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A place for therapy: Clients reflect on their experiences in psychotherapists' offices

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Abstract
Previous research suggests that the physical environment of the psychotherapy office is important for treatment engagement, client feelings and behavior, and clinician support. However, there is limited research that includes the voices of psychotherapy clients. The purpose of this study was to explore the meanings clients ascribe to the offices in which they seek treatment in order to develop a fuller picture of the importance of the place of treatment. Eight psychotherapy clients in a large urban city were interviewed about their experiences of their psychotherapy offices using semi-structured protocols. Analysis of interviews identified three main themes in regard to client perception of the offices' uses: (a) comfort, (b) connection, and (c) insight into the therapist. Results highlight the potential importance of the physical environment in psychotherapy treatment and implications for practice are provided.

Keywords
Phenomenology, place, social work practice, therapy, therapy room design

The psychotherapist's office

Imagine walking into a psychotherapy office for the first time. Perhaps, you enter a room where books, dolls, pillows, plants, paintings, windows, and lamps fill the space, leaving just enough room for you to either sit or lay on a couch, and for

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your therapist to sit in a chair. Or maybe the room is quite different with windowless white walls, two metal folding chairs, and a single black and white painting of the outline of a circle. These places, both dedicated to the practice of psychotherapy, have contrasting physical features. How might you respond differently, if at all, in these two offices? Does it matter that one is minimal and the other is not? How important is the place in which the psychotherapeutic unfolds?

Over the years, there has been an increasing number of studies linking the therapists' office to therapeutic alliance (Backhaus, 2008; Bedi, 2006), and client behavior and feelings (Borenstein, 2006; Chaikin et al., 1976; Gutheil, 1992; Stanley et al., 2016). Benton and Overtree (2012) even argue that the physical environment "can determine whether or not a patient remains in therapy" (265). Similar claims are suggested by other researchers who have linked the office to first impressions of the quality of therapy (Devlin et al., 2009; Miwa and Hanyu, 2006; Nasar and Devlin, 2011) and to whether a client likes or dislikes their therapist (Sanders and Lehmann, 2019).

This study was designed to explore the psychotherapy office from the perspective of current therapy clients. This exploration aimed to highlight the essentials of psychotherapy treatment offices by tapping into the underlying meanings clients bestow on the offices and their objects. This information can be helpful for social workers (or other mental health workers) looking to setup offices and adds to the foundation for expanding research into the dynamics between the physical environment and the therapeutic process.

Theory

The idea that physical environment influences the behaviors of its' users is present in several theories throughout time and place, such as Feng Shui and the ancient practice of Vastu. More recently, the ecological perspective, adopted by social work in the 1970s, states that the location and design of physical environments (in addition to the social environment) can influence a persons' experience (Germain, 1979). The ecological perspective has been used as the theoretical framework for previous studies looking at therapy office space and behavior (e.g., Anthony and Watkins, 2002; Backhaus, 2008; Goelitz and Stewart-Kahn, 2007; Weeks, 2004).

Yet, not everyone reacts the same way to the same environments. One reason for this involves the different meanings a person associates to the objects in the environment. These meanings are highly subjective.

Wujec (2009) suggests that when we walk into new physical settings, our brains are activated in such a way that allow us to identify (ventral stream), map (dorsal stream), and associate (limbic system) the objects in that space simultaneously. For example, when we walk into an office space, we may notice a dying brown plant and identify this as a plant, know that it is to our left in the far corner, and associate this neglected plant with feelings of fear and concern.

These associations, however, are not always conscious. According to Goldhagen (2017), environmental features can evoke indirect nonconscious cognitions that come from our individual cognitive schemas. Schemas are our organized knowledge structures, and they are accessed automatically (Foster et al., 2017). They get triggered when they come close to matching an experience one is currently having. For example, Foster et al. (2017) describe a clinician experienced in the treatment of anxiety disorders. When meeting with a client who exhibits symptoms of anxiety, the clinicians' schema for anxiety disorders is triggered, and she uses this schema to understand and make meaning of what the client presents and tells her.

In regard to an office environment, this framework suggests that the features and design of an office can trigger different schemas. For example, a client who experienced trauma as a child in the living room of her home may come to associate fear and danger with certain offices that follow similar living room arrangements. On the other hand, a client who experienced her home as a place of safety may attribute a positive schema with a similarly arranged room.

