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Research Article

The Negative Psychological Impact Of Sexuality Bias Of Art Therapists In Assuming The Art Choice And Experience Of Trauma Of The Patients During Therapy

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ABSTRACT

The investigates the psychological trauma that the patients seeking art therapy experience due to the various forms of sexual biases they may be subject to by the therapists. The study performs primary qualitative interviews guided by the framework of social constructivism and implicit bias theory to note the impact of biased approach by therapists. The study notes that therapists who hold sexual biases and make assumptions about their patients seeking art therapy about the form of art or choice of art materials that the patients might make, and the form of trauma they might have experienced based on their gender, the sexuality, and their identity contributes to the amplification of the psychological trauma. The study finds that such assumptions guided by biased opinions about the gender and sexuality of the patient by the therapists discourages the patients from seeking therapies for their abusive and traumatic experiences.

Keywords: bias, trauma, sexuality, art therapy, psychological trauma.

1. Introduction

1.1. Background

Psychological trauma induced and inflicted on a victim through sexual violence as a response to their sexuality is a complex issue requiring thorough investigative research. Sexual abuse has a long history of being performed as a response to conflicts against both women and men with women sharing the larger share (Chinkin, 2017). Sexual violence by intimate partners or others is considered one of the primary categories of trauma among the patients of trauma responses such as PTSD (Kessler et al., 2017). Sexual abuse and its resulting trauma has significantly grown to victimise the members of LGBTQ+ communities through negative peer support idealising pro-assault behaviour causing LGBTQ+ members to become more prone to such abuse than their heterosexual counterparts (DeKeseredy et al., 2017). In cases of sexual trauma, the victims may often self-blame if the abuse if inflicted by a trusted person or someone of esteemed image, which prompts for necessary therapeutic remedies for the patients (Zoldbrod, 2015). This frames the need for identifying therapeutic responses to such traumatic experiences.

Trauma due to sexual abuse incurred due to the sexuality of the victim presents a critical enquiry about the nature of trauma responses by the victims and their psychological treatment in socio-psychological discourse. Various forms of behavioural therapies such as cognitive behavioural therapy, emotive therapy, and others have been identified as effective in treating the trauma responses among adult victims of sexual abuse of various forms including rape (Regehr et al., 2013). Sun (2022) advocated for the use of oil painting as a form of art-based therapy for the patients suffering from cognitive illness such as stress and depressive episodes which can alleviate such episodic symptoms for the patients which indicating a significant downward trend in such episodes. In a systematic review of six controlled studies of art therapy, the process is found to be effective in significantly reducing the experiences of trauma and has significantly reduced depression among patients as claimed by one of the controlled studies (Schouten et al., 2015). Thus, a critical research is necessary to identify the impact of art therapy through the assessment of various complexities unfolding within the process.

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1.2. Aim, objectives, and research questions

The study aims to identify how art therapy can be sexually biased through the assumptions of therapists about the art preferences and trauma experiences of patients that is guided by their sexuality. The study hypothesises that sexually biased assumption about the trauma experience as well as art choice of the patients by the therapists leads to insufficient access to psychological therapy and negatively influences the self-confidence and validation of the clients. The study, accordingly, seeks to answer:

- How do the sexual biases held by therapists amplify the trauma experienced of patients and lead to the degradation of their validation and self-confidence?

1.3. Rationale

The primary rationale for conducting this research lies in the existent sexual bias among the therapists in the domain of art therapy in addressing and assessing the concerns of patients of trauma that may or may not have unfolded due to their sexuality. The study can help to understand the complex nature of psychological trauma and mental impact on patients implicated by the biased notions of the therapists as it creates a gap in the procedural therapy for the trauma survivors. To that end, the study emphasises the need to address this gap and the preventive measures necessary for implementation to avoid reinforcing the experiences of psychological trauma by the patients.

1.4. Significance

The study holds its significance in the major domains of both sociology and psychology as it addresses the intersectionality of the two fields in its evolution in the context of studying the existence of biases in performing therapeutic assistance of patients of psychological needs. The study addresses the concerns of negative impact on the patients if the biases are expressed by therapists themselves. Such biases may reinforce the experiences of trauma by the patients and undermine their opinions creating an insensitive environment for them which may feel psychologically constricting and thus force the trauma survivors to withhold or hide their true identity. Such circumstances frame the intersectionality of the two domains of sociological research and psychological impact arising due to the lack of cultural awareness, an issue this paper attempts to explore.

2. Literature Review

2.1. Key terms and concepts

2.1.1. Art therapy

The concept of art therapy emerges as a medium of communication through creative processes with patients of psychological concerns that prevails through the dual heritage of psychodynamics and art. Art therapy uses media to express and communicate the thoughts and concerns of the patients and is one of the most recognised forms of psychological treatment (Cohen-Yatziv & Regev, 2019). Art therapy is used to establish art as the primary mode of communication with the patients which provokes them to create growth and change through the creative process of art without having any prior knowledge, experience, or skill set in art (Case & Dalley, 2014). This process is especially beneficial for those therapy seekers who are unable to verbally express their concerns and emotions to their counsellor. Art therapy, therefore, can be beneficial for any patient of trauma which means to present them with a creative medium of expression without any judgement on the finesse of their creation.

2.1.2. Trauma

Trauma is the severe physical or psychological impact induced due to a person through some external factors that creates a response within the patient, where the notion of psychological trauma is considered in the context of current study. The idea of trauma in the physical sense of the wounding of the skin was used by Sigmund Freud in the metaphorical sense to indicate the experiences of psychological wounding of the mind that breaks its protective shield (Garland, 2018). Instances of traumatic experiences in early childhood or adolescence affect the development of cognitive functions which are induced be factors such as peer group relations, individual traits, community influences, and socio-political factors (Magruder et al., 2017). Trauma, therefore, can unfold in a person in various forms of expression creating a trauma response that is induced by the memories of the trauma.

2.1.3. Bias

Bias refers to the opinions held by the perceiver in a given circumstance influenced by their sociocultural experiences and conditioning of thought process that denies the individual evaluation and self-identification of people and creates judgements based on flawed assessment of interpersonal experience. “Bias is the lack of internal validity or incorrect assessment of the association between an exposure and an effect in the target population” (Delgado-Rodríguez & Llorca, 2004, p.635). Biases related to sex or gender of individuals often leads to counter-productive evaluations in the fields of clinical care, biomedical research, and others which are influenced by the over-representation of masculine identity in the dominant roles of scientists and physicians (Salter-Volz et al., 2021). This presents the critical framework for the identification of biases in the evaluation of trauma patients in art therapy and the psychological impact it may have to cause counterproductive assessment of trauma response.

