
Cross-Cultural Counselling and Cross-Cultural Meanings: An Exploration of Morita Psychotherapy

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Abstract

This paper outlines the theoretical framework and techniques of an Eastern approach to psychological change called Morita psychotherapy. It demonstrates that the meanings of terms which describe counselling styles can differ from culture to culture and particularly from East to West. It is argued that such differences have implications for cross-cultural counselling. Western research indicates that Asian American clients prefer approaches that are more "active-directive," "logical," "rational," and "structured." It is suggested that despite efforts to the contrary, an ethnocentric approach to counselling may inadvertently be imposed upon clients of Asian origin via the interpretation and application of such terms.

Résumé

Cet article détermine le cadre de référence théorique et les techniques d'un style de counseling oriental nommé la psychothérapie Morita. Le but est de démontrer que la signification des termes qui décrivent les styles de counseling peuvent différer d'une culture à une autre et plus particulièrement de l'Est à l'Ouest. Le fait que ceci peut avoir des implications au niveau du counseling interculturel est discuté. Par exemple, les recherches occidentales indiquent que les Asiatiques américains préfèrent les approches qui sont plus "active-directive," "logique," "rationnelle" et "structurée." Il est suggéré que malgré les efforts pour prouver le contraire, une approche ethnocentrique au counseling est, par mégarde, imposée par l'interprétation et l'application de ces mêmes termes.

To address the needs of the culturally different client, we must expand our perspectives regarding the goals of counselling, the methodology or approach employed and the values and beliefs that drive our therapeutic choices and our assumptions regarding what mental health and illness are (Sue & Sue, 1990). Our beliefs, values and choices evolve from our own Western cultural heritage. If this is true, then it follows that the solutions we create to address the problems of counselling the culturally different will also reflect our ethnocentrism.

For example, Sue and Sue (1990) cite research that concludes that Asian American clients tend to prefer more active-directive forms of helping that are logical, rational, and structured. This paper asks the question: By restricting our choice only to Western counselling models that employ such approaches, are we once again imposing our own culturally defined view of counselling onto the culturally different client?

This paper will argue that the terms "active-directive," "rational-logical," and "structured" do not necessarily translate into the same therapist attitudes and activities in Eastern counselling as they do in Western counselling. In addition, this paper will explore the possible meanings of such description from the view of an Eastern-style counsel-

ling approach called Morita psychotherapy which is described as: “an outcome-oriented ‘doing’ therapy with an existential, taoistic philosophy presented in a psychoeducational model” (Ishiyama, 1987).

Morita Psychotherapy

Morita psychotherapy is a short-term therapy that challenges the client to re-evaluate maladaptive cognitive processing and to replace unproductive behaviour passivity with productive and constructive action-taking (Ishiyama, 1986). The core principle of Morita psychotherapy is the “desire for life” and it functions in three ways: (a) it reflects a theoretical view of human nature; (b) it provides an explanation of the etiology of anxiety; and (c) it is the explicit agent of cognitive change for the client. These three functions are described in the following three sections.

Theoretical View of Human Nature. The desire for life is understood as a self-protective and self-actualizing universal human motive for successful social adaptation and meaningful personal existence which translates into daily activities directed toward the fulfillment of the desire. Described more specifically the “desire for life” might include, “health, comfort . . . rewarding interpersonal relationships, expansion of knowledge and awareness, happiness, contribution to society, and perfecting a meaningful life” (Ishiyama, 1986).

The Etiology of Anxiety. Shoma Morita developed this approach around 1920 specifically for the nervous, anxious, hypochondriacal and behaviourally avoidant, procrastinating client (in Japanese: *shinkeishitsu*). These types of clients are understood as having developed a hypersensitivity to threats against their physical and mental well-being, along with excessively self-conscious preoccupations and perfectionistic self-expectations (Ishiyama, 1986, 1987, 1990; Reynolds, 1981, 1986). Symptoms are understood to manifest in three ways: neurasthenia (psychosomatic dysfunction), phobic obsessions, and paroxysmal anxiety. Morita reduced these three manifestations to a set of common psychological processes: attentional fixation, egocentrism, maladaptive attitudes, and, aggravation by self-focusing (Ishiyama, 1986).

