THE PSCHOCYBERNETIC MODEL OF ART THERAPY



ABOUT THE AUTHOR

Dr. Aina O. Nucho (pronounced "Ina" "Nooko") is a professor emerita at the University of Maryland School of Social Work where she taught graduate level courses in clinical methods with individuals, families, and groups. She also taught human behavior, social research, stress management and art therapy.

Dr. Nucho obtained her primary and secondary education in Riga, Latvia, and later she studied at the University of Tuebingen in Germany. Dr. Nucho holds a graduate degree in social work and a Ph.D. degree, both from Bryn Mawr College. She is a Distinguished Fellow and a recipient of the 2000 Ernst Kris Prize of the American Society of Psychopathology of Expression, a Board Certified Diplomate in Clinical Social Work (BCD), a member of the Academy of Certified Social Workers (ASCW), a licensed clinical social worker in the State of Maryland (LCSW-C), and a registered art therapist (ATR).

Dr. Nucho is the author of *Stress Management: The Quest for Zest* (1988) and *Spontaneous Creative Imagery: Problem-Solving and Life-Enhancing Skills* (1995), both published by Charles C Thomas, Springfield, IL, and five books in Latvian. She has published articles in professional journals and has presented papers at national and international conferences.

Second Edition

THE PSYCHOCYBERNETIC MODEL OF ART THERAPY

By

AINA O. NUCHO, Ph.D. A.T.R., A.C.S.W., L.C.S.W.-C., B.C.D.

University of Maryland

With Forewords by

Irene Jakab, M.D., PH.D.

Akhter Ahsen, PH.D.



CHARLES C THOMAS • PUBLISHER, LTD. Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD. 2600 South First Street Springfield, Illinois 62704

This book is protected by copyright. No part of it may be reproduced in any manner without written permission from the publisher.

©2003 by CHARLES C THOMAS • PUBLISHER, LTD.

ISBN 0-398-07377-5 (hard) ISBN 0-398-07378-3 (paper)

Library of Congress Catalog Card Number: 2002035973

With THOMAS BOOKS careful attention is given to all details of manufacturing and design. It is the Publisher's desire to present books that are satisfactory as to their physical qualities and artistic possibilities and appropriate for their particular use. THOMAS BOOKS will be true to those laws of quality that assure a good name and good will.

Printed in the United States of America SR-R-3

Library of Congress Cataloging-in-Publication Data

Nucho, Aina O.

The psychocybernetic model of art therapy / by Aina O. Nucho ; with forewords by Irene Jakab and Akhter Ahsen.--2nd ed. p. cm.

Includes bibliographical references and index. ISBN 0-398-07377-5 (hard) -- ISBN 0-398-07378-3 (pbk.)

RC489.A7 N83 2003 616.89'1656--dc21

2002035973

FOREWORD

This book is an instrument of complex knowledge transfer on the subject of art therapy and specifically on the method designed and defined by the author as the psychocybernetic model of intervention.

More than half of the book is dedicated to a detailed account of the origins and the rationale of art therapy. These first six chapters attest to the serious background research and include a rich array of historical and biographical data. All this is presented with logical clarity. The precise quotations from the literature are clearly distinguishable in the text from anecdotal data and from the backbone of the author's interpretation and judicious criticism of various theoretical models.

The description of the psychocybernetic model and the justification for its use is built on its comparative merit over the other models. It is an interactive model based on well defined phases of the therapeutic process.

The second half of the book (Chapters 7 to 11) address in detail the therapeutic process. In this segment the theoretical basis for each phase is again clearly defined and interwoven with illustrative case vignettes and several helpful case discussions.

For the therapist who intends to use the psychocybernetic model it is of great value to find detailed case descriptions including the interpretation of the dynamics of various phases in addition to such practical details as the list of materials to be used with different patient populations, the space requirements and the time frame of individual and group sessions.

The four phases of the therapeutic process: The Unfreezing phase, the Doing phase, the Dialogue phase, and the Ending and Integrating phase are demonstrated through case material which include the patients' graphic productions under discussion.

The author provides several clearly presented graphs in support of her concept of the therapeutic process. The whole second half of the book (Chapters 7 to 11) could stand on its own as a practical guide to the implementation of the psychocybernetic model. Nonetheless, even this segment contains explicit theoretical data in support of the author's views and suggestions.

