Art Therapy Assessment and Sense of Safety

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Art Therapy Assessment and Sense of Safety

By

Sophie C. Restall

A culminating thesis submitted to the faculty of Dominican University of California in partial fulfillment of the requirements for the degree of Master of Arts in Marriage and Family Therapy

Dominican University of California
San Rafael, CA
2024
Abstract

This study aimed to understand how artmaking experiences during assessment may influence the formation of the therapeutic alliance at the start of therapy. Rather than measuring therapeutic alliance directly, this study identified psychological safety as a vital component of the therapeutic relationship and an important topic of study via literature on attachment theory. Using a mixed-methods, repeated-measures design, this study compared artmaking experiences and feelings of psychological safety in response to two interventions—a Human Figure Drawing (HFD) assessment and an Expressive Therapies Continuum (ETC) assessment. Overall, qualitative data from semi-structured interviews and quantitative data from the Art-Based Intervention (ABI) questionnaire and an altered version of the Types of Positive Affect Scale (TPAS) showed that participants had a more positive artmaking experience and felt more psychologically safe during the ETC assessment compared to the HFD assessment. Aspects of the artmaking experience during the ETC assessment associated with safety were choice/freedom of expression and focus on the artmaking process, rather than the product. Some initial safety was also found in the direction given in the HFD instructions, but this seemed to be outweighed by negative experiences during artmaking, including feeling limited, self-critique, and concerns about expectations and judgement. The greater level of psychological safety experienced during the ETC assessment indicates that this type of art therapy assessment may be more beneficial in promoting the formation of the therapeutic alliance.

Keywords: art therapy, assessment, psychological safety, therapeutic alliance
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Chapter 1

Introduction

This research aims to contribute to understanding of adults’ experiences of art therapy assessment, and specifically how the artmaking may foster or hinder their sense of psychological safety during the experience. While existing research indicates the therapeutic alliance, sense of safety, and beginning to form the therapeutic alliance during assessment all benefit clients and the course of therapy (Ardito & Rabellino, 2011; Hilsenroth et al., 2004; Mair, 2021), there is a lack of research on the relationship between the artmaking aspect of art therapy assessment and these factors. This introduction will discuss the importance of gaining a deeper understanding of how the client’s artmaking experience during assessment, their perceptions of psychological safety, and the therapeutic alliance intersect.

Lack of Safety at the Start of Therapy

The overarching problem this research aims to address is clients’ experiences with lack of safety at the start of therapy. While physical safety from bodily harm is of course necessary, this research focuses on a sense of psychological or emotional safety. Natural feelings of nervousness that commonly arise in having a personal interaction with a stranger may impact feelings of safety, but certain past experiences, such as trauma and discrimination, may pose an additional barrier to feeling safe with a new therapist. The need for “safety becomes paramount after a trauma,” (p. 43) and the first stage of therapy in trauma treatment focuses on establishing safety and building rapport (Backos, 2021). Congruently, safety is a core principle of trauma-informed care (Ranjbar, 2020). As will be discussed in depth later in this paper, safety is a key component of the therapeutic relationship between client and therapist (E.g., Allison &
Rossouw, 2013; Mair, 2021). Challenges related to trauma, such as avoidance, mistrust of others, and interpersonal difficulties, can pose a barrier to forming an alliance and feeling safe with the therapist (Grad, 2021; Howard et al., 2021). Speaking to the importance of the therapeutic alliance in treating clients with trauma, Howard et al., (2021) found a positive association between therapeutic alliance and outcome for PTSD. Further, Flückiger et al.’s (2018) study, which correlated therapeutic alliance with therapy outcomes, found the effect size for the included PTSD samples was stronger than the overall effect. Results from the World Mental Health Survey Consortium found an 82.7% prevalence of exposure to any traumatic event in the U.S. population (Benjet et al., 2016). This statistic indicates trauma is a common experience, and thus clinical considerations relating to working with people who have experienced trauma are vital.

Additionally, populations who have experienced discrimination or negative past experiences with therapists, and thus feel distrust, may also find the formation of the therapeutic alliance both challenging and pertinent (Davis et al., 2022). In a study with sexual minority adults, Davis et al. (2022) found the bond component of the therapeutic alliance mediated the relationship between an inclusive therapeutic approach and client satisfaction. In speaking to both trauma and discrimination, Archer (2021) discusses how racial trauma can damage the nervous system via over activation of the HPA axis, resulting in vulnerability to future stresses. Further, Porges (2022) describes how dysregulation of the autonomic nervous system impacts our ability to feel safe with others (Porges, 2022). Archer also asserts the importance of the therapeutic alliance in working with clients who have experienced racial trauma, and further suggests an approach in which the power hierarchy between therapist and
client is both acknowledged and diminished (2021). Overall, while the therapeutic alliance is important for all populations, considering clients’ past lived experiences may warrant an increased level of care and attention to fostering psychological safety in the therapeutic relationship.

**Therapeutic Alliance**

The therapeutic alliance is an existing solution to the issue being addressed by this research—psychological safety at the start of therapy. Following a description of the therapeutic alliance, subsequent sections will connect the therapeutic alliance to psychological safety via attachment theory. The therapeutic alliance embodies the partnership and mutual collaboration between therapist and client and has been found to be a fundamental aspect of effective therapy (Flückiger et al., 2018). Additionally, I assert artmaking may be an important piece of the solution in addressing lack of psychological safety because non-verbal communication has been found to be key in both the therapeutic relationship and feeling safe within the therapeutic relationship (Geller & Porges, 2014; Mair, 2021; Schore, 2017). While psychological safety specifically has not been explicitly addressed in art therapy research, previous findings indicate positive correlations between the artmaking experience and the therapeutic alliance (Bat Or & Zilcha-Mano, 2019; Gazit et al., 2021).

To further describe the therapeutic alliance, a widely used understanding of the therapeutic alliance stems from Bordin's (1979) conceptualization of the alliance as involving three elements: agreement on the goals of therapy, agreement on therapeutic tasks, and the personal bond between therapist and client embodying reciprocal positive feelings (as cited in Ardito & Rabellino, 2011). A meta-analysis conducted by Flückiger et al. (2018) corroborates a
vast history of existing research on the benefits of the therapeutic alliance; they confirm there is a positive relation between the therapeutic alliance and treatment outcomes which remains consistent across treatment approaches, patient characteristics, and various measures of alliance and outcomes.

Due to the logistical limitations of a thesis-level study and my desire add a different perspective to therapeutic alliance research, a specific factor in the therapeutic alliance was chosen as the present focus—psychological safety. Discussed below, attachment theory can provide a deeper understanding of the therapist-client relationship and indicates psychological safety is an important aspect of that relationship.

**Attachment Theory and Therapeutic Alliance**

Through the lens of attachment theory, the therapist can be seen as an attachment figure for the client, and thus a strong therapeutic alliance is akin to secure attachment within the therapist–client relationship (Mair, 2021). Slade and Holmes (2018) provide three basic principles of attachment-informed psychotherapy which provide evidence for the importance and benefits of the therapist-client relationship. Firstly, they state the attachment relationship between client and therapist is central to promoting change. Congruent with this principle, following a review of supporting research, Mikulincer et al. conclude, “research consistently suggests that developing a secure attachment to one’s therapist is a crucial factor in helping a client work collaboratively with a therapist in achieving therapeutic change” (2013, pp. 609-610). Additionally, art therapy research shows a positive association between secure attachment to the therapist and a positive experience with art materials and the artmaking experience (Corem et al., 2015).
The second principle identified by Slade and Holmes states the therapist’s awareness of 
attachment dynamics in sessions, including the client’s “moment to moment effort to regulate 
fear and anxiety,” provides “a rich source of information” (p. 154). This is in line with the work of 
Geller and Porges (2014) on therapeutic presence. Finally, the third principle of attachment-
informed psychotherapy discussed by Slade and Holmes is that therapy has the potential to 
reshape attachment dynamics. Supporting this point, Schore and Schore state, “we know from 
research that this intensive therapeutic relationship can repair damage and create new 
structure” (2008, p. 18) through the internalization of regulatory capacities learned via the 
secure relationship with the therapist. In looking at the therapeutic alliance as an attachment 
relationship, the healing power and benefits of forming a strong and healthy therapeutic 
relationship are further exemplified.

**Attachment Theory and Safety**

In reviewing literature on attachment relationships in general and within therapy, the 
concept of safety continually arises. Reflecting Bowlby’s conceptualization, in the relationship 
between child and caregiver, while secure attachment develops from caregivers who adequately 
meet the child’s needs, provide a safe and secure holding environment, and regulate the child’s 
emotions, insecure attachment arises when “safety and security are threatened in covert and 
 overt ways” and the child is left to regulate emotions on their own (Slade & Holmes, 2018, p. 
152). The evolution toward a modern, neurobiologically-informed theory of attachment has 
maintained, and perhaps bolstered, the focus on safety. Schore’s concepts related to the earlier-
maturing right brain and Porges’ polyvagal theory both assert cues of safety between the infant 
and caregiver form the basis for the regulation of the autonomic nervous system (Schore &
Schore, 2008; Porges, 2021, 2022). In addition to the role safety plays in infant development and early attachment relationships, Porges asserts social connections in general are dependent on feelings of safety (2022). When the nervous system detects safety, threat responses and defenses can be downregulated, which promotes social engagement and positive interaction with others, encouraging the formation of new neural pathways that repair attachment injuries (Geller & Porges, 2014). More broadly, Porges states, “humans, as social animals, are on an enduring lifelong quest to feel safe” and that “this quest appears to be embedded in our DNA and serves as a profound motivator throughout our life” (2022, p. 2).

**Safety in Therapy**

Given the importance of safety discussed above within early caregiver attachment relationships, social connections, and lived experience in general, the vital role safety plays in the therapeutic relationship is evident. A wide range of theoretical orientations agree safety is a key element in therapy (Allison & Rossouw, 2013; Mair, 2021). Congruent with Geller and Porges (2014) as mentioned above, feeling safe is essential in down-regulating “unhelpful neural patterns of avoidance and stress,” and in turn improving attachment, control, stress reduction, and positive social interaction (Allison & Rossouw, 2013, p. 23). Ultimately, there is a reciprocal relationship between safety and the therapeutic alliance; a sense of safety in the therapeutic environment encourages social connection and thus the formation of the therapeutic alliance, and the therapist’s efforts in building the therapeutic alliance foster a sense of safety. The down-regulation of threat responses and creation of new neural connections is reflected in the client’s engagement in therapy; when someone feels safe, they are more likely to open up and
reveal “why they have presented to therapy” and “the core of what’s happening for them” (Allison & Rossouw, 2013, p. 23).

The question then arises, what do safety cues look like and how do therapists promote a sense of safety in their clients? While the answer to this question is vast and will be expanded on in the following chapter, a certain element seems to be highly prominent: non-verbal interaction. Schore asserts non-verbal, right-brain to right-brain communication forms the basis of an attachment bond (Schore & Schore, 2008; Schore, 2017). Congruently, in discussing the importance of therapeutic presence through the lens of polyvagal theory, Geller and Porges state non-verbal cues of safety reduce clients’ defenses and help them be more open in the therapy encounter (2014). Mair’s (2021) study supports this as participants indicated “the attachment language of safety” contained non-verbal communication, such as tone of voice, eye contact, social expression, and posture (p. 713).

Artmaking’s affordance for non-verbal communication, and positive associations found between the client’s artmaking experience and the therapist-client relationship, indicate art therapy may be an effective modality for promoting safety. Given the vast array of ways in which the art therapist can facilitate artmaking and ways clients can engage with art media, this research will, in part, address the question, what types of artmaking experiences support clients’ sense of safety and what aspects may hinder safety?

Assessment in Therapy

Before delving into the question posed above, it is pertinent to note that therapy looks different depending on the phase of therapy. Two goals inherent in the initial phase of therapy are formation of the therapeutic alliance and assessment. While research on these topics
separately is vast, their intersection has been less explored. The American Psychological Association defines psychological assessment as “the gathering and integration of data to evaluate a person’s behavior, abilities, and other characteristics, particularly for the purposes of making a diagnosis or treatment recommendation” (n.d.). While assessment can be done throughout treatment to assess progress and newly arising areas of concern, the initial assessment is the focus here given its intersection with the formation of the therapeutic alliance.

Research that does address the intersection of alliance and assessment has shown that building the therapeutic alliance during assessment has a positive and lasting impact on the therapeutic alliance as therapy progresses (Ackerman et al., 2000; Hilsenroth et al., 2004). Research on this topic often focuses on the concept of therapeutic assessment, and more specifically an approach to assessment called the Therapeutic Model of Assessment (TMA), created by Finn (1996, 2007), which differs from traditional assessment techniques. Finn states, therapeutic assessment is “…an attitude about psychological assessment–where the goal of the assessor is” to both “[collect] information that will be useful in understanding and treating the patient” and “to make the assessment experience a positive one and to help create positive changes in patients” (2007, p. 4). Finn also expresses the core values of therapeutic assessment are collaboration, respect, humility, compassion, and openness and curiosity (2009, as cited in Durosini and Aschieri, 2021). In this approach, these core values remain applicable no matter the purpose of the assessment, the assessment measures used, or the specific information hoping to be gained from the assessment (Durosini & Aschieri, 2021).
In comparing the Therapeutic Model of Assessment (TMA) to traditional information gathering in assessment, Hilsenroth et al. (2004) found the TMA approach resulted in greater patient ratings of the therapeutic alliance. This corroborated a previous study with similar findings that also found the group who experienced the TMA assessment had lower rates of premature termination (Ackerman et al., 2000). In discussing their results, Hilsenroth et al. state, “this type of therapist–patient working engagement during the incipient phases of treatment (i.e., psychological assessment) may lend momentum to the more rapid development of the therapeutic alliance” (2004, p. 342). More recently, Durosini and Aschieri (2021) conducted a meta-analysis with stricter inclusion criteria on the efficacy of Therapeutic Assessment and found a significant effect on treatment process, including clients’ perceptions of treatment utility and alliance, as well as client symptom severity and the clients’ growth/self-enhancement during assessment. Further, given the outcomes remained steady in the face of changes to relevant variables, such as length of assessment and type of client, the researchers note “the most important aspects of Therapeutic Assessment may be its underlying philosophy and values” (Durosini & Aschieri, 2021, p. 970). This research indicates the intersection of therapeutic alliance and assessment is an important topic of research. Given the assertion previously stated that artmaking may play an important role in the therapeutic alliance, the role of artmaking in assessment becomes important. This study ultimately aims to look at the intersection of artmaking, assessment, and the therapeutic relationship.

**Art Therapy Assessment**

Stemming from the discussion above, the question now arises, what does a therapeutic approach to assessment in art therapy look like? Put differently, what role does artmaking play
in the formation of the therapeutic alliance during assessment? As seen in psychology research, art therapy research has looked at either the therapeutic relationship or assessment but research is lacking on their intersection. This section will provide a brief introduction to assessment in art therapy, leading to this researcher’s choice of two assessments that will be compared in the present study.

The history of assessment in art therapy begins within the realm of psychology, before the origination of the field of art therapy, with psychoanalysts’ use of projective drawings to assess their clients. In line with this, early art therapy assessments were projective in nature, aiming to match the content of drawings with psychiatric symptoms and diagnoses, and often restricted art media use to only printer paper and a pencil (Hinz, 2020). Hinz notes reliability and validity of these assessments is often an issue. Continuing to discuss the progression of art therapy assessments, Hinz explains there was a shift in the field of art therapy away from looking at what clients drew toward looking at how clients drew (2020). In referring to Betts (2013) viewpoint, Hinz stated, “this type of assessment has a greater likelihood of being a culturally appropriate and accurate representation of client functioning” (2020, p. 164). Further, Wadeson (2002) called for abandoning formal assessment altogether, calling for informal assessments that are not pre-planned in order to fit the client’s specific needs in the moment. Congruent with this shift and Wadeson’s suggestion, Hinz (2020) formulated an assessment technique based on the Expressive Therapies Continuum (ETC), which allows for free choice of art media and content. The present study will compare two assessments that differ greatly in terms of where they fit into this history and their approach—a Human Figure Drawing (HFD) assessment and an ETC assessment. While previous research focuses on the information that
can be obtained from the assessments, the present study aimed to understand how these assessments are experienced (and how this experience relates to psychological safety and the therapeutic relationship).

**Human Figure Drawing (HFD) Assessments.** HFD assessments, which may also include the Draw-A-Person (DAP) assessment, stem from psychoanalytic projective drawings in which the content of the drawing is analyzed (Amod et al., 2013). Clients are given white paper and a pencil and are asked to draw a whole human figure, and not a stick figure (Koppitz, 1968 as cited in Amod et al., 2013). As will be discussed further in the following chapter, HFDs have been used since the 1920s to measure a variety of psychological constructs, including intelligence and personality (Amod et al., 2013). Despite concerns about validity of HFDs, they continue to be among the most popular assessments used by clinicians (Imuta et al., 2013; Cronin et al., 2017). Using this assessment as an intervention in this study has possible implications for understanding client’s experiences with art therapy assessments more generally as many other assessments have similar characteristics—the content of the artwork being directed/determined by the art therapist and being given access to only certain art media.

**Expressive Therapies Continuum Assessment.** The second intervention experienced by participants in this study will be an assessment based in the Expressive Therapies Continuum (ETC). In contrast to the HFD, participants will be provided with a wide range of art media and will choose the content of the artwork themselves. The underlying theory will be explored further in the following chapter, but it is important to note the ETC provides a structure for organizing and understanding client interactions with art media, information processing, and image formation (Hinz et al., 2022b; Hinz, 2020). Assessment using the ETC aims to identify
client’s strengths and weaknesses in how they process information to form images, which reflects how they operate in the world in general (Hinz, 2020). Unlike prescribing tasks and/or art media, an ETC assessment gives clients the freedom necessary for them to exhibit their preferences and style of functioning (Hinz, 2020).

Current Study

This study aimed to gain an understanding of how adult participants experienced two different art therapy assessments, a Human Figure Drawing (HFD) and an Expressive Therapies Continuum (ETC) assessment. Supported by research on the therapeutic alliance and attachment theory, the data gathered focused on the participant’s sense of psychological safety during the assessments in addition to their experience with the artmaking process.

The study had a mixed-methods, repeated measures design in which each participant experienced both art assessment interventions in randomly chosen order. The participants’ artmaking experiences were measured quantitatively using the Art-based Intervention Questionnaire (ABI; Snir & Regev, 2013) and qualitatively in interviews. Sense of psychological safety was measured quantitatively using an adapted version of the Types of Positive Affect Scale (TPAS; Gilbert et al., 2008) and qualitatively via interview. The qualitative interviews aimed to seek deeper meaning and gain a more subjective understanding of how the assessments were experienced by participants. This research aimed to answer the following research questions:

1. How do participants describe their artmaking experiences with the HFD assessment compared to the ETC assessment?
2. How do participants describe their experience of psychological safety during the HFD assessment compared to the ETC assessment?

3. How do aspects of the artmaking experience—such attitude toward art media and artmaking process—relate to the participants’ sense of psychological safety?

Additionally, it was hypothesized that participants would have a more positive artmaking experience and report greater sense of psychological safety during the ETC assessment compared to the HFD assessment. This hypothesis related to the freedom given to participants during the ETC assessment. I felt giving participants the opportunity to express themselves how they wished and how they felt comfortable—honoring their unique preferences and style of expression—would result in a more positive artmaking experience. Additionally, as informed by attachment theory, Slade and Holmes (2018) stated that one of the therapeutic competencies crucial to diminishing threat and providing a safe and secure base is to “validate the patient’s intrinsic autonomy and agency” (p. 154). A trauma-informed approach also associates client empowerment with psychological safety (Ranjbar et al., 2020). Finally, when clients are given the freedom to choose art materials during assessment, they will likely choose materials that are familiar, and “when materials are familiar, they can enhance client’s feelings of safety” (Hinz, 2020, p. 166). While literature in the next chapter will also discuss why aspects of the HFD intervention may also promote psychological safety, I hypothesized the advantages of giving creative freedom during the ETC assessment intervention would take precedence in the overall outcome.
Chapter 2

Literature Review

The following review of literature will begin by discussing the therapeutic alliance and the role artmaking plays in the therapeutic alliance. Next, the relationship between therapist and client through the lens of attachment theory will be presented through reviews of the origins of attachment theory, attachment theory as informed by neuroscience, and attachment in the context of therapy. Sense of psychological safety will then be identified as an important aspect of attachment relationships, and sense of safety in the therapy context will be discussed. Finally, assessment generally and assessment in art therapy will be reviewed, leading to an examination of the two assessments chosen as interventions in the present study. Figure 1 depicts a flow chart of key topics in the literature as they relate to each other and to the present study.

Figure 1

Flow Chart of Key Topics

Therapeutic Alliance

The existing solution to the problem introduced above—psychological safety at the start of therapy—is the therapeutic alliance. Allison and Rossouw (2013) express that the role of the therapeutic relationship has been thoroughly researched, but how safety relates to this relationship and its role in therapeutic outcomes is less often addressed. While it is important to
begin by noting the need for research on safety, this review of the literature will begin by
discussing the therapeutic alliance more generally and safety will be addressed later in the
chapter.

Embodying the partnership and mutual collaboration between therapist and client, the
therapeutic alliance has been found to be a fundamental aspect of effective therapy (Flückiger
et al., 2018). As described by Horvath and Luborsky (1993), the development of this concept
began within the psychodynamic viewpoint and most recently has been conceptualized as a
pantheoretical concept. Describing the psychodynamic origins, Freud’s initial focus was on
transference, in which the client holds a distorted view of the therapist through “unconscious
projections based on past experiences” (Horvath & Luborsky, 1993, p. 562). While this view
continued to be seen as an important aspect of therapy, Freud later developed a belief that has
subsequently been adopted by many theorists—that the client also builds a “real” relationship
with the therapist using their conscious, reality-based self, and that this makes healing possible
(Horvath & Luborsky, 1993).

Informing the pantheoretical concept of the alliance, “variables common to all forms of
psychotherapy may be responsible for a large part of a client’s improvement” (Horvath &
Luborsky, 1993, p. 563). Likewise, the therapeutic alliance has been found to be one of the key
therapeutic elements common to all or most psychotherapies (Wampold, 2015). Pioneered by
Bordin, the pantheoretical view of the therapeutic alliance “emphasizes the client’s positive
collaboration with the therapist against the common foe of pain and self-defeating behavior”
(Horvath & Luborsky, 1993, p. 563) and encompasses three components: task, goal, and bond.
Task and goal refer to the therapist and client agreeing upon and valuing the goals of treatment
and holding a view of the therapeutic tasks chosen to reach those goals as effective and relevant (Horvath & Luborsky, 1993; Ardito & Rabellino, 2011). The bond component refers to the personal attachment between therapist and client, which includes reciprocal positive feelings and trust, as well as acceptance and confidence (Horvath & Luborsky, 1993; Ardito & Rabellino, 2011). While many measures of the therapeutic alliance have been developed, the Working Alliance Inventory (WAI; Horvath & Greenberg, 1986, 1989) is based on Bordin’s three components and is perhaps the most widely used in research.

Addressing the benefits of the therapeutic alliance, through conducting a historical excursus of relevant literature on this topic, Ardito and Rabellino (2011) concluded, “the quality of the client-therapist alliance is a reliable predictor of positive clinical outcome” (p. 1). Congruently, a meta-analysis of 295 studies strongly supported a predictive relation between alliance and psychotherapy outcomes (Flückiger et al., 2018). Further, the study found a positive relation between these factors regardless of the measures used, treatment approach, and patient characteristics.

The present research focuses on the task component of the alliance as it aims to understand the participants’ artmaking experiences with the assessments. In a study looking at the therapeutic alliance in a combination of arts, psychomotor, and music therapy, the task component was found to explain the increase in alliance over time (Heynen et al., 2017). In therapeutic modalities that focus on interventions involving non-verbal expression, as opposed to talk therapy, the task component of the alliance may be of particular importance.
**Artmaking and the Therapeutic Alliance**

Artmaking can be a means to build the therapeutic relationship (Kossak, 2009). Keidar et al. (2020) note that artmaking can provide an approach to therapy that is more indirect, non-distressing, and reduces the threat of intimacy, which may be helpful in forming a therapeutic alliance, particularly with clients who may struggle to form a relationship with the therapist. It is important to note that in art therapy, in addition to the relationship between the therapist and client, there exists two additional relationships between the client and the art as well as the therapist and the client’s art. This has been conceptualized as the “triangular relationship” in art therapy (Schaverien, 2000). Harking back to the psychodynamic understanding of the alliance, Schaverien notes there’s a process of transference in the client making the art as well as countertransference in the client and therapist viewing the art product. She also notes “the elements of the triangle constellate in different ways” and that this may be influenced by the therapeutic relationship (Schaverien, 2000, p. 56).

Bat-Or and Zilcha-Mano (2019) developed the Art Therapy Working Alliance Inventory (WAI-AT) and correlated scores on their measure with the Working Alliance Inventory (WAI) to better understand the relationship between the therapeutic alliance and artmaking in art therapy. Positive correlations were found between the therapeutic alliance (as measured by the WAI) and the task component of the WAI-AT, which involves the client perceiving art as therapeutic (including believing art facilitates communication and progress in therapy). A positive correlation was also found between therapeutic alliance and the art-therapist acceptance component, which involves feeling comfortable with the interventions introduced by the art therapist. Art experience, involving the client’s affective response and exploration in
artmaking, was found to be positively correlated with the bond component of the WAI (Bat-Or & Zilcha-Mano, 2019). Congruently, in correlating scores on the WAI with the Arts-Based Intervention Questionnaire (ABI; a measure used in the present study), Gazit et al. (2021) found a positive therapeutic alliance was associated with a positive response to the artmaking experience and the art product. In discussing the creation of the ABI questionnaire, Snir and Regev state, while “the particular richness and sophistication of the language of art, as well as the non-verbal characteristics of art-based therapy,” lend difficulty to measuring this therapeutic process, quantitative, self-report tools can “facilitate the observation of complex and abstract processes” and “make it possible to focus on the experience of the client or participant” (2013, pp. 338-339). The WAI-AT and the ABI measures allow for research on phenomena specific to clients’ experiences in art therapy and how the artmaking relates to other aspects of therapy. Overall, theory and research encourage consideration of the role artmaking plays in the therapeutic alliance.