The etiology of anxiety is the inability to translate the desire for life into concrete and rewarding actions. The overly-anxious person is the one who misunderstands the complementarity of the “desire for life” and “the fear of death” (including symbolic fear of death such as social and personal failures) (Ishiyama, 1986). Ishiyama describes the complementarity of the desire for life and the fear of death as like two sides of the same coin as follows: “one is the reflection of the other, and neither can exist without the other” (p. 557). The average or “healthy” person is not anxiety-free in this model, he or she feels anxiety and fear but has not become self-absorbed as a result of continued, fruitless attempts to resist

fearful thoughts and anxious feelings. Overly anxious, introspective or hypochondriacal clients misinterpret as abnormal and unacceptable, the minor and temporary changes in bodily and/or affective conditions that otherwise would have gone unnoticed and eventually subsided. Because such clients believe they must control such feelings, they focus their attention on them and thereby aggravate them. Such self-absorption results in neglect of practical tasks and the demands of the present situation, leading them to further believe in the anxiety as the cause of their problem which must be eliminated. Instead of focusing on action, they focus on the overcoming of feelings as the first priority in life.

Agent of Cognitive Change. The aim of the Morita therapist is to help the client to recognize the other side of the coin (i.e., the self-actualizing desires behind their fears), and to respond behaviourally. Ishiyama (1986) coined the term "Positive Reinterpretation Technique," to describe how negative beliefs and attitudes are modified and replaced by more self-enhancing and functional cognitive responses. There are five basic and overlapping areas of positive reinterpretation:

1. Positive human motivation.
2. Positive meaning of anxiety trait.
3. Positive meaning of anxiety experience.
4. Positive view of behavioural self.
5. Positive capacity of self for ego-transcendence.

In the first area of reinterpretation, the client is asked to uncover the constructive desires behind their anxiety or hypochondriacal concerns. The therapist challenges the client's view of the fear as part of "a mutually exclusive bipolarity" (p. 559) and presents the bilateral or complementary view of the fear and the desire which acknowledges anxiety as an inevitable and normal facet of the desire for life.

In the second area of reinterpretation, the therapist presents a positive view of the anxiety. The client is asked to examine the advantages and constructive uses of qualities such as sensitivity and anxiety which have been rejected. Clients are encouraged to modify perfectionistic self-demands. They are told that their degree of anxiety indicates that their desire for life is unusually strong. They are challenged to practice their meticulous sensitivity in social situations to "recognize others' needs and to help others to accomplish the task at hand" (p. 559).

The third area of positive reinterpretation involves the presentation of anxiety as neutral in the sense that it cannot be controlled but that it will dissipate eventually if not aggravated. Anxiety is reframed as a "cue for action" rather than a cue for fight or flight.

The fourth area, the positive view of the behavioural self, is the understanding that we only have freedom in the choice of action; in other

words, “behaviours are easier to choose and control than emotions” (p. 560). Attempting to exercise choice over emotions is bound to failure. Even when subjective discomfort is present, objective action can be taken. The client is led to understand that they are responsible for the choice of the action and its consequences but not for the anxiety reaction itself.

