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

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This qualitative study explores the 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, 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 were indicated, including preferences for larger work spaces, natural light, use of aesthetically pleasing decor, and provision for clients to have choice in seating.

Professional counselling takes place in a range of settings such as agencies, hospitals, schools, and universities. Privileged by the lack of restriction of a specific 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 who work 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 & Machin, 2001).

Three questions seem relevant to the emotional wellbeing of counsellors and their clients:
• does the first impression of the therapeutic space contribute to, or influence, client motivation to participate in counselling?
• in what way do 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?

It is easy to overlook the aesthetics of the counselling room, 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, but the overall mood of the environment may help 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 made between perceived ‘pleasantness’ of a setting, and friendly or ‘affiliative’ behaviour of those in the setting (Amato & McInnes, 1983). This connection has been extended by the finding of a positive influence on counselling outcomes through the development of affiliative behaviour between counsellor and client (Ackerman & Hilsenroth, 2003; Littauer, Sexton, & Wynn, 2005). Hence, an argument can be made for well-designed, aesthetically pleasing therapeutic environments.

While physical environments can influence affect and behaviour (Pressley & Heesacker, 2001), the counselling environment has the potential to affect a client’s sense of psychological and physiological wellbeing (Gross, Sasson, Zarhy, & Zohar, 1998; Ulrich et al., 1991). Clients can even experience the ‘healing space’ as having an emotional, or ‘spiritual’, dimension (Pressley & Heesacker, 2001; Venolia, 1988). These findings highlight the value of research that considers which environmental components contribute to the enhancement of positive client responses.

Literature review

Literature 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 have expressed dismay at the relative absence of research on the context in which counselling takes place (Phelps et al., 2008; Pressley & Heesacker, 2001). However, 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 findings of 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 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 been shown to have an influence on the emotional states of patients (Sklar, 1988). In light of these findings, it would be reasonable to assume that the creation of user friendly and emotionally safe counselling spaces may contribute to more productive outcomes.

Chaikin, Derlega, and Miller (1976) recommend 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 by the client 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) argue that people respond to environments in emotional ways. Foundational studies in environmental psychology indicate that pleasant settings provide ideal conditions to support affiliative behaviour. The implication 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 et al., 2008, p. 268). Findings in the literature relevant to the planning or establishment of counselling rooms include a focus on: office design, seating, lighting, the use of colour, access to or views of nature, and the impact of tidiness.

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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). These findings have implications for counsellors who work 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 have a positive contribution to creativity. This happens when 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 amount of the day should be one that contributes to increased positive affect, empathy, and job satisfaction.
Awareness of the physical and psychological comfort of counsellors by decision-makers in counselling agencies is an investment in success. A positive mood in a counsellor may improve levels of empathy with clients, and flow on to positive therapeutic outcomes.

Office design

Therapy rooms without privacy may result in lower levels of self-disclosure, while offices with a ‘warm, intimate setting tend to produce greater self-disclosure’ (Pressley & Heesacker, 2001, p. 153). Soft textured surfaces absorb sound and increase the sense of visual and auditory privacy (Ching, 1987). Devlin et al. (2009) note that aspects of the consulting room such as comfort of furniture, lighting, colour, neatness, and artwork appeared related to the judgements a client might make of the therapist. The credibility of the therapist, as experienced by the client, has been linked with outcomes in therapy (Beutler, Johnson, Neville, Elkins, & Jobe, 1975).

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.

Small room size has been shown to have a negative impact on counsellor and client communication (Hasse & DiMattia, 1976). With this in mind, the selection of a generous-sized room may increase both client motivation and support a healthy working alliance. If spatial features of the environment alter how a client perceives the effectiveness of communication (Hasse & DiMattia, 1976), and activate an inhibiting effect (Dinges & Oetting, 1972), then thoughtful design and decoration of a counselling room may aid the establishment of an 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 the 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 the person who is occupying the 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

While investigating seating positions and preferred distance between chairs, Brockmann 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 of 127 cm between counsellor and client chairs maximised counsellor communications and client self-disclosure. A finding of interest was 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 where the client may experience low levels of personal control.

Lighting

Sunlight has been reported as having positive effects on stress and feelings of anxiety (Dijkstra et al., 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 et al., 2008). Some research has suggested that warm colours are associated with aroused feelings and cool colours with a more settled emotional state (Toole, Schwartz, Yoon, & Max-Royale, 2004). Unique individual responses to colour may explain contradictory results in colour response research—the same colour can affect different people very differently (Dijkstra et al., 2008). This may be due, in part, to ‘culturally learned associations and ... physiological and psychological makeup of people’ (Toole 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 et al., 2008, p. 276). Stimulus screening ability may vary with individual wellness, and may be of great importance in healthcare settings.

Children and young adults report an association of positive emotions with light colours, and negative emotions with dark colours (Pressley & Heesacker, 2001). Colour preferences have also been found to be age-dependent (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 preferred to work in white and low-saturated coloured offices. In one study, this preference was pronounced among participants who were found...
to be anxious (Ireland, Warren, & Herringer, 1992). However, white walls have also been shown to increase feelings of stress for ‘low-screeners’ (Dijkstra et al., 2008).

Colours 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. While taking account of individual responses, colour and decor as significant variables, little definitive data is available to aid the choice.

Nature

Views of nature evoke more positive feelings than views of non-natural environments according to Ulrich (1979), and Ulrich et al. (1991). Nature views have been recommended in a hospital setting as fundamental to the creation of healing environments (Malkin, 2008). Among inpatients, consistent preferences were expressed for hospital room artwork with a focus on ‘texturally complex pictures of natural settings’ (Pressley & Heesacker, 2001, p. 150).

