SHARING EXPERIENCE: The Waiting Room

I should like to share some important observations from my own clinical practice—specifically, with regard to the waiting room. Over the last few years, a significant number of clients have talked to me about an anticipatory fear that they experience in the waiting room. Some have even described the experience as one of impending doom and think about leaving the clinic altogether without having treatment. I feel that it is important to be aware of this and to be sensitive to the needs of our patients or clients: some individuals, for instance, complain that they feel hot, anxious or nervous, and these feelings may lead to negative effects in the ensuing therapy. Dentists have been aware of this for many years and have assessed levels of anxiety in the waiting room and discussed ways to reduce this anxiety (Lamb and Plant, 1972). Lehrner et al (2000) went as far as to assess how essential orange oils—specifically citrus sinensis—reduced anxiety: in the clinical trial (n=72) they concluded that, compared to controls, women exposed to an orange scent had a lower state of anxiety, a heightened level of calmness and a more positive mood in the waiting room. However, anxiety and nervousness in the waiting room can lead to resistance and this can have a deleterious effect on treatment gains: some clients may turn up late in order to avoid waiting, some cancel sessions, while others refuse to speak for long periods of time during sessions. Margaret Hobbs (1982) advised that sitting in the waiting room in itself can cause panic attacks, and that this was particularly common with individuals suffering from social anxiety. In addition, she stressed that the initial consultation is of paramount importance as it lay the foundations for treatment.

So, how does one deal with this problem? Fortunately, I have a very pleasant staff at my clinic who radiate a calmness which I am very aware of, and one would hope that they have a similar effect on my clients. I now always ask new clients, during their first appointment, whether they felt comfortable in the waiting room—although, I quite often have to wait until the end of the session to do this. When my clients originally book a session on the telephone, I also stress that they are in good hands, that there are toilets on each floor and that they can help themselves to water, tea or coffee. This attention to detail both before initial consultation and during the first session is important so as to not perpetuate any anxiety associated with waiting for treatment. I know, from my own experience of having psychotherapy, that the therapeutic environment needs to be caring, safe, constant and free from anxiety both in the consulting room and in the waiting area: when these needs are met, effective therapy can take place.

If, during therapy, clients mention that they felt anxious before the first session, it is essential to normalize this as a reasonable response to meeting a new therapist, in an unfamiliar setting, with the prospect of exploring sensitive issues and feelings in their personal life. Indeed, were a client to arrive at the clinic blasé and without any anxiety whatsoever, one might question the importance to which he or she has given to the ensuing therapy. These are the views of Damian Hamill (2011) which I endorse. In conversation, we both agreed that focussing on waiting room anxiety would only perpetuate and worsen the situation; however, if this is brought up by the client during the therapy, I feel that it is worth exploring. Mike Heap suggested that, during this exploration, the therapist

could ask the client to hold onto these feelings and to notice whether they remind him of something familiar—that is to say, the anxiety in the waiting room could be used as a vehicle to explore inner conflicts and hidden anxieties in the psychotherapy.

I should be most interested if anyone at BSCAH has experienced this phenomenon with clients in clinical practice, and would welcome any advice in this area. I enclose my details below.

References

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David Kraft

10 Harley Street, London, W1G 9PF, UK.

E-Mail: dmjkraftesq@yahoo.co.uk

Telephone: 0207 467 8564