DEPRESSION

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Depression is one of the most common medical conditions, which can interfere with a person's quality of life, relationships and ability to work significantly. Fortunately, there are several effective treatments, including psychotherapy and medication. This article contains a brief overview of both areas, while focusing on psychotherapy, particularly Communication-Focused Therapy® (CFT), as developed by the author.

Keywords: depression, treatment, psychotherapy, psychiatry

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Introduction

Depression affects a good size of the population. Although it is relatively common and the impact of the individual quality of life can be enormous, there is still a stigma attached to it. A common belief is that it is not treatable, which is in the vast majority of cases untrue. Another misconception is that it lowers a person's intelligence or changes one's personality, which is equally untrue. While someone suffers from depression, the ability to focus and concentrate may be reduced, it does not lower a person's cognitive abilities when the person recovers from the depression. However, the most serious misconception must be the one that there are no effective treatments. In truth, there are many effective treatments available, but their effectiveness often depends on matching the correct treatment modality to the right patient.

Psychotherapy

There are many different kinds of psychotherapy, but they all derive from the concept of the 'talking cure' developed by Freud and Breuer. Over time, various brands have been developed, but the interaction between the patient and therapist, insight, reflection and learning are still the basic building blocks of psychotherapy or counselling.[1]

Medication

There is little doubt that medication is effective in depression. Increasingly, we also understand why it works, and how. The challenge can sometimes be to select the right antidepressant for a specific patient, but the miss rate usually declines with experience of the therapist. Generally, the side effects are low or non-existent and over a couple of weeks to a few months there is in about seventy percent of cases a marked improved in mood, motivation, focus and the energy to engage in activities. Sleep, appetite and other parameters can improve as well, depending on the medication selected. If a drug does not show an effect, or only an unsatisfactory one, after some time, it is often a good idea to switch the antidepressant, which frequently works.

[1] Both term, psychotherapy and counselling, are often used interchangeably. In academia and research 'psychotherapy' has been used traditionally more frequently. Many patients, however, find the term 'counselling' less stigmatizing and 'pathological'. I will use the term psychotherapy as a matter of habit and convenience.

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Major Depression vs Reactive Depression

A depression, if it is not primarily a reaction to a life event, is called in psychiatry a major depressive disorder (MDD). It is a condition characterized by at least two weeks of low mood that is present across most situations. [1] It is often accompanied by low self-esteem, loss of interest in normally enjoyable activities, low energy, and psychological pain without a clear cause. There may also be false beliefs and – in the more severe cases – acoustic or visual hallucinations. Major depression needs to be differentiated from sadness. Depression often actually means the subjective absence of feelings, such as sadness. Patients often cannot feel themselves anymore as before, which can cause additional anxiety.

Another form is the reactive depression, which occurs as part of several conditions, such as post-traumatic stress disorder (PTSD). These forms of depressions are discussed within the articles on these conditions. The following will focus on the depression which is not primarily a part of these conditions, the major depression.

Some people have periods of depression separated by years in which they feel normal while others nearly always have symptoms present. The first line of treatment is a combination of psychotherapy and medication. Some common antidepressants are mentioned below. This combination has allowed most patients to live normal lives and in the clear majority leads to a significantly higher quality of life.

Depression and Health

Major depression significantly affects a person's family and personal relationships, work or school life, sleeping and eating habits, and general health. Major depressive disorder can negatively affect a person's family, work or school life, sleeping or eating habits, and general health. Between 2-7% of adults with major depression die by suicide [2] and up to 60% of people who die by suicide had depression or another mood disorder [3]. But depression has also been linked with several physical health conditions, such as cardiovascular and autoimmune illnesses. These conditions make up a large share of the costs society incurs when depression remains untreated. Depression causes the second most years lived with disability after low back pain. [4]

Differential Diagnosis

There are many conditions, somatic, psychiatric or iatrogenic, which can induce symptoms similar to that of a depression. A host of other possibilities should thus be considered, and, if appropriate, be actively searched for. In most instances the situation is quite clear, especially in an outpatient setting, but even here it is advisable to explore alternative explanations aside from depression. In some cases, a patient may also suffer separately from a depression and another condition. In other cases, the full symptoms of depression occur as part of the

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condition, such as in a schizoaffective disorder, which combines both, the symptoms of a psychosis and a depression.