**Attachment Theory**

Attachment theory is highly applicable to the therapeutic alliance and sense of safety, and thus it acts as the underlying theoretical basis for this research. Understanding of the therapeutic alliance can be deepened by examining it through the lens of attachment theory. Attachment theory also led to identifying sense of safety as a core element of the therapeutic alliance and an important topic of study. Since the conception of attachment theory in the 1950s, variations have developed in response to evolutions and advancements in the field of psychology. The following sections will discuss the original theory as well as more recent
theories which integrate attachment and neuroscience. Finally, the ways these theories inform and are applied to clinical therapy will be discussed.

**Origins of Attachment Theory**

Attachment theory was developed by Ainsworth and Bowlby in the 1950s and 60s and stems from the idea that children have a “biological imperative” to “become attached to those who care for them in their earliest days” (Slade & Holmes, 2018, p. 152) and that “attachment behavior is based on the need for safety and a secure base” (Schore & Schore, 2008, p. 17). Counter to Freudian and Kleinian understandings of child-caregiver relationships, which attributed attachment to mating and feeding drives, Bowlby believed attachment had its own motivation related to the evolutionary function of protection from danger (Bretherton, 1992). Ainsworth’s research built upon Bowlby’s ideas, focusing on the development of the caregiver as a secure base via sensitivity to the infant’s signals (Bretherton, 1992). As stated by Slade and Holmes (2018), while secure attachment develops from caregivers who adequately meet the child’s needs, provide a safe and secure holding environment, and regulate the child’s emotions, insecure attachment arises when “safety and security are threatened in covert and overt ways,” (p. 152) and the child is left to regulate emotions on their own. Insecure attachment manifests in different patterns, or styles, as originally conceptualized by Ainsworth (Bretherton, 1992). As described by Slade and Holmes, these insecure attachment styles stem from “distinct and dynamics efforts to defend against intense emotion and regulate interpersonal relationships” (2018, p. 152).

Further, Bowlby asserted humans aim to find balance between maintaining familiarity and exploring novelty (Bretherton, 1992). In researching this concept in relation to attachment,
Ainsworth (1963, 1967; Ainsworth & Bell, 1970) found securely attached infants exhibited more exploratory behavior than insecurely attached infants and infants explored more in the presence of their mothers than a stranger (as cited in Bretherton, 1992). Bowlby’s concept of the internal working model addresses how these dynamics influence the way someone comes to view others and themselves; in reviewing Bowlby’s 1973 book, *Separation*, Bretherton (1992) notes, if the attachment figure provides a secure base for the child while simultaneously honoring their desire for independent exploration, the child will likely develop a positive self-image. On the other hand, if the attachment figure rejects the child’s need for comfort and protection or hinders exploration, the child is likely to develop a negative self-image, or an “internal working model of self as unworthy or incompetent” (Bretherton, 1992, p.23). Overall, attachment theory addresses how early relationships with primary caregivers impact how we interact with the world and relate to ourselves and others.

*Attachment and Neuroscience*

In line with Bowlby’s desire for a biologically informed psychoanalytic theory, the following theories integrate advances in neuroscience with concepts of attachment. Before proceeding, it must be noted that this review will focus on the meanings and implications of research, omitting more technical neuroscientific discussions. Firstly, Allan Schore’s theory, coined “modern attachment,” focuses on how early attachment experiences influence the development of right brain neurobiological systems and the role these systems play in affect regulation (Schore & Schore, 2008). The right hemisphere of the brain, which develops earlier than the left, processes emotional and social information and favors nonverbal, unconscious, and holistic processing of emotions (Schore, 2017). How the caregiver and infant’s right brains
align, or misalign, impacts the structure and function of the developing infant’s brain (Schore, 2017). Further, Schore explains secure attachment depends on the caregiver being “psychobiologically attuned” to the infant through nonverbal interactions, such as visual-facial, tactile-gestural, and auditory-prosodic communications (2017, p. 390). These interactions become imprinted on the right brain and create an internal working model which impacts affect regulation and interpersonal relationships throughout life (Schore, 2017).

Polyvagal theory, developed by Porges, can also help us understand attachment through neurobiology. This theory is particularly relevant to the present study and will be discussed further later in this chapter due to its focus on safety. According to polyvagal theory, feelings of safety are the product of cues of safety (Porges, 2022). When safety cues are received, neural circuits downregulate autonomic states supporting threat responses, such as fight/flight, and upregulate autonomic states supporting a sense of calm, homeostasis, and openness to interpersonal connection (Porges, 2022). This pattern embodies what Porges calls, “the Social Engagement System” (Porges, 2009 as cited in Porges, 2022, p. 7). This system is functional at birth and allows infants and caregivers to co-regulate via reciprocal cues of safety, which result in homeostatic functions that support healthy maturation of the infant (Porges, 2022). Porges discusses the hierarchical nature of the brain, stating that high brain mechanisms, such as cognitive and behavioral functioning, are dependent on the functioning of foundational, brain-stem systems. Accordingly, Porges (2022) explains autonomic states of defense may evolve into states of anxiety, fear, or anger; while autonomic states of calmness may facilitate feelings of trust, love, and intimacy. While Porges does not frame these ideas in terms of traditional
attachment styles, it can be seen that these two patterns strongly resemble insecure versus secure attachment mechanisms.

**Attachment in Therapy**

While theory asserts the initial infant-caregiver relationship forms the basis of attachment mechanisms, a wide variety of relationships throughout the lifetime may serve as attachment bonds, including the client-therapist relationship (Mikulincer et al., 2013). This discussion of attachment in therapy will be organized using the three “basic principles of attachment-informed psychotherapy” discussed by Slade and Holmes (2018). Firstly, they assert the therapist-client attachment relationship is central to promoting change. Theorists and researchers discuss the therapist as a secure base and safe haven from which the client can explore painful feelings, experiences, and new possibilities (Bowlby, 1988; Mair, 2021; Mikulincer et al., 2013; Slade & Holmes, 2018). Mikulincer et al. assert this is a “precondition for the entire therapeutic process” (2013, p. 608). In line with Bowlby’s (1973) assertion that caregivers must find a balance between providing a secure base and honoring the need for independent exploration, Slade and Holmes state one of the therapeutic competencies crucial to acting as a secure attachment figure is to “validate the patient’s intrinsic autonomy and agency” (p. 154). Additional ways in which the therapist can promote security will be discussed below in relation to safety in therapy.

As reviewed above, the therapeutic alliance has been found to correlate with treatment outcomes (Ardito & Rabellino, 2011; Flückiger et al., 2018), and research has found secure client-therapist attachment is associated with a strong therapeutic alliance (Mallinckrodt et al., 1995; Mallinckrodt & Jeong, 2015; Taylor et al., 2015). Supporting the direct relationship
between security and change, Lilliengrental et al. (2015) found client-therapist attachment security was significantly associated with decreases in symptoms, increases in global functioning, and decreases in interpersonal problems. While the client’s pre-existing attachment patterns may be addressed in therapy as discussed below, some research suggests the security of the attachment relationship between therapist and client is more imperative to therapy processes, including the therapeutic alliance (Taylor et al., 2015) and exploration of inner experiences (Mallinckrodt et al., 2005). The benefit of secure client-therapist attachment has also been found in art therapy; secure attachment to the therapist was found to correlate with the client having a more positive relationship to the art materials and artmaking experience (Corem et al., 2015).

The second principle of attachment-informed psychotherapy is the idea that the recognition of attachment dynamics in vivo during therapy sessions provides a rich source of information for formulation and intervention (Slade & Holmes, 2018). Client attachment style in general pre-treatment may have an impact on the client’s ability to form a secure attachment to the therapist (Mallinckrodt & Jeong, 2015). Slade and Holmes assert the therapist should not only consider the client’s attachment style, but their “moment to moment effort to regulate fear and anxiety” (2018, p. 154), which is influenced by their previous attachment experiences. Bowlby (1988) asserts that for change to occur, insecurities and influential past attachment experiences should be identified, clarified, and questioned and an understanding should be developed around how these insecurities impact present relationships, including the therapeutic relationship (as cited in Mikulincer et al., 2013).
Research shows the therapeutic alliance is often not linear over time; Arditto & Rabellino discuss various models of change in the therapeutic alliance over the course of therapy and majority involve patterns of rupture and repair. This mirrors Schore’s discussion of patterns within infant-caregiver relationships of misattunement and reattunement, noting the caregiver must only be “good-enough” and regulate the infant’s arousal in a timely manner after inducing stress (2017, 2022). This leads to the concept of attunement in therapy; the therapist must be able to recognize, or be attuned to, maladaptive attachment behavior arising in therapy to effectively meet the client’s attachment needs (Snyder & Silberschatz, 2017). Attunement, and a related concept, therapeutic presence, will be discussed further in relation to safety in therapy below.

The third principle of attachment-informed psychotherapy is that therapy has the potential to reshape attachment dynamics (Slade & Holmes, 2018). Bowlby believed that through the mechanisms discussed above—exploring past and present attachment relationships and associated feelings in the presence of the therapist as a secure base—insecure working models can be revised and “transformed into more secure representations of attachments” (as cited in Mikulciner et al., 2013, p. 608). Schore and Schore support this in stating, “we know from research that this intensive therapeutic relationship can repair damage and create new structure” (2008, p. 18) through the internalization of regulatory capacities learned via the secure relationship with the therapist. Through the lens of polyvagal theory, safety cues in therapy and subsequent downregulation of threat response can create new neural pathways and promote a more active social engagement system (Geller & Porges, 2014; Porges, 2022). Further, while shifts in attachment patterns and interpersonal relationships are beneficial in and
of themselves, meta-analytical research also shows improvement in attachment security during therapy predicted greater improvement in outcome (Levy et al., 2018).

**Sense of Safety**

To greater understand how the client’s experience with artmaking during art therapy assessment may influence the formation of the therapeutic relationship between client and therapist, a specific element of the therapeutic relationship has been identified and chosen as a focus of the present research. In reviewing literature on attachment relationships, including the client-therapist relationship, the concept of safety continually arises as a vital component (e.g., Allison & Rossouw, 2013; Geller & Porges, 2014; Mair, 2020). Thus, in considering the triangular relationship in art therapy between client, art, and therapist (Schaverien, 2000), this study aims to gain knowledge about how the client’s sense of safety within their relationship to the art may influence the client-therapist relationship.

In operationalizing the definition of safety for the present study, it is important to note this study focuses on an emotional or psychological sense of safety, rather than physical safety. There are times when therapists must focus on the client’s physical safety from bodily harm, such as in the cases of safety planning in working with clients experiencing domestic violence (Kress et al., 2008) or suicidal ideation (Rhodes et al., 2021). While concern for clients’ physical safety is a vital aspect of ethical practice, the present study is interested in psychological safety, which can be defined as “the degree to which individuals feel comfortable taking positive interpersonal risks” (Wanless, 2016, p. 6). This section will begin by discussing the human need for safety more broadly, then review safety in relation to attachment theory before discussing
safety within the context of therapy. Finally, existing measures for psychological safety and how safety will be measured in the present study will be addressed.

Porges asserts the pursuit of safety is innate in humans and motivates us throughout life (2022). He states, “the need to feel safe is functionally our body speaking through our autonomic nervous system - influencing our mental and physical health, social relationships, cognitive processes, behavioral repertoire, and serving as a neurophysiological substrate upon which societal institutions dependent on cooperation and trust function are based” (Porges, 2022, p. 2). Congruently, Wanless explains psychological safety is vital for healthy development as it incites engagement and encourages people to exercise agency in how they choose to interact with the world, allowing for opportunities to grow and learn (2016).

**Safety and Attachment Theory**

In addition to the idea of a secure base, Bowlby (1982) asserted attachment figures should act as a safe haven that can be sought in times of distress to provide comfort (as cited in Mikulciner et al., 2013). Further, a main premise of attachment theory is that secure attachment is fostered when needs for safety are met and insecure attachment stems from a threat to safety arising and the infant being left to manage their response to lack of safety on their own (Slade & Holmes, 2018). Schore states, “the primary caregiver is the source of the infant’s stress regulation and, therefore, sense of safety. When not safety but danger emanates from the attachment relationship, the homeostatic assaults have significant short- and long-term consequences on the maturing psyche and soma” (2017, p. 396). These early experiences with primary attachment figures have a lasting impact on one’s ability to manage stress, regulate emotions, and connect with others interpersonally (Schore, 2017). Porges (2022) asserts safety
cues provide access to the social engagement system, facilitating co-regulation and supporting the establishment of trusting relationships. In the following section on fostering safety in therapy, the question, “what makes someone feel safe?” will be addressed.

**Safety in Therapy**

Just as safety is vital to the attachment between infant and caregiver, “positive attachment experiences require a high degree of safety in the psychotherapeutic relationship” (Mair, 2021, p. 711). Pointing to safety being important not only for the relationship but the treatment process in therapy, Geller and Porges state, “effective therapeutic work is only possible when the client feels safe and secure in the therapy setting” (2014, p. 178). As discussed already in this paper, feeling safe results in a calming of the nervous system, mitigating threat defense responses that hinder therapeutic engagement, such as avoidance, fight, or flight (Allison & Rossouw, 2013; Porges, 2022). When one feels the therapist is a safe haven and secure base, their social engagement system will be activated and they will feel comfortable exploring with the therapist the painful emotions and problems for which they sought treatment (Mikulciner et al., 2013; Porges, 2022).

The consideration now arises regarding how the therapist can facilitate psychological safety in their clients. Two prominent themes arising in the literature on this topic are non-verbal interactions and attunement/presence. Given initial attachment bonds are formed in pre-verbal infancy, there naturally exists a focus on non-verbal interactions in attachment theory. Neurobiological understandings have been able to further explain this and show that non-verbal cues are vital even after the rest of the brain has developed (Schore, 2022). Schore asserts the non-verbal right brain is dominant in psychotherapy and recently brought attention to the first
study in which the brains of both the therapist and client were scanned during therapy, finding “increases in cortical blood flow and interpersonal brain synchronization of the right temporoparietal junction” in both brains (Zhang et al., 2018 as cited in Schore, 2022, pp. 8-9). Similarly, cues interpreted as safe or threatening through the largely unconscious process of neuroception are non-verbal (Porges, 2022). Bodily-based non-verbal cues which can indicate safety include facial expressions, prosody-tone of voice, gestures, and posture (Porges, 2022; Schore, 2017). In line with the emphasis on co-regulation, Porges notes prosodic tone of voice is a product of vagal regulation; thus, therapists must be in a calm autonomic state themselves to convey safety to another (2022). Mair (2021) conducted an interpretive phenomenological analysis and interviewed participants about their experiences as a psychotherapy client, specifically addressing the topic of safety in psychotherapy. An emerging theme in the findings was “the attachment language of safety,” which participants reported to embody non-verbal communication, such as tone of voice, eye contact, social expression, and posture (Mair, 2021, p. 713).

A second theme arising in the literature regarding ways the therapist can promote safety is through therapeutic presence, and relatedly, attunement. These concepts address possible individual differences in what may feel safe for different clients as the therapist maintains awareness of how the client responds to different interactions and can adapt accordingly. Therapeutic presence, as described by Geller and Porges (2014), involves being grounded in one’s own integrated and healthy self, immersed and open to what the client brings in the present moment, and aware of the relationship between them and the client in the moment. The idea that the therapist must themselves be grounded connects to Porges’ (2022) assertion
that the therapists autonomic state must be regulated to provide safety cues. Geller and Porges state, “it is our opinion that therapists’ presence invites the client to feel ‘met’ and understood, as well as safe enough to become present within their own experience, and in relationship with their therapist, allowing for deeper therapeutic work to occur” (2014, p. 179). Schore (2022) describes how the therapist must attune to the client by tracking and matching their moment-to-moment nonverbal communications and shifts in affect. He describes this “coupling of the therapist’s and patient’s right brains,” as “interpersonal synchrony” (p. 6) and asserts the therapist’s ability to attune to the client in this way impacts the formation of a bond of safety and trust (Schore, 2022). This research shows the therapist being present and attuned to the client fosters safety, and if the client is feeling unsafe, an attuned therapist will be more able to recognize this and shift their way of interacting accordingly.

Finally, the focus on non-verbal cues and right-brain interactions indicates artmaking may be beneficial for fostering presence and attunement. Supporting this, Kossak asserts attunement is “an integral part of the practice of arts based psychotherapies because engagement in the creative process itself increases awareness of the present moment” (2009, p. 15). Congruently, Schwarz et al. (2018) found attentive focus on the art and the use of art materials to influence therapeutic presence.

**Measuring Safety**

As the present study aimed to understand participants’ level of psychological safety in response to the two artmaking interventions, it is important to discuss how this construct can be measured. In describing existing measures for safety, Morton et al. (2022) state: “In sum, to date psychometric measures of feeling safe have been restricted to specialized contexts such as
team safety (Edmondson, 1999), childhood memory of safety (Richter et al., 2009), as a subscale (Veale et al., 2016), or as a dimension of a broader scale under factor analysis (Gilbert et al., 2008) rather than the central construct” (p. 2). Consequently, Morton et al. (2022) created the Neurocep6on of Psychological Safety Scale. While this measure is strongly informed by Polyvagal theory and thus fits well theoretically with the present study, the items are not suitable for the context of this study; the NPSS items focus largely on one’s feelings towards others (E.g. “I felt comforted by others” and “I felt compassion for others”), and this study aims to focus mainly on the participant’s response to the artmaking experience, not their feelings toward this researcher.

The present study has chosen to measure psychological safety qualitatively via semi-structured interview and quantitatively using the Types of Positive Affect Scale (Gilbert et al., 2008), which was mentioned by Morton et al. (2022) above as containing safety as a dimension of a broader scale. As will be discussed further in the methodology, the TPAS instructions were adapted for the present study to ask participants about their affective state during the artmaking interventions.

In constructing the Types of Positive Affect Scale (TPAS), Gilbert et al. (2008) aimed to create a self-report measure looking at positive affect related to two types of affect regulation systems (activation and contentment), but factor analysis results yielded a third factor; they found safe and content positive affect to be distinct from relaxed positive affect. This has since been supported by Armstrong et al., (2021) who found social safeness (as measured by the safe/content subscale items from the TPAS) to be “an affective system in its own right,” distinct from positive affect and negative affect (p. 7). While “safe” is only one of the items ranked using
a Likert scale by participants, many of the other items fit well with the theoretical basis of the present study. Overall, this measure’s focus on affect regulation is congruent with Schore’s (2017) modern attachment theory. Bowlby’s (1973) attachment theory concept that a safe base allows for exploration relates to the activated positive affect subscale of the TPAS, which has items such as adventurous, dynamic, and eager. The items in the relaxed positive affect subscale, such as laid back, calm, and peaceful, could imply homeostasis of the autonomic nervous system (Porges, 2022). Finally, the safe/content subscale, in addition to safe, includes content, secure, and warm, which seem to relate to secure attachment and physical and emotion needs being met by the attachment figure.

In reading the following information about the TPAS, it is important to keep in mind the adaptation of instructions results in limitations when comparing previous research with the use of the measure in the present study. In regard to reliability of the TPAS, the measure was found to have good psychometric properties with Cronbach alphas of .83 for Activated Positive Affect and Relaxed Positive Affect, and .73 for Safeness/contentment Positive Affect (Gilbert et al., 2008). The activated and safe/content subscales were found to have good retest reliability, but the retest reliability for relaxed positive affect was found to be low (Gilbert et al., 2008). They also found good convergent validity was found via significant correlations between TPAS scores to scores on the Comprehensive Affect and Personality Scale (COPAS). In comparing TPAS results to other measures, the safe/content positive affect subscale “had the highest negative correlations with depression, anxiety and stress, self-criticism, and insecure attachment.” In line with this, McManus et al. (2018) found that low-arousal positive affect (containing items from the TPAS relaxed and safe/content subscales) significantly predicted mindfulness, anxiety, and
stress, while high-arousal positive affect did not. In discussing these results, McManus et al. (2018) note the soothing qualities and parasympathetic activity associated with this type of positive affect promotes feelings of safety.

**Assessment Phase of Therapy**

As discussed above, beginning to form the therapeutic alliance or secure attachment in therapy, which involves fostering psychological safety, is a vital task at the start of therapy; additionally, during this phase the therapist must also engage in assessment to gain an understanding of the client necessary to provide treatment. An aim of this research is to better understand how these goals at the start of therapy (relationship and assessment) intertwine. It can be noted that the intertwining of these goals may be less relevant in some types of assessment, and the following overview of the history of assessment (Groth-Marnat & Wright, 2016) will indicate this intertwining has become increasingly relevant. Initially, the focus of assessment was psychometric testing, aiming to be as objective as possible, largely in military and industrial settings. Though personality traits became a major area of interest, Groth-Marnat and Wright (2016) allege this form of testing was more applicable to ability testing, such as intelligence and mechanical skills. During this time there was an emphasis on administrative and clerical, rather than clinical skills, because the main role of the clinician was to score the test and compare results to normed scores. It was believed a battery of tests could provide a total picture of the person.

Groth-Marnat and Wright (2016) argue a psychological assessment approach is more useful, particularly in assessing complex constructs such as personality; as opposed to psychometric testing described above, psychological assessment integrates test data and
context, “[taking] into account the complexity of [the client’s] social environment, personal
history, and behavioral observations” and aiming to “develop relevant answers to specific
questions” (Groth-Marnat & Wright, 2016, p. 5). While in the 1940s and 50s, “psychological
testing was frequently the single most important activity of professional psychologists,” the role
of psychologists has broadened and increasingly less time is being spend on assessment (Groth-
Marnat & Wright, 2016, p. 6). The definition of assessment has also broadened to include
methods such as interviewing, naturalistic observations, and behavioral assessments (Groth-
Marnat & Wright, 2016). Connecting this history to the topic at hand—the intersection of the
alliance formation and assessment—given the omission of clinical dynamics in psychometric
testing, it follows the psychological assessment approach fits better with this objective. In
instances where the assessing clinician may not be the clinician treating the client, or if the
purpose of the assessment is not for treatment at all (such as in military settings), forming an
alliance or considering psychological safety may be less relevant. Thus, it is important to
acknowledge the present study and the approach to assessment discussed below are more
applicable when the assessing clinician will then treat the client and the therapeutic relationship
will have the opportunity to progress. At the same time, given feeling psychologically safe makes
it more likely the client will open up and reveal “why they have presented to therapy” and “the
core of what’s happening for them” (Allison & Rossouw, 2013, p. 23), it can be argued fostering
safety may benefit all assessment, no matter the type or context.

An approach to psychological assessment that explicitly addresses the intertwining of
the alliance and assessment will now be discussed. Finn (2007), who developed the Therapeutic
Model of Assessment (TMA), explains therapeutic assessment aims to both gather information
about the client that will be useful in understanding and treating them and to provide a positive
assessment experience that facilitates positive change. This approach embodies the core values
of collaboration, respect, humility, compassion, openness and curiosity and views tests as
“empathy magnifiers” (Finn 2007; Durosini & Aschieri, 2021). Finn (2009) discusses Lerner’s
view of assessment, noting that Lerner (1996) viewed empathy as an “information-gathering
activity” and that client’s assessment data is used “as a jumping-off point for attuning to the
underlying subjective state” (p. 457 as cited in Finn, 2009, p. 20). This quote enables a
connection between the topic of assessment and the idea described above that attuning to the
client fosters safety. Hilsenroth et al., (2004) express this method of assessment may prompt
more genuine interaction during assessment and subsequent therapy sessions. It is important to
note a variety of assessment types can be incorporated into therapeutic assessment, including a
traditional battery of tests that “are administered and interpreted according to standardized
procedures” (Durosini & Aschieri, 2021, p. 963; Hilsenroth et al., 2004). What distinguishes this
approach is the collaboration between therapist and client in identifying the goals of the
assessment and giving client the opportunity to reflect on the testing experience and explore
test results with the therapist (Durosini & Aschieri, 2021; Hilsenroth et al., 2004).

Research by Hilsenroth et al. (2004) has implications regarding the therapeutic
assessment approach as well as the benefit of building the therapeutic alliance in general during
assessment. Firstly, they found the therapeutic alliance as rated by the client during assessment
(regardless of the approach to assessment) was significantly and positively related to alliance
during early and late phases of treatment. Secondly, in comparing the Therapeutic Model of
Assessment (TMA) to a traditional assessment method, they found client alliance ratings to be
higher with TMA and lower rates of premature termination with TMA. Consistent with these findings, a more recent meta-analysis on the efficacy of therapeutic assessment (TA) found significant effects of therapeutic assessment on clients’ perceptions of treatment utility and alliance, clients’ level of symptom severity, and clients’ growth during the assessment (Durosini & Aschieri, 2021). Further, these findings remained consistent across differences in relevant factors, such as length of assessment, type of client, and inclusion of more or less elements of TA, which indicates the underlying philosophy and values of therapeutic assessment may be what’s most important (Durosini and Aschieri, 2021). As findings indicate forming the therapeutic alliance during assessment is beneficial for treatment, and psychological safety is an important element in the client-therapist relationship, the present research aims to understand client’s sense of psychological safety during the assessment experience.

