

COLOR PREFERENCE: AN INDICATOR OF EMOTIONAL
STATUS IN PRESCHOOL CHILDREN

A THESIS
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF SCIENCE
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NUTRITION, TEXTILES, AND HUMAN DEVELOPMENT

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MAY, 1982

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April 14 1982

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ACKNOWLEDGMENTS

This research project could not have been accomplished without the guidance of many people. These people deserve a special note of appreciation for their support both emotionally and academically. I would like to express my gratitude to my thesis committee chairman, Dr. Anita Stafford for her invaluable assistance and guidance. My thanks also are extended to Dr. Mae F. McMillan and Ms. Elaine Altschuler, ACSW, my thesis committee members. In addition, I appreciate the approval of Dr. J. C. Schoolar and the Central Office Research and Review Committee of the Texas Research Institute of Mental Sciences for their permission to conduct my testing in the Early Childhood Clinic. A special thank you goes to the friends and parents who supported the research and me throughout the project. I humbly dedicate this thesis to these people and my family who made it all possible with love and support.

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CHAPTER 1

Introduction

"Feelings are like colors.
Some are bright and strong.
Others are soft and gentle."
from, The Colors That I Am

Likes and dislikes for color may appear as a casual judgment, yet, there are a number of general and universal reactions to color which have significant meanings (Birren, 1978). Color preference as a clue to personality characteristics is a major psychological discipline. According to Birren (1978), color is light energy, which influences an individual's mood. The effect color has on human beings, then, indeed, frames a person's emotional reaction. Therefore, the reaction to color becomes a result of the developing personality in the ego state and self control (Sharpe, 1974). The effects of color are also noted as physical changes in blood pressure, heart rate, and other physiological states (Birren, 1978; Gross, 1976, Sharpe, 1974). Color choice also indicates an individual's inner emotions and has a strong relationship to personality and its development (Sharpe, 1974).

Color more than any other single aspect of art has been of particular value in suggesting an insight into the nature and degree of the child's emotional life (Sharpe, 1974). Through the medium of art (e.g., drawing, painting, coloring) and the use of color, children can communicate their feelings and ideas spontaneously. Art gives the child an outlet for sharing thoughts while actively participating in a personal project. This provides a nonthreatening opportunity for the child to reveal fears, hopes, dreams, and fantasies in a nondirected activity. More importantly, for a nonverbal child, both play and art as therapy are effective methods of communication and treatment, which offer a special form of self-expression that is significant and meaningful (Roth & Barrett, 1980).

Purpose of the Study

The purpose of this study is to investigate the comparison of color choice and emotional status. In examination of color, choice as a medium of communication will also be investigated. Color will be utilized as the examiner's tool to investigate and measure self-expression and self understanding. The specific purposes of the study are:

(1) to determine some aspects of the child's personality through the means of color as measured by the Luscher Color Test.

(2) to compare responses given in the Luscher Color Test to the child's clinical profile according to the Diagnostic and Statistical Manual of Mental Disorders.

Hypothesis

The following hypothesis will be examined:

There is a significant relationship between a child's emotional state and color preference as measured by the Luscher Color Test.

Definitions

Affect--The conscious subjective aspect of an emotion considered apart from bodily changes.

Color--The sensation resulting from stimulation of the retina of the eye by light waves of certain lengths.

Diagnostic and Statistical Manual of Mental Disorders--A manual used for diagnosis in clinical practice and research. It sets a common language and criteria for the evaluation of clients with mental disorders.

Hue--A particular shade or tint of a given color.

Intensity--The strength of a color, usually compared to grey.

Luscher Color Test--A color test which affords information concerning the conscious and unconscious

psychological and physiological structure of an individual through the preference of color.

Mood--A conscious state of mind of predominant emotion: feeling.

CHAPTER 2

Review of Literature

The study of color and its effects on man is an active part of psychology. The physiological and psychological influences of color on man are important in understanding behavior. The investigation of color choices as a reflection of a child's psyche is limited; therefore, the core of this literature review is supported by the understanding of adult color choices. A limited overview of the evolution of color as a psychology and its findings is given.