Medication can also induce depression-like symptoms, even though they do not match those of depression fully, such as the emotional flattening observed sometimes in several antipsychotics [5]

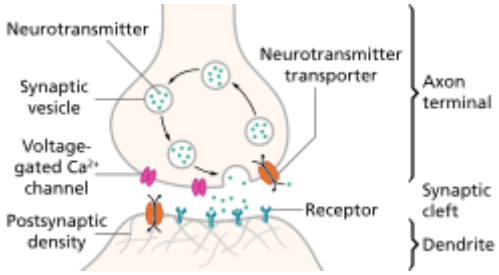
Causes of Depression

Its impact on functioning and well-being has been compared to that of other chronic medical conditions such as diabetes. The biopsychosocial model proposes that biological, psychological, and social factors all play a role in causing depression. The cause is believed to be a combination of genetic, environmental, and psychological factors. [1] Risk factors include a family history of the condition, major life changes, certain medications, chronic health problems, and substance abuse. [1] About 40% of the risk appears to be related to genetic variations.

Lifetime rates are higher in the developed world compared to the developing world. Maybe a heightened stress level in a more complex living and working environment contributes to that, but it may also be a lower rate of diagnosing this condition in the developing world.

The Monoamine Hypothesis

The monoamine hypothesis has been partially questioned, but it is still the leading, and also most coherent, hypothesis there is in providing a biological explanation for depression, as well as some anxiety disorders. Over time, its emphasis on particular neurotransmitters has shifted to a limited extent, while the focus on the neurotransmitter serotonin has endured. The monoamines are serotonin, norepinephrine, and dopamine. The antidepressants act on the neurotransmitter levels or on the receptors.



Serotonin is hypothesized to regulate other neurotransmitter systems; decreased serotonin activity may allow these systems to act differently and become less stable. According to this hypothesis, depression arises when low serotonin levels promote low levels of norepinephrine, another monoamine neurotransmitter. Some antidepressants enhance the levels of norepinephrine directly, whereas others raise the levels of dopamine, a third

monoamine neurotransmitter. These observations gave rise to the monoamine hypothesis of depression.

In its contemporary formulation, the monoamine hypothesis postulates that a deficiency of certain neurotransmitters is responsible for the corresponding features of depression. The main effect is, however, believed to be due to changes in the receptor densities on the cell membrane rather than the changes in the neurotransmitter levels. This also explains why antidepressants can take a few weeks to work. This may be the time needed by the cell to change the receptor density and patterns in the cell membrane through recycling and protein synthesis.

Symptoms

A person having a major depressive episode usually exhibits a very low mood, which pervades all aspects of life, and anhedonia, the inability to experience pleasure in activities that were formerly enjoyed. Depressed people may be preoccupied with, or ruminate over, thoughts and feelings of worthlessness, inappropriate guilt or regret, helplessness, hopelessness, and self-hatred.

Changes in the communication with oneself and others changes when an individual is depressed. This is a consequence of the symptoms of depression but often works also to deepen and prolong the condition. Loss of interest in things that were once enjoyable, seeing less meaning in activities and events and withdrawal from the world, and to an extent from oneself, are often the result and may worsen the depression, while more communication with oneself and others can help to reverse the depression.

In severe cases, depressed people may have symptoms of psychosis. These symptoms include delusions or, less commonly, hallucinations, usually with negative and unpleasant content. A good indication that a psychotic symptom is maintained by a mood disorder is that the value of the content of any delusions or hallucinations is consistently in the direction of the mood disorders, such as negative content in a depression or alternating positive and negative content in bipolar disorder.

Other symptoms of depression, which are commonly observed, include

- poor concentration and memory
- withdrawal from social situations and activities
- reduced sex drive, irritability,
- insomnia
- and thoughts of death or suicide (which requires immediate professional help).

Insomnia is a common symptom. In the typical pattern, a person wakes very early and cannot get back to sleep. Hypersomnia, or oversleeping, can also happen. In an atypical form of depression, it is even possible that a patient experiences primarily insomnia, loss of concentration and poor memory retrieval, without a clear lowering in mood.

Physical Symptoms

A depressed person may report multiple physical symptoms such as

- fatigue
- headaches, or
- digestive problems.

Appetite often decreases, with resulting weight loss, although increased appetite and weight gain occasionally occur. Family and friends may notice that the person's behaviour is either agitated or lethargic.

Treatment

The two types of treatment, for which there exists broad empirical and conceptual support, are medication and psychotherapy. Generally, the best approach is to use both together. However, in very severe cases of depression only medication may be feasible, while in cases of mild depression psychotherapy may be sufficient.