2.2. Theoretical framework 2.2.1. Social constructivism

Social constructivism studied various social interactions and their unfolding within the discourses of social issues irrespective of the degree of the issue and the manifestations of its impact through the cultural and familial ideological perceptions on individual belief systems. Social construction is the complex interweaving of cultural and familial belief systems that define the natural environment that influence the development of cognitive perception of people shaping their opinions and biases about right and wrong (Hewitt, 2020). On that note, the theoretical framework of social constructivism has been used in this current research to explore the influences of sociocultural implications of the social environment of the therapists. This social environment influence the perception of the traumatic experiences of the patients by the therapists and establish their biased assessment of these experiences. The theoretical framework of social constructivism is used in the current study to note the factors leading to the biased perception of the therapists and the future shaping of the sessions. The formation of the implicit biases of the therapists can thus be identified as a result of social constructions of ideologies.

2.2.2. Implicit bias theory

Implicit bias denotes the unconscious stereotypes and behavioural responses to any social issue that hinder the logical perception of the viewer and lead to flawed judgements channelled by factors beyond the conscious control of the person. Implicit bias is often known to have been adopted in early childhood years by people as a result of the external social factors that may amplify the biased responses of the person causing higher magnitude of discriminatory behaviour guided by stereotypes, and thus bridging the gap between personal and systematic prejudices (Payne et al., 2017). Implicit bias refers to the involuntary processes and responses that are beyond the conscious control or endorsement of the individual that dictates their reciprocation and behavioural attitude towards the member of salient communities which may often lead to responses that reflect the formation of implicit bias discrimination (Rasmussen, 2020). In the context of current study, implicit bias may go through intersection with social constructivism that amplify the person's perception of social concerns through the biased view of their individual assumptions. This framework can help to identify the causes of biased opinions of art therapists about the traumatic experiences of the patients and how such biases manifest in their interaction with their patients and its resulting impact on the sessions.

2.3. Art therapy for survivors of sexual trauma

Art therapy has been identified as an effective treatment for the trauma victims of sexual abuse. In the therapeutic implementation of art processes for the psychological treatment of trauma patients, the art therapy process involves the three key factors of the art observer, the art making process, and the art product, where the art product is deemed as essential in projecting the lifestyle and creating a direct communication of the trauma narrative of the patient (Saltzman et al., 2013). Art therapy helps in rapport building between the therapists and the patient which can help to alleviate the psychological implications of sexual abuse such as post-traumatic stress, anxiety, and dissociation (Laird & Mulvihill 2022). The engagement of the lymbic system in art therapy creates a medium of communication that helps to build a visual narrative where verbal communication is ineffective. Art therapy creates a space of the expression of the concerns and emotions of the patients through visual creative medium which allows the identification of their individual attitudes and self-validating traits. This requires the need to study the negative consequences of art therapy that may unfold for the patients due to the implicit and explicit biases of the therapists channelled by the social construction of notions and opinions. Such an approach can help in the identification of the way such biased therapeutic sessions through art may hinder the individual growth of the patient and affect their negative perception of self. The current study, thus, builds on this framework for the identification of how art therapy may be effective for trauma patients through the removal of biased notions of the therapists.

2.4. Prevalence of bias among therapists

The prevalence of bias in the field of psychological therapy remains a critical concern due to the limited research on the implication of such notions by the counsellors towards the self-perception of the patients. Prevalence of cognitive and affective biases among clinicians and therapists create a heuristic shortcut for thinking by functioning outside of the conscious thinking of the practitioners which leads to discrepancies in the potential assessment, evaluative decision, and treatment in medicinal treatment (Yager et al., 2021). Bias is a central concern in the cultural implications in the discourse of psychological therapy in patients from multivariate sociocultural backgrounds which requires counsellors and therapists to be aware of their biases and implement control in its expression to the patients (Boysen, 2009). Due to the interpersonal nature of mental health profession the tendency of implicit biases rises among the providers of mental healthcare where an individual gatekeeper to accessing care is employed, thus, elevating the potential of biased assessment (Merino et al., 2018). Such implicit biases in mental health treatment often restricts certain groups of mental healthcare seekers from having proper access to the service. The study of these nuanced prevalence of biases among the art therapists and their implication on the patients which may be fuelled by the sociocultural backgrounds of the patients such as their gender, race, sexuality and other factors is pertinent for the verification of implicit bias in art therapy. Thus, the current research builds on this notion to seek understanding of the socially constructed biased hindrances to proper access to art therapy among trauma victims of sexual abuse.

2.5. Research gap

While the majority of the existing research prevails in the domain of identification of positive impact of art therapy (or its lack thereof) on the survivors of sexual trauma, a significant gap remains in the identification of biases towards non-heterosexual sexualities and gender identities among art therapists that may lead of furthering of the psychological implication on the patients and amplify their experiences of sexual trauma. The current study builds on the theoretical frameworks of social constructivism and implicit bias to note the correlation between the two which results in the biased opinions of the art therapists towards the experience of sexual trauma in both physical and psychological forms of the patients. The gap remains in this identification of how such biased opinions of therapists may amplify the negative experiences of the patients. The continues to explore this gap in the current research to present a grounded understanding of psychological intersectionality with sociological concerns.

3. Methodology

3.1. Qualitative study

The current study used qualitative research method with primary qualitative strategy of interviews. Qualitative research helps to analyse and identify the correlation between phenomena and processes experienced and perceived by research participants in any given sociocultural context (Moen & Middlethon, 2015). Qualitative research helps to analyse the responses of research participants to identify and interpret their meanings and perspectives from their experiences (Hammerberg et al., 2016). Qualitative research is used in this study to create a phenomenological impact to study where lived experiences of the participants are deeply considered in the study to understand the perspective of the survivors of trauma. It helped to understand the various layers of traumatic experience these members went through in terms of their history of abuse and violence due to various factors as well as the psychological and emotional stress and trauma they were subject to through their encounter of biased assumptions about their sexuality and their preferences of art. The study, therefore, helps to conduct a detailed assessment of the experiences of the participants and address the psychological implications of sexual bias by therapists.

