

Communication-Focused Therapy (CFT) for Psychosis

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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 psychosis.

Index Terms—psychosis, communication-focused therapy, CFT, communication, psychotherapy, treatment

I. INTRODUCTION

PSYCHOSIS means losing touch with reality in one's perception of what is real. It is thus a failure in meaningful communication.

Many schools of psychotherapy are reluctant to work with people suffering from psychotic symptoms, although underlying most of them is the belief in the effectiveness of interpersonal communication, the 'talk therapy'. Since in psychosis there are patterns of communication patients have with themselves and others that are maladaptive in the sense of getting own needs and wants met, using therapy to change them can be very helpful in the treatment and management of psychosis.

A. Reality

When people speak of reality, they really often mean shared reality. Shared reality is the perceptions other people have. It does not necessarily mean that this is the 'true' reality, but it is how the majority of people see the world. If one lives among a commune of acute schizophrenics, the shared reality will be very different from that of a group of librarians without mental health condition.

A reality works in which communication, the exchange of meaningful messages, works. One's perception of reality should facilitate communication with oneself and others, rather than impeding it. In other words, one's view of the world should help interacting with oneself and others. The symptoms of psychosis interfere most with a patient's quality

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of life where they impede communication, internally or externally.

B. Shared Reality

The shared reality may not necessarily be the 'best' reality. Someone could be happy interpreting the world in a different way. Part of the shared reality is due to a shared anatomy and physiology; another is due to common experiences. The advantage of adopting a shared reality is that communication with others becomes easier. This is one reason why obtaining an understanding of a patient's perceived reality early in therapy improves the communication between therapist and patient significantly.

C. Flows of information

Psychosis affects how information is processed. Besides medication, helping people to have a different perspective on the flows of information and process them differently is an important way to treat psychosis. By helping patients to receive more information and be more perceptive to reality, they can also 'build' a reality which causes less suffering and is better suited to have their needs and wants met.

D. Sources of Information

An important feature of reality is where one perceives that information is coming from. If one hears voices, internal thoughts are misinterpreted as external voices, or if one feels pursued by a secret agent, an aggressive emotion, for example, leads to an aggressive person in the outside world. Better insight into communication and learning communication skills can also help the patient to better localize sources of messages and build a more stable view and sense of reality.

E. Disconnect

Psychosis often leads to a disconnect from one's emotions, which can cause emotional flattening, although it may be difficult to distinguish which part of it is due to the underlying condition and which is due to antipsychotic medication [1]. Working with communication in general usually helps to

improve the internal communication patients have with themselves as well. This lowers the disconnect from oneself a patient may experience.

F. Learning through Communication

Learning to identify better the sources of information, inside one's own body and in the outside world, can help to attach the correct meaning to a sensation or a voice one hears. This can be trained in the communication space of a psychotherapeutic setting. Practicing communication and reflecting on it helps the patient to develop greater insight and sharpen his or her communication skills.

Learning about communication usually includes a theoretical psychoeducational component and a practical component. Engaging in communication can be important to increase one's confidence and skills in the process. At the same time, better proficiency in communication also makes any other learning processes easier.

G. Resources

Patients suffering from psychosis often lose a sense of their own resources because the self becomes fleeting and less accessible. In the therapeutic interaction, through the communication process a more stable distinction between the inside and outside worlds can be established, which strengthens the sense of self, and thus makes the own resources more accessible.

Using communication more optimally can, for example, compensate for various cognitive impairments which are often a part of psychosis. Certain strengths can be used better if the communication with oneself and the world around improves. Resources can also be easier felt and relied upon if one communicates better with oneself, which may include being better at identifying where information comes from, especially if it represents an emotion, what it means, and how one can react to it.

II. PSYCHOSIS

Psychosis is an abnormal condition of the mind that involves a loss of contact with reality. People experiencing psychosis may exhibit personality changes and thought disorder. Depending on its severity, this may be accompanied by unusual or bizarre behavior, as well as difficulty with social interaction and impairment in carrying out daily life activities. Generally, psychosis involves noticeable deficits in normal behavior and thought (negative symptoms) and often various types of hallucinations or delusional beliefs, particularly with regard to the relation between self and others as in grandiosity or paranoia (positive symptoms).

