

The Dictionary of Psychotherapy

Introduction

Psychotherapy is a vast field with numerous approaches, techniques, and models developed over decades of research and practice. This comprehensive dictionary aims to demystify the various types of psychotherapy, providing insights into their founders, approaches, techniques, focus, historical context, and criticisms. Whether you're a mental health professional, student, or simply curious about the world of psychotherapy, this guide will help you navigate the diverse landscape of therapeutic approaches.

Timeline of the Development of all Models of Therapy

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1890s:

Psychoanalysis ([Sigmund Freud](#), [Eugen Bleuler](#))

1900s:

[Analytical Psychology](#) (Carl Jung, 1907) [Individual Psychology](#) (Alfred Adler, 1911)

1910s:

Psychosynthesis (Roberto Assagioli, 1911) [Behavioral Psychology](#) (John B. Watson, 1913)

1920s:

- Morita Therapy (Shoma Morita, 1919)
- Child Analysis ([Anna Freud](#), Melanie Klein, 1920s)
- [Psychodrama](#) (Jacob L. Moreno, 1921)
- Sand Tray Therapy (Margaret Lowenfeld, 1929)

1930s:

- Art Therapy (Adrian Hill, Margaret Naumburg, late 1930s)
- Object Relations Theory (Melanie Klein, 1930s)

1940s-1950s:

- [Person-Centered Therapy](#) (Carl Rogers)
- [Gestalt Therapy](#) (Fritz Perls, Laura Perls, and Paul Goodman)
- Client-Centered Therapy (later Person-Centered Therapy) ([Carl Rogers](#), 1942)
- Play Therapy (Virginia Axline, 1947)

1950s:

- [Rational Emotive Behavior Therapy](#) (Albert Ellis, 1955)
Logotherapy (Viktor Frankl, formally presented 1955)
- [Transactional Analysis](#) (Eric Berne, late 1950s)
- [Behavioral Therapy](#) ([B.F. Skinner](#), Joseph Wolpe, late 1950s)
- [Gestalt Therapy](#) (Fritz Perls, Laura Perls, and Paul Goodman, formally presented 1951)

1960s:

- [Family Systems Therapy](#) (Murray Bowen, Salvador Minuchin, [Virginia Satir](#), 1960s)
Cognitive Therapy (Aaron Beck, 1960s)
- Reality Therapy (William Glasser, 1965)
- [Existential Therapy](#) (Rollo May, Irvin Yalom, 1960s)
- [Bioenergetic Analysis](#) ([Wilhelm Reich](#), Alexander Lowen, 1960s)

1970s:

- Bioenergetic Analysis (Alexander Lowen) Interpersonal Reconstructive Therapy (Lorna Smith Benjamin) [Process-Oriented Psychology](#) ([Arnold Mindell](#)) Formative Psychology (Stanley Keleman) Zero Balancing (Fritz Smith)
Cognitive Behavioral Therapy (Aaron Beck, 1970s) Acceptance and Commitment Therapy (Steven C. Hayes, late 1970s) Neuro-Linguistic Programming (Richard Bandler and John Grinder, mid-1970s)

1980s:

- Internal Family Systems (Richard C. Schwartz) Coherence Therapy (Bruce Ecker and Laurel Hulley)
Clean Language (David Grove) Developmental Model of Couples Therapy (Ellyn Bader and Peter Pearson) [EMDR](#) (Francine Shapiro) Solution-Focused Brief Therapy (Steve de Shazer and Insoo Kim Berg, early 1980s) [Narrative Therapy](#) (Michael White and David Epston, 1980s) [Mindfulness-Based Stress Reduction](#) (Jon Kabat-Zinn, 1979)
Symbolic Modeling (Penny Tompkins and James Lawley, building on David Grove's work, late 1980s)

1990s:

- Attachment-Based Family Therapy (Guy Diamond, Gary Diamond, and Suzanne Levy)

- Narrative Exposure Therapy (Maggie Schauer, Frank Neuner, and Thomas Elbert)
- Functional Analytic Psychotherapy (Robert Kohlenberg and Mavis Tsai)
- Observed & Experiential Integration (Audrey Cook and Rick Bradshaw)
- Panic-Focused Psychodynamic Psychotherapy (Barbara Milrod and colleagues)
- [ETI](#) (Steven Vazquez) Resolving Yesterday (Richard Reeves)
- Reteaming (Ben Furman and Tapani Ahola) Souldrama (Connie Miller)
- Systemic Constellations (Bert Hellinger) Video-feedback Intervention to promote Positive Parenting (Femmie Juffer, Marian J. Bakermans-Kranenburg, and Marinus H. van IJzendoorn)
- Accelerated Experiential Dynamic Psychotherapy (Diana Fosha)
- Focusing-Oriented Art Therapy (Laury Rappaport)
- [DBT](#) (Marsha M. Linehan, 1993)
- Schema Therapy (Jeffrey Young, 1990s)
- Emotion-Focused Therapy (Leslie Greenberg and Sue Johnson, 1980s-1990s)
- [Mindfulness](#)-Based Cognitive Therapy (Zindel Segal, Mark Williams, and John Teasdale, late 1990s)

2000s:

- [Brainspotting](#) (David Grand, 2003)
- Accelerated Resolution Therapy (Laney Rosenzweig, 2008)
- Discernment Counseling (William J. Doherty)
- Encounter-Centered Couples Therapy (Hedy Schleifer and Yumi Schleifer)
- [Lifespan Integration](#) (Peggy Pace) Method of Levels (Timothy A. Carey)
- Mindfulness-Based Relationship Enhancement (James W. Carson, Karen M. Gil, and Donald H. Baucom)
- Neuro-Affective Relational Model (Laurence Heller) Psychobiological Approach to Couple Therapy (Stan Tatkin)
- Radically Open Dialectical Behavior Therapy (Thomas R. Lynch)
- Rapid Resolution Therapy (Jon Connelly)
- Self-System Therapy (Timothy J. Strauman and Kari M. Eddington)
- Sensorimotor Art Therapy (Cornelia Elbrecht)
- Time Perspective Therapy (Philip Zimbardo, Richard Sword, and Rosemary Sword)
- Trauma-Informed Stabilization Treatment (Janina Fisher)
- Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (David H. Barlow and colleagues)
- Compassion-Focused Therapy (Paul Gilbert, early 2000s)
- Acceptance and Integration Training (Melanie McGhee, early 2000s)
- Identity-Oriented Psychotrauma Therapy (Franz Ruppert, early 2000s)
- Holographic Memory Resolution (Brent Baum, developed 1980s-1990s, formalized 2000s)

2010s:

- Internal Attachment Therapy (Dafna Lender and Denise Hughey)
- Radically Open Dialectical Behavior Therapy (Thomas R. Lynch, formally introduced 2015)

Ongoing Development:

- Existential Analysis (Alfried Längle, building on Viktor Frankl's work)
- Contemplative Psychotherapy (ongoing development since 1970s)
- Ecotherapy (developed over recent decades)
- Feminist Therapy (evolved since 1960s) Integrative Psychotherapy (ongoing development)
- Positive Psychology Interventions (developed since late 1990s)
- [Somatic Experiencing](#) (Peter Levine, developed since 1970s)
- Transpersonal Therapy (developed since 1960s)

Complete List of Every Psychotherapy Modality.

Accelerated Experiential Dynamic Psychotherapy (AEDP)

Founder: Diana Fosha

Approach: AEDP integrates attachment theory, affective neuroscience, body-focused approaches, and transformational studies.

Techniques:

- Moment-to-moment tracking of emotional experience
- Dyadic affect regulation
- Meta-therapeutic processing

Focus: AEDP focuses on healing emotional suffering and fostering resilience by helping clients process difficult emotions and experiences.

Historical Context: AEDP emerged in the late 1990s as a response to traditional psychodynamic approaches that were seen as too slow or ineffective for some clients.

Criticisms:

- Some critics argue that the approach may be too intense for certain clients.
- There is a need for more empirical research to support its effectiveness.

Accelerated Resolution Therapy (ART)

Founder: Laney Rosenzweig

Approach: ART combines elements of EMDR, cognitive therapy, and brief psychodynamic therapy to rapidly resolve traumatic memories and symptoms.

Techniques:

- Voluntary memory/image replacement
- Horizontal eye movements
- Metaphors and rescripting

Focus: ART aims to quickly resolve symptoms of trauma and other mental health problems by reprogramming the way distressing memories and images are stored in the brain.

Historical Context: ART was developed in 2008 as a faster alternative to traditional trauma therapies.

Criticisms:

- Some question the rapidity of change claimed by ART practitioners.
- More research is needed to establish its long-term effectiveness compared to other trauma therapies.

Attachment-Based Family Therapy (ABFT)

Founders: Guy Diamond, Gary Diamond, and Suzanne Levy

Approach: ABFT is a treatment model that aims to repair ruptures in the parent-child attachment bond to treat adolescent depression and suicide.

Techniques:

- Relational reframes
- Alliance building
- Attachment-promoting tasks
- Emotion-focused interventions

Focus: The focus is on strengthening family relationships and improving communication to create a secure base for adolescent development.

Historical Context: ABFT was developed in the 1990s, integrating attachment theory with structural and emotion-focused family therapy approaches.

Criticisms:

- Some question whether the approach is equally effective for all types of family structures and cultural backgrounds.

- There is ongoing research to establish its effectiveness compared to other family therapy approaches.