In order to support the clinical effectiveness of her method the author quotes a comparative research study by Lindenmuth on 298 depressed patients in a nursing home exposed to various treatment modalities. The art therapy was conducted by a therapist (MSW) who received instruction in the psychocybernetic model from the author. The results of this study attest to statistically significant (.001 level) improvement of depression scores in the groups exposed to expressive therapies (art, music, and exercise therapy).

The book is an important reference volume on the theoretical foundations of art therapy—each chapter in the first half could be used as a separate self-contained paper on its respective subject. The clear definitions of this historical overview introduce the reader to such broad topics as cybernetics, general system theory, information processing, imagery, and the rapport of systems and cognition.

While this first half may be considered as being addressed primarily to academicians it is also useful to the practitioner of the psychocybernetic model of art therapy. At the same time, this book in its second half contains excellent practical details which warrant its use by practitioners who are interested to include this new method into their day-to-day work with patients.

A comprehensive bibliography and index add weight to this scholarly text.

I can wholeheartedly recommend this volume as a reference textbook for libraries and for teachers of expressive therapies as well as for the use by practitioners of various forms of psychotherapy.

> IRENE JAKAB, M.D., PH. D. Professor of Psychiatry University of Pittsburgh and President, American Society of Psychopathology of Expression

FOREWORD

A ina Nucho's clinical practice and teaching over the last 20 years has paralleled many of the major developments in the field of art therapy. She is perhaps one of the last persons to interview Margaret Naumburg, the eminent pioneer in art therapy whose stellar contributions to art therapy are well known. Having participated in and witnessed the merging of art and therapy in the United States, it is appropriate that Nucho be the chronicler of this new modality of interpersonal helping. That she has done—and very ably—taking the reader back to the Ancient Greece, down through the ages into the late nineteenth and early twentieth centuries, coming to Switzerland and to Carl Jung and his method of active imagination, and then going further on into the contemporary scene. By depicting the evolution of art therapy, Nucho demonstrates the difference between the art wing and the therapy wing of art therapy and she underscores the need for a new model in this form of psychotherapy.

Nucho terms that new model the psychocybernetic model of art therapy. Utilizing the general system approach she develops a model of helping that incorporates what is currently known about human cognition and the functioning of the brain. She introduces the concept of codification to elucidate the perennially perplexing phenomenon of cognition. The reader will welcome the clear, jargon-free discussion of how the mind works and how to facilitate the process of growth and change.

Central to the psychocybernetic model is the understanding of the phenomenon of imagery. Nucho reminds us that images are symbols and thus an essential part of cognition; images are both mental and physical, and they derive from both memory and imagination. Images, too, like everything else, form a kind of a system. Images arise spontaneously in the mind, and they can also be created deliberately. Nucho describes how the psychocybernetic model provides ways of therapeutic handling of both kinds of images so that profound personal experiences may be sorted out and dealt with.

Images, as Nucho views them, are part of the cybernetic control system of the human mind. Each experience is considered to be encoded as an image and linguistically in language, and to some the fit may be more or less perfect between these two symbol systems, but she points out, there may be a gap. The gap is filled by somatic response. She is gracious to involve my Triple Code Model of imagery at this phase of the formulation of her theory and it further enriches her psychocybernetic model. Images and words are not like two parallel, unconnected clocks which do not interact but tell the same time; language which describes images is only approximate. It is capable of error. Images, in contrast, just are. They register the experience of the organism directly. If the discrepancy between somatic responses, imagery, and meaning encoded in language persists over time, disease ensues. Images and language are functionally connected. Images are not reducible to language, nor is language reducible to images. Both are needed. And so is the body. The psychocybernetic model shows how to behold and examine images so that balance and wholeness may be attained.

Readers will find Dr. Nucho's discussion of the psychocybernetic process immensely helpful, particularly if they wish to combine the traditional, largely verbal means of interpersonal helping with techniques of art therapy. Nucho marches the reader through the various phases of the therapeutic process, guiding the practitioner's efforts and warning against pitfalls and false expectations. Her analyses of case studies and her collection of artworks done by a number of clients all illustrate the appropriate use of the new model of helping.

