

Therapeutic Interior & its Effects on Patients

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ABSTRACT

The interior of the room is influenced by user perceptions of psychological security, closeness, self-disclosure, the ability to form therapeutic connections, and the feeling of the Persons in the environment. Poor treatment spatial design may increase emotions of otherness, hinder agency development, restrict communication, and result in poor service user outcomes and experiences. In this paper, we have discussed the influence of interior design of clinic or home space on therapeutic process. Architectural elements are the generally permanent components of an environment in which a clinic or the house is located such as the physical design, design, size and form of the furniture, closets or other equipment, and the materials used in its construction. Low lighting may have a pleasant and calming impact on an individual's perceived attraction and customer self-disclosure. The findings show that the interior design of the counselling room may have an impact on communication and other human interactions. The environment of the room may also influence communication. Sommer (1969) found that the discussion of female geriatric participants rose in a pleasant or socio-fugal setting, including flowers, magazines, vase and others. From a practical point of view, knowing environmental variables in advice like lighting effects enables advisors more effectively to undertake therapy. We see counselling contexts as overlapping areas, as do other scholars. The connection between environmental and clinical psychology should be made clear to counsellors, clinicians, psychiatrists and their organisations. They are more conscious of environmental effects throughout their treatment sessions.

Keywords- Interior design, Architecture, Therapeutic Interior

A therapeutic environment is distinguished by its softness, distinctiveness, and orderliness.

Graham et al. (2015) asserted that the house is an excellent psychological research topic, and their findings were supported by other researchers. "Houses are essential real-world environments where fundamental psychological processes occur on a daily basis." During this time, processes like as connection formation and identity formation (both within and beyond cultures), emotion management, and growth take place. As a result, Graham and colleagues conducted an online poll to compile a list of the atmospheres that individuals would want to establish in their "dream home." The poll's results backed up their claim. The study asked participants to select two settings from a list of 29 rooms in each of their home's 18 distinct rooms. According to Graham et al. (2015), the top three atmospheres for all of the rooms, from the most popular to the least popular, were pleasant, organised, and relaxed. Graham and colleagues claim that "the atmospheric distributions differed significantly in all rooms." However, although respondents' preferences were taken into account while selecting the mood, the selections tended to fit the purpose of the rooms. For example, more than half of the respondents indicated that they wanted to establish a welcoming atmosphere at their entrance.

Graham et al. (2015) faced many limitations in their research since the poll was performed in a Western (i.e., white, Euro/America centre) household, which restricted the results. Travis, one of the study's authors, also had architectural clients who responded to survey questions. Despite the fact that the research focused on a hypothetical ideal house, the respondents had the financial means to buy and build a new home for themselves. Making a list of settings, as suggested by the research, is beneficial for thinking on the ideal ambience of a therapeutic location, which is particularly beneficial for home therapists.

Tony Torrice, a recently deceased interior designer specialising in therapeutic designs for children and the handicapped, suggested the connection between unconscious healing and colours associated with hindu chakras (defined as energy centres in the body that power different major organs and systems). Chakras are associated with the colours orange, yellow, and green, which correspond to the body regions afflicted by organ failure and blood illness. To prevent the appearance of a package of frozen mixed veggies, these colours have

I. INTRODUCTION

Indoor environments – the personal and public spaces in which we spend a significant amount of time – have an impact on our well-being. Sally Augustin, a doctorate scholar in applied environmental and design psychology and design creator with science, founded Design with Science, an international consulting firm that believes that a place should help us to accomplish specific objectives. We also acknowledge that bad architectural design and execution are closely related to poor health and mental health problem. The architecture of a counselling room, in particular, has been shown to have an impact on mood, consciousness, and behaviour.

been modified to more closely resemble the high-mountain desert of Utah.

Miwa et al. (2006) conducted a research to see whether the interior design of the treatment room influenced participant self-information and their perception of professional counselling personnel. The writers investigated the impact on the lighting and decorating issues. It looked at four different scenarios, including decorations (with or without home décor) and different types of illumination (bright or dim). Individual structured interviews (consultant) with a trained interviewer were conducted with each of 80 undergraduate students (clients) who were randomly allocated to one of three conditions. The questionnaire was then completed by each client. Low lighting, according to the study's findings, produced pleasant and calm emotions, as well as a better image of the interviewer and more self-information than bright illumination. The writers, on the other hand, discovered that the decorations lacked a dominating pattern. The pleasant and calm emotions connected with low lighting may boost a consultant's perceived attractiveness and clients' willingness to interact. The findings suggest that the interior design of counselling facilities may have an impact on communication and other interpersonal interactions.

