

Communication-Focused Therapy (CFT) for OCD

Ch. Jonathan Haverkamp

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

Index Terms—OCD, obsessive-compulsive disorder, communication-focused therapy, CFT, communication, psychotherapy, treatment

I. INTRODUCTION

OBSESSIVE-COMPULSIVE DISORDER (OCD) is frequently difficult to treat. Cognitive Behavioral Therapy (CBT), interpersonal psychotherapy and psychodynamic psychotherapy are often used to treat OCD. However, they rely on explanations of why they work, such as learning, internal conflicts or relationship, which seem to neglect the fundamental process which is common to all psychotherapy, communication.

Communication-focused therapy (CFT) has been developed by the author to address some of the aspects that are missing in other schools of therapy. Especially in the case of OCD, communication as an instrument not only of diagnostic and delivery of new skills but as an instrument of healing in itself is often overlooked. However, in OCD unhelpful communication styles and patterns with the world and oneself are frequently very obvious to the therapist.

II. PSYCHODYNAMIC PSYCHOTHERAPY AND CBT

Both therapeutic approaches have shown effectiveness in the treatment of anxiety and panic attacks. [1] Both have theoretic foundations and explanations about why they help. The former sees learning processes about certain thought processes as central, the latter psychodynamic processes that bring about a change. Psychodynamic psychotherapy generally focuses more on the interaction between patient and therapist than CBT. The former also has a more elaborate

Jonathan Haverkamp, M.D. works in private practice for psychotherapy and psychiatry in Dublin, Ireland. The author can be reached by email at jonathanhaverkamp@gmail.com or on his website jonathanhaverkamp.ie. Copyright © 2016 Christian Jonathan Haverkamp.

framework for intrapsychic processes, without going so far as seeing the latter as a form of communication the patient has with himself or herself. CFT regards meaningful messages that are transmitted inside the brain also as communication.

Many types of therapy seem to neglect the communication process and the changes in them which ultimately brings about changes in the patient and in the patient's interactions with the environment. The difference between CFT and interpersonal psychotherapy (IPT) is that the latter focuses more on the interpersonal setting and situation than the communication processes.

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. CBT, psychodynamic psychotherapy and IPT help because they define a format in which communication processes take place that can bring about change. However, they do not work directly with the communication processes. CFT, however, does so.

CFT has been described by the author for depression [2], psychosis [3], anxiety and panic attacks, social anxiety [4], ADHD [5], bipolar disorder [6], eating disorder, and several other conditions.

IV. UNDERSTANDING OCD

OCD and anxiety are related to how people communicate with themselves and with others. They often occur when a relationship breaks apart or some other interpersonal change or issue causes. The result is often communicative patterns that are maladaptive to the individual. These changes in communication patterns are what causes then the problems to the individuals.

Often, there are already maladaptive communication patterns before, that cause the problems in the relationship or interpersonal interactions. These patterns can be analyzed and changed. Another important element is that communication

can also take place on the inside of the individual.

One reason why the thought patterns in OCD can occupy so much space is that often the condition occurs in life when the patient can identify less meaning in the world to begin with. Anxiety and, often as a result, OCD worsen when there is a disconnect from the environment and oneself because the patient sees less meaningfulness in oneself and the world. Although genetic variations and neurotransmitter receptor variations have been identified which are correlated with a higher likelihood of having OCD, humans do have a significant influence on how information is processed in the brain, and what information is selected to begin with.

V. MEANING

Individuals suffering from anxiety and OCD 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. The more one sees that particular thoughts or actions are relevant to one's own life, the easier it is to engage in them and the more likely are they to become a meaningful part of one's life and oneself.

Intrusive thoughts in OCD appear relevant to one's life, and this is what makes OCD harder to treat than many other conditions. An important step in therapy thus is to make the person aware of how OCD affects one's thinking. The intrusive thought itself is not the problem, as they occur in most people. Individuals with OCD process these thoughts differently. They experience emotions and attach a relevance to them which seems to make them meaningful and relevant to the individual. Especially the emotions that are triggered cause yet other emotions, such as fear leading to anger or a need for security, which maintain the thoughts and rituals in OCD.

To break through the vicious cycle of OCD, in which emotions like fear and anxiety cause safety thoughts and behaviors, which in turn reinforce feelings of fear, loneliness, sadness, and so forth, it is helpful to focus on identifying what is meaningful and having more of it in life. 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.

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.

VI. VALUES, NEEDS AND ASPIRATIONS

Often, individuals suffering from anxiety or burnout 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 makes happy in the long run, everything else does not. If I value helping people, it is important that I do that to make me happy. At the same time, I might value time spent with friend and spending time by myself. It is important that I can do this in the long run, because otherwise I will not be as happy as I could be.

Getting an eye for what is meaningful helps in identifying own values, needs and aspirations. In this sense, meaningful communication is a learning process in which a sense for relevance can be nurtured. Changes in one's life begin with the ability to select and filter information, such as that contained in perceptions and thoughts, to make it useful. In OCD, this filter does not work efficiently. However, through interactions with the outside world, the filter with regards to the inner world can be reestablished and maintained.

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 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.

VIII. CONCLUSION

Clearly, more research is needed to provide clinicians with better guidance in making treatment decisions, especially in light of accumulating evidence that the longer patients are unsuccessfully treated, the worse their long-term prognosis tends to be. However, with the clinical experience and the study results we have so far, a lot can be done, particularly in the combination of psychotherapy and medication, to alleviate the suffering of patients.

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