The fact that man has given importance and a role to color in his life since the beginning of history gives psychologists a duty to search for its attributes and symbolism. The history of color dates back to primitive man and his interpretations of nature. Color became a form of identifying objects and animals; and, later, symbols representing man himself, as for example, cave paintings (Luscher, 1969; Sharpe, 1974). Painting is the foundation of primitive, as well as, cultured man's expression of his emotions, feelings, ideas, and desires through the medium of art work (Gonder, 1954). The

symbolism of color is found in religion, politics, university facilities, mottos, and interior designs. The language of color was spoken throughout history and its translation is a discipline of this investigation.

Experimental Findings

In the study of color, color-form tests are given to children to test their cognitive and personality organizations. As a child matures, preference to form also increases and peaks at six years. As early as two to four months an infant can attend to the differences in colors and hues, especially between red, yellow, green, and blue.

Research on color-form preference indicates that the creative child is one who has the freedom of expressing emotions. This aspect of creativity should evolve as a guidance practice that encourage the freedom of expression (Sharpe, 1974). David Katz found that color rather than shape is closely related to emotion (Birren, 1973). Although some children have been found to be sensitive to color harmony by age four, its full appreciation is not developed until the age of seven. Results also suggest a high degree of organization of the color world prior to language acquisition (Bornstein, 1975; Bornstein, Kessen, & Weiskopf, 1976; Peeples & Teller, 1975).

In The Psychology of Color and Design, Deborah Sharpe reviews the Lawler and Lawler (1968) study which tested preschoolers by reading a "sad" or "happy" story to each child. These stories did influence the mood of each child; therefore, the preschoolers can be conditioned by changing the mood and visual expression of the study. Research findings state that within an unstructured field the factors that are not evolved in the main stimulus effect the whole perception of the picture. This research set the ground work for color to be used in a free medium (Sharpe, 1974). The position the colors were seen in influenced their comprehension. Most of the instruments and projective devices imply that there is a relationship between a person's color response and emotional state or personality characteristics.

Birren (1962) quoted Korwer: Color perception is not an act involving only the retina and consciousness, but the whole body as a totality" (p. 99). He also reflected in 1978 on Smith's statement that the psychological effects of colored lights may bear a casual relationship to purely biological processes in the brain which, in turn, will affect psychic behavior. Therefore, light intensity and wave length may alter the productivity and mood of a person. That people react differently to

color was found particularly true in people with mental health problems. A person's character is revealed by the selection and interpretation of his color choice,

Color Choice as an Indicator

Schaie's study, reported in Sharpe (1974), labelled responses to color to be (a) differentiated, (b) restricted, and (c) diffuse. A person with a normal balance between ego and id was categorized as differentiated, and chose several colors consistently. The restricted person liked one or two colors exclusively and had an overdeveloped superego with an inflexible personality. The diffuse person loved all colors equally, was impulsive, id dominated, and was insensitive to other's feelings. These findings give color an importance in evaluating a child's development.

Korwer noted the differences in qualities of warmth and coldness and how that related to persons of different temperaments (Birren, 1962). Birren reflected that children pick warm colors such as reds, oranges, and yellows as a means of release and to expose their impulses. Blues and greens depict children who have more emotional control and a strong sense of order. Sharpe (1974) cites Alschuler and Hattwick in their book, Painting and

Personality, as researchers who have studied children's responses to color and their emotional effect. They believe that color gives the clearest insight into a child's emotional life. The color preference for young children is red and depending upon its inferences it can mean inner aggression or affectual security.

In Painting and Personality (1947), the authors restate a concern that all colors must be studied in relation to the others represented by a child. The authors Alschuler and Hattwick studied "normal" preschoolers between the ages of two and five. They found that warm colors such as red, yellow, and orange seem to hold the most attention throughout the preschool years (Birren, 1973). The colors represent a person who is outgoing, sympathetic, affectual, receptive, and social (Alschuler & Hattwick, 1947; Birren, 1973). The colder colors are represented by blue and green. The individual who prefers this side of the spectrum is more intellectual, assertive, aggressive, reserved, and isolated. They exhibit less sympathy and find it difficult to adapt to new environments and attitudes. Once a child has reached the stage where he/she naturally accepts and seeks control; the preference to cooler colors increases.

Individual colors show tendencies in personal characteristics. Alschuler and Hattwick found that the children who emphasized red in their drawings were happier and better adjusted, more self-confident, and verbalized in the nursery school. They freely interacted with others and were more cooperative in their activities. Red was found to be the children's favorite color.