Maslow and Mintz (1956) discovered that the aesthetic features of rooms had an impact on participants' evaluation of pictures of human faces in a ground-breaking study. The study looked at three different types of room conditions: Beige walls, indirect overhead lighting, a comfortable sessel, a desk and chair combo, wall paintings, art items, and so on were all present in a lovely setting. The industrial norm was rooms with battleship-grey walls, an indirect overhead light, two desks and combination chairs, two rectangular chairs, a metal library, and so on. The room had battleship-gray walls, a sweaty, unsuitable lampshade above light, two straight-backed chairs, a small table, mops, garbage bins, and other other items. It was a stupid location. Participants assigned to the beautiful room were more likely to describe it as attractive, wonderful, comfortable, and pleasant than those assigned to the average or ugly rooms, and they rated pictures of faces as having more power and well-being than those shot in the medium or ugly rooms. Mintz (1956) discovered that individuals who stayed in the ugly room complained of boredom, tiredness, headaches, irritation, and hostility more than those who did not remain in the ugly room.

A number of research on the effect of university conditions on student responses have confirmed these results. Researchers Campbell (1979) and Morrow and McElroy (1981) stated that when they sat in a clean office with green plants and posters, they felt more relaxed. They want the professor in the office to be more pleasant, less harried, and to discuss topics of mutual interest. On the other hand, students saw professors in

crowded offices as rushed and busy, which dampened their favourable emotions (Campbell, 1979; Morrow & McElroy, 1981). When repeating Maslow and Mintz's research, Locasso (1988) discovered no impacts from the interior environment while controlling experimental artefacts such as time spent in the rooms, symbolic instructions for participants, and social interaction effects. He concluded that these effects would increase with time, which was not confirmed for aesthetic impacts through social contact (Locasso, 1988). Visual quality combined with interpersonal variables and long-term exposure may enhance the value of aesthetic interior design.

The atmosphere of the room may also have an impact on communication. Sommer (1969) discovered that when women were in a warm or socio-fugal environment, their conversation level rose, including the presence of flowers, magazines, vases, and other decorative items. Interviewers in a soft bedroom (with pictures on the wall, chairs, alarm clothing, and lights) reported more than those in a hard room, according to Chaikin, Derlega, and Miller (1976). (Cement block walls and fluorescent lighting). Note the overlap between the soft and hard rooms that Maslow and Mintz (Maslow and Mintz, 1956; Mintz, 1956) defined in their 1956 book with the beautiful versus ugly room. The effects on emotions, perceptions of others, and communication may be important in therapeutic contexts. The purpose of this research was to determine the impact of room quality on participant self-disclosure and their perceptions of an interviewer during a group interview.

II. RESEARCH SOLUTION

There is a strong contrast between the center's dynamic ceiling heights as well as the skylit entrance and floor-to-ceiling windows and its walls, ceiling and floor covering. The process of creating design components that psychologically enhance vitality while soothing anxiety was also marked the start. Depression patients may subordinate or utilise a portrayal of the human shape to project their loss or fear to create an emotional reaction. The conclusion is that vibrant artworks of capes of trees are shown to reflect cyclical change, the connotation of development and stability, and are free from emotional implications as depressed patients (such as human shapes or religious symbols). A wrapped-in giclée printed on a gallery protects vivid, contemporary artwork, including sun and harsh cleaning facilities.

To assist patients with sorrow, deploration or trauma in their reaction and awareness, several "little moments" or pleasant distractions have been given throughout the hospital. The patient treatment rooms are linked by a small foyer to the counseling/medical offices with an impromptu art exhibit for a good diversion. Blue

and jade colours shine against the adobe walls and create a light impression.

The concept of a spa is three-quarters tiled walls in big, sandstone ceramic tile, accentuated slate and glass mosaic banding finishes in the bathroom to create a spa-like environment. Decorative potted reeds lighten the environment by increasing colour elegance and organic texture. The use of colour and detail is intended to persuade patients and staff that they are in a specially tailored treatment environment. Before starting manufacturing, every aspect of the design was thoroughly evaluated for ease of use, maintenance and visual appeal.

