Soothing spaces and healing places:
Is there an ideal counselling room design?

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Abstract

This qualitative study explores what difference a counselling room can make to the work between counsellor and client. Early and recent research relevant to the influence of the workspace on health practitioners and counsellors and their clients is reviewed. A focus group was used to formulate a questionnaire on counsellor perceptions of the contribution of their designated counselling space to the work with clients. Questionnaires were distributed to professional counsellors around Australia. Thirty-four responses were received and analysed for major and minor themes. Emerging themes from the data were compared with the literature.

A range of ideal attributes was indicated, including preferences for larger work spaces, natural light, use of aesthetically pleasing decor, and provision for clients to have choice in seating.

Keywords: aesthetics, counselling, counselling environment, counselling room, environmental psychology, health-care environments, psychotherapy.

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Background

Professional counselling takes place in a range of settings such as agencies, hospitals, schools and universities. Privileged through lack of restriction by a specified physical setting, counselling can still be effective while counsellors and clients wander in a garden, sit on the earth, or walk by an ocean. For practitioners working in a more regulated organisational context, the counselling workspace has been reported as a factor that can influence the relationship between counsellor and client, as well as session outcomes (Iwai, Churchill, & Cummings, 1983; Lecomte, Bernstein & Dumont, 1981; McLeod & Machin, 1998; Pressley & Heesacker, 2001).

Three questions seemed relevant to the emotional wellbeing of counsellors and their clients: Could the first impression of the therapeutic space contribute to or influence client motivation to participate in counselling? In what way could aesthetics contribute to the sense of a safe psychological space? Are trust in the working alliance, and positive therapeutic outcomes influenced by physical and emotional comfort in the counselling room?

The aesthetics of the counselling room can easily be overlooked, and yet a counsellor is often required to sit in the same room for long hours, listening and responding empathically to narratives of loss, trauma and distress. A client may arrive in a state of distress and not notice specific elements in the décor. However, the overall mood of the environment may be significant in helping them feel more at ease.

The subjective view of what constitutes an aesthetically pleasant or unpleasant environment remains a complex variable. However, a connection has been established to perceived "pleasantness" of a setting, and friendly or "affiliative" behaviour of those in the setting (Amato & McInnes, 1983). Since counselling outcomes are influenced by development of affiliative behaviour between counsellor and client (Ackermana & Hilsenroth, 2003; Littauer, Sexton & Wynn, 2005), an argument for well-designed, aesthetically pleasing therapeutic environments could be made.

Physical environments can influence affect and behaviour (Pressley & Heesacker, 2001). Importantly, the counselling environment is regarded as having potential to affect a client's sense of psychological and physiological wellbeing (Gross, Sasson, Zarhy & Zohar, 1998; Ulrich, Simons, Losito, Fiorito, Miles, & Zelson, 1991). Clients' experience of the 'healing space' can have an emotional - even spiritual - dimension (Pressley & Heesacker, 2001; Venolia, 1988), so there is value in researching environmental components that contribute to enhancing positive client responses.

Literature reviewed

Literature reporting on the disparate elements of a consulting environment was first generated in the 1970s and 1980s, with one early study carried out in the 1950s. Several more recent surveys expressed dismay at the relative absence of research into the context in which counselling takes place (Phelps, Horrigan, Protheroe, Hopkin, Jones, & Murray, 2008; Pressley & Heesacker, 2001). Currently, a rapidly growing interest is emerging in research on health-care environments (Dellinger, 2010; Pitts & Hamilton, 2005), and environmental psychology (Amato & McInnes, 1983; Saegert & Winkel, 1990; Spencer & Gee, 2009). Many of the findings in these studies suggest implications for the design and aesthetics of counselling environments.

The effect a healthcare environment can exert on mood and behaviour has been recently established (Dijkstra, Pieterse, & Pruyn, 2008). "A poorly designed counselling area may reduce the quality of the interaction between patient and counsellor . . . Making efforts to provide a less clinical environment may have benefits for all" (Phelps et al., 2008, p. 404). The therapeutic setting has also been shown to have an influence on the emotional states of patients (Sklar, 1988). Creating counselling spaces that are user friendly and emotionally safe may mean more productive outcomes.