Yellow was indicative of children who were assertive and outgoing. They had good relations with children and were sought out by others. A dependent and emotional quality was noted in those children who dominated their drawings with yellow (Alschuler & Hattwick, 1947; Birren, 1973). The parallels of emotionally weighted behavior and adult dependency seem to characterize the drive to be or remain an infant. The third warm color is orange. Orange was chosen by children who adapted well to their environment and relationships. These children actually approached their peers with activities and initiative for play. The warm colors are used by children who are more emotional and people-oriented.

The cold colors are represented by blue and green. Green was indicative of a child that was self-sufficient, self-confident and self-determined. More self-control was shown in play and socialization. Blue depicted a

child with self-moderation and self-contentment. Again, more self-restraint was shown by the children using blue.

The color black is a color of control. This color is emphasized when a child is repressing emotional drives. This child often plays alone and is upset when interfered with. Repression of feelings is depicted in these children. A realistic and intellectual orientation of ideas is noted through the ideas expressed.

In Birren's (1973) article, "Color Preference as a Clue to Personality," he summarizes a few mental disorders and the specific responses given by the individuals. Depressed persons will respond to warm hues, contrary to hysterical persons who respond to cool hues. Color is found to organize an hysterical person. Schizophrenics reject color as an intruder into their environment. Individuals in anxiety states and psychotic breaks reject color and may deny it.

A Color Medium

The use of play and art provide a medium of communication which enables a child to reveal and project into the child's own painting those things which can be of personal concern to the individual's self-understanding (Roth & Barrett, 1980), Gonder (1954) also noted that

children will put their feelings, expectations, and desires into their drawings and play. Drawings can mirror a child's social feelings and relationships within the family. Wadeson (1980) cited that because verbalization is our primary mode of communication, we have become skilled at manipulating words in order to refrain from truly expressing ourselves. She, therefore, thought that art as a mode of expression would be less subjected to control and more subjected to the creator. The child recognizes and copes with his existing feelings when they are put to paper (McNuff, 1976; Roth & Barrett, 1980). By externalizing feelings, a painting can expose strong defenses which impair the individual. The therapist in turn has the information exposed and can assist the individual in solidifying the feelings (Dalley, 1980).

Jungians encourage drawing of pictures. Feeling that art expression has a message to convey and that this medium stimulates and taps into the primary processing of material. Birren (1961) found children act and respond spontaneously without interference from rationalization or intellectualization. Spontaneous play and art, as an expression of the child, can be manifestations of an inner life as well as a personal conception of the environment.

Projective Tests

Many instruments have been used to establish the role of color and its influences on emotion. The most well known is the Rorschach test which studied the systematic relationship between color preference and personality traits (Birren, 1973; Luscher, 1969; Sharpe, 1974). The Color Pyramid test is a projective instrument discriminating between normal and abnormal groups by the way one positions the colors on a pyramidal structure. Any projective instrument that requires a short administration time such as the Luscher Color Test that is reliable would facilitate psychological assessment and advance the field of therapy (Rahn, 1976). The advantages of admission or statement of color preference by people are generally spontaneous and requires little, if any, rational decision, and this gives a true insight into inner feelings.

Color and its meaning influences man in every environment. The metapsychological meaning of color has proven to be useful to those in the mental health field. A growing understanding of a "normal" person's perception of color will assist in the evaluating of deviations from the norm. Color preference, therefore, can become a useful tool as an indicator of emotional status.

CHAPTER 3

Methodology

Population

The subjects for this study were children participating in a therapeutic nursery program at the Texas Research Institute of Mental Sciences, Early Childhood Therapy Clinic. Thirteen children between the ages of three and four participated in this research. The parents of these children were given an oral and written explanation of this study with consent forms. Signing of these consent forms signified approval for their child to participate in the research project. Each parent was assured that confidentiality would be maintained in the testing procedures and results of their child's responses. All data was recorded according to a coded system that was developed for coding and convenience by the researcher. The master code was kept by the researcher and later destroyed with all the raw data at the end of the research.

