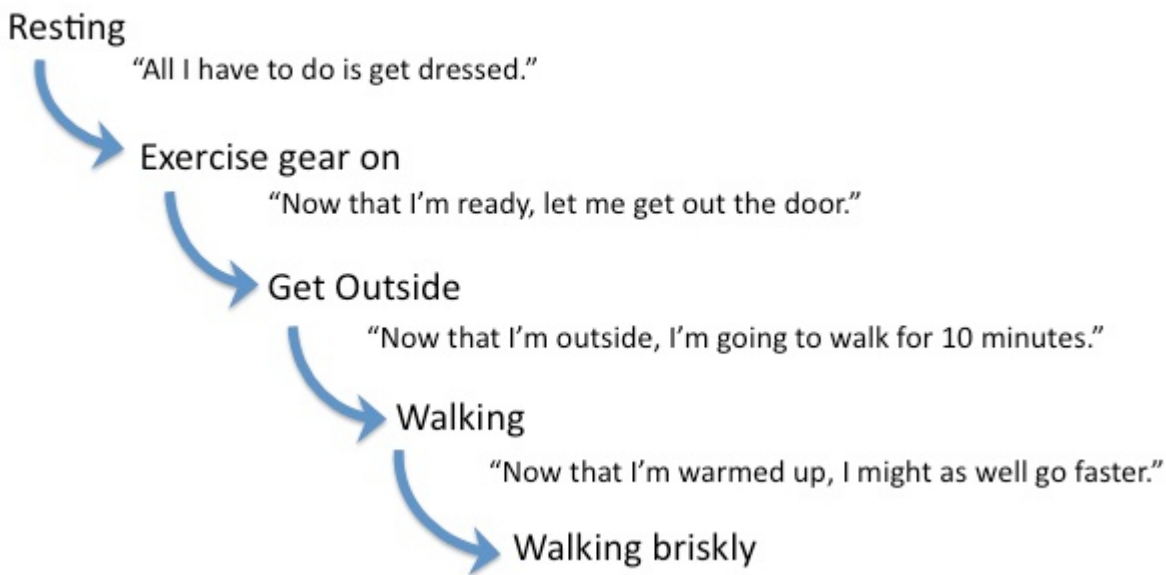
available, leaving us open to feeling defeated.

The hard way to exercise:



Although exercising does require a lot of effort, it's easier to start by avoiding using all of it all at once. Instead of doing it all in a single step, focus your willpower only on the very next step in the process: Put on your exercise gear. Once that's done it will become increasingly more likely that you'll take the second step and get yourself outside or onto the workout machine. From there it won't require much additional effort to begin. And once you've started, it will be that much easier to increase your effort to something that offers good health benefits.

An easier way: Using small steps to help you.



By focusing on small steps that you link into longer chains of action you can put yourself into contexts where your natural motivations take over and desired goals feel easier to achieve.

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Shift Cognitive Therapy Oakville is a psychology practice where we focus on helping people improve their lives.

Core Beliefs – The ‘I’ That is ‘Me’

If you ask people how old they feel, many will say they feel younger than their years, as if they're still a kid, existing somehow within the body of a much older person. This happens because we all have an 'I' existing somewhere within us that never ages and is somehow separate from our physical body. This 'I' is the 'Me' that we know ourselves to be, the collection of stories and beliefs that have accumulated over the whole of our lives and contribute to our impressions about who we are and what we can and cannot do.

You can get in touch with that 'Me' simply by considering whether you would be willing to do something outrageous. Would you go sky-diving right now? Get on stage and sing, dance or tell jokes in front of a hundred people? Would you run a marathon? Would you switch careers and do something totally different? Regardless of whether that little voice in your head said "Sure" or "Never!" the fact that your little voice said anything at all demonstrates that you too have a collection of stories that tells you who You are and what is and isn't possible in your life. Psychologists call these core beliefs.

