Interior Design

An Intervention in the Therapy Setting

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Abstract

The author discusses the physical environment of the therapy setting and its effect on client and therapist behavior, affect and interaction. She considers various factors contributing to the effect of physical properties of the treatment space such as: spatial relations, window placement and size, lighting, color, and design boundaries. She introduces and discusses theories concerning the therapeutic frame, and environmental programming. She specifies environmental needs and primary requirements. Having put together the theories of the therapeutic frame and interior design, she discusses their implications for psychotherapy.

Introduction

Therapy requires a dual focus on the person and the environment. Therapists aim to enhance the goodness of fit of the person and the context (Greene and Ephross, 1991). Nevertheless, Germain and Gitterman (1980), who stressed the nutritive qualities of environment, state that equal attention has not been given to the person and the situation. Review of the literatures of social work, psychology, environmental studies, architecture, and interior design confirms this contention. Not enough attention has been focused on the physical environment as a way to understand behavior and to design intervention for the client.

As the social environment becomes more complex, it becomes increasingly important that people feel comfortable and secure, well

fitted to their personal environment, because that comfort enhances their ability to deal with the anxieties of living. Samuel Clemens understood this attachment to the environment as shown in his description of his attachment to his Hartford home: “Our house was not insentient material – it has a heart and soul, with eyes to see with; with approvals and solicitudes and deep sympathies. It was all of us and we were in its confidence and lived in his grace and in the peace of its benedictions. We never came after an absence that its face did not light up and speak out in welcome – and we could not enter it unmoved.” (Clemens 1917). The therapist does not create a home for the client, but a welcoming, secure base onto which, like Clemens, the client may project strong emotions.

People turn to therapy when they feel that their lives are not working well enough.

Choosing a therapist and making an appointment can be accomplished from a distance, over the telephone, or the Internet. Yet deciding to meet with a therapist in order to change is often a challenge. Even if therapy will subsequently be conducted online using videoconference, walking into a therapy office is usually the first concrete step toward change. The doorway, the waiting area, and the design of the office set the tone for what is to come. The external setting speaks strongly to the patient about the therapist and the therapy before a word is ever spoken.

Just as the therapist's opening words should be accepting, the setting should create a welcoming atmosphere and put the patient at ease. Clinicians answer questions about their professional background and the arrangements they make for conducting therapy, but they do not divulge personal information or take the

focus onto themselves. Similarly, the office should not convey personal information about them either. The professional setting delineates the boundary between everyday life and creates a private space for reflection and therapeutic interaction. It is an important factor in influencing the relationship between therapist and patient.

Surrounding the process of therapy is a therapeutic frame. That frame includes the ground rules for therapist and patient: discussion of when the therapy will take place, how much it will cost, and where it will be conducted, on-site or online. The frame is the structure that bounds the space within which the therapy process will occur. This frame is a comforting constant for both the therapist and the patient. Changes in the frame evoke anxiety for client and therapist. Some changes are inevitable and predictable, such as

vacations, holidays, illness, and fee increases. However, in many agency and medical settings, the therapy office is constantly changed, with no consideration of the effect on both patient and therapist. The frame should be a constant, within which the process of therapy can safely go on. When it is missing or organized inappropriately, it becomes a major focus and source of discomfort, that is not always properly recognized (Neubauer, 1992).

How the patient experiences the frame will vary. Will it seem rigid and inflexible? Will it seem hard or soft? Hardness elicits a diffuse sense of danger; softness is associated with security safety, relaxation, warmth, and affection. The frame will inevitably invoke experiences aspects of both hardness and softness. An important aspect of the frame is the office setting, which contributes to the

sense of place in which the therapy experience is created and organized. Therapists need to consider the impact of the office setting. “We shape our buildings, and they shape us,” (Churchill, 1943). Although therapists and designers may be unable to change immovable components of the environment, such as buildings, they can determine how furniture is arranged and how spaces are decorated (Gutheil, 1992). We need to consider the use of space, and the design of the therapy office and waiting area, to be conducive to therapeutic intervention.