3.2. Sampling

The study uses purposive frame of non-probability sampling method for the selection of research participants for the focus group. Purposive sampling is used in research when cent percent accuracy of data is not required in qualitative studies and data has to be collected from a wider area of homogeneous population and is performed by the judgement of the researcher creating a small sample size (Rai & Thapa, 2015). The current, following these steps selected the sample to create a focus group of 7 people having the common interest of seeking art therapy to cope with the experiences of trauma. To that end, Atasevar and Kaynar (2023) note that any study incorporating focus group interviews can range between 6 to 12 people as their respondents as more than 12 participant me restrict the facilitation of the interview as well as creating hindrances in the individual contributions. The study selected its sample from the seekers of art therapy having experiences of trauma and abuse, while the participants had varied sexual and gender identities. This helped to conduct a semi-structured interview to note the experiences and perspectives of participants of all genders and sexuality and how the biased approach of the therapist may hinder their healing process.

3.3. Data collection: semi-structured interview and focus group

For the data collection of this study, a semi-structured interview was conducted with 7 participants creating a focus group which included follow-up questions based on the experiences shared through the responses of the participants. Semi-structured interviews build on their explanatory nature allowing the scope for discovery in areas of social science and gathering clinical data where the interview is partially pre-devised on the specific topic related to the focus group while leaving scope for the participants to explore topical trajectories with the gradual flow of conversation (Magaldi & Berler, 2020). Focus groups can stimulate discussion on sensitive topics based on the dynamics of the group which helps to generate information which may not be possible in individual interactions (Guest et al., 2017). Accordingly, the study gathered the 7 participants into a focus group and asked same questions to note the variety in their opinion as well as identify common themes. This allowed the research to partially frame the research questions for the interviews and then build on the rest of the questions as a follow-up to what the participants have already shared. Accordingly, themes were identified from the responses of the participants that expressed concerns about the sexual biases of therapists and its impact on the quality of art therapy the patients sought.

3.4. Data analysis: thematic coding

The objective of the study is established through the thematic analysis of the coded themes that were identified from the responses of the seven participants having past experiences of trauma and seeking art therapy to cope with the trauma. Thematic analysis of qualitative data is one of the popular forms of data analysis approaches in qualitative study (Lochmiller, 2021). Thematic analysis is the evaluation of coded themes in qualitative research to identify and analyse the data and interpret meanings and this approach can be applied through a wide range of theoretical frameworks (Clarke & Braun, 2017). On that note, coded themes are identified from the responses of the interview participants to perform a critical analysis of each of the themes. This allowed the study to identify the factors contributing to the development of biases about varied sexuality of the focus group participants and the experiences of trauma intensification and self-doubt the participants faced due to

the biased assumptions of the art therapists about the kind of trauma the patients might have had and the kind of art they would prefer based on their gender and sexuality. This helped to interpret meanings from the derived themes through contextualisation with the information from the existing literature.

3.5. Ethical considerations

The study maintained utmost ethical approach in its handling of the information from the participants and maintained privacy of the participants through anonymity of their information. The participants were informed of the objective of the research and the methodological approach of conducting a focus group interview to keep them informed of the circumstances they were expected to expose themselves to. Accordingly, the research proceeded with those participants who did not have any objection to the research approach forming the final sample size of 7. Accordingly, the study is conducted with the informed consent of the participants where they had clear knowledge about the purpose and objectives of the study. To maintain their privacy, the participants are kept anonymous throughout the paper and the information is disclosed with their consent. Ethics is also maintained in the research by considering the due credits of the scholars whose research works have been cited to frame the background literature of the study by appropriate citations. Thus, the research addresses all the pertinent ethical concerns arising with humanbased socio-scientific researches and maintains the credibility of the research.

4. Findings

4.1. Biased assumptions of therapists about art preferences and trauma experiences of the patient

Almost all of the interview participants have noted that their therapists have made assumptions about their choice of art and the kind of sexual trauma their experienced based on their traits of sexuality, gender, physique, and such. Respondent 1 (Appendix 2) also noted that the assumptions about her art choices were made based on her gender as well as her ethnicity citing. Similarly, respondent 3 noted that just because he was an assigned male at birth, his therapist assumed that it was impossible for him to have experienced sexual abuse. Although he did not have any experience of his therapist assuming his choice of art and chose to listen to him, he recalled that his therapist believed that men from Asian countries were more feminine in nature and thus would be adept in art forms such as sculpting which was contrary to his skills about art as he had no experience in art and only like to fill colours in colouring books. Respondent 6 (Appendix 2) noted that her therapist assumed her choice of art to be simple water colours on paper or paper crafting as she was very timid in physique whereas she preferred big canvasses and making big wall murals.

4.2. Negative impact of self-perception, self-confidence, and validation of patients

Respondent 2 (Appendix 2) noted that the biases in the assumptions of the art preferences by the therapist made her question her abilities of succeeding in digital art as she is a victim of psychological abuse imposed by her family who opposed to her seeking digital art as a career due to her gender. Respondent 6 (Appendix 6) noted that having assumption made by therapists about the art choices of patients based on their body size and gender indicates that there is a potential for biased assumptions about the experience of trauma of the patient. Respondent 7 (Appendix 2) noted that biases may unfold in indirect conversations about the patients among the healthcare team as his therapist used “the pronoun she and her” for him and claimed that it was because the respondent said he was gay. Respondent 5 noted that these assumptions made her question her own “understanding of the nature of experience he has had” (Appendix 2) as her therapist assumed her to be a lesbian despite being heterosexual. This creates an unnerving experience of people with varied opinions, experiences, and traits which can amplify their experience of trauma response. Respondent 4 (Appendix 2) noted that such assumptions can hurt the self-esteem of the patients. All of the respondents collaboratively note that the kind of experiences they faced hampered their self-confidence and noted the potential damage to the self-confidence, identity creation and self-validation for trauma patients in general.

