

# Waiting for Therapy

*Forced isolation, or forced contact, are both uncomfortable.*

While waiting, patients will be in a variety of different moods. Some will be anxious for conversation; others may want to be completely alone. Waiting in a large waiting area doesn't provide for either of these needs. Patients anxious for conversation, need small clusters of seats—more than 4-6 at a time is too large for comfort. Patients who want to be completely alone, need seats that are placed away from other seats—observations suggest at least 12' from all other seats in view. All seats, whether isolated or in clusters, should be single

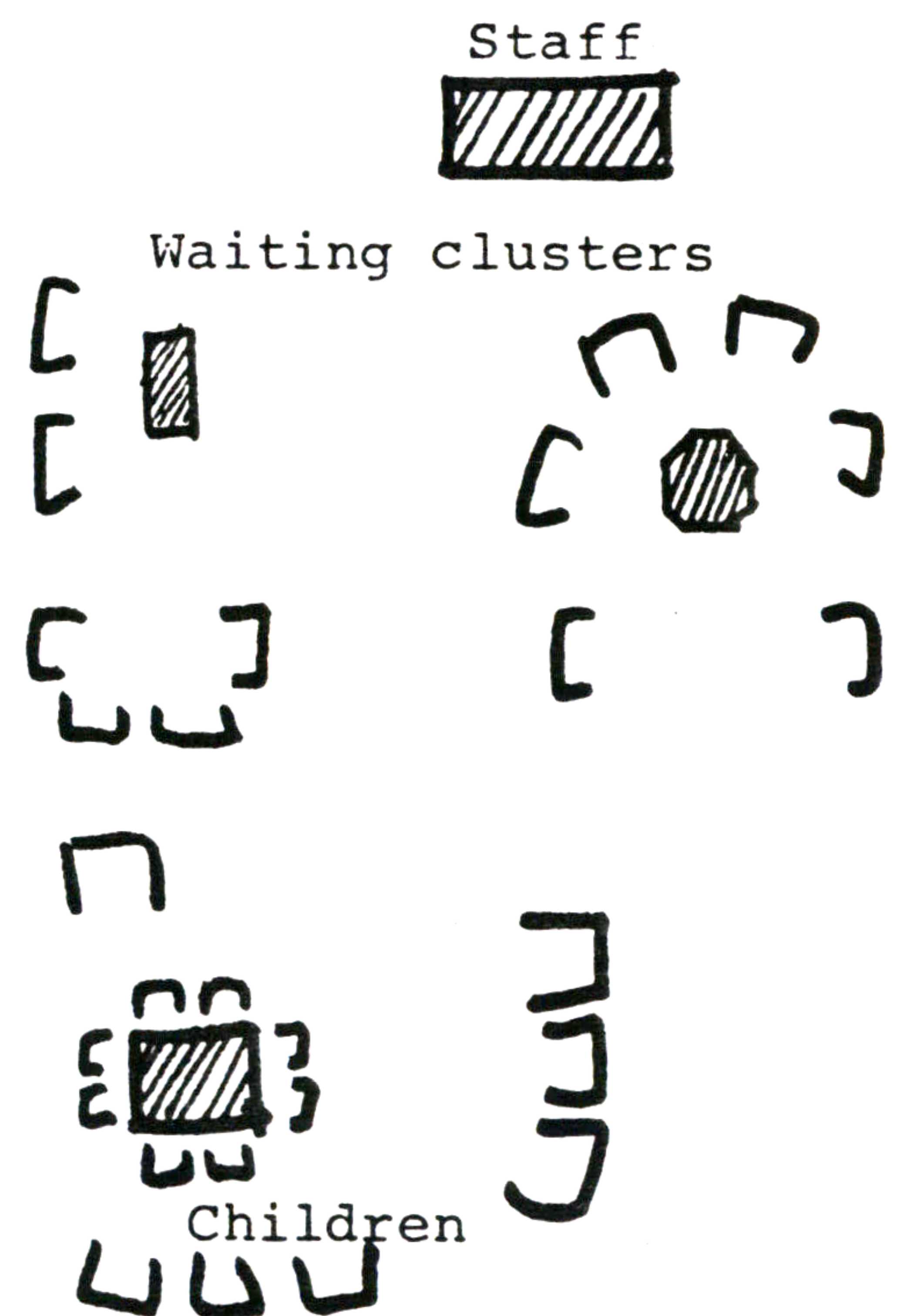
seats. Patients just don't sit together on couches.

Patients often have to wait their turn to see a receptionist, or for appointments with therapists and other staff members. Many of them bring children with them (otherwise they can't leave home): children are very active, and disturb other waiting adult patients—hence a separate area for them.

Also all seats should be in view of some staff person, so patients can ask questions and not feel left behind.

*Therefore: Break the waiting areas into a variety of small waiting areas, never one big milling space where everyone waits together. These waiting areas should range from small groups which hold 4-6 people, down to single seats which are fairly isolated. All seats should be single seats, no couches.*

*Put each of these waiting areas within view of some staff member, a receptionist, nurse or secretary, and make one childrens waiting area, separate from the others, in view of the receptionist, and so placed that at least one waiting position is directly across from it, so a mother can watch her children.*



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*This pattern is tentative. If you have any evidence to support or refute its current formulation, please send it to the Center for Environmental Structure, P.O. Box 5156, Berkeley, California 94705; we will add your comments to the next edition.*