Literature Review

In the fields of psychology and social work, there is little in the literature about the physical aspects of the interpersonal space of the treatment setting. The therapist's office has always had symbolic meaning. Freud's couch is perhaps the most universally recognized symbol of psychological treatment. The physical setting has great power to evoke feelings, attitudes and expectations. Behavior in a physical setting is consistent and enduring over time. So, it is possible to identify patterns of behavior that characterize a certain setting, and then generalize about the behaviors expressed there.

What therapists do or say has been exhaustively studied but where they do it – the offices in which they see their patients or clients – and how it affects what they do, has

not received similar scrutiny. Admittedly, it is not unusual to hear definite views on where the therapist sits, either behind a desk or a couch to create a boundary, or in the same type of chair as the patient so as to be in closer proximity. Why has more interest not been expressed and research not done, considering the vast amounts of time spent in therapist's offices? (Kiernan, 1989).

Many factors contribute to determining the rooms physical properties, such as lighting, furniture arrangement, and people present. There is interdependence between behavior and setting. A change in one component of the setting affects the others and can possibly change the pattern of behavior characteristic of that setting. For example, a therapist may find that it is easier to engage a client when not sitting behind a desk, and so that therapist rearranges the office to sit next to her patient.

A therapist may notice that her patients appear restless and bored in the waiting room, and so she may provide magazines and an adequate reading light (Proshansky, 1970).

Gutheil (1972) writes of the way furniture arrangement influences how people interact with one another. Some environments have a welcoming quality and encourage the development of ongoing interpersonal relationships. Many private homes have this quality. Other environments work against the formation of relationships. Therapists who place themselves behind a desk, which indicates a need for protection, large unpartitioned spaces and long, narrow corridors frequently found in psychiatric settings can undermine the recovery of the residents. These arrangements are so different from normal experiences that they induce stress.

An organization was created to provide emotional and spiritual support for people and their families dealing with life-threatening illnesses, particularly for those suffering from AIDS, a condition that aroused anxiety and sometimes blame. The founders designed the organization's environment to make the clients feel at home. They chose beige and white colors, soft lighting, and upholstered furniture arranged in small groupings in small rooms. The idea was to convey warmth and hospitality. It was a good example of a welcoming supportive environment for people facing anxiety, pain and grief.

The AIDS crisis has receded but now we are dealing with increased mobility, climate change, viral epidemics, drug addiction, traffic accidents, systemic racism, and police brutality. Many people are experiencing a kind of psychological homelessness. "It was as if

the universe was adrift. Americans have always needed to reinvent the myth of the home. They are looking for it now, remembering that no matter how bad things got, it would be there. And then it wasn't" (Shields, 1992).

Robert Sommer (1969) writes that designers should use their environmental programming to develop physical forms that will increase the sum-total of human happiness, and to do this, they must become concerned with how spaces affect people. When a designer or user participates in evaluation research, the situation is no longer that of an outsider coming in, but a team of people working together, sharing their knowledge. Unfortunately, because social science data is buried in jargon or pertains to a field of study that is foreign to designers, the findings of social science have not been

readily applied in the design field. What is needed is a middle person, acquainted with the design field as well as with the social sciences, to translate relevant behavioral data into terms meaningful to designers who will then place the emphasis on setting and user behavior.