Core beliefs are formed in our earliest years when we have only the most basic ability to understand the complexities of the world. When we feel afraid as children, when we're

separated from our caregivers or when they're angry, our young brains instantly create terribly unsophisticated stories to explain why those things happened. The theme of the stories often goes something like 'There's something wrong with ME that made that painful thing happen. It was my fault.' (Of course, the stories can be positive as well.) The brain accepts those stories as The Truth, carving them into the granite of our knowledge base, and we move on from there forever believing that that is just how things are.

Core beliefs are tenacious and sticky, meaning that they hold onto their existence with a fierce intensity, bending facts to fit them, blinding vision so we cannot see things that don't fit and convincing us in so many ways that they are the real truth. Negative core beliefs try to convince us that no matter how much we achieve in life or which positive things happen, for some reason or another those things simply don't count, we're not really that good, strong or worthy. The beliefs influence our actions, resulting in choices that seem only to confirm what the beliefs say is true.

Examining and changing disruptive core beliefs, for example through cognitive behaviour therapy with a psychologist, can be a rewarding process. The world can suddenly seem much more open and available when we realize that the 'Me' I always thought I was is not the only 'Me' I can be.

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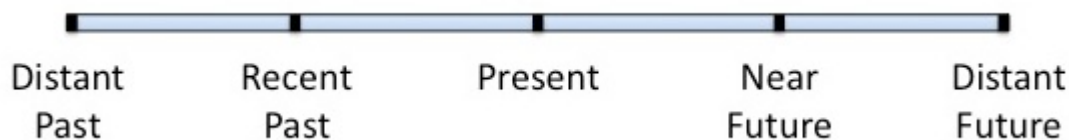
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Where is My Mind?

'Where are my keys? My glasses? My wallet? Where was I going just now?' These are questions that we ask ourselves all the time, to check-in, to make sure that we know we have what we should and are still headed in the right direction. They help us to orient ourselves because the events of daily life are always nudging us off course. 'Where is my mind at this moment?' is another orienting question, but one that we don't usually ask as often.

The mind has a mind of its own and no matter where we put our focus it inevitably moves on to something else. That the mind does this so automatically is perfectly consistent with many other bodily processes that also happen outside of our conscious control. For example, we don't typically know how to grow hair and fingernails, the body just does it. Thinking happens similarly: You can decide to think about something specific, like the name of your teacher from grade 3 or the route to a particular store, but as soon as you release control of your mind, it will take off somewhere all on its own.

The challenge for people who struggle with anxiety, worry or depression occurs because the body's [fight-flight](#) alarm and defence systems activate all by themselves, depending on what the mind happens to be thinking about. When the mind is off in the future, thinking about difficult things that *might* happen, the body feels fear. When the mind is back in the past, thinking about difficult things that have already happened, we feel emotional pain. These physical and emotional reactions can occur even when there are no actual threats or dangers in front of you in the present moment. This is the same process that allows you to almost taste or smell your favourite food even if you're only imagining a plate of it floating in front of you.



Try this exercise to begin coping better with anxiousness and depression. Find a place where you can sit quietly for a few minutes. Starting with your finger on the word 'Present' above, move it like a needle on a gauge so it's consistent with where the focus of your mind is meandering to. You might be surprised by how much your mind jumps from past to present to future and back.

Use this same exercise the next time you feel anxious, stressed, worried or depressed. Check-in with your thinking and see where your mind is at. If it's off in the future or back in the past, bring it back to whatever is happening right now, in the present moment. The present moment is the only one we have and it's the only one we need to cope with, ever.

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The Role of Attachment in Infancy on Later Mental and

Physical Health

The opening line from an award-winning video (see below) produced by two Ryerson University psychology students says it all when it comes to the importance of mental health: "It's not possible to talk about health without including mental health." Approximately 1 in every 5 Canadians experiences a mental health issue at some point in their lives and the quality of early childhood relationships can both buffer against and contribute directly to such problems. The video, which won the students a scholarship from the [Psychology Foundation of Canada](#), is about the role of attachment in infancy and physical health outcomes later in life.

