

The Use of Language in Developing Emotional Safety

by

Kathryn Winship

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APPROVED BY

Andre Serzisko, M.A., R.C.C., Thesis Supervisor

Division of Ars and Sciences

Abstract

This thesis explores how the language used by counsellors influences client experiences of emotional safety within the therapeutic relationship. This influence was explored through an online survey exploring counsellor and client understanding and characteristics of emotional safety and through counsellor reporting of likelihood of use and clients' perceived emotional safety in response to statements provided. The responses were analyzed to determine an overall likelihood of use by counsellors and preference by clients that seemed to promote client-directed and collaborative statements over counsellor-directed statements. A further analysis of context and demographics was inconclusive leading to recommendations for further research.

Keywords: emotional safety, language, semantics, context, multicultural, client-directed, counsellor-directed, collaborative, empowerment

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The Use of Language in Developing Emotional Safety

Words, written and/or spoken are the basis of human communication. They are the most powerful tool counsellors have to communicate thoughts, emotions, needs, wants and to develop relationships. The words individuals choose to use are influenced by cultural and contextual biases and assume a shared definition by their recipient (Perry & Reist, 2006). The words used are complemented by nonverbal body language, facial expressions and physical space which act to reinforce or contradict the words spoken (Cormier et al., 2013; Quiros et al., 2012).

Counselling as a practice relies heavily on language, and mutual understanding between counsellor and client is vital for effective practice (Hays, 2016).

Emotional safety and trust are part of the foundation of therapeutic relationships between counsellors and clients. This trust is developed in many ways, primarily through the dialogue that commences in the first meeting. The counsellor's approach, including the questions they ask and phrases they say influence the experience felt by clients, their perceived safety and comfort to share (Westergaard, 2013).

This thesis explores how the language used by counsellors to develop emotional safety in a counselling relationship can enhance or diminish the emotional safety experienced by clients.

Chapter 1: Introduction

There is an inherent power imbalance between counsellors and their clients as the counsellor is in the role of helper to the client. This power dynamic can be further augmented by cultural and contextual influences including those Hays (1996; 2016) summarized in their "ADDRESSING" model of cultural factors related to minority groups and forms of oppression. These factors include: Age and generational influences, Developmental or other Disability,

Religion and spiritual orientation, Ethnic and racial identity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, and Gender.

It is the counsellor's responsibility to acknowledge and be accountable to this imbalance by intentionally acting to offer a physically and emotionally safe environment (Pope & Vasquez, 2011). While the physical safety is explicitly addressed in codes of conduct, textbooks and research, emotional safety is more implicitly addressed. Emotional safety implied in the Canadian Counselling and Psychotherapy Association (CCPA) *Code of Ethics* (2007) under both professional responsibility and counselling relationships (A1, A2, B1) and can be inferred from the client-centred nature and therapeutic relationship identified among the common factors of effective counselling (Duncan, 2002; Leibert, 2011).

As clear research regarding the influence of language was identified as limited, the researcher explored the history of emotional safety as a concept and research regarding power dynamics in the therapeutic relationship including multicultural counselling, empowerment theory, the power threat meaning framework and response-based practice.

Research Question

The intent of this thesis is to explore how the language used by counsellors to develop emotional safety in a counselling relationship can enhance or diminish the emotional safety experienced by clients. The hypothesis is that counsellor-directed statements “this is a safe space” and “you are safe here” will provoke different perceptions of emotional safety for clients than collaborative statements (e.g., you are the expert on your life, I am here to help you), and client-directed statements or questions (e.g., what do you need to feel safe here?)

Nature of the Study

This thesis examines how language influences emotional safety by comparing and contrasting the reported likelihood of use of selected statements by counsellors and the perceived influence of these statements by clients. An online survey asked counsellors and clients to self-identify demographic questions, rate their agreement with the definition of emotional safety as feeling secure and safe from bias, discrimination, judgement, or harm (vaughanbell, 2015). They were then asked to identify their top five characteristics of emotional safety from a list provided and counsellors rated statements related to emotional safety for their likelihood of use, while clients rated the same statements for their perceived safety. Counsellors were also asked to identify if they were registered with a regulatory body, how long they had worked as a counsellor and the themes for which they provided counselling. Clients were asked to identify how many counsellors they have seen, their age of first attending counselling, the frequency of attendance and the themes for which they have sought counselling.

Assumptions, Limits, and Scope

Although the intent of this thesis was to examine how spoken statements influence perceptions of emotional safety amongst counselling clients, there were three major limitations. First, the survey was delivered online and the respondents read the statements, eliminating the nuance of tone, timing and non-verbal cues. This introduced a potential variance in interpretation by respondents which could result in inconsistent and unreliable data. Second, by soliciting individual responses versus responses from counsellor-client dyads the context of the specific power dynamic could not be analyzed for influence. Finally, the small response size does not allow for any generalizable conclusions.

Significance

Language is powerful and a major component of counselling, however semantics and the specific words and phrases that are used is neglected in research regarding effective counselling. As the power of language is increasingly highlighted within society and societal shifts address continued discrimination and power imbalances, an acknowledgement of how these may occur through power laden language in the therapeutic environment may promote and foster social change.

Chapter 2: Literature Review

The purpose of this research was to examine the question of how phrases or questions posed by counsellors influence the perceived emotional safety by clients. The initial literature search identified a dearth of direct research on the words or terminology used by counsellors to develop or promote emotional safety or trust, uncovering instead limited research related to the physical set-up and environment of counselling offices (Cook & Malloy, 2014). A single article was identified that directly addressed language use by counsellors (Hays, 2013) and this initiated a broader search to include power dynamics and multi-cultural counselling. Empowerment, power-threat-meaning and response-based theories were reviewed to deepen the reflection on how power dynamics influence the words used by counsellors and the perceived safety by clients.

The research was reviewed in reflection of the working hypothesis that clients respond differently to counsellor-directed statements (e.g., you are safe here), collaborative statements (e.g., you are the expert on your life, I am here to help you), and client-directed statements or questions (e.g., what do you need to feel safe here?) The researcher further postulates that the

power differential between the counsellor and client and the client's identity and experience(s) of oppression would further influence their responding perception of safety.

Emotional Safety and “Safe Space”

History

According to vaughanbell (2015), the concept of a “safe space” or a space where people are free from bias, discrimination or harm was initially coined in the 1960's by psychologist Kurt Lewin as part of sensitivity training for corporations. Edmondson and Lei (2014) identify that psychological safety was also developed as a concept at that time to support organizational change (p. 24). These researchers identified that people must feel secure and supported to be able to receive constructive feedback and make changes to their behaviours.

Terminology relating to “safe spaces” has since been associated with the women's movement of the 1960's (Hill, 2019; vaughanbell, 2015) and more recently in educational settings with particular focus on providing space for marginalized or minoritized groups including Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer, Questioning, and Two-Spirit (LGBTQ2S; Byrd & Hays, 2014), Indigenous and visible minorities (Butler et al., 2015). Hill (2019) identifies that safe spaces “offer protection from violence and harassment and encourage marginalised groups to be able to speak to one another freely, generating collective strength” (p. 2). It is acknowledged that no space can be made completely safe, especially for those who have experienced discrimination and oppression (Barrett, 2010; Ludlow, 2004), however counsellors can work to create “safer” spaces for their clients.

Application in Counselling

The Canadian Counselling and Psychotherapy Association (CCPA) does not explicitly address emotional safety in its *Code of Ethics* (2007) but embeds it throughout “Professional

Responsibility” (A) and “Counselling Relationships” (B). By detailing responsibilities of ethical behaviour, respect and protection of the rights of clients, and underlining the “primary responsibility to respect the integrity and promote the welfare of their clients” (B1), the CCPA implies that counsellors will listen to their client’s needs and work collaboratively with them.

In 1936, Saul Rosenzweig first identified the four conditions required for therapeutic change, now referred to as the common factors (Duncan, 2002). The first factor is the client (their strengths, experiences, knowledge), second is hope (the client’s expectations of counselling), third the therapeutic relationship, and finally the model, approach, or technique in use by the counsellor (Duncan, 2002; Leibert, 2011). Of the four factors, the therapeutic relationship factor speaks the most to all aspects of the alliance built through collaboration with the ultimate goal of mutual trust and emotional safety (Leibert, 2011).