**Art Therapy Assessment**

Given the important role non-verbal interaction/cues and the right brain play in fostering psychological safety (Schore, 2017; Porges, 2022), it follows art therapy may be an effective approach as artmaking is non-verbal and involves activation of the right brain. Congruently, Porges (2022) explains “feelings of safety emerge from inside the body” (p. 2) and thus a therapeutic approach that requires use of the body, such as art therapy, may be beneficial in facilitating feelings of safety. Betts shared a quote speaking to the utility of art in assessing clients: “art can tell us much not only about what clients feel but also about how they see life and the world, their unique flow of one feeling into another, and the deep structure that underlies this flow of feeling” (Julliard & Van Den Heuvel, 1999, p. 113 as cited in Betts, 2005). This section will begin by providing a brief overview of the history of art therapy assessment
and a discussion of the role art materials play in assessment. Subsequently, the two art-based psychological assessments that will act as interventions in the present study will be reviewed.

Art therapy assessment stems from projective drawings which focused on matching the content of the artwork with diagnostic criteria (Hinz, 2020). The theory behind this is that the content of the art symbolizes unconscious, psychological conflicts (Pénez et al., 2014). One of the interventions in the present study, the Human Figure Drawing, originated within this context. Related to concerns about validity and reliability of this type of assessment, Betts (2005) notes the art product is taken out of context (similar to the psychometric assessment approach discussed above) and cites McNiff (1998) who points out that interpretation of images is highly subjective. A different approach to art therapy assessment then emerged in which rather than focusing on what clients drew, the focus turned to how clients drew, centering on the formal elements of art, such as color, line, and space (Hinz, 2020; Pénez et al., 2014). The Formal Elements Art Therapy Scale (FEATS; Gantt & Tabone, 1998) was developed to systematically assess these elements in client artwork. Assessments originating from this shift often allowed a greater variety of art materials, solicited more than one drawing, and considered observations made about the client’s behavior during the artmaking process and the client’s verbal reflection of their art (Hinz, 2020). Calling for a progression away from traditional assessment methods, Wadeson (2002) asserted that to meet the specific needs of clients, formal art therapy assessment should be abandoned altogether. Integrating the focus on how clients draw and the call for an assessment approach that can meet unique needs, Hinz (2020) derived an assessment technique based in the Expressive Therapies Continuum (ETC), which addresses the formal elements of art while also giving the client complete freedom to express
themselves via art materials and content of their choosing. An ETC assessment is the second intervention in the present study.

In addition to the underlying theory and approach, the art materials used by the client also play an important role in assessment, just as they do in art therapy treatment overall. The present study focuses on how art therapy assessments are experienced by clients, and the art materials they use, and how they use them, are an integral part of that experience. In Pénzes et al.’s study, art therapists were interviewed about the use of art materials in assessment, and they found material interaction to be the most important factor in providing information about the client's mental health (2014). They state material interaction focuses on the action of artmaking and was defined as the way clients use materials and the properties of the materials. In their study, assessing materials interaction involved considering the properties of the art materials as this influenced the way clients interact with them; they discuss the properties of degree of physical contact with the material, the amount of control possible, and the range of techniques that can be used with the material. In line with this, Hinz (2020) discusses the Media Dimension Variables (MDV), originally formulated by Kagin and Lusebrink (1978). One part of this theory, media properties, organizes art media on a continuum from resistive to fluid. While resistive media require application of pressure, are relatively easy to control, and elicit cognitive responses, fluid media flow easily and elicit affective responses (Hinz, 2020). Given the interventions compared in the present study involve use of differing art materials, these are important considerations.

The assessments chosen as interventions in this study— the Human Figure Drawing (HFD) and the Expressive Therapies Continuum (ETC) assessment—represent two opposite ends of the
spectrum regarding art therapy assessment; while the HFD is rooted in the psychoanalytic origins of art therapy assessment, the ETC represents a more recent approach. In addition to having different historical and theoretical underpinnings, these two assessment approaches have differences in how they are interpreted or analyzed, which will be discussed below. Further, the client’s experience during these assessments is also very different—in the HFD, the content and art materials are pre-determined, whereas in an ETC assessment, the client is given choice of art materials and content. The following sections will discuss the HFD and ETC assessments in greater detail.

**Human Figure Drawings.** The term “human figure drawing” seems to be an umbrella term for a variety of projective assessments in which the client is asked to draw a whole human person. While this basic instruction has remained relatively stable over time, besides variations such as being asked to draw a person of a specific gender, the way these drawings are analyzed and used has changed over time. The use of this assessment also changes depending on whether it is being used in clinical psychology or in art therapy. It should be noted that traditional HFDs seem to be more widely used by psychologists than by art therapists, but many assessments commonly used by art therapists contain the element of drawing a person, such as the Draw a Person Picking an Apple from a Tree, the Kinetic Family Drawing, and the Draw a Person in the Rain. Thus, while the experience of drawing solely a person may be different from drawing a person alongside other elements, the present research could have implications for a wide range of assessments commonly used by art therapists.

The most common use of traditional HFDs is in combination with systematic scoring methods aiming to objectively assess characteristics of the human figure and correlate those
characteristics with certain psychological phenomena (Amod, 201; Peterson, 2001). For example, emphasis on the waist of the human figure may indicate concern over sexual control (Mitchell et al., 1993 as cited in Peterson, 2001), small size relates to diminished view of self (Machover, 1980 as cited in Amod, 2013), and shading of the eyes was found to be correlated with depression (Deng et al., 2022). While HFD assessments have commonly been used to measure intellectual ability, they have also been used to assess personality and emotional states (Amod, 2013).

Researchers note despite concerns about the validity of HFDs, they continue to be among the most popular assessments used by clinicians and suggest this may be due to the short amount of time it takes to administer and score them (Imuta et al., 2013; Cronin et al., 2017). Congruent with Feher et al.’s (1983) finding that clinicians will continue to use art quality in evaluating HFDs despite being warned to be cautious of this error, Cronin et al. (2017) found that brief art instruction on how to draw a human figure resulted in a significant increase in DAP:IQ (Draw-A-Person Intellectual Ability Test) scores. They note a feature of valid intelligence tests is that they remain stable over time and are not influenced by practice or instruction; thus, they assert the DAP:IQ is not valid, and like Imuta et al. (2013), suggest clinicians cease to use HFDs as a measure of intelligence or cognitive ability. In a more nuanced review, Peterson (2001) notes there is more support for composite indices than for individual items. While it is important to note these concerns about validity, the present proposed study will not score participant’s drawings or measure validity and instead aims to gain an understanding of how HFDs are experienced by participants.
Speaking to a shift in how the HFD may be used, particularly within the context of art therapy, Backos and Samuelson (2017) found that when using traditional quantitative scoring, Draw-A-Person tests of mothers and children exposed to intimate partner violence exhibited no difference between those who had been diagnosed with PTSD versus who had not been diagnosed with PTSD; conversely, qualitative evaluation of the drawings using a grounded theory approach yielded meaningful interpretation and was able to capture differences between the groups. Thus, similar to Peterson (2001), Backos and Samuelson (2017) suggest using more holistic and integrative approaches to analysis of human figure drawings.

Continuing the discussion of art media in assessment initiated above, it is important to discuss theory and research related to pencils, the art material used in an HFD assessment, and in particular the possible implications for the topic at hand—clients’ psychological safety during assessment. Research indicates pencil allows for control but may not be as effective as other art media for decreasing tension, stress, and anxiety (Crane, 2010; Riccardi, 2013 as cited in Hinz, 2020). Naff (2014 as cited in Hinz, 2020) notes the opportunity for increased control may be particularly beneficial in working with trauma survivors, a population identified earlier in this paper as having a greater need for feelings of safety at the start of therapy. Congruently, Ichiki and Hinz (2015) researched art therapists’ perceptions of the impressions different art materials make on their clients and found cognitive control is closely related to psychological safety and that resistive art media, such as pencil, tend to elicit a sense of control and safety. Connecting these findings to the relevant topic of the therapeutic relationship, Snir and Regev (2018) note the control afforded by structured media may decrease feelings of anxiety early in the therapeutic relationship (as cited in Hinz, 2020). In line with this, Pénzes et al. (2014) explain
that at the start of art therapy, clients often feel anxious and insecure about their artmaking capabilities and suggest art media and interventions that allow for structure and control may help these clients engage in artmaking at the beginning of therapy. In brief, while issues related to reliability and validity shed a negative light on the HFD assessment, the focus of the present study is on how the assessment is experienced; these ideas pertaining to the art media used in the HFD, and the structured nature of the task, indicate this assessment may correlate with feelings of psychological safety.

Expressive Therapies Continuum. Prior to discussing the second art therapy assessment acting as an intervention in the present study, the theory that underlies this assessment will be explained. The Expressive Therapies Continuum (ETC) provides a structure for organizing and understanding client interactions with art media, information processing, and image formation (Hinz et al., 2022b; Hinz, 2020). It allows for the same structure to be used in both assessing and treating the client, providing continuity (cite). This theory stems from the combination of Lusebrink’s ideas about information processing and formal elements of art with Kagin’s Media Dimension Variables (MDV; Hinz, 2020). The ETC consists of 3 continuums organized into levels; from bottom to top, the levels are kinesthetic/sensory, perceptual/affective, and cognitive/symbolic. These levels represent increasingly complex processing as you move from the bottom level to the top. While artistic expression embodying the extreme ends of each level may indicate pathology, integration of ETC components represents optimal functioning and is signified by a fourth aspect of the ETC, the creative dimension; though placed at the top of the ETC graphic, the creative dimension is not an end-point, can occur at any level on the ETC, and may consist of a combination of ETC components (Hinz, 2020; Hinz et al., 2022a). The ETC
integrates well with neurobiology as the components reflect different areas of processing in the brain. Regarding brain hemispheres, Hinz et al. (2022a) state, “components on the left side of the diagram are hypothesized to correspond to left-hemisphere brain functions which tend to be sequential, language-oriented, and logical. Functions on the right side correspond to right-hemisphere functions and are described as intuitive, visual-spatial, emotional, and spiritual” (p. 1). Further, as described by Lusebrink, “The sequence of K/S → P/A → C/Sy suggests movement from the posterior to the anterior structures of the brain—or ‘back to front’ cortical integration of sensory processes—and the ‘bottom-up’ or limbic to cortical integration of emotional processes” (2010, p. 173). This information about the ETC provides a basis for understanding how this system can be used to assess clients as described next.

**ETC Assessment.** During assessment using the ETC, clients are given access to a full range of art media and are permitted to choose the content of their artwork. Data gathered during an ETC includes: the client’s preferred medium, their manner of interaction with the medium, the stylistic or expressive elements of the final art product, and the client’s verbal communication. The freedom given to clients during the ETC allows them to show their preferences and typical style of functioning, which indicate their strengths and weaknesses in how they process information to form images. In line with Pénzes et al.’s (2016) finding that “how clients create in the art therapy session is significantly reflective of how they think, feel, and act in life” (as cited in Hinz, 2020, p. 165), information gained from an ETC assessment reflects the client’s “preferred style of operating in the world” (Hinz, 2020, p. 165). Speaking to the utility of this assessment at the outset of therapy, Haeyen and Hinz (2020) assert information about the client’s attachment style and preferred strategies for regulating emotion...
can be gathered in the first 15 minutes of therapy by looking at the client’s initial artmaking through the lens of the ETC. For example, overuse of the Cognitive and Perceptual components on the left side of the ETC, exhibited by artmaking behaviors such as use of words, patterns, geometric forms, and symmetry, may indicate insecure-avoidant attachment and accompanying regulation strategies that aim to avoid, contain, or reduce emotion (Haeyen & Hinz, 2020). Lending support for this example, Snir et al. (2018) found participants with attachment avoidance had a more negative attitude toward oil pastels, gouche paint, and finger paint, which are art materials that may illicit emotional involvement (Snir & Regev, 2013b).

The ETC assessment also allows the art therapist to identify an “entry point” (p. 168) for treatment; areas of strength indicate “secure bases from which to explore other areas” (Lusebrink, 2010, pp. 168, 171). Continuing with the example described above, in a case study in which the client exhibited strength and comfort in the perceptual and cognitive ETC components, the therapist began art therapy by facilitating artmaking congruent with this “secure base,” such as diagrams and collages (Haeyen & Hinz, 2020). They explain doing so allowed the client to build a sense of safety and security in the therapeutic relationship. The client was then led toward the symbolic component (shifting from left to right side of the ETC) by depicting scenes from a guided meditation. From here, the client was more easily able to move down to the affective component of the ETC and address “long suppressed emotions” through painting (Haeyen & Hinz, 2020, p. 4). This example shows how the ETC can be used in initial assessment and can subsequently guide treatment.

Given that the validity of the HFD assessment was discussed— and critiqued— it is important to note there is a lack of evidence regarding the validity of the ETC assessment. Some
empirical studies have been done that can indirectly support the ETC assessment as a valid means for gaining information about the client, such as Corem et al. (2015) and Snir et al.’s (2017) studies correlating use of art materials (an integral aspect of ETC assessment) with attachment measures. But, the ETC assessment explicitly has not been standardized or researched empirically in terms of its validity.

Rather than validating the ETC assessment, this study aims to understand how it is experienced. In this regard, a key aspect of the ETC is the freedom afforded to the client in terms of art materials, art process, and art product. While in discussing the HFD it was noted that structure may promote a sense of safety (Pénzes et al., 2014), it has also been asserted that “when materials are familiar, they can enhance client’s feelings of safety and their investment in the assessment process” (Hinz, 2020, p. 166). While one could use this point to argue in favor of the HFD as pencil and paper are materials familiar to most people, the ETC assessment gives clients the opportunity to choose art media that feel familiar to them, which may differ from person to person. Similarly, it was mentioned above that control is related to psychological safety (Ichiki and Hinz, 2015) and is beneficial for trauma survivors (Naff, 2014 as cited in Hinz, 2020); While the HFD provides an art material that allows for control, the ETC assessment affords control via choice of art material, as well as choice in the content of their art. Additionally, the agency given to the client and the collaborative nature of this process allows for a culturally sensitive approach to assessment that reduces the power differential between therapist and client (Hinz, 2020).

As there is evidence to support both the HFD and ETC in regard to which assessment relates to greater sense of psychological safety, this study does not make a hypothesis in either
direction. Rather, no matter which assessment correlates with greater safety, this research aims to understand why—what was it about the artmaking experience that made them feel safe? To answer this question, the Art-Based Intervention (ABI) Questionnaire, described below, will be used to quantitatively measure various aspects of the artmaking experience.
Chapter 3
Methodology

Research Questions and Hypothesis

This research aimed to gain a better understanding of how the client’s artmaking experience during initial art therapy assessment may influence the therapeutic relationship via the sense of psychological safety felt during artmaking. To study this, participants’ feedback about the artmaking experience and their sense of safety in relation to two different art-based assessments were studied. The assessments compared were the Human Figure Drawing (HFD) and Expressive Therapies Continuum (ETC) assessments. The primary research questions (RQ) and hypothesis were:

**RQ1.** How do participants describe their artmaking experiences with the HFD assessment compared to the ETC assessment?

**RQ2.** How do participants describe their experience of psychological safety during the HFD assessment compared to the ETC assessment?

**RQ3.** How do aspects of the artmaking experience—such attitude toward art media and artmaking process—relate to the participants’ sense of psychological safety?

**Hypothesis.** Participants will have a more positive artmaking experience and report greater sense of psychological safety during the ETC assessment compared to the HFD assessment.

Sampling and Location

The study sample consisted of 32 adults. Participants ranged in age from 18 to 84, and majority of participants were female, White or Hispanic/Latino, and resided in Santa Cruz County, California. Full demographic information regarding age, gender, ethnicity, and location of residence can be found in Table 9 (Appendix A). Additional information about the sample
including past level of artmaking experience, comfort level making art, and past experiences with trauma, discrimination, and therapy can also be found in Appendix A (Table 10; Figure 10; Figure 11). Non-randomized convenience and snowball sampling were used to connect with participants. Paper fliers were posted in the local community and digital flyers were posted on social media and sent via email. All except one research meeting took place in Santa Cruz County in small conference rooms.

Confidentiality

Steps were taken throughout the research process to ensure participant privacy and confidentiality. Each participant was assigned a number to keep any identifying information separate from other research materials. Informed consent documents and a document pairing participant numbers to names and contact information are stored in a password-protected folder that is separate from all other research data on my personal password-protected laptop device. Any identifying information given by participants during interviews has been omitted when sharing qualitative data. Any data collected digitally was done via Google Forms, which is a secure and confidential survey platform. Interviews were audio recorded using my password-protected iPhone.

Research Design

A repeated-measures, mixed methods design was used for this study. Each participant experienced both interventions, and the order in which the interventions were experienced by each participant was randomly chosen and stratified so an equal number were in each group; this design reduces the influence of individual differences between participants and possible
bias associated with the order the interventions are experienced. The order in which the ABI and TPAS measures were administered was randomly assigned in the same fashion.

**Measures**

Demographic information (Appendix A; Appendix E) pertaining to the participant’s age, ethnicity, gender, and location of residence was gathered, as well as background information about their experience and comfortability with artmaking. Additional information about participants’ experiences with therapy and past experiences (i.e., trauma and discrimination) that may impact the participants’ level of psychological safety during the study and in therapy was gathered via a questionnaire at the end of their study participation (Appendix J; Table 10). Participant feedback about their artmaking experience was gathered qualitatively via semi-structured interview prompts following each intervention (Appendix G). A semi-structured interview was also conducted after both interventions were experienced to gather qualitative data about their artmaking experience and psychological safety (Appendix G). Quantitative data regarding the participants’ experiences with the interventions was gathered following each intervention using the Arts Based Intervention (ABI) questionnaire (Appendix H) and an adapted version of the Types of Positive Affect Scale (TPAS; Appendix I).

**Arts-Based Intervention (ABI) Questionnaire**

To gain an understanding of the participants’ artmaking experiences during the interventions, the Art-based Intervention Questionnaire (ABI), developed by Snir and Regev (2013), was used. This measure has 4 subsections pertaining to 1) the participant’s response to the art intervention before beginning artmaking, 2) their reflection of the artmaking process, 3) their attitudes toward their completed art product, and 4) their attitudes toward the art media.
used. Snir and Regev (2013) found the measure to have good validity and reliability. In determining internal consistency reliability using factor analysis, they found all four parts of the questionnaire together exhibited a reliability of .914 Cronbach’s alpha. Concurrent validity was tested correlating ABI scores to scores on the Session Evaluation Questionnaire (SEQ; Stiles et al., 1994), which is a self-report tool measuring client’s reactions to specific psychotherapy sessions. Correlations of medium strength were found, supporting concurrent validity and indicating the measures are similar but not identical. Finally, Snir and Regev measured the ABI’s ability to discriminate between participant’s experiences using different art materials and found “the type of materials has a significant effect on the responses to the questionnaire” (2013, p. 341).

**Types of Positive Affect Scale (TPAS)**

The TPAS, developed by Gilbert et al. (2008), was chosen as a quantitative measure for psychological safety but also measures other types of positive affect. It contains three subscales (activated positive affect, relaxed positive affect, and safe/content positive affect) with affect words that are ranked using a 5-point Likert scale (Appendix I). The instructions for the TPAS were adapted to fit the context of the present study; the original wording of the TPAS instructions aimed to gather trait information about “the degree to which you commonly experience these feelings” and asked participants to “rate how characteristic these feelings are of you” (Gilbert, 2008). With Dr. Gilbert’s permission, I adapted the instructions to gather state information about “how characteristic these feelings were of you during the art activity you just experienced.” Labels at either end of the Likert scale remained the same (“not characteristic of me” and “very characteristic of me”). While Gilbert et al. (2008) found the measure to have
good psychometric properties, these properties cannot apply to the use of the measure in the present study due to the adaptation.

Materials

- Laptop (provided by this researcher)
- Cellphone (provided by this researcher for audio recordings)
- Google Forms
- Transcription software built into Microsoft Word
- Art materials
  - White paper in various sizes and thicknesses
  - #2 pencil with eraser
  - Block eraser
  - Colored markers
  - Colored pencils
  - Watercolor paint
  - Acrylic paint
  - Oil pastels
  - Chalk pastels
  - Colored Model Magic clay
  - Clay modeling tools
  - Magazines
  - Scissors
  - Glue stick

Procedures

1. Recruitment of participants. Requests for voluntary participation were shared via physical and digital flyers (Appendix B) and word of mouth. The initial text or email message from this researcher provided additional information about what is expected of participants and a link to an online scheduling portal (Appendix C).
2. **In-person meeting.** Steps 3-10 occurred during the in-person meeting. Meetings lasted approximately 1 hour.

3. **Informed consent.** At the beginning of the in-person meeting before research was conducted, participants provided consent by signing the informed consent document (Appendix D). A verbal summary of key points in the informed consent agreement was also given.

4. **Demographic survey.** Participants completed the demographic questionnaire (Appendix E) via an online Google Forms survey using a provided electronic device.

5. **First intervention.** Participants were given instructions and art materials for the first intervention (Appendix F; either the HFD assessment or ETC assessment; the order in which interventions were experienced was randomly chosen prior to the participant’s arrival).

6. **Post-intervention measures.** After completing the intervention, the participant responded to the post-intervention prompts (Appendix G) verbally then completed the Arts Based Intervention Questionnaire (ABI; Appendix H) and the Types of Positive Affect Scale (TPAS; Appendix I) on a provided laptop using Google Forms. The order in which the ABI and TPAS were taken was randomly chosen.

7. **Second intervention.** Participants were given instructions and art materials for the second intervention (Appendix F; either the HFD assessment or ETC assessment; the order in which interventions were experienced was randomly chosen prior to the participant’s arrival).
8. **Post-intervention measures.** After completing the intervention, the participant responded to the post-intervention prompts (Appendix G) verbally then completed the Arts Based Intervention Questionnaire (ABI; Appendix H) and the Types of Positive Affect Scale (TPAS; Appendix I) on a provided laptop using Google Forms. The order in which the ABI and TPAS were taken was randomly chosen.

9. **Semi-structured interview.** Participants answered open-ended interview questions pertaining to the artmaking experience and psychological safety (Appendix G).

10. **Past experiences questionnaire.** Via Google form, participants were asked about past experiences that may impact their ability to feel psychologically safe with a new therapist (Appendix J).

11. **Debriefing email.** After participation, participants were sent a debriefing message via email which thanked them and provided more information about the study and resources (Appendix K).

**Interventions**

In this study, each participant experienced both interventions in random order as prompted by the instructions and using the art materials as specified in Appendix F. While the interventions were art-based assessments, the focus on the study was the participant’s artmaking process and subjective experience of the assessment. Thus, to reduce possible bias associated with participants thinking their art itself would be analyzed, the term “assessment” was not used with participants and instead “art activity” was used in communications posed to participants prior and during the study. Following participation, participants were informed the interventions are used as assessments. Below is a description of the two interventions used.
**Human Figure Drawing (HFD) Assessment**

During this intervention, participants were provided with the following art materials: #2 pencil, eraser, and white 8.5 x 11 printer paper. The following instructions were given: “I would like you to draw a person. Please draw a whole human figure, not a stick figure.”

**Expressive Therapies Continuum (ETC) Assessment**

During this intervention, participants were provided with the following art materials: 4 sizes of white paper in varying paper weights/thicknesses, #2 pencil with eraser, colored markers, colored pencils, watercolor, acrylic paint, oil pastels, chalk pastels, clay (model magic), and collage materials (magazines, scissors, and glue stick). These materials aimed to provide a full range of art media as discussed by Hinz (2020). While instructions for the ETC assessment have not yet been standardized, the following instructions were chosen in collaboration with Dr. Lisa Hinz, a primary researcher of the ETC, to be representative of an ETC assessment and appropriate for the context of this research; participants were given the following instructions: "here is a wide range of art materials. Please use whatever you like to create something.”

**Data Collection**

Quantitative data was gathered using the Arts Based Intervention (ABI; Appendix H) questionnaire and an adapted version of the Types of Positive Affect Scale (TPAS; Appendix I), and participants completed these measures after both interventions. The order in which these measures were taken was randomly chosen to reduce possible bias. Qualitative data pertaining to the artmaking experience and sense of psychological safety were gathered via semi-structured interview questions. Qualitative data allowed for a deeper understanding of the participants’ subjective experience with and response to the artmaking and provided validation
for the quantitative data. The final question of the interview was a closed-ended question asking participants to identify during which intervention they felt more psychologically safe, allowing for quantitative statistical comparisons.

The demographic questionnaire, past experiences questionnaire, ABI questionnaire, and TPAS were administered using Google Forms on a laptop device. Interview questions were posed verbally and responses were audio recorded. In addition to being posed verbally, participants were given a small flip book of the questions so they could see the questions visually as they were posed if they would like.

Data Analysis

In analyzing quantitative data from the ABI questionnaire and TPAS, t-tests and Pearson correlations were used to compare the two interventions. Responses to the closed-ended question asking which of the two interventions participants felt more psychologically safe was also statistically compared to the ABI results. For example, in looking at participants who stated they felt safer during the HFD intervention, statistical analysis aimed to find out whether their ABI and TPAS scores were congruent with this (were higher for the HFD) and whether there was a certain subsection of the ABI or subscale of the TPAS that this variance could be attributed to.