Design can be compared to cuisine, which combines a variety of elements (the ingredients) according to a set of dimensional rules for correct proportion and size (the quantities) in harmonious ways (the cooking instructions). This analogy of design and cooking recalls the *Magazine, culinaire*. The thesis is that all great traditional buildings, despite their cultural and technological differences, shared objective attributes which have been combined and recombined throughout history. This compiled list of 253 discrete environmental patterns, each of them describing a relationship between space and

human activity, based on how people react to buildings. For example, everybody loves window seats, bay windows, and big windows with low sills. To the therapist, this preference has an unconscious meaning to decipher, but sometimes a choice is just a choice: simply acknowledging and accepting it will inspire her office design. These observations provide the designer with a choice of patterns with which buildings could be devised. The idea is not new – and the problem with it is not new either: People's needs and wishes and spatial requirements and parameters do not necessarily fall into defined categories and combinations (Rybcznski,1989). As is often heard said in therapy and in life, "It depends." Getting it right means pleasing the users of the setting — primarily the therapist, but the patients, too. The ideal is balance. The space should be useful, efficient and handsome at

the same time. It should be something that supports you as you try to achieve your goals. A calm environment balances the mental and emotional work of therapy (Pearson, 2012).

Design in the Setting or Environment

Specifications

The first consideration is that the overall design be universal. Universally designed spaces may be used by all people, with or without physical or mental challenges. This type of design does not discriminate. There are differences in the way that universal public, as opposed to universal private, spaces are designed. Public spaces require clearly identified grab bars and signs so that people will know where things are. In private spaces, indicators may be more subtle. This type of design alleviates the stress caused by lack of control in the interior environment. Other universal design choices include using different textures to define space, such as flat counter surfaces, textured walls, and carpeted floors. Using these various elements, changing

levels of lighting, cutting glare with shades, and placing large numbers on doors, help people with vision problems. Absorbing extraneous sound with carpet, material on walls, and upholstery on furniture, helps those with hearing loss to hear more easily. Contrasting foreground from background and defining boundaries of floors and stairs is important for ease of movement and sense of security for everyone. With the mastery of the environment comes freedom for self-expression.

Design studies have identified a number of elements that make a setting home-like. People report that they prefer smaller rooms (less than 199 square feet) and lower ceilings (from 7’6” inches to 8’6”). They also prefer rooms with at least five seats but they do not want there to be too much seating. People like objects placed on table surfaces, at least two

per surface. There should be, in general, five wall decorations to a room, designs should be flexible, and the middle of the room should be furnished as well, so that furniture does not just sit against the walls. People prefer natural materials such as wood, stone and slate. They like upholstered furniture for sitting, library space for reading books and magazines, and decorative elements to enjoy such as mirrors, plants and flowers. In general, clients prefer a residential appearance, no matter what the setting is (Leibroch, 1992).

In a study of the physical layout of psychiatric offices, Kiernan (1989) found that most offices feature clocks facing the therapist and a display of diplomas facing the patient. An overwhelming majority have plants, and surprisingly 27% display family pictures. Most therapists sit four to six feet away from the patient, in a chair that differs from the

patient's chair, and most offices are decorated in Earth tones. Most therapists (41%) have designed their offices with themselves and their patients in mind; however, 74% feel the office had only a moderate impact on the patient's therapy. In a study of psychoanalysts, results show significant differences between male and female; male analysts consciously strive for a more impersonal, office like atmosphere, while female analysts make deliberate efforts to create a warm, homelike atmosphere (Peichi, 1991).

Light, color, and cleanliness

Empty a space completely and three elements remain: light, color and a sense of cleanliness. Thinking about the space starts with these basics. Color lighting can transform the space so it appears larger, smaller, subtler, or more dramatic. Cleanliness is considered an

important design ingredient; a setting that is clean is more comfortable. Messiness can lower the patient's view of the therapist's competence and ability to be mentally organized.

Lighting has the power to transform not only how an interior looks, but how it feels. It can make a wall appear solid or transparent; it can even make or break a mood. Light expresses emotion and shapes space. More intensely light areas pop forward, while those at lower intensity stay in the background, or disappear. With colored lighting, rooms can seem warmer than they actually are. Most people experience light in a range limited from white to yellow but the range of light is much broader than that. Pink tones, for instance, are warm, inviting and flattering. Studies on the effect of lighting have indicated that lighting can significantly lower blood

pressure, increase self-esteem, and decrease sadness and aggression (Wohlfarth, 1985).

