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# Effect of Physical Elements in Counseling Room on Women's Psychological Comfort: Pulih Foundation Case Study

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**ABSTRACT**
The counseling room plays a critical role in supporting psychological recovery, particularly for young adult women in Indonesia who experience a high prevalence of emotional mental disorders such as anxiety and depression. This study aims to examine user perceptions of the physical elements of counseling rooms—specifically lighting, color, and spatial layout—and to identify which components contribute most significantly to psychological comfort. Conducted at the Pulih Foundation Clinic, the research employs a mixed-method case study approach with data collected through structured observation, semi-structured interviews with two psychologists, and a main questionnaire completed by 52 female clients. Instruments used in the survey included the Environmental Satisfaction Questionnaire and the Perceived Restorativeness Scale. The results reveal a clear perceptual dichotomy: while spatial elements such as layout and furniture arrangement were positively perceived, sensory components—particularly lighting and color—received low satisfaction scores and were measured to be below standard comfort levels. The study also highlights the critical importance of acoustic privacy, which received the highest importance score among participants. A strong correlation was found between perceptions of lighting and color, indicating the interdependence of these environmental aspects. Based on these findings, the study recommends targeted design interventions that prioritize the improvement of acoustic insulation and the implementation of adaptive lighting systems. These recommendations aim to support the creation of gender-responsive, psychologically supportive counseling spaces that are attuned to the needs of young adult women in recovery.

KEYWORDS

Counselling Room
Gender-Sensitive Design
Healing Environment
Interior Psychology
Psychological Comfort



## INTRODUCTION

The increasing prevalence of emotional mental disorders in Indonesia, especially among young adult women, is a pressing public health issue confirmed by national data (Riskesdas, 2018). Anxiety and depression are among the most frequently reported conditions, with women showing higher rates than men. In response to this issue, counseling rooms serve as essential therapeutic environments to support recovery. Environmental psychology literature emphasizes that the physical environment—through elements like lighting, color, and spatial layout—actively influences emotional states and psychological well-being (Huisman et al., 2012). This influence is particularly critical for women, who demonstrate greater sensory sensitivity and heightened responsiveness to spatial stimuli (Miwa & Hanyu, 2006).

Previous studies establish the Healing Environment (HE) framework, where the physical

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setting acts as an active agent in reducing stress and enhancing emotional comfort (Ulrich, 1984). This framework is materialized through key principles such as providing user control, positive distraction, and social support via elements like natural lighting and calming colors (Huisman et al., 2012). This highlights how the final perception of color is not determined by the pigment alone, but is heavily influenced by other factors, such as lighting, which can alter its perceived intensity and emotional impact .This concept becomes particularly critical when viewed through the lens of Gender-Sensitive Design (GSD), which advocates for environments addressing the unique needs of female users by emphasizing psychological safety, control, and privacy—factors essential for trauma-informed care and recovery (Campbell et al., 2009). Furthermore, research confirms that creating a familiar and "homely" atmosphere directly strengthens the therapeutic alliance by improving client impressions and fostering emotional openness (Miwa & Hanyu, 2006; Knapp, 2020). Finally, qualitative studies underscore that users themselves perceive comfort and privacy as fundamental to an ideal therapeutic space (Taiwo et al., 2023).

However, while these Western-derived frameworks are robust, a significant research gap persists. Current literature often overlooks the unique context of intimate counseling rooms in favor of general healthcare settings and lacks a user-centered perspective grounded in the specific cultural and subjective experiences of Indonesian women (Sui et al., 2023). Therefore, this study aims to fill this void by evaluating how key design elements (lighting, color, layout) are perceived by this demographic, seeking to build a localized, evidence-based foundation for gender-responsive therapeutic design in Indonesia.

Supporting literature also confirms that environmental cues can affect both emotional states and behavioral outcomes (Pressly & Heesacker, 2001). Key principles include user control, positive distraction, and social support, often materialized through natural lighting, calming color palettes, and acoustic comfort (Huisman et al., 2012). In addition, Gender-Sensitive Design (GSD) offers a more specific framework, advocating for environments that address the unique needs and vulnerabilities of female users. In the context of trauma-informed care, this includes a strong emphasis on safety, control, and acoustic privacy, which are essential for fostering psychological security and supporting emotional openness (Campbell et al., 2009) The creation of a familiar, non-threatening, and homely atmosphere has also been shown to positively influence emotional openness in therapy (Knapp, 2020).