Unfortunately, psychosis as a diagnostic term is often used after other reasons have been excluded. It may therefore be more illuminating to think of psychosis as a mental process involving changes in how information flows and how these flows are interpreted, which can occur in various psychiatric conditions.

A. Misinterpretation of Sources of Information

As the information can no longer be correctly attributed to an outside or an inside source, the individual experiences own thoughts coming from outside in the form of voices or people on the outside as part of internal mental processes and might experience this as people having influence on the own thoughts. From the differently perceived localization of perceptions and messages a different reality is constructed. Since the pieces often do not integrate as well into it as in the shared reality, gaps can result, which then lead to fears, often of an intense and existential nature.

B. Misinterpretation of Messages

A misinterpretation of messages is different from a misinterpretation of the sources of information, but they often seem to go hand in hand in psychosis. The conviction that someone is pursued by a neighbor, who is a spy, can be a misinterpretation of an emotion towards this neighbor as a (real) outside event, while a smile from the neighbor in the hallway can be interpreted as her satisfaction about having made a plan to harm the patient, which would be a misinterpretation of her original message of saying 'Hi'.

A misinterpretation of messages usually occurs with respect to the universe of the patient, emotionally and perceptually. When focusing on the communication in therapy, it is therefore important to first get a sense for the universe the patient finds himself or herself in, both perceptually and emotionally. This information allows the therapist to build a better rapport with the patient, since the messages from the therapist will be interpreted by the patient within the context of this universe.

C. A Diversity of Symptoms

A host of symptoms can be deduced from the underlying mechanism. Psychosis is often used descriptive term for the hallucinations, delusions and impaired insight that may occur as part of a psychiatric disorder. More correct would be to use it to describe the alterations in information recognition and processing. Some symptoms can be due to a misinterpretation in the source of the information, or as a misinterpretation of one's own position relative to the source of information, while others are clearly due to a misinterpretation of the messages.

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, and use it to help the patient acquire more insight and better skills in it. The central piece is that the sending and receiving of meaningful messages is at the heart of any process leading to changes in thoughts or external situations. CFT has been developed by the author for several mental health conditions, including depression [2], OCD [3], social anxiety [4], ADHD [5], eating disorder, bipolar disorder [6], and others.

CBT, psychodynamic psychotherapy and IPT help because they define a format in which communication processes take place that can bring about change without focusing on them. [7] CFT tries to be more efficient in a therapeutic sense by focusing on them more directly.

A. *Facilitating Communication*

At the start when treating psychosis, it may appear difficult to engage in a constructive communication process. However, meaningful information usually elicits a reaction in living organisms over time. Even in mental states which seem very closed off, the brain still receives and processes information streaming in from the external world. Persistence, often combined with effective antipsychotic medication as a supporting instrument, usually help to get patients to a point where they get used to exchanging meaning with the other and fears decline, which facilitates communication even more. It is important to remember that it is almost impossible not to communicate.

B. *Communication is Life*

We engage constantly in communication. The cells in our bodies do so with each other using electrical current, molecules, vibrations or even electromagnetic waves. People communicate with each other also through a multitude of channels, which may on several 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 PSYCHOSIS

In psychosis the internal and external worlds cannot be distinguished as accurately anymore. They seem to blend into each other. This can cause various symptoms that are then summarized as 'psychotic'. However, each symptom should make sense in the context of the patient's communication patterns as well as the life experiences and emotions the patient faces, which influence the content of the psychosis. Having an understanding for what is happening, is important because it also helps make the patient feel more secure.

Another feature of psychosis is a more or less strong divergence from the patient's perceived world from the shared reality, maybe one aspect which allows artists with intermittent moderate psychosis to paint stunning works of art. This divergence is largely driven by emotions or thoughts which become disassociated from the fabric of the patient's self and personality.

V. MEANINGFUL COMMUNICATION

When an individual suffers from psychosis, a first important step is to help the patient see meaning in the communication process, particularly a relevance to own needs and interests. This helps to build and maintain the motivation which is necessary for a communication oriented therapeutic process. It also helps the patient build a greater sense of efficacy when interacting with his or her environment.

Since the communication process is usually significantly affected in psychosis, it may seem even more difficult to identify and interpret meaning in the messages. This is, however, not necessarily the case. To the contrary, patients suffering from psychosis often see meaning in the world in places where others do not. The drive to see meaning and meaningful connections in information from oneself and the world has not decreased, but the supply of information has.