2.1. Effect of the Ambience

Environmental characteristics include illumination, air quality, and noise. Lighting is frequently suggested for gentle, indirect and wide or full spectrum lighting. Closed lights should be used sparingly and carefully in the form of spotlights so that people do not beam directly. Many writers have promoted the use of natural light in hospitals, which patients are quite appreciated. In hospital rooms, the sunlight has shown to have a therapeutic impact on individuals with severe depression or to help them rehabilitate. It is also a good idea to have excellent air quality with fresh air, sufficient ventilation and neutral scents, as these may contribute to the healing process. In addition, locations with a lot of reverberation should be avoided. It may be extremely helpful to provide a customer with some excellent diversions by enabling him or her to take a break from dealing with emotionally difficult issues. They may concentrate on a relaxing art piece, quiet platform fountain, an enjoyable location other than the therapy room or even calming toys depending on the circumstances. Given the potential to feel vulnerable while discussing difficult topics with clients, a pause is advised.

We sought to include works that link with the road to self-development and are also accessible to the general public for this article, since the creative arts are a key element of therapeutic rehabilitation. In order to do this, simple abstract art works created by artists who are process-oriented and dedicated to their profession should be studied.

Houseplants are frequently suggested to soften a space, but for a family with special needs they may be disastrous. Initially, households are pushed down easily and lead to shambles of leaves. Second, mildew, pollen and other allergens are frequently taken home, aggravating the symptoms of the people suffering from asthma and allergies.

2.2. Architectural Features

Single or non-dormitory rooms and the beautiful clinic of the therapist offer privacy and liberty. Single or non-dormitory rooms frequently promote participation in treatment activities. Private rooms can generate a feeling of privacy and seclusion.

Numerous writers have mentioned that many windows that see nature in their writings as a desirable design element. Patient as well as the Doctor with views of nature may be better and happier about their work due to decreased psychological discomfort and recuperation time. Large and low windows may help enhance the sensory capacities of some individuals, while also reducing delirium and paranoia. The use of laminated safety glass in group rooms may help to open the area and create a visible external link. For individuals who work in stressful circumstances, outdoor gardens and other natural environments may offer "positive diversions." Nature may help you recover faster by reducing stress and tiredness. In addition, access to nature has been recognised as a significant design element of consumers in clinical settings.

Environmental psychologists advise against the use of long, echoic corridors due to perceptive distortions in treating some psychiatric patients. By integrating spatial flexibility into the design process, the utilisation of available space may be maximised (for example, adding movable separators for bigger spaces). Closer closeness may enhance safety, but it may also raise worries about disturbance, whereas larger distances reduce environmental disturbance but also restrict other members' response time and access to nursing resources. During the VA Palo Alto project design phase, a compromise was reached by placing seclusion rooms close and in view of the clinic's personnel while keeping them away from major patient corridors and activities. Keep your windows open to provide as much natural light as possible. This contributes to the appearance of the space and the sense of brightness, openness and warmth it inspires.

The design of the architecture should enable new technologies to be included as they become available. If a unit is correctly built, it should promote family involvement and group activities by providing sufficient group space, for example.

2.3. Interior design of the space

It is essential to take into account the symbolic meaning of the unit and the collection of signals that the environment conveys to the population during the design of an interior space. Davis and colleagues report that the "physical ethos of the ward" carries a "latent message" regarding the patient recovery expectations. The benefits of restructuring two mental health centres were examined experimentally, and it was shown, among other things, that reshaping improves patient satisfaction, self-image and behaviour, and mood and punctuality of the personnel.

It is conceivable that viewing enough natural artwork may also give someone an opportunity to ponder about contemporary events. Visualizations such as the walk through a quiet location or a seat in a well-kept garden may help patients relax or associate the brain with the images. On the other side Augustin recommends that we avoid gazing at confused, chaotic

or complex images, since we want to gaze at a scenario in which we are asked to participate.

Furnishings: The need to minimise the 'wide architecture' sense of the home while integrating a comfortable and calming atmosphere is one of the most frequent suggestions in the study group on therapeutic clinic design. This kind of environment was linked to better emotional and cognitive well-being and improved patient conduct. Even little amounts of nature exposure may be linked with improved psychological well-being, according to recent research. A few plants at the workplace, a quiet environment or access to a court or garden may all contribute to a good therapeutic experience.