Qualitative data underwent analysis as outlined by Leavy (2023) in five steps: 1) data preparation and organization, 2) initial immersion, 3) coding, 4) categorizing and theming, and 5) interpretation. In preparing data, audio recordings of participant interviews were transcribed using Microsoft Word’s transcription software. Next, I immersed myself in the data by reading transcripts to get a sense of the data as a whole. Thirdly, data were coded by “assigning a word or phrase to segments of data” that summarizes or captures the essence of that data (Leavy,
In vivo coding was used to honor the language used by participants (Leavy, 2023). This approach to coding is similar to the experiential method of analysis developed by Kidd and Kidd who state, “by staying with the expression as it is given, it is possible to stay close to the meaning of the experience as it comes into expression” (1990, p. 5). Next, similar or related codes were grouped into categories and assigned a theme; “a theme may be an extended phrase or sentence that signals the larger meaning behind a code or group of codes” (Saldaña, 2020 as cited in Leavy, 2023, p. 166). During coding and theming, the research purpose and questions were kept in mind. Finally, the coded and themed data was interpreted by looking at it in relation to the quantitative findings, background literature, and theory—a process described by Leavy as “triangulation” (2023, p. 167). In seeking meaning from the qualitative and quantitative data, I aimed to gain an understanding of how the two interventions were differentially experienced and what aspects of the interventions relate to sense of safety.

**Risks and Benefits**

While the risks associated with this study were minimal, artmaking always has the potential to bring up unexpected, uncomfortable, and/or negative responses. Particularly for those with little artmaking experience, being asked to make art has the potential to cause discomfort, mild anxiety, or self-consciousness. Discussing the topic of psychological safety held potential risk as it may have resulted in participants recalling times when they felt unsafe. To reduce this risk, participants were only asked to describe feelings of safety, not lack of safety. Asking participants about past experiences with trauma and discrimination also posed a risk as it may have prompted recalling those experiences and associated negative emotions. To reduce
this risk, participants were asked only if they have had these experiences and were not asked to describe them. Mental health resources were provided in a debriefing email following participation.

Participants may have benefited from this research by experiencing positive feelings in response to artmaking. Whether participants enjoyed the experience or not, providing the opportunity for the participant to share about their artmaking experience may have benefited them by empowering them to voice their opinions and feelings. Participants may also have felt empowered knowing their feedback can be used to help others. This research can benefit the field of art therapy and future art therapy clients by increasing knowledge about how to assess clients while simultaneously promoting feelings of safety, which may help build the therapeutic alliance. This benefit may be particularly salient for populations who are more likely to struggle with lack of safety when meeting with a new therapist, such as those with trauma histories.

**Protection of Human Participants**

This study has been approved by the Institutional Review Board (IRB) of Dominican University of California (DUC) and followed the ethical guidelines of Dominican University of California, the California Association of Marriage and Family Therapists (CAMFT), and the American Art Therapy Association (AATA). Throughout the research process, efforts were made to protect and safeguard participants by adhering to ethical practices, including respect for persons, beneficence, social justice, informed consent, confidentiality, and privacy. These efforts included ensuring participants understand their participation is voluntary and can be withdrawn at any time without consequence, as well as reviewing and obtaining informed consent and discussing confidentiality procedures.
Chapter 4

Results

This study was approved by the Institutional Review Board of Dominican University of California (Identification # 11154; see Appendix L).

This chapter will present the qualitative and quantitative results of the study. Qualitative data stemmed from verbal, semi-structured interviews (Appendix G) and one digital questionnaire (Appendix J). Quantitative data was gathered using two measures: the Art-Based Intervention questionnaire (ABI; Appendix H) and an adapted version of the Types of Positive Affect Scale (TPAS; Appendix I). Overall, results showed a more positive artmaking experience and a greater level of psychological safety associated with the ETC intervention. While most of the qualitative data supports this, participants also expressed factors that may diminish safety in the ETC and factors that promoted safety in the HFD.

As this research focused on the artmaking experience, rather than analysis of the final artworks themselves, only a few images of participant artwork will be embedded in this chapter; additional examples of participant artwork can be seen in Appendices M and N.

Qualitative Data Results

In this section, results for the thematic analysis of qualitative data will be shared. Data stemmed from two sources: 1) post-intervention prompts posed to participants following each of the two art interventions, which focused on the participants’ artwork and their experience creating the artwork, and 2) a semi-structured interview that occurred after both interventions were experienced, which focused on psychological safety and comparison of the two interventions.
**Interview Results: Artwork and Artmaking Experience**

Following each of the two interventions, 3 prompts were posed to participants: 1) Tell me about your artwork, 2) Tell me about your experience or your process making this artwork, and 3) tell me about the art materials you used. There was often crossover between the questions when participants answered (E.g. making a statement about art materials when asked about the experience/process), so themes have been re-organized into three categories: content, process/experience, and art materials (see Figure 2). This data contributes to answering the research question: How do participants describe their artmaking experiences with the HFD assessment compared to the ETC assessment?

**HFD Interview.** For this intervention, participants were given the prompt, “I would like you to draw a person. Please draw a whole human figure, not a stick figure.” Following artmaking, the three prompts stated above were posed to participants, and below is a synthesis of the main themes arising from the interview.

**Content.** Participants commonly began by stating that they drew a person, at times referring to my prompt (E.g. “my artwork is a person as per your instructions”). They then would often state the gender of the person and/or state who the person is if they drew someone in particular. The content of the artwork can be considered personal for about one third of the participants who stated the person they drew was themselves or someone they know. With the exception of a couple participants who told me about the loved one they drew, most participants mentioned that they drew themselves or someone they know but didn’t share additional personal details related to the content.
Figure 2

Artwork and Artmaking Experience Themes

- **Personal vs. Non-Personal**
  - Familiar vs. Not Familiar

- **Critique**
  - Art skills
  - Final product

- **Negative Experience**
  - Limited

- **Positive Experience**
  - Familiar/comfortable
  - Ability to erase

- **Content**
- **Experience/Process**
- **Art Materials**

**HFD**

Tell me about your artwork.
Tell me about your experience or your process making this artwork.
Tell me about the art materials you used.

**ETC**

- **Content**
- **Experience/Process**
- **Art Materials**

- **Personal vs. Non-Personal**

- **Emerging Content:** Unplanned, intuitive
- **Positive Affect:** Calm
- **Negative Affect:** Overwhelmed

- **Positive Experience**
  - Color
  - Mixed-Media
  - Sensory
Some participants expressed whether the content was familiar or comfortable for them. Some of those participants also chose personal content, such as one participant who drew herself and stated, “I drew what I know best.” Others did not choose personal content but expressed some level of familiarity with the content for a different reason, such as liking to draw people, experience teaching children how to draw people, or remembering how they drew people when they were children. Others expressed complete lack of familiarity with this content, such as one participant who stated, “I’ve never drawn a human figure in my life.”

**Process/Experience.** In describing their artmaking process, participants would often state the order in which they drew the parts of the body. Additionally, the most common theme in participants’ expressions about the artmaking experience was critique of their artistic skill and/or their final art product. In critiquing their artistic skill, which was associated with negative affect, participants would make statements such as, “it was hard because I’m not a good artist” and “It gave me a lot of anxiety because I know my art skills are awful.” The instruction to not draw a stick figure sparked stress around their art skills, with some participants noting that they would normally draw a stick figure when having to draw a person. Critique also surrounded thoughts and feelings about their final art product, embodying statements such as “an 8-year-old could probably do a better job than that” and pointing out parts of the drawing they do not like or feel they should have fixed.

The theme of critique arose in a unique way for some participants who chose personal content and some who expressed familiarity with drawing a person. A couple of people expressed added pressure related to drawing a loved one. For example, after expressing what her niece means to her and how her niece brings her comfort, a participant stated, “It was
...I wanted to make her so perfect, even though, like, I’m not very good at art, I feel like I still couldn’t make her feel perfect.” Concern about skill and the final product also arose for some participants despite their skill level and comfort with drawing people, such as participant a participant who expressed liking to draw people and said, “I mean, as an artist, like if somebody tells me to draw something, there’s always like parts of me where I have to prove that like, I’m good at art.”

Art Materials. Participants were directed to use only a pencil, eraser, and paper to create the HFD, so the following data reflects their experience with those materials. Both positive and negative sentiments were expressed about the materials. Negative sentiments surrounded the theme of feeling limited, particularly regarding the inability to use color. For example, one participant said, "it was sort of limiting, like my guy’s just like black and white...I can't add so much detail and personality without color.” Positive sentiments surrounded the topic of feeling familiar or comfortable with the materials, as illustrated by one participant describing a pencil and eraser as “the tried and true.” A subtheme that arose was appreciation for the ability to erase; participants noted having the freedom to go back and make changes or fix mistakes, which elicited feelings of confidence, safety, and calmness. There seemed to be roughly an equal amount of positive and negative sentiment about the material, and some participants expressed feeling both familiar with the material yet also limited by the material.

ETC Interview. For the ETC assessment intervention, participants were given the prompt, “Here is a wide range of art materials. Please use whatever you like to create something.” Following artmaking, the three prompts stated above were posed to participants, and below is a synthesis of the main themes arising from the interview.


**Content.** Due to the open-ended nature of the prompt, participants’ descriptions of their artwork and the content of their artwork varied greatly. About half of the participants created artwork with content that can be deemed personal. The most common themes in the artwork that were not considered personal were nature and abstract content. Content was considered personal if the participant shared something about themselves or their life through the artwork and in their description of the artwork. Participants’ descriptions of the personal content in their artwork ranged from brief statements to lengthy and meaningful expressions. For example, one participant drew the fibromyalgia ribbon and stated, “it's something that I'm dealing with right now very strongly, so it's just a reminder to keep fighting.” Another participant was inspired when looking through magazines and created a collage that chronologically depicts her life and her family (see Figure 3 below). In describing her artwork at length, she shared about both traumas and happy memories she’s experienced throughout her life.

**Process/Experience.** The first theme that arose in participants descriptions of their artmaking process and experience with the ETC was *emerging content*, meaning the content or outcome of the artwork emerged as they were making the artwork, rather than being predetermined or planned. For example, participants who chose to use collage were inspired by the magazine images, allowing the images they were drawn to determine the theme or content of the artwork. A couple of participants who used multiple media in their artwork used phrases such as, “it’s just like pure intuition” and “I work via stream of consciousness” to describe their artmaking process.
In sharing about their experience with the artmaking, descriptions relating to *affect* also arose. Firstly, the theme of calm affect arose, indicated by words such as relaxed, soothing, meditative, and peaceful. Some of these expressions signified a state of mindfulness in which the participant was focused on the artmaking process in the present moment. Also related to positive affect, participants often used the word “fun” to describe their experience, most often making statements about how the experience in general was fun or the art materials were fun to use. In contrast, thought mentioned less often than positive affect, some participants expressed a feeling of overwhelm associated with the wide range of art materials and/or open-ended prompt. The themes of calm affect and overwhelmed affect are represented by the following quotes from participants.

**Art Materials.** All except one participant expressed positive sentiments toward the art material(s) they chose to use. Three themes found in participants’ expressions of a positive experience with the art material were: *color, engagement with the material, and comfort with the material.* Firstly, participants expressed enjoying having the option to use color, as well as the importance of color in the creative process and their ability to express themselves through color. This is exhibited by the quotes, “I think for me, utilizing all these different colors was super neat because it’s like a new world for me in a sense of just like expressing myself” and “I feel like color has been an important value or important element when I make my art. I think color can represent a lot of stuff.”

Secondly, participants expressed enjoying the way they engaged with the art media as represented by the subthemes: *interaction of multiple art media and sensory engagement with*
the art media. For example, a couple participants described adding their own meaning to collage material through mixed media, as illustrated by the following quote:

“If things weren't readily available [in the collage material] then I just drew them myself and it was cool to kind of be able to layer in that way, like I could write over this or over that to give it a different meaning because it wouldn’t have had that meaning if I hadn’t added it to it myself” (see Figure 3).

Figure 3
Example of Personal Content and Media Layering

Mixed-media artmaking was also associated with exploratory and intuitive styles of artmaking as described by the quote, “I kind of intuitively went with colors and tried to layer them and create different textures.” A sense of mindfulness also often arose in the mixed-media process when participants noticed and commented on the way art media interacted, such as one participant who commented on the unique brushstrokes that arose in using watercolor and chalk pastel together.
Regarding the sensory engagement subtheme, participants most often commented on the sense of touch and sometimes mentioned the sound of the material. Sensory engagement was associated with self-expression, positive affect, and mindfulness, as illustrated by the following quotes:

- “I really liked using this chalk. I like the texture. I like to be able to feel the paper and to be able to smudge and make something rather than like the precision of a pencil...I feel like I could express more in my art with those. I really like being able to touch it and feel it and blend the colors” (see Figure 4).

- “I think I enjoy that heaviness [of the chalk pastel], too, because it kind of just allowed you to be a little bit more present. For me, I think since I do struggle with anxiety, I do use a weighted blanket, so that heaviness kind of reminds me of just like calm.”

Figure 4
Example of Sensory Engagement

Thirdly, while some participants were excited to use materials that were new to them and had a positive experience doing so, many participants were drawn to art materials that
they felt familiar with. Comfort with the art media was associated with a positive experience, with participants expressing the material felt easy to use or that they were more able to express themselves with a familiar material. Below are quotes from participants illustrating this.

- “I was drawn to like the familiar...I just went towards what I felt like I was competent in and to kind of ease into it because I don't think I've done art for a while.”
- “I went with kind of what I was more familiar with...It's easier to put more complicated things and like ideas, concepts down for me when I don't have to worry about the medium being super complicated.”

**Interview Results: Safety and Intervention Comparison**

This semi-structured interview occurred after both interventions were complete, and it aimed to gain an understanding of the participants’ definition and understanding of psychological safety, their comparison of the two interventions in relation to their artmaking experience and experience of psychological safety, and their thoughts on the use of these interventions in therapy as related to the formation of their relationship with the therapist.

Some questions posed in the interview will be grouped together in presenting these results due to strong overlap in the primary themes. This interview aimed to answer the following research questions: How do participants describe their experience of psychological safety during the HFD assessment compared to the ETC assessment? and How do aspects of the artmaking experience—such attitude toward art media, art task, and task structure—relate to the participants’ sense of psychological safety?

**Defining Safety.** This section presents a synthesis of responses to interview questions: 1) *What does it mean to you to feel psychologically or emotionally safe?* and 2) *When you feel safe with another person, how do you feel and act?*
Responses to both questions indicated psychological safety meant that participants felt able to express themselves or an openness to sharing, lack of concern or fear of others responding to them in a negative or judgmental way, and feeling as though they could be their true or authentic self. A factor that arose in the first question but not the second was that the environment has an impact on psychological safety. A subtheme related to being able to be yourself that arose in response to both questions, but predominantly in the second question, was the idea of lacking a facade or mask. Arising only in response to the second question was the theme of humor or silliness as part of being yourself or expressing yourself when feeling safe with another person. Finally, affect words that arose in response to these questions were: comfortable (most common), calm, relaxed, warm, secure, content, happy, curious, and confident. Below are a few quotes that provide examples of participants’ responses.

- “The environment is comfortable, and I can just be who I am, be real, and then I'm accepted who I am, and I'm not judged or made to feel bad about myself.”

- “To have the space to feel and express any range of emotions without fear of retribution or retaliation or punishment or lack of understanding.”

- “I feel more calm, content, happy. And I act more like myself, which I think I'm still trying to figure out what that means, but I'm more likely to be silly and say what I think even if it could be a little scary.”

Additionally, while the word “comfortable” was very common in participants responses to these questions, it is notable that in a few instances, the experience of being uncomfortable or going out of your comfort zone also arose in response to the first question. For example, one participant expressed that being aware is part of psychological safety, which can mean becoming aware of things that are uncomfortable; they then shared that feeling psychologically
and emotionally safe means being able to process those uncomfortable things from a calm place. Finally, another participant expressed, “for me it means not being afraid to make mistakes. It means stepping outside of my comfort zone usually.”

Interventions in the Therapy Context. This section presents themes from the interview question, “imagine being asked to do these activities by a new therapist. How may these activities impact your ability to form a positive relationship with the therapist? Are there similarities or differences between the two activities in this regard?”

Firstly, some participants spoke about the benefit of art in general in the context of building a therapeutic relationship before commenting on the study interventions. A large majority of participants expressed a preference for the ETC intervention in this context, and a few expressed there would be no difference between the interventions. A general statement regarding this preference was, the ETC “felt more like it was part of us building a relationship.”

Relating to preference for the ETC, the most prominent themes were choice and self-expression. Participants expressed that being given a wider range of choices is “more conducive to forming a positive relationship,” allows them to “show the therapist where they’re at,” and fosters feelings of agency and empowerment. At times, participants juxtaposed the choice afforded by the ETC with negative sentiments regarding expectations associated with the HFD. Participants expressed a correlation between having choice and feeling able to express themselves, noting that the limitations of the HFD would hinder self-expression. Participants indicated being able to express yourself is an important part of forming a relationship with the therapist and the therapist getting to know you. The following quotes illustrate these themes of choice and self-expression:
- “I think this one [ETC] is super cool in the sense that you allow the person to exist, how they want to exist. They draw what they want to draw and that kind of shows the therapist like where they’re at, in a sense to you too, and they can talk about that and I think it can be used as a bridge of just like some safety and then allow them to use that bridge to talk about something that’s very hard. Or just meeting them where they’re at, type of thing, too.”

- “[The HFD] might be limited for me to like express my emotions to the person if they're trying to get somewhere with my art for therapy. Just because I'm not really good at drawing people and I feel like I can't really express myself through that.”

- I would just feel safer with a therapist who is empowering me to make my own choices."

Another theme that arose regarding both interventions, but mainly the HFD, was the desire to be told how the intervention is relevant to their treatment. For example, a participant stated, “I think I would question why did I have to draw a person because I don't know what that would have to do with my therapy.” Finally, my choice to simply observe the participants during the study and not do anything else while they were making art, spurred some discomfort in some participants. While this sentiment was brought up sporadically in other portions of the interview and across both interventions, but it is particularly relevant here as participants provided suggestions relevant to therapy. Participants who voiced this concern expressed they would rather the therapist be doing something, such as making art alongside them or initiating conversation.

**Art Interventions and Psychological Safety.** This section reflects the participants’ comparison of their experience with the two artmaking interventions in relation to their sense of psychological safety, aiming to answer the following research questions: *How do participants
describe their experience of psychological safety during the HFD assessment compared to the ETC assessment? and How do aspects of the artmaking experience—such attitude toward art media and artmaking process—relate to the participants’ sense of psychological safety? Due to strong overlap in the arising themes, responses to interview questions 3, 5, and 6 have been combined here in this section. Those questions were:

- Tell me about your experience of psychological safety during the two art activities you just experienced. How were the activities similar or different in terms of your feelings of safety?
- Two of the main differences between the art activities you just experienced are materials and content (as described in the table below; see Table 1). Tell me about your experience with these differences. Do any of these differences relate to your feelings of psychological safety?
- During which art activity did you feel more psychologically safe? (HFD or ETC).

Table 1

Main Differences Between Interventions

<table>
<thead>
<tr>
<th>Human Figure Drawing (HFD) Activity</th>
<th>Expressive Therapies Continuum (ETC) Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-chosen art materials (pencil, eraser, and paper)</td>
<td>Choice of art materials (wide range of art materials)</td>
</tr>
<tr>
<td>Directed content (asked to draw a person)</td>
<td>Choice of content</td>
</tr>
</tbody>
</table>

Though perhaps counterintuitive given it was the last question posed to participants, I would first like to share the outcome of the question, “During which art activity did you feel more psychologically safe?” It is meaningful to share this now as the rest of this section will provide context and explanation for these results. Any explanations given by participants about their choice were incorporated into the data below as they were in line with responses to
questions 3 and 5 (stated above). Two participants did not make a choice, so the remaining sample was 30 participants. As shown in Figure 5 below, of those 30 participants, seven chose the HFD as the intervention that felt more psychologically safe (23.3%), and 23 chose the ETC as the intervention that felt safer (76.6%).

**Figure 5**

*Psychological Safety During ETC vs. HFD Interventions*

- Felt more safe during the HFD intervention: 23.3%
- Felt more safe during the ETC intervention: 76.7%

**Choice.** A prominent overarching theme that arose surrounded the experience of choice. Participants had both positive and negative experiences with having freedom to make choices about art media and artwork content in the ETC interventions while being given instructions for art media and content in the HFD intervention. Positive responses to this factor were related to a greater degree of psychological safety, while negative experiences with this factor were related to less psychological safety. As depicted in figure 6, this theme can be broken down into four categories: 1) positive experience with choice in ETC, which embodied feeling free, comfortable, expressive, calm, and having a fun experience, 2) negative experience with choice in ETC, which reflected a feeling of overwhelm or pressure, 3) positive experience with being given direction in the HFD, which included feeling the experience was easier or more comfortable, and 4) negative experience with the lack of choice in the HFD, which involved feeling limited. A fifth overarching aspect of this theme was the juxtaposition of participants’
experiences with choice initially, prior to artmaking, compared to during the artmaking process. The following sections will describe these various facets of experience with choice using participant quotes.

1. *Positive experiences with choice* during the ETC assessment were associated with increased psychological safety, as illustrated by the participant statement, “I think coming in, seeing that there were options, I'm getting the sense of, you know, I'm not having to do some masterpiece for Sophie. To just you know that increases that sense of safety to just kind of do what you wanted.” Participants also experienced positive affect related to having choice, including feeling comfortable, calm, and having fun. Reflecting feeling calm, one participant stated, “The second activity [ETC], it was more something where like I got to choose what I wanted to do so it was more calm for me.” Noting a personal preference for having choice, particularly in relation to artmaking, one
participant said, “there are people who like to be told what to do and one’s who don’t, and I’m the latter. I don’t think that art should be decided for me.”

Subtheme—Self-Expression: Participant’s responses indicated they were more able to express themselves during the ETC assessment. In addition to expressing themselves through the art, verbal communication initiated by the participant was more common during the ETC intervention. Some participants voiced the ability to use color contributed to their self-expression, such as “The colors just show a lot more emotion.” The following quote connects ability to choose with self-expression:

“I felt like I was able to more truly express myself with the [ETC] activity where I had the choice of the content and the materials I could use because I don’t necessarily have to be good at drawing to be able to do like the collaging. But say if someone wasn’t confident in their drawing ability with the pencil, they probably would be very limited in what they could express. And so, I definitely feel like I was able to convey more with the ETC and almost dive deeper, instead of being more surface level and just, you know, very basic when it was directed content.”

Subtheme—Ability to Choose Safety: Participants expressed that having the freedom to choose the materials and content of the artwork allowed them to choose what felt safe for them. This theme is exemplified in the quotes below:

- “I came in rushing because I was late to the appointment, and I just chose safety. I chose what I was comfortable with doing, which actually did help me calm down and focus a bit more...I didn't even think about it, I went for safety.”

- “I could have created anything, but I think I decided to go in the safety zone and draw something that I'm very familiar with”
2. *Negative experiences with choice* during the ETC assessment were characterized by initial feelings of overwhelm associated with the open-ended nature of the prompt and wide range of art supplies to choose from.

- “The [ETC] was different, just in terms of not knowing what to draw and being a little lost and confused”
- “I'm used to always having like structure so I feel like the availability of like any color or all these options like is intimidating for some reason. So just having a lot of options is hard for me in the experience.”

3. *Positive experiences with lack of choice* during the HFD involved feeling like having structure, direction, and a clear end goal made the experience easier and more comfortable. The following quotes provide examples of this:

- “The [HFD] was a little easier just because you had a framework for a person, right? As opposed to, here you go, do what you want to do... having a direct instruction and parameters was I don't know if safer, but it was more comfortable.”
- “The [HFD] was less high stakes because there was a prompt and there were no choices. Yeah, and that kind of like containment sometimes helps because it's like it's clear what the task is.”

*Subtheme—Comfort with material and content:* Those who indicated comfort or familiarity with using pencil or drawing people had a more positive response to the directive nature of the HFD and indicated some level of safety within the HFD artmaking experience. For example, in describing why she chose the HFD as the intervention that felt safer, participant 20 stated, “…probably because you gave me the prompt and this is a very comfortable material. Everybody uses a pencil and paper...and I draw people a lot too. Yeah, drawing people and the material made me feel safe.” Additionally, comfort in
the content arose with participants who chose to draw someone they know during the HFD. Of the seven people who chose the HFD as the intervention that felt more psychologically safe, five of them drew someone who has personal meaning to them (a family member, a romantic partner, or themselves).

4. *Negative experience with the lack of choice* during the HFD related to feeling limited.

Feeling limited by the provided materials was expressed in the statement, “The [HFD] felt limited. Very limited. I still felt safe, but to a certain extent, that was about it. Like I said, just because of the pencil, like, I wanted to grab more things.” The limitations in the HFD also hindered self-expressed, impacting safety, as shown by the following quote:

> “Human figure, you know is pre-chosen. I didn't think of it at the time, but there is that like, you have to use this and you need to not do it this way, so it kind of does take away from my feelings of safety because I'm not free to express exactly who I am in any way I want during art or using art.”

5. *Initial Feelings vs. Feelings During the Process:* It is important to note positive and negative experiences with choice were not mutually exclusive, and a theme arose regarding their combination. The theme of initial versus process (feelings prior to or at the start of artmaking versus feelings during the artmaking process) reflected participants initially feeling overwhelmed by the choice during the ETC assessment and comfortable with the direction provided during the HFD; once artmaking was underway, participants had a more positive artmaking experience during the ETC afforded by the freedom and a less positive experience with the HFD due to feeling limited. The following quote exemplifies this theme:
“There’s definitely some safety initially with the things being chosen and directed. But again I think that’s some of the initial, like, okay, I know what’s going on. But then I think in the process of it then there was less safety, especially with the content, because then I felt questioning, like is this what the person is supposed to look like? Where it was a little scary with the open choice of content and materials, but then in the process, and at the end especially, felt way more safe.”