A. *Learning about Communication*

The first step is to learn about communication, to see how it works, what its constituents are and the purposes it can serve. Often it helps to go through examples that may be of special relevance to the patient. Analyzing them and looking at different options and different outcomes help to illustrate to the patient the importance of the process.

For the learning process, it is important that the therapist has a sense of the patient's perceptual and emotional world. This enables the therapist to use communication styles and messages which are interpreted by the patient not as hostile, deferential or lacking in empathy. Early in the therapeutic process the interaction should help to build a strong and stable therapeutic relationship. This is already part of the learning process and should come first.

B. *Observing Communication*

Splitting up communication and being able to identify its components helps to observe the process and the variations, large and small, in it. Observing is not only a learning experience, but also helps to develop interest for it and see the possibilities in influencing and shaping interactions with others. An interaction can exist in many shapes and forms, while the underlying communication processes adhere to common rules and laws. It helps the patient to appreciate the common underlying mechanisms, which can increase trust in the process and a sense of stability in the world, and, at the same time, to see an interaction as a dynamic group of interacting communication events.

Important is that the patient learns to be able to look at the bigger picture, to observe communication as it takes place, whether it involves the patient or not. This essentially requires being able to take a step out and away from oneself to observe the dynamic without engaging in it at the same time. Over time, this becomes automatic enough that observation and engagement can alternate in one's awareness so quickly that they seem to be simultaneous.

A patient can learn about communication if the therapist reflects and comments on what happens in the communication space between the patient and the therapist. This teaches the patient patterns and skills through the expertise and experience of the therapist. However, it requires that the therapist has this expertise and experience. Especially for a psychotic patient, it is important to show this not just in theory, but also in practice through trying out new communication experiences which then translate into new perspective of the world and oneself.

C. *Experimenting*

Experimenting with communication in its different flavors can give the patient a greater sense of effectiveness with respect to the environment as well as oneself. It gives patients

a greater sense of being in control, which is helpful because patients with psychosis often experience helpless and hopelessness, which can also cause some of the sudden emotional outbursts seen in severe cases of psychosis, such as schizophrenia.

A gradual increase in the scope or difficulty in the scope of experimentation probably works best. It can start with little everyday encounters and end with dating. People generally feel more vulnerable the more they feel they expose about themselves. For patients suffering from psychosis this anxiety is much greater, because they sense that their perceived world and the shared reality diverge. Own emotions may also feel real, which makes their visibility to others even more risky. The fear of getting hurt at the core of one's mental structure is universal, the hurt, however, seems more devastating in a patient suffering from psychosis because the structure is already under considerable stress.

D. *Reflecting*

The newly gained knowledge and skills around communication needs to be processed, which can help increase the confidence and sense of effectiveness in the world. This should not be solely about control, but more about seeing oneself as a part of something bigger which is not something to be afraid of, but helps individuals to address and meet their needs and wants.

VI. THE COMMUNICATION SPACE

Depending on the environment we move through different communication spaces in everyday life. The communication space is the space in which messages are being sent and received. If one is talking to someone over the phone who lives on a different continent, the communication space extends to this person, while not including the neighbor in the apartment next door, unless the walls are really thin.

To a patient suffering from psychosis the communication space can be extremely large or extremely small, but it usually diverges considerably from that of other people. Thoughts, for example, can be influenced from a large distance, or, at the other extreme, a patient could fully disconnect from the environment. To someone suffering from psychosis the internal world largely determines the communication space, while other people's communication space is determined through an interaction with the environment.

In therapy, it is important to make the patient aware of the communication space he or she builds and what influences it. This is an important component of learning about communication and bringing about change through it.

VII. EXPERIENCING THE WORLD

Psychosis often leads to a vicious cycle which leads to less rather than more communication. Anxieties and a changed perception of reality can lead to a disengagement from it, which reduces the ability to distinguish internal from external reality even more. Practicing and discussing with the patient new ways to communicate, including new communication patterns and better reflection on them, increases the patient's ability to experience and bring about change in the world.

Next to improving interactions with others, a better identification and understanding of meaning helps to anchor the patient better in the shared reality, which makes everyday life and planning for the future easier.