Chaikin, Derlega, and Miller (1976) recommended therapists consider the physical environment of their consulting room. Elements important in a counselling environment include comfortable seating, carpet, subdued co-ordinated colours, natural lighting, artworks, plants, large windows and views of nature (Phelps et al., 2008). Self-disclosure was found to be more forthcoming and extensive in "a warm, intimate room (pictures on the wall, soft cushioned furniture, rug, soft lighting) than in a cold, non-intimate room (bare cement, block walls, overhead fluorescent lighting)" (Chaikin et al., 1976, p. 479).

Research in environmental psychology has provided support for the idea that settings can influence "sociability, interpersonal attraction, and prosocial behaviour" (Amato & McInnes, 1983, p. 121). An early study by Mintz (1956) found that participants in an "ugly room" were more likely to complain of monotony, fatigue, and headache, and showed irritability and hostility. Sommer (1974) also reported that hard, impervious architectural design tends to distance people from the environment and from others. Russell and Mehrabain (1978) argued that people primarily respond to environments in emotional ways. Foundational studies in environmental psychology indicated that pleasant settings ideally provide conditions that support affiliative behaviour. The implication here is that design of healthcare

environments can be organised to have a positive effect on the healing process (Dellinger, 2010).

Uncertainty, fear and stress may be heightened for a client on entry into a formal counselling space. "The effects of the physical environment may be of particular importance in healthcare settings, where people experience a relatively high degree of uncertainty, fear and stress" (Dijkstra, Pieterse, & Pruyn, 2008, p. 268).

Findings in the literature relevant to planning or establishing counselling rooms included a focus on: office design, seating, lighting, the use of colour, access to or views of nature, and the impact of tidiness.

The counsellor's workspace

A workplace study revealed that "light, temperature, noise, music and colour can all influence employee performance and job satisfaction" (Bitner, 1992, p. 66). Employees and customers in service organisations and legal firms have been shown to respond to their physical surroundings cognitively, emotionally and physiologically (Bitner, 1992). In the world of retail marketing, environments that elicit pleasure are regarded as ones that encourage customers to spend their time and enjoy the retail experience (Donovan & Rossiter, 1982). There are implications here for counsellors working in offices and who want to create a supportive environment for the client's healing journey as well as manage client attendance rates.

Martens (2011) found that despite individual preferences and varying abilities to screen out the environment, a workplace can contribute positively to creativity. This happens in a situation where workers can exert some control over the environment and where the environment contributes to mental relaxation. People in a good mood are considered more helpful than those in a bad mood (Isen, Clark & Schwartz, 1976). Care of professional helpers would suggest the space in which a counsellor spends a significant portion of the day should be one that contributes to increased positive affect, empathy, and job satisfaction.

Awareness, by decision-makers in counselling agencies, of the physical and psychological comfort of counsellors is an investment in success as a positive mood in a counsellor may improve levels of empathy with clients, and ultimately, therapeutic outcomes.

Office design

Therapist credibility has been linked with outcomes in therapy (Beutler, Johnson, Neville, Elkins, & Jobe, 1975). Therapy rooms without privacy may result in lower levels of self-

disclosure, whereas offices with a "warm, intimate setting tend to produce greater self-disclosure" (Pressley & Heesacker, 2001, p. 153). Devlin et al. (2009) noted that such aspects of the consulting room as comfort of furniture, lighting, colour, neatness and artwork appeared related to a client's judgements of the therapist. Use of soft textured surfaces absorb sound and increase the sense of visual and auditory privacy (Ching, 1987).

Small room size has also been shown to have a negative impact on counsellor and client communication (Hasse & DiMattia, 1976). Planning or selecting a generous-sized room would then be useful in the effort to increase both client motivation and support a healthy working alliance. If spatial features of the environment alter a client's perception of the effectiveness of communication (Hasse & DiMattia), and activate an inhibiting effect (Dinges & Oetting, 1972), then thoughtful design and decoration of a counselling room could aid establishing a positive early alliance.

Items in the physical environment have also been identified as "explicit or implicit signals that communicate about the place to … users" (Bitner, 1992, p. 66). Symbolic meaning may be conveyed by quality of construction materials, use of artwork, presence of certificates and photographs on walls, floor coverings, and personal objects. These items may influence beliefs about a person occupying an office (Campbell, 1979). For instance, the display of credentials has been shown to create a more positive judgement of therapists by clients (Devlin et al., 2009).