Studies show that individuals prefer natural wood with grain over grain surfaces without grain for a number of reasons which are not entirely apparent. They're also more comfortable with wood than with sleeker, frightening materials such as chrome and glass. The stress reduction benefits of natural wood surfaces, such as floors and walls, cover approximately 45% of the surface of a space. Besides that, individuals do not want surfaces to be left behind in fingerprints or other evidence of previous visitors. People generally prefer furniture somewhere in the centre of the range, which means it's neither excessively costly nor inexpensive, nor it's unpleasant.

Familiarity: There should be some familiarity with the tone of the person who needs help. In a recent study, researchers found that individuals prefer familiar environments rather than beautiful or fashionable ones. Upholstered furniture should be used wherever possible. Despite its usage as a weapon and it's not easily lifted or thrown, furniture should not be too heavy to carry. It is also essential to have an adjustable design that allows you to replace components as necessary and is damage resistant. It's advisable to look at art works (soothing, not thrilling). Natural images have been proven to decrease anxiety. Various writers have called for the installation of tapestries to improve comfort and aesthetics, but this must be weighed against the risk of soiling. Above all, with the involvement of nursing and housekeeping staff, the choice to install carpets should be taken.

Colour: Many writers have proposed the use of colour as a design element in interior design. Research findings on the selection of wall colours were uneven. There are, however, a few basic suggestions which are fairly constant. It is advisable to steer away from them starting with monochrome, monotone colour schemes, stylish or trendy palettes and pastels. Depressive patients and some elderly people may like more vivid colours, but they may be too stimulating for agitated patients to accept them. Second, since warm blue tones typically have a calming or sedative effect for shorter wavelengths, they may be especially appropriate for quiet environments. It was also observed that the employment of almost similar colours with the same value and intensity has a soothing effect on the emotions of the spectator. The third is that

blue-green colours may depress those who are unhappy or have little energy. According to the instructions, the walls of the insulation chamber should be painted "calm yet distinctive rather than white or grey." Many therapists may have little impact on the kind of wallpaper or paint that is used on the walls, but bright and calming colours, such hues of green or blue, are usually recommended for the area that they create. Selecting a colour that reflects a place's brightness and vitality is second nature when it is designed. Blues, greens and yellows are frequently linked to well-being sensations. To ensure that colours do not cause pain, family members should be approached again. There are a lot of additional factors when it comes to interior design. In creating the unit, bear in mind the conflicting aims of involving retired and depressed patients without over-stimulating manic or restless individuals and, among other things, instilling hope throughout the rehabilitation process. The use of colours, lighting, flooring, wall graphics and furniture among other things, may be used to separate functional sections. A lot of writers have recommended natural plants and have shown better in numerous experiments. In his study into the remodelling of numerous mental hospitals, Devlin concluded that, regardless of the facility in issue, adding plants had the best overall reactions. Safety features such as shatter-resistant glass, break-out rims, tamper-resistant power outlets, rubber-resistant mirrors and locked water taps are all for convenience. It is also a good idea not to build blind corners wherever feasible. Decorative wood veneers were also utilised on doors and railings to ease the overall appearance of the area. Finally, many writers advise avoiding the highly polished flooring or other reflecting surfaces in the house due to their brightness.

Lighting: The exposure to natural sunshine, including an increase in synthesis of beneficial brain chemicals such as serotonin, endorphins as well as greater amounts of vitamin D, has numerous health advantages. Dimmer switches should regulate the lights in the dining room and bedroom. Ease after a long day with these environmental lights that bathe the surroundings in a lovely glitter that relaxes your eyes and helps you relax. There are many different kinds of lighting devices and lights to illuminate the various sections of a space.

A mood light is a simple and cheap method to create a quiet environment in any space. In terms of pricing, INR 500-1000 costs a little mood lamp the size of a nightlight, while a bigger one costs less than \$50. My family has found that, as against other colours, dark pink or amber-colored lights have a soothing impact on them. Some of the possible forms and styles include egg-shaped, cubic, volcanic lava-shaped and lit salt crystals, for example.

Since natural light improves emotions, windows or skylights should be utilised as much as possible. Dawn Gum, Ewing Cole's director of internal architecture, a national company, agrees. If the windows are eye-level, the best views are peaceful and natural

rather than lively, distracting streets or highways with sights and noises.