Medication

There are various groups of antidepressants, often with regards to their function on neurotransmitters and neuroreceptors. The selective serotonin receptor inhibitors (SSRIs) are the ones most commonly used. They can also help against anxiety and panic attacks, as well as various other symptoms and conditions, such as emotional instability and eating disorder. Examples are escitalopram (Lexapro®) and sertraline (Zoloft®). The serotonin and norepinephrine reuptake inhibitors can also help against anxiety, but may be more activating, which can lead to increased nervousness and anxiety in the beginning. The best way to reduce an increase in anxiety in the first days, which can happen with most antidepressants, is to start the medication at a very low level and increase it in small increments in patients with anxiety, especially if there are also panic attacks.

Psychotherapy

As already mentioned, there are various brands of psychotherapy which are designed to help in the long run. Cognitive behavioural therapy (CBT) and interpersonal psychotherapy (IPT), as well as Gestalt therapy and others, are also focused at the short-term, while psychodynamic psychotherapy aims at a more permanent resolution of the depression in the long-run. [6]

Communication-focused therapy (CFT), which was developed by the author to more closely work with the mechanism that underlies many forms of psychotherapy, communication. [7]

Psychotherapy should be targeted at the long-run. Short fixes for depression often do not work, and only in the short run. The reason is that a patient's interaction patterns with herself and the environment often need to change, which requires some time. Good communication helps against a depression, but it often requires a change in perspective, as well as awareness and reflection, which ensures an enduring effect but requires time.

There is a significant amount of research which shows that the effect of psychotherapy may to a large extent be due to the personality and communication approach of the therapist, and there is a debate to what extent the specific viewpoint of a school of psychotherapy plays an actual role in the outcome of psychotherapy. This is one reason why communication-focused therapy (CFT) puts an emphasis on the communication patterns and dynamics that unfold, and are induced to unfold, in a psychotherapeutic session.

For any form of psychotherapy to work, it has to lead to some form of change. To achieve a lasting adaptive and helpful change, it has to come from the patient himself or herself, because if the change is not in sync with the patient's basic parameters, any change will over time revert back, either to the state before the therapy or a state that is somewhere half-way between the pre-existing one and the desired state. If change is lasting nevertheless, it is often due to factors outside a manualized and structured therapy. One explanation could be that even a manualized approach contains elements that may help the patient to develop in a direction that correlates with the patient's basic needs and aspirations on some level.

Separating Thoughts from Emotions

In many schools of psychotherapy there is unfortunately an almost complete separation between thoughts and emotions. However, from a communication perspective they both are signals, containing information. When a thought triggers and emotion, or an emotion leads to certain thoughts, it is in both cases some meaningful information which leads to new sets of information. This is also useful in the therapy, because communication patterns that apply to one kind of information also apply to the other.

The uncrossable dividing line between thoughts and emotions has largely contributed to a situation where we understand neither. We could arbitrarily categorise information, but it still does not bring us closer to understanding the dynamics in which the information, or the categories of information, flow. For example, a question as one of the most powerful communication tools can elicit an emotional signal in a person without a cognitive thought, because it is information which can under certain circumstances be retrieved directly.

Regarding both, emotions and thoughts, as bundles of information does not reduce their individual qualities, but these qualities are part of the information that makes up the thought or emotion. Whether a message is emotional or cognitive cannot be extrinsic to it. However, where a piece of information flows is in a sense intrinsic to it. Thus, the thought of pain and

the feeling of pain can be quite similar in information content, but where the information flows in the neural network, and in what way, may be vastly different.

Communication-Focused Therapy®

Communication-Focused Therapy (CFT) was developed by the author to focus more specifically on the communication process between patient and therapist. (Haverkampf, 2010, 2017a, 2017e, 2018a) 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 needs to lead to change in some form. (Haverkampf, 2010)

Change

Change 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.

There are various factors that may stand in the way. If fear inhibits the information retrieval from memory this will not fully work. However, this fear is again a signal, information that is transferred from one point to another and triggers certain information processing patterns. If these patterns are not helpful in supporting the larger goals of need fulfilment with respect to the internal and external world, they can lead into such stationary and change inhibiting dynamics as indefinite loops, or vicious cycles, in which a fear signal just leads to another fear signal, rather than inducing change. These dynamics include

- looping of information
- disconnects
- misdirected information

and many others. They are a consequence of inhibited change. To break out of these communication predicaments, changes in communication patterns are needed that compensate, interrupt, reconnect, or act in another positive way.