Relevance

In alignment with the CCPA and common factors, counsellors are responsible to collaborate with their clients to co-create a safe space, providing opportunity for clients to determine their own needs and define their own experience.

Quiros et al. (2012) examined what factors are required to create emotional safety in social work education, where students would then apply their experiential learning to future work with vulnerable client. They identified that the educators, field instructors and students agreed emotional safety must be co-created, based on connectedness, acceptance and respect. They summarize their findings stating “the truth remains that our classrooms and offices are not typically a conducive context for personal disclosure just because we know them to be safe. It is the students and clients who need to feel that they are safe” (p. 46). Further, in their critique of

safe spaces in schools, Stengel (2010) argues that safe spaces can be used to assuage a societal fear of discomfort and emotion (p. 527).

The Inherent Power of Language

Johnstone et al., (2018) identify ideological power as “power over meaning, language” (pp. 93-94) which influences thoughts and beliefs. This includes the “power to tell people, directly or indirectly, how they should think, feel, look and behave... to silence or undermine... and to interpret your experiences, behaviour and feelings and tell you what they mean” (pp. 93-94). When counsellors, or others in positions of authority, make directive statements, clients can experience these as threat or statement of oppression, limiting their comfort and ability to self-advocate stating their own needs and feelings (Abreu & Giordano, 1996; Johnstone et al., 2018; Wade, 1999).

Multicultural Implications

Hays (2016) identifies that “(t)he use of particular words and phrases communicates more than just the words and phrases themselves—one’s word choice also conveys a particular set of experiences and a perspective” (p. 63). In this statement they identify that the language counsellors choose and how it is in turn received is influenced by the biases carried by both counsellor and client. This is particularly relevant in relation to cultural competencies as counsellors inherently hold societal power according to the ADDRESSING factors (Hays, 1996; 2016) through both their education and status as a helper profession. This inherent power may be further augmented by the counsellors’ demographics and life experiences in relation to those of their clients, such as experiences of oppression or discrimination either may have faced. If the counsellor assumes shared meaning and uses directive statements rather than ensuring it through

collaboration, they may inadvertently silence their clients and reduce their sense of emotional safety. Abreu and Giordano (1996) reinforce this risk stating:

Because counseling is about fostering self-worth and self-determination in clients, language that conveys diminished worth and domination is especially questionable.

Consequently, the phenomenon of power as domination as it is embedded in language must be explored to discern the terminology, as well as the perspectives and practices that follow from it, that needs to be changed. (para. 9)

Hays (2013) highlights that the perception and reception by the client should hold higher priority than the intent of the counsellor and it is the counsellor's responsibility to be responsive to ensure understanding and acceptance.

Empowerment Theory

According to Fetterman (2015), "empowerment theory focuses on gaining control of resources in one's environment." It is client-centred, strength focused and holistic, considering the social and contextual context of the individual.

Empowerment theory recognizes that individuals have unique experiences (and interpretations of those experiences) and works iteratively to meet people where they are at, acknowledging that circumstances and responses are changeable (Hough & Paisley, 2008; Zimmerman, 1990). In their conceptualization of empowerment theory, Zimmerman (1995) recommends that it be applied as a process in which clients are supported to use critical thinking skills and reflect experientially on interactions and impacts on self and others, and that this process may be used to support other desired outcomes (e.g., behavioural practices) (Hough & Paisley, 2008).

Zimmerman (1990) identifies that there be many times in which individuals have no power or control, yet contends that they can feel psychologically empowered. If counsellors acknowledge this, they can support their clients to identify where they do have control and choice and to develop competencies to understand the potential outcomes and identify responses or actions that are beneficial to themselves and others (Zimmerman, 1995; Johnstone et al., 2018).

Relevance

Empowerment theory highlights the role of counsellors as “collaborator and facilitator rather than expert” (Fetterman, 2015). Hipolito-Delgado and Lee (2007) state that “empowerment theory conceptualizes the counseling relationship as a partnership formed to achieve the empowerment of the client” (p. 139). This concept is further confirmed by Turner and Maschi (2015) who describe a mutual “two-way relational dynamic” (p. 152).

Foster-Fishman et al., (1998) identify the risk within the application of empowerment theory that if the facilitator (counsellor) inaccurately defines what empowerment means to their clients, and which processes would facilitate this, they can alienate the client. They further highlight how empowerment can be experienced differently based on experience and comfort giving an example that those who are new to a particular process may feel empowered by a directive approach, whereas those with more experience may require a deeper sense of influence to feel empowered.

Chapter 3: Methodology

This thesis sets out to explore how the language chosen by counsellors to develop emotional safety is perceived and interpreted by clients. An internet survey was published for response by counsellors and clients over the age of 18 to analyse their likelihood of use

(counsellors) and perceived safety (clients) of selected statements that could be used to develop or influence emotional safety. The survey collected responses through a combination of open and closed ended questions resulting in mix of quantitative and qualitative data. The raw data was exported to Microsoft Excel for analysis.

Design and Approach

A survey of 16 questions for counsellors and 17 questions for clients was created and disseminated using an online platform. The survey was disseminated online to increase reach and response rates through an enhanced sense of anonymity and ease of completion. While this approach used written word to assess spoken word, it assumed the respondents would reflect on the presented phrases as oral. This presentation further eliminates any nonverbal cues and potential contextual influences.

There were two mandatory questions asked of respondents, the first an initial consent to participate, and the second asking them to identify as counsellor or client. All other questions were optional, and all demographic questions provided the opportunity for respondents to self-identify if they did not feel represented by the options provided.

Ethics

As this research solicited survey responses from human participants, an Ethical Review Protocol application was approved by the City University of Seattle Institutional Review Board (IRB). This application outlined the study intent, sample and how the privacy and confidentiality of respondents would be protected ([APPENDIX A](#)). The research recruitment invitation included a consent statement which was repeated on the first page of the online and respondents needed to choose “Agree” to continue and complete the survey. Participants could stop the survey at any time and were only required to respond to the consent and to identify as counsellor or client.

Variables

The survey ([APPENDIX B](#)) was designed to be streamlined for the respondents, asking all respondents a series of demographic questions prior to branching into questions specific to counsellors and clients. Counsellors were asked questions to ascertain their experience and certification and the topics or needs they address in their practice while clients were asked about their history of counselling based on first age accessed, frequency of use, and topics or needs for seeking counselling. All respondents were then asked to rate their acceptance of the definition of emotional safety as feeling secure and safe from bias, discrimination, judgement, or harm (vaughanbell, 2015), to identify their top five characteristics of emotional safety from a list of 48 words ([APPENDIX C](#)). Finally counsellors were asked to rate their likelihood of use of 25 statements ([APPENDIX D](#)) related to emotional safety and counsellors were asked to rate the same statements for their perceived safety.

Setting and Sample

The survey was open to anyone over the age of 18 who either works (or worked) as a counsellor or have sought counselling.

The survey was open for response from January 9, 2020 through March 17, 2020. It was shared via public posts on Facebook and Instagram and through emails to the broader community, all including requests that it be shared widely.

Chapter 4: Results

Sample

In total, 119 surveys were commenced with 102 proceeding to agree to the informed consent (17 disagreed or were left blank and were therefore eliminated from the final sample), a further 10 stopped responding when asked to identify as counsellor or client and 16 did not

submit the final page of the survey (rating the statements for their influence on emotional safety), resulting in a final sample of 76 responses; 24 counsellors and 52 clients.

Variables

Coding of Data

All self-identification responses from the demographic questions were coded to fit the provided categories when applicable and new categories were created when not.

Demographics

Of the 24 counsellor respondents, 54.2% (n=13/24) identified as cisgender female and 45.8% (n=11/24) as cisgender male, they had a median age of 46 (n=24) and 8.3% (n=2/24) identified as Racialized or Indigenous while 87.5% (n=21/24) identified as non-Racialized and non-Indigenous and one respondent did identify their ethnicity. One counsellor chose not to respond and 91.7% (n=22/24) completed Bachelor's degree or higher.

