



COMMUNICATION-FOCUSED THERAPY® (CFT) AND TRAUMA
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Communication-Focused Therapy® (CFT) is a psychotherapy developed by the author, which has been described for a large number of mental health conditions. This article gives a brief introduction to the application of CFT to trauma.

Keywords: trauma, communication-focused therapy, CFT, communication, psychotherapy, psychiatry



Trauma

Trauma is when something happens that has a more than temporary and negative effect on a person. It can also be a psychological injury which can change how a person interacts with themselves and with their environment. Thus, trauma often not only leads to flashbacks, dissociative states, anxiety, avoidance, emotional and affective instability and other symptoms, but also to a change in personality. Since personality is about how an individual communicates with others, changes in personality after a more severe trauma also correspond to changes in communication patterns and styles (Haverkamp, 2018a). These changes in communication patterns and styles usually lead to secondary problems resulting in a significant impairment in the quality of life. Focusing on the patient's communication patterns in therapy it is possible to reverse them by facilitating awareness, insight and a safe space for experimentation and adjustment with the help of communication patterns that can be used by the therapist or emerge with the patient in the therapeutic setting (Haverkamp, 2017b, 2019).

Trauma is often the result of an overwhelming amount of stress that exceeds one's ability to cope, or integrate the emotions involved with that experience, which also depends on the type and range of the internal and external communication patterns a person has at their disposal (Haverkamp, 2016a). Trauma may result from a single distressing experience or recurring events of being overwhelmed that can be precipitated in weeks, years, or even decades as the person struggles to cope with the immediate circumstances, eventually leading to serious, long-term negative consequences. Because trauma differs among individuals, according to their subjective experiences, people will react to similar traumatic events differently. The different communication patterns and styles can explain some of these differences. Working with them in the therapeutic setting can help to reverse the symptoms of the mental health condition caused by the trauma and lift the impairments in everyday life, whether in terms of reduced self-confidence and fears and anxiety and in terms of the ability to interact with other people.



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From a CFT perspective, improved communication patterns can help prophylactically since how the information about the trauma is decoded and processed, how meaning and connections are distilled from it, has a significant influence on the symptoms of the trauma in the future. Building healthy and effective communication patterns begins mostly with the realization that a flexibility in communication patterns makes internal and external communication generally more adaptive and stable. It is the fragility and rigidity in communication patterns, which in the face of traumatic stress causes instability and lack of adaptability (Haverkamp, 2017b, 2018b). Within a therapeutic setting, the patient's experimentation, which raises the familiarity and comfort with flexible communication patterns, can be fostered through the therapeutic communication dynamic with specific therapeutic interventions in the form of yet other communication patterns (Haverkamp, 2018b).

In Communication-Focused Therapy (CFT) greater awareness is created for the internal and external communication patterns, which can then be reflected upon and adjusted or newly formed. Within the session observation of the communication patterns the patient uses and greater awareness for the communication dynamics, such as how one communication element leads to another, can give the patient a greater sense of stability, security, comfort and control, which helps against the fears and anxieties that often come with posttraumatic stress disorder (PTSD) and other trauma related conditions. Since communication is whereby an individual connects with oneself and with the world, experiencing that communication follows rules and can be used as a tool to fulfil one's needs and aspirations in alignment with one's values can help make the world feel safer and more predictable.

Many of the long-term effects of trauma are self-sustaining as maladaptive communication patterns are maintained. As trauma leads to greater rigidity and fear, there is greater resistance and rigidity to their change. It often also requires the experimentation stage in which the patient experiments with adjustments to existing communication patterns or forms new ones which can then be tried out in the interactions with the therapist. The communication style of the therapist should include all along throughout the therapy empathic listening and a non-judgmental focus on helping the patient.



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While the memories of the trauma are not erased, their impact and meaning can change significantly as internal and external communication patterns change (Haverkamp, 2010, 2016b, 2017a). The aim is to use the information about the trauma and the patient's reaction to the trauma to build communication patterns that work better for the patient than before the trauma.



Dr Christian Jonathan Haverkamp, M.D. (Vienna) MLA (Harvard) LL.M. (ULaw) trained in medicine, psychiatry and psychotherapy and works in private practice for psychotherapy, counselling and psychiatric medication in Dublin, Ireland. He is the author of over 200 articles and several books and the founder of Communication-Focused Therapy®. The author can be reached by email at jonathanhaverkamp@gmail.com or on the websites www.jonathanhaverkamp.com and www.jonathanhaverkamp.ie.



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