Brainspotting

Founder: David Grand

Approach: Brainspotting is a brain-body based therapy that uses eye positions to access and process trauma stored in the subcortical brain.

Techniques:

- Identifying and maintaining relevant eye positions
- Focused mindfulness
- Body scanning
- Bilateral sound (optional)

Focus: The focus is on locating, processing, and releasing sources of trauma and distress in the body and nervous system.

Historical Context: Brainspotting was discovered in 2003 by David Grand, evolving from his work with EMDR.

Criticisms:

- Some question the theoretical basis for the connection between eye positions and trauma processing.
- More research is needed to establish its effectiveness compared to other trauma therapies.

Clean Language and Symbolic Modeling

Founders: David Grove (Clean Language), Penny Tompkins and James Lawley (Symbolic Modeling)

Approach: Clean Language and Symbolic Modeling use metaphor and non-leading questions to help clients explore their inner symbolic landscape and facilitate change.

Techniques:

- Clean questions
- Developing client-generated metaphors
- Spatial arrangement of symbols
- Identifying patterns and relationships in the client's symbolic world

Focus: The focus is on helping clients gain insight and create change by exploring their own unique mental models and metaphors.

Historical Context: Clean Language was developed by David Grove in the 1980s, with Symbolic Modeling further developed by Tompkins and Lawley in the 1990s.

Criticisms:

- Some argue that the approach may be too abstract or indirect for clients seeking more concrete interventions.
- There is limited empirical research on its effectiveness compared to other therapeutic approaches.

Coherence Therapy

Founders: Bruce Ecker and Laurel Hulley

Approach: Coherence Therapy, formerly known as Depth-Oriented Brief Therapy, focuses on identifying and transforming unconscious, emotional belief systems that underlie symptoms.

Techniques:

- Symptom deprivation
- Retrieval of pro-symptom positions
- Juxtaposition experiences
- Memory reconsolidation

Focus: The focus is on facilitating transformational change by bringing unconscious, symptom-generating schemas into conscious awareness and creating experiences that contradict these schemas.

Historical Context: Coherence Therapy was developed in the 1990s, drawing on neuroscience research about memory reconsolidation and integrating elements from various psychotherapy approaches.

Criticisms:

- Some question whether the rapid changes claimed by Coherence Therapy are sustainable long-term.
- There is a need for more empirical research to support its effectiveness across different populations and conditions.

Developmental Model of Couples Therapy

Founders: Ellyn Bader and Peter Pearson

Approach: This model views couples' issues through a developmental lens, focusing on how partners can grow individually and as a couple.

Techniques:

- Developmental assessment
- Differentiation exercises
- Attachment-based interventions
- Addressing symbiosis and projective identification

Focus: The focus is on helping couples progress through developmental stages, balancing individual growth with couple intimacy.

Historical Context: The Developmental Model was created in the 1980s, integrating concepts from attachment theory, differentiation theory, and neuroscience.

Criticisms:

- Some argue that the model may not adequately address cultural differences in relationship development.
- Critics question whether all relationships follow the proposed developmental stages.

Discernment Counseling

Founder: William J. Doherty

Approach: Discernment Counseling is a short-term therapy designed for couples where one partner is considering divorce and the other wants to preserve the relationship.

Techniques:

- Individual and couple sessions
- Exploration of relationship history
- Clarification of individual and couple goals
- Decision-making support

Focus: The focus is on helping couples make a clear and confident decision about the future of their relationship, whether that involves reconciliation or divorce.

Historical Context: Discernment Counseling was developed in the 2000s as a response to the limitations of traditional couples therapy for "mixed-agenda" couples.

Criticisms:

- Some argue that the short-term nature of the intervention may not be sufficient for complex relationship issues.

- Critics question whether the approach can truly remain neutral in the face of divergent partner goals.

Emotional Transformation Therapy (ETT)

Founder: Steven Vazquez

Approach: ETT uses light, color, and eye movements in conjunction with therapeutic dialogue to rapidly transform emotional states and resolve psychological issues.

Techniques:

- Visual brain stimulation
- Color therapy
- Eye movement techniques
- Rapid emotional processing

Focus: The focus is on quickly accessing and transforming underlying emotional states that contribute to psychological problems.

Historical Context: ETT was developed in the 1990s, integrating concepts from neuroscience, color psychology, and various psychotherapeutic approaches.

Criticisms:

- Some question the scientific basis for the use of light and color in psychological treatment.
- There is limited empirical research on its effectiveness compared to established therapies.

Encounter-Centered Couples Therapy

Founders: Hedy Schleifer and Yumi Schleifer

Approach: Encounter-Centered Couples Therapy focuses on creating deep, authentic connections between partners through structured encounters and dialogue.

Techniques:

- Crossing the bridge (structured dialogue)
- Relational space creation
- Embracing the "three invisible connectors" (the space, the bridge, the encounter)
- Somatic awareness exercises

Focus: The focus is on helping couples move beyond surface conflicts to create profound emotional and spiritual connections.

Historical Context: Encounter-Centered Couples Therapy was developed in the 2000s, drawing on various relational and experiential approaches.

Criticisms:

- Some argue that the approach may be too intense or spiritually oriented for some couples.
- Critics question whether the structured nature of the encounters can translate to everyday interactions.

Existential Analysis

Founder: Alfred Längle (building on the work of Viktor Frankl)

Approach: Existential Analysis focuses on helping individuals find meaning and authenticity in their lives by addressing fundamental existential themes.

Techniques:

- Phenomenological analysis
- Dialogue on existential themes
- Value clarification
- Decision-making processes

Focus: The focus is on enhancing a person's ability to live with inner consent, make authentic decisions, and engage meaningfully with the world.

Historical Context: Existential Analysis developed from the 1980s onward as an extension and elaboration of Viktor Frankl's logotherapy.

Criticisms:

- Some argue that the approach may be too philosophical or abstract for clients seeking more concrete interventions.
- Critics question whether focusing on existential themes is appropriate for all types of psychological issues.

Focusing-Oriented Art Therapy

Founder: Laury Rappaport

Approach: Focusing-Oriented Art Therapy integrates Eugene Gendlin's Focusing technique with art therapy to access and express the body's implicit knowing through creative processes.

Techniques:

- Felt sense exploration through art
- Clearing a space with art materials
- Symbolic representation of inner experiences
- Dialogue with artwork

Focus: The focus is on using art to access, explore, and express the bodily felt sense of issues or situations.

Historical Context: Focusing-Oriented Art Therapy was developed in the 1990s, combining Gendlin's Focusing with established art therapy practices.

Criticisms:

- Some question whether the combination of Focusing and art therapy offers significant advantages over either approach alone.
- Critics argue that the approach may be challenging for clients who are uncomfortable with either Focusing or artistic expression.

Formative Psychology

Founder: Stanley Keleman

Approach: Formative Psychology is a somatic approach that focuses on the body's formative process and how emotional and physical experiences shape bodily structure and behavior.

Techniques:

- Voluntary muscular-cortical effort
- Anatomical education
- Somatic exercises
- Exploring personal history through bodily patterns

Focus: The focus is on helping individuals understand and influence their own formative process to create new behavioral and emotional possibilities.

Historical Context: Formative Psychology was developed by Stanley Keleman from the 1970s onwards, building on his background in bioenergetics and his own theoretical formulations.

Criticisms:

- Some argue that the approach's emphasis on bodily structure may oversimplify complex psychological issues.
- There is limited empirical research on its effectiveness compared to other somatic or psychological approaches.

Functional Analytic Psychotherapy (FAP)

Founders: Robert Kohlenberg and Mavis Tsai

Approach: FAP is a behavioral therapy that focuses on the therapeutic relationship as a context for change, emphasizing in-session behaviors and experiences.

Techniques:

- Identifying clinically relevant behaviors
- Natural reinforcement of adaptive behaviors
- Functional analysis of in-session behaviors
- Therapeutic use of self-disclosure

Focus: The focus is on creating intense, genuine relationships in therapy to evoke and reinforce adaptive behaviors that can generalize to clients' daily lives.

Historical Context: FAP was developed in the 1990s as part of the third wave of behavioral therapies, emphasizing contextualism and the therapeutic relationship.

Criticisms:

- Some argue that the intense focus on the therapeutic relationship may blur professional boundaries.
- Critics question whether changes in in-session behaviors reliably translate to real-world improvements.

Holographic Memory Resolution (HMR)

Founder: Brent Baum

Approach: HMR is a body-centered approach to trauma resolution that views traumatic memories as holographic in nature, stored throughout the body-mind system.

Techniques:

- Somatic awareness
- Color-coding of emotional states
- Accessing and resolving "sensory capsules"
- Integration of resolved trauma memories

Focus: The focus is on accessing and transforming traumatic memories stored in the body, without the need for extensive verbal processing or re-experiencing of trauma.

Historical Context: HMR was developed in the 1980s and 1990s, drawing on concepts from holography, neuroscience, and somatic therapies.

Criticisms:

- Some question the scientific basis for the concept of "holographic" memory storage in the body.
- There is limited empirical research on its effectiveness compared to established trauma therapies.

Identity-Oriented Psychotrauma Therapy (IoPT)

Founder: Franz Ruppert

Approach: IoPT is based on the theory that psychological trauma, particularly early attachment trauma, leads to splits in the psyche, which can be healed through a specific constellation process.