'[Attachment](#)' refers to a system that is hard-wired into humans and other primates that seeks to maintain emotional closeness and physical contact with parents and other caregivers. An obvious physical benefit for very young primates is that proximity to a caregiver greatly increases the chances of surviving infancy. However, from a longer-term perspective, these early, emotional connections contribute to brain structures that enable the individual to be resilient to emotional stressors over the entire lifespan, an important feature considering that issues like anxiety and depression, which can affect both mental and physical health, often begin at times of high stress and significant life events.

Attachment manifests through a caregiver's responsiveness to an infant's emotional needs and bids for connections. When infants feel uncomfortable emotions, like sadness, fear and anxiety, they reach out to their caregivers. When caregivers consistently ease that discomfort, children feel soothed and learn that there is a safe haven in the caregiver that the infant can return to when feeling upset. Over time, repeated experiences like this become encoded within a young child's brain as mental models that say 'I can handle this,' 'I'm not alone in this,' and 'I am a worthy person.' Interestingly,

over time, this consistent and positive attention from the caregiver also contributes to the development of brain structures that enable the child to regulate its own emotionality in times of stress and upset. The link between attachment, mental health and overall health come from research that consistently shows that infants who have less certain (also known as 'insecure') attachments to their caregivers are more likely to experience colds, have more frequent visits to family physicians, and are more likely to experience depression and withdrawal, anxiety and physical disease, compared to infants with more certain (also known as 'secure') attachments to their caregivers.

Child-health experts featured in the video advise that attachment can be enhanced by even small changes in parenting. For instance, they suggest that parents can greatly boost their child's mental wellbeing and physical health by protecting them from stressors that the child is too young to handle, by striving to enjoy the child and to express that enjoyment both implicitly and explicitly, and by working to ensure that the backbone of the family remains strong by also attending to the caregiver's own needs and the needs of the parents' own relationship(s).

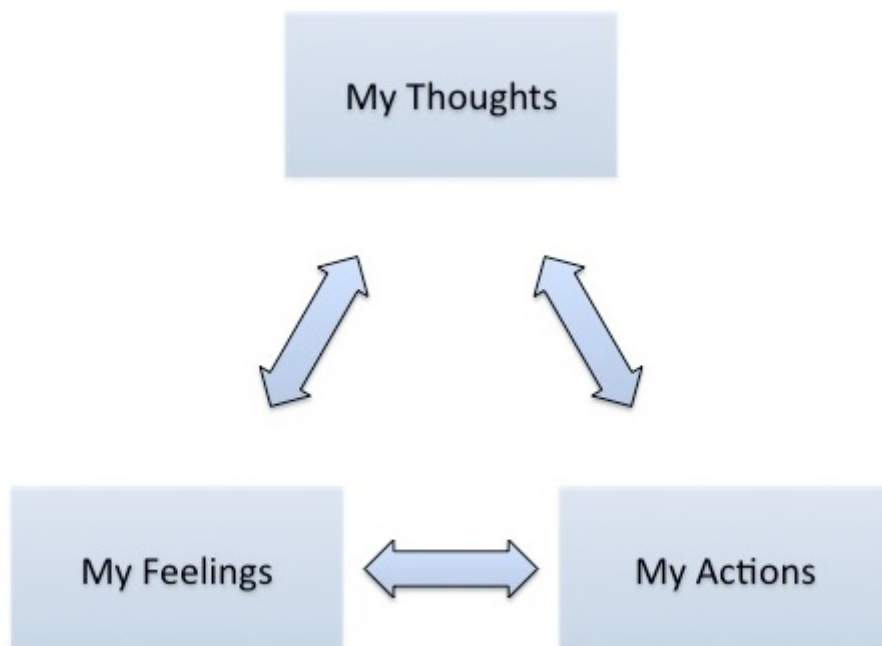
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How Do I Want to Feel?

This is an important question to get into the habit of asking because by asking it we learn that we can actively change how we feel. Yet it's a question most people often don't consider because of the idea that feelings aren't really under our control. In some ways, that's correct since the activation of feelings happens automatically: When something angers us, we feel angry; when something saddens us, we feel sad, etc. Emotions are biological experiences that just happen.