To create a sense of warmth and comfort in a space without windows, utilise soft lighting, such floor and table lamps rather than fluorescent overhead lighting. Some light bulbs can even mimic natural light, which may help create an enjoyable atmosphere in an area without windows.

According to Chaikin et al. (1976), the soft room included an oriental rug, a coated sleeper, framed images, magazines, an ashtray, a ramp for the floor and a table ramp while the hard room had a brown asphalt flooring, yellow cement block walls, an elongated table with a straight back chair, and fluorescent overhead lights. The quality and amount of furniture, decorating and lighting in a room obviously differentiated the attractiveness from a space which is in the first place unappealing.

Gifford (1988) identified two key characteristics of rooms leading to a good image and feeling: warm and pleasant decoration and low levels of illumination. Art posters and brilliantly coloured tapestries help to creating a friendly environment that enhances convenience and personal conversation according to Gifford. He also thought that lower (i.e., dark) lighting would reduce excitement and promote

calmness and proximity, whereas light would enhance enthusiasm and lead individuals to speak more generally.

The various light kinds were consistently affected by all the main dependent variables. On the one hand, the low light was seen as less stressful and quieter than the strong light, while on the other hand the interviewer felt the low light was more comfortable, comfortable, beautiful and modest than light. This finding confirms Mintz's conclusions (1956), which state that visual-esthetic settings can have a significant impact on those who are exposed to them, and that the participants' positive emotions about the surrounding environment will fade away from their perceptions of the interviewer in that context.

In addition, in terms of the counsellor's impression that dim illumination improves, another possibility is for the interviewer to perceive dim lighting to be more agreeable like the participants and unconsciously express their positive attitudes towards the participants as a result of the pleasant feeling. In other words, the behaviour of the interviewer may serve as a mediating element in the lighting effect and thus influence the participants' responses. Locasso (1988) stated that social contact may diminish or increase aesthetic impacts on a person's global perspective.

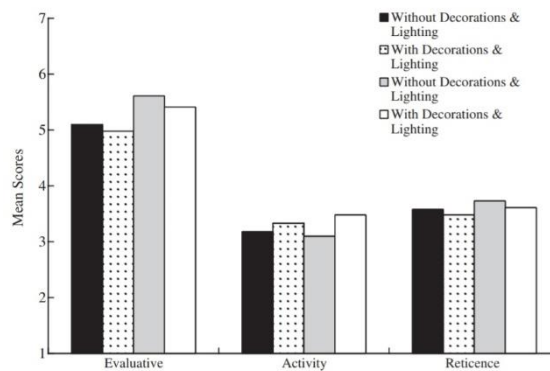


Figure 1: The Mean Scores of the Items that Loaded on Three Factors of the Impressions of the Interviewer in the Personal Characteristic Scale in the Four Conditions (Source:)

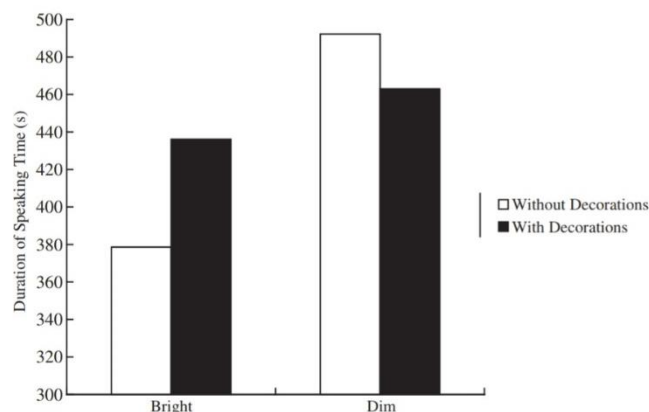


Figure 2: Mean Speaking Time of Patients in Four Conditions (Source:)

2.4. Garden in the campus

People with Alzheimer's disease tremendously benefit from nature and from properly planned gardening possibilities – even if it is a green patch of grass with a place to sit down and enjoy the sun in winter and shade in summer – the quality of their life may improve considerably. Natural settings have a significant effect on individuals, which is apparent as understanding of neuroscience is increasingly connected to environmental design. As a result of this knowledge, designers now have a new duty to do everything they can to ensure that occurs. Designers are able to cure and repair people in the same way that doctors can. In addition, designers have a duty to learn all they can about how Alzheimer's people perceive their environment and use all their design skills to make sure that this knowledge is converted into excellent Alzheimer's treatment gardens.