Techniques:

- Intention method
- Trauma constellations
- Exploring multigenerational trauma patterns
- Integration of split parts of the psyche

Focus: The focus is on identifying and resolving the impacts of early trauma on identity formation and current psychological functioning.

Historical Context: IoPT was developed by Franz Ruppert in the early 2000s, building on family constellation work and trauma theory.

Criticisms:

- Some argue that the approach may oversimplify complex psychological and systemic issues.
- Critics question the empirical basis for some of the theoretical concepts used in IoPT.

Internal Attachment Therapy

Founders: Dafna Lender and Denise Hughey

Approach: Internal Attachment Therapy combines attachment theory with internal family systems concepts to address attachment-related issues.

Techniques:

- Internal dialogue with attachment figures
- Reparenting exercises
- Somatic awareness of attachment needs
- Integration of fragmented self-states

Focus: The focus is on healing attachment wounds by creating secure internal attachments and integrating disowned parts of the self.

Historical Context: Internal Attachment Therapy was developed in the 2010s, integrating concepts from attachment theory, internal family systems, and somatic therapies.

Criticisms:

- Some question whether internal representations can effectively substitute for real-life secure attachments.
- There is limited empirical research on its effectiveness compared to other attachment-based therapies.

Intensive Short-Term Dynamic Psychotherapy (ISTDP)

Founder: Habib Davanloo

Approach: ISTDP is a form of short-term psychotherapy that aims to quickly access and resolve unconscious conflicts through intensive emotional experiences.

Techniques:

- Pressure to feel
- Challenge to defenses
- Head-on collision with resistance
- Unlocking of the unconscious

Focus: The focus is on rapidly breaking through psychological defenses to access and resolve core emotional conflicts.

Historical Context: ISTDP was developed by Habib Davanloo in the 1960s and 1970s, building on psychoanalytic principles but aiming for more rapid and intensive intervention.

Criticisms:

- Some argue that the approach may be too confrontational or intense for many clients.
- Critics question whether the rapid pace of therapy allows for sufficient processing and integration of emotional experiences.

Interpersonal Reconstructive Therapy (IRT)

Founder: Lorna Smith Benjamin

Approach: IRT is an integrative approach that focuses on understanding and changing maladaptive interpersonal patterns rooted in early attachment relationships.

Techniques:

- Copy process analysis
- Gift of love intervention
- Collaborative case formulation
- Interpersonal pattern recognition and modification

Focus: The focus is on identifying and modifying internalized representations of early attachment figures that continue to influence current relationships and behaviors.

Historical Context: IRT was developed by Lorna Smith Benjamin in the 1970s and 1980s, integrating concepts from attachment theory, interpersonal theory, and learning theory.

Criticisms:

- Some argue that the approach may place too much emphasis on early relationships at the expense of current environmental factors.
- There is ongoing research to establish its effectiveness compared to other integrative therapies.

Lifespan Integration

Founder: Peggy Pace

Approach: Lifespan Integration uses a psychological time line to facilitate neural integration and heal trauma and attachment issues.

Techniques:

- Time line repetitions
- Imaginal nurturing of younger self
- Body-mind integration
- Affect bridge

Focus: The focus is on integrating memories and experiences across the lifespan to create a more coherent sense of self and resolve long-standing issues.

Historical Context: Lifespan Integration was developed in the early 2000s, drawing on neuroscience research about memory reconsolidation and neural integration.

Criticisms:

- Some question the theoretical basis for the time line technique and its purported effects on neural integration.
- More research is needed to establish its effectiveness compared to other trauma-focused therapies.

Method of Levels (MOL)

Founder: Timothy A. Carey (based on William T. Powers' Perceptual Control Theory)

Approach: MOL is a transdiagnostic cognitive therapy that focuses on helping clients shift their awareness to higher levels of perception and control.

Techniques:

- Open-ended questioning
- Following the client's train of thought
- Attending to disruptions in thought flow
- Encouraging metaperception

Focus: The focus is on helping clients resolve internal conflicts by accessing higher-level goals and reorganizing their control systems.

Historical Context: MOL was developed in the early 2000s as an application of Perceptual Control Theory to psychotherapy.

Criticisms:

- Some argue that the approach may be too non-directive for clients seeking more structured interventions.
- There is limited empirical research on its effectiveness compared to other cognitive therapies.

Mindfulness-Based Relationship Enhancement

Founders: James W. Carson, Karen M. Gil, and Donald H. Baucom

Approach: This approach applies mindfulness principles and practices to enhance relationship functioning in couples.

Techniques:

- Partner-focused loving-kindness meditation
- Mindful touch exercises
- Acceptance practices for partner attributes
- Mindfulness in daily couple activities

Focus: The focus is on cultivating mindfulness skills to enhance relationship satisfaction, intimacy, and individual well-being within the context of romantic relationships.

Historical Context: Mindfulness-Based Relationship Enhancement was developed in the early 2000s, adapting mindfulness-based stress reduction for couples.

Criticisms:

- Some question whether mindfulness practices are equally beneficial for all types of relationship issues.
- Critics argue that the approach may not adequately address deep-seated relationship conflicts or incompatibilities.

Narrative Exposure Therapy (NET)

Founders: Maggie Schauer, Frank Neuner, and Thomas Elbert

Approach: NET is a short-term treatment for trauma-spectrum disorders in survivors of multiple and complex trauma.

Techniques:

- Chronological narration of life events
- Exposure to traumatic memories
- Contextualizing traumatic experiences
- Creating a coherent narrative

Focus: The focus is on reducing symptoms of PTSD by contextualizing traumatic experiences within the individual's life story.

Historical Context: NET was developed in the early 2000s to address the needs of individuals who have experienced multiple traumatic events, particularly in conflict zones.

Criticisms:

- Some argue that the approach may be too intense for certain trauma survivors.
- Critics question whether the short-term nature of the treatment is sufficient for complex trauma cases.

Neuro-Affective Relational Model (NARM)

Founder: Laurence Heller

Approach: NARM is a model for addressing attachment, relational, and developmental trauma by working with the link between psychological issues and the body.

Techniques:

- Tracking nervous system responses
- Exploring identity distortions
- Working with core life themes
- Supporting nervous system regulation

Focus: The focus is on helping clients connect to their authentic self by resolving survival styles that developed due to developmental trauma.

Historical Context: NARM was developed in the 2000s, integrating elements from somatic therapies, attachment theory, and developmental psychology.

Criticisms:

- Some question whether the model's focus on developmental trauma is relevant for all clients.
- There is ongoing research to establish its effectiveness compared to other trauma-informed approaches.

Observed & Experiential Integration (OEI)

Founders: Audrey Cook and Rick Bradshaw

Approach: OEI is a trauma therapy that uses eye movements and other sensory-motor interventions to process traumatic memories and reduce symptoms.

Techniques:

- Switching visual attention between eyes
- Glitch removal (processing micro-traumas)
- Integration of dissociated aspects of trauma
- Titrated exposure to traumatic memories

Focus: The focus is on integrating dissociated aspects of traumatic experiences and resolving trauma-related symptoms through sensory-motor interventions.

Historical Context: OEI was developed in the 1990s, drawing on elements from EMDR and other trauma therapies.

Criticisms:

- Some argue that the approach lacks a strong theoretical foundation.
- There is limited empirical research on its effectiveness compared to established trauma therapies.

Panic-Focused Psychodynamic Psychotherapy (PFPP)

Founders: Barbara Milrod and colleagues

Approach: PFPP is a manualized, short-term psychodynamic treatment specifically designed for panic disorder.

Techniques:

- Exploring unconscious meanings of panic symptoms
- Addressing separation anxiety and autonomy issues
- Analyzing transference in relation to panic
- Working through termination as it relates to panic

Focus: The focus is on understanding and resolving unconscious conflicts believed to underlie panic symptoms.

Historical Context: PFPP was developed in the 1990s to provide a psychodynamic alternative to cognitive-behavioral treatments for panic disorder.

Criticisms:

- Some question whether a psychodynamic approach is necessary or effective for a disorder often treated successfully with CBT.
- Critics argue that the short-term nature of the therapy may not be sufficient for exploring deep-seated conflicts.

Positive Psychotherapy (PPT)

Founders: Nossrat Peseschkian and colleagues

Approach: PPT is a culturally sensitive method of psychotherapy that focuses on a positive conception of human nature and emphasizes the client's resources.

Techniques:

- Balance model analysis
- Positive interpretation
- Five-stage approach to conflict resolution
- Transcultural storytelling

Focus: The focus is on helping clients achieve a balance between various life domains and cultivate positive capacities.

Historical Context: PPT was developed in the 1960s and 1970s, integrating Eastern and Western concepts of psychology and philosophy.

Criticisms:

- Some argue that the approach may oversimplify complex psychological issues by focusing primarily on positives.
- Critics question whether the transcultural aspects of the therapy are equally applicable across all cultures.

Process-Oriented Psychology (Process Work)

Founder: Arnold Mindell

Approach: Process Work is a depth psychology theory and set of techniques that focus on understanding and working with the flow of experience, particularly in altered states of consciousness.

Techniques:

- Amplification of subtle signals
- Unfolding of secondary processes
- Dreamwork and body symptom work
- Exploration of interpersonal and social fields

Focus: The focus is on following and amplifying subtle, often unconscious processes to bring them into awareness and integration.