Instruments

Luscher Color Test

The Luscher Color test consists of light-energy

colored panels. The panels are grey, blue, green, red, yellow, violet, brown, and black. The colors are numbered from zero to seven respectively. These numbers are used in the interpretation and scoring of the test. The directions for the test consist of shuffling the cards and placing them before the child. The child is asked to select the color he likes best without associating the color with anything else. "What color do you like the best?" or "What is your favorite color?" are the questions asked of the children. The child is asked to continue to pick a color until all cards are chosen and put aside face down in the order of preference. He/she is then asked: "Out of all the colors that are left, can you pick the color you like the best or your next favorite?" This continues for all seven cards. The numbers on the back are recorded serially for the results.

The cards are reshuffled and once again arranged in front of the child. The second series begins with the examiner asking the child to pretend this is the first time he is seeing the cards and to decide which is his favorite as before. This is again repeated until all eight cards are selected, the numbers are recorded and the selections are analyzed.

The Meaning of the Eight Colors

Each of the eight colors used in the color test were chosen carefully because of their particular psychological and physiological meaning. This meaning is universal to everyone no matter what sex, race, or creed. Of the eight colors, four are known as the "basic colors" or "psychological primaries." These four are blue, green, red, and yellow. Violet, brown, black, and grey are considered the auxiliary colors.

The basic colors should be preferred because they represent the fundamental psychological need, such as the need for contentment and affection, and self-assertion and self-confidence. These colors are selected early in the color sequence by "healthy and normally balanced individuals who are free from conflicts and repression" (Luscher, 1969). (See Table 2 for more descriptions of the primary psychological colors.) The preference of any of the three 'achromatic colors' - black, brown or grey - can be taken as indicating "a negative attitude towards life" (Luscher, 1969, p. 28).

The first primary color listed is blue. It characteristically represents complete calm. Psychologically, it is described as having the tendency to be sensitive and easily hurt. Blue also represents the "bonds one draws

around oneself, unification, and the sense of belonging" (Luscher, 1969, p. 55). It gives a sense of depth and fullness; it is the fulfillment of the highest ideals of unity and trust.

As a first choice, blue symbolizes a need either for emotional tranquility, peace, harmony, and contentment, or a physiological need for rest and time to recuperate. By favoring blue, an individual desires a calm and orderly environment, free from upsets and disturbances. Traditional lines are sought and followed by this person; integrity and ethics are the rules of life. To trust and be trusted is a major factor to this individual.

Green, the second primary color, is chosen by an individual who wants to increase his certainty in his own value, either by self-assertiveness, by holding fast to some idealized picture of himself, or by the acknowledgements he receives from others. Symbolically, green is like the sequoia, deep-rooted, proud, and austere. Pride is a strong emotion of the person who chooses green. This person is also very strongly opinionated. The demanding up and suppression of the external stimuli result in 'control' and compulsions. A wish to impress, and be recognized, have one's own way are described by the person who selects green as a first choice.

Red is the expression of vital force; therefore, it has the meaning of desire and all forms of appetite. Red urges one to achieve results. It hungrily desires all things which offer intensity of living and fullness of experience. Red is the 'impact of the will' or 'force of will' (Luscher, 1969, p. 60). Symbolically red refers to the blood of conquest, to the Pentecostal flame igniting the human spirit, to the sanguine temperament, and to masculinity.

The emotional content of red is desire. A first choice of red means a person wants his own activities to bring him intensity of experience and fullness of living. The activities described as cooperative, enterprising, creating, and exaggerated. Sexually, red suggests a more or less controlled sexual drive with occasional outbreaks of impulses.

The brightest color, yellow, is light and cheerful. It expresses uninhibited expansiveness and relaxation. The relaxation means a letting go of burdens, problems and restrictions. A cheerful spirit, happiness, and a welcoming warmth of sunlight is symbolically represented by yellow. Whoever chooses yellow in first place shows a desire for release and the hope expectation of greater

happiness from an implied conflict. Yellow is always directed at the future offering enlightenment and perfection.

Violet represents a mystical union between a high degree of sensitive intimacy leading to fusion between the subject and object and a demand for reality. It is like a magical state where wishes are fulfilled. By preferring violet, the individual prefers 'a magical relationship' in which both persons want peace. Emotionally immature persons will select violet as a first choice. This color's interpretation varies with certain cultures such as African and Brazilian Indians (Luscher, 1969).

Brown represents "sensation as it applies to the bodily senses" (Luscher, 1969, p. 68). It gives an understanding of the body's sensory condition and indicates the importance of familial security. If brown is a first choice, there exists an increased need for physical ease and sensuous contentment because the body is being adversely affected.

