

*THE TECHNIQUE OF PSYCHOTHERAPY*

# THE PHYSICAL SURROUNDINGS OF PSYCHOTHERAPY



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# **The Physical Surroundings of Psychotherapy**

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## Table of Contents

[The Physical Surroundings of Psychotherapy](#)

[PHYSICAL PLAN](#)

## The Physical Surroundings of Psychotherapy

The physical surroundings are the least important factors that enter into psychotherapy. With the proper didactic, personality, and experiential equipment, the therapist will be able to do good psychotherapy in almost any kind of setting. Once psychotherapy is under way and the working relationship has developed, the surroundings do not seem to make much difference, provided they are not too uncomfortable.

A poor kind of physical set-up nevertheless, may create certain complications. Due to the inevitable projections that occur in psychotherapy, the physical surroundings should be made as minimally provocative of frustration and hostility as is possible.

### PHYSICAL PLAN

It goes without saying that the therapist's office should be reasonably warm, properly ventilated without drafts, and free from disturbing extraneous noises. Obvious comforts need to be provided. These include a conveniently accessible bathroom and a mirror so that patients may groom before leaving the therapist's office. The lights should be as soft as possible, while making provision for accessory illumination, for note taking on the part of the therapist, and for reading written memoranda by the patient.

Because the material discussed with the therapist is highly confidential, the patient should be assured that others will not listen in on the conversations. Precautions will have to be taken to prevent what is being said in the therapist's office from being overheard by people in the waiting room. This may mean hanging draperies on the walls adjoining the the waiting room, or it may necessitate an extensive alteration job employing sound-proofing materials. Where sound-proofing or sound-deadening arrangements cannot be practically made, a good layout is a separation of the waiting room from the office by at least one intermediate room. Where this is not possible, some therapists have found it convenient to operate a small fan or an air-conditioning unit in the office or waiting room, the distracting adventitious sounds of the motors serving to make indistinguishable the conversations going on in the

therapist's office.

A system of separate exits and entrances is sometimes advised so that patients will not meet each other. In the opinion of most therapists this precaution is not necessary and merely contributes to the patients' idea that it is shameful to possess an emotional problem. There is no reason why patients should not accept as part of the reality situation the fact that therapists treat people other than themselves. Any anxieties, hostilities, or jealousies that are engendered by meeting fellow patients who may be regarded as rivals may be handled in a therapeutic way.

Practical circumstances sometimes require that a therapist's home and office be together. This fact need not be harmful to good treatment objectives, provided that no distracting influences obtrude themselves into the therapeutic situation. Interruptions by tradespeople, the presence of children playing in the waiting room, engaging in such activities as would be normal in any home, and other influences related to problems of maintaining a household understandably may impose hardships on both the patient and the therapist. Where such interferences cannot be controlled, a separation of home and office is mandatory.

### **Decorative Scheme**

The decorative schemes of the office and waiting room are not too important. Disturbing pictures, gaudy draperies, and embellishments should be avoided. In the early phases of therapy patients may extract cues from the surroundings to help them in their estimate of the kind of human being they are dealing with in the therapist. At the same time they may project into the surroundings their own emotional attitudes, and they may try to find evidences for their prejudices in the decorative tastes and furniture preferences of the therapist. The decorative plan, hence, is not of great consequence, as long as it is not too outlandish.

#### *Furnishings*

The furnishings of the waiting room should be simple, consisting of a few chairs, coffee table, ash trays, and selected magazines. It is to be expected that the patient will tend to judge the therapist by the kinds of reading material in the waiting room. A clothes rack and umbrella stand are important

conveniences.

The furnishings of the office should be simple. Absolute requirements are two comfortable chairs facing each other. These should neither be too hard nor too soft. Massive, lounge-like chairs are orthopedically bad for the therapist since they do not give the proper back support in the long periods of sitting to which one will be exposed. They also tend to frighten some patients who feel trapped within the confines of their embrace. There is some advantage in having the chairs as closely similar to each other as possible, in terms of size and height of seat. Since one of the goals in therapy is to bring the patient to a point where he or she feels on an equal plane with other human beings, some therapists believe that the seating arrangement should not emphasize the difference between therapist and patient. A huge chair in which the therapist towers above the patient imposes an artificial barrier to the cooperative, give-and-take atmosphere that should prevail in treatment.

In addition to the chairs that are employed in interviewing, one may have an additional side chair or two for use in conferences with members of the patient's family on the rare occasions when these are necessary. One may also have a desk for writing up reports and records. A comfortable couch in the room is also necessary if the therapist wishes to employ the technique of free association, enabling patients to deal with painful material without diluting it through observation of the therapist's facial expressions. Accessories such as conveniently placed end tables, ash trays, and matches for patients who smoke are necessities. This is a moot point since some therapists will not permit smoking in their offices. Folding chairs may be stored in a closet and used for conferences or for group therapy.

## **Pets**

Some therapists enjoy having a pet, such as a dog or cat, in their offices on the basis that this creates a homey atmosphere. However, the presence of a pet in the room creates turmoil in some patients, who may regard the pet as a rival, and then realizing that their resentment is unreasonable, suppress or repress feelings of hostility. The behavior of the pet, whether it is quiet, noisy, or seeking attention, may influence the character of the patient's responses. In general, then, a pet ranging through the office is distracting although the patient may manage to adjust to this complication.

## Telephone

The matter of the telephone is important in any description of the physical surroundings of therapy. Arrangements are best made so that the phone bell may be disconnected during sessions, since telephone calls constitute a serious interruption in the continuity of the therapeutic hour. They are naturally resented by the patient and, if they occur frequently enough, may disturb the therapeutic relationship. Except for extreme emergencies, then, telephone conversations should be restricted to times between sessions. This is no problem in clinics where a switchboard is used. There may, however, be a problem in private practice except where the therapist has a secretary in an adjacent room. In most communities telephone answering services are available, so that important messages may be communicated to the therapist without cutting into the patient's time. A telephone-message recorder is equally convenient.