However, the cognitive model, on which cognitive behaviour therapy is based, proposes that thoughts, feelings and behaviours are all linked, each one able to influence the others.



From this perspective, we have the ability to change how we feel by changing our thinking or our behaviour. A concrete example will illustrate the process:

A man is feeling stressed one morning about a presentation he has to give at work that afternoon. He realizes that he's walking around his house with a furrowed brow, sighing heavily

and utterly preoccupied with how challenging his presentation might be. Aware that there are several hours between that moment and when his presentation is scheduled to begin, he asks himself the question 'How do I want to feel?' and decides he wants to feel calm instead. With that as his goal, the man begins the process of changing his behaviours to ones that are more consistent with feeling calm. He relaxes his face and other tense muscles, he takes note of his breathing and tries to breathe more calmly, and he slows himself down so he isn't stressing himself further by rushing. He also changes what he is thinking about to better reflect the state of calm he is looking for. Instead of continuing to imagine all the terrible futures he might encounter, he focuses on the things around him in that moment; he also thinks about a recent time in his life when he felt happy. Because he knows where he wants to end up, the man is able to change his course and get himself there. It isn't easy, though. When he stops focusing on calmness, his body occasionally drifts back into the stress. But knowing about the cognitive model, he is able to return to that state of calm as many times as he needs to.

Decide for yourself how you want to feel then take the time to change your thinking and your behaviour to bring about that desired state of feeling. We can all do this.

Understanding Depression

Almost everyone uses the words "I'm depressed" to describe how they are feeling from time to time. However, used in this way what it means is often unclear, referring to anything from feeling down or 'blue' to being stressed or run down. It is often the way people describe their feelings when they are not even sure what it is they are feeling (e.g., "I'm just not

feeling like my usual self. Maybe I'm depressed?"). Everyday feelings of depressed mood become problematic when they interfere with normal functioning and last for at least two weeks. Clinical depression can affect both the body and mind, changing how a person thinks and behaves, and how his/her body functions. It can disrupt some of the body's most basic systems, making the person feel unwell.

Signs and Symptoms of Depression:

- Feeling worthless, helpless or hopeless
- Overwhelming feelings of sadness or grief
- Sleeping more or less than usual
- Increased alcohol and drug use
- Staying home from work or school
- Eating more or less than usual
- Difficulty concentrating or making decisions
- Loss of interest in usual activities
- Decreased sex drive
- Thoughts of death or suicide.

Causes of Depression

There is no single cause of depression. Rather, a number of factors make some people more prone to it than others. These include upsetting life events, a genetic or family predisposition and psychological factors, like a negative or pessimistic view of life. Depression tends to recur. Between 50% and 85% of people who have had one episode of depression will experience others in their lifetime.

Effects of Untreated Depression

People who are depressed cannot simply "pull themselves together" and feel better. They often delay seeking treatment because of concerns that having those feelings means they are giving up or are weak. These beliefs are untrue. In fact, more than 17% of American adults will experience depression at

least once in their lifetime¹ and the World Health Organization lists depression as the 4th leading cause of disability worldwide². Untreated, depression can interfere with relationships and one's ability to function at work, and can increase the chances of drug or alcohol addiction. In severe cases it can also result in suicide. Without treatment clinical depression can last for months or years.

Systems Affected by Depression:

- Sleep-wake cycle
- Hormonal system
- Stress response system
- Immune system
- Gastrointestinal system

Notes:

1 Blazer, DG, Kessler, RC, McGonagle, KA, & Swartz, MS. (1994). The prevalence and distribution of major depression in a national community sample: The national comorbidity survey. The American Journal of Psychiatry, 151, 979-986.

