Communication-Focused Therapy (CFT) for Bipolar Disorder

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***Abstract*—Communication-Focused Therapy (CFT) is a psychotherapy developed by the author, which can be applied to a number of mental health conditions, including bipolar disorder.**

***Index Terms*—bipolar disorder, communication-focused therapy, CFT, communication, psychotherapy, treatment**

I. Introduction

Bipolar disorder is characterized by mood swings in both directions, and although often the down phases tend to be more pronounced and worrying, manic phases can cause significant harm, often financial, to the individual. The less pronounced hypomanic episodes can over the long-run often cause professional, relationship and social problems when individuals work long hours on fleeting projects. The extremes can bring a level of uncertainty, which can lower self-confidence, and have so an effect of how the individual interacts with the world.

Communication in a meaningful way begins to break down when the affective diverges too far from 'normal'. The reason is that communication processes use signals from emotional states as important feedback information. In a more severely depressed or a manic state this feedback information becomes distorted or inaccessible. The result is that communication as a tool to get one's needs and wants met becomes less effective. The patient suffering from bipolar disorder can experience this disconnect in terms of emotionally communicating with oneself and interacting with others in both extremes, the depressed and the manic state. Even in the hypomanic state, the ability to process feedback is usually significantly reduced, which can lead to being less aware of one's own emotions and those of others. This often leads to burnout or social disconnect.

Communication is on the other hand also the tool which can be used to decrease the harmful consequences of the symptoms, and thus even the symptoms themselves, of a bipolar condition. Awareness about communication and the skills to shape and influence it are as important as a better understanding of how communication with oneself and with others works.

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A. Distorted Communication Patterns

Depressed and manic states affect the communication patterns with the world, by which they lead to difficulties and problems with the environment. It can be communication with oneself which makes the depression worse in the form of negative self-talk, self-doubts, and the sense of failure in the face of unrealistic expectations, while in (hypo)manic phases rushing thoughts and extreme expectations can strain interactions with other people, especially if they do not meet the high expectations the person has of itself.

As much as the connection with oneself can be heavily compromised during a depression, it may even be fully lost in a severe manic phase where everything around just becomes an extension of one's own grandiose self, which appears so powerful that its texture with the person's real needs, wants, values and aspirations is lost. All that remains is a perception that is removed from shared reality, and once it is seen for what it is, patients often are plunged into a severe depressive episode. A manic state is inherently fragile and unsustainable, but so is a hypomanic state in the long run.

II. Bipolar Disorder

Bipolar disorder, previously known as manic depression, is a mental disorder that causes periods of depression and periods of elevated mood. The elevated mood is significant and is known as mania or hypomania, depending on its severity, or whether symptoms of psychosis are present. During mania, an individual behaves or feels abnormally energetic, happy, or irritable. Individuals often make poorly thought out decisions with little regard to the consequences. The need for sleep is usually reduced during manic phases. During periods of depression, there may be crying, a negative outlook on life, and poor eye contact with others.

The condition is divided into bipolar I disorder if there has been at least one manic episode, with or without depressive

episodes, and bipolar II disorder if there has been at least one hypomanic episode (but no manic episodes) and one major depressive episode. In those with less severe symptoms of a prolonged duration, the condition cyclothymic disorder may be diagnosed. If due to drugs or medical problems, it is classified separately.

Treatment commonly includes psychotherapy, as well as medications such as mood stabilizers and antipsychotics. Examples of mood stabilizers that are commonly used include lithium and various anticonvulsants, although atypical (second generation) antipsychotics are used in their own right. Many individuals have financial, social or work-related problems due to the illness. These difficulties occur a quarter to a third of the time on average.

III. 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. Cognitive behavioral therapy (CBT), psychodynamic psychotherapy and IPT explain in their own ways how psychological dynamics work. [1] They help because they define a format in which communication processes take place that can bring about change, although they do not work directly with the communication processes or even give them the significance they deserve. CFT attempts to do so.

CFT has been described by the author for several psychiatric conditions, including OCD [2], social anxiety [3], depression [4], ADHD [5], psychosis [6], and others. Communication also plays an important role in diagnosis and the use of medication [7].

