

"Is it okay if we ...?" — And then actually waiting

A reflection on authentic presence in the therapy room

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There is a type of question many clinicians turn into a statement without realizing.

Is it okay if we try something? Would it be alright if we slowed down here? Can I share an observation?

The words are there. The pause afterward often isn't.

What follows instead is that next thing — the intervention, the reflection, the technique — delivered on the assumption that "Of course it's okay." "This is what we are here for, so of course this is what's supposed to happen next."

This is not a small habit. It is a window into something fundamental about how we understand our role in the room.

What genuine waiting actually requires

When you ask a client for consent and then genuinely wait — not for a beat, but for an actual answer — you are doing something that feels surprisingly uncomfortable the first time you take it seriously.

You are making your next move contingent on their response.

Which means your client could say no.

And if your client could say no, then your agenda — however clinically sound, however well-intentioned — has to become negotiable in real time. You have to be genuinely willing to not do the thing you were about to do. To change direction. To sit with the uncertainty of not knowing where the session goes next.

That is not a communication technique. It is a redistribution of power.

Are you open to that happening in your office?

Why we don't actually wait

Most clinicians are not skipping the chance for consent from malice. The pattern is more nuanced than that.

It is essential to start by highlighting that some of us have more permission to wait. There are many situations where we deliberately do not wait, sometimes we don't even ask. If a provider is already in a power-down position, handing over some of their clarity or authority can be counterproductive or even dangerous for them. This is not the situation we're focusing on here.

Here, the focus is on a 'proceed by default' approach rather than an intentional one. When the pause stands as an option, but it is rarely used.

If you find yourself familiar with this; welcome! So many of us are there with you. We are trained toward competence and efficiency. We are expected to know what comes next.

The shape of a good session has been modeled for us — by supervisors, by training programs, by the therapists we admired — and part of that shape is that flow, forward momentum. Sometimes, we use terms like "resistant", "non-compliant", or "disengaged" to describe when a client does something that interrupts the flow.

You ask the question and then you move. After all, you only have the time allotted for the session.

Waiting purposefully introduces uncertainty into the flow. And uncertainty, for a clinician whose professional identity is built around having answers, can feel like failure.

It is important to note that genuine waiting — with your clients or with yourself in consultation — is a practice that takes different forms and carries different risks depending on who you are. Presence, especially authentic presence, is not a one-size-fits-all situation. It is something each clinician has to find within the specific constraints and freedoms of their own identity, context, and role.

What changes when you actually wait

When a client answers a genuine question rather than being carried forward by your momentum, something shifts.

You find out more about what is actually happening for them.

Sometimes they are surprised because they didn't expect you to actually ask. Sometimes it surfaces resistance you wouldn't have seen until three sessions later. Sometimes the client

pauses, considers, and says something that reorients the entire session in a direction neither of you anticipated.

All of that is more useful than smooth forward motion.

The same is true in consultation. When a consultant asks *is it okay if I push on this a little?* and then waits — not rhetorically, but actually waits — the consultee has the experience of being genuinely asked. Which is often not what they are used to. And which creates the conditions for them to say *actually, not yet* — and that no becomes clinical information about where they actually are, rather than a disruption to the process.

Companion questions

Once you start waiting for answers, other questions tend to become more natural:

- *I said it this way — how did that land for you?*
- *As I reflected that back, anything I missed?*
- *Is there anything that you're noticing is going unspoken here?*

Not as a placeholder. Not as a transition. As a genuine inquiry into the impact of your words, your timing, your presence — separate from your intention.

That intention for competence and efficiency is a wonderful one. Many of us chose these roles because we care and want our clients to feel better. To make that happen, we have to consider whether the impact we are having matches our intention.

A clinician who is genuinely curious about the difference between intent and impact is practicing something that seems like a key piece of what authentic presence means — not performing the right therapeutic behaviors, but staying in real contact with the person in front of them.

Where to take this

Nowhere; if you choose. Responding with a "No" to this invitation for reflection is an option.

If you find yourself reading this and recognizing the habit — asking without waiting, moving without checking — the entry point is smaller than you might expect.

Pick one moment in your next session where you would normally ask and move. Ask. And then stop.

Let there be silence. Let the client find their answer. If they ask for you to repeat the question, do so without judgment. Let yourself not know, for a moment, what comes next.

Notice what that costs you. Notice what it opens.

That noticing is the beginning of a different kind of presence in the room.

This piece is part of a series on therapy micro-skills centered on authentic clinical presence, therapist co-regulation, and the neurobiology of the therapeutic process.

If this raised questions you want to think through with someone, consultation is available at www.deliberatepsych.com/for-clinicians.