Of the 56 client respondents, 80.8% (n=42/52) identified as cisgender female, 11.5% (n=6/52) as cisgender male and 5.8% (n=3/52) as non-binary with one respondent not responding to the question, they had a median age of 37 (n=52) and 11.5% (n=6/52) identified as Racialized or Indigenous while 84.6% (n=44/52) identified as non-Racialized and non-Indigenous and two respondents did identify their ethnicity. Of the client respondents, 65.4% (n=34/52) completed a Bachelor's degree or higher education.

For full breakdown of demographic response rates and medians see Table 1.

Experience in Counselling

The researcher intended to analyse responses in relation to clients' experience (length of time, number of counsellors seen, and themes for which support was sought). Each client was

asked to identify their age when they first saw a counsellor, how many counsellors they have seen and the frequency at which they see a counsellor.

In reviewing the data, limitations were identified in how the questions were asked, resulting in a great variance of response to a degree to which coding and comparison was not possible.

Emotional Safety

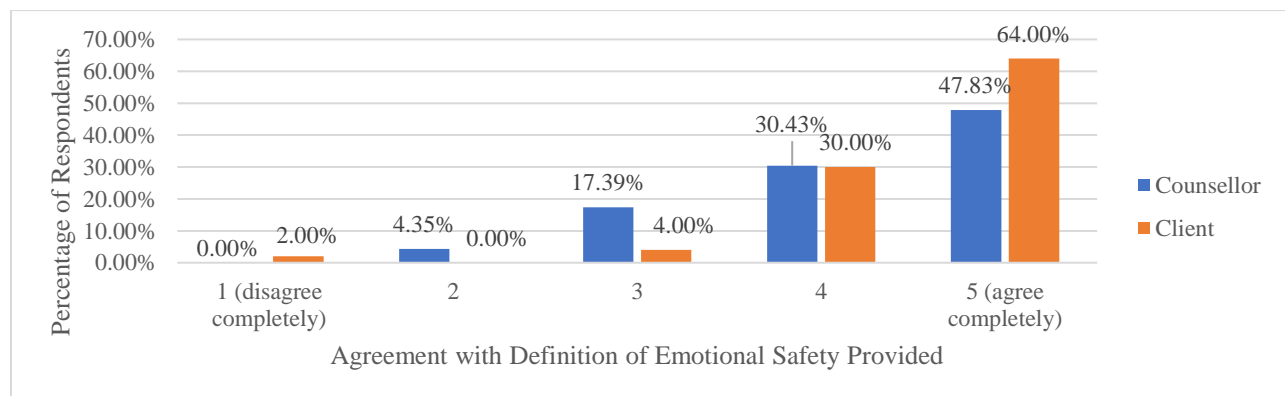
Definition of Emotional Safety

All respondents were asked to rate how the definition of emotional safety as feeling secure and safe from bias, discrimination, judgement, or harm (vaughanbell, 2015) aligned with their personal understanding of the concept using a Likert scale from 1 (disagree completely) to 5 (agree completely). The overall response rate was 96.05% with one counsellor and two clients leaving the question blank.

The mean response for all respondents was 4.44 (4.22 for counsellors, 4.54 for clients) with 47.83% of counsellors and 64.00% of clients agreeing completely (Figure 1). The median response for all respondents was 5 (4.5 for counsellors and 5 for clients).

Figure 1

Agreement with Definition of Emotional Safety (All Respondents)



Note. Response rate: Overall = 96.05%, Counsellors = 95.83%, Clients = 96.15%

When mean responses were compared across demographics¹, general agreement with the definition persisted with mean responses over 4 for all but male clients (mean= 3.67, n=6) and all Queer respondents (mean=3.92, n=14) though it should be noted that Queer clients showed a mean of 4.10 (n=11) and the small sample of 3 Queer counsellors had a mean of 3.0 lowering this overall average.

Characteristics of Emotional Safety

Survey respondents were asked to rank their top five characteristics of emotional safety from a list of 48 words ([APPENDIX C](#)). These responses were examined both by the overall count and weighted in relation to their top five ranking. By both analyses the top five characteristics of emotional safety for counsellors were identified as trust, acceptance, respect, heard and compassion.

Table 2

Characteristics of Emotional Safety

	All (count)	All (weighted)	Counsellor (count)	Counsellor (weighted)	Clients (count)	Clients (weighted)
1	Trust	Respect	Trust	Trust	Trust	Respect
2	Respect	Trust	Acceptance	Acceptance	Respect	Trust
3	Heard	Heard	Respect	Respect	Empathy	Empathy
4	Acceptance	Acceptance	Heard	Heard	Heard	Heard
5	Compassion	Empathy	Compassion	Compassion	Compassion	Trustworthy

¹ Excluding n < 5, the researcher compared the mean responses for all respondents, counsellors and clients, across: gender (male, female, excluding non-binary as too small sample size), sexual orientation (heterosexual, Queer), relationship status (partnered, single/other), education (Associate or technical degree or diploma, Bachelor's degree, Master's degree, Some college/university).

Statements to Influence Emotional Safety

Survey respondents were provided with 25 statements that could support emotional safety ([APPENDIX D](#)). Counsellors were asked to rate the likelihood they would use these statements with clients on a Likert scale from 1 (never) to 5 (always) under the assumption that the likelihood of use would positively correlate to their expectation of it supporting their clients' emotional safety. Clients were asked to rate how helpful they perceived the statements would be in influencing their emotional safety if a counsellor said them to them from 1 (completely unsafe) to 5 (completely safe).

Responses were analyzed by median and mean. The responses were further coded by their median score, for counsellors: unlikely <2.5 neutral 3.5< likely, and for clients: unsafe <2.5 neutral 3.5<safe. Clients identified 14 statements perceived to be supportive of emotional safety, counsellors identified 10 of these for likely use and four as neutral. The clients only identified three statements as unsafe, with agreement for unlikely use by counsellors. The remaining eight statements clients identified as neutral, six of which counsellors reported as unlikely to use and two as neutral.

Comparing median responses between the counsellors and clients, the groups showed complete agreement on nine of the 25 statements, a difference of 0.5 on three statements, of 1.0 on 11 statements, of 1.5 on one statement and a maximum difference of 2.0 on one statement. The statements with the greatest variance were "I recognize "safe" might not feel possible, how can we make this a safer space?" with a median score by counsellors of 2.5 (neutral) and 4.0 (safe) by clients, and "You're here for a reason" which counsellors scored 1.0 (unlikely) and clients scored 3.0 (neutral).

Coding of Statements

The statements were coded as counsellor-directed, collaborative, and client-directed. Comparing counsellor likelihood of use against question type, counsellors responded positively (seven) or neutrally (once) to the eight client-directed statements, positively (twice) or (neutrally) once to the three collaborative statements and positively (once), neutrally four times and negatively nine times to the 14 counsellor-directed statements. Clients reported a higher rating of safety throughout but mirrored the trend, identifying all eight client-directed statements as safe, two of the three collaborative statements safe and one as neutral, and of the 14 counsellor-directed statements, four as safe, seven as neutral, and three as unsafe.

Table 3

Emotional Safety Statements: Coded for Counsellors' Likelihood of Use, Clients' Perceived Safety and Influence

	Counsellor Likelihood of Use	Client Perceived Safety	Statement Influence
Everything is going to be ok.	Unlikely	Unsafe	Counsellor-directed
How are you feeling?	Likely	Safe	Client-directed
How can we make this comfortable for you?	Likely	Safe	Client-directed
How does that feel for you?	Likely	Safe	Client-directed
I don't hold the answers, but we can explore them together.	Likely	Safe	Collaborative
I invite you to feel comfortable in this space.	Unlikely	Neutral	Counsellor-directed
I recognize "safe" might not feel possible, how can we make this a safer space?	Neutral	Safe	Client-directed
I want this to be a place where we create trust.	Neutral	Safe	Counsellor-directed
I want you to be able to trust me.	Unlikely	Neutral	Counsellor-directed
I want you to be comfortable here.	Neutral	Safe	Counsellor-directed

	Counsellor Likelihood of Use	Client Perceived Safety	Statement Influence
I'm here to coach/help/guide you.	Unlikely	Neutral	Counsellor- directed
I'm here to listen.	Likely	Safe	Counsellor- directed
If at anytime I say or do anything that makes you feel uncomfortable, I ask that you let me know.	Likely	Safe	Client- directed
If you felt safe you would...	Unlikely	Neutral	Counsellor- directed
Let's see how I can help you.	Neutral	Neutral	Counsellor- directed
This a safe space.	Neutral	Safe	Counsellor- directed
This is a sacred space.	Unlikely	Unsafe	Counsellor- directed
We might talk about tough things, and I might ask hard questions, but it is up to you how much you share, and you can say if it ever feels like too much.	Likely	Safe	Client- directed
We're working together here.	Neutral	Neutral	Collaborative
What do you need or want to know from me?	Likely	Safe	Client- directed
What do you need to feel safe here?	Likely	Safe	Client- directed
You are safe here.	Unlikely	Neutral	Counsellor- directed
You are the expert on your life, I am here to help you.	Likely	Safe	Collaborative
You can trust me.	Unlikely	Unsafe	Counsellor- directed
You're here for a reason.	Unlikely	Neutral	Counsellor- directed

Demographic Influences

The median responses were compared across all demographics with $n \geq 5$, identifying any demographic group medians that were ≥ 1.0 different than the overall median.