Butler (1991) found that lighting level is one of the most important factors in determining minimum acceptable window size. That study found that people in a computer work room prefer smaller windows, whereas people who have a desirable scene to look out on, prefer larger windows, but window size should not be enlarged in a room with a wall length of under 22 feet. Most people strongly prefer windowed environments because they value being in touch with the external world and enjoying available light and sun. People in windowless offices feel more restricted and tense, and are less positive about their physical work conditions (with the exception of computer specialists). People who work in sedentary jobs were found to miss windows more than

those who can move around. In people undergoing intensive therapy, poor recovery is attributed to windowless environments where there is a lack of environmental stimulation, and, in particular, loss of sunlight and access to information regarding time of day, weather, and seasonal changes. Ultimately, however, the disadvantages of windowlessness may be overcome through the use of variable lighting design, plants and color. Studies also find that people are aware of the differences in behavior that occur in various spaces of particular window size and light.

Cool colors recede and warm colors advance. Cool colors minimize boundaries and create the illusion of spaciousness. Intense color works better in hallways and bathrooms, that is in areas that are not for working in or spending time. Light colors reflect and amplify light, and lighting affects color

perception. Where light is dim, color looks more intense: where it is brighter, color fades. A deep color makes the ceiling appear to hover, for instance, creating a sense of intimacy. Lighter colored walls take on a warmly lit cast. Benjamin Moore and Company, took a new interest in green, a color the company classified as a neutral. The company's written material states it can be a background for all other hues. They ask, "Does nature make a mistake?" In a 1988 study (Kwallek, 1988) of the effects of color on workers' mood and productivity in offices, depression scores were higher for subjects who remained in blue or cool-colored offices, and their aggressive behavior was reduced. Red, yellow and warmer-hued conditions created more arousal and anxiety. Movement from one office to a different color of office caused anxiety.

Boundaries

Defense of territories hinges on visible boundaries and markers. These markers include doors, half walls, area rugs, and furniture arrangements. Personal space, whose boundaries are otherwise invisible, is defined by posture, gesture and choice of location, all of which combine to convey a clear meaning. The issues of boundaries and privacy are important ones in the therapy setting. Designers and therapists must be sure to clearly define areas, such as where to hang a coat and where to find a magazine. A couch used for seating should seat three, so that two people sit at each end, with an empty seat between, so as to maintain personal space. There should be reading light available to all seats, and enough space between them so that one person may move in and out without interrupting another. Patients have a choice

and may arrange themselves defensively or offensively, depending on how they perceive the available space.

Bouvron (1984) found that individuals with narcissistic personality structures use physical space to put distance between themselves and others; whereas students in anxiety induced regressions will seek physical proximity with peers perceived to be like them. Those studies indicate the need to offer flexibility in seeking within the setting. In another study by Sinha and Mukerjee (1990) the least space was needed by a husband-and-wife and the most space was needed by an unrelated woman and man.

Clients entering the public space of the waiting room can make it inconvenient for others to interact with them by seating themselves apart, and appearing to be out of

bounds. This conversion of public to private space is effected by being involved in some activity, exhibiting a rejecting body position, and sitting in an out-of-the-way place, assuming there is a choice of where to sit. Props such as newspapers or magazines may be not only of interest to the patient in the therapist's waiting room but also of use for defensive or offensive purposes there (Henderson 1975).

Seating in the therapist's office becomes a more personal issue. Usually the therapist has a defined seat, and there is a surface available within reach for tissues and perhaps a glass of water. Generally, the private office should be carpeted, or have area rugs that cover almost the entire floor space. An area rug should not define the therapist only or the patient only, leaving each on their own island, separated. A chair should be upholstered and not so soft or

deep that a patient or therapist has difficulty getting out of it. Furniture should be comfortable for people of all sizes (Devlin 2009). If possible, the client should be seated closest to the door. The therapist's private papers and material should always be placed behind the desk. The design of the private office is based on the user behavior primarily of the therapist: The design of the waiting area is based on general public behavior.