**Process vs. Product.** The second theme involved a focus on the artmaking process during the ETC, and on the other hand, a focus on the final art product during the HFD (see Figure 7). The following participant statement describes this phenomenon and provides a glimpse into the themes that will be explored:

“I feel like the pre-chosen, directed content definitely makes me more self-conscious because I’m more focused on the outcome than I am about the process. And I think that that could affect my psychological safety, just in the sense of being worried about being judged because I’m so focused on that outcome. And then again, having the freedom to create whatever I want with whatever materials, I was just so focused on what I was doing. I wasn’t really thinking about how it could be perceived, if it was good or bad, this or that, you know.”

*Figure 7*

*Focus on Process vs. Focus on Final Product*
The focus on process during the ETC was related to mindfulness and the experience of being in a flow state as exemplified by the statements: “I was like in flow and I could just—I felt like I could have been there all day, you know?” and “my head wasn't thinking about other things outside of what I'm doing right now.”

On the other hand, the focus on the final product during the HFD was associated with negative affect, such as stress, nervousness, and anxiety, and was found to be related to the subthemes of expectations and judgement, as described below.

Subtheme—Expectations: Providing instructions regarding the content of the artwork during the HFD created an expectation of what the final art product should look like, which negatively impacted the participants’ sense of psychological safety. The following quote provides an example of this subtheme:

“When you're being asked to do something specific, then it feels like there's expectations, there's the audience, and so wanting to meet those expectations and starting to have those insecurities and like questions that arise about, am I doing this right? like this is what you wanted? So, I think that starts playing in your head, so there's more anxiety, right, when there's instruction.”

Subtheme—Judgement: Focus on the final product also led to concern about being judged as exemplified in the quotes, “Maybe I feared like if I did bad, or like if it turned out badly, then maybe you would have judged me or something” and “The [HFD] was more about avoiding judgement and ridicule.” Some also expressed concern about their artwork being analyzed, and one participant explained how this impacted what they choose to share in the art as shown in the quote, “I feel like I'm going to be analyzed by the person I draw. You're going to
pick it apart...So I was kind of like being more selective and making choices about what I wanted to share, what I didn’t want to share.”

**Confidence.** The final theme that will be discussed regarding participants’ expressions about psychological safety in relation to the two interventions is confidence. Feelings of confidence contributed to feelings of psychological safety and stemmed from two sources: a confident attitude overall or artmaking skills.

Those who arrived to the study with confidence in themselves seemed to experience some level of psychological safety with both artmaking interventions and felt the interventions were more similar in terms of their feelings of psychological safety. This is illustrated by the statement, “I think I went into both activities with a positive mindset, like I'm gonna do the best I can kind of thing. So I took it seriously, but not so seriously that I'd be bummed with the result, right?”

More often, confidence was contingent on perceived artmaking skills, and this theme arose predominantly in relation to the HFD. Feeling as though they have artmaking skills increased confidence and sense of safety as shown in the quote, “for the [HFD], it was like a sense of safety in my skills...it gave me something that I’m really familiar with.” On the other hand, as illustrated by the following quotes, those who felt they didn’t have adequate artmaking skills experienced a lack of confidence in the artmaking process and lack of psychological safety.

- “I had confidence in completing the [ETC] that I did not have in the [HFD] because I just don’t have any experience or knowledge of that art.”
- “The [HFD] I did not feel safe in because I am not a very good person to draw people and so immediately I felt unsafe because I know that if I don't do something well, I don’t do it at all.”
**Questionnaire Results: Past Experiences**

After completing both interventions, as well as all measures and interviews, participants were asked to complete a questionnaire via Google Forms. This questionnaire aimed to gain information about how participants’ lived experiences, including trauma and discrimination, may impact their ability to feel safe with a new therapist. Participants were also asked if they had been to see a therapist before. Questions with categorical data will be shared first, followed by a thematic analysis of the questions with short-answer responses. Table 2 shows results of yes or no questions pertaining to trauma, discrimination, and past therapy experience.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had any experiences that you would consider traumatic?</td>
<td>90.6%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Have you experienced discrimination?</td>
<td>71.9%</td>
<td>28.1%</td>
</tr>
<tr>
<td>Have you been to see a therapist? (currently or in the past)</td>
<td>75%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Following the questions pertaining to trauma and discrimination stated in Table 2, participants were asked, “If you answered yes to either of the questions above, would your past experiences with trauma and/or discrimination impact your ability to feel psychologically/emotionally safe with a new therapist at the beginning of therapy? If yes, please explain.” Fifteen participants indicated yes in their response, eight indicated no, and nine provided nuanced responses that didn’t clearly indicate yes or no. Firstly, responses indicated that building a relationship with the therapist, including feelings of trust and safety, are important and necessary before feeling comfortable to open up. Additionally, the
therapist’s response was a factor, including concerns about being accepted, heard, taken seriously, and judged. Finally, characteristics of the therapist, including their “energy” or “aura,” and their expertise, also played a role in whether these past experiences impact safety with a new therapist.

Next, participants were asked, “have you had any other life experiences that may impact your ability to feel safe with a new therapist? If yes, please explain.” Thirteen participants said yes, sixteen participants said no, and 3 participants either did not respond or provided an answer that did not clearly indicate yes or no. Of the participants that responded with yes, majority of them stated negative past experiences with therapy as a factor that would impact their ability to feel safe with a new therapist.

**Participant Vignettes**

This section will describe qualitative data of two participants whose experiences were not fully captured by the thematic analysis. These examples allow for a wider range of experiences to be presented and exemplify how lived experiences can intertwine with the artmaking experience. One of these participants chose the HFD as the intervention that felt more psychologically safe and the other chose the ETC assessment as the safer intervention. These vignettes will be further discussed in the following chapter.

**Participant A.** Participant A was a Latino male between the ages of 25 and 34. He reported having no prior experience creating art but ranked his comfort level making art as a 4 out of 5. He chose the ETC assessment as the intervention that felt more psychologically safe and related his past lived experiences to his experiences with the two interventions. Participant
A grew up abroad in an impoverished and violent environment and reported experiencing significant trauma. He explained that in that environment he lacked safety, was limited emotionally and intellectually, lacked resources, and was never given the opportunity to learn how to make art or express himself using art. He expressed the HFD intervention reminded him of the environment in which he grew up, as exhibited by his statement, “I guess growing up where I grew up, you know in poverty and hyper-violent, there wasn’t really opportunity to express and to be free with your choices. So, it kind of reminds me of here [points to HFD].” He also used the word “pain” in describing his HFD experience a couple of times in the context of pain the would be embodied in my voice if I were to have a negative response to his artwork, as well as the possible utility of the HFD in learning to “work through that pain.”

In describing his experience with the ETC intervention, he related feeling initially overwhelmed by the wide range of art materials available for the ETC intervention to his childhood, stating, “I think for me not having a lot of opportunities in terms of just like resources, it was kind of overwhelming to kind of see all this stuff.” He also reported having a positive experience with the ETC intervention, stating that utilizing colors provided “a new world for me in a sense of expressing myself” and described his experience as “very meditative.” He described the sensory experience of feeling the chalk pastel in his hand, equating it to a weighted anxiety blanket. He described drawing geometric shapes during the ETC intervention, expressing he used to draw similar shapes as a kid; he equated this interest in geometric shapes to a desire for structure that he lacked in his childhood.

In regard to his choice of materials during the ETC, he explained, “when I do feel safe, there's the ability to go out of the comfort and kind of be in that discomfort,” which for him
meant choosing to use different colors. He also described making a conscious choice to use only chalk pastel (“one medium at a time”); he expressed, “what I’ve learned through safety, through my body, is that if I go too deep in then I’ll just overwhelm myself,” and he expressed that being able to “use whatever I want and feel safe” is “not the reality for now.” Participant A’s artwork can be seen in Figure 8 below.

*Figure 8*

*Participant A Artwork: HFD (left) and ETC (right)*

**Participant B.** Participant B was a Chinese female college student between the ages of 18 and 24. She reported an extensive prior level of experience with creating art and ranked her comfort level with making art as a 5 out of 5. She chose the HFD as the intervention that felt more psychologically safe, and she differed from other participants in that the reason for her choice largely seemed to surround negative affect that arose during the ETC intervention.

Acting as an example of a participant who drew someone meaningful to them during the HFD, she drew her boyfriend and expressed that he is someone “who will always bring me positivity” and makes her feel like “all the problems are solved.” On the other hand, in the ETC
intervention she created an abstract image with various colors, many of which represented stressors in her life. In her description of the artwork, she described stress related to family arguments about money and feeling pressure from her family related to her being the first in her family to go to college. In comparing the two interventions she stated, “the first one [HFD] is more safe to me but it’s not as in depth, it’s just the surface but the second one is more about what I deeply, truly feel inside.” She also expressed that during the HFD she felt she did not have to worry about things outside the activity, while during the ETC, thoughts and feelings arising about other aspects of her life made her feel “uncomfortable.” Congruently, in explaining why she chose the HFD as the intervention that felt more psychologically safe, she stated “I guess since I have so much happening, so I want myself to just step back from what’s happening and just have a short break or moment for myself, and to stay away from the problems.” Participant B’s artwork can be seen in Figure 9 below.

Figure 9
Participant B Artwork: HFD (left) and ETC (right)
Quantitative Data Results

Statistical analyses were completed using the following data: ABI scores (overall score and scores for four subscales), TPAS scores (overall score and three subscales), age, comfort level with artmaking, experience with artmaking, and choice of ETC or HFD as the intervention that felt more psychologically safe. The ABI measures the artmaking experience, with higher scores on the ABI indicating a more positive artmaking experience. The TPAS measured positive affect during the artmaking experience.

ETC vs HFD Comparison

Paired samples t-tests were used to compare scores on ABI and TPAS instruments after HFD and ETC interventions. The scores are summarized using mean and standard deviation. Results are presented in Table 3 below.

Table 3

Comparison of ETC vs HFD Outcomes, n = 32

<table>
<thead>
<tr>
<th></th>
<th>ETC intervention Mean ± SD</th>
<th>HFD intervention Mean ± SD</th>
<th>Difference Mean ± SD, effect size (Cohen’s d)</th>
<th>Paired-samples t-test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings and thoughts preceding the artistic process</td>
<td>5.96 ± 0.78</td>
<td>5.53 ± 0.92</td>
<td>0.43 ± 1.08, Cohen’s d = 0.40</td>
<td>t(31) = 2.24, p = 0.033</td>
</tr>
<tr>
<td>Feelings and thoughts during the artistic process</td>
<td>5.60 ± 0.87</td>
<td>4.73 ± 1.07</td>
<td>0.87 ± 1.29, Cohen’s d = 0.68</td>
<td>t(31) = 3.85, p &lt; 0.001</td>
</tr>
<tr>
<td>Attitude toward the artistic product</td>
<td>4.85 ± 1.20</td>
<td>3.72 ± 1.43</td>
<td>1.14 ± 1.71, Cohen’s d = 0.67</td>
<td>t(31) = 3.76, p &lt; 0.001</td>
</tr>
<tr>
<td>Attitude toward the materials</td>
<td>6.21 ± 0.70</td>
<td>4.87 ± 1.26</td>
<td>1.34 ± 1.47, Cohen’s d = 0.91</td>
<td>t(31) = 5.14, p &lt; 0.001</td>
</tr>
<tr>
<td>Total ABI score</td>
<td>5.64 ± 0.68</td>
<td>4.74 ± 1.00</td>
<td>0.90 ± 1.17, Cohen’s d = 0.77</td>
<td>t(31) = 4.36, p &lt; 0.001</td>
</tr>
</tbody>
</table>

TPAS
As can be seen in Table 3, statistically significant differences were found between ETC and HFD interventions on all ABI and TPAS scores, all p-values < 0.05. After the ETC intervention, participants reported significantly higher scores than after the HFD intervention, with effect size ranging from $d = 0.40$ (medium) to $d = 0.91$ (large). The smallest effect size (smallest difference between ETC and HFD) was observed in ABI feelings and thoughts preceding the artistic process. The largest effect size (largest difference between ETC and HFD) was observed in ABI attitude toward the materials.

**Correlation Analysis: ABI with TPAS**

Pearson correlation analyses were performed to examine associations between ABI and TPAS scores after ETC and HFD interventions. Results are presented in Table 4 below.
Correlation Coefficients Between ABI and TPAS Scores, $n = 32$

<table>
<thead>
<tr>
<th>ABI scales</th>
<th>TPAS scales</th>
<th>ETC intervention</th>
<th>HFD intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Activated positive affect</td>
<td>Relaxed positive affect</td>
<td>Safe/content positive affect</td>
</tr>
<tr>
<td>Feelings and thoughts</td>
<td>r(32) = 0.25, p = 0.161</td>
<td>r(32) = 0.25, p = 0.172</td>
<td>p &lt; 0.001, p = 0.018</td>
</tr>
<tr>
<td>preceded the artistic process</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings and thoughts during</td>
<td>r(32) = 0.30, p = 0.166</td>
<td>r(32) = 0.25, p = 0.166</td>
<td>p = 0.008, p = 0.026</td>
</tr>
<tr>
<td>the artistic process</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude toward the artistic</td>
<td>r(32) = 0.21, p = 0.246</td>
<td>r(32) = 0.14, p = 0.430</td>
<td>p = 0.117, p = 0.163</td>
</tr>
<tr>
<td>product</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude toward the materials</td>
<td>r(32) = 0.24, p = 0.182</td>
<td>r(32) = 0.08, p = 0.681</td>
<td>p = 0.864, p = 0.335</td>
</tr>
<tr>
<td>Total ABI score</td>
<td>r(32) = 0.35, p = 0.052</td>
<td>r(32) = 0.27, p = 0.135</td>
<td>p = 0.002, p = 0.011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings and thoughts</td>
<td>r(32) = 0.44, p = 0.012</td>
<td>r(32) = 0.49, p = 0.004</td>
<td>p = 0.006, p = 0.001</td>
</tr>
<tr>
<td>preceded the artistic process</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings and thoughts during</td>
<td>r(32) = 0.50, p = 0.285</td>
<td>r(32) = 0.62, p &lt; 0.001</td>
<td>p &lt; 0.001, p &lt; 0.001</td>
</tr>
<tr>
<td>the artistic process</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude toward the artistic</td>
<td>r(32) = 0.44, p = 0.011</td>
<td>r(32) = 0.49, p = 0.004</td>
<td>p = 0.002, p &lt; 0.001</td>
</tr>
<tr>
<td>product</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude toward the materials</td>
<td>r(32) = 0.19, p = 0.005</td>
<td>r(32) = 0.54, p &lt; 0.001</td>
<td>p &lt; 0.001, p = 0.028</td>
</tr>
<tr>
<td>Total ABI score</td>
<td>r(32) = 0.48, p = 0.005</td>
<td>r(32) = 0.63, p &lt; 0.001</td>
<td>p &lt; 0.001, p &lt; 0.001</td>
</tr>
</tbody>
</table>

All correlations were positive ranging between $r = 0.03$ and $0.66$. After the ETC intervention, significant correlations were found between TPAS safe/content positive affect, Total TPAS scores and three ABI scales. After the HFD intervention, almost all (18 out of 20) correlations were statistically significant between ABI and TPAS scales (including TPAS total score).
Subgroup Analysis: Age

Independent samples t-tests were used to compare ABI and TPAS scores between subgroups based on participants’ age (18-34 vs 35-84). Results are summarized in Table 5.

Table 5
Comparison Between Age Subgroups

<table>
<thead>
<tr>
<th></th>
<th>Age group</th>
<th>Independent samples t-test results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age 18-34</td>
<td>Age 35-84</td>
</tr>
<tr>
<td></td>
<td>(n = 18)</td>
<td>(n = 14)</td>
</tr>
<tr>
<td>Mean ± SD</td>
<td>Mean ± SD</td>
<td></td>
</tr>
<tr>
<td>ETC intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings and thoughts</td>
<td>5.68 ± 0.91</td>
<td>6.31 ± 0.38</td>
</tr>
<tr>
<td>preceding the artistic</td>
<td></td>
<td>t(24.1) = 2.63^a, p = 0.015</td>
</tr>
<tr>
<td>process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings and thoughts</td>
<td>5.45 ± 0.91</td>
<td>5.80 ± 0.80</td>
</tr>
<tr>
<td>during the artistic</td>
<td></td>
<td>t(30) = 1.12, p = 0.271</td>
</tr>
<tr>
<td>process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude toward the</td>
<td>4.70 ± 1.41</td>
<td>5.05 ± 0.89</td>
</tr>
<tr>
<td>artistic product</td>
<td></td>
<td>t(30) = 0.80, p = 0.431</td>
</tr>
<tr>
<td>Attitude toward the</td>
<td>6.17 ± 0.59</td>
<td>6.26 ± 0.85</td>
</tr>
<tr>
<td>materials</td>
<td></td>
<td>t(30) = 0.38, p = 0.711</td>
</tr>
<tr>
<td>Total ABI score</td>
<td>5.49 ± 0.72</td>
<td>5.84 ± 0.59</td>
</tr>
<tr>
<td>TPAS</td>
<td></td>
<td>t(30) = 1.50, p = 0.143</td>
</tr>
<tr>
<td>Activated positive affect</td>
<td>25.28 ± 5.64</td>
<td>23.50 ± 6.49</td>
</tr>
<tr>
<td>Relaxed positive affect</td>
<td>18.50 ± 4.53</td>
<td>16.57 ± 4.47</td>
</tr>
<tr>
<td>Safe/content positive</td>
<td>12.83 ± 3.17</td>
<td>14.00 ± 1.96</td>
</tr>
<tr>
<td>affect</td>
<td></td>
<td>t(28.8) = 1.28^a, p = 0.211</td>
</tr>
<tr>
<td>TPAS total score</td>
<td>56.61 ± 12.17</td>
<td>54.07 ± 8.60</td>
</tr>
<tr>
<td>HFD intervention</td>
<td></td>
<td>t(30) = 0.66, p = 0.513</td>
</tr>
<tr>
<td>ABI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings and thoughts</td>
<td>5.75 ± 0.86</td>
<td>5.24 ± 0.93</td>
</tr>
<tr>
<td>preceding the artistic</td>
<td></td>
<td>t(30) = 1.57, p = 0.126</td>
</tr>
<tr>
<td>process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings and thoughts</td>
<td>4.95 ± 1.08</td>
<td>4.44 ± 1.02</td>
</tr>
<tr>
<td>during the artistic</td>
<td></td>
<td>t(30) = 1.36, p = 0.183</td>
</tr>
<tr>
<td>process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude toward the</td>
<td>4.09 ± 1.47</td>
<td>3.24 ± 1.25</td>
</tr>
<tr>
<td>artistic product</td>
<td></td>
<td>t(30) = 1.74, p = 0.093</td>
</tr>
<tr>
<td>Attitude toward the</td>
<td>5.17 ± 0.95</td>
<td>4.49 ± 1.52</td>
</tr>
<tr>
<td>materials</td>
<td></td>
<td>t(20.7) = 1.46^a, p = 0.158</td>
</tr>
<tr>
<td>Total ABI score</td>
<td>4.99 ± 0.96</td>
<td>4.41 ± 1.00</td>
</tr>
<tr>
<td>TPAS</td>
<td></td>
<td>t(30) = 1.68, p = 0.103</td>
</tr>
<tr>
<td>Activated positive affect</td>
<td>21.33 ± 5.74</td>
<td>17.86 ± 7.29</td>
</tr>
<tr>
<td>Relaxed positive affect</td>
<td>16.50 ± 4.90</td>
<td>13.07 ± 4.27</td>
</tr>
<tr>
<td>Safe/content positive</td>
<td>11.50 ± 3.31</td>
<td>10.93 ± 3.93</td>
</tr>
<tr>
<td>affect</td>
<td></td>
<td>t(30) = 0.45, p = 0.659</td>
</tr>
<tr>
<td>TPAS total score</td>
<td>49.33 ± 11.70</td>
<td>41.86 ± 12.97</td>
</tr>
<tr>
<td></td>
<td></td>
<td>t(30) = 1.71, p = 0.098</td>
</tr>
</tbody>
</table>

Note: SD = standard deviation; ^a unequal variances t-test (Welch t-test)
With the ETC intervention, younger participants (18-34) reported significantly lower ABI feelings and thoughts preceding the artistic process scores compared to older participants (35-84), \( p = 0.015 \). ABI scores were in general lower for younger participants. With the HFD intervention, significantly higher TPAS relaxed positive affect scores was found with younger participants (18-34) compared to older participants (35-84), \( p = 0.047 \). ABI scores are in general higher for younger participants.

**Subgroup Analysis: Artmaking Experience**

Independent samples \( t \)-tests were used to compare ABI and TPAS scores between subgroups based on participants’ prior level of experience with creating art (low vs high). Participants who responded “little” or “none” to the question, “what is your prior level of experience with creating art?” were placed in the low experience category; participants who responded “some” or “extensive” were placed in the high experience category. Results are summarized in Table 6.

**Table 6**

*Comparison Between Artmaking Experience Levels*

<table>
<thead>
<tr>
<th>Prior level of experience with creating art</th>
<th>Independent samples t-test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (n = 12) Mean ± SD</td>
<td>High (n = 20) Mean ± SD</td>
</tr>
<tr>
<td><strong>ETC intervention</strong></td>
<td></td>
</tr>
<tr>
<td>ABI</td>
<td></td>
</tr>
<tr>
<td>Feelings and thoughts preceding the artistic process</td>
<td>5.90 ± 1.01</td>
</tr>
<tr>
<td>Feelings and thoughts during the artistic process</td>
<td>5.15 ± 1.07</td>
</tr>
<tr>
<td>Attitude toward the artistic product</td>
<td>4.76 ± 1.50</td>
</tr>
<tr>
<td>Attitude toward the materials</td>
<td>6.19 ± 0.69</td>
</tr>
<tr>
<td>Total ABI score</td>
<td>5.38 ± 0.86</td>
</tr>
<tr>
<td><strong>TPAS</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prior level of experience with creating art

<table>
<thead>
<tr>
<th></th>
<th>Low (n = 12) Mean ± SD</th>
<th>High (n = 20) Mean ± SD</th>
<th>Independent samples t-test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activated positive affect</td>
<td>23.83 ± 6.12</td>
<td>24.90 ± 6.04</td>
<td>t(30) = 0.48, p = 0.634</td>
</tr>
<tr>
<td>Relaxed positive affect</td>
<td>17.17 ± 4.97</td>
<td>17.95 ± 4.36</td>
<td>t(30) = 0.47, p = 0.644</td>
</tr>
<tr>
<td>Safe/content positive affect</td>
<td>12.58 ± 3.33</td>
<td>13.80 ± 2.09</td>
<td>t(15.7) = 1.09⁸, p = 0.294</td>
</tr>
<tr>
<td>TPAS total score</td>
<td>53.58 ± 13.04</td>
<td>56.65 ± 9.14</td>
<td>t(30) = 0.78, p = 0.440</td>
</tr>
</tbody>
</table>

HFD intervention

ABI

<table>
<thead>
<tr>
<th></th>
<th>Low (n = 12) Mean ± SD</th>
<th>High (n = 20) Mean ± SD</th>
<th>Independent samples t-test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings and thoughts preceding the artistic process</td>
<td>5.55 ± 0.99</td>
<td>5.51 ± 0.90</td>
<td>t(30) = 0.10, p = 0.923</td>
</tr>
<tr>
<td>Feelings and thoughts during the artistic process</td>
<td>4.61 ± 1.08</td>
<td>4.79 ± 1.08</td>
<td>t(30) = 0.46, p = 0.652</td>
</tr>
<tr>
<td>Attitude toward the artistic product</td>
<td>3.46 ± 1.48</td>
<td>3.88 ± 1.41</td>
<td>t(30) = 0.80, p = 0.432</td>
</tr>
<tr>
<td>Attitude toward the materials</td>
<td>5.04 ± 0.86</td>
<td>4.77 ± 1.46</td>
<td>t(30) = 0.67⁸, p = 0.507</td>
</tr>
<tr>
<td>Total ABI score</td>
<td>4.67 ± 0.95</td>
<td>4.78 ± 1.06</td>
<td>t(30) = 0.30, p = 0.767</td>
</tr>
</tbody>
</table>

TPAS

<table>
<thead>
<tr>
<th></th>
<th>Low (n = 12) Mean ± SD</th>
<th>High (n = 20) Mean ± SD</th>
<th>Independent samples t-test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activated positive affect</td>
<td>20.75 ± 6.11</td>
<td>19.25 ± 6.96</td>
<td>t(30) = 0.62, p = 0.542</td>
</tr>
<tr>
<td>Relaxed positive affect</td>
<td>16.33 ± 4.94</td>
<td>14.20 ± 4.79</td>
<td>t(30) = 1.21, p = 0.237</td>
</tr>
<tr>
<td>Safe/content positive affect</td>
<td>11.33 ± 3.68</td>
<td>11.20 ± 3.56</td>
<td>t(30) = 0.10, p = 0.920</td>
</tr>
<tr>
<td>TPAS total score</td>
<td>48.42 ± 12.49</td>
<td>44.65 ± 12.84</td>
<td>t(30) = 0.81, p = 0.424</td>
</tr>
</tbody>
</table>

Note: SD = standard deviation; ⁸ unequal variances t-test (Welch t-test)

With the ETC intervention, participants with high levels of experience reported slightly higher ABI and TPAS scores compared to low level of experience, with ABI feelings and thoughts during the artistic process reaching statistical significance (p = 0.049). With HFD intervention, no significant differences were found between levels of experience.