In the fifth area, a positive view of the capacity of self for ego-transcendence is cultivated. The client is encouraged to view anxiety as “the shadow” of human existence that will always be part of life and cannot be controlled. Hopes of eliminating anxiety as a result of therapy are dispelled and the client is led to persevere with anxiety while focusing on the productive task at hand, paying close attention to what needs to be done to improve the immediate environment. Ishiyama (1986) concludes:

Out of this nonresistant submission to anxiety, clients unintentionally enter the state of ego transcendence. They forget themselves and the symptoms of anxiety temporarily and get totally immersed in the present experience. . . . The awareness of such an ego-transcending experience leads clients to further appreciation of a productive potential of the mind. They are challenged further to use this potential for constructive purposes to actualize their tenacious desire for life in a meaningful social context. (p. 560)

Behavioural Interventions. Following implementation of the positive reinterpretation techniques above, Ishiyama (1986) gave the following instructions (summarized) for homework to a client with paroxysmal anxiety reactions and an obsessive fear of dying:

1. Do not run away from the fear of death; sit through the entire experience.
2. Do not do anything to change or eliminate anxiety reactions no matter how uncomfortable.
3. Objectify the experience by observing what happens to the body in detail and acknowledge each reaction by saying “OK, I see this is happening to me, and now this.”
4. Think of the following statements and questions: Let me see how strong my desire for life is. What actions will make my life more meaningful? Even though I cannot control my anxiety, I can choose my action. What can I do to improve the quality of my life in the here and now?

The original residential approach of Morita himself comprises four stages: complete bed rest followed by a period of light work activity, a period of heavy work and then preparation for return to normal life (Reynolds, 1976). Morita carried out the therapy in his own home, where patients essentially became temporary members of his family. Work was usually of a domestic sort and Morita would work alongside the patients

as he talked to them. Later Morita therapists continued to attempt to maintain this warm family-like atmosphere even though they did not live with the patients.

During the bed rest phase the patient is urged to ruminate, suffer and worry as much as possible. It is predicted that he may become bored and wish to get up as well as find it unbearable and perhaps ridiculous; however, he must continue to lie in bed no matter what the mood. One patient wrote in the required journal: "The ennui is so unbearable that even going to the toilet is now a great pleasure. I have never experienced such a great joy in my life" (Reynolds, 1976, p. 28). The bed rest period seems to serve to provide experiential knowledge of the Morita theory that any emotion will subside over time provided it is not restimulated. Bed rest also provides practice in accepting feelings as they come. The patient realizes that inactivity is counter to his nature. This period also provides the opportunity for development of a positive relationship between therapist and patient.

Following the bed rest period some patients feel euphoric, or excited finding the world outside to be a beautiful, new experience. Most remain conflicted. They are taught that both pleasant and unpleasant emotions are constantly "shifting and impermanent (like the Japanese sky)" (p. 30) and that one would do better to base one's life on something more stable, such as behaviour.

The following stage of light work includes strolling around gardens observing nature and taking in fresh air and sunshine. Conversing is still restricted and daytime napping is not allowed. The work often seems quite easy and pleasurable and during this time diaries are continued and lectures, meetings and discussions begin. During the work phase the patient's attention is continuously directed away from himself or herself and toward the task at hand. Activity is required to be purposeful and careful.

The period of heavy work develops confidence and joy in accomplishments; the patient has started to find it increasingly natural and pleasant to interact socially, and does not notice the passing of time. Experience teaches that during such activity symptoms are noticed much less. Work is considered to be good in itself. Many of the chosen activities in Morita psychotherapy reflect the unique interests and work setting of the therapist. Some patients tend beautiful rose gardens, others learn golf and all participate in the chores of daily living.

Today in Japan, Morita psychotherapy continues to incorporate the use of bed rest and work therapy at some centres but has been modified and expanded. Such changes include outpatient counselling, group therapy which often includes periodic retreats, and letter therapy which perhaps suits the Oriental need for discretion in expressing themselves.

Is Morita Psychotherapy Rational-Logical?

At first glance it appears that Morita psychotherapy is rational-logical by Western standards in the sense that it does not focus on affect but rather works to change cognitions by challenging beliefs as irrational or illogical. Much like Rational-Emotive Therapy, Morita psychotherapy challenges irrational beliefs that keep the client focused on the “awfulness” of feelings (Bohart & Todd, 1988). However, the logic that is used in Morita psychotherapy is not always the dualistic logic in which the rational, detail-oriented, step-wise, cause-and-effect left brain deals. Frequently, the Morita therapist uses language and activities that access the non-linear, analogue, gestalt or holistic view of the right brain (Watzlawick, 1978).

