

OBJECTIVES OF COMMUNICATION-FOCUSED THERAPY® (CFT)

Christian Jonathan Haverkampf, M.D.



Communication-Focused Therapy® (CFT) is a psychotherapy developed by the author, which has been described for a large number of mental health conditions. Through improvements of internal and external communication patterns, the quality of life of a patient can be improved.

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



OBJECTIVES OF COMMUNICATION-FOCUSED THERAPY® (CFT) Jonathan Haverkampf

Objectives

The objectives can differ significantly depending on whether one considers the therapy as a whole or a segment of the therapeutic process. General objectives include an improvement in internal and external communication to raise the patient's quality of life and overall well-being. Since many mental health symptoms can be traced to maladaptive and ineffective communication patterns, a communication-focused treatment seems to help patients in connecting better with themselves and the word around, which is an important prerequisite and instrument to resolve mental health symptoms. Practically all psychotherapies use communication, as most of them can be traced back to the 'talking cure', which was conceived by Josef Breuer and Sigmund Freud and developed into psychoanalysis by the latter. Most of the therapies used today, including cognitive behavioral therapy (CBT), originated with clinicians who were trained in psychoanalytic psychotherapy. They all rely on communication between the patient and therapist, yet often do not focus on using this foundation as an instrument of change. Communication-Focused Therapy (CFT) instead focuses on internal and external communication patterns the patient uses in everyday life to relieve mental health symptoms and improve the quality of life (Haverkampf, 2010b, 2010a, 2017a, 2017b, 2018b).

Communication is used even by subatomic particles, but it provides the foundation for any form of living organism, all the way to humans. Without the ability of using the exchange of meaningful information internally and externally to fulfil one's needs, values and aspirations (Haverkampf, 2018d), the quality of life suffers, and various concrete problems in life and menta health symptoms can surface (Haverkampf, 2018a). Satisfaction, contentment and happiness are all negatively affected if ineffective and maladaptive communication patterns within oneself and in interactions with others impair living life. There can be many reasons for the existence of such patterns, and CFT focuses on transforming them into better suited ones or helping a patient to develop new ones within his or her uniquely individual life experience (Haverkampf, 2017a).

CFT.

OBJECTIVES OF COMMUNICATION-FOCUSED THERAPY® (CFT) Jonathan Haverkampf

Working with communication to help a patient change their communication patterns is an important part of therapy. This requires an atmosphere of empathetic listening and understanding the patient to be able to communicate in a way that helps the patients adjust and experiment with their own communication patterns, Other benefits include that one needs to see the other person as a whole, appreciate the self of the other person, and move the spotlight to the communication patterns between people (information nodes), which makes it possible that there can be a mutual benefit from the interaction and the knowledge that communicating information will be easier in the future.

One primary objective is therefore to help patients gain more control over their internal and external communication in a helpful and for them useful and positive way. While it has to be accepted that any control in life whether over oneself or the world as such is quite limited, our communication gives us considerably influence in regulating ourselves and contributing to and shaping the world around us. Many conditions, including anxiety, OCD and depression, are made worse when one feels ineffective in the world, hopeless and lonely, and disconnected from oneself and others, all of which are closely linked to an impairment in communication. Anxiety, for example, is a fear of negative consequences of the unknown, and communication can remedy this by providing information. Just the feeling that one's connectedness and interaction with oneself and the world is effective creates a greater sense of stability and safety in the world, which lowers anxiety and fears as well as symptoms of depression (Haverkampf, 2010c, 2017d, 2018c).

The sense of self is the awareness of information flows within oneself (Haverkampf, 2010a). For patients who have a fragmenting sense of self, strengthening experienced connectedness with changes in communication patterns is often a first important step (Haverkampf, 2013), but the process can be associated with fears, which need to be addressed in the safety of the therapeutic space. However, through working with communication the sense of connectedness can be strengthened, which strengthens the sense of self and consequently self-confidence, and fears and anxieties are reduced.