A. Information

We engage constantly in communication. The cells in our bodies do so with each other using electrical current, molecules, vibrations or even electromagnetic waves. The transmission of information is required for life and any developmental and adaptive processes. The ability to become aware and reflect on these information flows is something very human. It provides a means of control in some respects, but also reflects the enormous complexity of the world.

B. Communication Channels

People communicate with each other through a multitude of channels, which may depend on several organs or non-biological technologies and intermediaries. It does not have to be an email. Spoken communication requires multiple signal translations from electrical and chemical transmission in the nervous system to mechanical transmission as the muscles and the air stream determine the motions of the vocal chords and then as sound waves travelling through the air, followed by various translations on the receiving end. At each end, in the sender and in the receiver, there is also a processing of information which relies on the highly complex networks of the nervous system. Communication, in short, happens everywhere all the time. It is an integral part of life. Certain communication patterns can, however, also contribute to experiencing anxiety and panic attacks.

C. Autoregulation

Communication is an autoregulatory mechanism. It ensures that living organisms, including people, can adapt to their environment and live a life according to their interests, desires, values, and aspirations. This does not only require communicating with a salesperson, writing an exam paper or watching a movie, but also finding out more about oneself, psychologically and physically. Whether measuring one's strength at the gym or engaging in self-talk, this self-exploration requires flows of relevant and meaningful information. Communication allows us to have a sense of self and a grasp of who we are and what we need and want in the world, but it has to be learned similar to our communication with other people.

IV. Understanding Bipolar Disorder

Bipolar Disorder means that an individual experiences emotional upheavals and change in emotional states which can be disturbing and lead to a sense of instability which can be threatening to the sense of self and deeply disturbing. In the individual states, suffering is often more conscious in the depressed than in the hypomanic or manic states. When patients come out of the manic states, the sense of regret over huge expenditures, such as through gambling or seemingly random purchases, or other self-harming behavior can be great, and throw the individual into the next depression.

A. Affective States and Communication Patterns

Often, there are already maladaptive communication patterns before, that cause the problems in the relationship or interpersonal interactions. However, varying affective states can affect the overall communication behavior and communication patterns of the individual. Often this can self-perpetuate because a maladaptive communication pattern, with its loss of meaningful interactions, can deepen a depression or make a manic individual even more disconnected from his or her environment.

B. Uncertainty

The sense of uncertainty becomes greater as the affective states become more pronounced. With more effective and meaningful communication these extremes can be cushioned off, because autoregulation through feedback and felt support makes the extremes seem less extreme. Life has its ups and downs and through meaningful interactions with other people a patient can learn how to more effectively deal with these affective variations. This is how better communication can also improve the learning experience from others, which is an important objective in communication-focused therapy.

C. Communication Deficits

Areas which people often feel anxious about are where there has been an issue with their interpersonal interactions in the past. Early traumata, like a disappearing or abusive parent, stay unresolved. For example, if a parent feels fearful and angry with himself and this is picked up by a child, the latter may decode these messages correctly in that the parent is angry, but since the parent may not be conscious about it, the child does not pick up on the second important half of the message, that the parent has a problem with himself and his issue is unrelated to the child. Of course, one can learn to pick up on the self-blame and frustration of the parent, and therapists should become experts at reading between the lines in this fashion, but it requires experience, reflection and insight into transference and counter-transference phenomena, for example, to use the psychoanalytic terms.

States of depression and mania compromise one's sending and receiving of information. On one hand, there are the negative feelings about oneself and others in depression and the perceived low need for meaningful interactions in manic states which directly interfere with the initiative and motivation to engage in communication with others. On the other hand, the spectrum and openness of interpreting messages and creating new ones is also compromised. The result is that it takes more skills or extra energy to engage with others. Often, seeing more meaning and benefits in communication as a way to fulfill needs but also to see more in life in general can be motivating factors, if the patient sees a personal relevance to it.