Historical Context: Process Work was developed in the 1970s and 1980s, evolving from Jungian psychology and incorporating influences from physics, Taoism, and indigenous practices.

Criticisms:

- Some argue that the approach is too esoteric or abstract for many clients.
- Critics question the scientific basis for some of the concepts used in Process Work.

Psychobiological Approach to Couple Therapy (PACT)

Founder: Stan Tatkin

Approach: PACT integrates attachment theory, neuroscience, and arousal regulation to help couples create secure-functioning relationships.

Techniques:

- Staging interactions to reveal implicit memories and expectations
- Cross-modal sensory awareness exercises
- Psychoeducation about neurobiology of relationships
- Moment-to-moment tracking of arousal states

Focus: The focus is on helping couples understand and modify their automatic responses to each other, creating a more secure and satisfying relationship.

Historical Context: PACT was developed in the 2000s, drawing on advances in neuroscience and attachment research.

Criticisms:

- Some argue that the approach may be too complex or technical for some couples.
- Critics question whether the neuroscience-based interventions offer significant advantages over traditional couple therapy techniques.

Radically Open Dialectical Behavior Therapy (RO-DBT)

Founder: Thomas R. Lynch

Approach: RO-DBT is a transdiagnostic treatment designed for disorders of overcontrol, such as refractory depression, anorexia nervosa, and obsessive-compulsive personality disorder.

Techniques:

- Social signaling interventions
- Flexible-mind training
- Emotional expression skills
- Open receptivity practices

Focus: The focus is on enhancing social connectedness by targeting maladaptive overcontrol.

Historical Context: RO-DBT was developed in the 2000s as an adaptation of standard DBT to address the needs of individuals with overcontrolled personalities.

Criticisms:

- Some question whether a separate treatment is necessary for overcontrol, as opposed to adapting existing therapies.
- There is ongoing research to establish its effectiveness compared to other treatments for the target disorders.

Rapid Resolution Therapy (RRT)

Founder: Jon Connelly

Approach: RRT aims to quickly resolve the ongoing effects of trauma, abuse, and chronic stress through a combination of hypnosis, guided imagery, and cognitive techniques.

Techniques:

- Hypnotic induction
- Metaphorical storytelling
- Multi-level communication
- Reimprinting

Focus: The focus is on eliminating the negative emotional or behavioral effects of traumatic events without requiring the client to relive the trauma.

Historical Context: RRT was developed in the early 2000s as a faster alternative to traditional trauma therapies.

Criticisms:

- Some question the rapidity of change claimed by RRT practitioners.
- Critics argue that the approach may not adequately address complex or developmental trauma.

Relational Cultural Therapy (RCT)

Founders: Jean Baker Miller, Judith V. Jordan, Janet Surrey, and Irene Stiver

Approach: RCT is a feminist approach to therapy that emphasizes the importance of relationships in psychological development and well-being.

Techniques:

- Exploration of relational images
- Analysis of power dynamics in relationships
- Fostering mutual empathy and growth-fostering relationships
- Addressing sociocultural contexts of distress

Focus: The focus is on helping clients develop more connected and empowering relationships, recognizing the impact of cultural and societal factors on relational patterns.

Historical Context: RCT was developed in the 1970s and 1980s at the Stone Center at Wellesley College, building on feminist theory and a relational understanding of psychology.

Criticisms:

- Some argue that the approach may overemphasize relational factors at the expense of individual intrapsychic processes.
- Critics question whether the feminist orientation of the therapy limits its applicability to diverse populations.

Resolving Yesterday

Founder: Richard Reeves

Approach: Resolving Yesterday is an approach to healing traumatic memories that combines elements of EMDR, Gestalt therapy, and cognitive techniques.

Techniques:

- Bilateral stimulation
- Empty chair work
- Cognitive restructuring
- Metaphorical representations of trauma resolution

Focus: The focus is on resolving traumatic memories by addressing cognitive, emotional, and somatic aspects of the trauma simultaneously.

Historical Context: Resolving Yesterday was developed in the 1990s, integrating various established therapeutic techniques into a new trauma resolution approach.

Criticisms:

- Some question whether the integration of multiple techniques offers significant advantages over established trauma therapies.
- There is limited empirical research on its effectiveness compared to other trauma-focused approaches.

Reteaming

Founders: Ben Furman and Tapani Ahola

Approach: Reteaming is a solution-focused, goal-oriented approach that helps individuals and groups achieve their goals through a structured, step-by-step process.

Techniques:

- Collaborative goal setting
- Identifying helpers and supporters
- Anticipating and overcoming obstacles
- Celebrating small successes

Focus: The focus is on mobilizing personal and social resources to achieve desired changes, emphasizing teamwork and positive reinforcement.

Historical Context: Reteaming was developed in the 1990s in Finland, building on solution-focused brief therapy principles.

Criticisms:

- Some argue that the approach may oversimplify complex problems by focusing primarily on goals and solutions.
- Critics question whether the structured nature of the process is suitable for all types of issues or clients.

Self-System Therapy (SST)

Founders: Timothy J. Strauman and Kari M. Eddington

Approach: SST is a brief, structured therapy that focuses on self-regulation and goal pursuit processes, particularly for individuals with depression.

Techniques:

- Self-discrepancy assessment
- Goal analysis and revision
- Promotion vs. prevention focus exploration
- Self-regulation skills training

Focus: The focus is on helping clients identify and modify maladaptive self-regulatory patterns, particularly those related to goal pursuit and attainment.

Historical Context: SST was developed in the early 2000s, integrating concepts from self-discrepancy theory and regulatory focus theory with cognitive-behavioral techniques.

Criticisms:

- Some question whether the focus on self-regulation is sufficient to address all aspects of depression.
- There is ongoing research to establish its effectiveness compared to other treatments for depression.

Sensorimotor Art Therapy

Founder: Cornelia Elbrecht

Approach: Sensorimotor Art Therapy combines principles of sensorimotor psychotherapy with art therapy to address trauma and promote body-mind integration.

Techniques:

- Body-focused art making
- Tracking sensations during creative process
- Bilateral drawing
- Somatic resourcing through art

Focus: The focus is on using art-making processes to access and integrate sensory and motor experiences, particularly in the treatment of trauma.

Historical Context: Sensorimotor Art Therapy was developed in the 2000s, building on Pat Ogden's sensorimotor psychotherapy and integrating it with art therapy practices.

Criticisms:

- Some argue that the combination of sensorimotor and art therapy approaches may be too complex for some clients.
- There is limited empirical research on its effectiveness compared to other trauma-focused or art therapy approaches.

Souldrama

Founder: Connie Miller

Approach: Souldrama is an action method that integrates psychodrama, spiritual principles, and the chakra system to promote personal growth and spiritual development.

Techniques:

- Psychodramatic enactment
- Chakra-based interventions
- Spiritual and existential exploration
- Group rituals and ceremonies

Focus: The focus is on helping individuals connect with their higher purpose, resolve internal conflicts, and achieve personal transformation.

Historical Context: Souldrama was developed in the 1990s, combining elements of psychodrama with spiritual and energy-based concepts.

Criticisms:

- Some question the scientific basis for the integration of chakra systems and spiritual principles into psychotherapy.
- Critics argue that the approach may not be suitable for clients who are uncomfortable with spiritual or energy-based concepts.

Systemic Constellations (Family Constellations)

Founder: Bert Hellinger

Approach: Systemic Constellations is a therapeutic method that aims to reveal hidden dynamics in family systems and resolve unconscious loyalties that can lead to persistent problems.

Techniques:

- Spatial arrangement of representatives
- Observing and interpreting system dynamics

- Releasing sentences
- Rituals of acknowledgment and resolution

Focus: The focus is on identifying and resolving entanglements in family systems that may be influencing current problems.

Historical Context: Systemic Constellations was developed in the 1990s, drawing on elements of family systems therapy, existential phenomenology, and Zulu beliefs.

Criticisms:

- Many critics argue that the approach lacks scientific credibility and empirical support.
- Some question the ethical implications of making claims about family members who are not present.

Time Perspective Therapy (TPT)

Founders: Philip Zimbardo, Richard Sword, and Rosemary Sword

Approach: TPT focuses on understanding and modifying an individual's time perspective to improve mental health and decision-making.

Techniques:

- Time perspective inventory assessment
- Balancing time perspectives
- Future-oriented goal setting
- Reframing past negative experiences

Focus: The focus is on helping clients develop a more balanced time perspective, reducing the impact of past negative experiences and cultivating a more positive future orientation.

Historical Context: TPT was developed in the 2000s, based on Philip Zimbardo's research on time perspective and its impact on behavior and mental health.

Criticisms:

- Some argue that the approach may oversimplify complex psychological issues by focusing primarily on time perspective.
- There is limited empirical research on its effectiveness compared to established therapies.

Trauma-Informed Stabilization Treatment (TIST)

Founder: Janina Fisher

Approach: TIST is an approach to treating complex trauma that focuses on stabilization and integration of traumatic memories through body-oriented interventions.

Techniques:

- Sensorimotor interventions
- Parts work
- Mindfulness-based techniques
- Psychoeducation about trauma responses

Focus: The focus is on helping clients develop internal resources and stability before processing traumatic memories.

Historical Context: TIST was developed in the 2000s, integrating concepts from sensorimotor psychotherapy, internal family systems, and cognitive-behavioral approaches.

Criticisms:

- Some argue that the focus on stabilization may delay trauma processing unnecessarily for some clients.
- Critics question whether the integrative nature of the approach makes it difficult to isolate effective components.

Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP)

Founders: David H. Barlow and colleagues

Approach: UP is a cognitive-behavioral treatment that applies core therapeutic principles to a wide range of emotional disorders.

Techniques:

- Mindful emotion awareness
- Cognitive flexibility
- Emotion exposure
- Countering emotional behaviors

Focus: The focus is on addressing common underlying processes across emotional disorders rather than disorder-specific symptoms.

Historical Context: UP was developed in the 2000s as a response to high comorbidity rates among emotional disorders and the need for more efficient treatment approaches.

Criticisms:

- Some question whether a transdiagnostic approach can be as effective as disorder-specific treatments.
- Critics argue that the approach may not adequately address unique features of specific disorders.

Video-feedback Intervention to promote Positive Parenting (VIPP)

Founders: Femmie Juffer, Marian J. Bakermans-Kranenburg, and Marinus H. van IJzendoorn

Approach: VIPP is a short-term, attachment-based intervention that uses video feedback to enhance parental sensitivity and positive parent-child interactions.

Techniques:

- Video recording of parent-child interactions
- Guided review and discussion of interactions
- Reinforcement of positive parenting behaviors
- Psychoeducation on child development and attachment

Focus: The focus is on improving parental sensitivity and responsiveness to promote secure attachment in young children.

Historical Context: VIPP was developed in the 1990s at Leiden University, based on attachment theory and research on early parent-child interactions.

Criticisms:

- Some argue that the short-term nature of the intervention may not be sufficient for families with complex issues.
- Critics question whether improvements in observed interactions necessarily translate to long-term changes in attachment security.

Waking Dream Therapy

Key Figure: Gerald Epstein

Approach: Waking Dream Therapy uses guided imagery in a waking state to access and work with unconscious material, similar to dream analysis.

Techniques:

- Guided waking dream experiences
- Symbolic interpretation
- Active imagination
- Integration of insights into daily life

Focus: The focus is on accessing the wisdom of the unconscious mind to gain insights and promote healing.

Historical Context: Waking Dream Therapy was developed in the mid-20th century, influenced by Jung's active imagination technique and European traditions of guided imagery.

Criticisms:

- Some argue that the approach may be too abstract or esoteric for clients seeking more concrete interventions.
- Critics question the validity of symbolic interpretations made in waking dream experiences.

Wilderness Therapy

Key Figures: Kurt Hahn, Larry Dean Olsen

Approach: Wilderness Therapy uses outdoor experiences and nature-based challenges to promote personal growth, self-reliance, and therapeutic change.

Techniques:

- Outdoor survival skills training
- Group process activities
- Solo experiences in nature
- Metaphorical learning from natural environments

Focus: The focus is on using the challenges and experiences of wilderness settings to foster personal development, improve self-esteem, and address behavioral issues.

Historical Context: While therapeutic use of wilderness experiences has ancient roots, modern Wilderness Therapy programs began to develop in the 1960s and gained popularity in the 1990s.

Criticisms:

- Some question the safety and ethical considerations of removing clients from their usual environments.
- Critics argue that gains made in wilderness settings may not generalize to everyday life.

Writing Therapy

Key Figures: James Pennebaker, Ira Progoff

Approach: Writing Therapy uses various forms of written expression as a means of therapeutic exploration and healing.

Techniques:

- Expressive writing about traumatic experiences
- Structured journaling exercises
- Poetry therapy
- Letter writing (unsent letters)

Focus: The focus is on using writing to process emotions, gain insights, and promote healing from various psychological issues.

Historical Context: While writing has been used therapeutically throughout history, modern Writing Therapy techniques gained prominence in the latter half of the 20th century.

Criticisms:

- Some argue that writing therapy may not be suitable for individuals with limited literacy or those who find writing stressful.
- Critics question whether insights gained through writing consistently translate into behavioral change.

Yoga Therapy

Key Figures: Swami Kuvalyananda, T.K.V. Desikachar

Approach: Yoga Therapy applies the techniques and philosophy of yoga to promote physical, mental, and emotional healing.

Techniques:

- Asana (physical postures)
- Pranayama (breathing exercises)
- Meditation and mindfulness practices
- Application of yogic philosophy to daily life

Focus: The focus is on integrating body, mind, and spirit to address various physical and mental health issues and promote overall well-being.

Historical Context: While yoga has ancient roots, its application as a formal therapy gained recognition in the 20th century and has grown significantly in recent decades.

Criticisms:

- Some question whether the spiritual aspects of yoga are appropriate in a therapeutic context.
- Critics argue that the physical practices may not be suitable for all clients, particularly those with certain health conditions.

Zero Balancing

Founder: Fritz Smith

Approach: Zero Balancing is a body-mind therapy that uses skilled touch to balance the relationship between energy and structure within the body.

Techniques:

- Gentle finger pressure and stretching
- Working with "fulcrums" or points of balanced tension
- Attention to bone energy
- Integration of body-mind experiences

Focus: The focus is on promoting physical and emotional balance by working with the body's energy fields and structural system.

Historical Context: Zero Balancing was developed in the 1970s, integrating Western scientific approaches with Eastern energy concepts.

Criticisms:

- Some question the scientific basis for the energy concepts used in Zero Balancing.
- Critics argue that the effects may be due to general touch and relaxation rather than specific energy work.

Glossary of Psychotherapy Terms

Abreaction: The release of emotional tension through recalling a repressed traumatic experience. (Associated with psychoanalysis)

Acceptance and Commitment Therapy (ACT): A form of therapy that uses acceptance and mindfulness strategies, along with commitment and behavior change strategies.

Affect: The observable expression of emotion.

Ambivalence: The simultaneous experience of contradictory feelings toward a person or thing.

Analytical Psychology: A form of depth psychology developed by Carl Jung. (Associated with Jungian analysis)

Anima/Animus: In Jungian psychology, the unconscious feminine side of a man (anima) or masculine side of a woman (animus). (Associated with Jungian analysis)

Anxiety: A feeling of worry, nervousness, or unease about something with an uncertain outcome.

Archetype: Universal, innate models of people, behaviors, or personalities. (Associated with Jungian analysis)

Association: The process of connecting ideas, memories, and feelings.

Attachment: The emotional bond between an infant and their primary caregiver. (Associated with attachment theory)

Automatic Thoughts: Spontaneous, often negative thoughts that occur rapidly in response to a situation. (Associated with cognitive-behavioral therapy)

Behaviorism: A psychological approach that emphasizes observable behaviors rather than internal mental states.

Biofeedback: A technique that trains people to improve their health by controlling certain bodily processes.

Catharsis: The process of releasing strong or repressed emotions.

Cognitive Behavioral Therapy (CBT): A type of psychotherapy that helps patients understand the thoughts and feelings that influence behaviors.

Cognitive Distortion: Inaccurate or exaggerated thought patterns that reinforce negative emotions. (Associated with cognitive-behavioral therapy)

Collective Unconscious: In Jungian psychology, a part of the unconscious mind shared by a society or all humanity. (Associated with Jungian analysis)

Complex: A core pattern of emotions, memories, perceptions, and wishes in the personal unconscious. (Associated with psychoanalysis and Jungian analysis)

Conditioning: The process of learning to associate a particular stimulus with a particular response. (Associated with behaviorism)

Conscious: The part of the mind that is aware of immediate thoughts, feelings, and perceptions.

Countertransference: The therapist's emotional reaction to the patient, often based on the therapist's own unconscious needs. (Associated with psychoanalysis)

Defense Mechanism: Unconscious psychological strategies used to cope with reality and maintain self-image. (Associated with psychoanalysis)

Dialectical Behavior Therapy (DBT): A type of cognitive-behavioral therapy that emphasizes the psychosocial aspects of treatment.

Dissociation: A psychological experience in which a person feels disconnected from their thoughts, feelings, memories, or sense of identity.

Ego: In Freudian psychology, the part of the personality that mediates between the id and the superego. (Associated with psychoanalysis)

Ego Psychology: A school of psychoanalysis that emphasizes the importance of the ego in managing psychic conflict. (Associated with psychoanalysis)

Electroconvulsive Therapy (ECT): A procedure in which electric currents are passed through the brain to trigger a brief seizure, used to treat certain mental health conditions.

Empathy: The ability to understand and share the feelings of another.

Existential Therapy: A form of psychotherapy that emphasizes the human condition as a whole, particularly themes of free will, self-determination, and the search for meaning.

Exposure Therapy: A technique in which a person is gradually exposed to an anxiety-producing object or situation. (Associated with behavioral therapy)

Family Systems Therapy: An approach that treats the family as a whole rather than focusing on individual members.

Free Association: A technique in psychoanalysis in which a person says whatever comes into their mind without censorship. (Associated with psychoanalysis)

Gestalt Therapy: A form of psychotherapy that emphasizes personal responsibility and focuses on the individual's experience in the present moment.

Group Therapy: A form of psychotherapy that involves one or more therapists working with several people at the same time.

Humanistic Therapy: An approach that emphasizes a person's inherent drive towards self-actualization and creativity.

Hypnosis: An altered state of consciousness characterized by heightened suggestibility and focused attention.

Id: In Freudian psychology, the part of the personality that contains unconscious psychic energy. (Associated with psychoanalysis)

Individuation: In Jungian psychology, the process of integrating the conscious with the unconscious. (Associated with Jungian analysis)

Insight: The capacity to gain an accurate and deep understanding of someone or something.