Since connectedness is to a large extent determined by how well the communication patterns a person uses work, the focus in CFT is to a large extent on how patients exchange meaningful information with themselves and their environment, and how these flows of information can be adjusted and changed



OBJECTIVES OF COMMUNICATION-FOCUSED THERAPY® (CFT) Jonathan Haverkampf

depending on the individual needs, values and aspirations. Within the communication structure of the therapeutic setting, a dynamic of exchanging meaningful information between patient and therapist can unfold that, when it becomes aware and is observed, provides important insight into the patient's (and the therapist's) communication patterns and can provide a blueprint for change in the world outside of therapy.

Connectedness is an experienced routine and relationships an expectation, that a pattern of communication interactions will continue. An important goal in CFT is to raise the levels of internal and external connectedness, which also widens the horizons for what can be communicated in various communication spaces and relationships. There are countless studies that illustrate how feeling connected with others helps against diverse mental health symptoms and raises the quality of life. To this one also needs to add the internal connectedness, the level to which information can be freely exchanged, received and processed within oneself, such as emotional signals or patterns of thinking (Haverkampf, 2010d, 2012, 2017c). Since internal and external communication patterns adhere to the same basic rules, CFT techniques and interventions usually approach internal and external issues concurrently.



Dr Christian Jonathan Haverkampf, 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 jonathanhaverkampf@gmail.com or on the websites www.jonathanhaverkampf.com and www.jonathanhaverkampf.ie.

OBJECTIVES OF COMMUNICATION-FOCUSED THERAPY® (CFT) Jonathan Haverkampf

References

- Haverkampf, C. J. (2010a). *A Primer on Interpersonal Communication* (3rd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkampf, C. J. (2010b). *Communication and Therapy* (3rd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkampf, C. J. (2010c). *Depression Mania and Communication* (3rd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkampf, C. J. (2010d). *Inner Communication* (3rd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkampf, C. J. (2012). Feel! (1st ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkampf, C. J. (2013). A Case of Borderline Personality Disorder. *J Psychiatry Psychotherapy Communication*, 2(2), 75–80.
- Haverkampf, C. J. (2017a). *Communication-Focused Therapy (CFT)* (2nd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkampf, C. J. (2017b). Communication-Focused Therapy (CFT) for Anxiety and Panic Attacks. *J Psychiatry Psychotherapy Communication*, *6*(4), 91–95.
- Haverkampf, C. J. (2017c). Feel Yourself.
- Haverkampf, C. J. (2017d). Treatment-Resistant Anxiety. J Psychiatry Psychotherapy Communication, 6(3), 60-67.
- Haverkampf, C. J. (2018a). Atypical Depression. J Psychiatry Psychotherapy Communication, 9(4), 91–97.
- Haverkampf, C. J. (2018b). *Communication-Focused Therapy (CFT) Specific Diagnoses (Vol II)* (2nd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkampf, C. J. (2018c). *Fear, Social Anxiety and Communication* (3rd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkampf, C. J. (2018d). *The Basic Parameters* (3rd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.

CFT

OBJECTIVES OF COMMUNICATION-FOCUSED THERAPY® (CFT) Jonathan Haverkampf

This article is solely a basis for academic discussion and no medical advice can be given in this article, nor should anything herein be construed as advice. Always consult a professional if you believe you might suffer from a physical or mental health condition. Neither author nor publisher can assume any responsibility for using the information herein.

Trademarks belong to their respective owners. Communication-Focused Therapy, CFT with waves and leaves, Dr Jonathan Haverkampf, Ask Dr Jonathan and Journal of Psychiatry, Psychotherapy and Communication are registered trademarks.

Unauthorized reproduction, distribution and/or publication in any form is prohibited. This article is registered with the U.S. Copyright Office.

© 2019 Christian Jonathan Haverkampf. All Rights Reserved Unauthorized reproduction and/or publication in any form is prohibited.