As previously mentioned, these schemas are frequently nonconscious. They contribute to how we can feel "at home" somewhere without being able to explain exactly why. So, how do we find some of these deeper associations that clients have to their therapists' office?

Freud's (1900/2008) theory of latent and manifest content can be used to help understand the meanings we associate with objects. Freud describes latent and manifest content when discussing the meaning of dreams. The manifest content is what happens in the dream and is conscious. The latent content is the symbolic meaning of the dream and is considered to be unconscious. By exploring the manifest content further and tapping into the dreams' symbolism, one may uncover the dreams latent content.

Csikszentmihalyi and Rochberg-Halton (1981) apply the concept of latent and manifest content to their exploration of the meaning of objects in the home. They claim that the real meaning of a possession lies in its' latent content and that "things act as catalysts to express or clarify a thought or feeling already present in a person's experience" (Csikszentmihalyi and Rochberg-Halton, 1981: 43).

This concept of latent content in relation to the physical environment also shares similarities with humanistic geography's approach to the phenomenology of place. The phenomenological approach of place "is concerned less with studying specific places and more with the subjective meanings, emotions, and the embodied experience tied to place" (Akesson et al., 2017: 372). In the words of Edward Relph (1976), a well-known geographer and researcher of the phenomenology of place, this is elaborated when he states:

> *In our everyday lives places are not experienced as independent, clearly defined entities that can be described simply in terms of their location or appearance. Rather they are sensed in a chiaroscuro of setting, landscape, ritual, routine, other people, personal experiences, care and concern for home, and in the context of other places* (29).

Tuan (1979), another humanistic geographer, similarly argues that:

> *. . . our awareness of spatial relations of objects is never limited to the perceptions of the objects themselves; present awareness itself is imbued with past experiences of movement and time, with memories of past expenditures of energy, and it is drawn towards the future by the perceptual objects' call to action* (399–400).

In other words, a phenomenological approach to place focuses not so much on describing a place by taking inventory on its' items, but on the deeper meanings (or latent content) within the place. These meanings, as Tuan elaborated above, can come from our history with the place and how we use it, and, perhaps, hope to use it in the future.

In office design, the arrangement of an office, like the decoration of a home, can have both manifest and latent content. Interpreting or understanding the meaning of an office, like interpreting a dream, requires an exploration of not just the manifest content (i.e. the presence of chairs, plants, windows, etc.) but exploring the symbolic meaning of the items in the room.

Literature review

While studies considering the therapist room from the perspective of the therapist are sparse (Stanley et al., 2016), even fewer studies examine the office from the perspective of actual therapy clients.

Stanley et al. (2016) explored the views and experiences of social work offices from staff, clinicians, and parents. They found that all three groups preferred noninstitutional looking offices that have a "homely feel" and are more comfortable and friendly. Participants wanted a space that "reflected back to them a sense of their own worth" (91), which suggests a connection between the place and a sense of self in social work settings.

Similarly, a study by Alonzo et al. (2017) looked at barriers and facilitators of treatment engagement of individuals at risk for suicide from the perspectives clinicians. While they did not interview clients, therapist participants reflected on the experience of their clients. They reported that

> *. . . the physical environment of the agency, its appearance as well as the quality of the accommodations for clients, can be enough to make clients question whether they want to continue to attend services at that agency, and to decrease a client's self esteem* (163).

One participant noted that a gloomy space (not enough room and with people smoking outside) can make a person feel worse about themselves.

As for what clients consider helpful in the therapy office, a study examining the overall experience of therapy reported that 9 of the 24 participants claimed that the office space was important (Levitt et al., 2006). Specifically, the physical environment of the room was felt to facilitate safety, comfort and relaxation, and the

room's objects provided clients with a sense of the therapists' personality, professionalism, and concern for the client (Levitt et al., 2006).

In another example, Bedi (2006) asked 31 clients about what helped to build their alliance with their counselors. Results from these interviews indicated that clients identify the setting as a category that contributes to the formation of alliance. The setting included, but was not limited to, books, plants/flowers, and decoration with little objects (such as seashells). Likewise, Sanders and Lehmann (2019), in their interviews with 15 therapy clients, found an association between the space and client opinions of the counselor with a preference for a comfortable and homely environment (as similarly seen in Stanley et al.'s (2016) previously mentioned study).

