

# Communication-Focused Therapy (CFT) for Depression

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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 depression.

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

## I. INTRODUCTION

DEPRESSION is contrary to public belief not necessarily a ‘bad’ feeling, but one where feelings flatten out, a state of ‘non-feeling’. There are various forms of depression, and in the case of an atypical depression there may only be a mild or no decrease in the patient’s mood. The latter shows primarily in problems with sleep, eating, concentration or any of the other symptoms that might be associated with a depression. Treatment resistant depression is a common clinical problem. Studies have shown that many patients with depression do not have a satisfactory clinical outcome despite adequate trials of antidepressant drugs. Something else is missing.

What is missing quite frequently is that patients’ interactions with themselves and others has not changed. However, these aspects are not only significant how one feels about oneself and the world, but also one’s sense of efficacy in the world. As these parameters are lowered, the depression is strengthened.

Interacting with oneself and the world rests on communication, an exchange of meaningful messages. Meaningful messages have the potential to bring about a change in the recipient, which is particularly important in depression which often comes with cognitive rigidity and a lack of meaningful changes.

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## II. 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 of sense of self and lower confidence in oneself and the world. It also affects one’s interaction patterns with other people and oneself, which can lead to various problems at the work place, in relationships and other social realms. This in turn can lead to more depressed thoughts and feelings in a vicious cycle.

### A. Finding Out

An important step in fighting depression is becoming inquisitive about how one communicates with oneself and others, looking at the communication patterns one has learned to use, the assumptions one makes about the other’s and one’s own intentions, wishes and needs, one’s values, and many other factors that go into a human interaction where messages are exchanged. All psychotherapies to date work with the human interaction as the basic tool in the healing process, although this may be mediated through several layers of technology. CFT focuses on the actual communication forms and patterns patients use in communicating with the world, and with themselves.

### B. Using and Changing Communication Patterns

In order to work effectively with communication, it is first important to become aware of it. This happens when one thinks about one’s thoughts and interactions and reflects on the dynamics. A therapy session can be a place for this. In the long run, the patient should be given the tools to do it on his or her own.

## III. 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. Such changes in life events can trigger both, episodes of depression and also hypomanic or manic episodes, in which one experiences elation and accelerated thoughts. Physical illnesses can also cause episodes of depression. The common thread in depression is the reduced use and effectiveness of communication, which may be almost absent, in some more severe forms of endogenous depression. This includes the communication with oneself and others.

#### A. *Flattening of Emotions*

Depression can make sadness and anxiety more prominent and accessible to the individual. However, this is often part of emotions as a whole becoming less accessible. Normal emotional processes seem slowed down or inhibited. This is not unlike the emotional flattening which can also occur as a side effect of several antipsychotic drugs. [1] Depression is not primarily an increase in 'negative' emotions' or a decrease in 'positive' emotions, but a loss of access to emotional information in all qualities. In severe cases of depression, patients describe the resulting experience of emptiness as particularly painful.

#### B. *Negative Interpretations*

Situations and events in the world become more likely to be interpreted as negative, as do one's own actions and thoughts. These interpretations are often relating to the own person, one's sense of self, resources, strengths and weaknesses, and one's values. As one sees oneself as causing negative consequences about oneself and the world, self-blame, feelings of guilt, failure and incompetence emerge. At the same time, the own person, others and the world as a whole have progressively less meaning and relevance to oneself. Especially, this loss of meaning can potentially dangerous situations of self-harm or even suicide. To prevent this requires an insightful and caring use of communication between therapist and patient.

### IV. 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. CFT has been describes by the author for several mental health conditions, such as anxiety and panic attacks [2], social anxiety [3], psychosis [4], ADHD [5], bipolar disorder [6], eating disorders, personality disorders, and more.

Many popular forms of psychotherapy, such as Cognitive-behavioral Therapy (CBT), psychodynamic psychotherapy and Interpersonal Psychotherapy (IPT) define a format in

which communication processes take place that can bring about change. However, they do not address the communication process directly.

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.

#### A. *Analyzing Communication Patterns*

The first step is to get a sense for how the patient communicates with himself or herself and the world around, which is necessary to use communication in a therapy session exactly. It is first important to determine how the individual at the moment communicates about his or her emotions, needs and wishes, and reacts to messages from a therapist and others. The emotional side is 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.

#### B. *Insight into Communication*

The second step is to use this insight in helping the patient to deal with various issues and everyday situations. Often, developing insight and applying it to real world situations run in parallel. In many instances, reflecting on one's communication patterns and strategies with oneself and others in concrete situations leads to insight about them.