Subgroup Analysis: Comfort Making Art

In the demographic questionnaire, participants were asked, “how comfortable are you making art?” and ranked their answers on a Likert-scale from 1 (not at all comfortable) to 5 (extremely comfortable). Those who responded with a 1 or 2 were placed in the low comfort with art category. Those who responded with a 4 or 5 were placed in the high comfort with art
category. Two participants responded with a 3 and were placed in a category based on their response to the previous demographic question regarding their prior level of experience with creating art; if they answered with little or none to the art experience question, they were placed in the low comfort level category, and if they answered some or extensive to the art experience question, they were placed in the high comfort level category. Independent samples t-tests were used to compare ABI and TPAS scores between subgroups based on participants’ level of comfort with making art (low vs high). Results are summarized in Table 7.

Table 7
Comparison Between Artmaking Comfort Levels

<table>
<thead>
<tr>
<th></th>
<th>Level of comfort with making art</th>
<th>Independent samples t-test results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low (n = 10) Mean ± SD</td>
<td>High (n = 22) Mean ± SD</td>
</tr>
<tr>
<td><strong>ETC intervention</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings and thoughts preceding the artistic process</td>
<td>5.84 ± 1.05</td>
<td>6.01 ± 0.65</td>
</tr>
<tr>
<td>Feelings and thoughts during the artistic process</td>
<td>4.83 ± 0.87</td>
<td>5.95 ± 0.61</td>
</tr>
<tr>
<td>Attitude toward the artistic product</td>
<td>4.47 ± 1.57</td>
<td>5.03 ± 0.99</td>
</tr>
<tr>
<td>Attitude toward the materials</td>
<td>6.05 ± 0.69</td>
<td>6.28 ± 0.71</td>
</tr>
<tr>
<td>Total ABI score</td>
<td>5.13 ± 0.75</td>
<td>5.87 ± 0.50</td>
</tr>
<tr>
<td><strong>TPAS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activated positive affect</td>
<td>23.20 ± 6.12</td>
<td>25.09 ± 5.98</td>
</tr>
<tr>
<td>Relaxed positive affect</td>
<td>16.00 ± 4.57</td>
<td>18.41 ± 4.41</td>
</tr>
<tr>
<td>Safe/content positive affect</td>
<td>11.60 ± 3.31</td>
<td>14.14 ± 2.05</td>
</tr>
<tr>
<td>TPAS total score</td>
<td>50.80 ± 12.50</td>
<td>57.64 ± 9.26</td>
</tr>
<tr>
<td><strong>HFD intervention</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings and thoughts preceding the artistic process</td>
<td>5.49 ± 0.93</td>
<td>5.55 ± 0.93</td>
</tr>
</tbody>
</table>
Feelings and thoughts during the artistic process & 4.29 ± 0.71 & 4.93 ± 1.15 & t(26.8) = 1.92, p = 0.066  
Attitude toward the artistic product & 3.03 ± 1.21 & 4.03 ± 1.43 & t(30) = 1.91, p = 0.066  
Attitude toward the materials & 4.73 ± 1.40 & 4.93 ± 1.22 & t(30) = 0.41, p = 0.686  
Total ABI score & 4.37 ± 0.79 & 4.90 ± 1.06 & t(30) = 1.40, p = 0.171  

| TPAS                          | Activated positive affect & 21.80 ± 6.39 & 18.91 ± 6.63 & t(30) = 1.16, p = 0.257  
Relaxed positive affect & 15.30 ± 5.17 & 14.86 ± 4.86 & t(30) = 0.23, p = 0.819  
Safe/content positive affect & 11.40 ± 3.31 & 11.18 ± 3.72 & t(30) = 0.16, p = 0.875  
TPAS total score & 48.50 ± 12.64 & 44.95 ± 12.78 & t(30) = 0.73, p = 0.471  

Note: SD = standard deviation; * unequal variances t-test (Welch t-test)

With the ETC intervention, participants with high level of comfort reported higher ABI and TPAS scores compared to low level of comfort, with ABI feelings and thoughts during the artistic process, ABI total score and TPAS safe/content positive affect reaching the level of statistical significance ($p < 0.001$, $p = 0.013$ and $p = 0.045$ respectively). With the HFD intervention, no significant differences were found between levels of comfort. ABI scores were slightly higher for participants with high comfort level compared to low comfort level.

**Subgroup Analysis: Intervention that Felt Safer**

A comparison between ETC and HFD intervention scores was performed within each subgroup (those who selected HFD as the safer intervention and those who selected ETC as the safer intervention). Results including paired-samples t-tests are presented in Table 8 below.
### Table 8
Comparison Between Safer Choice Subgroups

<table>
<thead>
<tr>
<th>Subgroup that identified HFD as a safer intervention (n = 7)</th>
<th>Intervention scores</th>
<th>Paired-samples t-test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABI</td>
<td>ETC Mean ± SD</td>
<td>HFD Mean ± SD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings and thoughts preceding the artistic process</td>
<td>5.82 ± 0.79</td>
<td>6.12 ± 0.66</td>
</tr>
<tr>
<td>Feelings and thoughts during the artistic process</td>
<td>5.60 ± 0.58</td>
<td>5.88 ± 0.67</td>
</tr>
<tr>
<td>Attitude toward the artistic product</td>
<td>4.48 ± 1.59</td>
<td>5.36 ± 0.77</td>
</tr>
<tr>
<td>Attitude toward the materials</td>
<td>6.17 ± 1.08</td>
<td>5.74 ± 0.87</td>
</tr>
<tr>
<td>Total ABI score</td>
<td>5.56 ± 0.54</td>
<td>5.82 ± 0.50</td>
</tr>
<tr>
<td>TPAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activated positive affect</td>
<td>24.29 ± 6.70</td>
<td>22.43 ± 6.02</td>
</tr>
<tr>
<td>Relaxed positive affect</td>
<td>18.71 ± 2.98</td>
<td>20.57 ± 3.69</td>
</tr>
<tr>
<td>Safe/content positive affect</td>
<td>13.57 ± 2.64</td>
<td>14.43 ± 1.72</td>
</tr>
<tr>
<td>TPAS total score</td>
<td>56.57 ± 7.81</td>
<td>57.43 ± 6.73</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subgroup that identified ETC as a safer intervention (n = 23)</th>
<th>Intervention scores</th>
<th>Paired-samples t-test results</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABI</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings and thoughts preceding the artistic process</td>
<td>6.01 ± 0.82</td>
<td>5.37 ± 0.94</td>
</tr>
<tr>
<td>Feelings and thoughts during the artistic process</td>
<td>5.55 ± 0.95</td>
<td>4.36 ± 0.94</td>
</tr>
<tr>
<td>Attitude toward the artistic product</td>
<td>4.93 ± 1.11</td>
<td>3.19 ± 1.24</td>
</tr>
<tr>
<td>Attitude toward the materials</td>
<td>6.22 ± 0.58</td>
<td>4.64 ± 1.25</td>
</tr>
<tr>
<td>Total ABI score</td>
<td>5.64 ± 0.73</td>
<td>4.40 ± 0.91</td>
</tr>
<tr>
<td>TPAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activated positive affect</td>
<td>24.43 ± 5.91</td>
<td>18.91 ± 6.84</td>
</tr>
<tr>
<td>Relaxed positive affect</td>
<td>17.22 ± 4.94</td>
<td>13.52 ± 4.07</td>
</tr>
<tr>
<td>Safe/content positive affect</td>
<td>13.35 ± 2.72</td>
<td>10.30 ± 3.36</td>
</tr>
<tr>
<td>TPAS total score</td>
<td>55.00 ± 11.23</td>
<td>42.74 ± 12.63</td>
</tr>
</tbody>
</table>

Note: SD = standard deviation

Among participants (n=7) who selected the HFD as the intervention that felt more psychologically safe, there was no statistically significant difference between ETC and HFD for
all ABI and TPAS scores (all $p > 0.05$). Most ETC scores were slightly lower than HFD scores, but no differences were statistically significant. Among participants (n=23) who selected the ETC assessment as the safer intervention, differences between ETC and HFD were statistically significant for all ABI and TPAS scores (all $p < 0.05$). All differences show ETC scores being higher than HFD scores.

**Summary of Results**

This section will provide a summary of the key findings of the study. Overall, both qualitative and quantitative data indicate participants had a more positive experience with the ETC intervention and felt more psychologically safe during the ETC intervention as compared to the HFD intervention, supporting the hypothesis. Regardless of this overarching finding, participants expressed nuanced qualitative answers that provided information about aspects of both interventions that may reduce feelings of safety or promote safety.

Regarding the interviews that occurred after each art intervention, which aimed to gain an understanding of participants’ experiences with the interventions, the key findings were as follows. In terms of artwork content, participants were slightly more likely to depict personal content during the ETC, and among those whose artwork contained personal content, the level of meaning was deeper and more personal in the ETC than the HFD. Regarding their experience with the artmaking process, in the ETC group, mixed affect was reported, characterized by both calm affect and overwhelmed affect. During the HFD, critique of art skills and final art product was prominent. In terms of feelings about art materials, feelings were positive during the ETC, while mixed feelings arose about the HFD materials (pencil, eraser, and paper), reflecting feeling that the materials were limiting but also familiar.
In defining psychological safety, participants expressed that psychological safety meant feeling able to express themselves or an openness to sharing, lack of concern or fear of others responding to them in a negative or judgmental way, and feeling as though the can be their true or authentic self. In discussing the two interventions within the therapy context, a preference for ETC assessment arose; participants indicated that having the ability to make choices and feeling that they could express themselves helped to build the therapeutic relationship and sense of safety within the relationship.

When asked which intervention felt more psychologically safe, about 75% of participants chose the ETC intervention. Overall, the following key findings from the interview questions that asked participants to compare their experience with the two interventions in terms of feelings of safety support this, but participants’ responses also held some nuance in terms of reasons why each intervention may feel more or less safe. Firstly, participants had mixed responses to the freedom to choose content and materials in ETC and the lack of choice, or the direction provided, in the HFD. An overarching theme was that participants felt initial comfort with direction and overwhelm with choices, then after initial choices were made and during the artmaking process, a preference for the ETC intervention arose due to the freedom and ability to express themselves. Secondly, in the ETC, there was a focus on the artmaking process, which fostered feelings of mindfulness. On the other hand, during the HFD, there was a focus on the final art product, which led to feelings of anxiety, feeling the pressure of expectations, and concerns about being judged. Finally, coming into the experience with an overall level of self-confidence, increased sense of safety during the interventions overall, while confidence was negatively impacted by concerns about artistic skill during the HFD, decreasing
feelings of safety. In responding to a questionnaire about the impact of past lived experiences, participants indicated trauma, discrimination, and negative previous experiences with therapy may influence their ability to feel safe with a new therapist.

Quantitative data supported the qualitative findings shared above. Overall, all scores for the ABI, which measured positive thoughts and feelings about the artmaking experience, and the TPAS, which measured positive affect during artmaking, were significantly higher for the ETC intervention. In correlating ABI and TPAS scores, for the ETC intervention, safe/content positive affect was the only TPAS subscale to have significant positive correlations with the ABI. For the HFD, almost all (18 out of 20) correlations are statistically significant between ABI and TPAS scales and total scores. In comparing responses to being asked which intervention felt more psychologically safe, the group that chose the ETC intervention as safer scored the ETC significantly higher on all ABI and TPAS scales. On the other hand, in the group that chose the HFD as feeling safer, there were no significant differences in scores.
Chapter 5

Discussion

This chapter will begin by restating the purpose of this research, the research questions and hypothesis, and the methodology used. Next, strengths of the research and research weaknesses, including threats to validity and limitations, will be presented. Then, qualitative and quantitative key findings will be integrated into a discussion structured around the research questions, followed by a discussion of the results in the context of current literature. Finally, implications for clinical practice and suggestions for future research will be discussed.

This research aimed to address the issue of how clients experience psychological safety at the start of therapy with a new therapist. Further, the study explored how variations in the assessment process intersect with the formation of the therapeutic alliance. As the therapeutic alliance itself would have been difficult to measure within the context of this study, psychological safety was identified via research on attachment theory as a key factor impacting the therapeutic relationship. So, this research aimed to measure participants’ sense of psychological safety in response to two different assessments. Additionally, this research aimed to learn about the participants' artmaking experience with the two assessments to understand what aspects of the artmaking contributed to or hindered psychological safety. This research addressed the following research questions (RQ) and hypothesis:

RQ 1: How do participants describe their artmaking experiences with the HFD assessment compared to the ETC assessment?

RQ 2: How do participants describe their experience of psychological safety during the HFD assessment compared to the ETC assessment?
**RQ 3:** How do aspects of the artmaking experience—such as attitude toward art materials and artmaking process—relate to the participants’ sense of psychological safety?

**Hypothesis:** Participants will have a more positive artmaking experience and report greater sense of psychological safety during the ETC assessment compared to the HFD assessment.

These research questions were addressed and the hypothesis was tested using a repeated measures, mixed-methods study comparing two art-based assessments: the Human Figure Drawing (HFD) assessment and the Expressive Therapies Continuum (ETC) assessment. Key differences between these two assessments include being given instructions/directed content for the HFD (draw a person) while being given a completely open-ended prompt during the ETC (create something), as well as being given specific materials to use for the HFD (pencil, eraser, and paper) while being given access to a wide range of art media for the ETC (see Appendix F). Quantitative data was gathered using the Art-Based Intervention (ABI; Appendix H) questionnaire and an adapted version of the Types of Positive Affect Scale (TPAS; Appendix I). Qualitative data was gathered via semi-structured interviews and short-answer questions (Appendix G; Appendix J).

**Research Strengths**

To mitigate biases and threats to validity, a repeated-measures design was chosen. This allowed participants to serve as their own control, reducing error variance and possible variability in results due to individual differences. Further, order effects and carryover effects were reduced through counterbalancing; via stratified random sampling, the order in which participants experienced the ETC and HFD interventions was randomly chosen so that 50% experienced the ETC first and 50% experienced the HFD first. The order in which the ABI and TPAS measures were administered was randomly chosen in the same fashion. Another choice
made in the design of the study which aimed to reduce bias was to not tell participants that sense of safety was a factor being studied until both interventions were experienced and measures following each intervention were complete. This was important as knowing the research was looking at safety may have impacted the participants’ artmaking and reports of their artmaking experience. I was able to obtain general reports of participants’ experiences with the artmaking, uninfluenced by the idea of psychological safety.

The mixed-methods aspect of the research design was also a strength as qualitative and quantitative data could support and validate each other or provide support in areas of weakness. For example, while the TPAS measure may have lacked strength, particularly in its ability to measure safety, the qualitative interviews provided meaningful data about psychological safety. The qualitative data added to and deepened the meaning of the quantitative results; for example, the qualitative data was able to explain that the smallest effect size being found in the feelings and thoughts preceding the artistic process was likely due to initial overwhelm with the open-ended nature of the ETC and comfort with the initial structure of the HFD.

This research also holds strength as it contributes to filling a deficit in art therapy research looking at the intersection of art-based assessment and therapeutic alliance, and it is the first art therapy study to look at psychological safety. Also, while the research pertained to art therapy assessments, the focus on the artmaking experience allows the results to have implications reaching beyond the initial phase of therapy and the art interventions chosen for the study. This research asserts psychological safety is an important construct to look at in relation to the initial phase of therapy, but it remains an area of importance throughout
treatment. Additionally, results pertaining to artmaking experience in general (e.g. attitude toward art materials, feelings and thoughts preceding and during artmaking) and various types of positive affect broaden the study’s possible implications. Finally, this study’s use of an assessment prominent in clinical psychology may provide useful information to non-art therapist psychologists who use human figure drawing (HFD) assessments.

**Possible Research Weaknesses**

**Threats to Validity**

The first threat to validity surrounds my use of the TPAS measure. The original wording of the TPAS instructions aimed to gather trait information about “the degree to which you commonly experience these feelings” and asked participants to “rate how characteristic these feelings are of you” (Gilbert, 2008). With Dr. Gilbert’s permission, I adapted the instructions to gather state information about “how characteristic these feelings were of you during the art activity you just experienced.” While the instructions specified the aim of learning about feelings experienced during the artmaking, either end of the Likert scale remained the same (“not characteristic of me” and “very characteristic of me”). A couple participants toward the beginning of the study expressed confusion about what the measure was asking, and it is possible there were others who did not voice their confusion. To add clarity for participants, I began stating my adapted instructions out loud when providing the questionnaire to participants. Despite this attempt to clarify the instructions, some participants may have been confused by the measure, possibly assuming it was measuring the affect words as a personal trait rather than a temporary state occurring during artmaking. This possible confusion could have compromised the internal validity of my results, thus limiting the validity of conclusions.
drawn pertaining to relationships with the TPAS measure, including the safe/content positive affect scale, which was of particular importance to this study. Notably, TPAS scores were found to be significantly different between the two interventions, indicating enough participants may have understood the instructions for the data to be valid and statistically significant.

Secondly, external validity may have been weakened by characteristics of my sample that could limit generalizability. Firstly, gender was the demographic factor with the most notable divergence from the general population, with roughly 78% of the study sample being female. This limits the ability to generalize results to the general population. Additionally, while the ethnicity demographics of the study may allow for generalizability to the population in California, applicability to the general population of United States or globally may be limited. Finally, while information regarding field of employment was not collected in the demographics survey, roughly 1/3 of the study sample reported working at an agency which provides educational, preventative, and mental health services to the local school district. While not all who work at the agency are mental health providers, their view of mental-health-related topics may differ from the wider population. This may be related to the study’s sample possibly being more likely to have seen a therapist than the general population; 75% of study participants reported having seen a therapist (in the past or currently), while data from the 2019 National Health Interview Survey indicates about 20% of U.S. adults have seen a therapist in the past 12 months. While the present study asked about lifetime use of therapy and this statistic reflects therapy in the past 12 months, this may indicate a disparity between the sample and the general population, limiting generalizability. Additionally, the prevalence of trauma in the sample may be slightly higher than the general population, which is particularly important to
consider given psychological safety is the focus of this study. While 90.6% of this study’s sample said “yes” in response to the question, “Have you had any experiences that you would consider traumatic,” results from the World Mental Health Survey Consortium found an 82.7% prevalence of exposure to any traumatic event in the U.S. population (Benjet et al., 2016).

Finally, it is unknown how the information gathered pertaining to prior level of experience with artmaking and comfort level with artmaking fits with the general population. Prior level of artmaking experience seemed to be quite diverse in this study’s sample, which may fit the general population; but roughly 44% of participants ranked their comfort level making art as a 5 (on a 1-5 Likert scale) which may be higher than the general adult population. Notably, comfort level making art is a very subjective measure, so it would be difficult to hypothesize this in the general population without explicit data.

Limitations

In discussing the limitations of the present study, it is first important to address the topic of therapeutic alliance. While I assert the results of this study have implications for the therapeutic alliance, it is important to note the therapeutic alliance was not directly measured. The short time span and non-clinical context of this research would not have allowed for the therapeutic alliance to be adequately measured; thus, psychological safety was chosen as an aspect of the alliance which can measured within the context of this study. The quantitative measurement of psychological safety was limited due to the TPAS measure containing just 4 words to represent safety, as well as the possible issues with validity discussed above; the measurement of psychological safety thus leans heavily on qualitative data. It is also vital to note that though this discussion implies that a positive artmaking experience fosters
psychological safety, causation cannot be proven. While the strengths of this study’s design and the qualitative accounts from participants make it seem likely that the artmaking experience was what impacted safety, it is possible that participants felt more or less safe for some other reason, and that safety then influenced the artmaking experience. It is also likely the relationship between safety and artmaking was reciprocal, meaning that if the artmaking experience increased feelings of safety, the perceived increased safety then contributed to a more positive artmaking experience.

The research context and my role as a researcher limited the ability to apply this research to clinical therapy contexts as the environment (small conference rooms) differed from how the environment of a therapist's office may feel. My behaviors as a researcher also differed from how a therapist would act; I sat silently and observed during their artmaking, and the way I communicated with participants was limited by the research framework. Additionally, the interventions used in the study may not be representative of the art-based assessments used by art therapists; literature suggests the HFD is mainly used by psychologists, and there is a lack of research pertaining to the use of the ETC assessment. Thus, applicability to clinical work in art therapy will rely on elements of the artmaking experiences, rather than the specific instructions of the two assessments. Finally, due to the alternation of the TPAS instructions, results cannot be related to other studies using the TPAS.

Discussion of Key Findings

This section will integrate qualitative and quantitative data in discussing the study’s results. The framework of the discussion will follow the three research questions stated above. Prior to delving into this discussion, it is important to state that the research hypothesis was
supported; findings indicated participants did have a more positive artmaking experience and experienced a greater sense of psychological safety during the ETC assessment compared to the HFD assessment. The following discussion will provide context and support for this finding.

**Artmaking Experience**

The first research question sought to understand the participants’ artmaking experience with the two art-based assessment interventions. Prompts about their artwork, their process and experience making the artwork, and their experience with the art materials were posed to participants after each intervention; as these interviews occurred prior to the topic of psychological safety being brought up, those responses reflected solely their experience with the artmaking. Quantitative findings involving the *safe/content positive affect* scale will be discussed later in this chapter when psychological safety is discussed. As this research question focuses on the experience, discussions about the content of the artwork will also be addressed later in the chapter. Following discussions of the participants’ experiences with the HFD and ETC, the impact of prior experience and comfort level creating art will be discussed in this section.

Overall, both the qualitative and quantitative data indicate participants had a more positive artmaking experience with the ETC assessment. Regarding overarching quantitative results, scores for the ABI and TPAS total scores and scores for all subscales were significantly higher for the ETC. In discussing qualitative data, the nuances of interview responses will be discussed alongside evidence for the ETC preference.

**HFD.** In the interview following the HFD assessment, some positive sentiments regarding the art materials were expressed reflecting the feeling that the pencil, eraser, and paper were
familiar and comfortable materials. This finding makes sense as these materials are readily available and are likely familiar to all participants. The feeling of being glad they were able to erase also contributed to a positive experience with the art media, which connects to the theme of confidence that will be discussed further later; participants felt more confident knowing that they could adjust their artwork using the eraser. This was supported by the quantitative data as a significant correlation was found between the ABI subscale attitude toward the materials and the relaxed positive affect subscale of the TPAS. Correlations of attitude toward materials with activated and safe/content positive affect were not significant, indicating the pencil and eraser contributed mainly to feeling relaxed and less so toward feeling activated positive affect or safe/content positive affect. This makes sense as feeling familiar with a material could promote relaxation, but a pencil is less likely to spark a creative process that feels adventurous or exciting. Feelings of safety in relation to the art materials will be discussed later.

Though sentiments surrounding the eraser were positive, this factor also connects to the HFD theme of critique, which reflects a negative experience; from the participants’ perspective, the eraser can fix mistakes to make the final product look better and mitigate the impact of their lack of artistic skills. Critique of their artistic skills, including stress around being told they can’t draw a stick figure and negative critique of the final art product, were prominent factors that seemed to contribute to a less positive artmaking experience. Additionally, participants also felt limited by being given only a pencil and eraser to use, often commenting on missing the ability to use color. Supporting significantly lower HFD scores for ABI and TPAS measures, these negative experiences with the HFD outweighed the positive sentiments about the art materials. References to childhood, such as stating that they drew the person how they remember
drawing it as a kid or that their artwork looks like a kid made it, may indicate the HFD reminded participants of being in school, where skills and final products are emphasized via grading and instructions are given that create limitations. In comparing participants aged 18-34 with participants aged 35-84, the younger group had significantly higher relaxed positive affect TPAS scores for the HFD than the older group, and this could be related to this group being closer to school age and thus being more accustomed to, and more relaxed, when faced with a structured task.

**ETC.** In interviews following the ETC assessment, the only negative aspect of the experience seemed to be feeling initially overwhelmed by the open-ended nature of the prompt and the wide range of art materials available. The quantitative data reflects that negative affect subsided after the artmaking process began; while feelings and thoughts preceding the artistic process were rated significantly higher on the ABI for the ETC, this was the smallest effect size found, indicating this factor contributed the least to the ETC being a more positive experience. Another related quantitative finding was found in the correlation between ABI scores and age. Stemming from qualitative data that indicated some older participants came into the study with a greater sense of self-confidence overall, which impacted the artmaking experience, a correlation analysis was completed comparing participants aged 18-34 with participants aged 35-84, and it showed that the older age group reported significantly more positive feelings and thoughts preceding the artistic process during the ETC than the younger group. This supports the idea that this age group may feel more comfortable and confident when faced with an open-ended, unfamiliar task.
Regarding positive aspects of participants’ experiences with the ETC, positive affect and positive experiences with the art materials were reported. Participants expressed feeling calm and relaxed during artmaking, with some describing the experience as meditative. This connects with one of the positive experience subthemes of sensory engagement. When given a choice of art media, many participants chose materials with rich opportunities for sensory engagement, such as chalk and oil pastels, and reported enjoying the sensory aspects of using the media, including how it felt and sounded. This indicated that participants were present in the moment and mindful of their engagement with the media, fitting their affect descriptions. This is in line with the quantitative finding that participants reported greater relaxed positive affect during the ETC than the HFD.

