

# The Use of Color in Art Therapy

REBECCA L. WITHROW

*This article reviews the published literature on the separate fields of art therapy and color therapy, synthesizing them in a proposed use of color within art therapy. Specific techniques focusing on use of color in a nonrepresentational expressive form are suggested as a way to extend the therapeutic benefits of art therapy.*



As art therapy has increased in popularity during the twentieth century, a growing number of counselors have begun encouraging clients to do more than just talk about their feelings. Temporarily abandoning clumsy verbalizations, patients are leaving their couches in droves and heading for the art studios to sculpt, mold, paint, draw, and collage their innermost emotions and conflicts (Gladding, 1998). Art therapists believe that the artistic process brings to surface feelings and emotions in the same way that free association does, incorporating benefits of both talk therapy and dream analysis, but accomplishing more than either one does alone (Case & Dalley, 1992; Ganim, 1999).

However, most of the focus in art therapy is on the creation of an image or a representation of reality. Ostensibly missing from the discussion are the therapeutic benefits of *nonrepresentational* visual art. Preimage elements of art, such as line, form, and color, can be used by clients themselves in their own healing (Rhinehart & Engelhorn, 1982). Much, in fact, is known about color and the effects it has on people, but this knowledge has seldom been applied in any depth to art therapy.

The use of color in creative expression can add a valuable dimension to traditional art therapy, for two reasons. First, color has been proven to have a profound impact on the mind and body. Second, it lends itself easily to nonrepresentational art, which can fill in some of the therapeutic gaps left by *representational* art. The intention of this article is to demonstrate how knowledge about art and color can be combined to enhance traditional art therapy. After brief descriptions of the fields of art therapy and color psychology, the essence of both is used to propose a new therapeutic function of color, in a nonrepresentational form of expressive therapy.

## ART THERAPY

The practice of art therapy, born of the psychoanalytic theories of Naumberg (1973) and Kramer (1973), is based on the idea that the deepest emotions

---

*Rebecca L. Withrow, Department of Counseling and Educational Development, University of North Carolina at Greensboro. Correspondence concerning this article should be addressed to Rebecca L. Withrow, Department of Counseling and Educational Development, PO Box 26171, Greensboro, NC 27402-6171 (e-mail: rlwithro@uncg.edu).*

exist within the unconscious mind in the form of images, not words. This concept paves the way for a very intensive and effective form of counseling and a premise for the use of color and nonrepresentational art in therapy.

Ganim (1999), in *Art and Healing*, offered a theory about left brain/right brain phenomena that explains why the unconscious is expressed through images and how this pertains to mental health. The left brain, which communicates verbally, is analytical and critical, able only to tell us what we *think* we feel. The right brain, which communicates in images, is symbolic and emotional, and can tell us what we *actually* feel. When we talk about our emotions, we allow our left brain to interpret them through a linguistic, critical filter that is filled with all sorts of baggage (e.g., cultural expectations, limitations of words). Conflict often persists because something gets lost in this translation. Ganim expressed the ineffectiveness of verbalizing emotions: "We try to talk it out, yell it out, get it off our chest, but in the end the feelings remain the same" (p. 23).

Emotional and mental unrest are the by-products of this conflict between the heart and the head, or the right and left brain. The goal of therapy, according to Ganim (1999), is to synchronize these two aspects of our personalities. Art therapy can prove superior to talk therapy in accomplishing this goal, because it allows us to experience rather than verbalize our feelings.

In the sense that artistic expression brings forth feelings from the depths of the unconscious in the form of imagery, art therapy is similar to free association and dreaming. However, the art product itself provides tangible evidence of the emotional progress made by the client, whereas dreams are quickly forgotten (Case & Dalley, 1992). Not only does the creative process reach further into the unconscious than traditional talk therapy, it also records progress the client can monitor in a way that other therapies (e.g., dream analysis) do not.