A few researchers have examined physical environments in counseling settings; however, none have explored how Indonesian women perceive specific design elements in relation to psychological comfort. Therefore, this study focuses on evaluating user perceptions of lighting, color, and layout in counseling rooms through the lens of Healing Environment and Gender-Sensitive Design frameworks. This research aims to identify which physical elements are most influential in creating a psychologically supportive space for women, contributing a localized, evidence-based foundation for gender-responsive therapeutic design.

## METHOD

This research employs a mixed-method design utilizing a case study approach. This design was chosen for its ability to generate a holistic and in-depth understanding by concurrently integrating quantitative and qualitative data in a single phase of research (Creswell & Plano Clark, 2017, as cited in Lee Jin-Ting, 2019). Specifically, the case study approach facilitates the investigation of a complex phenomenon—in this case, the perception of psychological comfort within its real-world context: the physical environment of the Pulih Foundation Clinic counseling room (Yin et al., 2018). This structured process, moving from analysis to synthesis and evaluation, is fundamental in formulating a design concept that effectively addresses user needs in an interior setting (Yusuff et al., 2024).

Participants were selected using a purposive sampling technique, which is ideal for recruiting individuals who possess direct experience and relevant knowledge of the phenomenon under investigation (Palinkas et al., 2015). The participants consisted of two groups: two professional psychologists providing an expert perspective, and 52 young adult female clients (ages 18-35) offering a user perspective. The primary variables measured included perceptions of physical

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elements, design preferences, and the level of psychological comfort.

The data collection process was conducted in stages to facilitate a robust triangulation. The process began with an exploratory preliminary study (N=50) via an online questionnaire to validate the main research focus on lighting, color, and layout. Following this, the main data collection involved three methods at the case study location: (1) structured observation to measure objective physical conditions, for which a Munsell-based color codification system was developed; (2) semi-structured interviews with psychologists to gain practitioner perspectives; and (3) a multi-part user questionnaire. The questionnaire's first part evaluated existing spaces using the Environmental Satisfaction Questionnaire (ESQ) and the Perceived Restorativeness Scale (PRS), while its second part explored ideal preferences through AI-generated visual stimuli representing different design choices, with the understanding that their representation was conceptual and not photometrically calibrated.

Finally, all collected data, including from the preliminary study, were analyzed in an integrated manner. Quantitative data were processed using descriptive statistics, frequency analysis, and Pearson's Correlation Test. Qualitative data from interviews and observation notes were analyzed via Thematic Analysis. All findings were cross-validated through a final data triangulation process to ensure a rich and robust interpretation.

## RESULT AND DISCUSSION

An exploratory preliminary study was conducted to inform the main research design, utilizing an online questionnaire distributed from October 1-19, 2024. The survey gathered responses from 50 participants, a demographic primarily composed of adolescents and young adults (<18 years, 48.6%; 18-25 years, 48.6%). The findings revealed several crucial insights, with a key result being the absolute consensus (100%) on the need for women-specific counseling spaces. This unanimous agreement provides a powerful empirical mandate for a Gender-Sensitive Design (GSD) approach, elevating it from a theoretical ideal to a user-validated necessity for creating a baseline of perceived safety, a factor identified as essential in trauma-informed care and recovery for women (Campbell et al., 2009).

Regarding facility preferences, respondents were nearly equally divided between desiring purely private spaces (48%) and a combination of private and communal areas (44%). This nuanced finding is significant, as it suggests that an effective therapeutic environment must address a dual need: the absolute confidentiality required for clients to feel safe and disclose sensitive information (Pearson & Wilson, 2012) and the opportunity for social support, which is a key principle of a Healing Environment (Huisman et al., 2012). A design that solely prioritizes isolation may thus fail to meet the restorative needs of all users.