D. Avoidance

Depression can lead to avoidance of others, which has the effect to reduce the mood of the individual even more. Manic states can have a similar effect in the manic state because the (hypo)manic patent gets less from interactions and there is probably a realization, at least subconsciously, that they are lacking in fulfillment, which can intensify the social withdrawal when the manic state wears off. In social situations, not interacting with others deprives the person of an important source of meaning about the world and oneself, while the lack of interactions with others can worsen ruminations in depressive states, which can put additional downward pressure on the patients' self-confidence. Avoidance can thus lead to an increase rather than a decrease in symptoms in the long-run, although the effect is probably larger in the short-run.

V. Meaning

Individuals suffering from bipolar disorder often see less meaning in the things they do, when they are in an extreme affective state. Even in a manic state, individuals usually experience less connectedness with the things they do, but rather a superficial elatedness about whatever their focus turns to. Seeing more meaning could capture the focus and make it less fickle in a manic state. 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. It stabilizes a person's thoughts and feelings, even in more extreme affective states.

A. Awareness

An important step in therapy is to make a person aware of how specifically affective states affect thinking and feeling. This is an important step also in discovering and reflecting on own inner thinking and communication patterns, which can also translate in better communication and interaction patterns with the outside world.

In a depressed and in a manic state, people tend to focus differently from other individuals. In a depressed episode, there is often a focus on worst outcomes and strong fears which are caused by it. In a manic state, the focus is on what could be great, irrespective of the likelihood that the event or situation occurs. Both extremes are signs of lower connectedness with oneself and the world around. Practicing the skills and right frame of mind to become aware of the disconnectedness is an important first step in building the connectedness with oneself and others to become more grounded in the shared reality.

B. Communication as a Requirement

Meaning depends on communication. Without communication, there can be no meaning. However, while communication is the mechanism, meaning is an outcome, but also the reason for its existence. Humans, and all other organisms, need to constantly change and adapt. Meaningful messages are what makes any form of change possible. Without information, which has the potential to bring about a change in the recipient (meaningfulness), there is no lasting change. This is an important reason why anything that interferes with an effective exchange of information, such as

the extreme affective states in bipolar disorder, impede adaptive and beneficial changes, including changes in communication patterns and behaviors itself.

VI. Experiencing the World

The world is experienced filtered through the affective extremes. In a depressed episode the world seems like a depressing place, in a manic state like a manically exciting place. As already mentioned, both are not sustainable because of the suffering cause by the affective state in the former and by the consequences of one's actions or inactions in the latter. Over time, the world is experienced as essentially unstable, which then has an effect on how one sees oneself.

To break through the vicious cycle of affective instability, in which depression or the aftermath or a manic state increases the depression and the resentment and negative feelings about oneself, it is helpful to focus on identifying what is meaningful and having more of it in life. The reason is that these parameters remain relatively stable over a person's life-time, and being able to experience them also increases the feeling of stability and confidence in oneself. This is how developing skills and insight into one's own communication patterns and an awareness of those of others can contribute to greater emotional stability and sense of cognitive calm.

Communication helps in identifying and finding meaning, either communication with oneself or with others. The exchange of messages is like a learning process in which meaning can be identified, found and accumulated. Through meaningful interactions one accumulates more meaning, more connectedness with oneself and the world and reduces the need for thoughts and behaviors which are triggered by fears, guilt, self-blame and other negative emotions. This also helps against depression and anxiety.

A. Seeing More

Perceiving more meaning also makes interacting with others and oneself more meaningful. This has a positive effect on one's interaction patterns, how and in which one ways one relates to one's environment and exchanges messages with it. The interactions in the therapeutic setting are important sources to generate more meaning in the world. They also help the patient to create more meaning in self-talk or through helpful thought patterns.