For all the benefit derived from the use of imagery in therapy, however, some clients (especially adults) are slow to warm to the process. Learned rules about drawing and expectations about what constitutes a picture can prompt resistance to the process itself. If the product does not look right, clients may feel discouraged and even afraid to try in some cases. Although art therapists are careful to state that one need not be an artist to participate, many people still resist. Perhaps this is because most art therapy techniques focus on the use of imagery, which is defined as the representation of reality (Gladding, 1998). In attempting to represent something, patients open themselves up to self-criticism. Some can remain unattached to how realistic their images appear, but others cannot, and when people are concerned about technique and result, the communication from the unconscious mind is lost (Dalley, 1987).

This is the place for nonrepresentational expression in art therapy. Some cultures have created nonimagistic art for centuries and alerted us to its hypnotic beauty (Turner, 1996). Spanish tile work, for instance, focuses on design and color rather than imagery. The emphasis on geometrical pattern in Islamic art, rather than on depictions of nature, makes for a uniquely beautiful form of nonrepresentational artwork. Design and color are in fact the primary focus of artistic traditions throughout the world, as in Native American fabric de-

sign, Appalachian quilts, and Mesoamerican pottery, to cite a few examples. The next two sections of this article explore the unique psychological qualities of color and their potential use in nonrepresentational art therapy.

## COLOR THERAPY

For centuries, people in a variety of disciplines and settings experimented with the healing properties of color. From the ancient Greek and Egyptian physicians, to the alchemists, to modern-day corporate executives and psychiatrists, people in many lines of work have noticed and studied the effects of color on humans. During the past two centuries, however, "color therapy" went out of style among allopathic physicians and was widely avoided by the scientific community in general. Renewed interest and research into this area during the latter half of the twentieth century have proved that color has profound effects on the emotions, behavior, and body (Clark, 1975).

Many researchers have found that people in different emotional states choose and interact with colors in different ways. Emotionally well-adjusted individuals, for example, respond to color openly, whereas people who are more emotionally inhibited eschew color when possible (Birren, 1980). Patients with depression use significantly less color in their paintings than other patients (Wadson, 1971). Several studies involving "life-threatened children" (including recent earthquake victims and children with leukemia) reveal a strong prevalence of the colors red and black in their artwork (Cotton, 1985; Gregorian, Azarian, DeMaria, & McDonald, 1996).

Different personality types also seem to exhibit different color preferences. Outgoing people gravitate toward warm, invigorating colors, like red and orange, whereas introverts are drawn to cooler, calming colors, like blue and green (Birren, 1980). Introverts, who are more sensitive to color stimulation, find the warmer colors to be distressing, whereas extroverts, who are less sensitive, find cooler colors not stimulating enough (Mahnke, 1993).

For many, the most immediate, burning question is: Which colors provoke which emotions and behaviors in people? Some attempts have been made at correlating specific colors to specific moods. Psychologists at Vermont College of Norwich University tested emotional reactions in 69 college students following their exposure to particular colors (Levy, 1984). Reactions were recorded on the Profile of Mood States, and results demonstrated that blue-violet produced sadness and fatigue, whereas cool green produced confusion and anger. However, as Mahnke (1993), an industry color consultant, pointed out, colors affect different individuals in different ways, and what is most important to psychological well-being is a balance of color. Mahnke stated,

Taking all the research collectively, it is safe to conclude and suggest that color variety is psychologically most beneficial. It is not just that one color is better than another for a specific purpose, that one may be considered psychologically exciting or another calming, but a variety of visual stimulation and change in atmosphere is required in establishing a sound milieu. (p. 6)

Some universal “color rules” have been found, however, with regard to the effects of color on behavior. In general, colors comprised of longer wavelengths, like red, are more stimulating to the nervous system than colors of shorter wavelengths, like green and blue (Graham, 2000; Mahnke, 1993). Psychiatric wards in the earlier part of the twentieth century stumbled on this phenomenon accidentally, when patients who had been deprived of the color red (which was, at that time, believed to induce madness) obtained bits of red string. They became more animated, increased their activity and work output, and demanded more red items (Emery, 1929; Lukins & Sherman, 1941). Prisons that have painted different wings in different colors have noted that violent behaviors increased among inmates living on red and yellow wings and decreased among those living on blue and green wings (Graham, 1998).