Due to its small sample size demographics, the counsellor responses were only able to be compared for gender (male, female), sexual orientation (heterosexual), relationship status (partnered) and education (Master's degree). Client demographics were compared for gender (female), sexual orientation (heterosexual, Queer), relationship status (partnered, single/other),

and education (Associate or technical degree or diploma, Bachelor's degree, Master's degree, some college/university).

Cisgender male counsellors had median scores of 1.0 less than the overall median for four statements, indicating they were less likely to use the counsellor-directed statement "I am here to listen" (n=11), the collaborative statement "You are the expert on your life, I am here to help you" (n=10), and the client-directed statements "How can we make this comfortable for you?" (n=11) and "We might talk about tough things, and I might ask hard questions, but it is up to you how much you share, and you can say if it ever feels like too much." (n=11) They had higher median scores by 1.0 than the overall sample, showing an increased likelihood of using the counsellor-directed statements "I invite you to feel comfortable in this space" (n=11), "I want you to be comfortable here" (n=11) and "You're here for a reason. (n=11)"

Cisgender female counsellors (n=11) had median scores of 1.0 less than the overall medians on two statements, indicating a lower likelihood of using the counsellor-directed statement "I want you to be comfortable here", and the client-directed question "What do you need or want to know from me?". They scored 1.0 higher than the sample median on three statements showing an increased likelihood of using the client-directed question "How does that feel for you?", the collaborative statement "We're working together here", and the counsellor directed statement "If you felt safe you would..."

Heterosexual counsellors had four statements with median scores 1.0 above the sample medians, indicating a higher likelihood of using the client directed question "How does that feel for you?" (n=18), the collaborative statement "We're working together here" (n=19), and the counsellor-directed statement "I want this to be a place where we create trust" (n=19).

No median variations of ≥ 1.0 from the overall median were identified for counsellors in partnered relationships (n=20) or for those with a Master's degree (n=17), however as these groups represented the majority of counsellor respondents, variation would not be expected.

Cisgender male clients had median scores 1.0 lower than the sample median on one statement, indicating a lower level of perceived safety from the client-directed statement "We might talk about tough things, and I might ask hard questions, but it is up to you how much you share, and you can say if it ever feels like too much" (n=6). They had median scores 1.0 higher than the sample median on two statements indicating a higher level of perceived safety from the counsellor-directed statements "Everything is going to be ok" (n=5), and "This is a sacred space" (n=6).

Cisgender female clients had median scores 1.0 lower than the sample median on one statement, indicating a lower level of perceived safety from the client-directed question "How are you feeling?" (n=42). They had median scores 1.0 higher than the sample median indicating a higher level of perceived safety from the counsellor-directed statement "You are safe here" (n=41).

Heterosexual clients (n=41) had median scores 1.0 higher than the sample median on one statement, indicating a higher level of perceived safety from the counsellor-directed statement "You are safe here."

Queer clients (n=10) had median scores 1.0 lower than the sample median on three statements, indicating a lower level of perceived safety from the client-directed questions "How does that feel for you?" and "How can we make this comfortable for you?" and the counsellor-directed statement "This a safe space."

Partnered clients (n=40) had median scores 1.0 lower than the sample median, indicating a lower level of perceived safety from the counsellor-directed statement “You’re here for a reason.”

Single clients (n=12) had median scores 1.0 lower than the sample median, indicating a lower level of perceived safety from the counsellor-directed statement “I want this to be a place where we create trust.”

Clients who identified a Bachelor’s degree as their highest completed level of education (n=22) had median scores 1.0 higher than the sample median on four statements indicating increased perceived emotional safety to the counsellor-directed statements “You are safe here”, “This is a sacred space” and “You can trust me” and to the client directed statement “If at anytime I say or do anything that makes you feel uncomfortable, I ask that you let me know.”

Clients who identified a Master’s degree as their highest completed level of education had median scores 1.0 lower than the sample median on eight statements indicating decreased perceived emotional safety to the counsellor-directed statements “I want this to be a place where we create trust” (n=11), “You’re here for a reason” (n=11), “This a safe space” (n=10), “I want you to be comfortable here” (n=11) and “I’m here to listen” (n=11) and to the client directed statements “If at anytime I say or do anything that makes you feel uncomfortable, I ask that you let me know” (n=11), “How can we make this comfortable for you?” (n=11) and “How are you feeling?” (n=11).

Clients who identified some college or university as their highest completed level of education had a median score 1.0 lower than the sample median indicating decreased perceived emotional safety to the counsellor-directed statement “Everything is going to be ok” (n=7). They had median scores 1.0 higher than the sample median on three statements indicating increased

perceived emotional safety to the counsellor-directed statement “I want this to be a place where we create trust” (n=8), and the client-directed statements “How are you feeling?” (n=8) and “We might talk about tough things, and I might ask hard questions, but it is up to you how much you share, and you can say if it ever feels like too much” (n=8).

Of the 25 statements provided for rating, only two had general agreement across the medians of both counsellors and clients, the client-directed statement “What do you need to feel safe here” which was coded as safe for clients and likely to be used by counsellors, and the counsellor-directed statement “Let’s see how I can help you” which was coded as neutral for all respondents.

See Table 4 for full report of counsellor response rates and medians for each statement and Table 5 for client response rates and medians.

Chapter 5: Discussion

The purpose of this thesis was to explore the influence of language on perceived emotional safety within the counselling relationship. An online survey solicited responses from counsellors and clients regarding their understanding of emotional safety and their rating of various statements for their effectiveness in supporting the development of emotional safety in the therapeutic relationship.

Client and counsellor responses regarding the definition and characteristics of emotional safety and rating the perceived influence (via likelihood of use by counsellors and perceived safety by clients) of statements were summarized and compared. All respondents showed agreement about the definition and characteristics of emotional safety, creating a baseline of common language and understanding prior to examining the rating of potential statements for counsellors to use in relationship development. Counsellors and clients showed agreement with a

median variation of 0.0-0.5 on 48.0% (12/25) of the statements, disagreement of 1.0-1.5 on 48.0% (12/25) and strong disagreement of 2.0 on 4.0% (1/25).

The median likelihood of use of statements by counsellors and median perceived emotional safety by clients for each provided statement was analyzed by respondent demographics. While this analysis identified variance in medians of 1.0 for many statements, no trend or pattern was identified. The demographic analysis was inconclusive to support or oppose the hypothesis developed through the literature that personal context and experience would influence the experience of emotional safety.

To examine the influence of empowerment theory, the statements were coded according to influence; client-directed, collaborative, and counsellor-directed. The counsellors showed an inclination to use collaborative and client-directed statements rating counsellor-directed statements as neutral or unlikely to be used. Clients followed this same trend showing agreement in the rank and order of median score of their top ten statements and on nine of ten of their lowest scored statements. While clients and counsellor scored statements in the same hierarchy, according to coding, clients were more positive in their responses, with 13 safe, eight neutral and three unsafe statements. Counsellors responses were coded as ten statements likely to be used, six neutral, and nine unlikely.

Recommendations for Further Professional and Scholarly Action

The alignment of median scores regarding statements of emotional safety and the coded influence (client or counsellor-directed, collaborative) seems to support that client participation in identifying and developing safety is more effective than asserting this safety exists without their input. Future research could examine how the collaborative act of empowerment addresses the inherent power imbalance of the counselling relationship. Research could look at how

incorporating the concepts of empowerment theory into the development of the counselling rapport, supporting clients to define what emotional safety, or a safe space means for them and co-create it with the counsellor influence their experience.

