
COMMUNICATION- FOCUSED THERAPY (CFT) FOR DEPRESSION

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Depression is a mental health condition that affects a significant part of the population at least once over their life span, significantly reducing the quality of life and impairing work and relationships. The condition is mostly treated with psychotherapy and medication. Communication-Focused Therapy (CFT) is a therapy form developed by the author which focuses on communication processes to treat the condition. Improving internal and external communication and awareness for the own needs, values and aspirations is effective against several symptoms of depression and increases motivation and compliance for therapy.

Keywords: depression, communication-focused therapy, CFT, communication, psychotherapy, treatment

Table of Contents

| | |
|---|----|
| Introduction | 3 |
| Depression | 4 |
| Flattening of Emotions..... | 4 |
| Negative Interpretations..... | 5 |
| Communication-Focused Therapy (CFT)..... | 5 |
| Analyzing Communication Patterns..... | 6 |
| Motivation | 8 |
| Communication Patterns | 8 |
| Insight into Communication | 9 |
| Building the Sense of Self..... | 10 |
| Meaning..... | 11 |
| Resonance..... | 11 |
| Relevance..... | 12 |
| Communication Exchange | 13 |
| Integration | 14 |
| Values, Needs and Aspirations | 14 |
| Internal Communication..... | 15 |
| Meaningful Messages as the Instrument of Change | 15 |
| Broader Experience..... | 16 |
| References | 17 |

Introduction

Depression is a general lowering of emotional experiences, while in the lighter forms it may just be a reduction of positive emotional experiences. This emotional disconnect from oneself leads to a less complete sense of self and lower confidence in oneself and the world. It affects the interaction patterns an individual is having with other people and himself or herself, which in turn can lead to various problems at the work place or in relationship, and from here to further depression and anxiety.

The symptoms of depression are the result of maladaptive internal and external communication patterns. If the exchange of meaningful information is disturbed within the nervous system or between the nervous system and the external world, the result can be a sense of disconnect, resulting in a less perceived meaning in the world, as well as having less information available which leads to inferior decisions. Thus, there is a vicious cycle in which an informational deficit about oneself and the world leads to depression and anxiety which leads to even more withdrawal.

An important step in overcoming depression is becoming inquisitive about how one communicates with oneself and others. In therapy the therapist can encourage observing the communication patterns a client uses, as well as the assumptions made in them about intentions, wishes and needs, values, and other factors that determine the quality, quantity and future of human interactions. All psychotherapies to date use the human interaction as the main instrument as the basic tool in the healing process. Unfortunately, they often focus on everything else but the human interaction in explaining how they work. While it is true that learned behavior and past experiences influence the severity of the symptoms, they do so via communication and are resolved by communication. In any instance where therapy works, it is a change in information flows and communication behaviors which brings about changes in the inner and outer worlds.

Depression

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings, and sense of well-being. A depressed mood can be a normal temporary reaction to life events such as loss of a loved one, a job loss, but also 'positive' ones, such as winning in a lottery or having sudden and spectacular success. All these events represent changes in the world which also require internal changes to adjust internal and external communication systems to the new reality. A job which is now suddenly more practical requires a different internal dialogue, less analysis and more exploration, for example, and different external communication patterns with colleagues compared to work in front of a computer screen. As long as these changes have only occurred partially or not at all, the patterns of how communication is communicated does not fit the situation. This can lead to feelings of being overwhelmed, withdrawal, emptiness and feelings of depression, or in some cases (hypo)manic states.

Flattening of Emotions

Depression leads to a disconnect. A patient is no longer able to access positive emotions to the same extent as before. However, at the same time he or she may also become disconnected to a varying degree from 'negative' emotions, such as sadness. In all cases, the individual suffers from missing out on important information about the own person. This then leads to negative feelings, possibly also fears and anxiety, because meaningful information is missing. To some degree it is possible to counteract this with activities that are meaningful to oneself. One may even say that in the best a depression weeds out thoughts and activities that are less meaningful. And in most cases short and especially the reactive depressive episodes are self-limiting. But in the more severe and longer lasting depression the disconnectedness from emotional signals accelerates the downward spiral of decreasing emotional connectedness and increasing ability to correctly send and receive meaningful messages. (Haverkamp, 2010, 2013)

Negative Interpretations

A depression leads to more negative interpretations of messages from the environment and from within oneself. As one attributes the cause of negative experiences to oneself and engages in self-blame, feelings of guilt, failure and incompetence emerge. At the same time, the own person, others and the world as a whole appear to be less meaningful and less relevant. This loss of meaning can potentially lead to dangerous situations of self-harm or even suicide. To prevent this requires an insightful and caring use of communication between therapist and patient.