Interpretation: In psychotherapy, the therapist's explanation of the client's thoughts, feelings, or behaviors.

Intrapsychic: Occurring within the mind or psyche.

Libido: In Freudian theory, psychic and emotional energy associated with instinctual biological drives. (Associated with psychoanalysis)

Mindfulness: A mental state achieved by focusing one's awareness on the present moment. (Associated with mindfulness-based therapies)

Mirroring: A therapeutic technique where the therapist reflects the client's body language, emotions, or words.

Narcissism: Excessive interest in or admiration of oneself.

Narrative Therapy: A form of psychotherapy that separates the person from the problem and encourages them to rely on their own skills to minimize problems in their life.

Neurotransmitter: A chemical messenger that transmits signals across a synapse from one neuron to another.

Object Relations Theory: A psychodynamic theory that suggests that the way people relate to others and situations in their adult lives is shaped by family experiences during infancy. (Associated with psychoanalysis)

Oedipus Complex: In Freudian theory, a child's unconscious desire for the opposite-sex parent, coupled with rivalry with the same-sex parent. (Associated with psychoanalysis)

Operant Conditioning: A learning process in which behavior is modified by its consequences. (Associated with behaviorism)

Persona: In Jungian psychology, the social face an individual presents to the world. (Associated with Jungian analysis)

Phenomenology: The study of structures of consciousness as experienced from the first-person point of view.

Positive Psychology: A branch of psychology that focuses on the character strengths and behaviors that allow individuals to build a life of meaning and purpose.

Preconscious: In psychoanalytic theory, the part of the mind containing thoughts and feelings that are not currently conscious but can be readily recalled.

Projection: A defense mechanism in which a person attributes their own unacceptable urges to another person. (Associated with psychoanalysis)

Psychoanalysis: A set of psychological theories and therapeutic techniques that aim to treat mental disorders by investigating the interaction of conscious and unconscious elements in the mind.

Psychodynamic Therapy: A form of depth psychology that emphasizes the study of the psychological forces underlying human behavior, feelings, and emotions.

Psychosis: A severe mental disorder in which thoughts and emotions are so impaired that contact is lost with external reality.

Rational Emotive Behavior Therapy (REBT): A form of cognitive therapy that focuses on resolving emotional and behavioral problems.

Regression: A defense mechanism in which a person reverts to an earlier stage of development. (Associated with psychoanalysis)

Reinforcement: The process of encouraging or establishing a belief or pattern of behavior. (Associated with behaviorism)

Repression: The unconscious blocking of unpleasant emotions, impulses, memories, and thoughts. (Associated with psychoanalysis)

Resistance: In psychotherapy, the client's opposition to confronting difficult feelings or situations.

Schema: A cognitive framework or concept that helps organize and interpret information. (Associated with cognitive therapy)

Self-Actualization: The realization or fulfillment of one's talents and potentialities. (Associated with humanistic psychology)

Shadow: In Jungian psychology, the unconscious aspect of personality which the conscious ego does not identify in itself. (Associated with Jungian analysis)

Solution-Focused Brief Therapy: A goal-directed collaborative approach to psychotherapeutic change that emphasizes finding solutions rather than focusing on problems.

Somatic Experiencing: A form of trauma therapy that focuses on perceived body sensations.

Stimulus: Any object or event that is sensed by a living organism and elicits a response.

Sublimation: A mature type of defense mechanism where socially unacceptable impulses are transformed into socially acceptable actions. (Associated with psychoanalysis)

Superego: In Freudian theory, the part of the personality that represents internalized ideals and moral standards. (Associated with psychoanalysis)

Suppression: The conscious process of pushing unwanted thoughts into the unconscious.

Systematic Desensitization: A type of behavior therapy used to treat phobias and other anxiety disorders. (Associated with behavioral therapy)

Therapeutic Alliance: The working relationship between a therapist and client.

Transactional Analysis: A psychoanalytic theory of psychology that examines a person's relationships and interactions.

Transference: The redirection of feelings and desires, especially those unconsciously retained from childhood, toward a new object. (Associated with psychoanalysis)

Trauma: A deeply distressing or disturbing experience.

Unconditional Positive Regard: A concept developed by Carl Rogers that refers to the basic acceptance and support of a person regardless of what they say or do. (Associated with person-centered therapy)

Unconscious: The part of the mind that is inaccessible to the conscious mind but affects behavior and emotions.

Validation: The recognition and acceptance of another person's thoughts, feelings, sensations, and behaviors as understandable.

Cognitive Restructuring: The therapeutic process of identifying and challenging negative or irrational thoughts. (Associated with cognitive-behavioral therapy)

Flooding: A type of exposure therapy where the patient is exposed to anxiety-producing stimuli intensely and rapidly. (Associated with behavioral therapy)

Genogram: A pictorial display of a person's family relationships and medical history used in family therapy.

Inner Child: A concept used in various forms of therapy that refers to the childlike aspect of a person's psyche.

Motivational Interviewing: A counseling approach designed to help people find the motivation to make positive behavior changes.

Negative Reinforcement: The removal of an unpleasant stimulus to increase the likelihood of a behavior. (Associated with behaviorism)

Paradoxical Intention: A cognitive reframing technique where the person is encouraged to engage in the feared behavior. (Associated with logotherapy)

Psychoeducation: The process of providing education and information to those seeking or receiving mental health services.

Reciprocal Inhibition: A behavioral therapy technique where a relaxation response is conditioned to occur in the presence of anxiety-producing stimuli.

Relapse Prevention: A cognitive-behavioral approach with the goal of identifying and preventing high-risk situations for relapse.

Sand Tray Therapy: A form of expressive therapy that uses a sandbox and miniature toys to create scenes reflecting a person's inner world.

Self-Efficacy: An individual's belief in their capacity to execute behaviors necessary to produce specific performance attainments. (Associated with cognitive-behavioral therapy)

Sensorimotor Psychotherapy: A body-centered approach that aims to treat the somatic symptoms of unresolved trauma.

Socratic Questioning: A form of disciplined questioning used in therapy to probe a client's beliefs and assumptions. (Associated with cognitive therapy)

Structural Family Therapy: A type of family therapy that focuses on adjusting and strengthening the family system to improve the functioning of the family unit.

Supervision: The process where a more experienced therapist guides and oversees the work of a less experienced therapist.

Therapeutic Metaphor: The use of stories or figurative language in therapy to help clients understand their situations from a different perspective.

Token Economy: A system of behavior modification based on the systematic reinforcement of target behavior using "tokens" as secondary reinforcers. (Associated with behavioral therapy)

Triangulation: A manipulation tactic where one person will not communicate directly with another person, instead using a third person to relay communication. (Often addressed in family systems therapy)

Working Through: The process in psychotherapy of thoroughly exploring and dealing with issues or problems, often involving repetition and gradual progress.

Abstinence: In psychoanalysis, the analyst's restraint from gratifying the patient's desires or impulses.

Active Imagination: A method in Jungian psychology of assimilating unconscious contents through some form of self-expression. (Associated with Jungian analysis)

Adlerian Therapy: An approach to psychotherapy that emphasizes the individual's strive for superiority and sense of belonging. (Associated with Individual Psychology)

Affect Regulation: The ability to modulate one's emotional state.

Alexithymia: Difficulty in identifying and describing emotions.

Altered State of Consciousness: Any condition significantly different from a normal waking state.

Amplification: In Jungian psychology, the expansion and enrichment of dream images. (Associated with Jungian analysis)

Anal Stage: In Freudian theory, the second stage of psychosexual development. (Associated with psychoanalysis)

Anhedonia: The inability to feel pleasure in normally pleasurable activities.

Anomie: A state or condition of individuals or society characterized by a breakdown of social priorities and values.

Anthroposophical Medicine: A holistic and salutogenic approach to medicine developed by Rudolf Steiner.

Anticipatory Anxiety: Anxiety experienced in anticipation of a difficult situation.

Apperception: The process of understanding something perceived in terms of previous experience.

Archetypes: Primordial images and motifs that comprise the collective unconscious. (Associated with Jungian analysis)

Art Therapy: A form of psychotherapy that uses art media as its primary mode of expression and communication.

Assertiveness Training: A form of behavior therapy designed to help people stand up for themselves.

Attachment Styles: Patterns of behavior in relationships, typically formed in early childhood. (Associated with Attachment Theory)

Autogenic Training: A relaxation technique developed by Johannes Schultz.

Autonomy: Independence or freedom, as of the will or one's actions.

Aversion Therapy: A form of behavior therapy designed to make the patient give up an undesirable habit by causing them to associate it with an unpleasant effect.

Behavioural Activation: A component of CBT aimed at increasing engagement in adaptive activities through scheduling and reinforcement. (Associated with cognitive-behavioral therapy)

Bibliotherapy: The use of books as therapy in the treatment of mental or psychological disorders.

Bioenergetics: A form of body psychotherapy combining physical exercises with psychotherapy. (Associated with body-oriented psychotherapy)

Bipolar Disorder: A mental health condition characterized by alternating periods of elevated mood and depression.

Body Dysmorphic Disorder: A mental disorder characterized by an obsessive preoccupation with a perceived defect in one's physical appearance.

Borderline Personality Disorder: A mental health disorder characterized by unstable moods, behavior, and relationships.

