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FIELD NOTES | SPRING 2016

## THERAPY SPACE

By **Andrea Hansell**

Consulting psychologists are rarely assigned on-site offices. Like hermit crabs, we scuttle around looking for temporary spaces in which to conduct evaluations and consultations. At one school where I worked, I discovered that the art teacher didn't teach on Thursdays. I became a Thursday afternoon squatter in the art room, inhaling the scent of paint and clay as I handed tissues to children who were struggling with reading skills or whose parents were divorcing.

When I consulted at a children's hospital, I found that parents of sick young patients often wished to speak with me privately rather than at their children's bedsides. At first I would usher these parents out into the hallway, where I would huddle with them along the wall, leaning against the bright red and blue murals of Elmo and Cookie Monster. I realized, however, that out in the busy hallway parents felt uncomfortable discussing concerns involving doctors and nurses who might walk by at any moment. In an older wing of the hospital building I discovered a large, formerly grand ladies' lounge, with an anteroom between the door and the toilet stalls in which a faded art deco sofa reposed incongruously. This ladies' lounge, which lay at the end of a long hallway, was rarely used. Once I made this discovery, I would lead parents wishing to have heart to heart talks down the hallway to the lounge. After checking to make sure no one was using it, I would tape a sign to the door reading "Occupied – Please Knock."

At times I worried that meeting with clients in hallways, art rooms and bathrooms might convey the message that they were not important enough, or that I was not competent enough, to merit an actual office. To my surprise, however, people proved to be fairly flexible as long as they felt heard and had some sense of privacy. Sometimes aspects of the borrowed spaces, such as student paintings hanging in the art room, or the ornate old sofa in the ladies' room, became interesting parts of the discussion.

Whenever aspects of a setting were incorporated into my work, I would recall my early experiences as a psychology intern on a dilapidated children's psychiatric unit. Young patients needing psychological assessments were taken to a tiny corner room, more of a closet than an office, into which a child-sized table and chairs had been shoehorned. The "testing room," which always sounded ominous to me, like something from a dystopian novel, was known for its collection of dead flies. Crunchy carcasses littered the floor, the windowsill, and even the testing table. Occasionally the custodians would clean up the debris, but tiny new bodies would appear again the next day. My pediatric psychology supervisor had taught me to write down everything that was said during a testing session, not just the patient's answers to specific test questions. A typical testing note that year read, "Six plus five equals eleven. Dead fly. Nine plus eight equals...yuck! Another dead fly. A really gross one. Seventeen." When I brought my first set of testing notes to my supervisor back at the university, she wondered whether the child might be psychotic due to his persistent perseveration on dead flies. After many testings, it became more notable to her if a child *failed* to mention the flies.

Assessments for the pediatric brain injury unit took place in an overheated basement room with exposed pipes and a serious cockroach problem. A memorable testing session involved a young pitcher who had been hit in the forehead by a baseball and incurred damage to the

frontal lobes of his brain. This teenaged boy could answer questions reasonably well, but, with his executive functioning centers disabled, he could not initiate action or conversation on his own. He would sit placid as a sheep and wet his pants unless asked if he needed to use the bathroom, and would become faint with hunger unless asked if he wanted to eat. His neuropsychological assessment was going along fairly well, since it was structured enough to provide him the questions and directives he needed to solve problems. But suddenly the young man seemed to freeze up. He stared at me. Then in a swift movement he reached his hand out towards my chest. Patients with head injuries sometimes behave inappropriately, but this was unusual behavior for this patient, and it took me by surprise. Before I could react, he had grabbed a large cockroach that was crawling up the front of my blouse and flung it to the floor. "There!" he said. Then he gazed at me passively, waiting for the next instruction.

I watched the cockroach scuttle off towards the rusted pipes. I realized that more important than any question the boy had answered that day was the fact that he had just shown me he could initiate an action. "You did it!" I said. "You passed the cockroach test!"

When I opened my own psychotherapy practice years later, I put a lot of thought into how to set up my office. The office was in what used to be the dining room of an old Victorian house. It had high ceilings, stucco walls, and dark wood window frames. I did everything I could to make the space feel cozy and welcoming. Adolescent girls loved to snuggle under the afghan on the soft couch, clutching the pretty throw pillows to their chests. "Thank god," exclaimed one mother of a teenager upon entering my office. "I am so tired of McMedical offices with steel desks and tastefully neutral chairs. This is a place where I can relax and just talk, you know?"

I thought I knew, until a prospective adult client decided not to work with me because of my office. “I’m sorry,” she said, “But I can’t take a lady psychologist in a Victorian parlor seriously. I’d rather go to a clinic that feels more professional.”

I wondered briefly if she would have preferred a hospital bathroom, or a testing room full of dead flies. Then I referred her to a colleague who worked in a more “McMedical” setting, recognizing that she would likely feel safer and more comfortable there. I realized that if the client has choices, the setting for therapy does make an important difference. Still, I do sometimes wonder if I should have stayed in that basement testing room for a few more years and patented the cockroach test.

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