Accessories and wall decorations

It has been shown that people want contact with nature in some form. They want to see the natural world, even a surrogate one provided by posters. It is felt that the variable underlying seeking preference is beauty. One important aspect of beauty is complexity. Scenes that are too simple or complex are judged less beautiful than moderately complex

scenes. Most natural scenes are relatively complex, based on fractal geometry, whereas the geometry of many built environments is Euclidean. Nature exhibits not simply a higher degree of complexity, but an altogether different level of complexity (Butler 1991). We want to look at a scene that is comfortable to enter, just as the patient should feel entering the therapy office (Devlin 2009).

Accessories and wall decorations add warmth and humanity to the setting. They may include plants, books or small articles of beauty or interest to the therapist. It is better to display too few than too many. The focus of the private office is inward, thus the setting should recede, yet have aesthetic appeal. The waiting area requires pleasant views of nature and art. Table accessories are not necessary, as long as there are magazines available. The private office needs wall decoration chosen to

the therapist's taste; it should provide beauty and interest, yet remain non-intrusive. Photographs of family members, friends, and pets should never be displayed because they take attention from the client and redirect it to the therapist. Also, they evoke fantasies and feelings in both patient and therapist. The office exists as a background to the therapy. Therapist, patient and discussion should take center stage.

Specifics

Patients notice and are affected by many aspects of the therapist's office. My office walls are beige, the chairs and an ottoman are upholstered in a soft green, the couch is in a beige and white stripe. Small side tables are glass and brass. There are three table lamps in the room. Large windows look out on a garden and patients can swivel the chairs to look out. There are always fresh flowers on the small table next to me. There is an arrangement of small floral paintings on the wall behind me.

One patient always makes sure that the paintings are not tilted. Her family life was chaotic, so the calm, ordered setting of the therapy office is very important to her. Some patients comment weekly on the flowers.

Some swivel their chairs and look at the garden during difficult discussions.

During one session, there was a stag and a fawn outside the window, in the garden. The stag lay on the grass while the fawn wandered near him. The patient watched and spoke of her childhood, of the happy memories she had of being on camping trips with her father.

In a different session a male patient noticed a number printed on a vase in a print. He told me it was the jersey number of the professional athlete who was his role model and had mentored him so that the patient was able to pursue his own professional athletic career.

COVID-19, the Epidemic

The coronavirus has changed the way we work. We are all forced to work online to ensure a safe environment for our patients and ourselves while we provide continuity of their care. The change of setting, the loss of our actual presence in the familiar office setting, and the ever-present threat of the deadly spread of the virus combine to create anxiety for both the patient and the therapist. No matter the virtual setting, it speaks to the patient. The therapist still needs to present a calm, neat interior, without personal photos, jarring colors or intrusive art work.

Conclusion

Each setting has a function and the need to fulfill that purpose. Setting provides a space for the client to focus and feel welcomed and able to communicate freely. Comfort, safety and quiet are our primary requirements. There is flexibility and how these may be fulfilled, but they are the basics for provision of treatment. They form the frame of consideration for the design. Designers must learn some therapy language, and therapist must know something of their design needs. Otherwise there will not be a common ground on which to work together and decide which things are both pleasing and appropriate.

Settings convey mundane messages — where to go, how the area is to be used— and symbolic ones – what is important, who I am. With clear messages, no-one will open a

closet door thinking it is the way out. Marie Sullivan said that form should follow function but form should designate function too.

The form of the therapy space described designates its function as being like a home where the client will feel welcome, comfortable and safe, but will not move in beyond the boundary of the treatment hour. Therapists infuse the space with their own presence, and then patient and therapist make the space theirs. It is part of the frame for their therapy process together.