Furthermore, a significant majority (67.9%) affirmed that physical elements directly influence psychological comfort, aligning with environmental psychology literature that emphasizes the environment's active role in psychological well-being (Huisman et al., 2012). This concept resonates with traditional Indonesian architectural philosophies, where the design of a space is intentionally crafted to reflect deep community values, symbolic meanings, and social functions (Kholilah et al., 2019). When specific elements were assessed, lighting (96%), color (96%), and layout (90%) were decisively identified as the most impactful factors. This finding underscores that the strategic arrangement of visual elements is fundamental to effective communication and achieving a desired psychological impact, a principle that applies across different design contexts, from graphic media to interior spaces (Siburian et al., 2020). Crucially, these results provided a targeted, evidence-based mandate for the main study's focus. By distinguishing these three high-impact variables from elements that did not yield a clear consensus, such as connectivity with nature and material textures, the preliminary study successfully narrowed the research scope. This allowed the main study to move forward with a clear focus on analyzing the specific impact of lighting, color, and layout within a women-specific counseling environment.

Semi-structured interviews with two senior clinical psychologists at the Pulih Foundation provided crucial practitioner perspectives on client profiles and the existing physical environment. The interviews confirmed that the clinic's primary demographic consists of young adult women (ages

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21-35), who constitute approximately 70% of the clientele, with women making up about 80% of total clients per month. This aligns with national data on the high prevalence of emotional disorders in this specific demographic and validates the study's focus (Riskesdas, 2018). Significantly, a post-pandemic trend reveals a strong client preference for face-to-face sessions over online alternatives, heightening the relevance of the physical counseling environment's quality in supporting the therapeutic process.

Interviews with the psychologists identified two main issues with the physical space. First, acoustic privacy was severely lacking due to "sound leakage," a design failure that compromises the client's sense of safety and trust in therapy (Pearson & Wilson, 2012). Second, a discrepancy in lighting perception was found; despite objectively low light levels, the psychologists had become habituated and did not perceive it. This gap between staff perception and user needs highlights the importance of a user-centered design approach and the need for an adjustable lighting system for personalized comfort (Liu et al., 2023)

Finally, the interviews contextualized the foundation's significance, noting that specialized, non-governmental, gender-based psychology clinics remain rare in Indonesia. This fact underscores the urgency and wider importance of optimizing their therapeutic spaces to be truly responsive to the needs of their primary users.

Structured observation of three counseling rooms at the Pulih Foundation revealed a design paradox: while spatial configurations were thoughtfully arranged, the sensory environment was found to have significant deficiencies. All observed rooms employed an L-shaped seating configuration, maintaining an interpersonal distance of approximately 1-1.5 meters. This specific layout is known to support non-confrontational interaction and foster more open communication, aligning with findings that demonstrate how asymmetrical seating can improve impressions of a counselor and communication effectiveness (Miwa & Hanyu, 2006). Furthermore, the layout in each room consistently provided clients with clear visual access to the exit. This design choice is a key element in fostering a sense of psychological control and safety, directly reflecting principles of environmental control that are critical in evidence-based healthcare design (Ulrich et al., 2008).

Figure 1. Physical Condition of Counseling Room 2, Pulih Foundation
(Source: Syakira, 2025)

Figure 2. Physical Condition of Counseling Room 3, Pulih Foundation
(Source: Syakira, 2025)

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Figure 3. Physical Condition of Counseling Room 4, Pulih Foundation
(Source: Syakira, 2025)

In stark contrast, the sensory environment was identified as a critical issue. The lighting, sourced entirely from artificial lights with no access to daylight, was objectively measured at very low intensity levels, with average readings ranging from a low of 29.81 lux to a maximum of 111.7 lux. This inadequate illumination was observed to create a generally gloomy atmosphere and directly compromised the perception of the interior colors, which can undermine the emotional ambiance of a therapeutic space (Pearson & Wilson, 2012). This aligns with findings that color-emotion associations are highly dependent on specific color properties such as hue, saturation, and lightness (HSL), not just the color name itself (Zahra & Mansoor, 2024). Despite the use of varied color palettes, the poor lighting negated their potential psychological benefits, demonstrating a failure of multi-sensory alignment, where the effectiveness of one element is dependent on others in creating a truly restorative space (Huisman et al., 2012).