A. *Identifying Meaning in the World*

Fears brought about by the divergence of the perceived reality from the shared reality lead to social isolation and withdrawal, which in turn reinforce feelings of fear and loneliness or frustrations. To break this cycle, it is helpful to help the patient to find more relevance in aspects of the shared reality. This is usually not a process which happens from one day to the next, but over time leads to a closer alignment of the patient's perceptions and intentions with the shared reality

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.

There are essentially two techniques to help the patient with identifying and interpreting relevance and meaning in the world. One is by directly discussing with the patient what he or she needs and wants and how this can be met in the world, the second is by helping the patient to have better interactions with the environment which make it easier to see relevance and meaning in the environment. Usually, a combination of both leads to a good outcome.

B. *Increasing Interactions*

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. As the anxiety about interactions with others decreases, it should become easier to become more socially involved with others, at least to the extent which would feel comfortable to the individual also without the illness.

In the beginning this often requires reducing fears associated with situations or people that are a result of the psychotic experience. Different interpretations of information and the sources of information lead to the perception of a world which is not only less stable but seems to contain real threats, even if the latter ones are just own emotions or thoughts which have manifested as real to the patient. Meaningful interactions with the world can reduce the divergence of realities and also the fear, because they stabilize the patient's experience in the world. To be meaningful the interactions should be an exchange of messages that are relevant to the patient's interests, values or aspirations. This is one reason why it is important to discuss with the patient and get a sense for the patient's needs, wants and values. The next step is then to help the patient find and make interactions that are helpful and meaningful to him or her. With the additional focus on communication, whether in a therapeutic session, internal thoughts or between the patient and others, interactions should become easier and the fears of them lower.

VIII. VALUES, NEEDS AND ASPIRATIONS

Often, individuals suffering from psychosis become uncertain about what is really important to them and the fit between these values and interests and their current life situation. In all areas of life, having one's needs, wants and values met, leads to a higher quality of life. If one values helping others in a specific way, it is important to find ways to engage in this activity, because it will result in a positive feeling. Harm to oneself and others is usually a consequence of some disconnect with one's own feelings, needs, wants and values. Burnout or verbal abuse of another person may be examples.

The change in one's relation with oneself and the environment, as well as the resulting change in the sense of self, make is usually harder for an individual suffering from psychosis to identify correctly the own needs, wants, values, and aspirations, partly out of fear that they could disturb a fragile feeling reality even more. In this situation, it is helpful to help the patient understand that connecting with them actually adds stability, rather than taking away from it. One way to reduce the fear of getting closer to and identifying key parameters about oneself is to help the patient emotionally reconnect. The emotions are the sum of vast amounts of information, such as a feeling of happiness as the product of perceptions of a situation and associated thoughts, and can, if they are owned by the patient, lead to a greater feeling of stability. Helping the patient to notice and identify them more accurately can lower fears and the make the inner world, and thus also the outer world in psychosis, seem more predictable. It is important to add in this context, that emotional instability is not so much due to a too much of emotions, but a consequence of impairments in a patient's internal communication with the own emotions. The inability to read the emotions accurately leads to the sense of instability, or

even the emotional and existential ‘void’ which is so prevalent in a patient with borderline personality disorder.

IX. 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.

The main objective is that patients can make communication work for themselves on their own. Looking at communication patterns and how meaning is generated in a therapeutic session should not only help with a concrete situation or problem in the moment, but provide the tools to work with a multitude of situations or problems in the future. The key to build motivation and use communication processes, is to understand that meaning, information about information which is relevant to and resonates with the recipient of the message, is very much at the heart of it. Becoming better at sending and receiving, interpreting and working with meaning can make the world for an individual suffering from psychosis more stable and broadens the scope of change that can be effected on the world and oneself. Better insight and skills around communication and meaning take some time but can have a lasting beneficial effect for and individual suffering from psychosis.

A. Knowing Where Information Comes From

In the end, the patient should also have a better sense of communicating and knowing where information comes from. Not only does this help this reduce the divergence between the experienced world and the shared world, but it also helps to use information and communication better. Being able to identify a source of information can make it easier to identify meaning and respond to it. This helps build a stronger sense of self, better relationships and imparts greater confidence in dealing with everyday life as well towards fulfilling own aspirations. Greater insight and skills into communication can accomplish this.

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