It is important to realize that it can be the same information which reaches the patient but which is associated with more negative emotions and thus more hypotheses of negative consequences. A depressed affect can so lead to an increased selection of information associated with negative emotions, which can then lead to an even more depressed affect. The reason why this vicious cycle usually does not pose a problem is because positive information becomes more appealing, which pulls the individual out of the negative affective state. In a depression where emotional and other communication is inhibited already, it is more difficult for the autoregulatory mechanisms to work, which makes a spiraling into an increasingly depressed affect more likely.

Communication-Focused Therapy (CFT)

Communication-Focused Therapy (CFT) was developed by the author to focus more specifically on the communication process between patient and therapist. The central piece is that the sending and receiving of meaningful messages is at the heart of any change process. Communication processes are at the same time the instruments of change and their target. Any therapy has to lead to change. This can include changes in acceptance levels, new insights, learning processes and more. All these aspects are determined by communication processes and some are communication processes themselves. For the acceptance of a certain situation or emotion, for example, with the aim of reducing conflicting emotions and anxiety, one needs to learn about the situation or emotions and identify them and then put them into context with information from memory and use internal and external communication flows to reflect on them. If fear inhibits the information retrieval from memory this will not fully work. CFT aims, among other things, at reducing the fear of information retained in memory or communicated from others. This requires more

meaningful information rather than less which can be communicated more freely as the fears or other inhibiting factors decrease. The freer and more open the communication processes become, the easier it is for autoregulatory processes to counter unhelpful diversions from health affect states. However, this requires insight, reflection and experimentation in therapy.

Many popular forms of psychotherapy, such as Cognitive-behavioral Therapy (CBT), psychodynamic psychotherapy and Interpersonal Psychotherapy (IPT) define a format in which communication patterns take place that can bring about change. However, they do not address and work with the communication processes directly. In psychodynamic psychotherapy, there is the concept of transference and counter-transference which focuses on the result of communication processes. CFT in contrast attempts to focus on the process itself.

CFT attempts to analyze how information is exchanged, the various channels involved and how meaning is generated. Messages do not have to be contained in words, they can also be transmitted by facial gestures or any behavior of the send. To contain meaning they have to be relevant to the recipient and have the potential to bring about a change in the recipient.

Analyzing Communication Patterns

The first important step in therapy is to create awareness for communication in general. Humans are sending and receiving billions of messages every minute, and most of this runs automatically. However, for messages that can be processed by higher brain functions, whether from internal and external sources, there is the option to make these communication processes conscious. Particularly in interactions with other living organisms, particularly humans, communication patterns have evolved that facilitate the exchange of meaningful information between one brain and another. While most of this communication is outside consciousness, there are processes that let some of it pass the filter and bring it into consciousness. Creating greater awareness means putting the focus on these flows of information by observing the observable. For example, if a patient focuses just on her right hand, for example, while she is talking or on the timber in her voice, this creates awareness for a small aspect of the information in her interaction with another. Becoming aware of a thought that is repeatedly coming back and is followed by a feeling of anxiety may lead to the observance of internal communication flows. While the majority of

the information exchange in the human body, particularly on a cellular body, is not accessible to conscious awareness, the aggregate result is.

The emotional signals contained in a message are important because own emotions one becomes aware of can contain a lot of information. The brain uses a lot of information to form an emotion. To yield an emotion of sadness requires not only the information that a relationship has ended, but also the information about the relationship itself and potentially the relationships before, including information from interactions with one's parents, and so forth. In a therapeutic setting, all this information can be helpful to adapt strategies, or to design new ones, and help the patient to integrate all this information into his or her life.

The communication between therapist and patient gives clues about thought patterns and beliefs, which affect how messages from others are interpreted and how own messages are assembled and communicated. It also helps to get an idea for how a patient constructs meaning. What someone sees as meaningful and relevant is largely determined by own needs and wants, but also past experiences. When the patient begins to form new communication patterns or adapts old ones, it is helpful to help in identifying patterns that have worked well for him or her in the past. Sometimes new ones have to be constructed from scratch, if a patient has been socially isolated for a while, for example. It is then useful to rely more on the therapeutic interaction as a model to train new communication patterns. In some patients who have suffered from depression for a long time with social isolation this may be necessary, but also important to maintain the patient's motivation for the therapeutic work.