The main survey yielded data from 52 participants who met the study's criteria. The demographic profile reveals a young adult population, with the largest age groups being 21-25 years (44.2%) and 26-30 years (32.7%). The most common therapeutic issues addressed by this group were mood disorders (depression) at 34.6% and anxiety at 28.8%, confirming the sample's relevance to the research focus.

Descriptive statistics of user perceptions regarding the existing counseling rooms uncovered a clear perceptual dichotomy. Spatial aspects, such as 'Layout and Furniture Arrangement' and 'Sense of Safety and Visual Privacy', were perceived positively, with high mean scores ranging from 3.56 to 3.92 on a 5-point scale. Conversely, sensory elements, including 'Lighting Intensity' and 'Dominant Color', received consistently low scores, with mean scores ranging from a low of 2.19 to 2.56. A Pearson's Correlation Test confirmed a strong, statistically significant positive relationship between the perception of lighting and color ($r = .743$, $p < .001$), indicating that the poor perception of color was heavily influenced by the inadequate lighting conditions. This dissatisfaction was further validated by a comparative analysis where a vast majority of respondents favored the "ideal" stimuli for lighting (75.0%) and color (78.8%) over the existing rooms.

Analysis of user preferences for an ideal space identified fundamental needs and specific design attributes. The highest-rated needs were acoustic privacy (Mean importance score = 4.98) and the presence of natural light (Mean = 4.48), establishing them as critical design priorities. Regarding specific choices from visual stimuli, a significant majority of respondents preferred an 'L-shaped' layout (73.1%) at an interpersonal distance of 1-1.5 meters (78.8%). For atmosphere, respondents favored 'moderate' lighting intensity (71.2%) with a 'neutral/daylight' color tone (75.0%), and a calming, nature-inspired color palette (73.1%).

The findings of this study reinforce and extend the theoretical frameworks and empirical insights discussed in Chapter II, particularly the concepts of healing environment and gender-sensitive design. The observed perceptual dichotomy—where spatial layout was positively perceived while sensory elements such as lighting and color were found inadequate—strongly aligns with Huisman et al. (2012) assertion that both spatial and sensory dimensions significantly influence users' psychological well-being. While spatial arrangements like the L-shaped seating and visibility to exits reflect principles of environmental control and coherence Miwa & Hanyu (2006), the poor

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performance of sensory elements—especially substandard lighting intensity (well below the SNI 6197:2020 standard of 250–500 lux)—demonstrates a clear gap in meeting the standards of restorative environments (Ulrich et al., 2008; Liu et al., 2023).

Table 1. Descriptive Statistics of User Perceptions (N=52)

| Dimention Measured | Mean | Standard Deviation |
|---|---|---|
| **Sensory Aspect** | | |
| A.1 Lighting Intensity | 2,19 | 1,067 |
| A.2 Dominant Color | 2,31 | 0,981 |
| **Aspek Spasial** | | |
| B.1 Furniture Position and Distance | 3,79 | 0,893 |
| B.2 Sense of Safety and Visual Privacy | 3,79 | 0,947 |

The most striking finding is a clear perceptual dichotomy. On one hand, the spatial arrangement of the counseling rooms was perceived positively by users (Mean scores up to 3,92). This spatial success can be attributed to the alignment of the existing design specifically the L-shaped seating configuration and clear visual access to exits with key principles of Gender-Sensitive Design. According to Miwa & Hanyu (2006), such configurations minimize confrontational dynamics and enhance feelings of personal safety, which are essential for female clients dealing with anxiety and trauma. These spatial features reflect what Ulrich et al. (2008) classify as elements of environmental control, which foster a sense of autonomy, a key determinant of psychological comfort.