The studies described here emphasize that clients' notice and respond to the office environment. The combined findings suggest that the office environment can impact client feelings and the therapist–client relationship.

Method

Phenomenological approach

This phenomenological study emerged, in part, from a larger dissertation project conducted by this author (Jones, 2019). The phenomenological approach focuses on the experiencer's perspective, as opposed to trying to uncover an objective truth (Wertz et al., 2011). In this study, the subjective experience of the office from the perspective of the clients is explored, rather than the objective existence of the office space. This way, the objective contents of an office (which vary greatly) become secondary to the subjective and latent content (such as the feelings, impressions, or meanings) that can only be tapped into by directly speaking to those who use the office.

Edmund Husserl has been credited with developing the phenomenological approach out of a need to further explore conscious experience. In order to implement this approach, Husserl emphasized the concept of epoché of natural sciences and epoché of natural attitude (Wertz et al., 2011). The first epoché requires that the researcher brackets their preconceived ideas and knowledge of the phenomenon under study in order to be fully open to focus on the experiences being described to them (Wertz et al., 2011). Thus, the focus is on the experiences being described and not on the lens in which the researcher is filtering the information. The second epoché, also called "phenomenological reduction," involves reflecting on the existence of objects in relation to experience (Wertz et al., 2011). By doing this, ideally, one "selectively turns from the existence of objects to the processes and meanings through which they are subjectively given" (Wertz et al., 2011: 125). In describing this process, Wertz et al. (2011) give the example of a study that looks at the way drivers attribute fault to themselves and others in regard to automobile accidents. Using this second epoché of reflecting on experience, researchers would not be concerned with the objective existence of fault

(or who the insurance company might find at fault) but focus on fault as experienced by the drivers (whether or not their experience of fault matches with the insurance company or even with the opinion of the researcher). By doing this, the researcher is able to better focus on the experience separate from bias. This focus on experiences absent of preconceived notions will, ideally, lead to the uncovering of the "essence," or that which is essential, of the phenomenon.

The use of a phenomenological design was specifically chosen for this study, because it seeks to gain understanding of the experiences and meanings of a place (the office environment) rather gather physical descriptions. This understanding cannot come from the mere observation of an outside researcher. Information on the meaning of the place of the clinical office should come from those who use it. As Tuan (1979) states, "[p]lace is . . . a reality to be clarified and understood from the perspective of the people who have given it meaning" (387). This is crucial because "[a]s a consequence of social, cultural, and personal factors, people's perceived (subjective) physical environment may differ from the actual (objective) environment, or from the subjective environments of others who share the same physical setting" (Germain, 1981: 109). In other words, because our experiences of the physical environment are subjective, we need to explore these subjective experiences in order to understand the meaning of a place.

By focusing on the meanings behind the designs, we can better get an idea of the essence of the office space, or what is shared among clinical offices that makes a clinical office a clinical office.

Participants

Eight people who were in therapy with a mental health professional were recruited for the study through local online community list serves in the summer of 2018. Participants were given $20 incentives for participating. Written consent was obtained from all participants before the interview. The consent form included the intended purpose of the study, the procedures involved, how confidentiality will be used and maintained, who participants could contact about the study and their rights as participants, any possible risks the study may bring up, the researchers' role as a mandated reporter, the possible benefits of this study, and the participants right to decline to participate and to withdraw from the study at any time. Institutional review board approval from Fordham University was obtained prior the start of the study.

Participants were all currently in therapy at the time of the interview. Average age of participants ranged from 23 to 72 years, with a mean average of 44 years. All participants were female, and all but one participant identified as white. Time spent with their current therapist ranged from 7 years to 2 months. While not everyone was aware of the treatment orientation of their therapist, most participants believed that they were in a form of cognitive behavioral treatment. All participants had previously seen at least one other therapist. All clients were given an alias. See Table 1 for further details.

Table 1. Participant Information.