The negation of color, black, represents the absolute boundary beyond which life ceases and is expressed in the idea of nothingness, extinction (p. 60). It also represents renunciation, the ultimate surrender. Whoever chooses black wants to renounce everything out of position

against existing state in which he feels things are not as they should be.

Grey is entirely free from any psychological tendency. It is a color of a boarder - a "no-man's land" - an area of separation providing a partition between contrasting areas. By choosing grey in the first position the individual wants everything off the wall by remaining uncommitted and involved so one can shield oneself from any outside influence. Grey has a special attribute of non-involvement and wishing not to be recognized.

Diagnostic and Statistical Manual of Mental Disorders

This is a diagnostic tool which includes a standardization of mental disorders. Each mental disorder is conceptualized as a clinically significant behavioral, psychological syndrome or pattern that occurs in an individual and is typically associated with either a painful symptom or impairment in one or more important areas of functioning. There is an inference that there is a behavioral, psychological, or biological dysfunction, and that it is not only in the relationship between the individual and society (American Psychiatric Association, 1980).

Each disorder is classified and described with its diagnostic criteria. This manual known as the DSM-III has a multiaxial system of five axes for diagnostic assessment. This system is used to ensure that all information needed for treatment is available on the axes. Axis I is described as the clinical syndromes, conditions not attributable to a mental disorder that are a focus of attention or treatment and additional codes (American Psychiatric Association, 1980). Because Axis I is considered to be the primary diagnosis, it is used as the focused diagnosis in this research.

One session was conducted for each child. During each session the child was asked to participate in the Luscher Color Test. The test was administered individually. The test was scored and the results interpreted by the researcher. The researcher made herself available to each child after each test to answer any questions or lessen any anxiety experienced during the test session.

Procedure

After consent was received from each parent, each child individually was taken from his/her therapy session with permission from the assigned therapist for a period

of 10 to 15 minutes. During this period, the child was asked to play a game with the researcher. The set of eight colored cards was shuffled and placed in front of the child. The child was asked to choose the color in order of preference. After the eighth selection, the procedure was repeated to compile two sets of data. The data were recorded and filed by the researcher. The child was returned to his playroom after the session.

The letter and consent forms are included in Appendix B. The Human Subject Committee's approval of Texas Woman's University and the Texas Research Institute of Mental Sciences are included in Appendix A.

Analysis of Data

Depending on the child's individual color preferences, any variety of color combination sequences were obtained and interpreted according to the Luscher Color Test manual. The 3X4 inch color cards that were given each child for choices were the standard colors included in the Luscher Color Test. They are as follows:

<u>Luscher #</u>	<u>Color</u>
1	Dark Blue
2	Blue-Green
3	Orange-Red

<u>Luscher #</u>	<u>Color</u>
4	Bright Yellow
5	Violet
6	Brown
7	Black
0	Neutral Grey

The Interpretation Tables are divided into five tables. The first table interprets the desired objectives or behavior dictated by the desired objectives. The existing situation or the behavior appropriate to the existing situation is described in Table II. The third table defines the characteristics that the individual has under restraints or the behavior inappropriate to the existing situation. Table IV translates the rejected or suppressed characteristics. The last table interprets the "actual problem" or the behavior resulting from stress.

The second selection of color choices was interpreted by the researcher according to the procedures in the Luscher Color Test manual. A summary of each child's profile was accumulated, and the results compared to their clinical diagnosis as depicted by the Diagnostic and Statistical Manual of Mental Disorders (DSM-III).

CHAPTER 4

Results

Characteristics of the Children's Diagnoses

As a part of the intake process, each child attending the therapeutic nursery is diagnosed by the Diagnostic and Statistical Manual of Mental Disorders (DSM-III). Of the five axes presented in the DSM-III, Axis I is the focus of this research. Each child's diagnosis is grouped and listed with its diagnostic characteristics on Table I. These characteristics were interpreted and summarized by the researcher from the manual. These features are used in comparing the DSM-III to the color profiles.