4.3. Patients’ desire for inclusive therapy sessions

All the patients echoed the need to feel inclusive in their art therapy sessions which would be free of any assumptions based on their gender, sexuality, race, ethnicity, or even body size about the kind of therapy they need and the kind of traumatic experience they have had. Respondent 5 claimed that therapists should be more open-minded towards the kind of experiences the patients might face. Respondent 6 noted that assumptions by therapists restrict the expressibility of the patients about their trauma and thus calls for an unbiased and inclusive sessions devoid of assumptions (Appendix 2). Respondent 2 noted that conducting inclusive sessions through unbiased patient-handling approach can help the therapists to have a better awareness and understanding of the kind of experiences the patients might have. Respondent 1 (Appendix 2) again notes that if the sessions are not inclusive and the therapists make assumptions about the gender and sexuality of the patient as well as the kind of sexual trauma experience they can possibly have based on their sexuality and gender assigned at birth, then it becomes questionable about the kind of treatment the patients can expect from the sessions. The patients refer to the damage of their self-confidence, identity, and selfvalidation due to these assumptions.

4.4. Cultural awareness of therapists for inclusive art therapy

The interview participants expressed the need for therapists to have cultural awareness about the emerging and trending discourse of gender, sexuality, identity, and image formation in the societal context which could

benefit the therapists to have unbiased understanding of the kind of sexual experiences the patients have had and the proper kind of therapy they might need. The participants, in unison, noted that lack of cultural awareness may be an explicit factor that drives the biased assumption of the art therapist, while also noting that sometimes the bias of the therapists may be due to the social circumstances that have informed their cognitive growth and psychological understanding of human sexuality and social constructions of gender identities. Participants noted that research-based training sessions were essential for art therapists to provide unbiased and open-minded art therapy sessions to patients of sexual trauma that would not discriminate them based on their gender and sexual identities. Participants also noted that lack of cultural awareness leading to biased opinions may also be a result of familial practices and perspectives of the therapists. Respondent 2 also emphasised that trauma can also be inflicted on patients through verbal abuse about their gender and sexuality rather than physical, and hence cultural awareness and knowledge of social discourses are essential for inclusive therapy sessions.

4.5. Unbiased art therapy empowering for the patients

Despite various instance of biased assumptions about the experiences of trauma and the choice of art of the patients, the interview participants noted that art therapy provided them with relief from stress and anxiety of psychological trauma induced through various forms of abuse and violence they were exposed to. The participants mostly noted that the art therapy sessions allowed them to feel relaxed and release their stress through the smooth process of art therapy. Respondent 4 (appendix 2) noted that clay modelling by touching the clay and creating structures made it very relaxing for him as he felt like he was in control. Respondent 7 and Respondent 2 (Appendix 2) also noted that drawing shapes and filling colours were especially relaxing for them allowing them to feel positive about themselves. Respondent 3 (Appendix 2) added that because his therapist decided to first listen to his experiences and preferences, it was a very positive experience of art therapy for him. Participants also expressed art therapy sessions devoid of biases to be relaxing and identified the various forms of art to be the way they expressed their emotions and their true identity.

5. Discussion

5.1. Prevalence of gender and sex-based bias in art therapy

Biased opinions about the gender, sexuality, ethnicity, body image, and other traits continue to prevail in the domain of art therapy meant for the psychological treatment of trauma patients which renders their experiences amplified of psychological stress and anxiety causing an impression of negating their individual identities. Study of patients seeking art therapy noted that art therapy either had more harm than good or it did not make any effective difference in the experiences of trauma among the patients as art therapy heightened their experiences of anxiety and caused pain along with activation of the emotions that were induced due to trauma and remained unresolved in the therapy sessions (Scope et al., 2015). As Merino et al. (2018) note, the complex nature of art therapy for the patients of psychological trauma often leads therapists to hold implicit biases about the background of the person which creates a counter-productive effect on the perceptions of the patients. With the existence of biases in the perceptions of the therapists, the science of art therapy remains redundant given that it increases the experience of psychological trauma among the patients by creating episodic recollection of the memory of their past trauma and the cause of it. The recapitulation of such memories can intensify the feeling of nervousness and hamper the self-confidence of patients in identifying what they really want to be treated and establish their true identity in the process. In cases of trauma induced by the sexuality of the patients, assumptions and biases about their experiences and their sexuality that may lead to victim blaming can prove detrimental for the patients as it may lead to the amplification of their trauma. To that end, the observations and recollections about the feeling of stress and its resulting self-doubt by the respondents of the study indicates that biased approach to patient handling by art therapists and attempting to create a session of art for them based on the bias-driven assumptions of the counsellor rather than open communication with the patient can intensify their experiences of trauma. Such experiences can enhance the potential damage to their self-confidence and validation and thus impose negative psychological pressure on their identity-establishment process. This can render art therapy as an ineffective measure in the field of psychological evaluation and treatment of trauma response.

5.2. Bias emerging as a response to social constructivism

As noted by the participants of the study and the existing literature in the domain, the bias of the therapists in the field of art therapy can be a potential result of social constructivism which entails the critical psychological impact of social standardisation about gender and sex of people in a heteronormative discourse. Anthropologist Mary Douglas notes that the interpretation of the performance, functionality, and identity of the human body varies through the various forms of interpretation by the human perception which subjects all forms of bodies to various kind of gender-based and sexual performative pressure (Hogan, 2020). As the interview participants have observed, the psychological basis about the sexuality, gender, body sizes, and ethnicity of the patients depends on the social perspective of the art therapists. The social set-up of there upbringing and their immediate environment can be identified as a contributing factor to the development of the biased opinions about gender and sexuality of people among the therapist which impacts the way the perceive the experience of sexual trauma of the patients. This social constructivism that influences the perception of the trauma experiences of the patients by art therapists in their handling of patients heading

from various social cultural backgrounds and having varied sexual experiences of trauma and social pressure of body performativity is a result of the internalisation of the socially constructed norms and standards by the therapists in their growing years. This impacts the cognitive assessment of the therapists noting the psychological restriction of their open acceptance of body constructions that do not conform to the social norms. These social norms and standardisations that question the identity and selfexpression of the patients based on their gender, sexuality, body image and other such factors suggests a potentially harming impact on the self-perception and self-confidence of the patients and thus challenges their efforts of self-validation. To that end, the observations of the interview participants of this current study stands justified in identifying that the biased opinions of the art therapists evolve through the social constructivism of their immediate social environment that influence there cognitive development of identification of sexual and gender liberations in the current social political context.