Name	Age	Sex	Race/ ethnicity	Education	Treatment orientation (if known)	Number of previous therapists	Time with current therapist	Frequency	Fee
Rachel	43	Female	Hispanic	PhD	Psychodynamic	5	7	As needed	$40 co-pay
Ashley	37	Female	White	Masters and post-graduate training	Psychoanalysis	4	3.5	2 × week	$135
Leslie	57	Female	White	Graduate school	Jungian	3	1.5	2 × month	$23 co-pay
Stacy	43	Female	White	College graduate	CBT	5	1.5	1 × week	$100
Ava	23	Female	White	BA	CBT	1	2 months	1 × week	$30 co-pay
Annabelle	24	Female	White	BA	CBT	1	7 months	1 × month	Through work
Sharon	72	Female	White	BA plus post-undergrad	Unknown	3	Less than a year	Once every 3–5 weeks	Insurance
Gail	54	Female	White	Masters	Primarily CBT	2	7 months	1 × week	Insurance

CBT: cognitive behavioral treatment.

Data gathering methods

Semi-structured interviews took place in either local community rooms or in an office space rented for this purpose on an hourly basis in a local professional building. Interviews were advertised to last for 45 minutes. When a participant was willing to be interviewed longer, this was allowed. Interviews were digitally audiotaped with an iphone as a backup device and then transcribed. All identifying information was removed from the transcripts. Transcriptions were kept in a secure office on a password protected computer. Audio files were deleted at the end of the study. Journaling, bracketing, and reflection were used by this author to explore personal biases and preconceived notions about the experience of the therapist office environment. Participants who expressed interest in reviewing transcripts were provided with copies of the transcribed interviews in order to verify the data.

Data analysis

Analysis of these interviews relied on the phenomenological data analysis methods as described by Giorgi (2012):

1. Read interviews in their entirety for a sense of the whole.
2. Read again to identify meaning units.
3. Meaning units are psychologically reflected on.
4. An essential structure of the experience is written.
5. This structure is then used to clarify the data.

Writing an essential structure of the experience (Step 4) involves "the integration and statement of insights that were gained in all the various reflections of the meaning units" (Wertz et al., 2011: 132). In other words, after reflecting on the meaning units, I wrote individual descriptions about the experience highlighting each participant's main themes related to the meaning of the office space. I used Wertz's et al. (2011) recommendations (shown below) to guide this process:

1. Identifying potentially general insights in individual structures;
2. Comparing individual examples of the experience for general, even if implicit, invariant characteristics;
3. Imaginative variation of individual examples to identify generally invariant features and organizations;
4. Explicit description of general psychological structure(s).

(Wertz et al., 2011: 133)

These findings were then used to clarify the findings from across interviews. Results were determined by the aspects of the office that remained and were seen as being essential to the experience of the therapy office. These results are discussed in sections below.

Results

All clients noticed the office and were able to recall various features of the space. These recalled features were then explored to find out more about why they were important and what meaning they had for the client. This often led to richer stories and the revelation of deeper connections to items that would likely be absent from only physical descriptions of the office spaces. While every office described was different and contained a variety of features, shared themes gathered from the interviews included: (a) comfort and safety, (b) insight into the clinician, and (c) engagement, connection, and relationship.

Comfort and safety

In discussing the general feeling, participants have toward their current therapy offices, everyone spontaneously mentioned, to varying degrees, feeling a sense of comfort. Similar to previous research that suggests a general preference for more warm and home-like therapy environments (Nasar and Devlin, 2011), the majority of participants in this study stated a preference for therapy offices where one can "feel at home." This frequently included room design that mimicked traditional living room settings with knick-knacks, pillows, warm lighting, and "lived-in" furniture.

For example, Annabelle stated that the chairs, artwork, lamplight, bookshelf, and fabric all play a role. In particular, she liked that the couch was cloth instead of a plastic material that can easily be wiped down, unlike the other couches in the building. The wipe-able plastic material gave her the impression her presence could easily be wiped away, while the cloth felt more home-like and permanent.

Many participants mentioned lighting as important for creating a sense of comfort, with a strong preference for yellow and/or dim lighting. In the quote below, Ava links dim lighting directly to her comfort with sharing in sessions:

> *I like [the darker lights], I think it's just a nice contrast . . . it feels like a separate space from what I'm in, either being outside or being at work, or in my apartment. It's calming. Centered sounds very dramatic, but it brings me more into an interior space where I feel more comfortable sharing.*

Safety also emerged in discussions of comfort. Participants felt safe in these places. Ashley spoke about how she feels she can discuss her feelings and is empowered to face things in therapy that she has not wanted to explore alone. For her, the setting of the office helps to trigger these feelings:

> *I become aware of feelings as I step into the office . . . So whatever they might be that day . . . Or something that I might have not wanted to face by myself, but now that I'm there it seems like, 'Okay this can come up now'.*

In other words, over time, the office environment has become associated with the process of therapy and has become a safe space for her to open up.