Insight into the own communication patterns one uses, especially in depression, because they can be so maladaptive that they actually lead to a perception of more negative information about the world and oneself and make the depression worse. 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 be helpful in using better communication patterns. After all, the communication patterns we use are related to the communication patterns of the people we interact with. Choosing a job or a social environment that fits better to one's own personality and interaction styles can reduce depression or anxiety.

Insight into communication with others as with oneself are both important because they inherently related to each other. An individual suffering from depression is less likely to see messages as relevant and meaningful because the own sense of self is reduced. The less patients have a sense of themselves the less likely they are to see a relevance in the information reaching them, whether from inside or outside.

### C. *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. Increasing a patient's motivation in learning more about oneself can usually be achieved by making the self more meaningful. In conditions with a perceived weakness or fragility of the sense of self, such as Borderline personality disorder or dissociative conditions, this needs to be done with great care, while success in it can help a patient suffering from these conditions greatly.

The sense of self is the point where one perceives where all the information coming in from the body and the mind seem to be integrated. To have a self thus requires to be able to perceive information flows and be able to think about them. In depression, where the information flows may be less rich, partly because things seem less relevant, the sense of self will also feel less rich in content.

## V. 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.

### A. *Relevance*

One common problem in depression is that patients see less relevance in others, activities, situations, and also themselves. This lowers the initiative and motivation to do things.

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 from it and about it. If one values being in a relationship, for example, one is more likely to be receptive to messages from the partners, if they are seen as relevant to the maintenance of the relationship.

If one is suffering from a depression, things seems less relevant and one is less open to information from or about them. However, this can increase the relevance even further. From an evolutionary perspective, this may just be one of the reasons why depression, or the predisposition for it, has not been eliminated altogether. In times of stress in a situation, it could be helpful if one sees less relevance in the situation and withdraws. However, in the world we live in this may often not be the best option. We have more options to change a situation than people in the Stone Age did.

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 in itself helps against depression.

### B. *Resonance*

In depression, the exchange between therapist and patient itself can be meaningful, but the messages which resonate with the patient are what brings about the change, whether coming from him or her and repackaged by the therapist or messages which pick up on themes that are of relevance to the patients, and where the therapist adds information viewed from a new perspective.

The interaction itself can be 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.

### C. *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 made 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.

In the long run, perceived meaning can be integrated into the self, which also makes oneself more meaningful as a whole. One derives meaning from interacting with oneself and with other people, and this is also to a large part how the self is constructed.

#### *D. Reconnecting with the Emotions*

An important route to awareness of the emotions is through thinking, despite a common perception that one actually has to be less 'rational'. Thinking requires focus, but it allows observing internal and external flows of information. One's memory provides information from experience, such as how one probably felt in a certain situation. For example, a particularly heated argument with a close relative means there must be emotions attached to the relationship. The specific events may also lead one to the conclusion that there may be love and anger at the same time. The emotions are there all along, but the insight makes these emotions accessible to conscious awareness. Reflection and memory are thus important resources in reconnecting emotionally and accessing information which would otherwise stay outside of conscious awareness.

Except for the most severe cases of depression, the powers of reflection are usually remarkably intact. The loss of motivation and initiative to do things improves when patients feel that something is relevant and meaningful to them. The basic processes of how one communicates with oneself and others often remain fascinating and helpful, even in individuals who have completely, or near completely, withdrawn socially.

### VI. VALUES, NEEDS AND ASPIRATIONS

Often, individuals suffering from depression have become uncertain about what is really important to them and the fit between these values and interests and their current life situation. Whether in the professional or romantic realms,

getting what one needs and values leads to more happiness or content in the long run.

#### *A. 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.

#### *B. Feeling More of Oneself*

The more one engages with oneself, the more detailed and more intense the sense of oneself becomes. It is important to remember in this context, that it is not potential 'negative' feelings which are the problem, but the sense of feeling less. A patient who can express sadness is usually at less risk of falling into a dangerous low, because expressing the sadness reflects a connectedness with oneself and another, which helps counteract the depression.

### VII. 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 depression, the desired change is for a broader emotional experience, seeing more relevance in oneself, one's thoughts and emotions, and in the world as a whole.

#### *A. 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.

### *B. The Power of Communication*

A sense of what communication does, how it connects people and also gives the internal workings of oneself a structure and predictability through its autoregulatory and adaptive processes, can give patients who suffer from depression a greater sense of certainty and efficacy in dealing with themselves and others around them. Developing insight into internal and external flow of information and meaningful messages, as well as experience in experimenting with communication in various ways first-hand, can provide important tools to stop the processes of depression.

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