5.3. Implicit bias among art therapists causing biased assumptions of the trauma experience of the patients

The development of biased perception of the experiences of sexual trauma of patience by the therapists as a response to social constructivism implies the deep seated implicit bias in the subconscious of the therapists. As Rasmussen (2020) observed, the development and the ramifications of implicit bias about the gender and sexual bodily performances and sexuality of people that arise due to the social constructions of heteronormative discourse are beyond the conscious control of the therapists. As noted in the interview by some of the respondents, the development of the biases is a direct result of the socially constructed norms and ideological perceptions emerging from the social environment of the therapists. This indicates that therapists performing psychological healthcare sessions for patients of trauma are themselves not devoid of certain social pressure of conforming to identities and body performances which renders the therapy sessions redundant. These implicit biases emerging during the art therapy sessions prove detrimental for the patients who have experienced abuse and violence, physical, psychological, and verbal, due to their sexualities as it can affect their self-confidence and validation in their approach to identity establishment. Further, the social contribution to the formation of the implicit biases among therapists also questions the self-confidence of these therapists in taking a stand that do not conform to these standardisation. Accordingly, it is imperative that art therapists should be given proper training and Research based guidance on the emerging discourse of general sexual identities in the context of identity politics that can help to alleviate any extra psychological stress and anxiety on the patients such that they can achieve relaxing and inclusive therapy session enabling them to deal with their past trauma. On that note, the art therapists need to have clear knowledge about having an open mind and acceptance of the possibility of various kinds of experience by the patients that go beyond the popular discourse of heteronormative gender and sexual identities.

6. Conclusion

6.1. Summary

The current study conducted a qualitative research using semi structured interviews of seven participants who were chosen from the purposive sampling of patients of trauma seeking art therapy. The paper is divided in 6 chapters where the first chapter introduced the concept of art therapy for trauma patients and established the objective and aim of the current study. The study hypothesised that sexually biased assumptions about the trauma experience as well as ought choice of the patients by the therapists leads to insufficient access to psychological therapy and negatively influences the self-confidence and validation of the clients. Accordingly this study aimed to identify how art therapy can be sexually biased through the assumptions of therapists about art preferences and trauma experience of patients that is guided by their sexuality. The second chapter of the study, the literature review, presented a detailed study of existing research on the concepts of trauma bias and art therapy and presented the theoretical frameworks of social constructivism and implicit bias that may drive the biased perceptions of individual sexuality among art therapists. The study found that biased perception of the experiences of trauma patients by therapists evolve as assumptions about the kind of trauma experience these patients might have had based on the assumption of their sexuality and gender image. Further the biased perceptions also emerged in the assumption of the choice of art these patients may prefer that led to excessive psychological stress and anxiety among the patients, leading to the devaluation of their self-confidence. Accordingly the study emphasizes on the importance of conducting research based training of art therapists that can encourage them to have open minded view of the experiences of the patients and conduct therapy sessions that are devoid of any form of implicitly biased opinions induced by social constructions of gender and sexual standardisation among the therapists.

6.2. Limitation of the study

The current study faces empirical limitation in its methodological approach due to the limited scope of the study. The study conducted qualitative research consisting of focus group interviews with 7 participants, all having experiences of seeking art therapy to cope with the past experiences of sexual trauma and abuse. While the study indulges in identifying the lived experiences of the participants through a phenomenological underpinning of the research design, the study remains insufficient in empirical data in identifying the extent of prevalence of biased opinions about the gender and sexually driven trauma of the patients. To that end, the current study lacks in its generalisability of the findings which remains limited to one focus group based on

the limited scope of the study. This, research, therefore remains significant for a small sample size which lacks the vision of the findings on a broader and more generalised context.

6.3. Scope for future studies

Future studies can build on this current research to identify how the biased perceptions of the therapists performing art therapy for patients exhibiting trauma response due to their past experience of sexual violence driven by their expression of there individual sexuality counter counter productive for the patients as it can enhance the potential trauma within them. Accordingly, the future studies can conduct empirical research with a larger database and a larger sample set identified for survey based statistical analysis to generate numerical data that can help to create a generalised finding of the existence of bias in art therapy. The future studies can also conduct qualitative interviews as the current study to include multiple focus groups, with each having 6 to 12 participants to enhance the generalisability of the qualitative findings of the study while maintaining to study the lived experiences of the patients on a deeper scale.

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Appendices

Appendix 1: Interview Questions:

1. Do you have any experience of seeking art therapy to deal with your experiences of trauma?
2. Can you describe your experience with art therapy? How do you think it helps to deal with trauma?
3. Do you know any other people such as yourself who have considered art therapy for trauma? Is there any pattern of art selection influenced by the traumatic experience?
4. Have there been any instance where the biases of the therapists led them to assume the kind of experiences you may have experiences and the choice of art you would prefer?
5. How do you think the biases of therapists about the sexuality of the patients affect the therapy sessions?
6. Could you describe any specific instance where the biased assumptions about the sexuality of the patient by the therapist affected the choice of art and materials meant for the therapy and thus affected the quality of the therapy session? It could be an experience you have had or someone you know.
7. How do such assumptions affect your identity perception and your sense of validation? Does it create any negative impact on your already traumatic experience? How do you think these biases and assumptions affect your self-confidence?
8. Do you think these biases and assumptions by therapists arise due to their lack of cultural awareness? Can an open-minded approach to patients from diverse sociocultural backgrounds and identities help top avoid such biased opinions and improve the therapy experience or do you think biases arise from the revelation of the traumatic experience of the patients during the therapeutic sessions?
9. Do you think art therapists can be trained to conduct culturally aware sessions that could promote sexual awareness and inclusivity in the art therapy sessions? Can this be a solution to mitigate the assumptions of the therapists about the art choices and experiences of trauma by the patients?
10. In your view, what could be the better ways to integrate research about sexuality in conducting art therapy and how can it create more empowering experience for the patients in establishing their selfvalidation?

Appendix 2: Interview Transcripts Respondent 1

1. Yes, I have the experience of seeking art therapy as a treatment for sexual trauma as I have been subject to such kind of violence and art has always been very healing for me to cope with any kind of difficult situations.
2. Art has always been my way of expressing who I am and hence it has helped me to overcome difficult situations. Art therapy for my trauma has also been effective in such that I could express myself through

the colours and materials I chose. I usually prefer water colour on paper because I find the process very smooth and therefore, quite calming and healing for me. So it helps me to understand that my past experiences are only small setback and I can smoothly transition into a better future.