In a manic and in a depressed state, patients see less of the world. The crucial question is how to translate seeing more in a normal state into the affectively extreme states. The answer lies in an awareness that one's preferred interaction patterns with oneself and others really remain constant over time, even if the affective states change wildly. Most people are not consciously aware of them, but trying to identify and work with them can help in depressed and manic episodes. For example, someone who talks about all the projects she wants to complete in a manic state, may also have a latent wish to do those things in a normal state. If it relates to teaching something to the world, for example, a preference to do so may also exist in a non-manic state. Having more information about her wishes, needs and aspirations can help her find more happiness in the normal state and keep her closer to what is meaningful and relevant to her in a manic state. This is an example for how communication preferences and needs, values and aspirations are interconnected, and an awareness of their specifics in the individual case are very valuable in helping patients to manage the more extreme affective states.

B. Building a World that Works

The world the patient lives in is subjective to the patient. However, if the perceived cause and effect relationships in that world diverge too much from the shared world, the patient will be less successful in getting the own needs and wants met, or even worse, the world seems to make less sense, which can lead to a disengagement from it. If communication is already affected by the more extreme affective states, it becomes even less helpful.

CFT focuses on helping patients to build both, an internal and an external world that works for the patient, while respecting the individuality and distinctness of the person. The tools to make this work is through communication, the interactions between patient and therapist, which then translate in the patient's greater skills in interacting with the environment, with other people, organizations and the communicating world as a whole. This has then usually also an effect on the communication a patient has with oneself.

VII. Values, Needs and Aspirations

The feelings of instability brought about by changing affective states may make it more difficult for someone suffering from bipolar disorder to connect with oneself and identify the basic needs, values and aspirations. While one does not necessarily have to be conscious of them, they are particularly helpful in times of instability or even crisis. They also play a role in identifying the communication patterns which work best for oneself.

A. Adaptive Communication Patterns

Communication patterns that match the values, basic interests and aspirations of a person are usually the ones that are supportive and make people feel better in the long-run. Often, when affective instability has been present for a longer period of time, individuals are apt to develop patterns of interaction with themselves and other which are maladaptive in the sense that they do not help an individual pursue and obtain what is relevant and valuable to him or her. In manic

states or depression communication patterns often become less adaptive, and often even self-defeating, but the degree often depends on how skilled one is in observing and identifying them. The more practice one has in observing and reflecting on communication with oneself and others, the lower is the chance that one diverges from adaptive communication patterns, even when a strong affect is present. However, for this to work, often a lot of practice is needed, which can be started and supported in psychotherapy.

VIII. Meaningful Messages as the Instrument of Change

Communication is the vehicle of change. The instruments are meaningful messages which are generated and received by the people who take part in these interactions. In a therapeutic setting, keeping the mutual flow of information relevant and meaningful brings change in both people who take part in this process. The learning curve for the patient may be steeper in certain respects because he or she spends less time in this interaction style than a therapist.

A. A More Meaningful Reality

Seeing more meaning in reality helps in both, depressed and manic states, to stay closer to a more accurate perception of reality and anchor oneself more firmly in a reality that seems more relevant. Some famous writers and inventors suffered from bipolar disorder, which seemed to influence their descriptions of the ups and downs of life. However, one does not have to suffer from bipolar disorder to experience life intensively. It is more likely that the affective poles make experiences that are unrelated to negative of positive feelings less accessible. The bipolar disorder may only make a non-creative activity more painful and less tolerable than another person might experience it. Seeing the world, and various aspects in it, as more meaningful is what everyone can accomplish.

B. Communicating Better to Communicate Better

More awareness of and insight into one's own communication patterns, as well as an eye for those of others, allows one to better experiment with them and find styles and processes which fit oneself better and lead to a happier and more successful life. In the case of bipolar disorder, this helps to ground the person better to shared reality, where own needs and wants will best be met. Manic states and depressed episodes both are affective states that can be lessened in their intensity by accepting them, seeing them for what they are, but without making one's communication patterns with oneself and interaction patterns with other people dependent on them. Especially in the lighter cases, such as cyclothymia, the changing feelings vis-à-vis oneself and vis-à-vis the world may even be used to the individual's benefit. Different affective states can lead to a change in perspective, which can lead into new insights about oneself and the world. Such an approach can even lead to a 'disappearance' of the bipolar condition, by integrating it into one's experience of oneself, others, and life itself.

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