Faber Birren, one of the first color researchers, used information about the behavioral effects of color to develop a Color Code for Safety in the 1940s. After World War II, many unskilled laborers were entering factory work and accident levels were very high. Birren’s safety code dictated that different colors and patterns be used to indicate different hazards. For example, black and white stripes were used in high traffic areas, red denoted fire safety, and blue indicated electrical equipment. Factory owners who consulted Birren and applied his color code saw their accident rates plummet (Mahnke, 1993).

Empirical research has also been done on the physiological effects of color. Kueller (1976) found that participants placed in rooms decorated with a variety of colors experienced decreased alpha-brain wave activity on an EEG (associated with participants’ mental states) and lowered heart rates on an EKG. Those placed in gray rooms experienced an increase in brain activity and heart rate, sometimes to the point of feeling stressed and agitated. Psychoneurologist Goldstein (1995) suggested that colors affect the body’s sense of balance. He reported that a patient with a cerebral disease, who was prone to falling as she walked, seemed to fall more often when wearing red clothing. However, when wearing blue or green, her sense of balance was almost completely restored.

What produces these physical, neurological, and emotional effects? Most researchers reason that different colors hold different associations for people, triggering memories and emotions, which in turn affect performance. However, Graham (1998) presented a chemical explanation, based on melatonin and serotonin levels in the body. During the day, when full-spectrum sunlight illuminates all the colors around us, the hypothalamus releases a stimulant called serotonin. At night, when the absence of light shrouds our visual worlds in tones of gray and black, the hypothalamus releases a depressant called melatonin, which helps us sleep. In many cultures, bright colors are associated with liveliness and wakefulness, and darker colors with melancholy. In northern parts of the world, during extended periods of low sunlight, people maintain high levels of melatonin in their blood streams day in and day out, sometimes developing seasonal affect disorder. The treatment for this is a dose of full-spectrum light.

There are people on both hemispheres, however, who tend to maintain unusually high levels of melatonin throughout the day, including women

with anorexia nervosa, men and women with reproductive problems, and people with depression (Graham, 1998). Because regular exposure to natural light is not enough to reduce melatonin levels in these individuals, perhaps a form of color therapy, in which natural colors are exaggerated and emphasized, could be tried.

## COLOR IN COUNSELING

Knowing what we know about the profound impact of color, the implications for counseling are many. Some have suggested color therapy in which the counselor uses particular colors for clients with different types of problems such as learning disabilities (Rustigan, 1996), adult aphasia (Montgomery, 1971), and depression (Neboschick, 1975). Others have suggested that the clients' own use of color can reveal a great deal. Creative analysis (Zierer, 1976) proposes that when clients paint, their integrative or disintegrative use of color reflects personality integration. Clients may state their conscious perception of a problem and its solution, but the therapist, through an examination of the harmonious or discordant use of colors in the client's painting, can determine to what degree the conscious and unconscious minds are synchronized. In the article "The Self-Revelation Through Color Technique," Lev-Wiesel (2000) wrote that the client examines "inner language, defense mechanisms and relationships with significant persons" (p. 35) through the use of chosen colors.

As part of the process of art therapy, color can be manipulated by clients themselves toward healing ends, especially when used in nonrepresentational art. Rhinehart and Engelhorn (1982) presented *preimage considerations* as vital, often overlooked dimensions to art therapy, maintaining that line, form, and color in client art are as important as image. Perhaps by focusing on color, before focusing on image, an art therapist can reach some clients more effectively than by immediately launching into image-based artwork.

There are several potential benefits to focusing on color during art therapy. Through the use of color, the client can release a variety of moods and emotions she or he may not be able to express verbally. The client can track and monitor progress in therapy, noting the prevalence of certain characteristics or moods and the absence of others. In nonrepresentational color work, as described below, all moods and emotions are seen as acceptable, each embodying its own grace and beauty. And, perhaps most important to the true purpose of art therapy, "playing" with color in a nonthreatening, nonrepresentational manner circumvents the critical left brain that says, "Stop! That doesn't look real! You're making a fool of yourself!"