Therapists need to be aware of factors in the setting which affect both client and therapist and will support and promote the therapeutic work. They should consider whether their own feelings and needs are fulfilled in their setting for therapy. They should ask their clients for their reactions to

fine-tune their design to be optimal for treatment. The time has come to include psychotherapists in educational courses about the importance of design in the office setting, and the impact of the thoughtfully designed environment on the individual.

References

Bouvron, A. M. (1983-84). Personal space: An experimental and psychoanalytic approach. *Bulletin de Psychologie*, 37 (11-14), 565-573.

Butler, D. L. and Steuerwald, B. L. (1991). Window size preferences. *Environment and Behavior* (5), 20-21.

Clemens, S. (1917). *Mark Twain's Letters. New York: Harper.*

Churchill, W. (1943). Debate in the House of Commons 1940. London.

Devlin, A. S., Donovan, S., Nikolov, A., Nold, O., Packard, A., Zandan, G. (2009). "Impressive?" credentials, family photographs, and the perception of therapist qualities. *Journal of Environmental Psychology*, 29 (4), 503-512. Last accessed 10.08.2020.https://doi.org/10.1016/j.jenvp.2009.08.008

Germain, C. B. and Gitterman, A. (1980). *The Life Model of Social Work Practice*. New York: Columbia University Press.

Greene, R. and Ephross, P. (1991). *Human Behavior Theory and Social Work Practice*. New York: Walter de Gruyter, Inc.

Gutheil, I. A. (1992). Considering the physical environment: an essential component of good practice. *Social Work*, 37(5), 391-395.

Henderson, M. (1975). Acquiring privacy in public. *Urban Life and Culture*, 3(4), 54-59.

Kiernan, K. W., Muse, T. N., Mann, L. S. (1989). The physical layout of psychiatric offices: a survey. *Psychiatric Journal of the University of Ottawa*, 14(3), 345-349.

Kwallek, N., Lewis, C., and Robbins, A. (1988). Effects of office interior color on workers mood and productivity. *Perceptual and Motor Skills*, 66, 123-128.

Leibrock, C. (1992). *Beautiful Barrier Free: A Visual Guide to Accessibility*. New York: Van Nostrand Reinhold.

Neubauer, R. (1992). “Holding the Frame… Between Safety and Entrapment.” Presentation at the District of Columbia

Institute for Mental Health, Washington, D.C.

Pearson, M., and Wilson, H. (2012). Soothing spaces and healing places. Is there any ideal counseling room design? *Psychotherapy in Australia*, 18(3), 46-53.

Peichl, J. (1991). The outer and the inner world: Physical configuration of the external setting arranged by the analyst. *Zeitschrift fur Psychosomatische medizin und psychoanalyse,* 37(2), 128-145.

Pressly, P. K. and Heesacker, M. (2001). The physical environment and counseling. A review of theory and research. *Journal of Counseling and Development*, 79(2), 148-160.

Proshansky, H. M., Ittleson, W. H. and Rivlin, L. G. (1970). The influence of the physical environment on behavior: Some basic assumptions. *Environmental Psychology: Man and his Physical Setting (1st ed.),* 27-37. New York: Holt, Rinehart and Winston.

Resnick, H. and Jaffee, B. (1982). The physical environment and social welfare. *Social Casework, 63, 354-362*.

Rybczynski, W. (1989). *The Most Beautiful House in The World*. New York: Penguin Books.

Shields, J. (1992). A change in the atmosphere. *The New York Times Magazine*: Home Design Section, part 2, 14-25.

Sinha, S. P. and Mukerjee, N. (1990). Marital adjustment and personal space orientation. *Journal of Social Psychology,* 130(5), 633-637.

Sommer, R. (1969). *Personal Space*. Prentice Hall. Englewood Cliffs, N.J.

Wohlfarth, H. and Gates, K. (1985). The effects of color. Psychodynamic environmental color and lighting modification of elementary schools on blood pressure and mood: A controlled study. *International Journal of Biosocial Research,* 7(1), 9-16.