A sense of safety comes from more than just the room. As Ashley and Stacy both pointed out, is very much a part of the relationship one has with their therapist. There are, however, some physical features that others mentioned as contributing directly to safety. In particular, Rachel mentioned the use of the sound machine for protecting confidentiality.

> *. . . I think for me the main thing is that white noise machine. Knowing that it's on, even if it doesn't really mask out noise, for me it's just a buffer and so I feel like, okay I can come in and fully process with this person today.*

Ava and Gail both alluded to the use of pillows as objects that contribute to a sense of safety. In particular, Ava mentioned that holding the pillows was similar to "sleeping with a stuffed animal," and pillows could be used to create a "contained space."

In the two reported instances where participants recalled not continuing with a therapist, a lack of physical comfort was either mentioned or alluded to. As Leslie stated when she described meeting a therapist for the first time in a very cluttered office:

> *. . . just to be in that office I did not want to even stay there no matter who was in there . . . you could barely sit down in there, that is an impediment . . .*

These results suggest that comfort is an important component in a psychotherapy office space. However, comfort is not defined by everyone in the same way. For example, several participants pointed out, a sense of comfort comes from more than just the physical environment. It is also the relationship a client has with their therapist, which suggests that the experience of the psychotherapy room may be impacted by the relationship one has with their therapist.

Insight into the therapist

Through the interviews, it became clear that participants used information provided by the space to gather impressions about their therapist. For example, Ashley viewed physical aspects of the office as a reflection of her therapists' expertize when she spoke about a health-related experience she was going through. She found solace in her therapists' book selection:

> *. . . she also specializes I think in like reproductive health, I was like facing the other direction on the couch. And my eyes would land on all these books about like women's health and women's psychology. And so it was like 'Okay, I'm in the right place'.*

Seeing the reproductive health-related book titles validated her choice of a therapist because she connected to the theme of the books and felt this confirmed that she was in "the right place."

In some cases, participants merged qualities of the office environment and their therapist together. For example, Leslie spoke about one therapist she saw for about eight months and felt that she was as "drab as her office." Gail also spoke about blending her impression of the office environment with her impression of her therapist. Her example shows a how a positive impression can be informed by the space:

> *I think in terms of first impressions, I thought, "This is a warm space. She must be a warm person." I didn't know her . . . but I had a sense that she was kind of free-spirited, creative, warm, compassionate.*

In other words, Gail thought that because her therapists' office was warm, then she must be a warm person. As for what in the environment contributed to her impression, Gail mentions the knick-knacks, sofa with pillows, and a bunch of books.

These examples indicate that the office can be a place of rich information as clients explore the room in attempt to gleam information. The artwork and books (or lack of), style of furniture, décor, and design of the room are used to build assumptions about the lives and characters of the therapists who have chosen to display them.

Engagement, connection, and relationship

For almost all participants, discussions about the physical office space frequently turned to talks about relationships and the importance of feeling a connection with ones' therapist. Several participants took care to emphasize just how important the relationship is in therapy, as shown in the quotes by Stacy and Leslie below:

> *My decisions to not see or continue, either way, with somebody has been mostly based on our interaction. I would say is like 95% of it . . . It's been more about whether I felt connected to them or not.*

> *I just think it's really important just to reiterate, it's really important, the person and the energy they bring into it.*

These thoughts were echoed by Ashley who emphasized that relationship "trumps everything else." She would be willing to see the same person in a different setting, because it is the relationship with the person that is crucial above the office environment. Sharon also stressed the importance of having a connection with ones' therapist. She states that this ability to connect is what determines whether or not she will continue to work with a person and transcends the space. When she spoke about not continuing treatment with therapists, she mentioned the lack of

connection she felt toward them as being the main factor. These claims are supported by the previously mentioned research on alliance and retention that have found the relationship formed between client and therapist to be a powerful indicator of retention and outcome in psychotherapy (Jared et al., 2013).

So, what does the room have to do with relationships? Through the interviews, it became apparent that the room assisted with the development of connection. It drew people in or pushed them away with first impressions. For example, Leslie's previously mentioned quote about the office that was so cluttered that she did not want to stay "*. . . no matter who was there . . .*," provides an example of when the office can take precedence over the person.