## PASTE PAINTING

The art of paper-decorating has recently introduced a form of painting that is so easy and quick, it fits well into the hour constraining most therapy ses-

sions. In *paste painting*, gloppy, brilliantly pigmented wheat paste, with the consistency of grits, is spread evenly across a piece of paper, then scraped away in various patterns. From the first stroke, the artist is thrust into a world of stunning color, which can be manipulated easily and changed at will. A study in color can be created in a matter of minutes, allowing the client to move rapidly, experimenting with different colors, combinations, and designs over the course of 20 or 30 minutes. The first painting seems to be the only incentive necessary to keep most people interested. Dalley (1987) explained why painting is so therapeutic: "Like playing, spontaneous painting forms the focus for therapeutic work; and like free association, unconscious material can be made conscious through this process. Art enables adults to be able to play" (p. 22).

Paste painting in no way attempts to replicate reality and, thus, is extremely effective at shifting the client into "right-brain" mode almost immediately. As discussed earlier, art therapy owes its success to the right brain, the true source of emotions; only by actively using and exposing the right brain can one get in touch with the deepest, innermost feelings. Paste painting, which immerses the client in color (and to some extent, design), without focusing on image, possibly inhibits the left brain critiquing the work done by the right brain; the product is not *supposed* to look like anything! This is extremely important in conducting art therapy with people who spend a great deal of time in left-brain mode (e.g., highly verbal and mathematical individuals). Many adults, even those who are highly creative or spiritual, are reluctant to "draw" in a session, more concerned with the artistic results than the process. In the previously described color exercise, there are practically no results, no matter how accidental, that are aesthetically unappealing.

This "shushing" of self-criticism is also essential in cases in which extremely negative or violent emotions need to be expressed and released. Whether a patient smears black and red all over the paper or creates a harmonious sea of blues and greens, the results are beautiful to look at. All colors are acceptable. All emotions are acceptable and have a place and a value.

This work in color also provides a client with a powerful tool for creating emotional balance. Mahnke's (1993) research in color has shown us that the overuse of one color can lead to understimulation, which can lead to "restlessness, excessive emotional response, difficulty in concentration, irritation, and in some cases, a variety of more extreme reactions" (p. 5). The simple task of smearing and playing with vibrant colors on paper allows people not only to expose extant emotions and aspects of their personalities but also to experiment with new ones. A quiet, introverted individual may use greens and blues during every session but feel the thrill of danger, vitality, anger, or lust the first time she or he dares paint with red or yellow within the safety of the counselor's office. Many clients need the chance to experiment with the latent or hidden sides of their personalities in a safe, private setting (Egan, 1998).

After several sessions in which a client has had a chance to experiment with the colors, the counselor may gently encourage him or her to talk about

what different colors represent. In Lev-Weisel's (2000) self-revelation technique, clients are instructed "to draw colored layers that symbolize their inner language and then to associate feelings, life events, and significant others to the colors selected" (p. 35).

The *paper quilt* is a potentially useful activity for family or classroom counseling. Each member creates colorful decorative papers, which are later cut into squares. When members create a paper quilt together, different styles, colors, and eventually, personalities, will find their place in the overall scheme of the quilt, producing a beautiful unity out of a seemingly irreconcilable array of pieces.

Counselors who notice a client really "takes" to color therapy may choose to combine the results of color work with collage, mixed media, or bookbinding, as a way of enriching imagery or scriptotherapy exercises. Others may find that a session or two in color therapy is all that is needed to ease a reluctant or overwhelmed client into more traditional art therapy sessions. However the client and counselor choose to use color in therapy, the results are bound to astonish and please.

## CONCLUSION

Art therapy is used to help clients reach deep into the unconscious, releasing emotions and conflicts that are not acknowledged by their conscious minds. Research into color has revealed the profound, sometimes mysterious effects of color on the mind, body, and behavior of humans. However, the two fields of research have mostly been conducted along parallel lines, seldom intersecting to study the use of color in art therapy. In this article, specific expressive techniques dealing with a nonrepresentational focus on color have been suggested as a way to extend the therapeutic benefits of art therapy.