Nucho's achievement will work to the great benefit of mental health practitioners. Far too long have psychotherapists resembled Cyclops, the giant in Greek mythology who had only one eye and hence a distorted and limited perception. The psychocybernetic model of art therapy as stated by Nucho offers the means of using both eyes, both symbol systems, the visual, holistic-imagistic as well as the verbal-analytic. Practitioners who include the psychocybernetic model into their arsenal of skills will increase their effectiveness immensely.

> AHKTER AHSEN, PH.D. Editor, Journal of Mental Imagery and Founding Chairperson, International Imagery Association

PREFACE

Increasingly, art therapy attracts the interest of forward-looking professionals in the mental health field. Especially those professionals who are working with children and adolescents find art therapy techniques indispensable in their work. Less frequently, art therapy is used when working with adults. The second edition of this book should prove useful not only when working with children and adolescents, but also with various kinds of adults, ranging from minimally dysfunctional to severely dysfunctional, and also with those who are in the final phases of life. Several new art therapy techniques are introduced in this edition of the book to facilitate the work with these populations.

It is a pleasure to acknowledge my indebtedness to the people who in various ways contributed to the development of my ideas that are presented in this book. I want to pay a special tribute to my friend, the late Hanna Y. Kwiatkowska, from whom I learned much about art therapy and about life. I am grateful to Drs. Irene Jakab and Ahkter Ahsen for their interest in my work and for writing the Forewords. Dr. Vija Lesebrink, a kindred spirit, has my profound thanks for her wise counsel and her sustaining encouragement as the work progressed. The clinical acumen of the late Dr. Mala Betensky has enriched my thinking as we collaborated on various projects over the years. My colleagues at the University of Maryland, Drs. Harris Chaiklin, Oliver Harris, Curtis Janzen, Arthur Schwartz, and the late John Goldmeier, have my appreciation for reading individual chapters of the first edition of this work. My gratitude and admiration go to my friend and colleague Dr. Sandra Snow for her enthusiastic use of the psychocybernetic model of art therapy in her practice and teaching.

I thank the founding members of the Maryland Art Therapy Association for stimulating discussions, especially Michelle Flesher, Gwen Gibson, Roberta Shoemaker, and Dr. Lucille Venture. I have also benefited from exchange of ideas with a host of other art therapists, too numerous to mention by name. My special thanks go to Virginia Austin, Robert Ault, Gladys Agell, Georgianna Jungels, Dr. Myra Levick, Dr. Judith Rubin, Dr. Harriet Wadeson, and the late Marge Howard, Connie Naitove, and Marie Reval. The late Dr. Elinor Ulman was gracious enough to read and comment on several chapters of this work.

I am particularly grateful to Louise White who helped me clarify my thinking while straightening out my syntax for this book as well as for my other books. Virginia Peggs was immensely helpful as she cheerfully typed and retyped the many drafts of the manuscript of the first edition. Janice Hicks did the same for the second edition of the book.

I am deeply thankful to my clients who allowed me to get to know them in a special way and for giving me permission to reproduce some of their artwork. I extend my gratitude and appreciation to my students, who over the years shared with me their thoughts, struggles, and triumphs in the use of art therapy. And to my husband, the late Dr. Fuad Nucho, I am grateful for his unwavering interest and encouragement over many years.

Finally, I thank the American Art Therapy Association for permission to reproduce material previously published in the Conference Proceedings 1979, 1981, and 1982. I also thank Rawley Silver for permission to reproduce the Draw-a-Story Form A. Charles C Thomas has my thanks for granting me permission to reproduce the Wartegg blank from E. Hammer (Ed.), *The Clinical Application of Projective Drawings* (1958).

AINA O. NUCHO

CONTENTS

Foreword–Irene Jakab	
	PART ONE: THEORETICAL FOUNDATIONS
Chapter 1.	AN INVITATION TO CHANGE
2.	ART THERAPY, PSYCHOCYBERNETICS AND SYSTEMS
3.	IMAGES AND COGNITION.25What Are Images?.26Types of Imagery.28Preferred Sensory Modality of Imagery.29Images and Metaphors.30Images and Symbolization.31Ahsen's Triple Code Model of Imagery.33The Concept of Systems.34Two Types of Cognition.35Hemispheric Differences.37The Process of Codification.40Systems and Cognition.45Conclusion.47