3. I do know a few people whom I have met during my art therapy sessions who have had traumatic experiences and used art therapy as a coping mechanism but I can say their choice of art forms are very different from mine. As I prefer watercolour on paper, it is very traditional, but some of the people I know use modes such as oil on canvas or even finger paintings and sculpting. So I don't think there is any definite pattern in the selection of art form, it is just individual preference of the people.
4. Well, since I am an Asian woman, my therapist assumed that I would be adept in art forms such as calligraphy, or embroidery as traditionally Asian women often used to do these as their domestic responsibility but I do not know how to do embroidery and I am not very good in calligraphy either. One of my friend whom I met during the sessions identifies Japanese homosexual male and he told me that his therapist once assumed that his trauma relate to physical violence with other men because being a guy he could not have had any sexual trauma himself. The therapist also believed that he might prefer digital art. So assumptions by therapists exist and they influence the way we as patients experience the therapy session that follow after that.
5. Assumptions about my sexuality or the experiences of sexual or other kind of trauma and the kind of art forms we prefer based on our gender and sexuality makes me feel like my opinion does not matter to the therapist and makes me more anxious about the session. It feels like they are going to judge me if I explain my true experiences of trauma and preferences of art, and my identity would be held responsible for inducing such experiences to me.
6. Yes, as I told you about my Japanese friend who is homosexual male. He told me that since his therapist assumed that he was a man, he preference would be all dark, grey, and neutral colours and he would like to make something that comes from a masculine perspective such as female figures and such. However, my friend preferred scenic landscapes and would use vibrant colours to create happy images rather than dark and gloomy sexual objectification of women.
7. It really bothers us that the therapists assume our choices and experiences without giving us a chance to express who we really are, and so it becomes questionable as to the kind of therapy they would provide us to deal with the trauma if they do not really welcome the thought of dealing with situations out of their own assumptions. It really creates a lot of doubt in my mind that if I am unable to express the true nature of my traumatic experience then the diagnosis as well as the therapy also remain incomplete and it does not fulfil my needs. This really makes me question my identity and validation and I feel like my self-confidence is completely hindered as I have to rely on the approval of others.
8. Yes it can be a possibility that sometimes the therapists are driven by their traditional perspectives and they are not open to the emerging and changing social circumstances and hence are not culturally accepting of the different perspectives and social scenarios. If they accept the possibilities of unconventionality and diversity with an open mind, then it will become easier for both the therapists and us to have a session that addresses the concerns thoroughly and helps us to deal with the trauma in a comfortable environment.
9. I believe they can be given some basic training on inclusivity and social awareness which can avoid the rise of any form of bias in the therapy sessions and patient engagement. If the therapists have the basic awareness that the patients they deal with may come of any social background with any racial, social, or ethnic identity, and that gender is not really a decisive factor of their art preferences or the kind of experiences they have had, then such kind of biases and assumptions can be avoided during the sessions.
10. The training of therapists should emphasise the need to maintain an open-minded assessment of the patients. The therapists could be encouraged to conduct self-research of the emerging discourse on gender and sexuality and how biased assumptions about the sexuality of people who have had prior experience of sexual abuse can lead them further into experiencing similar kinds of psychological trauma. Self-research can help to peak their curiosity and encourage them to consider newer and open-minded approaches in dealing with patients. I believe that would be more beneficial that other people advising them to be more open-minded.

Respondent 2

1. Yes, I have. I sought art therapy when I was dealing with the trauma of physical abuse some five years ago
2. Art was fine as I usually prefer drawing and sketching whenever I am stressed, but I was not very satisfied with the therapy I took as it did not really help me deal with my trauma. Art therapy, I believe, should be relieving and calming which can help to come of the traumatic experiences and the psychological fear. It should not make the patient feel like it is amplifying the traumatic experience or blaming us or making us responsible for the experience.
3. Yes, one of my friend also had an experience similar to mine and thus she sought art therapy to deal with it. Although it was after a few years from my experience. I don't think there is any pattern; it is just based on the individual preferences. Usually the art choices may be driven by the sociocultural background of the patient but that is not always as in the modern days we have the freedom to do what we want. So it would be wrong to believe that just because two people might be similar in their experiences or background, they will choose similar art forms.

4. Because I am a woman from a very progressive society and perspective, I am adept with technology so I have interest in doing digital art. However, my therapist once assumed that I would prefer something like oil on canvas or acrylic art on cloth or making paper crafts based on my gender. They also thought that I may have experienced traumatic experiences such as rape, but I was subject to psychological trauma through verbal abuse and restriction of my freedom because I chose to pursue higher education in digital art while being a woman
5. I think it makes the therapy session completely redundant as the diagnosis unfolds based on the assumptions and biased assessment of the therapists rather than the actual experience of patients. So it nullifies the whole process, and rather intensifies the experiences of trauma, at least the psychological impact of it.
6. Well yes. As I said I prefer digital art and my therapist assumed that because I am a woman, I would prefer any traditional form of art, she provided me with art supplies like paper, sketch pens, pencils, water colours and such so that I could make something, and honestly I was not very happy because she said she expected me to be familiar with water colour techniques as I am a woman. This severely affected my acceptance of the therapy as it only made recall the past trauma of gender dictation.
7. The experience I had at the therapist made me question my abilities of excelling in digital art and made me consider moving to more feminine forms of art as it made me think digital art is not for me. These experiences can actually create difficulties in boosting one's self-confidence. It made my question my abilities so when I wanted to continue pursuing digital art, I was not confident enough and my self-validation was affected as I was too focussed on what others thought of me. However, I refused to give up on my dreams and continued seeking art therapy from other therapists so that I could study digital art more efficiently.
8. Yes and no. Sometimes the therapists are very much aware of the sociocultural discourse around gender and sexuality but continue to prevail in their biases and assumptions based on the usual pattern they have witnessed among patients in general. One of my friends told me that her therapist assumed her art preferences and gave her various shades of pink colour because she was a woman, but my friend hated pink colour.
9. Giving proper training to the therapists on conducting sessions that are devoid of any biases can help to create inclusive sessions and a better understanding of the traumatic experience the patients might have. A training on inclusive therapy sessions can make therapists aware of the experiences the patients might have if there is any biased opinion placed by the therapists.
10. The training sessions on inclusivity can include research-based training on the various sexual identities and discourse around sexuality and gender among patients. It can train the therapists to understand the patients better and provide therapy based on their understanding of the true experiences of the patients rather than their assumptions about them.