Among participants who chose to use multiple art materials, the interaction or layering of those materials, which embodied a dynamic and active style of artmaking, seemed to contribute to their positive experience with the art materials. This is in line with the quantitative data that shows scores on the activated positive affect scale (which includes words such as dynamic, adventurous, and lively) were significantly higher for the ETC intervention. This also fits with many participants using the word “fun” to describe their experience with the ETC intervention. Finally, the ETC artmaking experience embodied the theme of artwork content emerging during the artmaking process, rather than being planned. This was at times described as intuitive, and participants were sometimes surprised by what emerged. This could indicate a greater propensity for the surfacing of unconscious material through the artwork during the ETC assessment. Overall, art media seemed to play an important role in positive experiences with
the ETC, which reflects the quantitative finding that the greatest effect size (difference between ETC and HFD) was found in the *attitude toward art materials* ABI subscale.

**Psychological Safety: ETC vs. HFD**

The second research question asked, how do participants describe their experience of psychological safety during the HFD assessment compared to the ETC assessment? One aspect of answering this question was to understand what psychological safety meant to the participants. In defining psychological safety in general and in terms of feeling safe with another person, participants expressed that it means feeling able to express yourself or an openness to sharing, lack of concern or fear of others responding to you in a negative or judgmental way and feeling as though you can be your true or authentic self. Accordingly, an artmaking experience that feels psychologically safe would likely involve feeling able to express yourself or share something about yourself in the art, not worrying that the artwork will be judged by others and feeling able to be your authentic self in the artmaking experience. Participants also noted words describing positive affect in defining psychological safety. Participants’ descriptions of what made the artmaking feel psychologically safe fits this definition, as will be discussed in the following section.

Answering this research question and providing support for the research hypothesis, at the end of the semi-structured interview, participants were asked to choose which intervention felt more psychologically safe. Of the 30 participants who responded to the question, roughly 23% (n=7) chose the HFD and 77% (n=23) chose the ETC intervention. Quantitative data supports this, as scores on the *safe/content positive affect* subscale of the TPAS were significantly higher for the ETC intervention. Additionally, affect words noted by participants
when defining safety were in line with the relaxed positive affect subscale of the TPAS, which also showed significantly higher scores for the ETC intervention. Though words in the activated positive affect scale, which was also significantly higher for the ETC intervention, were rarely brought up explicitly by participants in defining safety, being expressive and being silly or using humor (which was noted by some participants as an important aspect of being yourself when feeling safe) could be seen as related to activated positive affect. The ways activated positive affect may relate to psychological safety will be discussed further later in the chapter when discussing theoretical literature.

T-tests were completed comparing ABI and TPAS scores within the two groups that chose either HFD or ETC as the intervention that felt safer. Within the group that chose the HFD felt safer, no significant difference was found between ETC and HFD scores; on the other hand, for the group that chose the ETC as the safer intervention, all ETC scores were significantly higher. This supports qualitative data that indicated those who chose the HFD as the safer intervention did not feel very strongly about that choice or that the choice embodied some ambivalence. This is evidenced by data showing that participants who chose the HFD as the safer intervention often expressed during the interview elements of the ETC that also contributed safety and/or aspects of the HFD that may hinder safety. Overall, the hypothesis that participants will feel more psychologically safe during the ETC, as compared to the HFD, was supported.

Aspects of Artmaking Related to Safety

The third research question aimed to understand what aspects of the artmaking experience contributed to or hindered feelings of psychological safety. While ultimately the
Qualitative interview data supported the finding that the ETC assessment felt more psychologically safe, aspects of both interventions that contributed to and hindered psychological safety were expressed. The three main thematic categories that arose from the qualitative data were choice, focus on process versus focus on product, and confidence. Rather than organizing this section by those categories, this discussion will be separated into aspects of the artmaking experience that fostered psychological safety and aspects of the artmaking that hindered safety. These points will be integrated with the participants’ definition of psychological safety and to quantitative data that supports these findings.

Aspects that Fostered Safety. The ETC assessment prompt was completely open-ended and participants were able to choose the content of their artwork and the art media they would like to use. Participants expressed that having this choice allowed them to uniquely express themselves, which is congruent with self-expression being a key part of their definition of psychological safety. This can also be seen in participants’ descriptions of the content of their artwork in the post-intervention interviews; while some participants in both HFD and ETC artwork chose content that was personal in nature, the personal content of the ETC artwork seemed to have more depth and meaning, and participants tended to engage in more personal sharing about themselves and their lives when describing their ETC artwork, as well as during the artmaking process. Additionally, five of the seven participants who chose the HFD as the safer intervention drew people who had personal meaning to them, and four of them explicitly stated this contributed to their choice. Positive emotions associated with the person they drew may have contributed to safety. Moreover, given having choice in the artmaking process was found to be associated with safety, the agency exhibited in choosing to draw someone
meaningful to them may have also contributed to their decision of the HFD as the safer intervention.

Having choice during the ETC assessment also gave participants the power to choose both the content and materials that felt safe for them. They were able to choose content that brought them a sense of safety, comfort, or joy, and they were able to choose art materials that they felt comfortable with or excited to try. Related to the thematic category of confidence, the ability to choose also allowed them to feel more confident as they did not have to push themselves beyond their perceived artistic skill level; they could choose materials and content that they felt competent with. For example, collaging with magazine images felt like a safe art media for some participants as they felt they did not need to possess drawing abilities to express themselves. Some participants also noted that more simple or familiar art media allowed them to express themselves more easily as they could focus on the expression rather than figuring out how to use or manipulate the material; this indicated that comfort level with the art media can increase opportunity for self-expression, which in turn promotes psychological safety. Finally, as will be discussed further in relation to theoretical literature and clinical implications, the feeling of being empowered and having agency due to being in control of their artwork and artmaking experience fostered psychological safety.

Juxtaposing the finding that having choice contributed to safety, some participants found an initial sense of safety in the direction given in the HFD prompt as they did not feel the pressure of having to make choices. These participants found this easier, as well as more “comfortable,” which was a word brought up often in participants’ definitions of psychological safety. Having a clear task and end goal felt safe for some people, with one participant stating
that it provides “containment.” Some participants also noted that feeling comfortable with the content (drawing a person) and the material (pencil and eraser) contributed to feeling psychologically safe. Regarding the art material, this is in line with expressions by participants during post-intervention interviews indicating appreciation for the familiarity of the pencil and the ability to erase.

Another aspect that contributed to psychological safety during the ETC was a focus on the art process, as opposed to the final art product. This was indicated by statements describing mindfulness, in which participants experienced a flow state or were focused on the present moment while artmaking. This is in line with themes from the post-intervention interviews about participants’ artmaking experiences during the ETC; calm affect, unplanned and intuitive emergence of content, awareness of art media interactions, and sensory engagement with the art media all seem to relate to a focus on the artmaking process in the present moment. Congruently, feelings and thoughts during the artistic process were significantly correlated with the safe/content positive affect subscale of the TPAS for ETC intervention scores.

Finally, regarding the theme of confidence, participants who seemed to have an overall higher sense of self-confidence and strong sense of self, exhibited a greater sense of safety with both interventions and less of a difference in safety between the interventions. For example, one participant expressed that it was hard to imagine feeling unsafe drawing a picture; he acknowledged that someone who “has a lot of self-criticism” may feel unsafe, but that he did not “have that kind of language internally.” It seems that self-confidence may relate to a more stable sense of safety when faced with an unfamiliar task.
**Aspects that Hindered Safety.** While having choice during the ETC was associated with safety during the artmaking process, prior to beginning artmaking, it was associated with decreased safety due to feelings of overwhelm. Participants felt overwhelmed by the wide range of art materials and the need to make choices about what to create and what art materials to use. In describing this, one participant made a statement stemming from Kierkegaard’s writings, “anxiety is the dizziness of freedom.” While this exemplifies more general comments, responses also indicated more specific lived experiences that contributed to feeling overwhelmed by the open-ended nature of the ETC prompt, such as having grown up in poverty with very limited access to artmaking resources (see Participant A’s vignette in the results chapter) or feeling used to having structure in their life. This is congruent with the quantitative finding that the smallest effect size, or difference between ETC and HFD scores, was found in the *thoughts and feelings preceding the artistic process* subscale of the ABI. While the ETC intervention was still rated significantly higher in this subscale, the overwhelm associated with the open-ended nature of the ETC (and initial safety or comfortability with the direction given in the HFD), lessened the size of this difference. Additionally, in the ETC intervention, *thoughts and feelings preceding the artistic process* were found to be significantly correlated with *safe/content positive affect* and total TPAS scores, but not with the *activated and relaxed positive affect* TPAS subscales. This indicates that participants’ response to the ETC prompt prior to beginning artmaking was an important factor in their feelings of safety. The t-test results also showed that with the ETC intervention, participants in the 35-84 age range had significantly higher scores for *thoughts and feelings preceding the artistic process* compared to participants aged 18-34. This reflects my observation that some of the older participants seemed to arrive to the study experience with
an overall higher sense of sense confidence, which fits with having a more positive response when faced with a task that is very open-ended and may be unfamiliar.

Another aspect of the HFD artmaking experience that hindered psychological safety was the focus on the final product. This focus led to anxiety around expectations and judgement. Asking participants to draw a person, and further, to not draw a stick figure, naturally created an expectation of what the final product should look like. Concerns such as, “Am I doing this right?” and “Is this what you wanted?” spurred insecurity and stress for participants. They exhibited judgement toward their own artwork, and they expressed concerns about the artwork being judged by me. This relates strongly to participants defining psychological safety as being able to express themselves, be their true selves, and not having to worry about being judged. Concern with making sure their artwork matched the prompt took priority over self-expression and did not provide room for them to be or show their true selves, hindering their psychological safety. Fear that I would judge their artwork, either in terms of art quality or psychological analysis, also decreased safety. The quantitative data reflects this focus on final art product during the HFD and juxtaposes the lack of focus on the product during the ETC; the ABI subscale attitude toward the artistic product was found to be significantly correlated with total TPAS score and all TPAS subscales for the HFD, whereas for the ETC, attitude toward the artistic product had no significant correlations with the TPAS. This may indicate attitudes toward the completed HFD drawings had a greater impact on participants emotions than their attitudes toward the completed ETC intervention artworks.

Finally, in line with previous statements in this section regarding self-confidence, decreases in confidence during the HFD seemed to be associated with decreases in feelings of
psychological safety. Decreased confidence was related to perceived artmaking skills; if someone felt they did not have the artistic skill to draw a person, their self-confidence and psychological safety were negatively impacted. This is congruent with critique of art skills and the final art product being the prominent theme in post-intervention interviews about the HFD artmaking experience and process. While one may assume that participants who are artists or make art more often would feel more comfortable drawing a person, this did not seem to be the case. Qualitative data showed that even participants who identified as artists or as art majors in college, exhibited self-consciousness in drawing the HFD. One participant even expressed that he felt additional pressure to prove his art skills because he was an artist. This was reflected in quantitative data comparing groups with high and low prior level of experience with creating art and level of comfort with making art. While for the ETC intervention, higher level of artmaking experience and comfort with artmaking was significantly associated with more positive feelings and thoughts during the artistic process, no significant differences were found between groups with the HFD. Overall, it seems that what influenced feelings of safety the most when facing the task of drawing a human figure were levels of self-confidence and the presence of negative self-talk regarding their art skills and artwork.

Findings in the Context of Previous Research

This section will connect this study’s findings to previous research. Firstly, support will be provided for the utility of the ETC assessment in trauma-informed and anti-oppressive approach to therapy. Secondly results will be discussed in the context of attachment theory and previous research on psychological safety, addressing the topics of secure base, non-verbal safety cues,
therapeutic presence and attunement. Finally, implications for the therapeutic alliance will be discussed as supported by previous research.

**Trauma and Discrimination**

In line with the literature, participants in the present study confirmed that discrimination, trauma, and negative past therapy experiences impacted feelings of psychological safety with a new therapist. Establishing a sense of safety is vital at the start of therapy when addressing trauma (Backos, 2021), and the present research showed the ETC assessment was associated with a greater sense of psychological safety than the HFD assessment. Further, core aspects of the ETC assessment artmaking experience can counter experiences associated with trauma. In addition to threatening safety, trauma may involve “events that threaten one’s control, sense of self, sense of autonomy, self-esteem and confidence” (Ellis, 2020). The ETC assessment juxtaposes these trauma characteristics by giving control to the client, encouraging autonomy, and valuing sense of self via affordance for personal self-expression. Also, while the HFD was associated with decreased self-esteem and confidence, the ETC was not.

Experiences with discrimination and systemic racism can contribute to chronic stress and trauma (Meyer, 2003; Archer, 2021). Trauma resulting from discrimination may stem from incidents ranging from hate crimes to the accumulation of microaggressions or experiences of exclusion (Archer, 2021; Ranjbar et al., 2020). Client empowerment is a vital aspect of trauma-informed care, affirmative care, decolonized therapy, and anti-oppressive or antiracist therapy (Archer, 2021; Ellis, 2020; Ranjbar et al., 2020). Empowerment involves acknowledging and minimizing the hierarchal power differential between therapist and client and giving the client
agency in their treatment and though a collaborative approach (Archer, 2021; Ellis, 2020; Ranjbar et al., 2020; Talwar, 2019). Congruently, results of this study showed that the ability to make choices about their artwork, materials and artmaking process during the ETC assessment was a prominent factor associated with psychological safety.

On the other hand, during the HFD assessment, awareness of the power differential between myself and the participant seemed to be evident in their concerns about me judging or analyzing their artwork, which was associated with anxiety and decreased psychological safety. This is congruent with the history of the HFD assessment, which was embedded in a colonized, medical model of psychology. Additionally, as will be discussed further in clinical implications, discomfort with me silently observing during the research session during both interventions was expressed by some participants, which may have been related to the lack of collaboration and awareness of my hierarchical position. Finally, the therapeutic model of assessment, which involves collaboration between client and therapist, has been found to relate to a stronger therapeutic alliance (Hilsenroth et al., 2004). Overall, the agency given to the client via the non-directive nature of the ETC assessment makes it a better approach to assessment in working with clients who may have experienced trauma or discrimination and is more likely to promote the therapeutic alliance.

Safety and Attachment in Therapy

Being given the freedom to choose the art content and materials in the ETC assessment let participants choose what felt safe for them. This possibly allowed for three things: the artwork to become a secure base, the artwork to provide non-verbal safety cues, and the artwork to encourage therapeutic presence and attunement. Research shows that these three
things can help to promote secure attachment or a positive relationship between therapist and client and encourage meaningful and effective therapeutic work (Geller & Porges, 2014; Mikulciner et al., 2013; Porges, 2022). Bowlby asserted that a secure base allows for exploration, that humans aim to find balance between maintaining familiarity and exploring novelty, and that this balance between security and exploration fosters a positive self-image (Bretherton, 1992). It seemed that participants were able to find this balance in the ETC; they reported feeling safe in the artmaking experience and exhibited exploration by expressing themselves and sharing about their lives through the art, as well as through exploration of art materials. Significantly higher scores for the ETC intervention in the activated positive affect TPAS subscale (which included words such as active and adventurous) also indicates exploration during the ETC assessment. Lusebrink states the ETC assessment allows the art therapist to identify an “entry point” for treatment and that areas of strength arising in the artwork indicate “secure bases from which to explore other areas” (Lusebrink, 2010, pp. 168, 171).

While the increased safety found in the ETC assessment may have allowed for a secure base, it is important to note the structure of the HFD instruction also indicated a secure base. In fact, in comparing the initial response to the two interventions, the HFD may have provided a more secure base, whereas in the ETC, the secure base had to be formed as the artmaking process began. What was missing in the HFD was the balance between security and exploration as participants did not feel able to explore in the artmaking process; fitting with Bowlby’s assertion, this lack of balance led to a less positive self-image as exhibited by critique and judgement associated with the HFD.
Secondly, the artwork could have also provided non-verbal safety cues, which may calm the nervous system and provide access to the social engagement system, facilitating co-regulation, therapeutic engagement, and establishment of trusting relationships (Allison & Rossouw, 2013; Porges, 2022). These safety cues were found in the action of artmaking as participants found their interaction with the art materials to be pleasant and calming (in the ETC intervention, and for some with the HFD) and engaged in mindfulness as they focused on the artmaking process during the ETC experience. The content of the artwork, which participants were able to choose in the ETC assessment, also provided safety cues; participants chose to depict things they like (E.g. activities they like to do, colors and patterns they like), places that feel safe for them (E.g. nature, their home), or content they feel comfortable and competent with because they had created it in the past.

On the other hand, anxiety, critique, and concerns about being judged during the HFD may have resulted in the HFD being perceived as a threat by the nervous system, hindering access to the social engagement system (Geller & Porges, 2014). It is important to note that in a therapy context, the therapist could step in and play a role in helping to regulate negative feelings arising from the artmaking; in the research context, I remained neutral, leaving the participant to regulate on their own. This speaks to the importance of the dynamic interplay between client, art, and therapist in the art therapy triangle (Bat Or & Zilcha-Mano, 2018; Schaverien, 2000). As will be discussed further in clinical implications, the introduction of a threat via the art could be beneficial in therapy as how the client responds to the threat provides useful assessment information and provides opportunity for the therapist to support the client in downregulating the threat response, which can create new neural pathways and
shift existing attachment patterns (Geller & Porges, 2014; Schore & Schore, 2008). Overall, if safety cues are present within the client-art relationship, the client would feel more comfortable exploring with the therapist the painful emotions and problems for which they sought treatment (Mikulciner et al., 2013; Porges, 2022). This is particularly important in assessment as understanding why the client sought treatment is vital.

Thirdly, the ETC assessment seems to allow for therapeutic presence and attunement, which are important aspects of a safe and secure therapeutic relationship (Geller & Porges, 2024; Schore, 2022). Geller and Porges state, “it is our opinion that therapists’ presence invites the client to feel ‘met’ and understood, as well as safe enough to become present within their own experience, and in relationship with their therapist, allowing for deeper therapeutic work to occur” (2014, p. 179). This fits with study participants expressing the ETC assessment would allow the therapist to meet clients where they are. The ETC assessment was also associated with feeling safe and being more present in the artmaking experience, which may indicate an increased perception of therapeutic presence.

Additionally, the open-ended nature of the ETC may allow for greater attunement to the client. Hinz states “prescribing tasks and media as demanded by formally structured assessments, will not allow the freedom necessary to gather information about the preferred level(s) of functioning. Clients who are freely able to choose materials and tasks may demonstrate their true preferences for expression in art and action in life (2020, p. 165). These preferences, also described as strengths, as well as areas of difficulty indicated by the ETC assessment “become guidelines for starting points, pathways, and goals in art therapy”
These statements indicate how the ETC assessment can encourage attunement during assessment and as therapy progresses.

**Artmaking and Therapeutic Alliance**

Previous research has found positive experiences with artmaking to be associated with a stronger therapeutic alliance and greater attachment security in the therapeutic relationship (Bat-Or & Zilcha-Mano, 2019; Corem et al., 2015; Gazit et al., 2021). Corem et al. and Gazit et al. used the ABI to measure the artmaking experience, allowing for a more direct connection to be made with the results of the present study. Both indicate that the ETC assessment, which obtained significantly higher scores on the ABI, may be associated with a stronger therapeutic alliance and attachment security in the therapeutic relationship.

Penzes et al. (2014) found that interaction with the art materials and material properties was the most important factor in art therapy assessment. This is in line with results of the present study: in addition to the task structure (directive versus non-directive), the art materials seemed to play an important role in the participants’ experiences with the artmaking and sense of psychological safety. In both the interventions, but particularly the HFD assessment, familiarity with the art material was a key factor. Similarly, Hinz stated, “when materials are familiar, they can enhance client’s feelings of safety and their investment in the assessment process” (2020, p. 166).

Previous research indicates structured art media, such as pencil, allows for control and thus may elicit feelings of safety and be appropriate for trauma work (Ichiki & Hinz, 2015; Naff, 2014 as cited in Hinz, 2020). In the present study, while structure in the art task played a role, the structured nature of the art media did not seem to be explicitly related to psychological...
safety. However, familiarity with art media could be related to this as structured media, such as pencil, colored pencil, and marker, tend to be more familiar to many people compared to more fluid media such as paint. Pénzes et al. (2014) asserted that at the start of art therapy, clients often feel anxious and insecure about their artmaking capabilities and suggest art media and interventions that allow for structure and control may help these clients engage in artmaking at the beginning of therapy. To some extent, this fits with the present research as being given a structured task initially felt comfortable, whereas participants had a more difficult time getting started with the ETC artwork due to the overwhelm of having to make choices about art media and content. Opposing Penzes, the HFD did not reduce insecurity about artmaking capabilities, but this may have been due to the content of drawing a person rather than the structured nature of the task.

During the ETC assessment, properties of and interaction with the art media played a major role in the artmaking experience and psychological safety. Participants had sensory experiences with art materials and were able to express their feelings using the chosen art materials, which allowed for safety via mindfulness and self-expression. These media interactions were in line with the right side of the ETC, which is associated with activation of the right brain (Hinz, 2020; Lusebrink, 2010). Schore (2017) asserted that the right brain is an integral part of secure attachment relationships, indicating these types of art media interactions may be beneficial for the relationship between client and therapist. Congruently, Kossak (2009) notes that focused creative activity involving embodied flow can promote shared intimacy between client and therapist. The present-moment focus on the artmaking process and the flow involved in content emerging during artmaking in the ETC assessment experience are indicative
of the characteristics of artmaking described by Kossak (2009) that promote the therapeutic alliance and therapeutic attunement.

**Clinical Implications**

Overall, a prominent theme with implications for clinical work was the contrast of initial response to the art task compared to the actual artmaking process or experience. This finding indicates that providing some initial structure or containment followed by affordance for freedom in the artmaking process would be a beneficial balance in art therapy. Note that an aspect of ETC assessment was removed for this study to place this intervention on a more even-playing field with the HFD; in describing ETC assessment, Hinz (2020) suggests the therapist introduce the art media and provide brief instruction for the use of unfamiliar materials. Doing so would likely have reduced the initial feeling of overwhelm experienced by my participants and increased psychological safety. Participants also noted that familiar materials can make self-expression easier, so this practice may widen familiarity with the media and allow for more self-expression during the assessment.

A few aspects of the participants’ experience during the research session had less to do with the interventions themselves but have clinical implications. My choice to silently observe participants without engaging in any other action and my lack of clarity around the amount of time allotted for artmaking elicited some discomfort for participants. This relates to the importance of informed consent in therapy and the benefit of being clear with clients about what will happen in therapy. Stating at the beginning that I would be observing them and giving a specific time frame for the artmaking may have increased sense of safety overall for my participants. Clinicians make individual choices about actions such as taking notes during
session or making art alongside their clients, and my participants’ experiences indicate these are important considerations. A couple of participants specifically stated that my making art alongside them would have made them feel more comfortable. Notably, to keep conditions the same between both interventions, I also chose to not speak during their artmaking unless they initiated conversation, but this does not reflect usual clinical interaction. Some participants also expressed wanting to know how the art experience would be relevant to their treatment. All of these concerns expressed by participants relate to the benefit of a collaborative approach to treatment, which as discussed above promotes client empowerment.

Finally, participant vignettes described in the Results chapter represent experiences that varied from the overall sample, but they provide meaningful implications for clinical work. While this only occurred with one participant in the study, the open-ended nature of the ETC assessment has the potential to bring up thoughts and feelings that are uncomfortable or overwhelming during the artmaking process, as described in Participant B’s vignette. She felt as though during the HFD, she was able to focus on one thing (the person she was drawing), whereas during the ETC assessment, a myriad of thoughts and feelings regarding stressors in her life arose. This could also relate to the theme of content arising during the artmaking process and an intuitive aspect to the artmaking, which may indicate the surfacing of unconscious material. Additionally, while overall this study’s results support the theory that when given free choice of art media, clients will choose a “secure base” (Lusebrink, 2010, 171) and materials that feel familiar and safe (Hinz, 2020), it is possible a client may choose an art material that feels overwhelming. For example, Hinz (2020) notes that fluid materials, such as paint, can be regressive. This discussion point was inspired by Participant A’s vignette presented in the Results
chapter; while Participant A expressed that he has learned what his personal limitations are and how to stay within a safe zone, not all clients may have that awareness. Art therapists should always be aware that unexpected and challenging thoughts and emotions have the potential to arise via artmaking, which may impact psychological safety.

Assessment

While this research focused on the experience of assessment, I acknowledge the ultimate purpose of assessment is to gather information about the clients and not to promote psychological safety or foster the therapeutic alliance. This section will present my perspective on HFD and ETC assessments in practice based on my research.

In line with Hinz (2020), I feel that I was able to gain an understanding of “their preferred style of operating in the world” (p. 165) via observing the participants’ artmaking process. While I did not systematically record observations to use as data in my research, I did find it personally meaningful to gain a felt sense of each participant, and their artmaking played a significant role in my understanding of each person in terms of their way of interacting in the world. I was easily able to see how the ETC assessment reveals a safe/secure base and starting point for therapy. Additionally, via the participants’ verbal expressions about their artwork, I learned many specific things about their lives, ranging from family traumas to activities that bring them joy to places they feel safe. Thus, I can see an ETC assessment as a valuable aspect of the history taking process at the start of therapy.

While the HFD was created to measure cognitive abilities and psychological traits via systematic scoring of artwork content, my research inspires me to assert a different way the HFD could be used for assessment. The arising themes of critique, fear of judgement, and
confidence indicate the HFD could effectively measure constructs such as self-esteem, self-worth, self-confidence, and perhaps sense-of-self. In line with my research, I suggest an HFD assessment looking at these constructs would focus on observations of the artmaking experience/process and verbal communication about the art, rather than analysis of the final product. Additionally, response to structure and limits and frustration tolerance could easily be assessed using the HFD.