Seating

Investigating seating positions and preferred distance between chairs, Broekmann and Moller (1973) identified a preference for formal seating positions in unfamiliar circumstances, and informal positioning of chairs in more familiar circumstances. These findings highlight a need for counsellors to be sensitive to their client's preference for space and distance in seating arrangements. Indeed, once the therapeutic alliance has developed, clients may have an interest to change the seating.

In another study, clients preferred intermediate distances in the counselling room, with some "protected furniture placement" (Pressley & Heesacker, 2001, p. 153). Similarly, Lecomte, Bernstein and Dumont (1981) found an intermediate distance (127cm) between counsellor and client chairs maximised counsellor communications and client self-disclosure. An interesting finding indicated that if clients have some control over the furniture in consulting rooms, e.g. moveable chairs, they experience a high degree of comfort, autonomy and equality (Pressley & Heesacker, 2001). This means choice in seating and seating

arrangements may promote a sense of personal autonomy in a context of experiencing low levels of personal control.

Lighting

Sunlight has been reported as having positive effects on stress and feelings of anxiety (Dijkstra, Pieterse, & Pruyn, 2008). Soft lighting and natural lighting in consulting rooms can support self-disclosure, reduce the risk of depression, create a more favourable impression of the counsellor, and are perceived by both clients and counsellors as more desirable (Miwa & Hanyu, 2006; Pressley & Heesacker, 2001).

Colour

Individuals display significant differences in sensitivity to colour (Dijkstra, Pieterse, & Pruyn, 2008). Some research has suggested that warm colours are associated with aroused feelings and cool colours with a more settled emotional state (Tofle, Schwartz, Yoon, & Max-Royale, 2004). Uniquely individual responses to colour may explain contradictory results in colour response research; the same colour can affect different people very differently (Dijkstra, Pieterse, & Pruyn, 2008). This may be due, in part, to "culturally learned associations and ... physiological and psychological makeup of people" (Tofle et al., 2004, p. 5). However, the stress-reducing effects of green and the arousal effects of orange were both found to be more pronounced for people with "low screening ability" (Dijkstra, Pieterse, & Pruyn, 2008, p. 276). Stimulus screening ability may vary with individual wellness, so may be of great importance in healthcare settings.

Children and young adults have reported associating positive emotions with light colours, and negative emotions with dark colours (Pressley & Heesacker, 2001). Colour preferences have also been found to be age-dependant (Terwogt & Hoeksma, 1995); adult counsellors may have opinions about ideal colours for a counselling room that vary markedly from younger clients. While gender differences in mood response to room colours has been found (Kwallek, Lewis, Lin-hsiao, & Woodson, 1996), adults generally preferred to work in white and low-saturated coloured offices. In one study this preference was pronounced among participants who were also found to be anxious (Ireland, Warren, & Herringer, 1992). However, white walls have also been shown to increase feelings of stress for low-screeners (Dijkstra, Pieterse, & Pruyn, 2008).

Colours used have been found to influence the way rooms are perceived and the emotional responses to the space. Certain colours have been found to activate cognitive

associations, enhance introversion or extroversion, and influence physiological responses (Korzh & Safuanova, 1993). Concern about whether clients will be affected by, agree with, enjoy, or be irritated by the colour choices or decor of a particular counselling room has been ongoing. Taking into account individual responses, colour and decor remain significant variables, with little definitive data to aid counsellors' choices.

Nature

Views of nature evoke more positive feelings than views of non-natural environments according to Ulrich (1979), and Ulrich, Simons, Losito, Fiorito, Miles, and Zelson (1991). In a hospital setting nature views have been recommended as a fundamental component of creating healing environments (Malkin, 2008). Among inpatients, consistent preferences were for hospital room artwork that focussed on "texturally complex pictures of natural settings" (Pressley & Heesacker, 2001, p. 150).

Bringing nature into the immediate environment through the use of indoor plants can increase comfort, mood levels, and overall attractiveness of office environments (Larsen, Adams, Deal, Kweon, & Tyler, 1998). In a critical review of experimental literature on the benefits of indoor plants, Brinslimark, Hartig and Patil (2009) concluded there is evidence to support the notion that indoor plants provide psychological benefits such as stress-reduction and increased pain tolerance. However their review indicates there are significant variables among the contexts and participants in the studies surveyed.