2 Depression. Retrieved June 26, 2008, from www.who.int/mental_health/management/depression/definition/en/

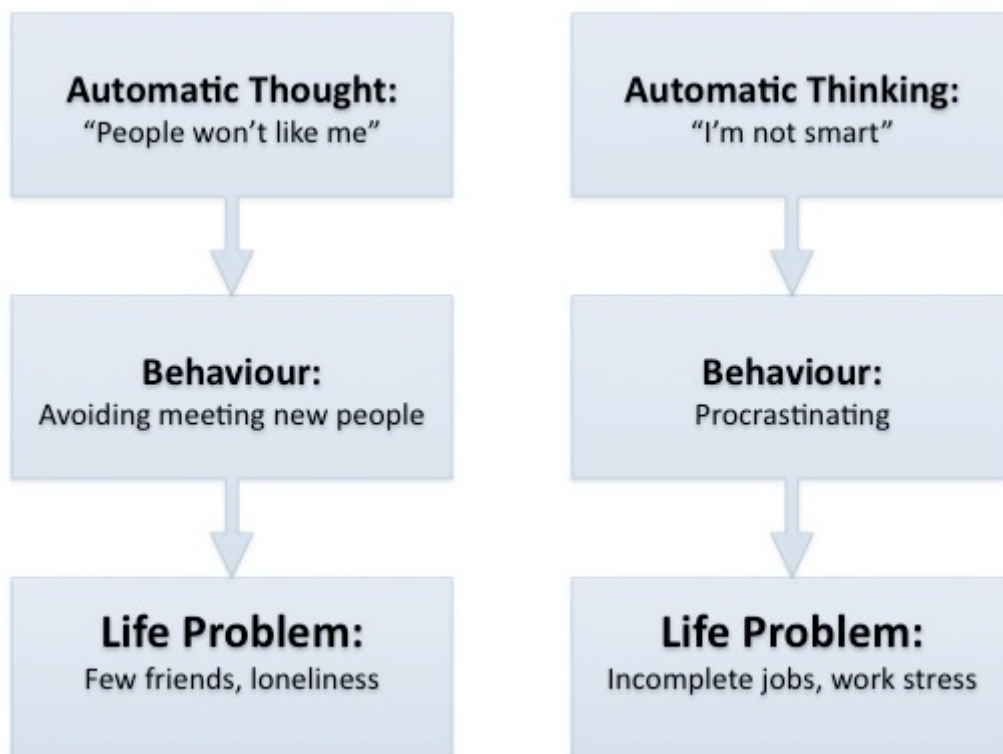
The Trouble With Automatic Thoughts

When we begin working with new clients, the psychologists at Shift Cognitive Therapy focus first on identifying why problems are occurring. A significant component of this process involves teaching clients to appreciate their patterns

of automatic thinking. We have some control over our thoughts (if you want proof, go ahead and think of something, then change your focus and think of something else) and we use that to harness our brainpower every day. But there is another part of our thinking that we can't influence quite as directly. An example of this can be drawn from the everyday process that our brain uses to categorize things.

If you saw a person walking a teacup poodle down the street your brain would instantly match that animal with others you have encountered before and let you know that what you were seeing was a 'dog.' It would do the same thing if you saw a much larger animal, like a Great Dane because the brain possesses a mental model for 'dogs' that is broad enough to include both breeds. The brain consults this model all by itself, without any need for conscious thinking (this process is automatic because it's part of the life support system we call the [Fight Flight Reaction](#)). The brain is continually taking in new information, sorting and collating it, and learning new things along the way. It is also using that same information to confirm what it already believes to be true.

Automatic thinking can be dysfunctional when it's based on old or incorrect information. For example, a lesson learned in childhood that one is weak might no longer apply once the person grows into an adult and learns how to ask for what they need. However, the brain might be so accustomed to believing that lesson is true that it no longer questions it and continues to act as if it is true. Such thoughts can influence behaviour in negative ways, resulting in life problems that appear to reinforce the incorrect belief and contribute to further challenges.



Once our psychologists understand the specific nature of each client’s automatic thinking patterns, we can begin the process of teaching skills to challenge such thoughts and develop more adaptive ways of living.