Table 1
Characteristics of
the Children's Diagnoses

CHILDREN (n=13)	DIAGNOSIS (Axis I)	CHARACTERISTICS
1	Adjustment Disorder with Mixed Emotional Features	Impairment in so- cial or occupa- tional function- ing, excess re- action to a stress

CHILDREN (n=13)	DIAGNOSIS (Axis I)	CHARACTERISTICS
1	Attention Deficit Disorder with Hyperactivity	Inappropriate inattention, impulsivity, hyperactivity, inappropriate behavior within a setting. Associated features: stubbornness, obstinancy, bossiness, negativism, low self-esteem, low frustration tolerance, nonresponsive to discipline.
1	Attention Deficit Disorder without Hyperactivity	Inappropriate attention, impulsivity; low self-esteem, increased mood lability, low frustration tolerance for chronological age
1	Atypical Psychosis	Psychotic symptoms: Incoherence loosening of association, illogical thinking.
1	Conduct Disorder Undersocialized Nonaggressive	Repetitive and persistent pattern of nonaggressive violations of norms or people, failure to establish a normal degree

CHILDREN (n=13)	DIAGNOSIS (Axis I)	CHARACTERISTICS
	Conduct Disorder Undersocialized Nonaggressive	of affection, empathy, or bond, low self-esteem, projects an image of toughness, poor frustration tolerance, sub- missive overtones
1	Diagnosis Deferred	No characteris- tics
1	Dysthymic Disorder	Depressed mood, sadness, anxiety, fear, loss of interest and pleasure in all, feelings of in- adequacy, loss of self-esteem, self-decreased ineffectiveness of productivity, social withdra- wal, less active, pessimistic at- titude, recur- rent thoughts of death.
1	Functional Enuresis	Repeated involun- tary voiding of urine by day or night
3	Infantile Autism	Lacks responsive- ness to others, gross impair- ment in communi- cation skills, failure to deve- lop "normal

CHILDREN (n=13)	DIAGNOSIS (Axis I)	CHARACTERISTICS
		attachment" behavior sociality is superficial, extreme responses to stimulus.
1	Moderate Mental Retardation	A significant subaverage general intellectual functioning, concurrent deficits or impairments in adaptive behavior, and onset before the age of 18.
2	Parent-Child Problem	Attention is a parent and child problem that is apparently not due to a mental disorder of the individual being evaluated
4	Phase of Life Problem or Other Circumstance Problem	Focus of attention and treatment is when a problem is associated with a particular developmental phase or some other life circumstance not due to a mental disorder

Psychological Colors

The primary psychological colors are known as blue, green, red, and yellow. These are considered primaries because of healthy aspects of their symbolism. They represent the fundamental needs such as the need for contentment, affection, ambition, and self-assurance. Table 2 further describes the four primary colors according to the Luscher Color Test.

The auxiliary colors, violet, brown, black, and grey, are considered differently. Black represents the negation of color, and grey represents a neutral and colorless color. Both violet and brown are a mixture of other colors, and considered significant because if chosen portray an immature or anxiety state in a person. The auxiliary colors are used within the test to allow the individual an opportunity to express any emotional characteristic within the series given.

Table 2

The Four Primary Psychological Colors
and Characteristics from the Luscher Color Test

COLOR	DESCRIPTIVE PHRASE	PERSONALITY CHARACTERISTICS	AFFECTIVE ASPECTS
Blue	Depth of Feeling	Concentric Passive Incorporative Heteronomous Sensitive Perceptive Unifying	Tranquility Contentment Tenderness Love and Affection
Green	Elasticity of Will	Concentric Passive Defensive Autonomous Retentive Possessive Immutable	Persistence Self-asser- tion Obstinacy Self-esteem
Red	Force of Will	Ex-centric Active Offensive- Aggressive Autonomous Locomotor Competitive Operative	Desire Excitability Domination Sexuality
Yellow	Spontaneity	Ex-centric Active Projective Heteronomous Expansive Aspiring Investigatory	Variability Expectancy Originality Exhilara- tion

Children's Profiles

The children's profiles were derived from the interpretations of the color choices made by each child. The interpretations tables given in the Luscher Color Test manual were used as directed to develop the profile for each child. A summary of each individual's emotional and personality characteristics as translated by the color choices was developed by the researcher. Each individual profile has the individual's diagnosis, color choices, interpreted color profile, and interpreted comparison. They are expressed as the following summaries:

Allen

Diagnosis: Phase of Life Problem and Other Circumstance Problem

Color Profile: By selecting the colors of brown, violet, red, blue, green, yellow, grey, and black, Allen indicates a desire for a secure environment free from problems. Within his present environment, he seeks to express the need for identification by adults within a sensitive and intimate atmosphere where emotional delicacy can be nurtured. He feels cut off and has difficulty achieving the essential degree of cooperation from his parents that he desires. He suppresses the feelings of

emptiness and bridges the gap that separates him from others. He, therefore, resents any restrictions or limitations imposed on him and insists on experiencing life. Overall, Allen seeks security and a position in which he will no longer be troubled by the demands being made on him.