Tidiness

An absent officeholder was evaluated more positively on nine personality traits if their desk was messy, than if it was neat (Sitton, 1984). This may mean that a counsellor could be viewed positively, even if there was some disorder in the counselling room.

Responses to a neat and a messy room were seen as largely a function of personality (Samuelson & Lindauer, 1976), indicating there are many variables in responses. Mackall (2008), in an experiment on the impact of clutter in an office, found that participants' sensitivity, or preferences, to clutter, or lack of it, was a major factor on how well they performed in that space. In another study intermediary level of tidiness in an office generally produced the most favourable feelings in viewers of the office (Morrow & McElroy, 1981).

Stewart and McMillen (2008) advised medical practitioners to take a close look at their practice environments. Patients' first impressions, of what may seem like small details,

could create an impactful set of assumptions. "If patients see something askew or neglected, it may plant seeds of doubt in their minds about the practice's quality of care" (p. 18).

Summary

Indications from the literature are that individuals are affected by their surroundings, but display differing levels of sensitivity to those surroundings. While some of the literature reports quantitative data from extensive surveys, and some draws conclusions from smaller qualitative studies, the implications are that office design and décor, choice and placement of furniture, lighting, the use of colour, views of nature, and levels of tidiness can positively or negatively influence psychological, physiological and behavioural responses.

Methodology

This qualitative, phenomenological study aimed to collect perceptions and experiences from counsellors who were asked to reflect on the possible influence the counselling room had on their clients. Participants responded to a questionnaire. From the responses a composite description of these perceptions and experiences was developed.

A focus group of nine professional counsellors was consulted to generate key areas for seeking feedback. The agreed key areas for exploration were: size of room, colour of walls and furnishings, soundproofing, windows / privacy / visual connection to the outside, lighting, flooring – carpet / softness, separation from reception and busy areas, fresh air / air conditioning, access to outside, wet areas, seating, and decoration. From these elements, a written questionnaire of 20 questions was constructed. An additional open question was provided for unforseen responses.

Professional counselling associations in each state of Australia were asked to invite their members to participate. All associations agreed to distribute the request for participation to their members. The questionnaire was then distributed by email to professionals whose core activity is counselling and who indicated a willingness to participate. Data on the 34 returned questionnaires was analysed for major and minor themes. The major themes were summarised and compared with the literature.

Analysis of the data on the questionnaires followed the model outlined by Miles and Huberman (1984), and involved collating responses for each question onto one page of text, coding segments of the data. The mean of numerical responses was calculated. The small number of participants made manual retrieval of indexed data for each question manageable. For some questions numerical hierarchies emerged from simple frequency counts. For some

questions a synthesis of participant perceptions led to the identification of major and minor themes in their experience, as supported by the model proposed by Glesne and Peshkin (1992).

Participants

Thirty-four participants, who were professional counsellors, volunteered to take part in the study by returning the questionnaire. Overall they had a mean of 9.2 years working as counsellors. A third (32%) worked with adults as their primary client population. Almost half (48%) of the participants worked with children and adolescents. 14.7% reported their primary client population as adults and adolescents, and one worked with children only.

Fifty-three percent of the participants were employed in social welfare agencies. A third (38%) were engaged in private practice; 1.2% worked in a school setting. Of the remaining seven percent, two worked in a government department, and one in a university setting.

Results

The most significant themes to emerge were seating, size of the room, use of colour, lighting, access to the outside, soundproofing, floor coverings, fresh air and decoration.

Providing clients with choice of seating (e.g. a mix of upright seats, lounge chairs, and cushions) was considered essential. Seating and its influence presented as the strongest overall theme. A significant number of participants rated physical comfort for clients and for the counsellor as an absolute necessity.

Another major theme to emerge was the size of the counselling room. Counselling rooms that were too small created a "claustrophobic feeling". A room that seemed too large was perceived to create "insecurity".

The theme of colour emerged, related to creation of a calming atmosphere, emotional warmth, and comfort. Each of these factors was perceived to be helpful and supportive to a counsellor's work. Appreciation of colour within the décor was highly subjective. No specific colour emerged as more preferred. Descriptive language used by participants in relation to the characteristics of colours (e.g. "warm", "nurturing", and "supportive") could be seen as reflective of the type of helping relationship the counsellor wanted to provide.