## REFERENCES

- Birren, F. (1980). *Color psychology and color therapy* (Rev. ed.). Secaucus, NJ: Citadel Press.
- Case, C., & Dalley, T. (1992). *The handbook of art therapy*. New York: Routledge.
- Clark, L. (1975). *The ancient art of color therapy*. Old Greenwich, CT: Devin-Adair.
- Cotton, M. (1985). Creative art expression from a leukemic child [Abstract]. *Art Therapy*, 2, 55-65.
- Dalley, T. (1987). *Images of art therapy*. New York: Tavistock.
- Egan, G. (1998). *The skilled helper: A problem-management approach to helping*. Albany, NY: Brooks/Cole.
- Emery, M. (1929). Color in occupational therapy. *Occupational Therapy and Rehabilitation*, 8, 421-434.
- Ganim, B. (1999). *Art and healing: Using expressive art to heal your body, mind, and spirit*. New York: Three Rivers Press.
- Gladding, S. (1998). *Counseling as an art: The creative arts in counseling*. Alexandria, VA: American Counseling Association.
- Goldstein, K. (1995). *The organism: A holistic approach to biology derived from pathological data in man*. New York: Zone Books.
- Graham, H. (1998). *Discover color therapy*. Berkeley, CA: Ulysses Press.
- Graham, H. (2000). Healing colour. *Journal of the Society of Dyers and Colourists*, 116, 185-248.

- Gregorian, V., Azarian, A., DeMaria, M., & McDonald, L. (1996). Colors of disaster: The psychology of the "black sun." *Arts in Psychotherapy, 23*, 1–14.
- Kramer, E. (1973). *Art as therapy with children*. London: Elek.
- Kueller, R. (1976). *The use of space: Some physiological and philosophical aspects*. Paper presented at the Third International Architectural Psychology Conference, Université Louis Pasteur, Strasbourg, France.
- Levy, B. (1984). Research into the psychological meaning of color [Abstract]. *American Journal of Art Therapy, 23*, 58–62.
- Lev-Wiesel, R. (2000). The self-revelation through color technique: Understanding clients' relations with significant others, silent language, and defense mechanisms through the use of color. *American Journal of Art Therapy, 39*, 35–41.
- Lukins, N. M., & Sherman, I. C. (1941). The effects of color on the output of work of psychotic patients in occupational therapy. *Occupational Therapy, 20*, 121–125.
- Mahnke, F. (1993). *Color and light in man-made environments*. New York: Van Nostrand Reinhold.
- Montgomery, J. (1971). The importance of seeing red: Self-teaching techniques for adult aphasia. *Journal of Speech and Hearing Disorders, 36*, 250–251.
- Naumberg, M. (1973). *Introduction to art therapy*. New York: Teachers' College Press.
- Neboschick, M. (1975). A treatment of the psychopathology of depression through inducement of appropriate mood changes by a combination of music and comparable colors with complementary counseling [Abstract]. *Dissertation Abstracts International, 35* (10B), 5088.
- Rhinehart, L., & Engelhorn, P. (1982). Pre-image considerations as a therapeutic process [Abstract]. *Arts in Psychotherapy, 9*, 55–63.
- Rustigan, C. (1996). *Effects of color light and relaxation exercise therapy on adults with learning disabilities* [Abstract]. Sacramento: California State University. (ERIC Document Reproduction Service No. ED392194)
- Turner, J. (Ed.). (1996). *The dictionary of art* (Vol. 16). New York: Groves Dictionaries.
- Wadson, H. (1971). Characteristics of art expression in depression [Abstract]. *Journal of Nervous and Mental Disease, 153*, 197–204.
- Zierer, E. (1976). Creative analysis: A nonverbal and verbal psychotherapy technique. *Art Psychotherapy, 3*, 27–41.