Traditional Western thinking is described by Jean Shinoda Bolen in *The Tao of Psychology* (1979) as dominated by the spirit-matter duality in which matter, or the tangible-measurable aspects of bits and parts, is valued over a view of the whole interacting picture. Such cause-and-effect thinking she describes as “left hemisphere,” with a view of the world as “separate from itself, something to use or to dominate—its style is active” (p. 8). Morita psychotherapy goes beyond such cause-and-effect, logical, linear thinking with its non-dualistic view of the nature of humans as a complimentary dance of the “desire for life” and the “fear of death.” These two aspects of human nature are also described as two sides of the same coin, each inherently part of the other. Western cognitive-behavioural therapies see anxiety (fear of death) as something to struggle against and eliminate (Reynolds, 1976). Anxiety is the enemy (cause) that results in restricted behaviour or unhappiness (effect). The complementarity of the Morita view is more like Margaret Newman’s “health as expanding consciousness” view of health and illness as two complementary aspects of one process which moves through “order-disorder” (Newman, 1990).

Not only is the Morita view non-dualistic and “illogical,” it also incorporates some less than rational techniques in its application. For example, a Morita therapist may use what Watzlawick (1978) calls “right-brain language.” Right-brain language is the language that resonates with other levels of experience than that of the logical, rational self. It is the language rather of metaphor, imagery, and symbols. Use of the two-sided coin analogy, or the “dance” of complementarity metaphor, or Ishiyama’s (1986) image of “overfeeding the fear of death” are examples of this. Watzlawick (1978) proposes that using the language of the right brain is one of three basic avenues for change of a person’s restrictive or perhaps frozen world image/view. The other two are the blocking of left brain language and behaviour prescription.

Morita psychotherapy also uses techniques that block the left brain (or linear, rational, dualistic thought). One such technique is the use of what

Frankl (1946) calls “paradoxical intention.” Use of paradox involves “willing, or trying to produce, the feared action or experience” (Reynolds, 1976). A Morita therapist might challenge the anxious client to try to feel the anxiety as much as possible. Paradoxically, when the person tries to feel anxious (i.e., *wants* the anxiety as opposed to being panicked and fearful of it), the anxiety does not increase and often is reduced. This approach was also a favourite one of Milton Erickson who combined such techniques with the use of hypnosis (Zeig, 1980).

Reframing is another example of Watzlawick’s (1978) left brain blockage approach. Morita therapists use reframing when using the positive reinterpretation technique of “positive meaning of shinkeishitsu trait.” They urge the client to appreciate and take advantage of the very qualities that they have been trying to eliminate, such as extreme sensitivity or awareness. Watzlawick suggests that this technique blocks the left brain function by confusing it and thereby communicates the message directly to the right brain which now can get the message, changing the individual’s world view.

Is Morita Psychotherapy Structured?

There can be little argument as to whether Morita psychotherapy is structured, if we take structure to mean that certain organized activities are prescribed and that activities are explicit and are largely overt. Ishiyama (1987, 1990) has described it as a “doing” therapy, and as “practical” and clearly the client is well aware that activities are expected and aware of the nature of such activities. The question is: what form does such structure take in Morita psychotherapy? Structure in relation to therapist activity will be addressed below under “active-directive.” This section will consider structure in terms of client activity.

In terms of degree of structure in the form of behaviour or activity the most obvious comparison is to the Western behavioural therapies. In both approaches clients have specific behavioural goals and the focus is on action rather than unstructured contemplation of affect or past experience. It would be a mistake, however, to assume that the “structured” quality of Morita psychotherapy is identical to that of the Western behavioural therapies.