The importance of awareness is that it gives the patient a greater sense of hope and control when the depression causes hopelessness and despair. The journey patient and therapist take together in exploring and experimenting with communication in itself has a major antidepressant effect. It requires openness and insight which cannot be manualized. Communication has, however, universal rules which can be understood and worked with.

Motivation

Decreased motivation is a central symptom of depression which often makes therapy more difficult. It is no different in a communication focused approach. Experiencing what is possible in therapy can raise motivation significantly, but this requires at least some motivation to begin a therapy and makes it through the early stages. A communication focused approach may have the advantage here that it has material to work with from the time the therapist opens the door and makes eye contact with the patient. Another advantage on the motivational side is that a communication focused approach places emphasis on the interaction between patient and therapist, and thus the relationship, which helps to motivate the patient to wait and see what the therapy has to offer.

Communication Patterns

Humans interact on millions of communication channels at one point in time. Cells have their communication channels, and every information coming into the system and leaving it uses communication patterns. The reason why certain patterns have to be used is so that the other person can understand the message. A language can be seen as a form of communication patterns on a more complex level. We all communicate in patterns. However, unlike learning a language, people spend little time observing and reflecting on the other communication patterns they use all the time.

Two cardinal symptoms of depression are ruminations and selecting negative information. Many therapeutic approaches focus on the negative, for example, and try to unlearn them. This may work in the short-term but often fails in the long-term if the communication patterns with oneself and the world do not change. An external pattern may be how one could ask for information that could dispel the negative thoughts or an internal testing of the information. All these are modifications in external and internal communication patterns because they change which and how information is sent, how it is received and how meaning is extracted from it. All these steps can either be adaptive or maladaptive. Depression comes with maladaptive communication patterns which then cause even more maladaptive communication patterns. The way out is to create awareness for, reflect and experiment with these communication patterns, at first in a therapeutic setting and then in the real world.

Insight into Communication

In many instances, reflecting on one's communication patterns and strategies with oneself and others in concrete situations leads to insight about them. This is quite practical in nature. Observing communication patterns and trying out new ones is an important part of therapy. Since communication has different components one can focus on its components:

Person A

- Selecting information for a message (e.g. I am not OK with our weekend plans because I rather stay in the city; I need to communicate this to my partner)
- Encoding the information in a message (I will say it to him verbally; I want to be clear but cautious because we had a fight yesterday and he is feeling low today)
- Sending the message through a communication channel (using the speech system to say the words)

Person B

- Receiving the message through a communication channel (using the auditory system)
- Decoding the message into information (my partner is unhappy)
- Processing the information further (is she unhappy with me? I better don't go there.)

It is obvious from this example that communication has failed, as the feeling "I rather stay in the city" gets converted into "is she unhappy with me?" Some vital information is not transmitted even though both individuals have the capability to communicate anything they want. It is not difficult to imagine that person A could be an anxious person and person B a depressed person. The communication patterns they use may have served some function in the past, as they both seem to be protecting themselves from some negative emotional consequence. However, in the present they do not promote a more optimal outcome, which could take into account both their needs, values and aspirations. On the other hand, it is also easy to see how awareness, reflection and experimentation with new communication patterns can resolve the

problem, reduce the anxiety in A and lift the mood of B. That is what a communication-oriented therapy should do.

Maladaptive communication pattern can lead to the perception of more negative consequences and less meaning in the world. The former can be a filtering and interpretation deficit, the second often follows the first in the form of a disconnect or disengagement from the world. Insight does not have to lead to a change of current communication patterns, but in many cases also the development of new ones. In practice, this may also include considering situations which can facilitate better communication patterns, as the communication patterns one uses also depends on the communication patterns of the people one interacts with. This is also the basic dynamic when an individual is constantly exposed to other people who are stressed, anxious or depressed. Especially in infants and children who are still in the process of acquiring and forming communication patterns, an anxious parent, for example, can pass on some of the maladaptive communication patterns to the child. Depending on any helpful communication patterns already in memory and the effectiveness of autoregulatory processes, the child may adopt less of the maladaptive communication patterns than it might otherwise.

Observing and insight into internal and external communication patterns are both important. An individual suffering from depression is less likely to see messages as relevant and meaningful if the communication patterns that make up the feeling of being oneself have been compromised. The feeling of being oneself is itself the own observation of internal flows of information or communication. There is thus a strong link between internal and external communication patterns, which also explains how individuals can spiral into a vicious cycle of depression where engaging with the world can make the internal sense of dread and depression even greater, and vice versa. For example, a depressed person who pushes himself or herself to be more outgoing in a social situation often feels worse in the end.