Furthermore, the interviews suggested that the room can provide information for that burning question so many have the first time they enter a therapists' office: Will this person be able to understand me? Clients look for similarities between their therapists' interests and their own. For example, Gail described her connection with books and how she then viewed them in her therapists' office:

> *I, myself, I love books. This is a huge thing for me . . . I would identify with that. I would just think, "Well, this is a very intelligent person. A person who values books just like I do."*

In another example, Leslie sees her therapists' preference for art as an indicator of a shared interest:

> *[She's] got art that connects with me on the walls, inks and a Dürer ink sketch . . . and the other side of the room she's got Vishnu and there's a ring of fire and it's a little statue. . . . so she has that on her wall and I love Albrecht Dürer so that really connected with me, you know, I just look at her art and I'm like, oh this tells me a lot about [her].*

Leslie, recognizing her therapists' art choices as described above, later mentioned the art to her therapist. By doing so, she was looking to find a connection to her therapist through a shared interest. Likewise, Stacy mentioned how in the past she has made comments about the art in the room or the therapists' school (as displayed on credentials) as a way to give a compliment and connect. Thus, the office becomes a space where one can communicate positive feelings toward the other by commenting on what it contains.

The spatial design of the room was also mentioned as a way to facilitate connecting. Ava spoke about the open space between herself and her therapist as promoting connection:

> *The center of the room is always very open. I think that's interesting, there's never a coffee table or anything between the therapist and I . . . The openness I'm sure it's an intentional decision that is good, that promotes connection. Those sort of things. Like no barriers . . .*

For Ava, the lack of a coffee table comes to represent the idea of no barriers and provides an example of how the layout of the room can encourage, in her experience, connection.

These examples show a few ways in which clients can use the room to seek connections and build relationships with their therapists. The room can support or sabotage the formation of a relationship by providing opportunities for clients to share their interests with their therapists. The role of the room may be particularly important early in the work when impressions are being made and clients are looking at objects in the room in order to gather information about their therapists' interests and background.

Discussion

To give a short answer to the main question of this study (how do clients experience the therapy office environment?), the office environment is experienced as relationship-influencing. In the interviews, participants heavily emphasized this point: the relationship is the most important. The room is secondary to the relationship, similar to Benton and Overtree's (2012) previously mentioned claim that the room's importance follows directly behind the therapist. A poorly designed office or a meticulously designed room can evoke associations in clients that can support or inhibit the relationship. This does not mean that simply having a well-appointed office will guarantee a good alliance, or that clients will run from a messy office. The office, though, sets the stage for the work and is not to be dismissed.

However, amid the strong claims that the relationship between therapist and client is the most important factor to continuing therapy, at least two clients noted that when seeing their current therapists in different offices, the sessions seemed different. Ashley compared her experience of seeing her therapist in a comfortable office to seeing the same person in an office in a new house with boxes that were still unpacked. She experienced the second scenario as overwhelming and disorienting despite seeing the same therapist.

Leslie also described an incident in which her therapist had to change rooms due to a flood. The new space was quite different from the previous. Leslie describes the experience as "discombobulating" and felt like she presented a false version of herself in the new space.

Thus, therapy can feel different if done in a different room despite seeing the same therapist. Perhaps, this is because we are always responding to our physical environments. When they change we feel different, even if we are with the same people. So, while the relationship takes primary importance, it does not do so at the exclusion of the physical environment. The environment can impact the relationship.

These results heavily support Germain's (1985) concept of the transactional nature between a person and their environment. The data show several examples of how behavior was influenced by the physical setting. For instance, this was seen

in the previously mentioned experiences in which the same client-and-therapist-combination generated different types of sessions in different office environments (and thereby suggesting that the physical office potentially influences the content of sessions).

But for the relationship between a person and the physical setting to be transactional, the person also has to use the physical environment for their behavior and functioning. Interviews revealed several examples in which participants spoke about how they altered the environment. For example, Ava spoke about piling pillows around herself to create a sense of physical containment. Others mentioned making requests to dim the lighting. In these ways and many others, clients do not simply receive input from their physical environments, but also mold, alter, and act upon them.