The essential difference between the Western understanding of structure in the form activity and the Morita view is in the dimension of time. Western activity tends to be future oriented (Sue & Sue, 1990). This future-focused time orientation combined with more the hedonistic values of Westerners results in activities that continuously seek to avoid displeasure and consume pleasure. Rather than living in the moment and accepting all it has to offer, this view seeks a better future. Morita psychotherapy does focus on the structure of activity but this is combined with the “being” or present moment time orientation that is more typical

of the Asian culture (Sue & Sue, 1990). The result is that Morita activities are those that the client sees as having meaning in the present moment and in the immediate environment. Shoma Morita makes this point with the following image: "If it's raining and you have an umbrella—use it!" (Reynolds, 1976).

Sue and Sue (1990) address time orientation as a crucial factor in understanding different cultures. However, a Western reader may not understand the word "activity" in terms of time orientation. Westerners might interpret the acceptance of feeling and the focus on present moment activity to be passive rather than active.

The concept of structure is broadened further by the Morita approach. The structure of external activities or behaviour is connected to internal structure via the core principle of "desire for life." Internal structure is defined here as the organization of meaning and cognitive activities. Three dimensions of experience reflect the core principle of desire for life: universal, cultural and personal. The desire for life is seen as a universal human motive for successful adaptation to one's social environment and meaningful personal existence, which translates into daily activities directed toward the fulfillment of the desire. This weaving together of dimensions of experience from personal to universal and from internal to external with one simple core principle, creates a pattern that is another powerful form of structure.

Is the Morita Therapist Active-Directive?

The Morita style of therapist activity has been described as didactic, psychoeducational and challenging (Ishiyama, 1987), confrontational (Ishiyama, 1990) and instructional (Donahue, 1989), all of which can imply that the therapist is both active and/or directive, that is, the therapist intervenes frequently and prescribes activities.

Reynolds (1976) states that there are as many Morita psychotherapy styles as there are therapists, whom he describes as varying from the "effeminate to the masculine, from the humble to the egotistical, from the active and domineering to the withdrawn, almost schizoid, from the witty, polished cosmopolitan to the throat-clearing and slow-thinking philosopher" (p. 60). Reynolds finds it wonderfully consistent that Morita's philosophy of self-acceptance regardless of personal qualities should be taught by such a wide variety of individuals. In what way then, is Morita psychotherapy consistently active-directive? Perhaps it is more that the therapist continuously directs the client toward activity itself that makes the style active-directive. In fact, some Morita therapists use a "no response" technique to avoid reinforcement of a client's overintellectualizing tendencies, thereby re-directing them to activity (Ishiyama, 1987). Such a style might be described as "passive-directive" rather than "active."

Descriptions of Morita psychotherapy by Western writers in the 1960s focused on their conception of the severity of the method and the authority that they assumed must exist to make the patient conform (Reynolds lists these references as: Jacobsen & Berenberg, 1959; Kumasaka, 1965; Levy, 1965). Their response, coloured by Western cultural views, was to the theory itself rather than observation of its practice. In practice the Morita therapist, as described by Reynolds (1976), is authoritarian in the sense of a respected and respectful guide rather than someone who commands, orders, or forces clients' behaviour. The client according to Ishiyama (1987) is like an apprentice. The Japanese as a cultural group tend to avoid opposition to another's will and trust "that natural consequences will prove the wisdom of a different (suggested) course" (Reynolds, 1976). When using the bed rest intervention, the Morita therapist is counting on the fact that the severely anxious patient will choose to withdraw and so is encouraged to indulge him/herself. The client then learns "naturally" what the results of total withdrawal are and at the end of the bed rest period is "naturally motivated" to engage in activities. Such an approach seems to be designed to be as minimally directive or manipulative as possible.