> *Michael feels a lump in his throat. His therapist looks at his with an encouraging trace of a benevolent smile. Michael is not helped much by it, he feels under even more pressure. The therapist than finally asks a question, while Michael is about to despair. "Described the lump." At first Michael does not know what to do with this question. However, he begins describing the lump and develops increasing investigatory spirit in*

doing so. After he has been talking for a little while, Michael discovers that his narrative has actually shifted to talking about his feelings …

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.

The goal is thus not to simply provide information, to communicate information from one point to another, but to understand the flows of information, to better use communication patterns and to recognise if something is not working. The objective is really to understand flows of information rather than to get caught in a specific content. Since change comes from the detection, decoding and processing of meaning in a message, a patient suffering from depression, and several other mental health conditions, will see a decline in symptoms over the time, the better he or she becomes in spotting meaning.

Many popular forms of psychotherapy, such as Cognitive-behavioural 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, communication constructs like transference and counter-transference have been formulated, which focuses on the outcome of communication processes. CFT in contrast attempts to focus on the process itself.

CFT attempts to analyse 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 behaviour 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.

Analysing Communication Patterns

The first important step in therapy is to create awareness for communication in general. Humans are sending and receiving countless 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.

> *Paul is at home alone. It is close to midnight, he feels low and cannot sleep. He does not really know why. The day has been good overall, but sporadically a melancholic feeling strikes, as if out of nowhere. He looks at the clock in the living room, as the hands seem to stand still. Everything is still. It has been an intense week, and it is maybe the first time when everything seems to quiet down. In this stillness, he notices something new, a tension he cannot put his finger on. It seems as if from nowhere and he cannot identify it.*
>
> *Rather than thinking about, he just sits there, experiences, is open and curious. The point of tensions takes on more detail, and he feels he can make out some context, bits of emotions and thoughts, faint signals that are becoming more defined. While he is curious about what they may grow into and become, he enjoys the changes that are taking place before his inner eye …*

The Process

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.

Communication Patterns and Structures

Communication patterns are basic units of communication dynamics which make spontaneous communication in everyday situations possible. A certain form of question may be such a communication pattern, which humans use instinctively without further thinking about the pattern they are using. Some basic communication patterns may be hardwired, but many are also learned. Since they all have to adhere to basic laws of information exchange, the patterns themselves adhere to certain rules. The author has focused more specifically on the origin and nature of communication patterns elsewhere. (Haverkampf, 2018b)

An awareness of communication structures and patterns begins with an inventory of what is there. An analysis reveals the constructivist nature of conversation, how the therapist uses rhetorical devices in an interactive manner to pursue his therapeutic agenda and how the dialogue is a systemic process. However, it goes deeper as the same laws of communication do not only apply in the external world but also in the inner realms of a person. This makes communication less constructivist, but as natural processes that follow universal laws.

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. Communication has certain rules, and in a context communication patterns emerge that help the organism survive, evolve and prosper. A language can be seen as sets of symbols and signals that are used within communication patterns. We all communicate in patterns because they make communication more efficient within a given context, However, people spend little time observing and reflecting on their communication patterns on the inside and in the external world.

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.

Meaning

Information that contains meaning has the potential to bring about a change. This means it that it has to contain something that is not entirely predictable. If we were fully certain of that piece of information, it could not lead to change. Thus, any therapy that does not work with meaning and meaningful information must be quite useless and ineffective. Even a highly manualized and structured therapy contains some novel information, which can be relevant and meaningful to the patient. In fact, practically all interactions with other people contain some elements of novelty, relevance and meaning. If communication is all pervasive, chances are high that there will also be some meaningful communication.

By focusing more specifically on the communication process, it is possible to increase the density of helpful change, and thus to make therapy more effective. A positive effect is also that as the patient experiences the relevance and practical workings of the therapeutic process, motivation and optimism about the positive outcomes of therapy increase.

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.

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 as 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 form 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 tress 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 feasible in the world we live in today. One cannot just leave one's job form one day to the next. Rather, a common response to stress is often to work even harder, which can the 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.

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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 centre 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 fined tuned and a change here can bring lasting change. The author has described this elsewhere (Haverkampf, 2017a, 2018a) Communication-Focused Therapy has been developed by the author for several psychiatric conditions. (Haverkampf, 2017f, 2017b, 2017d, 2017c, 2017g, 2017h). 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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