Furthermore, the examples in the results section also show the subjective associations and meaning clients both bring to and form with objects in the therapy room. This supports the concept from the phenomenological approach to place in that the activities and meanings associated to a place need to be explored to gain an understanding of its' overall essence. Comfort and safety, therapist insight, and relationship connections are not objects in the room. They are associations clients develop to the place. And these components contribute to the overall essence of a place for therapy.

Implications for practice

As alluded to in previous research (Pressly and Heesacker, 2001) and seen in the vast variety of treatment rooms (Zimmerman, 2014), one can conclude that there is no gold standard for a treatment room. Furthermore, this study revealed that clients were willing to see good therapists in less than ideal rooms. As Leslie reminds us, her favorite room for therapy is not the office of her favorite therapist. Rather, one can strive for a good-enough room. Ideally, this is one that facilitates the therapeutic relationship by providing comfort and safety, and just enough personal information about the therapist so that clients can connect.

Of note, one physical aspect of the room that came up both in the literature and in almost every interview was lighting. Interestingly, lighting has been cited in the literature as being related to disclosure (Chaikin et al., 1976). Preferences for yellow or dim lighting were also strongly echoed by participants. Sternberg (2009) wrote about a study in which visitors to a design show entered rooms bathed in different color lights while having their reactions observed and self-reported. Those in the room with yellow light were described as being the most animated and talkative as compared to their colleagues in the blue or red light rooms. Furthermore, in her summary of research in this area, she reports that sunlight can brighten moods and prolonged exposure to fluorescent lighting can dampen them. Thus, the results from this study along with the literature emphasize the importance of lighting. When evaluating our offices, we may want to give particular consideration to our lighting sources and options.

Implications for research design

When looking at interventions applied across different sites, it is crucial to also consider the settings (how they vary and how they are similar). Given that two participants noted that therapy sessions felt different in different settings, research evaluating program performance across and within sites should consider the impact of the room. Is it possible that some good interventions have been sabotaged by poor physical design? Or that poor interventions have been supported by good physical design? Considering the potential impact design can have on our moods and health, this is worth exploring.

Limitations

This study has several limitations. First, this study was done by a single researcher. As a result, it is more likely for unconscious biases to influence the analysis despite efforts taken to minimalize this effect. Additional researchers to compare resulting themes with would have strengthened the reliability of this study's results.

This study reports on the experiences of primarily white female clients and therapists. The experiences of males and those of other racial and ethnic backgrounds may provide another layer of understanding of the experience across a larger population of clients and therapists.

Finally, additional research is needed. This study claims that the office space is relationship influencing. To further support (or discredit) this claim, a study more specifically tuned to looking at the relationship in relation to the space is necessary.

Future directions

In order to better understand the general meaning of place in relation to mental health treatment, the experiences of people from a larger variety of cultures are needed. Rachel pointed this out when she expressed her concern about offices that resemble medical offices:

> *I think, especially for communities of color or people from communities that aren't used to this kind of seeking out of help, they're going to think that they are sick, they're not going to think they're able to heal–they're going to feel like they're in a doctor's office because they're sick. I think there's a psychology to that. If I'm entering into a space where I'm going to come out of it the other side differently, then I'm going to enter into it differently. But if I go into a space where I'm expected to be sick, then I may not get out to the other side of it well, I may stay sick. I would imagine that it would feel like that.*

If we are to provide inclusive and less stigmatizing treatment environment designs, we need to know more about the variety of spatial associations that exist among more cultures.

Furthermore, it would be interesting to explore and compare public verse private-pay mental health treatment physical environments, as studies comparing and exploring spatial discrepancies among treatment options are severely lacking from the literature. This could involve an updated version of Seabury's (1971) study in which he compared the treatment settings of a variety of service environments. He concluded that the more luxurious settings catered to the middle and upper classes, while the more "unpleasant" settings were found in environments reserved for clientele with less financial resources (Seabury, 1971). What would a comparison of office environments today reveal? Armed with what we now know about the power and importance of design, it is imperative that we look into this further and explore potential spatial treatment disparities.

Conclusion

Client participants described their experience of their therapy office environments. From their stories and descriptions, themes emerged that show the essence of the therapy office from the client perspective. The office is ideally a safe space where one feels comfortable opening up. It is also a place of rich information as clients explore the room in attempt to gleam information about the therapist and consider the possibility of building a relationship. While the office spaces described by clients varied, clients shared these same essential aspects of their experiences. This information can be used by therapists to inform their office design.

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