In Morita psychotherapy, the client is responsible for his or her behaviour and therefore for therapeutic progress, in spite of fears. Many Western therapies tend to have the goal of curing neurosis or eliminating anxiety. The client is relieved of responsibility for his behaviour in response to the anxiety because it is seen as having been conditioned or developed due to childhood experiences. The Morita therapist suggests a broader goal than the elimination of the symptom. The Morita therapist essentially says, "I will teach you a lifeway. It will help you handle your suffering" (Reynolds, 1976). Active-directive in this sense seems to mean the directing of the client's focus of attention toward activity or behaviours that facilitate the unfolding of a life way, pulled by the desire for life.

Implications for Cross-Cultural Counselling

The terms rational-logical, structured and active-directive are expressed in the language of the tangible, measurable paradigm that has been the dominant frame for counselling theory in the West most recently. Such words conjure up meanings that invite one to think dualistically and to see parts of experience rather than patterns of experience. Sue and Sue (1990) have provided extremely valuable research findings which they have presented in an accessible language that reflects the soundness of their methodology; however, practitioners need to continuously shift their focus from the "parts" that research measures to patterns of experience that link the parts in useful and meaningful ways. This exploration of Morita psychotherapy provides one possible example of how such a shift in focus can open up our understanding of other cultures.

To facilitate change, Shoma Morita invited his clients to broaden the meanings of their experience and to shift the focus of their attention. Indirectly he invites us as counsellors of the culturally different to do the same, not only with our clients but also across the languages and cultures of different disciplines and models of counselling within our own culture.

Language and the meanings we perceive as inherent to it, direct our behaviour. In terms of practice, if we are focusing on being active-directive with an Asian client, would it occur to us to take a one-down position regarding the wisdom of the client's culture, or would such a term direct us to focus on what to tell the client to do? Lack of awareness of the power of language to continuously affect our interpretations and to leave gaps in our understanding, can be damaging, particularly for those clients whose very problem is the experience of being caught between two cultures. This applies to clients from any culture other than our own, including those very close to home.

Our behaviour toward individual clients reflects the fragmentation that exists in the language we use to learn from each other as professionals both within our own culture and across cultures. This is not to suggest that Western therapies or Western counsellors are inappropriate for culturally different clients; however, we need to be open to learning new languages, some of which may not translate into our dominant, logical, verifiable language. In terms of research this implies that qualitative research methods need to be combined with quantitative methods in order to fully understand how counselling can be most effective for clients from other cultures. Qualitative methods seek patterns of experience while quantitative methods analyze parts. The two approaches are often viewed as polar opposites rather than as complementary aspects of a more complete understanding.

Reynolds (1976) summarizes the "gap" in Western psychology's understanding of human mental functioning, as that of "directed attention." He suggests that Morita psychotherapy can be viewed as the guiding of clients to re-focus their attention. In Reynolds' view, Professor Morita might consider behaviour modification as "a crude form of attention training" (p. 231). Western psychology is only in the beginning stages of understanding awareness, consciousness, and attention. However, a growing number of Western theorists are proposing a shift in focus as a crucial factor in the process of change for theorists, therapists and their clients. Michael White (1989), for example, has suggested that we stand outside of the dominant narratives of our culture, personal or otherwise, to make space for the bringing into language of other stories or instances of experience that do not fit our dominant story. Sheinberg (1992) rejects the "either/or" approach which forces us to choose between apparently dichotomous models. Instead she proposes a "both/and"

stance that opens up possibilities. Solution-Focused therapists (Walter & Peller, 1992) focus their attention and their clients' attention on images that act out solutions rather than on language and images that recreate and reinforce the problem. Elements of a number of these views and others already mentioned can be found in Morita psychotherapy. Somewhat like Solution-Focused therapists, for example, Morita around 1920 in Japan was using metaphorical language to focus his patients' attention away from the problem and toward the acting out of solutions. It would be a mistake to assume that our own cultural approaches to counselling and our application of various concepts are necessarily at the cutting edge of what is "known."

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