4.	THE MERGING OF ART AND THERAPY49
	"Go, Paint, It Is Good for Your Soul!"
	The Ancient Greeks
	Jung and the Method of Active Imagination
	Adrian Hill, the Visiting Therapist
	Margaret Naumburg and the Free Art Expression
	Florence Cane and the Artist in Each of Us
	Forging a New Discipline
	Trailblazing in Art Therapy
	Conclusion
5.	VARIETIES OF ART THERAPY
υ.	The Art Wing
	The Therapy Wing
	Arts and Crafts
	Theoretical Orientations
	The Psychoanalytic Model
	The Jungian Approach
	The Gestaltists
	The Phenomenological Trend
	Conclusion
-	
6.	CONTOURS OF THE PSYCHOCYBERNETIC
	MODEL
	Duality of Knowledge
	The Function of the Therapist
	Ipsomatic vs. Nomomatic Seeing
	Primary vs. Secondary Creativity
	The Four Phases of the Therapeutic Process
	When and How to Use the Psychocybernetic Model
	Personal Qualifications101
	Professional Preparation
	Art Materials
	Space Requirements
	Time Considerations
	Conclusion

PART TWO: THE THERAPEUTIC PROCESS

7.	THE UNFREEZING PHASE	111
	Common Misapprehensions	112

	Preparing the Client for the Experience 11 Limbering Up 11 Structuring 11 The Process of Engagement 11	17 17
8.	THE DOING PHASE	
	To Structure or Not to Structure?	
	The Free-flow Technique	
	The Wartegg Technique	
	Diagnostic Procedures	
	Themes Derived from Client Concerns	
	Interactional Drawing Technique	
	Principles of Timing, Gradualness, and Spotlighting	
	Self-System: A Technique Generating Matrix	
	Rapport Building, Self-Sharing, and Closure	
	Free Expression, Assemblages, and Perceptual	rO
	Stimulation	9
	What to Do While Clients Work?	
	The Length of the Doing Phase15	
Q	THE DIALOCUING PHASE 15	57
9.	THE DIALOGUING PHASE	
9.	The Nomomatic vs. the Ipsomatic Approach15	57
9.	The Nomomatic vs. the Ipsomatic Approach	57 59
9.	The Nomomatic vs. the Ipsomatic Approach15Distancing15Decoding16	57 59 50
9.	The Nomomatic vs. the Ipsomatic Approach 15 Distancing 15 Decoding 16 Closure and Consolidation 16	57 59 50 53
9.	The Nomomatic vs. the Ipsomatic Approach 15 Distancing 15 Decoding 16 Closure and Consolidation 16 Format and Length of the Dialoguing Phase 16	57 59 50 53 56
9.	The Nomomatic vs. the Ipsomatic Approach 15 Distancing 15 Decoding 16 Closure and Consolidation 16	57 59 50 53 56 71
9.	The Nomomatic vs. the Ipsomatic Approach15Distancing15Decoding16Closure and Consolidation16Format and Length of the Dialoguing Phase16The Process of Amplification17	57 59 50 53 56 71 71
9.	The Nomomatic vs. the Ipsomatic Approach 15 Distancing 15 Decoding 16 Closure and Consolidation 16 Format and Length of the Dialoguing Phase 16 The Process of Amplification 17 Dispositional vs. Facilitative Understanding 17	57 59 50 53 56 71 71 73
9.	The Nomomatic vs. the Ipsomatic Approach 15 Distancing 15 Decoding 16 Closure and Consolidation 16 Format and Length of the Dialoguing Phase 16 The Process of Amplification 17 Dispositional vs. Facilitative Understanding 17 Search for the Inner Design 17	57 59 50 53 56 71 71 73 74
	The Nomomatic vs. the Ipsomatic Approach 15 Distancing 15 Decoding 16 Closure and Consolidation 16 Format and Length of the Dialoguing Phase 16 The Process of Amplification 17 Dispositional vs. Facilitative Understanding 17 Search for the Inner Design 17 The Dialoguing Process in Groups 17 Salience and Timing 17	57 59 50 53 56 71 73 74 75
	The Nomomatic vs. the Ipsomatic Approach 15 Distancing 15 Decoding 16 Closure and Consolidation 16 Format and Length of the Dialoguing Phase 16 The Process of Amplification 17 Dispositional vs. Facilitative Understanding 17 Search for the Inner Design 17 The Dialoguing Process in Groups 17	57 59 50 53 56 71 73 74 75 77
	The Nomomatic vs. the Ipsomatic Approach 15 Distancing 15 Decoding 16 Closure and Consolidation 16 Format and Length of the Dialoguing Phase 16 The Process of Amplification 17 Dispositional vs. Facilitative Understanding 17 Search for the Inner Design 17 The Dialoguing Process in Groups 17 Salience and Timing 17 ENDING AND INTEGRATING 17	57 59 50 53 56 71 73 74 75 77 78
	The Nomomatic vs. the Ipsomatic Approach 15 Distancing 15 Decoding 16 Closure and Consolidation 16 Format and Length of the Dialoguing Phase 16 The Process of Amplification 17 Dispositional vs. Facilitative Understanding 17 Search for the Inner Design 17 The Dialoguing Process in Groups 17 Salience and Timing 17 ENDING AND INTEGRATING 17 Ratification 17	57 59 50 53 56 71 73 74 75 77 78 79
	The Nomomatic vs. the Ipsomatic Approach 15 Distancing 15 Decoding 16 Closure and Consolidation 16 Format and Length of the Dialoguing Phase 16 The Process of Amplification 17 Dispositional vs. Facilitative Understanding 17 Search for the Inner Design 17 The Dialoguing Process in Groups 17 Salience and Timing 17 Ratification 17 Resistance 17	57 59 50 53 56 71 73 74 75 77 78 79 32
	The Nomomatic vs. the Ipsomatic Approach 15 Distancing 15 Decoding 16 Closure and Consolidation 16 Format and Length of the Dialoguing Phase 16 The Process of Amplification 17 Dispositional vs. Facilitative Understanding 17 Search for the Inner Design 17 The Dialoguing Process in Groups 17 Salience and Timing 17 Ratification 17 Resistance 17 Review 18	57 59 50 53 56 71 73 74 75 77 78 9 32 35
	The Nomomatic vs. the Ipsomatic Approach 15 Distancing 15 Decoding 16 Closure and Consolidation 16 Format and Length of the Dialoguing Phase 16 The Process of Amplification 17 Dispositional vs. Facilitative Understanding 17 Search for the Inner Design 17 The Dialoguing Process in Groups 17 Salience and Timing 17 Ratification 17 Resistance 17 Review 18 Resolution 18	57 59 50 53 56 71 73 74 75 77 89 32 50 2