What Psychologists Do

Psychologists are highly trained mental health specialists who focus largely on behaviour, on understanding its causes and how to change it. While people are usually aware of much of what they do, a lot of behaviour occurs on the fringes of awareness and it is there, that it can contribute to problems. For example, arguing in relationships, eating or drinking when stressed, procrastinating, worrying and avoiding are all behaviours that can happen without full awareness. We can change those behaviours, but only by becoming aware of them and understanding why they occur.

Some psychologists do this by providing a supportive ear, listening without judging and asking questions that promote a different way of thinking. Others add a practical component, teaching skills and techniques the clients can use to feel better and function more effectively in life. Still others focus on formal assessments to identify and diagnose emotional, academic and neuropsychological conditions. Generally speaking, all psychologists try to understand the needs of the person seeking their services and tailor an intervention to meet those needs.

People consult the psychologists at Shift Cognitive Therapy in Oakville because of work/life stress, anxiety, phobias, excessive worry, depression, trauma, unexplained medical symptoms, medical issues with strong behavioural components (e.g., diabetes, drinking, obesity, pain), relationship issues and family issues, Attention-Deficit/Hyperactivity Disorder, child behaviour problems and learning issues.

Growing bodies of evidence show that psychological interventions are often less expensive than medication and are as or more effective than medication for conditions like anxiety and depression. This is because psychological interventions teach people to manage their symptoms, instead of masking them. When people feel more confident coping with their own issues they use the health care system less.

What Are Psychologists?

Many people are unsure about what psychologists are and what they do. This was illustrated in a [2011 survey](#) of Canadian attitudes about psychologists and psychological services. Most of the almost 3000 Canadians asked believed that family

doctors were the specialists to consult when it came to dealing with issues like anxiety and depression, addictions, dementia and coping with serious illnesses like cancer. Relatively few were aware that psychologists can be helpful with all of those issues. At the same time, 26% of respondents said they felt most confident in psychologists' abilities to help with mental health problems, compared to only 18% who stated having greatest confidence in their family doctor. These results suggest some confusion about what psychologists do and when it's appropriate to consult them.

Psychologists are experienced, highly trained mental health professionals who help people resolve all kinds of problems in their lives, including clinical issues, like anxiety and depression, and everyday concerns, like managing stress and parenting. Psychologists study and train in therapy skills, assessment and diagnosis for many years before being licensed to practice. In Ontario, all psychologists have a Doctor of Philosophy (PhD) degree, or the equivalent and attend university for about 10 years. Approximately 3,000 hours (or more) of their work is supervised during and after that period. By comparison, psychiatrists train for about 10 years and family physicians for about 6, but the amount of therapy training those clinicians receive varies widely. Psychologists are called "Doctor" and only psychologists can use the term "psychological" to describe the services they provide.

Follow these links for more information on psychology:

[Ontario Psychological Association](#)

[Canadian Psychological Association](#)

You Don't Have to Believe in Order to Change

Changing something we don't like about ourselves isn't easy. In fact, it can be quite difficult because there's nothing simpler than continuing to do what we're already doing.

A common pitfall that interferes with successful change occurs when we either give up too soon or fail to even start making change because we think we lack the qualities required to be different. A person who tells himself, "*I'll be more confident after I've lost this weight*" might conclude it's pointless to even start an exercise regimen. In the same way, an anxious person who is afraid to try something new might continue to feel stuck if she believes that she can't do it until her fear goes away. It's easy to lose hope, stop trying new things, and conclude that change is impossible when those future, better versions of ourselves fail to appear.

Change is a process that occurs in steps and it begins exactly where you are right now. A great example of this appeared in a Fibre One cereal commercial a few years ago. The TV spot opened with a scene of an expert surfer riding the biggest wave you can imagine. The words "Step 10,436" gradually appeared in the top corner of the screen. The next scene was of a bright, suburban kitchen, featuring a breakfast table set with a bowl of Fibre One cereal, milk, juice, toast, etc., and the words "Step One."

Making changes in our lives doesn't require a belief that we can do it; it just requires that we take action, one single step. From there, we can take another and then another, and before you know it, you've gotten somewhere.

Wherever you are right now is just fine because it's only from there that can get anywhere else.