This thesis was unable to analyze how client experience with counselling (length of time, frequency, number of counsellor/client interactions) could shift the influence of language on perceived safety. Future research could explore if client experience of counselling influences their response to language in relation to the empowerment theory suggestion that those who are new to a situation may feel more empowered by a directive approach versus whereas those with more experience may feel more empowered by a greater sense of control (Foster-Fishman et al., 1998).

Future research surveys should provide close-ended options for all demographics while allowing for respondents to choose not to respond or self-identify if they do not identify with the options given. Client ethnicity and sexual orientation were asked using only open response which created challenges to code and complete analysis.

Limitations

As previously identified, small sample size limited the ability to complete a robust statistical analysis and results from this thesis cannot be generalized. Questions regarding counsellor and client experience (length of time, frequency) allowed too much room for interpretation by respondents resulting in a great variance of response to a degree to which coding and comparison was not possible.

The intent of this thesis was to examine how spoken statements influence perceptions of emotional safety amongst counselling clients. The survey however was delivered online and the respondents read the statements, eliminating the nuance of tone, timing and non-verbal cues.

This introduced a potential variance in interpretation by respondents which could result in inconsistent and unreliable data.

By asking individual responses versus counsellor-client dyads the context of the specific power dynamic cannot be analyzed for influence.

Researchers Experience of Research Process

This topic was prompted by my own response and my observed response by clients (predominately marginalized youth) to the statements “you are safe here” and “this is a safe space”. Throughout the thesis development and research, I worked to acknowledge and minimize any influence my own response and bias may play. The dearth of related research both inspired me to further investigate the question of what role language or semantics play and to question if the topic was in fact worthwhile to explore if it had not been already. Hays’ (1996; 2013; 2016) and Abreu and Giordano (1996) research regarding multicultural perspective inspired my curiosity and reinforced my drive to explore the topic further. The statistical analysis challenged me to think critically and continually take steps to simplify and look at the results through as clear and open a lens as possible. My analysis initially focused on Hays’ (1996; 2013; 2016) ADDRESSING factors, realizing this was potentially introducing bias this was removed from the analysis and medians were compared for all groups with $n \geq 5$.

Conclusion and Summary

Language is important and words matter. Context and experience impact the interpretation of language and its influence. This examination of the role or influence of language in the development of emotional safety identified a gap in research and an opportunity for future research to support counsellor effectiveness in rapport-building.

The counsellors and clients surveyed showed a general agreement regarding the definition and characteristics of emotional safety and in their response to how potential statements may influence it. While this cannot be generalized, it implies common understanding and action despite no clear, broad direction regarding language or semantics in the counselling profession.

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Tables

Table 1

Demographics of Survey Respondents

		All Respondents	Counsellors	Clients
Overall	n	76	24	52
Age	Response rate	76/76	24/24	52/52
	Minimum	22.0	28.0	22.0
	Maximum	72.0	72.0	70.0
	Median	38.5	46.0	37.0
	Mean	41.6	48.1	38.7
	Mode	77	38	40
Gender	Response rate	75/76	24/24	51/52
	Female	55/75	13/24	42/52
	Male	17/75	11/24	6/52
	Non-binary	3/75	0/24	3/52
Ethnicity	Response rate	73/76	23/24	50/52
	Racialized and Indigenous ²	8/73	2/23	6/50
	Non-Racialized and non-Indigenous	65/73	21/23	44/50
Sexual Orientation	Response rate	74/76	23/24	51/52
	Heterosexual	62/74	21/23	41/51
	Queer ³	12/74	2/23	10/51
Relationship Status	Response rate	76/76	24/24	52/52
	Partnered	60/72	20/24	40/52
	Single, Divorced, Other	16/76	4/24	12/52
Education	Response Rate	75/76	23/24	52/52
	High School, technical diploma or some college/university	19/75	1/23	18/52
	Bachelor's degree or higher	56/75	22/23	34/52
Employment Status	Response Rate	76/76	24/24	52/52
	Unemployed ⁴	7/76	0/24	7/52
	Retired	7/76	5/24	2/52
	Student	5/76	3/24	2/52
	Full-time (≥ 30 hours/week)	46/76	16/24	30/52
	Part-time (<30 hours/week)	12/76	2/24	10/52

² Responses include Black, Indigenous, Métis, East Indian, South Asian.

³ Responses include queer, bisexual, questioning, likely pansexual, I like men (non-binary respondent), and fluid.

⁴ Responses include chronic illness, disability, independent means, maternity leave and temporarily unemployed

		All Respondents	Counsellors	Clients
Annual	Response Rate	64/76	20/24	44/52
Household Income ⁵	\$12,000 or under	1/64	0/20	1/44
	\$12,001-\$25,000	1/64	0/20	1/44
	\$25,001-\$50,000	11/64	4/20	7/44
	\$50,001-\$75,000	5/64	1/20	4/44
	\$75,001-\$100,000	18/64	6/20	12/44
	\$100,001-\$150,000	11/64	4/20	7/44
	\$150,001-\$200,000	15/64	5/20	10/44
	\$200,001-\$250,000	1/64	0/20	1/44
	\$250,001 or over	1/64	0/20	1/44

⁵ Note this question was asked of all clients and this breakdown does not account for those in partnered relationship versus those who are single.

Table 4

Emotional Safety Statements: Comparison of Counsellor Responses by Demographics

	Overall				Gender				Sexual Orientation		Relationship Status		Education		
	n	\bar{x}	Mo	Md	Cisgender Male		Cisgender Female		Heterosexual	n	Md	Partnered		Master's degree	
					n	Md	n	Md				n	Md		
You are safe here.	22	2.32	2	2.00	11	2.00	11	2.00	19	2.00	19	2.00	16	2.00	
This a safe space.	22	2.95	3	3.00	11	3.00	11	3.00	19	3.00	19	3.00	16	3.00	
What do you need to feel safe here?	22	3.91	4	4.00	11	4.00	11	4.00	19	4.00	19	4.00	16	4.00	
I want you to be comfortable here.	22	2.95	4	3.00	11	4.00	11	2.00	19	3.00	19	3.00	16	3.00	
I want you to be able to trust me.	22	2.41	2	2.00	11	2.00	11	2.00	19	2.00	19	2.00	16	2.00	
You are the expert on your life, I am here to help you.	21	4.38	5	5.00	10	4.00	11	5.00	18	5.00	18	5.00	16	4.50	
We might talk about tough things, and I might ask hard questions, but it is up to you how much you share, and you can say if it ever feels like too much.	22	4.23	5	5.00	11	4.00	11	5.00	19	5.00	19	5.00	16	4.50	
I want this to be a place where we create trust.	22	3.14	4	3.00	11	3.00	11	3.00	19	4.00	19	3.00	16	3.00	
I don't hold the answers, but we can explore them together.	22	3.68	4	4.00	11	4.00	11	4.00	19	4.00	19	4.00	16	4.00	
How can we make this comfortable for you?	22	3.55	4	4.00	11	3.00	11	4.00	19	4.00	19	4.00	16	4.00	
I invite you to feel comfortable in this space.	22	2.27	2	2.00	11	3.00	11	2.00	19	2.00	19	2.00	16	2.00	
If at anytime I say or do anything that makes you feel uncomfortable, I ask that you let me know.	22	4.23	5	4.50	11	4.00	11	5.00	19	5.00	19	4.00	16	5.00	