Interpretation: Allen's profile gives one a picture of a child who is having difficulty expressing his separation and individuation within his environment. This coincides with the diagnosis, but only gives a limited view of the total child. It centers on the problem being a phase of life or other circumstance problem. The profile describes Allen's feelings and struggles with his problem. It also gives one an insight into his hopes and stressors.

Bill

Diagnosis: Phase of Life and Other Circumstances
Problem

Color Profile: Grey, violet, black, brown, green, red, blue, and yellow represent a child wishing to avoid all forms of stimulation, and who feels overwhelmed by his life experiences. Presently, he seeks identification in a sensitive environment where he can be nurtured and protected. Unable to change his surroundings, he makes the best of his situation. His anxiousness is due

to the stress arising from emotional disappointments. A sense of ambivalence about holding onto object ties is noted. His disappointments at nonfulfillment of his hopes and fears will formulate fresh goals, but the sense of frustration is still present. This child is torn between withdrawing and protecting himself or creating an outward semblance of peace by refusing to become emotionally involved.

Interpretations: Bill's profiles concur with the diagnosis given to him, but again the color profile describes him more completely. There is a problem in his environment, which needs attending to and the features in the profile relate where his frustrations and disappointments are. His surroundings and the people involved with him are neglecting Bill's emotional needs. This causes anxiety in him which causes a stress in his emotional development.

Cathy

Diagnosis: Phase of Life and Other Circumstances
Problem

Color Profile: By arranging the colors green, grey, brown, yellow, red, black, violet, and blue, the following profile is derived. The desired objective of the child is to establish herself despite unfavorable circumstances

and general lack of appreciation in her existing environment. She feels neglected, insecure, and wants affection but is unable to exert the effort needed to obtain her objectives. She is distressed by the fear that she may be prevented from doing what she wants which is to broaden her activities and validation for her view. She is cautious about becoming intimately involved with people. Her anxiety comes from the unsatisfactory situation she is in. She feels unable to change the existing environment which leads to frustration. She wishes to escape, at least mentally, from the depression experienced because of the dependency and vulnerability she feels. Anxiety, restless, and the dissatisfaction either with her circumstances or unfulfilled emotional demands, have produced stress. She tries to escape by denying the stress and concealing dissatisfaction behind a proud but illusory claim of self-sufficiency and independence.

Interpretations: Cathy is a depressed and neglected child who is frustrated by her environment. The diagnosis corresponds to the distress she feels in her stifling surroundings. It states that there is a circumstance which Cathy needs assistance with because at present she is denying the emotional abuse. Her color selections

clue one into the general lack of appreciation felt within herself and environment, but gives the hope that with understanding and compassion she can function normally.

David

Diagnosis: Attention Deficit Disorder with
Hyperactivity

Color Profile: By choosing blue, yellow, violet, red, black, brown, green, and grey, he wishes for an affectionate relationship, offering fulfillment and happiness. He is capable of powerful emotions and is willing to adapt to a relationship with sincere affection and understanding. While seeking a nurturing environment, the child feels that the present circumstances are restricting his pleasure. Feeling that he cannot do much about his difficulties, he remains firmly involved in the quest to contend with the present problems. He will only be at peace when the objectives are reached. The concern now is to achieve a stable condition enabling him to free himself from the worries that hamper him from achieving what he wants. In this struggle, he looks for assistance from a sincere friend.

Interpretations: An understanding of why David is impulsive and hyperkinetic can be postulated from his

profile. He is wanting a caring environment but is being restricted by his surroundings. His color choices convey the feeling that if given sincere affection and understanding he would not have to fight his present situation. The struggle is genuine, but the wish to free himself from the struggle and obtain an affectionate environment is underlying his development.