PART THREE: WORK WITH SPECIFIC CLIENT POPULATIONS

11.	WORK WITH CHILDREN
	Indirect Treatment
	Direct Treatment
	Therapeutic Styles
	Tasks of the Therapist
	Specific Techniques
	Responsive Communication
12.	ART THERAPY WITH ADOLESCENTS
	Tuning In
	Helping Strategies
	Specific Techniques
	Suicidal Adolescents
	Eating Disorders
	Sexual Abuse
	Chemical Dependency
13.	ART THERAPY WITH ADULTS
	Being Grown-Up
	Minimally Dysfunctional Adults
	Moderately Dysfunctional Adults
	Severely Dysfunctional Adults
	Late Adulthood

PART FOUR: EFFECTIVENESS OF ART THERAPY AND A LOOK AHEAD

14.	CASE VIGNETTES
	Yearning for the Family of Origin
	Keeping Up with the Grown-Ups
	Striving for Reconciliation
	Pregnant Teenager's Dilemma
	Stresses of Upward Mobility
	The Last Leaf
15.	AN EMPIRICAL OUTCOME STUDY
	Research Design
	Findings

(Contents xv
Desirability and Feasibi	
Bibliography	

THE PSYCHOCYBERNETIC MODEL OF ART THERAPY

Part One

THEORETICAL FOUNDATIONS

Chapter 1

AN INVITATION TO CHANGE

Heraclitus, the ancient Greek sage (c. 536–470 B.C.) declared that everything is in flux. Everything changes, and no one can step twice in the same waters of a river. What seemed true to Heraclitus is even more true in our times. Old certainties give way to uncertainty. Old traditions no longer sustain human behavior. This is true in the personal as well as in the professional realms. Professional monodoxy has given way to a plethora of theories and interventive strategies (Corsini, 1981). Change is all around us, but where is the way to success?