However, this spatial success is fundamentally undermined by a significant failure in the sensory aspects. The consistently low perception scores for lighting and color (Mean as low as 2,19) indicate that the rooms fail to provide a calming and comfortable atmosphere, thus preventing the creation of a truly holistic Healing Environment. This reinforces Huisman et al. (2012) assertion that psychological restoration is dependent not only on spatial configuration but also on a multi-sensory alignment of light, color, texture, and material quality. The goal of such an environment is to provide users with a serene, retreat-like experience that fosters rejuvenation and well-being, an objective where interior design is paramount (Zukhrufa et al., 2024)

The dissatisfaction with the sensory environment is primarily driven by inadequate lighting. This is not merely a subjective feeling but is validated by objective data: the measured light intensity (29–111 lux) is far below the standard of 250–500 lux recommended by SNI 6197:2011 for small meeting rooms. The critical role of lighting is further evidenced by the strong, statistically significant correlation between the perception of light and color ($r = .743$, $p < .001$). This aligns with findings by Pearson & Wilson (2012), who emphasize that inadequate lighting not only reduces visual comfort but also distorts color perception, undermining the emotional ambiance of a therapeutic space.

An interesting nuance arose from the interviews, where psychologists indicated a degree of habituation to the dim conditions ("I guess I'm used to it"). This discrepancy between user dissatisfaction and practitioner adaptation reflects a phenomenon discussed by (Sui et al., 2023). where differences in spatial perception between users and mental health professionals underscore the need for user-centered design approaches that accommodate subjective environmental experiences. This dynamic underlines the importance of adjustable lighting systems, as also advocated by Liu et al. (2023), to allow personalized sensory experiences tailored to users' psychological needs.

Beyond sensory comfort, the research identified acoustic privacy as the single most critical and fundamental user requirement, earning the highest possible importance score (Mean = 4.98). This finding is consistent with Melillo et al. (2025), who identified acoustic privacy as a non-negotiable component of trauma-informed care for women. In therapeutic contexts where clients disclose sensitive and emotionally charged experiences, such as histories of abuse or depression, auditory privacy becomes essential in establishing a sense of safety and trust—key components in forming a strong therapeutic alliance (Campbell et al., 2009;Hegarty et al.,2016).

The qualitative data corroborate this: practitioners reported frequent "sound leakage" from hallways, which undermines the integrity of the safe space. As emphasized Pearson & Wilson (2012), he absence of acoustic privacy can severely compromise a woman's sense of safety, ultimately inhibiting emotional disclosure and disrupting the therapeutic alliance.

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The study not only diagnosed existing problems but also constructed a clear blueprint for an ideal counseling environment based on user preferences. The data points towards a desire for a natural and balanced atmosphere. The paramount importance of natural light (Mean = 4.48) aligns directly with the principles of Biophilia (Ulrich, 1984), which highlight the innate human need for exposure to natural elements as a pathway to psychological restoration. As Bringslimark et al. (2009) explain, even minimal natural elements can significantly enhance perceived comfort and reduce psychological distress.

This preference is complemented by users' favoring of 'moderate' (71.2%) and 'neutral-toned' (75.0%) artificial lighting—preferences that reflect an implicit sensitivity to overstimulation, as described in (Choi et al., 2016) . Moreover, the inclination toward a calming, nature-inspired palette (73.1%) and the L-shaped layout (73.1%) confirms prior research indicating that neutral colors and asymmetrical seating arrangements reduce psychological tension and encourage open emotional engagement Pearson & Wilson (2012).

Collectively, these findings provide a robust, evidence-based framework for designing counseling rooms that are not just functionally adequate, but restorative, inclusive, and attuned to the psychological needs of female users—particularly those served by trauma-informed institutions such as Pulih Foundation.

## CONCLUSION

This case study at the Pulih Foundation Clinic concludes that psychological comfort for young adult women in counseling settings is determined less by spatial layout—although positively received—and more by critical sensory and privacy factors. Empirical findings show that inadequate lighting (as low as 29.81 lux) and insufficient acoustic insulation (Mean importance score = 4.98) are the key barriers to achieving an effective healing environment. The strong correlation between perceptions of lighting and color ($r = .743$, $p < .001$) further underscores lighting's foundational role.

These insights yield an evidence-based framework for gender-responsive design, calling for immediate interventions in acoustic treatment and adaptive lighting systems aligned with user preferences. However, the study's single-site scope and the conceptual nature of visual stimuli present limitations. Future research should expand to diverse clinical settings, incorporate calibrated visual tools, and explore broader demographic groups to strengthen the generalizability of these findings.

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