The issue of lighting was significant; softer, natural light was favoured over harsher, fluorescent, lighting. The value of having natural light or an outside view was referred to by almost 50% of participants. Access to natural lighting and a view of the outside was regarded

as contributing positively to an effective and nurturing workspace. A sense of privacy that also offered visual connection to the outdoors was considered important.

Light and air were referred to as contributing to the overall ambience of a therapeutic space. A clear preference emerged for access to natural air-flow as opposed to an air conditioned space. Fresh air was identified as more supportive of the comfort and alertness of the client.

Ease of access to outdoors, or an 'outside area' was considered supportive. Fifteen participants felt that access to outdoors, or a space such as a garden or natural setting, was important or desirable.

Soundproofed space was regarded as a significant contributor to the success of a counselling process. Ten participants rated this factor as highly important. Sixteen participants agreed that soundproofing was necessary; several participants emphasised the need for a quiet environment.

A majority of participants (21) felt that a carpeted space, or "soft" floor covering, was essential for the comfort of the client.

The terms used to describe both ideal and actual decor in participants' workrooms was highly subjective. Descriptions such as "warm, inviting, peaceful, friendly, welcoming", seemed to illustrate a desire to encourage a particular experiential dimension.

There was lack of agreement about the importance of decoration. Some participants adopted a minimalist approach, whereas others criticised absence of pleasant decor. General comment was that ideally a counselling room look not too formal, nor like "an office". A preference to work in uncluttered rooms was a key issue. The overall theme was that the decoration of counselling rooms should ideally contribute positively to creating a strong sense of an emotionally safe, welcoming space.

There was divergence in the reports of client comments about the counselling room. Reports ranged from clients, in general, having "no complaint", to reports of a significant number of client comments about the workspace. Approximately half the participants reported positive initial comments from clients on the attractiveness of their counselling room. Several reported that a physical change in room layout resulted in an increased number of comments from clients. A few participants made the point that the appeal of the counselling space was more important before the alliance has fully formed, and was later less important.

In terms of improving counselling rooms, a major theme to emerge was the desire to have a larger workspace. Another theme related to counsellor desire to re-paint walls and extend the use of colour on walls as a way to keep the room looking 'fresh'. The importance

of soundproofing, or lack of it, was mentioned several times. A desire for the counselling space to be less office-like and more informal was evident.

Creation of a positive ambience, a welcome and beautiful workspace emerged as a major theme in terms of what aspects of the physical environment contribute most to effective counselling, although no objective means to achieve this were cited. The provision of comfortable seating emerged as a dominant factor in ways to improve a client's experience of the counselling room. Elements of décor considered to contribute most to improving clients' experiences were described in general terms, such as "creating a positive ambience, a welcoming and beautiful space". Minor themes also emerged related to use of colour, display of artworks, and orderliness in the counselling room.

Discussion

Themes related to the need to create a warm and welcoming, non-formal, work space, echoed literature that reported less formal, more humanistic, decor helped create a sense of safety and welcome. The literature supported the notion that certain therapy spaces could positively dispose a new client to perceive their counsellor in a more confident light (Phelps et al., 2008; Sklar, 1988). The desire for an emotionally welcoming environment is congruent with literature in environmental psychology (Amato & McInnes, 1983; Russell & Mehrabain, 1978; Sommer, 1974) that found more positive interactions are elicited in an emotionally welcoming environment.

It is acknowledged that counselling takes place in a broad range of contexts and need not be constrained by specialised equipment or physical environments. For this research, however, the focus was on what practitioners, restricted for the most part to working in an office setting, wanted in the space they 'lived' in for eight hours of their working day.

Responses from participants in this study closely correlated with elements identified in extant literature (Amato & McInnes, 1983; Berstein & Dumont, 1981; Broekmann & Moller, 1973; Chaikin, Derlega & Miller, 1976; Dellinger, 2010; Dinges & Oetting, 1972; Glosoff & Pate, 2002; Hesse & DiMattia, 1976; Miwa & Hanyu, 2006; Morrow & McElroy, 1981; Phelps et al., 2008; Pressley & Heesacker, 2001; Russell & Mehrabain, 1978; Sommer, 1974; Ulrich et al., 1991), about which elements of the counselling room are helpful for putting a client at ease and supporting their sense of safety and overall comfort. In particular, it seems that room size is significant; too large an office space denies an experience of connection whereas in what feels like a confined space connection may also be restricted.