		Overall			Gender			Sexual Orientation	Relationship Status	Education				
This is a sacred space.	22	1.32	1	1.00	11	1.00	11	1.00	19	1.00	19	1.00	16	1.00
How are you feeling?	22	4.14	5	4.50	11	4.00	11	5.00	19	5.00	19	5.00	16	4.00
How does that feel for you?	21	4.19	5	4.00	10	4.00	11	5.00	18	5.00	18	4.50	16	4.50
If you felt safe you would...	22	2.27	2	2.00	11	2.00	11	3.00	19	2.00	19	2.00	16	2.00
You can trust me.	22	1.82	1	1.50	11	2.00	11	1.00	19	2.00	19	1.00	16	1.50
I'm here to coach/help/guide you.	22	2.32	2	2.00	11	2.00	11	2.00	19	2.00	19	2.00	16	2.00
You're here for a reason.	21	1.9	1	1.00	11	2.00	10	1.00	18	1.50	18	1.00	15	1.00
Let's see how I can help you.	22	2.68	3	3.00	11	3.00	11	3.00	19	3.00	19	3.00	16	3.00
I recognize "safe" might not feel possible, how can we make this a safer space?	22	2.91	2	2.50	11	2.00	11	3.00	19	3.00	19	3.00	16	3.00
I'm here to listen.	22	3.68	3	4.00	11	3.00	11	4.00	19	4.00	19	4.00	16	4.00
Everything is going to be ok.	22	1.64	1	1.00	11	1.00	11	1.00	19	1.00	19	1.00	16	1.00
We're working together here.	22	3.23	3	3.00	11	3.00	11	4.00	19	4.00	19	3.00	16	3.50
What do you need or want to know from me?	22	3.82	5	4.00	11	4.00	11	3.00	19	4.00	19	4.00	16	4.00

Table 5

Emotional Safety Statements: Comparison of Client Responses by Demographics

	Overall				Gender				Sexual Orientation				Relationship Status				Education							
					Cisgender		Hetero		Queer		Partnered		Single/ Other		Associate technical degree or diploma		Bachelor's degree		Master's degree		Some college or university			
	n	\bar{x}	Mo	Md	n	Md	n	Md	n	Md	n	Md	n	Md	n	Md	n	Md	n	Md	n	Md	n	Md
You are safe here.	51	3.35	4	3.0	6	3.0	41	4.0	41	4.0	10	2.5	39	3.0	12	3.5	7	3.0	22	4.0	10	3.5	8	3.5
This a safe space.	51	3.55	4	4.0	6	3.5	41	4.0	41	4.0	10	3.0	39	4.0	12	3.5	7	4.0	22	4.0	10	3.0	8	4.0
What do you need to feel safe here?	52	3.58	4	4.0	6	4.0	42	4.0	42	3.5	10	4.0	40	4.0	12	3.5	7	4.0	22	4.0	11	4.0	8	3.5
I want you to be comfortable here.	52	3.54	4	4.0	6	4.0	42	4.0	42	4.0	10	3.5	40	4.0	12	4.0	7	3.0	22	4.0	11	3.0	8	4.0
I want you to be able to trust me.	52	2.83	2	3.0	6	3.0	42	3.0	42	3.0	10	2.5	40	3.0	12	2.5	7	2.0	22	3.0	11	3.0	8	3.0
You are the expert on your life, I am here to help you.	51	3.90	4	4.0	6	3.5	41	4.0	42	4.0	9	4.0	40	4.0	11	4.0	7	3.0	21	4.0	11	4.0	8	4.0
We might talk about tough things, and I might ask hard questions, but it is up to you how much you share, and you can say if it ever feels like too much.	52	4.44	5	5.0	6	4.0	42	5.0	42	5.0	10	4.5	40	5.0	12	5.0	7	5.0	22	5.0	11	5.0	8	4.0
I want this to be a place where we create trust.	52	3.48	4	4.0	6	4.0	42	3.5	42	3.5	10	4.0	40	4.0	12	3.0	7	4.0	22	4.0	11	3.0	8	3.0
I don't hold the answers, but we	51	3.49	4	4.0	6	4.0	41	4.0	42	4.0	9	4.0	40	3.5	11	4.0	7	3.0	21	4.0	11	4.0	8	4.0

	Overall			Gender			Sexual Orientation			Relationship Status			Education												
can explore them together.																									
How can we make this comfortable for you?	52	3.54	3	4.0	6	4.0	42	4.0	42	4.0	10	3.0	40	3.5	12	4.0	7	4.0	22	4.0	11	3.0	8	3.5	
I invite you to feel comfortable in this space.	52	2.90	3	3.0	6	3.0	42	3.0	42	3.0	10	2.5	40	3.0	12	3.0	7	3.0	22	3.0	11	3.0	8	3.0	
If at anytime I say or do anything that makes you feel uncomfortable, I ask that you let me know.	52	3.62	5	4.0	6	3.5	42	3.5	42	4.0	10	3.5	40	4.0	12	3.5	7	4.0	22	5.0	11	3.0	8	4.0	
This is a sacred space.	52	2.50	2	2.0	6	3.0	42	2.0	42	2.0	10	2.0	40	2.0	12	2.5	7	2.0	22	3.0	11	2.0	8	2.0	
How are you feeling?	52	3.48	4	4.0	6	4.0	42	3.0	42	3.5	10	4.0	40	4.0	12	3.5	7	4.0	22	4.0	11	3.0	8	3.0	
How does that feel for you?	52	3.60	4	4.0	6	4.0	42	4.0	42	4.0	10	3.0	40	4.0	12	4.0	7	4.0	22	4.0	11	4.0	8	4.0	
If you felt safe you would...	52	3.10	3	3.0	6	3.5	42	3.0	42	3.0	10	3.0	40	3.0	12	3.0	7	3.0	22	3.0	11	3.0	8	3.0	
You can trust me.	52	2.44	2	2.0	6	2.5	42	2.0	42	2.5	10	2.0	40	2.0	12	2.0	7	2.0	22	3.0	11	2.0	8	2.5	
I'm here to coach/help/guide you.	52	3.15	3	3.0	6	3.0	42	3.0	42	3.0	10	3.0	40	3.0	12	3.5	7	4.0	22	3.0	11	3.0	8	3.0	
You're here for a reason.	52	2.63	2	3.0	6	3.0	42	3.0	42	3.0	10	2.5	40	2.0	12	3.0	7	3.0	22	3.0	11	2.0	8	3.0	
Let's see how I can help you.	52	3.00	3	3.0	6	2.5	42	3.0	42	3.0	10	3.0	40	3.0	12	3.0	7	3.0	22	3.0	11	3.0	8	3.0	
I recognize "safe" might not feel possible, how can we make this a safer space?	52	3.58	4	4.0	6	3.5	42	4.0	42	4.0	10	4.0	40	4.0	12	3.5	7	3.0	22	4.0	11	4.0	8	3.5	
I'm here to listen.	52	3.87	4	4.0	6	3.5	42	4.0	42	4.0	10	4.0	40	4.0	12	4.0	7	4.0	22	4.0	11	3.0	8	4.0	
Everything is going to be ok.	51	2.18	2	2.0	5	3.0	42	2.0	41	2.0	10	1.5	39	2.0	12	2.0	7	2.0	22	2.0	11	2.0	7	3.0	

	Overall			Gender				Sexual Orientation				Relationship Status				Education								
We're working together here.	52	3.19	3	3.0	6	3.5	42	3.0	42	3.0	10	3.0	40	3.0	12	3.5	7	3.0	22	3.0	11	3.0	8	3.0
What do you need or want to know from me?	52	3.37	4	4.0	6	4.0	42	4.0	42	4.0	10	4.0	40	4.0	12	4.0	7	4.0	22	3.5	11	4.0	8	4.0

Appendix

Appendix A: IRB Submission

**Institutional Review Board
Ethical Review Protocol**

City University of Seattle Ethics Training completed on this date: October 1, 2019

1. Title of Project: The use of language in developing emotional safety

2. For Faculty Researcher(s)

Name: _____

Department/Division _____

Telephone _____

E-mail _____

3. For Student Researcher

Name: Katy Winship

Faculty Supervisor: Andre Serzisko

Department/Division: Arts/Sciences

Degree sought: Master of Counselling

Telephone: (250)882-5019

E-mail: winshipkathryn@cityuniversity.edu

4. Project Coordinator:

5. Sponsor (if any):

Fill in this protocol completely, including appropriate consent form(s) at the end. Incomplete protocols will be returned for resubmission.

6. Abstract/Lay Summary

- Research question(s):

To explore how the language used by counsellors to develop emotional safety in a counselling relationship can enhance or diminish the emotional safety experienced by clients.

- Basis for the question including supporting quote from research:

The initial meeting between a client and counsellor sets the tone for the therapeutic relationship by providing an opportunity for the counsellor to share information about their approach, grounding theories, ethical practices, consent, and boundaries. This information, and how it is shared, is an important component in creating and developing a trusting rapport and promoting an emotionally safe space (Westergaard, 2013, p. 101). In addition to an overview of their practice, the counsellor may directly or indirectly address emotional safety and the establishment of trust.