Respondent 3

1. I sought art therapy for trauma and I also know people who took face painting and sculpting as therapy for trauma.
2. My therapy sessions were satisfactory as I found art to be very comforting. I never had any professional experience with art, but I always found children's colouring books to be helpful in dealing with stress and anxiety. My therapist chose to first listen to the kind of art forms I like and my choices in colours based on which he suggested that I begin with colouring books and crayons.
3. I have a friend who sought art therapy and she chose face painting to heal deal with her trauma. She would say that painting on the face helped her to express her hidden identity traits as she would create looks and use colours based on her traumatic experiences. Unlike her, my art choices were only for releasing the stress and anxiety instead of creativity, so I preferred something very simple such as colouring books.
4. Given that I am a heterosexual man, my therapist assumed that I could never have an experience of sexual abuse trauma, and he also assumed that coming from an Asian country, I would prefer sculpting and making crafts, as according to him, Asian men are more feminine in nature than others.
5. When my therapist first refused to believe that I may have experienced sexual abuse despite being a heterosexual man, I had lost all hopes in art therapy. However, after giving it another chance and explaining to the therapist that my trauma experience of sexual abuse comes from my early teenage days when I was sexually abused and bullied for not being masculine and confident enough by some of my peers who were into sports and physical fitness whereas I was more into books.
6. Yes. As my therapist thought I would prefer doing some crafts or sculpting like his other male patients, I was provided with modelling clays and other craft materials which created more pressure on me as I had no idea on how to and what to do with such art supplies. All I know about art since childhood are the crayons we can use to fill colours inside shapes. So this was quite endearing for me and put me under a stress and it felt like I had to prove myself once again.
7. As I said, the assumption about my art choices and my experiences of sexual trauma made me feel like I had to prove myself once again about who I truly am. It questioned my self-validation of course because I had to prove that despite being a heterosexual man I had to be the victim of sexual violence only because I

8. liked studying unlike them who would prefer sports and going to the gym to build muscles. It put me under a lot of stress and feel dejected when the therapist assumed that I could not be having such experience and gave me sculpting materials and made me feel like I had to prove my worth. I thought I completely lost my self-confidence and felt more nervous and under pressure for this.
9. Yes, to some extent. Rather than their lack of cultural awareness, I think these biases arise more because of the influences of social and cultural conventions and stereotypes that suggest that men should always be physically aggressive and always participate in sports while reading is always meant for girls and women. Even, just because I belong to an Asian country and I don't like does not mean I like arts and know everything about it. So these are just the influences of their social stereotypes that limit the impact of their cultural awareness.
10. Yes, any person can be properly trained and guided on inclusivity based on gender and sexuality. Giving such trainings to art therapists can help to help to create a more inclusive space for the patients of sexual and other forms of trauma. This can also help to mitigate the biases and that may result in the assumptions and expectations by the therapists about their patients.
11. The domain of therapy can greatly benefit from incorporating research-based diagnosis of patients. The therapists should conduct self-study and research on the modern discourse around identity, recognition, and validation which could help them to be more open-minded in their interaction with their patients and the diagnosis of the problems of the patients without holding any bias that may lead to victim blaming.

Respondent 4

1. Yes, I have sought art therapy to help myself cope with my experiences of trauma.
2. Art felt very comforting. I was always interested in knowing how to make clay structures but never got into art or sculpting. However, when I joined art therapy sessions, I could do sculpting and it was very calming as I would touch the clay and give it any shape I wanted by putting force and also controlling the force to decide the shapes it would take. So it felt like I was in control and the act of putting pressure onto the clay to give it distinct shapes was helpful to release all the stress and anxiety I was going through. So it helped me to express my thoughts through the shapes and sculptures.
3. I know other members who have attended art therapy with me and they are all different in their approaches from me. I prefer sculpting, but then I know people who like face painting, or water colour on paper, or even digital art. So there is really no distinct pattern to how the experience may influence the choice of art by the patients.
4. I personally did not have any such experience of bias but I know some of my friends experience it where a therapist assumed that because his patient was a transsexual man transitioning into masculinity, he could not have experienced violence by women peers as his patient would relate more with women due to being assigned as girl at birth. The therapist also kept addressing him as her despite him clarifying the pronouns. These kind of biased assumptions about the patient experiences can dilute the intensity of the experiences of trauma by the patients and thus lead to incompetent diagnosis of the patients.
5. If the therapists hold biases against sexualities that don't conform to the social standards, then there is a possibility that the therapist will hold the victim as responsible for the traumatic experience suggesting that just because the patient did not conform to the social standards, they had to face the abuse, thus normalising such acts. This can be detrimental for the patients as their experiences of psychological trauma can be intensified by such assumption and thus lead to results counter-productive of what they aimed for.
6. As I mentioned about my friend who liked face painting, the idea of face painting as means to express herself seemed very absurd to her previous therapist who thought face painting was a way to only disguise oneself and hide behind a façade rather than facing the challenges. However, my friend believed that face painting allowed her to express all those hidden emotions that she otherwise could not and help her to come face-to-face with the trauma of abuse.
7. I believe, assumptions about the sexuality, art choices, and the experiences of trauma by the therapists based on the gender and sexuality of the patients can hurt the self-esteem of the patients making them feel more ashamed of having sexual preferences and orientation different from what the society expects them to have. These kind of experiences can ruin the self-confidence of trauma victims like me because gender and sexual identity is something very personal to people and should not be dictated by others. This can intensify the experiences of trauma and thus, the therapists must indulge in open discussion with the patients about their experiences and choice of art to avoid any form of confusion, or biased assumptions.
8. It could be. If the therapists are not aware of the trending discourses on sexuality, gender, and identity, then they may tend to hold biased opinions which are informed by the social stereotypes and cultural standardisations about sexual identity formation. Therapists do need to be open-minded in their interaction with patients as they have to remember that their patients come from various sociocultural backgrounds and thus they can have different
9. Yes, I believe art therapists can be trained on inclusivity and unbiased assessment of their patients. This can mitigate any stigma against seeking therapy and help the patients to feel empowered by the therapy and also create positive image of art therapists.
10. Research is important in gathering knowledge about the emerging trends and perceptions about gender identity which can help to create a positive environment for the trauma survivors and thus they can

feel empowered through the sessions. The therapists should indulge in more research-based assessment of patients as well as use it for self-awareness about these emerging discourses.