Cathartic Method: A psychotherapeutic method of bringing repressed ideas and feelings into consciousness. (Associated with psychoanalysis)

Chair Work: A psychotherapeutic technique where clients use different chairs to represent different perspectives or parts of themselves. (Associated with Gestalt therapy)

Circumambulation: In Jungian psychology, the act of "walking around" the Self, approaching it from different sides. (Associated with Jungian analysis)

Classical Conditioning: A learning process in which a neutral stimulus becomes associated with a meaningful stimulus and acquires the capacity to elicit a similar response. (Associated with behaviorism)

Cognitive Dissonance: The mental discomfort experienced when simultaneously holding two or more conflicting beliefs, ideas, or values.

Collective Consciousness: The set of shared beliefs, ideas, and moral attitudes which operate as a unifying force within society.

Compensation: In Jungian psychology, the process by which the unconscious offsets deficiencies in the personality. (Associated with Jungian analysis)

Compulsion: An irresistible urge to behave in a certain way, especially against one's conscious wishes.

Condensation: In dream interpretation, the process by which multiple dream thoughts are combined into a single image. (Associated with psychoanalysis)

Conformity: The act of matching attitudes, beliefs, and behaviors to group norms, politics or being like-minded.

Confrontation: A therapeutic technique where the therapist points out discrepancies in the client's behavior or thinking.

Congruence: In person-centered therapy, the state of being genuine and authentic in the therapeutic relationship. (Associated with person-centered therapy)

Conversion Disorder: A mental condition in which a person has neurological symptoms that can't be explained by medical evaluation.

Coping Mechanism: Any conscious or non-conscious adjustment or adaptation that decreases tension and anxiety.

Core Beliefs: Fundamental, inflexible, absolute, and generalized beliefs that people hold about themselves, others, and the world. (Associated with cognitive-behavioral therapy)

Counterconditioning: A form of conditioning in which a response to a stimulus is changed from one to another. (Associated with behaviorism)

Crisis Intervention: Emergency psychological care aimed at assisting individuals in a crisis situation to restore equilibrium to their bio-psycho-social functioning.

Cross-Cultural Psychology: The scientific study of human behavior and mental processes under diverse cultural conditions.

Decatastrophizing: A cognitive restructuring technique aimed at reducing catastrophic thinking. (Associated with cognitive-behavioral therapy)

Decompensation: The deterioration of existing defenses, leading to an exacerbation of pathological behavior.

Depersonalization: A state in which one's thoughts and feelings seem unreal or not to belong to oneself.

Desensitization: A process of diminished emotional responsiveness to a negative or aversive stimulus after repeated exposure to it.

Developmental Psychology: The scientific study of systematic psychological changes that occur in human beings over the course of their life span.

Differential Reinforcement: Reinforcing only those responses within a response class that meet a specific criterion. (Associated with behaviorism)

Directive Therapy: Any form of therapy where the therapist directs the course of treatment and suggests what the client should do.

Displacement: A defense mechanism in which a drive or feeling is shifted to a substitute object. (Associated with psychoanalysis)

Dissociative Identity Disorder: A mental disorder characterized by the maintenance of at least two distinct and relatively enduring personality states.

Dream Analysis: The psychological interpretation of dreams. (Associated with psychoanalysis and Jungian analysis)

Dyad: A group of two people, typically involved in a social interaction.

Dysfunctional Thought Record: A tool used in cognitive-behavioral therapy to identify and challenge negative automatic thoughts. (Associated with cognitive-behavioral therapy)

Eclectic Therapy: An approach to psychotherapy that draws on multiple theoretical orientations and techniques.

Ego Boundary: The theoretical line differentiating the self from the external world.

Ego Dystonic: Aspects of a person's thoughts, impulses, attitudes, and behaviors that are felt to be repugnant, distressing, or inconsistent with the rest of the personality.

Ego Ideal: In psychoanalytic theory, the part of the personality serving as a standard for the ego; an idealized self-image. (Associated with psychoanalysis)

Ego Integrity: In Erikson's stages of psychosocial development, the ability to look back on one's life with satisfaction.

Ego Syntonic: Aspects of one's thoughts, behavior, or attitudes that are acceptable to the ego.

Enantiodromia: In Jungian psychology, the principle that anything pushed to an extreme converts into its opposite. (Associated with Jungian analysis)

Enuresis: Involuntary urination, especially by children at night.

Enmeshment: A condition in which two or more people, typically family members, are overly involved with and dependent on each other.

Eriksonian Therapy: A form of psychotherapy based on the psychosocial stages of development articulated by Erik Erikson.

Erotic Transference: In psychoanalysis, the client's experience of feelings of love for the analyst. (Associated with psychoanalysis)

Existential Anxiety: Anxiety related to the human condition and questions of existence.

Externalization: A therapeutic technique used in narrative therapy where the problem is separated from the person.

Extinction: The weakening of a conditioned response when the conditioned stimulus occurs without the unconditioned stimulus. (Associated with behaviorism)

False Self: In object relations theory, a facade developed to cope with difficult relational experiences in childhood. (Associated with psychoanalysis)

Family Constellation: A therapeutic method that aims to reveal hidden dynamics in a family or relationship to address stressors.

Family Sculpting: A technique used in family therapy where family members physically position themselves to represent emotional relationships within the family.

Fixation: In psychoanalytic theory, a persistent focus on an earlier stage of psychosexual development. (Associated with psychoanalysis)

Flooding: A behavior therapy technique used to treat phobias by exposing the patient directly to the feared stimulus. (Associated with behavioral therapy)

Flow: In positive psychology, a mental state of complete absorption in the current experience.

Focusing: A psychotherapeutic process developed by Eugene Gendlin that involves attending to the body's subtle signals.

Formal Operational Stage: In Piaget's theory of cognitive development, the stage at which abstract thought emerges.

Fundamental Attribution Error: The tendency to overemphasize personality-based explanations for behaviors observed in others while underemphasizing situational explanations.

Galvanic Skin Response: A change in the electrical properties of the skin associated with the activity of sweat glands.

Generalized Anxiety Disorder: An anxiety disorder characterized by persistent, excessive, and unrealistic worry about everyday things.

Genogram: A pictorial display of a person's family relationships and medical history. (Associated with family systems therapy)

Gestalt: A structure, configuration, or pattern of physical, biological, or psychological phenomena so integrated as to constitute a functional unit with properties not derivable from its parts in summation.

Grounding Techniques: Strategies to help a person focus on the present moment and connect with the physical environment.

Group Dynamics: The interactions, attitudes, and behaviors that occur within a social group.

Guided Imagery: A mind-body intervention in which a person is guided in imagining a relaxing scene or series of experiences.

Habituation: The diminishing of a physiological or emotional response to a frequently repeated stimulus.

Hakomi Method: A body-centered, somatic psychotherapy that uses mindfulness and the body as a route to core material.

Hallucination: A sensory experience of something that does not exist outside the mind.

Halo Effect: The tendency for an impression created in one area to influence opinion in another area.

Harm Reduction: A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Hierarchical Needs: Maslow's theory that people are motivated by five basic categories of needs: physiological, safety, love, esteem, and self-actualization.

Holding Environment: In object relations theory, the supportive environment provided by the caregiver to the child. (Associated with psychoanalysis)

Homeostasis: The tendency toward a relatively stable equilibrium between interdependent elements, especially as maintained by physiological processes.

Homework: In cognitive-behavioral therapy, tasks assigned to clients to complete between sessions. (Associated with cognitive-behavioral therapy)

Hormesis: The theory that exposure to low doses of an agent that is dangerous in higher doses can be beneficial.

Humanism: A psychological perspective that emphasizes the study of the whole person and the uniqueness of each individual.

Hypervigilance: An enhanced state of sensory sensitivity accompanied by an exaggerated intensity of behaviors whose purpose is to detect activity.

Hypnotherapy: The use of hypnosis as a therapeutic technique.

Id Psychology: A variation of psychoanalytic theory that emphasizes the role of the id (instinctual drives) in personality and behavior. (Associated with psychoanalysis)

Identification: A defense mechanism by which an individual adopts the behaviors, values, or characteristics of another person or group. (Associated with psychoanalysis)

Idiographic: Relating to the study of individuals, as opposed to groups.

Implosion Therapy: A type of behavior therapy that attempts to weaken neurotic fears by exposing the person to anxiety-producing stimuli while preventing avoidance responses. (Associated with behavioral therapy)

Incongruence: In person-centered therapy, a state of disparity between the actual experience of the organism and the self-picture of the individual insofar as it represents that experience. (Associated with person-centered therapy)

Individual Psychology: Alfred Adler's theory focusing on the drive to compensate for feelings of inferiority.

Individuation: In Jungian psychology, the process by which a person becomes a psychological individual, differentiated from others. (Associated with Jungian analysis)

Induction: The initial stage of hypnosis in which the subject becomes relaxed and susceptible to suggestion.

Inferiority Complex: A condition characterized by lack of self-esteem, confidence, and feelings of not measuring up to societal standards. (Associated with Individual Psychology)

Insecure Attachment: An attachment style characterized by anxiety, avoidance, or disorganization in relationships. (Associated with Attachment Theory)

Instinct: An innate, typically fixed pattern of behavior in animals in response to certain stimuli.

Integration: In Jungian psychology, the process of incorporating unconscious contents into consciousness. (Associated with Jungian analysis)

Introjection: The unconscious adoption of the ideas or attitudes of others. (Associated with psychoanalysis)

Introspection: The examination or observation of one's own mental and emotional processes.