Natural maps are used to identify well-designed therapeutic gardens for people with mental illnesses. On the one hand, a single footbridge links the garden entry to another position on the other side of the garden entrance. Along the way, there are a number of clearly designated minor and large destinations which serve as public navigation points. Examples include park seats, flowering plants, a mail box, a vehicle, a drying laundry and planting boxes. Many places in a house are of particular significance, such as the front porch, rear patio, the back yard and the front yard. Since there is no confusion-causing hidden passages or short cuts, subsidised routes and shortcuts exist at a 90° angle across the main road, providing an apparent alternative to a confusing bifurcation along the road between the main and secondary roads. This obvious design feature must be incorporated in the original idea of the designer when he starts his job.

III. SPECIFIC ISSUES

Open vs closed shared spaces: many sources advocate the usage of open shared spaces. The elimination of glass barriers in hallways and common spaces was shown by Edwards and Hulst to have important psychological, behavioural and social benefits.

General problems and suggestions for building facilities for the elderly: Particular issues and suggestions for the establishment of the VA Palo Alto geropsychiatric facility for elderly mental patients have been made. Since the selective attention of many older patients decreases with age and less stimulus, moderate ambient stimulation is particularly essential for them. Light and loud noise are two of the most annoying environmental elements, especially for those with sensory or cognitive impairments. In addition, greater amounts of light are required for elderly individuals, especially those suffering from dementia. Not only can low levels of light affect eyesight, they may also irritate the eyes. In a research investigating the effects of intra-institutional mobility on senior residents of long-term

care, respondents stated that better illumination, if adopted, would be helpful.

Photographs of familiar places as well as a familiar eating experience may help to remember events and enhance their importance and adaptability in the elderly. Personal well-being may be enhanced via exercise and other types of physical activity, which can also be used as energy sources that can help decrease negative dementia behaviours.

Shorter hallways for elderly people are also simpler to traverse and have a lower resonance frequency. A sufficient amount of visual indications may help you to remain on track and prevent straying. Handrails and grab bars with a (including bottom) suicide-proof design are necessary throughout the institution to help elderly patients keep their balance and movement. In order to help balance while rising, chairs (and commodes), among other characteristics, should have a suitable height and arm length and a sufficient back support. The bathrooms at a clinic should have enough capacity for wheelchairs and caregivers. Finally, increased toilet appearance may help reduce incontinence in elderly individuals with cognitive impairment.

IV. CONCLUSION

We need to be in a secure and comfortable environment if we want a real, friendly Communication with someone. We consider that both academic research and our own practical experience in the development process strongly suggest an open, dynamic and multidisciplinary approach to design. During the design phase, consultations and continuous discussions with house members, patients and other experts are encouraged (and even beyond occupancy, if possible). In addition to offering a wider viewpoint and improving the identification of key design and care problems, this method offers significant results for processes and a broader vision. Staff members are more inclined to accept acceptable concessions and adjust to a final facility design if they can make substantial contributions throughout the whole planning process and feel that their views are taken into account.

The aim of this interdisciplinary study is to investigate the function of therapeutic spatial design and how it impacts the individuals who use it, focusing on expressive art therapy. This study examined the role of therapeutic spatial design and how it impacts its users. According to the study results, the provision of sufficient therapeutic space has a beneficial effect on therapeutic interaction. In the creation of an adequate therapy environment for an expressive art therapist, the layout of the space, the utilisation of sensory input, the availability of hospitality facilities and the inclusion of biophile design elements are essential to consider. In this research the aspects of accessibility, adaptability and use of these variables in expressive art therapy are all taken into

account. Further study may examine, among other things, the connection space between patients and therapists, the significance of time in establishing a therapeutic space, and the effect of therapeutic relation on the constructed vs. movable therapeutic space.