Building the Sense of Self

Seeing relevance in a message requires knowing what one needs, wants, as well as one's values and aspirations. In short, it means knowing some basic parameters about oneself. When the self becomes more meaningful, the motivation and desires to learn or try out something new, including therapy,

increase. To give the sense of self texture requires awareness and identification of the own needs, values and aspiration, thereby attaching more subjectively perceived value to it.

The sense of self is awareness of certain communication flows in one's own body. These information flows can be sensory, emotional or other signals from cognitive processes or from memory. This is the reason why internal and external communication patterns play such an important role for the sense of self because they influence these information flows. If a patient uses an external communication pattern which interferes with social exchanges, the information flow from the outside world in this respect will be reduced which has an effect on the sense of self. Thus, exposure to meaningful communication and improvements in communication can be very effective in treating the symptoms of depression. Negative perceptions of oneself are reduced and the interactions with the environment improve, which in itself has an antidepressant effect. As the moods lift concentration, focus and memory problems tend to decrease because things feel more relevant consciously and subconsciously.

Meaning

Individuals suffering from depression often see less meaning in the things they do. In therapy an important part is to rediscover meaning, and find it in the things that are relevant to the patient. Relevant is anything that is close to his or her values, basic interests, aspirations, wants, wishes and desires.

Resonance

Resonance is when new information becomes meaningful because of the information the other person possesses, whether consciously or subconsciously. The interaction between therapist and patient is meaningful to the patient if what is happening resonates with the values, basic interests or aspirations of the patient. This also means that the therapist, consciously or subconsciously, needs to have a good sense of the patient's values, interests and aspirations, of what is relevant to the patient, which can also show in the symptoms and the situations in which the symptoms are triggered.

In therapy, patient and therapist look for resonance because it is necessary for the communication of meaning, which brings about a change in the patient. Often resonance can only be guessed by either patient or therapist, and it takes some amount of communication to find resonance. A good starting point is listening to what the patient is saying and otherwise communicating, since it reflects the information the patient already has, and which represents the foundation for resonance.

Depression makes the own information, particularly the emotional information less accessible, which can also lower resonance. However, while in most depressed patients resonance may become narrower, it does not cease to exist. Reflecting with a patient on everyday activities can help to find spots of resonance. If the therapist then uses an inquisitive and interested communication pattern to get information on what about this activity is valued, needed or aspired to by the patient, the patient's internalization of this pattern can help to form more adaptive communication patterns which can help against and prevent a depression.

Relevance

Depression makes everything seem less relevant as it reduces the spectrum of information that is available, including emotional signals. Less available information leads to less resonance, and thus less meaning which is extracted from messages from internal and external sources as well as less openness to new messages. Looking at a tree may, for example, not be as enjoyable anymore. The visual information about the tree still arrives in the brain as it always did, but the information stored in memory about the good feelings associated with a tree is tuned down. The actual tree has not changed, but it has become less relevant to the person.

Less relevance also means less focus, which could support an evolutionary explanation of depression. In times of stress, it can be helpful if one sees less relevance in the situation and withdraws. However, this may not be feasible in the world we live in today. One cannot just leave one's job from one day to the next. Rather, a common response to stress is often to work even harder, which can lead into burnout.

Relevance is a connection one has with things, people and situations. If something is relevant to what one needs, wants, values or aspires to, one is more likely to be open to information associated with it. If one

values being in a relationship, for example, one is more likely to be receptive to messages from a partner, if they are seen as relevant to the maintenance of the relationship. Although, one may not have enough information to judge what is relevant, and therefore focus on the wrong messages, or one may not understand a message. All this can be remedied with better communication patterns which lead to better information, and exposure to meaningful communication.

Changing a situation or one's perception of it requires taking stock of one's needs, wants, values and aspirations and then to make a change. If one is working in a job which does not seem relevant to oneself, an option, aside from quitting and finding another one, is to assess if a change in the work or one's perspective of it is possible that could align it more closely with one's needs and wants. This can be worked out in therapy. But whatever action one takes, just the doing it already helps against depression.

In therapy, rebuilding relevance through new communication patterns which bring a different focus and more useful information changes how the own person and the world are seen. It also puts the focus on better sources of meaningful messages. For example, if a patient gains the insight that he values staying in touch with a particular group of friends because they share his interests, he is more likely not to decline a lunch invitation by someone who is a part of that group. At lunch, this friend may tell him then what the other members of the group have been up to, which may help the patient with his own career choices as he shares their interests. Raising the level of resonance, and thereby the relevance one sees in oneself, others, activities, things and so on, is very effective in the treatment of depression and other mental health conditions because it lets through more and better information to make better decisions and raises the mood as the world as a whole seems more meaningful now.