Isolation: A defense mechanism in which a thought or memory is stripped of its emotional content. (Associated with psychoanalysis)

Jungian Analysis: A form of analytical psychology developed by Carl Jung, emphasizing the importance of the individual psyche and the personal quest for wholeness. (Associated with Jungian analysis)

Kinesthesia: The sensation of movement or strain in muscles, tendons, and joints.

Kleptomania: A recurrent urge to steal, typically without regard for need or profit.

Latency Period: In Freudian theory, the stage of psychosexual development between the phallic stage and the genital stage. (Associated with psychoanalysis)

Learned Helplessness: A condition in which a person suffers from a sense of powerlessness, arising from a persistent failure to succeed.

Locus of Control: The degree to which people believe that they have control over the outcome of events in their lives.

Logotherapy: A type of existential analysis that focuses on a will to meaning as opposed to a Freudian will to pleasure or Adlerian will to power.

Mania: A state of abnormally elevated arousal, affect, and energy level.

Masochism: The tendency to derive pleasure, especially sexual gratification, from one's own pain or humiliation.

Maturation: The process of becoming mature; a developmental process.

Melancholia: In psychoanalytic theory, a profound presentation of depression. (Associated with psychoanalysis)

Mentalization: The ability to understand the mental state of oneself and others which underlies overt behavior.

Metacognition: Awareness and understanding of one's own thought processes.

Mindfulness-Based Cognitive Therapy (MBCT): A psychological therapy which uses techniques such as meditation to treat depression.

Modeling: A technique used in behavioral therapy in which the client learns by observing and mimicking others. (Associated with behavioral therapy)

Moral Development: The process through which children develop proper attitudes and behaviors toward other people in society, based on social and cultural norms, rules, and laws.

Munchausen Syndrome: A factitious disorder wherein those affected feign disease, illness, or psychological trauma to draw attention, sympathy, or reassurance to themselves.

Narcissistic Personality Disorder: A personality disorder characterized by a long-standing pattern of grandiosity, need for admiration, and lack of empathy.

Negative Reinforcement: The strengthening of a behavior because a negative condition is stopped or avoided as a consequence of the behavior. (Associated with behaviorism)

Neurodevelopmental Disorders: A group of disorders in which the development of the central nervous system is disturbed.

Neuroplasticity: The brain's ability to reorganize itself by forming new neural connections throughout life.

Neurosis: A class of functional mental disorders involving chronic distress but neither delusions nor hallucinations.

Nondirective Therapy: A therapeutic approach in which the therapist refrains from giving advice, making suggestions, or providing interpretations. (Associated with person-centered therapy)

Object Constancy: The ability to maintain a positive emotional bond with others even when under stress or experiencing negative emotions.

Obsessive-Compulsive Disorder (OCD): An anxiety disorder in which people have unwanted and repeated thoughts, feelings, ideas, sensations (obsessions), and behaviors that drive them to do something over and over (compulsions).

Ontogenesis: The development or developmental history of an individual organism.

Operationalization: The process of strictly defining variables into measurable factors.

Oral Stage: In Freudian theory, the first stage of psychosexual development. (Associated with psychoanalysis)

Organic Mental Disorder: A syndrome characterized by a clinically significant decline in cognitive functions due to a medical condition not directly related to a psychiatric illness.

Panic Attack: A sudden episode of intense fear that triggers severe physical reactions when there is no real danger or apparent cause.

Paranoid Personality Disorder: A mental condition in which a person has a long-term pattern of distrust and suspicion of others without adequate reason.

Paraphrasing: A therapeutic technique in which the therapist restates the client's words to show understanding and encourage further exploration.

Passive-Aggressive Behavior: A pattern of indirectly expressing negative feelings instead of openly addressing them.

Pedophilia: A psychiatric disorder in which an adult or older adolescent experiences a primary or exclusive sexual attraction to prepubescent children.

Perseveration: The repetition of a particular response (such as a word, phrase, or gesture) despite the absence or cessation of a stimulus.

Personality Inventory: A questionnaire designed to assess personality traits or types.

Phallic Stage: In Freudian theory, the third stage of psychosexual development. (Associated with psychoanalysis)

Phobia: An irrational and excessive fear of an object or situation.

Placebo Effect: A beneficial effect produced by a placebo drug or treatment, which cannot be attributed to

Phobia: An irrational and excessive fear of an object or situation.

Placebo Effect: A beneficial effect produced by a placebo drug or treatment, which cannot be attributed to the properties of the placebo itself.

Play Therapy: A form of therapy primarily used with children, in which play is used as a means of communication and expression.

Positive Psychology: The scientific study of the strengths that enable individuals and communities to thrive.

Post-Traumatic Stress Disorder (PTSD): A mental health condition triggered by experiencing or witnessing a terrifying event.

Practicum: Supervised clinical experience provided to graduate students in psychology and other mental health professions.

Preconscious: In psychoanalytic theory, the thoughts and feelings that are not conscious but can be brought into consciousness easily. (Associated with psychoanalysis)

Primary Process Thinking: In Freudian theory, the type of mental activity most characteristic of the unconscious. (Associated with psychoanalysis)

Projective Test: A type of personality test in which a person responds to ambiguous stimuli, revealing hidden emotions and internal conflicts.

Psychodrama: A form of psychotherapy in which clients use spontaneous dramatization, role playing, and dramatic self-presentation to investigate and gain insight into their lives.

Psychogenic: Having a psychological origin or cause rather than a physical one.

Psychomotor Agitation: A set of signs and symptoms that stem from mental tension and anxiety.

Psychoneuroimmunology: The study of the interaction between psychological processes and the nervous and immune systems of the human body.

Psychopathology: The scientific study of mental disorders, including their symptoms, etiology, and treatment.

Psychosexual Stages: In Freudian theory, the stages of development in which the id's pleasure-seeking energies focus on different parts of the body. (Associated with psychoanalysis)

Psychosocial Development: Erikson's theory of eight stages of human development, each characterized by a specific psychosocial crisis.

Psychosomatic: Of or relating to a physical illness or other condition caused or aggravated by a mental factor such as internal conflict or stress.

Psychosynthesis: An approach to psychology that emphasizes spiritual and transpersonal aspects of the psyche.

Purging: The act of ridding the body of food, often after binge eating, as a feature of certain eating disorders.

Rapport: A close and harmonious relationship in which the people or groups concerned understand each other's feelings or ideas and communicate well.

Reaction Formation: A defense mechanism in which a person goes beyond denial and behaves in the opposite way to which he or she thinks or feels. (Associated with psychoanalysis)

Reality Testing: The ability to distinguish between internal experiences and the external world.

Reattribution: A cognitive technique used to identify and challenge thoughts about the cause of negative events. (Associated with cognitive-behavioral therapy)

Rebirthing: A form of breathwork that is intended to release suppressed traumatic childhood memories.

Reciprocal Inhibition: In behavior therapy, the process by which a new response incompatible with an unwanted response is conditioned to occur in the presence of the stimulus that formerly elicited the unwanted response. (Associated with behavioral therapy)

Reconsolidation: The process by which previously consolidated memories are recalled and actively consolidated again, in which they are vulnerable to change.

Regression to the Mean: The phenomenon that if a variable is extreme on its first measurement, it will tend to be closer to the average on its second measurement.

Reinforcement Schedule: In operant conditioning, the protocol for determining when and how often a behavior is reinforced. (Associated with behaviorism)

Relational Psychoanalysis: A school of psychoanalysis that emphasizes the role of real and imagined relationships with others in mental disorder and psychotherapy.

Relaxation Response: A physical state of deep rest that changes the physical and emotional responses to stress.

Repetition Compulsion: In psychoanalytic theory, the tendency to repeat traumatic or problematic experiences. (Associated with psychoanalysis)

Resilience: The ability to mentally or emotionally cope with a crisis or to return to pre-crisis status quickly.

Resistance: In psychoanalysis, the patient's opposition to recognizing or accepting repressed material. (Associated with psychoanalysis)

Restraint: A measure or condition that keeps someone or something under control or within limits.

Retroactive Inhibition: The interfering effect of new learning on the recall of previously learned material.

Rorschach Test: A projective psychological test in which subjects' perceptions of inkblots are recorded and then analyzed using psychological interpretation.

Sadism: The tendency to derive pleasure, especially sexual gratification, from inflicting pain, suffering, or humiliation on others.

Salutogenesis: An approach focusing on factors that support human health and well-being, rather than on factors that cause disease.

Scapegoating: The practice of singling out a person or group for unmerited blame and consequent negative treatment.

Schizoid: A personality type characterized by emotional coldness and detachment from social relationships.

Secondary Gain: The advantage or privilege a person derives from having an illness or disability.

Self-Actualization: In Maslow's hierarchy of needs, the highest level of psychological development where personal potential is fully realized.

Self-Fulfilling Prophecy: A prediction that directly or indirectly causes itself to become true.

Self-Harm: The intentional, direct injuring of body tissue, done without suicidal intentions.

Sensitization: An increase in the strength of a response to a repeated stimulus.

Separation Anxiety: Excessive fear or anxiety about separation from home or an attachment figure.

Sequelae: A condition which is the consequence of a previous disease or injury.

Sociometry: A quantitative method for measuring social relationships developed by psychotherapist Jacob L. Moreno.