To bring 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) conclude there was evidence to support the notion that indoor plants provide psychological benefits such as stress-reduction and increased pain tolerance. However, significant variables among the contexts and participants in the studies surveyed were identified.

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 many variables in responses. Mackall (2008), in an experiment on the impact of clutter in an office, found that the sensitivity, or preference, of a participant, 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. The first impressions of patients, 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 have positive or negative influences on psychological, physiological and behavioural responses.

Method

Procedure

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

A focus group of nine professional counsellors was consulted to generate key areas for feedback. The agreed 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 twenty questions was constructed. An additional open question was provided for unforeseen 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. Thirty-four questionnaires were returned and 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 the collation of 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. Numerical hierarchies from simple frequency counts emerged for some questions. For other 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. They had a mean of 9.2 years of work as counsellors, and one 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 while one third (38%) were engaged in private practice, and 1.2% worked in a school setting. Of the remaining seven percent (n=3), 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.

The provision of 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 theme. A significant number of participants rated physical comfort for clients and 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', while a room that seemed too large was perceived to create 'insecurity'.

The theme of colour emerged, and was related to the creation of a calming atmosphere, emotional warmth, and comfort. Each of these factors was perceived to be helpful and supportive of the work of a counsellor. Appreciation of colour within the décor was highly subjective, and no specific colour preference emerged. 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 sought to provide.

The issue of lighting was significant; softer, natural light was favoured over harsher, fluorescent, lighting. The value of natural light or an outside view was identified by almost 50% of participants. Access to natural light and a view of the outside was considered to be a positive contribution 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 viewed as contributing to the overall ambience of a therapeutic space. A clear preference emerged for access to natural airflow as opposed to an air conditioned space. Fresh air was identified as more supportive to 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.

Soundproof space was identified as a significant contributor to the success of a counselling process. Ten participants rated this factor as 'highly important'. Sixteen participants agreed soundproofing was necessary, while several participants emphasised the need for a quiet environment.

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

The terms used to describe '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 a counselling room should not look too formal, nor like 'an office'. A preference to work in uncluttered rooms was a key factor. The overall theme was that the ideal decoration of a counselling room contributes to the creation of 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 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.

With regard to the improvement of the counselling room, a major theme to emerge was the desire to have a larger workspace. Another theme related to the desire of the counsellor to re-paint walls and extend the use of colour 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 like an office and more informal was evident.

The creation of a positive ambience, a welcome and beautiful workspace, emerged as a major theme with regard to what aspects of the physical environment contributed 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 ‘creation of a positive ambience, a welcoming and beautiful space’. Minor themes that emerged were 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 reports in the literature that identified how less formal, more humanistic, décor helped to create a sense of safety and welcome. The literature supported the notion that certain therapy spaces could influence 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, which found more positive interactions are elicited in an emotionally welcoming environment (Amato & McInnes, 1983; Berstein & Dumont, 1981; Broekmann & Moller, 1973; Chaikin et al., 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). In particular, it seems that room size is significant; too large an office space limits an experience of connection, while a confined space may restrict a sense of connection.

A private, confidential space in which to conduct counselling sessions was identified as a critical element of a counselling workspace. A soundproofed space was considered ideal and 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. Participants wanted more use of colour in their office space. 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 important to convey a sense of a quiet, calm, welcoming space. Fluorescent lighting was regarded as least supportive in the effort to create a soothing atmosphere. A view of the outside world, whether a small garden, open space, or a view of the natural world, stood out as an important factor to offer relief from the intense focus on the inner world.

There is a personal cost involved to the work of a professional counsellor as they sit benignly and listen every day to stories of abuse, suffering, or trauma. This cost is offset to some extent by the benefit that Skovholt (2010) referred to as ‘psychic income’. Attention given to the design and décor of therapeutic spaces recognises other active ingredients in counselling unrelated to the person of the therapist, their training and qualifications, or to the psychic income derived from their contribution to human wellbeing. The provision of a ‘holding space’ in which
a professional feels integrated, cohesive and effective, and a client experiences comfort and integration 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 is the aim to create a warm, welcoming and safe therapeutic environment for clients. The desire of counsellors to provide physical comfort for their 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, with a distressed person having a reduced capacity to exclude environmental distractions (Dijkstra et al., 2008; Samuelson & Lindauer, 1976), so impressions of the room may result in a more heightened impact for these clients, than for a less distressed person. Many counselling clients arrive for their first session in distress. On this basis, 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. Due to the subjective and individualised nature of responses to a physical environment, it would be a challenge to provide an objective assessment of an ideal counselling room. As the counsellor will be in the room many more hours than a client, the room needs to provide them with an intellectually and emotionally nourishing space of physical comfort.

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

**Limitations**

Responses gathered were based on perceptions of counsellors, rather than direct client feedback, and the focus of this study was on counsellors who work in an organisational setting. Different results may be found for counsellors with freedom to move, as needed, away from office-based work. Preferences of young clients, gender differences, and cross-cultural responses were not accounted for in this study. Low participant numbers would mean limited generalisability of results.

**Future research**

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

It was not possible within the parameters of the study to gather client responses. An extension of the study, as recommended by several participants, would be to collect direct responses to the counselling room from clients. Such a study might involve responses from new and established clients; and gather not only first impressions, but any changes to their perception of the counselling room over time.

**References**


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