Respondent 5

1. Yes I did.
2. It was fine, it was comforting and calming to quite an extent and helped to deal with stress.
3. Not that I know them personally, but I know of other people whom I met during my sessions. I don't think there is. The people I have interacted with have always expressed varied preferences.
4. I do not have such an experience and not that I know anyone personally encountering such as instance but I have heard of such situations occurring during sessions.
5. It would not be a diagnosis at all if the therapist assumes the experience of the patients and do not fully hear them out, so it will be completely ineffective.
6. My therapist assumed I was a lesbian even though I am completely straight and so could not really believe that I could be a victim of marital rape.
7. These assumption make me question my own understanding of the nature of experience I have had and at some point it also led to self-blaming. It completely ruins my self-validation and self-confidence because it is me who experienced the trauma and if someone else wants to make decisions for me without consulting me or listening to me. It really affected my self-confidence as I felt it was my fault to have had experienced this traumatic event.
8. Yes, cultural awareness is very important in the current times when the discourse around gender, sexuality, use of pronouns, and identity formation is at peak so the therapists need to be more open minded and culturally aware to avoid any disrespect to the patients. This can build the trust of the patients on the therapists and create a better therapeutic experience.
9. Yes, I think the therapists can be given proper training in being open-minded and inclusive in their approach to patient evaluation which can help them to avoid any form of biased opinion about the patients.
10. Proper training sessions can help to integrate research-based assessment of trauma patients by the therapists which can help to create better awareness about sexuality and sexual preferences of the patients for the therapists. So, they can avoid holding any biased opinions or assumptions about the experiences of the patients and even their art choices based on their sexuality and gender and hence improve the selfvalidation and identity of the patients.

Respondent 6

1. Yes I have such an experience.
2. Art therapy was helpful for me to deal with my experiences of trauma as painting on the big canvas such as walls to make murals was essentially very calming for me. I was always interested in big canvas art so walls and bigger spaces were ideal for me to use different colours and create graffiti or murals of various kind of art, so I liked it a lot.
3. My sister also sought art therapy after I shared my experience with her and she found it helpful too. From what I have seen, I like making big paintings and murals and such but my sister is more into pencil sketches and she does not like colours as such. So really there is no such pattern of choosing art or nothing like people with trauma will choose same kind of art.
4. Not about the trauma but of course about the choice of art. My therapist assumed that I might be preferring small delicate art types like simple watercolour on paper or making paper craft as she claimed that I am a woman and have a very timid physique. She could not expect that being such a timid woman I would prefer big murals.
5. If therapists hold biases about the sexuality or gender of the patient, it automatically restricts the scope of expressing our preferences and experiences and establish who we truly are and what we really like.
6. Well, not exactly about the sexuality but as I mentioned that based on my gender and physique, I was provided with watercolours, pencils, paint brushes, and paper to create something simple but then I asked if I could paint on the blank wall. My therapist was a bit surprised at first but then she caught on and we discussed about my preferences and my experience so the sessions went smooth after that. However, I do believe that had my therapist not been open-minded in accepting my opinions, I would not have a very comfortable time.
7. At first I thought that if there are assumptions about my art preferences based on my size and my gender, then it will not be possible to get a session free of biased notions about my experiences. However, because my therapist was open-minded, it later became easy for me to discuss my problems and preferences with her. Nevertheless, in the beginning I did not feel confident at all when this happened and I felt that I was to be blamed. So such experiences for people like me who are body-shamed can lose their self-confidence and then the sessions become counter-productive.
8. Sometimes because of lack of awareness, and sometime it may also arise because of their stereotypes about people which is influenced by socially constructed norms and family upbringing. So it is very important for therapists to have acceptance of diverse identities and have open discussion about choices and experiences with the patients.

9. Training can be helpful for art therapists to create a socially aware patient sessions for survivors of physical and psychological trauma as it can promote their awareness about diverse kind of sexuality of patients and thus avoid any form of offensive conversation or discrimination.
10. Proper training of the therapists which is guided by the current sociological and psychological research on sexuality, identification, self-validation, and impacts of trauma through abuse due to sexual orientation of people. This can help to create more empowering therapy experiences of the patients which can promote their self-validation and create a positive environment for them.

Respondent 7

1. Yes I do.
2. Art therapy can help you to relax and forget about your experiences that cause stress and trauma and allow to just blend in the art. The way you fill in the colours or draw the shapes or create something, it actually shifts your focus into creating something new and positive so it gives a very positive feeling.
3. I don't know a lot of people who have sought art therapy specifically although I do know some people who went for music therapy and they all have very varied music preferences and I think it is very much based on personal taste and experiences of trauma has nothing to do with choosing the art type.
4. Well yes, my therapist assumed by gender and accordingly assumed my art preference too.
5. Assumptions about my gender and sexuality very much makes us feel humiliated, as if we have to prove our worth for wanting to be who we really are and that can be quite intense. It actually amplifies the experience of trauma that we have had.
6. I am a homosexual man and it was very unnerving when my therapist started using the pronoun she and her about me while talking to his assistant. I clarified that I prefer the pronouns he, his, and him like a normal man, and he said "but you just told me that you are gay". Well yeah, I am gay but I am not a transgender person, there is a difference. So my therapist assumed that my choice of art would be some pretty and vibrant water colours, whereas I like making doodles and t-shirt painting and such.
7. It certainly made me feel very insecure at that time and also ashamed to some extent. I thought that may be I was being insensitive here and my therapist would know since he's the professional but I understand that trying to comply with what he was saying made me more uncomfortable and also made me question my identity. I did not find any self-confidence to express my opinions and take a stand after that and I questioned my understanding of my own identity as my self-validation was intruded by external social pressure and stereotypes.
8. Cultural awareness is very important for any person and especially in such professions where they have to interact with patients from various backgrounds and having varied experiences. Some of them might have been abused for trying to express their identity and such biased assumptions can only intensify such traumatic experiences. So having proper cultural awareness is very important to create an unbiased therapy session.
9. Yes, therapists can be given training on cultural awareness about sexuality and use of pronouns. It can help them to get a better understanding of the trending discourses of sexuality and gender identity so that they can avoid making assumptions about the choices and experiences of their patients.
10. I think, it would be helpful if therapists are encouraged to do self-study and research about the patient as well as the social and scientific discourses about the kind of problems patients with such experiences might be having. This can help to mitigate any assumption or bias and create a positive interaction that can help the patients to relax rather than feel more under pressure.