Communication Exchange

Meaning is built within the communication processes in the therapy. The interaction between two minds can give rise to a dynamic, which carries the flow of meaningful messages and brings the process forward. Motivation for the process is usually maintained if the messages feel relevant and meaningful to the patient in the present. If emotions or thoughts about the past are brought to the center of attention, they are important to the extent that they are still relevant in the present. This relevance depends on the emotions they can induce in the moment.

The exchange of messages can be influenced by both partners to the interaction. The depression can be felt by both, since it interferes with the construction and free flow of messages. As long as the therapist is open and receptive to the patient's messages and tries to understand the communication dynamics and the patient sees the process as relevant, it can move forward. Since the patient and therapist have different neuronal networks and past communication (life) experiences they can induce change in each other through the communication of meaningful messages.

Integration

As change in the communication pattern occurs, the information flows within the individual also change. Since the self is a reflection on these communication flows, it can bring about a change in how a person experiences the own self. In the long run, the identified meaning is integrated into the self, which, depending on the meaningful information perceived, can make the self itself more meaningful and valuable. One derives meaning from interacting with oneself and with other people, and this is also how people build their sense of self. Thus, while personality stays largely constant, the sense of self can get a boost from exposing oneself to the right communication environment.

Values, Needs and Aspirations

Depression blurs what feels important to a patient, and the fit between values, needs and aspirations and the current life situation is usually reduced. Whether in professional or personal life, getting what one needs, values and aspires to makes happiness, contentment and satisfaction more likely in the long run. If I value helping people, I know what makes me happy and gives me satisfaction. Communication, whether internal or external, is the instrument, that makes individuals aware of these basic parameters and helps them to pursue them.

The basic parameters, values, needs and aspirations, change little over time. One may alternate between being hungry and not being hungry within hours but eating as a basic need does not change and nor does someone who is happy with being a vegetarian. To some extent these basic parameters seem to be built

into our biology, and it is not the therapeutic task to change them but to arrange the world around in such a way as to be able to live one's values, needs and aspirations. Working with and improving communication with oneself and others usually accomplishes that.

Internal Communication

Exploring interests, values, needs and wants requires becoming sensitive to one's own thoughts, emotions and physical sensation, to be open and receptive to the information coming in from one's body and mind. It is about feeling what makes one feel good and what does not. At the same time, it has to make sense and should fit together. If specific values and needs appear to be in conflict with each other, a combination of emotions and rational thinking is often helpful. For a depressed patient, this may not be an easy task, but to bring more structure and sense into a seemingly chaotic and disconnected world, can be helpful.

Internal communication can be practiced in therapy. Since there is a correlation between the communication with others and one's own internal communication, rehearsing and going through communication patterns in therapy, is often helpful to the patient outside of therapy, not only for the interactions with others, but also for the interaction with oneself. Values and needs can be clarified by talking to someone else and engaging in soul searching on one's own. An important experience in therapy should be that one can clarify one's needs and values by reflecting and communicating about them.

Meaningful Messages as the Instrument of Change

Communication in its various forms needs to be the target of therapy because it can be finely tuned and a change here can bring lasting change. The author has described this elsewhere (Haverkamp, 2017a, 2018). Communication-Focused Therapy has been developed by the author for several psychiatric conditions. (Haverkamp, 2017e, 2017b, 2017d, 2017c, 2017f, 2017g). In depression, the desired change is for a broader emotional experience, seeing more relevance in oneself, one's thoughts, emotions, and in the world as a whole. Adjusting, discarding and forming new communication patterns can lead to a reduction in symptoms that is more permanent than techniques the focus less on communication.

The actual instrument of change are, however, the meaningful messages which, provided they are encoded, sent and decoded, induce the change. As information in a message resonates and is processed with the already existing information, meaning is created which leads to changes in the future.

Broader Experience

If there is more meaning in oneself and the world, it is easier to focus on aspects of oneself and of the world. This expands one's experience of oneself and of the world around. Seeing more relevance and more sources of novelty and change in the world, increases one's experience of the world and makes this experience richer. However, it also requires that one engages with the world, which may be difficult due to anxiety cause by fears and other unresolved emotions. However, working with communication early in the therapeutic process often reduces any anxiety quickly as the patient learns to become aware of and experiment with communication and appreciates and gains insight into the predictability of communication.



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