This book is written for mental health specialists who are dissatisfied with the extent of success of their current predominately verbal methods of helping. All mental health specialists are surrounded by a superabundance of distress. The discrepancy between the supply and the demand for services is immense. Every program of human services suffers from serious personnel shortages. It is essential to find ways of speeding up our methods of helping.

Paradigmatic Changes

The method of intervention described in this book has been stimulated by the paradigmatic change that is affecting various areas of human endeavors. As pointed out by Thomas S. Kuhn, paradigmatic shifts tend to occur periodically and simultaneously in all fields of science (Kuhn, 1962). We are now in the midst of such a change. The older paradigms of the vitalistic and the mechanistic kind now are giving way to the holistic paradigm. The holistic paradigm regards the universe as one interconnected system. Matter and energy, space and time, living and nonliving phenomena are viewed as transformations within the same hierarchically-ordered unity (Battista, 1977).

The emerging holistic paradigm is best understood with the help of the system theory. General system theory is a set of concepts about the nature and dynamics of systems. The field of cybernetics evolved out of the general system theory in an effort to develop self-guiding and self-correcting machines. Cybernetics is the study of the flow of information in a system. Fundamental to cybernetics is the notion of feedback loops of information. The flow of information explains how a system maintains itself and how it changes. Information organizes goaldirected activities within a system and between various systems. In the human system, information is encoded on several different levels, ranging from the cellular to the interpersonal level. When engaged in interpersonal forms of helping, the level of information of particular concern is that which occurs through imagery and in the various other forms of verbal and nonverbal cognition.

Information encoded in human physiology and metabolism is increasingly better understood. The information contained in words is studied extensively. But information embodied in imagery is the one level of information processing that has been largely neglected in Western culture until quite recently (Horowitz, 1970; Singer, 1972). The psychocybernetic model described in this book provides convenient techniques to tap this level of cognition.

Each human being is equipped with two sets of symbolic processes. Since the days of Freud it has been customary to differentiate between the prelogical or the primary process thought which appears mostly in fantasy, imagery and dreams, and the logical, rational, or the so-called secondary process thought. Only quite recently have we discovered that the primary process thought is not necessarily a primitive and an immature form of cognition which we should strive to outgrow and leave behind. Rather, it has to be integrated with the secondary process thought if we wish to attain high levels of creativity and originality (Arieti, 1976). How to benefit from this undervalued and neglected form of cognition is the topic of this book. The psychocybernetic model of interpersonal helping offers the means of increasing the effectiveness of both the help seeker and the help provider by showing how to harness their imagery, this long neglected human resource.

The model of psychotherapy presented in this volume will foster your ability to utilize both the verbal and the visual means of cognition. It presents ways of capturing the power of fleeting images. A method of amplifying the faint messages contained in imagery is described and illustrated with case excerpts. You will develop the skill to engage your clients in expressing thoughts and feelings through visual means. You will sharpen your perception and ability to discern ideas portrayed visually, and you will know how to respond appropriately to the imagery of your clients.

Overview

The book is organized in three parts. Part One contains six chapters which present the theoretical foundations of the psychocybernetic model of interpersonal helping which I have developed and practiced for over 20 years. I have taught this model of intervention for the past 15 years. The theoretical framework of the model is the general system theory and the so-called cognitive theory which is only now taking shape in the behavioral sciences (Gardner, 1985). General system theory, its main concepts and the field of cybernetics are discussed in Chapter 2. This is a complicated set of ideas but once mastered, these ideas help us understand better how the human mind works and how positive changes can be brought about. Chapter 3 considers the cybernetic function of imagery and presents a model of cognition based on the general system theory.

What constitutes art therapy is still a matter surrounded by controversy (Ulman, 1975). The discipline of art therapy is of recent origin, and it utilizes several different ways of promoting visual forms of cognition. It is interesting to trace the course of the slow and arduous process whereby art and therapy gradually merged to form this new discipline now known as art therapy. By whom and how art and therapy were forged gradually into one entity is covered in Chapter 4. Chapter 5 surveys the contemporary scene and delineates several kinds of art therapy practiced in the United States and summarizes some of the other major theoretical frameworks used by art therapists. It also outlines the personal and the professional qualifications necessary for the practice of the psychocybernetic model of intervention and suggests ways of acquiring these qualifications. Then it discusses ways of combining the psychocybernetic model with the customary purely verbal methods of psychotherapy and it describes practical matters such as