This study will explore the history of the concept of emotional safety and the term "safe space", and how they are currently used in reference to clinical counselling. It will further explore ideological power looking at resources that include but are not limited to, the *Power Threat Meaning Framework* (Johnstone, et al., 2018), response based practice (Wade, 1999), empowerment theory (Hough & Paisley, 2008, p.92; Zimmerman, 1990; 1995), collaborative approaches, and applications in multicultural counselling.

The term 'safe space' has been in use in western cultures since the 1960s to describe venues where people are free from bias, discrimination, or harm (vaughanbell, 2015). There is a common understanding that this is

- Purpose of the study:

The purpose of this study is to explore the effectiveness of directive versus collaborative counsellor statements, that assist in the development of emotional safety for clients seeking counselling.

- Methodology:

This qualitative study will consist of two parallel web-based surveys. One developed for response by counsellors, and the other for response by those seeking counselling.

Each survey will commence with self-identification of demographic questions aligned with Hays' (1996) ADDRESSNING model: "Age and generational influences, Disability, Religion, Ethnicity, Social status, Sexual orientation, Indigenous heritage, National origin and Gender" (p. 332). Counsellors will be asked what their areas of specialization are, and counselees will be asked to identify the broad reasons they have sought counselling.

The first section of the survey will remain the same for both counsellors and counselling clients. They will be presented with a definition of emotional safety and asked to rate their agreement using a Likert scale. They will then be asked to rank five words from a list provided of characteristics of emotional safety. This will be completed using the survey tool functionality which allows respondents to rate items by dragging them or changing their label. The question will clarify that any item ranked below five will not be considered.

Both sets of participants will then be presented with a list of statements regarding emotional safety such as "you are safe here", "this is a safe space", "what do you need to feel safe here?". Counsellors will be asked to rate their own frequency of use, and perceived effectiveness of each statement. Counselling clients will be asked their perception of effectiveness of the statements in developing emotional safety.

Descriptive analysis will be used to provide a picture of the participant group and data collected including an agreement with the definition of emotional safety, a cluster graph analysis of the characteristics respondents associate with emotional safety, perceived effectiveness, and counsellor self-report of frequency of each safety statement.

Minimal Risk per governmental regulation is defined as research that "poses no more risk to the human participants than that encountered in ordinary daily life".

Check this box if faculty supervisor or faculty researcher believes this research constitutes minimal risk according to the above definition. The IRB will make final determination regarding the level of risk.

7. Description of participants (include number, ages or age range, location, and special characteristics to include gender and ethnicity).

Any person over the age of 18 who has sought counselling, or who works as a counsellor may respond to this survey. There is no maximum limit of participants, and the intent is to have a minimum 50 responses to each survey (counsellor or counselee). As recruitment will be completed via word-of-mouth, no specific ethnicities or groups will be targeted.

6. If research is conducted through an agency or institution, complete the CityU Organizational Consent form to include the names, contact information, and contact persons for any institutions or agencies. If outside institution's consent form is used and attached, researcher is responsible to assure that all provisions are in concert with CityU approved Research Participant Informed Consent form.

Attach to the Email you send with this form the completed organizational consent as “ ‘Student Name’ Attachment A”.

NA

6. Recruitment Phase (Do not include your process of acquiring informed consent): Describe how participants will be identified or recruited. Include in your answer the exact wording of all notices, advertisement and/or scripts used to recruit participants. If the human participants include minors or vulnerable adults, include the script used to advise them of the study.

Survey participants will be sought through Facebook and word of mouth, including emails with a printable handout to local counselling offices. The Facebook post, email and printable handout will state "Have you ever sought counselling, and/or are you a counsellor? I am looking for volunteers (over the age of 18) to participate in a thesis study for my Master of Counselling degree with the City University of Seattle. If you are a counsellor or have personally sought counselling I would ask you to complete an online survey regarding the language used to develop emotional safety in counselling rapport. This research is completely voluntary. Completing the online survey will take approximately 10 minutes and can be done at any time. Your information will be kept confidential and only summary themes will be used for this thesis. This thesis has been approved by The City University of Seattle's ethics board. If you have any questions or concerns about this study, you can contact me at winshipkathryn@cityuniversity.edu or my program coordinator Andre Serzisko can be reached at aserzisko@cityu.edu. Please use the link below to access the survey if you would like to take part. Thank you!"

6. Informed Consent Phase (do not include recruitment information): Describe your informed consent process. Include in your answer the exact wording to be used in information letters, emails, telephone scripts to participants and parents/guardians, oral scripts and/or email scripts. Also please attach a copy of your consent form, which must be based off of the CityU template that can be downloaded from the IRB website.

Survey participants will access the survey using the link provided (to be determined). The survey will include an informed consent statement with a button for agreement before participants are asked any further questions.

“Thank you for volunteering to take part in my thesis research with the City University of Seattle for the completion of my Master of Counselling. This study will explore how language is used to develop emotional safety in a counselling relationship. A reminder that this survey is completely voluntary and you can withdraw at any time. All information gathered will be kept confidential and only used for purpose of this thesis. Please read the following participant informed consent form and click “Accept” if you feel comfortable in doing so. If you have any questions or concerns at any point please contact me winshipkathryn@cityuniversity.edu or my program coordinator Andre Serzisko at aserzisko@cityu.edu. Thank you so much for your time and participation.

If through the course of completing this survey you wish to talk to someone for support, please access supports please call HealthLink BC at 8-1-1 to find mental health information or support or visit the following link [Mental Health and Substance Use Supports in B.C.](#)”

The *CITYU Research Participant Informed Consent For On-Line Surveys And Internet Data Collection* form will be included below the consent statement with followed by a button to “Agree” or “Disagree”. Participants who click “Agree” will continue to the first survey questions, those who choose “Disagree” will receive a statement “Thank you for considering participating in my thesis research. If you have any questions, please contact me at winshipkathryn@cityuniversity.edu. Have a great day.”

6. What data collection tools will be used and how will they be administered? Include, as an attachment, an exact replica of data collection tools, e.g.: written questionnaires, interview questions, observation schedules and confirm the source and/or copyright permission for any collection tools from outside sources. Summarize the attachments here.

The survey will be administered via SurveyMonkey (<http://www.surveymonkey.com>). A link to Survey Money's confidentiality and privacy statement can be found by following this link: https://www.surveymonkey.com/mp/legal/privacy-policy/?ut_source=footer.

Only the informed consent statement and identification of respondent type will be mandatory responses. The survey will commence with the informed consent statement followed by a question to identify the respondent as "Counsellor" or "Person who has sought counselling".

All respondents will be asked demographic questions including: age, gender, sexual orientation, ethnicity, country of residence, education, household income, employment status, marital status, and dependents. These

7. Will participants receive inducements or rewards? Give details.

NA

8. How will the confidentiality of each participant be protected?

Privacy and anonymity of participants will be held to the highest standard, and all identifiable information will be kept private. The survey will only be conducted online via Survey Monkey therefore no paper documentation will be kept. Survey Monkey settings will be chosen to ensure IP address is not collected, no postal code, name, address will be collected. Survey responses will be downloaded in excel format and saved in a password encrypted file. If external research assistance or coders are used to confirm coding of any open textbox responses, only the specific responses will be reviewed without connection to any other question responses.

Once the window for survey completion has closed, the survey responses will be exported from Survey Monkey and saved as encrypted files on a password protected personal computer. The Survey Monkey account will be created for the sole purpose of this survey and will be deleted once the survey responses are exported for analysis.

9. How and where will data be stored?

- Electronic data storage: Password encrypted file on my personal password protected computer.
- Paper data storage: NA
- Other data storage, e.g. audiotapes, videotapes: NA

10. City University of Seattle requires data to be securely for a period of 5 years then permanently destroyed:

- Permanent destruction methods for each data item:

- 6. Describe any possible risk or distress and safeguards in place to address risk or distress including access to counseling, with attention to vulnerable populations who may be participating in this research.