Having a private, confidential space in which to conduct counselling sessions was a critical element. Soundproofing was considered ideal. Having a soundproofed space was considered particularly helpful in busy settings where several adjacent counselling rooms are inhabited at the same time. Noise control and elimination of unnecessary distractions from action taking place outside the counselling room, e.g. reception and general waiting areas, appeared to be a point of concern.

The counselling space was best furnished with soft floor coverings, comfortable seating, with flexible arrangements of seating, and pleasant (non-fluorescent) lighting. Use of colour in their office space was something participants wanted more of. Specific colours were not assigned 'good' or 'bad' status, nor was the intensity of colour important (i.e. dark or light tones). Counsellors in this study simply wanted to see more colour in the décor of their rooms. Lighting was regarded as an important factor in conveying a sense of a quiet, calm, welcoming space. Fluorescent lighting was regarded as least supportive in creating a soothing atmosphere. A view to the outside world, whether to a small garden, an open space, or ideally, a view of the natural world, stood out as an important factor in offering some relief from the intense focus on the inner world.

Sitting benignly, listening every day to stories of abuse, suffering, or trauma, means there is a personal cost to the work of being a professional counsellor. This cost is offset to some extent by the benefit that Skovholt (2010) referred to as 'psychic income'. Attention paid to the design and décor of therapeutic spaces means recognising there are additional active ingredients in counselling unrelated to the person of the therapist, their training and qualifications, or to the psychic income derived from contributing to human wellbeing. Provision of a 'holding space' in which a professional feels integrated, cohesive and effective, and a client experiences an integrating space that is comforting, and devoid of reminders of emotional turmoil, seems a simple way to ease the burden of one and maximise the efforts of the other.

Implications for practice

Behind decisions and preferences related to the environment of a counselling room was the aim to create a warm, welcoming and safe therapeutic environment for clients. The desire to provide physical comfort for clients could be regarded as a proactive step to maximise these elements during an experience that evokes emotional discomfort.

People have different abilities to screen out their surrounding environment (Dijkstra et al., 2008; Samuelson & Lindauer, 1976). A distressed person has reduced capacity to exclude

environmental distractions (Dijkstra et al., 2008; Samuelson & Lindauer, 1976), so impressions of the room might have a more heightened impact for these clients, than on a non-distressed person. As many counselling clients arrive for their first session in distress, it may be valuable to assess their level of emotional and physical comfort in the room, and discuss their first impressions, in order to minimise any assumptions engendered by the room.

This study sought to identify factors in the counselling space that could provide positive stimulus for clients and counsellors. Because of the subjective and individualised nature of responses to a physical environment, it would be a challenge to objectively identify an ideal counselling room. Since a counsellor will generally be in the room many more hours than a client, the room needs to provide them with an intellectually and emotionally nourishing, physically comfortable space.

A summary of the responses indicate that, ideally, a reasonably spacious, private room, attractive informal décor, moderate tidiness, a selection of seating choices, carpet, soft lighting, low-saturated wall colours, and where possible a view of nature or a garden space, would contribute positively to providing the necessary psychological comfort for client and counsellor to grow and stay healthy in the therapeutic endeavour.

Limitations

The responses gathered were counsellor perceptions rather than direct client feedback. This study focussed on counsellors working within an organisational setting. Different results may be found for counsellors with freedom to move, as needed, away from office-based work. Young clients' preferences, gender differences, and cross-cultural responses were not sought in this study. Low participant numbers would mean limited generalisability of results.

Future research

Some participants worked in private practice (where it could be assumed there is more control over the counselling environment), and some worked for agencies with established rooms provided. A future comparison of more extensive data from both of these groups may shed light on the design rationale, or lack of it, behind agency environments or those of private providers. A larger study may also provide data that could be more reliably generalised.

It was not possible within the parameters of this study to gather client responses. An extension of the study, as recommended by several participants, would be to collect responses to the counselling room directly from clients. Such a study might involve responses from both

new and established clients; gathering not only their first impressions, but any changes to their perception of the counselling room over time.

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