REFERENCES

- [1] Chaikin, A. L., & Derlega, V. J. (1974). Variables affecting the appropriateness of self-Disclosure. *Journal of Consulting and Clinical Psychology*, 42, 588-593.
- [2] Cotton, N. S., & Geraty, R. G. (1984). Therapeutic space design: Planning an inpatient children's unit. *American Journal of Orthopsychiatry*, 54(4), 624-636.
- [3] Cox DTC, Sahanahan DF, Hudson HL, et al. Doses of neighborhood nature: the benefits for mental health of living with nature. *BioScience*. 2017;67(2):147-155
- [4] Davis, M., & Wallbridge, D. (2004). Boundary and space: An introduction to the work of D.W. Winnicott. (Original work published 1981)
- [5] DeAngelis T. Healing by design. *Monitor on Psychology*. Updated March 2017. Accessed September 22, 2018.
- [6] Gifford, R. (1988). Light, decor, arousal, comfort and communication. *Journal of Environmental Psychology*, 8, 177-189.
- [7] Goelitz, A., & Stewart-Kahn, A. (2006/2007). Therapeutic use of space: One agency's transformation project. *Journal of Creativity in Mental Health*, 2(4), 31-44
- [8] Graham, L. T., Gosling, S. D., & Travis, C. K. (2015). The Psychology of home environments: A call for research on residential space. *Perspectives on Psychological Science*, 10(3), 346-356.
- [9] Kreshak, Rebecca, "Good-Enough Therapeutic Space Design: A Literature Review and Considerations for Expressive Arts Therapy" (2020). *Expressive Therapies Capstone Theses*. 307.
- [10] Locasso, R. M. (1988). The influence of a beautiful versus an ugly room on ratings of photo-graphs of human faces: A replication of Maslow and Mintz. In J. L. Nasar (Ed.), *Environmental aesthetics: Theory, research, and applications* (pp. 134-143). New York: Cambridge University Press.
- [11] Mintz, N. L. (1956). Effects of esthetic surroundings: II. Prolonged and repeated experience in a "beautiful" and an "ugly" room. *Journal of Psychology*, 41, 459-466.
- [12] Miwa, Y., & Hanyu, K. (2002). The classification of counseling-rooms based on the components
- [13] Miwa, Y., & Hanyu, K. (2006). The effects of interior design on communication and impressions of a counselor in a counseling room. *Environment and behavior*, 38(4), 484-502.
- [14] Miwa, Y., & Hanyu, K. (2006). The effects of interior design on communication and impressions of a counselor in a counseling room. *Environment and behavior*, 38(4), 484-502
- [15] Miwa, Y., Hanyu, K., & Inaga, K. (in press). The classification on the usage of counseling room based on their furniture compositions. *MERA Journal*.
- [16] Morrow, P. C., & McElroy, J. C. (1981). Interior office design and visitor response: A constructive replication. *Journal of Applied Psychology*, 66, 646-650.
- [17] Muto, K. (1979). Modification and development of "Ego Identity Status Interview" and ego identity of Japanese university students. *Japanese Journal of Educational Psychology*, 27, 178-187.
- [18] Proceedings of the 33rd Annual Conference of the Environmental and Design Research Association, 33, 108.
- [19] Osgood, C. E., & Suci, G. J. (1955). Factor analysis of meaning. *Journal of Experimental Psychology*, 50, 325-338.
- [20] Pearson M, Wilson H. Soothing spaces and healing places: Is there an ideal counselling room design? *Psychotherapy in Australia*. 2012; 18(3): 46-53.
- [21] Pressly, P. K., & Heesacker, M. (2001). The physical environment and counseling: A review of theory and research. *Journal of Counseling & Development*, 79, 148-160.
- [22] Reilly G. Designing the right headspace: counselling and therapy spaces are often inappropriate for people with mental illness. Updated July 20, 2017. Accessed September 22, 2018.
- [23] Sommer, R. (1969). *Personal space*. Englewood Cliffs, NJ: Prentice Hall.
- [24] Sommer, R. (1974). *Tight spaces*. Englewood Cliffs, NJ: Prentice Hall.
- [25] Steffy, G. (1990). *Architectural lighting design*. New York: Van Nostrand Reinhold.
- [26] Wada, M. (1986). Effects of liking, interpersonal distance, and topics on nonverbal behaviours and self-disclosure. *Japanese Journal of Experimental Social Psychology*, 26, 1-12.
- [27] Zeisel, J. (2007). Creating a therapeutic garden that works for people living with Alzheimer's. *Journal of Housing for the Elderly*, 21(1-2), 13-33.