Potential risks for participants lie in the demographic questions which include self-identifying individual factors and providing reason(s) for seeking counselling. The researcher believes that the benefits of analysing how societal power differentials as identified through the ADRESSING model (Hays, 1996) correlate to experiences of emotional safety outweigh the potential research-related harms. The researcher identifies the harms of feelings of discrimination by requiring computer and internet access to complete the web-based survey. The researcher also acknowledges from a trauma-informed lens that asking participants to share the broad theme(s) for which they have accessed counselling may elicit responses which require additional support that the researcher cannot directly support (Johnson, 2016).

The informed consent portion of the survey includes the phone number and website link for HealthLink BC, a provincial service which offers help finding mental health and substance use support and information.

Submission of this form electronically signifies that the researcher takes responsibility for the accuracy of the contents of this submission and that student researcher’s Supervisor approves of the submission, in an equivalent manner to an original signature.

Before signing, the research Supervisor/advisor is responsible for reviewing the scientific and scholarly validity of the proposed research study. As research supervisor/advisor confirm the following:

- 1. **The research procedures are the least risky procedures that can be performed consistent with sound research design:** Yes No
- 2. **The research is likely to achieve its aims:** Yes No
- 3. **The proposed research is of sufficient importance to justify the risks entailed:** Yes No
- 4. **There are adequate resources to complete this study:** Yes No

Name of Researcher: _____

Research Supervisor/Advisor: _____

Date: _____

Appendix B: Survey: The use of language in developing emotional safety**Counsellors**

- How old are you? 18-100 drop-down
- How long have you been working as a counsellor? 18-100 drop-down years
- Are you a registered, licenced or otherwise professionally certified counsellor? Yes; No
- What gender do you identify with? Female; Male; Non-binary; Prefer to self-describe (textbox)
- What is your sexual orientation? E.g. straight, lesbian, gay, bisexual, etc. Please self-describe: (textbox)
- What is your ethnicity? E.g. Asian, European, Indigenous etc. Please self-describe: (textbox)
- Do you live in Canada? Yes; No, please state location (textbox)
- What is the highest level of education that you have completed? Less than high school; Some high school; High school diploma or equivalent; Some college/university; Associate or technical degree or diploma; Bachelor's degree; Master's degree; Advanced graduate degree or doctorate
- What is your annual household income? Don't know or prefer not to respond; \$12,000 or under; \$12,001-\$25,000; \$25,001-\$50,000; \$50,001-\$75,000; \$75,001-\$100,000; \$100,001-\$150,000; \$150,001-\$200,000; \$200,001-\$250,000; \$250,001 or over
- Which of the following best describes your current employment status? Student; Working part-time (29 hours a week or less); Working full-time (30 hours a week or more); Carer or caregiver (of home, family, etc.); Temporarily unemployed (seeking other work);

Retired; Otherwise unemployed (e.g. chronic illness, disability, independent means);

Prefer to self-describe (textbox)

- Which of the following best describes your current relationship status? Single, Married, Committed partnership, Prefer to self-describe (textbox)
- For what themes do you provide counselling? Check all that apply (for respondents accessing counselling only) Depression; Grief; Anxiety; Addictions or Substance Use; Sexual concerns; Confidence; Self-awareness; Greater life balance; Relationship concerns; Trauma or abuse; Anger; Stress; Prefer to self-describe (textbox)
- For the purpose of this survey, the definition of emotional safety is feeling secure and safe from bias, discrimination, judgement, or harm (vaughanbell, 2015). Please rate from 1 (disagree completely) to 5 (agree completely) how this aligns with your personal understanding of emotional safety.
- Please select and rank the top five characteristics of emotional safety from the following words: ([APPENDIX C](#))
- Please rate the following statements for the likelihood you would (or have) said them to clients to promote emotional safety. Please rate from 1 (never) to 5 (always).

([APPENDIX D](#))

Clients

- How old are you? 18-100 drop-down
- What gender do you identify with? Female; Male; Non-binary; Prefer to self-describe (textbox)
- What is your sexual orientation? E.g. straight, lesbian, gay, bisexual, etc. Please self-describe: (textbox)

- What is your ethnicity? E.g. Asian, European, Indigenous etc. Please self-describe:
(textbox)
- Do you live in Canada? Yes; No, please state location (textbox)
- What is the highest level of education that you have completed? Less than high school;
Some high school; High school diploma or equivalent; Some college/university;
Associate or technical degree or diploma; Bachelor's degree; Master's degree; Advanced
graduate degree or doctorate
- What is your annual household income? Don't know or prefer not to respond; \$12,000 or
under; \$12,001-\$25,000; \$25,001-\$50,000; \$50,001-\$75,000; \$75,001-\$100,000;
\$100,001-\$150,000; \$150,001-\$200,000; \$200,001-\$250,000; \$250,001 or over
- Which of the following best describes your current employment status? Student; Working
part-time (29 hours a week or less); Working full-time (30 hours a week or more); Carer
or caregiver (of home, family, etc.); Temporarily unemployed (seeking other work);
Retired; Otherwise unemployed (e.g. chronic illness, disability, independent means);
Prefer to self-describe (textbox)
- Which of the following best describes your current relationship status? Single, Married,
Committed partnership, Prefer to self-describe (textbox)
- At what age did you first see a counsellor? 18-100 drop-down years
- How many different counsellors have you seen? 0-6 or more
- How frequently do you see a counsellor? Number times a week/month/year
- For what themes have you sought counselling? Check all that apply (for respondents
accessing counselling only) Depression; Grief; Anxiety; Addictions or Substance Use;

Sexual concerns; Confidence; Self-awareness; Greater life balance; Relationship concerns; Trauma or abuse; Anger; Stress; Prefer to self-describe (textbox)

- For the purpose of this survey, the definition of emotional safety is feeling secure and safe from bias, discrimination, judgement, or harm (vaughanbell, 2015). Please rate from 1 (disagree completely) to 5 (agree completely) how this aligns with your personal understanding of emotional safety.
- Please rank the top five characteristics of emotional safety from the following words (any ranking after the top 5 will be ignored in data analysis): ([APPENDIX B](#))
- Read the following statements and think about how helpful you think they would be in influencing you feel safe if a counsellor said them to you. Please rate from 1 (completely unsafe) to 5 (completely safe). ([APPENDIX C](#))

Appendix C: Characteristics of Emotional Safety

Survey Question: Rank the following characteristics of emotional safety

All survey respondents were asked to select and rank the top five characteristics of emotional safety from the following words:

- calm
- empower
- trust
- validate
- respect
- gentle
- relaxed
- pride
- honour
- comfortable
- easy
- listen
- heard
- belief
- clarity
- acceptance
- sensitive
- empathy
- compassion
- understanding
- hopeful
- protected
- secure
- guarded
- watched
- vulnerable
- sheltered
- reliable
- dependable
- careful
- trustworthy
- harmless
- healthy
- pure
- clear
- certain
- ethical
- equity
- fair
- impartial
- justice
- tolerance
- kind
- nice
- help
- happy
- powerful
- strong

Appendix D: Statements That May Influence Emotional Safety

Survey question: Rating statements for use or perceived safety

All survey respondents were asked to review the following statements. Counsellors were asked to rate the likelihood they would (or have) said them to clients to promote emotional safety from 1 (never) to 5 (always). Clients were asked to rate how helpful they thought the statements would be in influencing their felt safety if a counsellor said them to them from 1 (completely unsafe) to 5 (completely safe).

- You are safe here.
- This a safe space.
- What do you need to feel safe here?
- I want you to be comfortable here.
- I want you to be able to trust me.
- You are the expert on your life, I am here to help you.
- We might talk about tough things, and I might ask hard questions, but it is up to you how much you share, and you can say if it ever feels like too much.
- I want this to be a place where we create trust
- I don't hold the answers, but we can explore them together
- How can we make this comfortable for you?
- I invite you to feel comfortable in this space
- If at anytime I say or do anything that makes you feel uncomfortable, I ask that you let me know.
- This is a sacred space.
- How are you feeling?

- How does that feel for you?
- If you felt safe you would...
- You can trust me.
- I'm here to coach/help/guide you.
- You're here for a reason
- Let's see how I can help you
- I recognize "safe" might not feel possible, how can we make this a safer space?
- I'm here to listen
- Everything is going to be ok.
- We're working together here.
- What do you need or want to know from me?