While the information that could be gained from an HFD assessment may be valuable, it would be important to consider whether it is worth the possibility of compromising the client’s psychological safety. While many participants simply felt less safe with the HFD intervention, some participants did express feeling unsafe with the HFD and one participant stated they would not come back if the therapist gave them the HFD during the first session. In line with trauma-informed and anti-oppressive approaches to therapy, as well as the therapeutic model of assessment, I feel it is vital to involve the client in the assessment process by inviting feedback about their experience and discussing how the assessment and the results of the assessment are relevant to their treatment and contribute to their healing. In the event an artmaking experience during assessment does feel unsafe for the client, inviting the client to express feedback provides the opportunity for the therapist to lend support and gain insight into why it felt unsafe.

**Suggestions for Future Research**

This research provides a backdrop for many possible topics of future research. Firstly, as mentioned, the present research did not look at the therapeutic alliance directly; future research could look at psychological safety during different art-based assessments and track the
formation of the therapeutic alliance to confirm my theoretical hypothesis that psychological safety during assessment leads to a stronger and more positive therapeutic alliance. Secondly, the two interventions in the present study represent opposite ends of the spectrum when it comes directive versus non-directive art-based assessment. Future research could incorporate a third “middle” assessment that addresses my suggestion for some initial structure followed by creative freedom. Additionally, this study focused on the experience of the assessment rather than what information about the client can be gained from the assessment. A study integrating information gathering and the client’s subjective experience of the assessment would be meaningful. Overall, more research is needed regarding the ETC assessment. While I did not formally assess participants’ artmaking experiences and artwork using the ETC assessment framework, a study doing so would be a valuable addition to the field.

Conclusion

This study aimed to understand how artmaking experiences during assessment may influence the formation of the therapeutic alliance. Rather than measuring therapeutic alliance directly, this study identified psychological safety as a core component of the therapeutic relationship via literature on attachment theory. “Positive attachment experiences require a high degree of safety in the psychotherapeutic relationship” (Mair, 2021, p. 711) and “effective therapeutic work is only possible when the client feels safe and secure in the therapy setting” (Geller & Porges, 2014, p. 178). In comparing a Human Figure Drawing (HFD) and an Expressive Therapies Continuum (ETC) assessment, it was found that overall, participants had a more positive artmaking experience with the ETC assessment and experienced greater psychological safety during the ETC assessment compared to the HFD assessment.
Choice and focus on the process versus focus on the final product were major themes that arose in relation to psychological safety. Having the freedom to make choices in the ETC fostered self-expression, which was defined by participants as an important aspect of psychological safety and allowed participants to choose content and materials that felt safe. On the other hand, the lack of choice in the HFD intervention limited self-expression. It was discussed that because safety and encouraging client agency via empowerment and collaboration are important aspects of trauma-informed and anti-oppressive approaches to therapy (Backos, 2021; Ellis, 2020; Ranjbar et al., 2020), the ETC assessment may be beneficial in working with those who have experienced trauma or discrimination.

The safety experienced in the ETC assessment also may have allowed for a secure base from which to explore, which could promote secure attachment in the therapeutic relationship, meaningful therapeutic work, and positive self-image (Bowlby, 1973, Geller & Porges, 2014; Mikulciner et al., 2013; Porges, 2022). Congruently, based on previous research (Bat-Or & Zilcha-Mano, 2019; Corem et al., 2015; Gazit et al., 2021), the artmaking experience being more positive indicates the ETC assessment may be associated with a stronger therapeutic alliance and attachment security in the therapeutic relationship. While this study focused on the assessment experience rather than the information-gathering aspect of assessment, the affordance for self-expression and my experience of what I learned about the participants indicates the ETC assessment could provide valuable information about the client’s history and way of functioning in the world.

The focus on the artmaking process during the ETC fostered safety via sensory engagement with art media and present moment mindfulness. This may indicate the artwork
provided non-verbal safety cues (Porges, 2022) and could encourage therapeutic presence (Geller & Porges, 2014). Conversely, focus on the final product during the HFD hindered safety due to self-critique and concerns about expectations and judgement. The HFD assessment seemed to provide valuable information about the participant’s level of self-confidence.

While results support that the ETC assessment overall felt safer, there were aspects of both interventions that contributed to and hindered psychological safety. An overarching theme arose that indicated psychological safety may be promoted by some initial direction/structure then subsequent freedom in the artmaking process. This relates to the finding that some participants initially found comfort in the HFD instructions and overwhelm by the open-ended nature of the ETC prompt and art media, but ultimately felt safer in the freedom of expression afforded during the artmaking process with the ETC assessment.

Overall, my experience doing this research and the findings solidify my initial passion for studying psychological safety. Too often, the information gathered during assessment is prioritized over consideration for the client’s experience. Gaining a deeper understanding of how artmaking relates to psychological safety is important for the initial phase of therapy (assessment and formation of the therapeutic alliance), but this study’s findings indicate wider implications for clinical art therapy in general. I find that balance seems to be a key element in what can be learned from this study. In art therapy, the balance between structure (E.g. directed content/prompts, art media chosen by the therapist) and freedom (creative expression, choice of art media, agency) is a vital consideration. Balance between meaningful work and negative emotion is also vital, and perhaps more complicated. Promoting psychological safety does not mean the absence of negative affect, rather a safe base allows for
exploration of all lived experiences and feelings. Safety allows us to delve into the unsafe. In response to my research, I remind art therapists to always remember to focus on the client’s experience and the process, not just the outcome or end goal. In a system that too often focuses on information gathering and symptom reduction, tuning into the client’s present moment experience within therapy is crucial.
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https://10.1016/j.aip.2014.08.003


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Appendix A

Demographic Data
### Table 9
Sample Demographics

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<th>DEMOGRAPHIC</th>
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<td><strong>Age Range</strong></td>
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<tr>
<td>18-24</td>
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<td>25-34</td>
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</tr>
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</tr>
<tr>
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<tr>
<td>American Indian or Alaska Native; Black or African American; White</td>
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</tr>
<tr>
<td>Hispanic or Latino; White</td>
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<tr>
<td>Asian; Black or African American</td>
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<tr>
<td>Black or African American; White</td>
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<tr>
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<td>Seaside, CA</td>
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### Table 10

**Past Experiences Demographics**

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<tr>
<th>PAST EXPERIENCES QUESTION</th>
<th>PERCENTAGE</th>
</tr>
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<tr>
<td>Have you had any experiences that you would consider traumatic?</td>
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<tr>
<td>Yes</td>
<td>90.6%</td>
</tr>
<tr>
<td>No</td>
<td>9.4%</td>
</tr>
<tr>
<td>Have you experienced discrimination?</td>
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<td>Yes</td>
<td>71.9%</td>
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<td>Have you been to see a therapist? (currently or in the past)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>75%</td>
</tr>
<tr>
<td>No</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Figure 10**

**Prior Artmaking Experience Demographic**

What is your prior level of experience with creating art? Choose one.

32 responses

- Extensive: 34.4%
- Some: 28.1%
- Little: 12.5%
- None: 25%
Figure 11

Comfort Level with Artmaking Demographic

How comfortable are you with making art? Rank on a scale from 1 to 5. 32 responses
Appendix B

Recruitment Flyer
Support art therapy research by making art and sharing about your experience. Experience with making art is not required. All adults age 18+ are invited to participate.

If interested in participating, please contact Sophie Restall. Email: SOPHIE.ART4ALL@GMAIL.COM. Call/text: (831) 288-5228.
Appendix C

Recruitment Email
Hello (insert name),

Thank you so much for expressing interest in participating in my research study! Below is some additional information regarding the study and what will be expected of participants. If you would like to schedule a time to meet with me to participate in the study, please either use the scheduling link below or let me know your availability.

Purpose of the study: This research aims to gain a deeper understanding of peoples experience with and response to different types of artmaking activities used in art therapy.

Participation will involve the following:
- An approximately 1-hour in-person meeting
- Completion of a demographic questionnaire
- Completion of two art activities
- Providing feedback about your experience with and psychological response to the artmaking activities through questionnaires and semi-structured interview questions

Please note your data will be kept confidential to others by me assigning you a number to be paired with your data. Your participation will be voluntary, and you can withdraw from participation at any time.

Please either respond to this message with your availability or use the following link to schedule your in-person meeting: (insert link)

With gratitude,
Sophie Restall
Art Therapy Psychology Master’s Student
Dominican University of California
(831) 288-5228
Appendix D

Informed Consent
CONSENT TO BE A RESEARCH PARTICIPANT

Student Researcher: Sophie Restall

Purpose and Procedure: This research aims to gain a deeper understanding of people's experience with and response to different types of artmaking activities used in art therapy. Participation will involve an approximately one-hour in-person meeting, which will include a demographics questionnaire, completion of two art activities, and providing feedback about your experience with and psychological response to the artmaking activities through Likert-scale questionnaires and semi-structured interview questions.

Confidentiality: Your participation in this research is confidential and your identity will only be shared with the student researcher, Sophie Restall. Your identity will be kept anonymous through numerical coding and any confidential information will be kept in a password-protected folder on Sophie’s password-protected laptop device separate from all other data. Any identifying information shared during recorded interviews will not be used.

Participant Rights: Your participation in this study is strictly voluntary, and you may withdraw at any time without consequence or judgement. You may also refuse to participate in any part of this study, including refusing to answer questions you would prefer not to answer.

Risks and Benefits: Participation involves no physical risk but may involve some psychological discomfort related to trying something that may be new to you and/or engaging in personal self-reflection. Mental health resources will be provided after participation, and mental health referrals can be provided upon request. You may benefit from this study by experiencing positive feelings during artmaking, and it may feel empowering to be able to give feedback about your experience with artmaking, whether positive or negative, and know that this feedback has the potential to help others.

1. I understand that I am being asked to be a Participant in a research study designed to assess my response to artmaking activities. This research is part of Sophie Restall’s master's thesis research project at Dominican University of California. This research project is being supervised by Richard Carolan, Department of Art Therapy Psychology, Dominican University of California.

2. I understand that participation involves an approximately one-hour in-person meeting, which will include a demographics questionnaire, completion of two art activities, and providing feedback about your experience with and psychological response to the artmaking activities through Likert-scale questionnaires and semi-structured interview questions.

3. I understand that my participation in this study is completely voluntary, and I am free to withdraw my participation at any time without consequence or judgement.

4. I understand that the interviews will be recorded, and in signing this agreement, I consent to having my voice recorded during this study. Confidentiality will be maintained as described above, and coded
transcripts will be seen only by the researcher and her faculty advisors. Secure software may be used to transcribe audio recordings.

5. I understand all raw data will be destroyed after a period of one year following completion of the research project.

6. I am aware that all study participants will be furnished with a written summary of the relevant findings and conclusions of this project. Such results will not be available until May 2024.

7. I understand the results of this study may be published, but any information that could identify me will remain confidential and data will be coded to maintain confidentiality.

8. I understand that if I have any further questions about the study, I may contact Sophie Restall at sophia.restall@students.dominican.edu or her research supervisor, Richard Carolan at richard.carolan@dominican.edu. If I have further questions or comments about participation in this study, I may contact the Dominican University of California Institutional Review Board for the Protection of Human Participants (IRBPHP), which is concerned with the protection of volunteers in research projects. I may reach the IRBPHP Office by calling (415) 482-3547 and leaving a voicemail message, by FAX at (415) 257-0165 or by writing to the IRBPHP, Office of the Associate Vice President for Academic Affairs, Dominican University of California, 50 Acacia Avenue, San Rafael, CA 94901.

9. All procedures related to this research project have been satisfactorily explained to me prior to my voluntary election to participate.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE EXPLANATION REGARDING THIS STUDY. I VOLUNTARILY GIVE MY CONSENT TO PARTICIPATE AND BE AUDIO RECORDED. A COPY OF THIS FORM HAS BEEN GIVEN TO ME FOR MY FUTURE REFERENCE.

_______________________________
Signature

_______________________________
Date
Art Therapy Department

CONSENT TO USE ARTWORK

The student researcher, Sophie Restall, has my permission to take photographs of my artwork and use those images for research and educational purposes. I understand that these images may be published. I understand that my participation and artwork will be confidential and my name or any identifying information will not be associated with my artwork.

Participant Name: __________________________________________

Date______________ _________________________________________ (Participant Signature)
Appendix E

Demographic Questionnaire
Age: 18-24 / 25-34 / 35-44 / 45-54 / 55-64 / 65-74 / 75-84 / 85-94 / 95+ / Prefer not to say

Current Gender Identity: Female / Male / Nonbinary / Prefer not to say / Other: __________

In what city and state do you currently live? ______________

Ethnicity – What categories describe you? Select all that apply:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to say

What is your prior level of experience with creating art? Choose one.

- Extensive
- Some
- Little
- None

How comfortable are you with making art?
Rank on a Likert-scale from 1 (not at all comfortable) to 5 (extremely comfortable)
Appendix F

Interventions
Human Figure Drawing (HFD) Assessment

- **Materials:** #2 pencil, eraser, and white 8.5 x 11 printer paper.
- **Instructions:** “I would like you to draw a person. Please draw a whole human figure, not a stick figure.”

Expressive Therapies Continuum (ETC) Assessment

- **Materials:** 4 sizes of white paper in varying paper weights/thicknesses, #2 pencil with eraser, colored markers, colored pencils, watercolor, acrylic paint, oil pastels, chalk pastels, clay (model magic), and collage materials (magazines, scissors, and glue stick).
- **Instructions:** "Here is a wide range of art materials. Please use whatever you like to create something."
Appendix G

Interview Questions
Post-Intervention Prompts
(Asked after each intervention)

1. Tell me about your artwork.
2. Tell me about your artmaking experience/process.
3. Tell me about the art materials you used.

Semi-Structured Interview Questions
(Asked after experiencing both interventions)

1. What does it mean to feel psychologically or emotionally safe?
2. When you feel safe with another person, how do you feel and act?
3. Tell me about your experience of psychological safety during the two art activities you just experienced. How were the activities similar or different in terms of your feelings of safety?
4. Imagine being asked to do these activities by a new therapist. How may these activities impact your ability to form a positive relationship with the therapist? Are there similarities or differences between the two activities in this regard?
5. Two of the main differences between the art activities you just experienced are materials and content (as described in the table below). Tell me about your experience with these differences. Do any of these differences relate to your feelings of psychological safety?

<table>
<thead>
<tr>
<th>Human Figure Drawing (HFD) Activity</th>
<th>Expressive Therapies Continuum (ETC) Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-chosen art materials (pencil, eraser, and paper)</td>
<td>Choice of art materials (wide range of art materials)</td>
</tr>
<tr>
<td>Directed content (asked to draw a person)</td>
<td>Choice of content</td>
</tr>
</tbody>
</table>

6. During which art activity did you feel more psychologically safe? (HFD or ETC)
Appendix H

Art-Based Intervention (ABI) Questionnaire
Below are some statements that people use to describe their art-making experience. For each part please rate your experiences according to the instructions.

**Part I:** Try to recall your feelings and thoughts in the moments *before* beginning your work. Circle the number that best describes your experience.

<table>
<thead>
<tr>
<th>1=Not true</th>
<th>4=In the middle between True and Not True</th>
<th>7=Very much true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I was upset at the prospect of getting dirty during the task.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>2. I was reluctant to participate in the task.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>3. I was curious about the creative task.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>4. I was glad to have an opportunity to engage in a creative task.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>5. I was excited to begin the creative task.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>6. I had ideas about what I would want to make.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>7. I felt confident that whatever I chose to do would go well.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>

**Part II:** Now try to remember your feelings and thoughts while you were doing the creative task. Circle the number that best fits your experience during the art-making.

<table>
<thead>
<tr>
<th>1=Not true</th>
<th>4=In the middle between True and Not True</th>
<th>7=Very much true</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. I felt that I could keep on going for hours.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>9. I knew exactly how to handle the art materials.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>10. I felt that I wasn’t being creative.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>11. I had a difficult time executing my ideas.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>12. I felt that I wasn’t good at this kind of activity.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>13. I was able to let go and flow with my creativity.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>14. Working on my art project released any tension I might have had.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>15. I learned about myself in the process.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>16. I felt that I was able to easily make a nice and aesthetic product.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>17. I encountered many technical difficulties in performing the art task.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>18. I had a hard time sitting still and wanted to get up and move around.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>19. I enjoyed the art task process.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>20. I found it pleasant to create.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>21. Working on my art project provided me with a sense of inner peace and warmth.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>22. While I was creating, I came up with all kinds of ideas for my art project.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>
23. I felt limited
24. It took me some time to understand how to work with the art materials.
25. I felt that it was OK for me to make mistakes during the process.
26. I felt playful with the materials.
27. Working and creating gave me a sense of confidence.
28. I find that this type of activity makes me concentrate.
29. I felt that the work was a therapeutic activity.

Part III: The following statements deal with your thoughts and reactions towards the artistic product you have made. Circle the number that best indicates your experience after the art task was completed.

1=Not true  4=In the middle between True and Not True  7=Very much true

| 30. I wanted to keep what I had made. | 1 2 3 4 5 6 7 |
| 31. I was excited about what I had created. | 1 2 3 4 5 6 7 |
| 32. I was surprised by what I had made. | 1 2 3 4 5 6 7 |
| 33. I wasn’t satisfied with what I had made. | 1 2 3 4 5 6 7 |
| 34. I completed the task with a sense of satisfaction. | 1 2 3 4 5 6 7 |
| 35. I was not interested in the final art product. | 1 2 3 4 5 6 7 |

Part IV: Finally, in light of your experience with the art material, please describe your attitude towards this material.

1=Not true  4=In the middle between True and Not True  7=Very much true

| 36. Material is pleasant to work with | 1 2 3 4 5 6 7 |
| 37. User-friendly material | 1 2 3 4 5 6 7 |
| 38. The material has a soothing effect | 1 2 3 4 5 6 7 |
| 39. A powerful material | 1 2 3 4 5 6 7 |
| 40. Material communicates cold detachment | 1 2 3 4 5 6 7 |
| 41. Flat material, lacks depth | 1 2 3 4 5 6 7 |
Appendix I

Types of Positive Affect Scale (TPAS)
### TYPES OF POSITIVE AFFECT SCALE

**INSTRUCTIONS**

Below are a series of words that describe different positive emotions. Some of these emotions relate to feeling lively, energized and excited, whereas others relate to feelings of being relaxed, calm and peaceful. We are interested in the degree to which you commonly experience these feelings.

On the left hand side of the emotion words we would like you to rate how characteristic these feelings are of you by using the following scale:

<table>
<thead>
<tr>
<th>Not Characteristic of me</th>
<th>Fairly Characteristic of me</th>
<th>Very Characteristic of me</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

#### How Characteristic?

<table>
<thead>
<tr>
<th>Secure</th>
<th>Secure</th>
<th>Secure</th>
<th>Secure</th>
<th>Secure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calm</td>
<td>Calm</td>
<td>Calm</td>
<td>Calm</td>
<td>Calm</td>
</tr>
<tr>
<td>Active</td>
<td>Active</td>
<td>Active</td>
<td>Active</td>
<td>Active</td>
</tr>
<tr>
<td>Lively</td>
<td>Lively</td>
<td>Lively</td>
<td>Lively</td>
<td>Lively</td>
</tr>
<tr>
<td>Energetic</td>
<td>Energetic</td>
<td>Energetic</td>
<td>Energetic</td>
<td>Energetic</td>
</tr>
<tr>
<td>Serene</td>
<td>Serene</td>
<td>Serene</td>
<td>Serene</td>
<td>Serene</td>
</tr>
<tr>
<td>Eager</td>
<td>Eager</td>
<td>Eager</td>
<td>Eager</td>
<td>Eager</td>
</tr>
<tr>
<td>Dynamic</td>
<td>Dynamic</td>
<td>Dynamic</td>
<td>Dynamic</td>
<td>Dynamic</td>
</tr>
<tr>
<td>Safe</td>
<td>Safe</td>
<td>Safe</td>
<td>Safe</td>
<td>Safe</td>
</tr>
<tr>
<td>Warm</td>
<td>Warm</td>
<td>Warm</td>
<td>Warm</td>
<td>Warm</td>
</tr>
<tr>
<td>Content</td>
<td>Content</td>
<td>Content</td>
<td>Content</td>
<td>Content</td>
</tr>
<tr>
<td>Excited</td>
<td>Excited</td>
<td>Excited</td>
<td>Excited</td>
<td>Excited</td>
</tr>
<tr>
<td>Adventurous</td>
<td>Adventurous</td>
<td>Adventurous</td>
<td>Adventurous</td>
<td>Adventurous</td>
</tr>
<tr>
<td>Tranquil</td>
<td>Tranquil</td>
<td>Tranquil</td>
<td>Tranquil</td>
<td>Tranquil</td>
</tr>
<tr>
<td>Peaceful</td>
<td>Peaceful</td>
<td>Peaceful</td>
<td>Peaceful</td>
<td>Peaceful</td>
</tr>
<tr>
<td>Enthusiastic</td>
<td>Enthusiastic</td>
<td>Enthusiastic</td>
<td>Enthusiastic</td>
<td>Enthusiastic</td>
</tr>
<tr>
<td>Relaxed</td>
<td>Relaxed</td>
<td>Relaxed</td>
<td>Relaxed</td>
<td>Relaxed</td>
</tr>
</tbody>
</table>

© Gilbert, 2008

**Note:** This scale was used with permission from Dr. Paul Gilbert (Copyright Gilbert, 2008. All right reserved).

**Adapted Instructions given to participants (approved by Dr. Gilbert):** Below are a series of words that describe different positive emotions. Some of these emotions relate to feeling lively, energized and excited, whereas others relate to feelings of being relaxed, calm and peaceful. Please rate how characteristic these feelings were of you during the art activity you just experienced.
Appendix J

Past Experiences Questionnaire
1. Have you had any experiences that you would consider traumatic? (yes or no)

2. Have you experienced discrimination? (yes or no)

3. If you answered yes to either of the questions above, would your past experiences with trauma and/or discrimination impact your ability to feel psychologically/emotionally safe with a new therapist at the beginning of therapy? If yes, please explain.

4. Have you had any other life experiences that may impact your ability to feel safe with a new therapist? If yes, please explain.

5. Have you been to see a therapist? (currently or in the past) (yes or no)
Appendix K

Debriefing Email
Hello (insert participant name),

Thank you so much for engaging in my art therapy research study! I greatly appreciate your time and efforts. Please know that you have made an important contribution to the field of art therapy.

In this message, I’d like to provide you with additional information about the study. If you would like me to send you research sources related to the study information shared below, feel free to ask me. Below I will also provide general resources relating to mental health and art therapy. If you feel you need additional mental health support as a result of participating in this study, please contact me or my supervisor (Richard Carolan, richard.carolan@dominican.edu) for referral services or directly contact a mental health counselor. A summary of final results of this study will be emailed to participants by May 8, 2024.

About This Study:
In participating in this study, you engaged in two different artmaking experiences that can be used in therapy to assess clients. While most existing research focuses on the information that can be gained from an assessment, I wanted to learn more about what it’s like to be experiencing the assessment as a client (thus, I did not assess you or your art during the study; I just wanted to know what the assessment experience was like for you). Further, I wanted to know whether people felt more psychologically safe during one assessment or the other and whether certain aspects of the artmaking experience (E.g. being told what to draw and what art materials to use versus having choice of content and art materials) relate to feelings of safety. The following underlying premises stem from existing research and support the purpose and importance of this study:

- Assessing/gathering information about the client and building a positive alliance/relationship between client and therapist are important goals at the beginning of therapy.
- Feeling psychologically safe is an important factor in the formation of the relationship between client and therapist and may be particularly important for those who are more likely to feel unsafe with a new therapist, such as those with trauma histories or who have experienced discrimination.
- The therapeutic alliance (positive relationship between client and therapist) is vital for effective therapy and building this alliance during assessment is beneficial.

My hope is that this research gives art therapists more knowledge about how art-based assessments are experienced and how to gather information about their clients while also fostering feelings of safety, which will in turn help to build a positive relationship between them and the client that allows for meaningful and effective therapy.
Resources:

- American Art Therapy Association: About Art Therapy
  - https://arttherapy.org/about-art-therapy/
- National Alliance for Mental Illness (NAMI)
  - https://www.nami.org/Home
- National Suicide and Crisis Lifeline
  - https://988lifeline.org/
  - 24/7 Call or text: 988

If you have any questions about this study or about art therapy, please don’t hesitate to contact me! Thank you again for your participation.

With Gratitude,
Sophie Restall
Art Therapy Psychology Master’s Student
Dominican University of California
(831) 288-5228
Appendix L

Institutional Review Board Approval
November 20, 2023

Sophia Restall
50 Acacia Ave.
San Rafael, CA 94901

Dear Sophia,

On behalf of the Dominican University of California Institutional Review Board for the Protection of Human Participants, I am pleased to approve your proposal entitled Art Therapy Assessment and Sense of Safety (IRBPHP Initial IRB Application #[11154])

In your final report or paper please indicate that your project was approved by the IRBPHP and indicate the identification number.

I wish you well in your very interesting research effort.

Sincerely,

Michaela George, Ph.D.
Chair, IRBPHP
Cc: Richard Carolan
Appendix M

Human Figure Drawing (HFD) Assessment

Participant Artwork Examples
Figure 12

HFD Assessment Participant Artwork Examples
Appendix N

Expressive Therapies Continuum (ETC) Assessment

Participant Artwork Examples
Figure 13

ETC Assessment Participant Artwork Examples