Ellen

Diagnosis: Infantile Autism

Color Profile: By choosing the color sequences of brown, blue, black, grey, green, yellow, violet, and red, the desired objective is the security not to suffer loneliness or separation. She wants contentment with the absence of conflict. She demands special considerations and a companionship from those close to her or else she will withdraw. Feeling cheated in her share, she must make the best of what she has by insisting that her hopes and ideas are realistic without the encouragement needed. She suppresses the ideas of her emotional and empathic frustration within her environment but looks for support from someone on the outside. The frustration has led her to escape to a stable and secure environment in which she can relax and recover. The sense of powerlessness subjects her to acute distress.

Interpretations: The color profile expresses some of the emotions Ellen has in relating to her environment. It gives an insight to the reasons why she chooses to withdraw from her surroundings. The pervasive lack of responsiveness to people has its bases in the neglect and lack of attention she feels from her environment. The diagnosis does not express or attempt to understand the emotional side of this child which is important in the prognosis. Given a supportive environment, she feels she can developmentally mature and withstand her environmental circumstances.

Gary

Diagnosis: Infantile Autism; Moderate Mental Retardation

Color Profile: This child chose green, black, blue, red, violet, grey, yellow, and brown to prove that he is superior to any form of weakness: As a result he acts in an autocratic attitude. Currently, he needs an unconditional love relationship in order to relax. He reacts to his environment by becoming distressed when his desires are misunderstood, and he feels isolated. Since he wants to demonstrate the unique quality of his own character, he tries to suppress the need for others and for their

concern by treating those who disagree with contempt. However, he longs for the approval of others beneath his assumption of indifference. He actually feels the need to be valued and respected as an exceptional individual in order to increase his self worth. He is found to set high standards for himself and carry them out meticulously.

Interpretations: Gary's color profile describes him as an individual who looks to his environment for approval and validation. He sets high standards and follows them. His demand of his environment for attention is not defined in his diagnosis. The diagnosis depicts a child withdrawn and intellectually handicapped, but his profile portrays a child who is willing to experience if given an unconditional love relationship and has the self-confidence needed to achieve his goals.

Julie

Diagnosis: Infantile Autism

Color Profile: Red, blue, grey, yellow, brown, green, violet, and black are chosen by a child who strives for a life rich in activity, experiences, and for a close bond offering sexual and emotional fulfillment. Currently, she reacts calmly to her environment in order to handle existing situations. She inappropriately demands a lot

from those close to her but avoids open conflicts. She is anxious about straight forward relationships founded on trust and understanding, and wishes to be able to have freedom for her decisions. The behavior that results is a constant fight against restriction or limitation, and demands to be judged on her own merits.

Interpretations: Both the diagnosis and color profile of Julie describes her as withdrawing by calmly relating to people and lacking in responsiveness to people. The lack of responsiveness may be due to the anxiety she feels within relationships because of trust issues. She believes she has rights within her environment, but it is difficult to express them which leads to a struggle with her surroundings. It can be postulated that given a supportive environment she could achieve the close bond she is striving for, according to the profile. Although both the diagnosis and profile are amiable, the profile gives a more emotional meaning to the child's situation.

Kevin

Diagnosis: Atypical Psychosis; Functional Enuresis
Parent-Child Problem.

Color Profile: With the selections of violet, red, brown, green, yellow, blue, black, and grey, this child

uses clever tactics to project himself as a person of worth with interesting attributes. He is easily energized and excited by things that interest him. Presently, he is having difficulty standing up to the demands that are placed on him especially in relationships with emotional attachment. His beliefs are strong about wanting a partner that is sincere to guard him against loss or disappointment. Anxiety is based in the feeling of isolation from others. He feels he may miss what life has to offer if he does not make the best of every opportunity. He pursues his objectives with fierce intensity and feels competent in his engagements. This intensity is often considered to be meddlesome by others. This child employs charm to secure the things he wants, hoping it will make dealing with others easier.

Interpretation: The color profile of Kevin, his color choices, does not concur with the diagnosis given to him. One can assume that from the above profile, he is reacting to his environment by pursuing his objective with fierce intensity. Kevin's intensity is misperceived by his surrounding and considered intrusive. He is a child who uses many means to portray himself as worthy of attention. Unconsciously he depicts himself as a child who needs consistent structure with understanding and

affection. Without this, Kevin guards himself well against any disappointment. These aspects of Kevin are not considered in his diagnosis.

Linda

Diagnosis: Adjustment Disorder with Mixed Emotional Features.

Color Profile: Selecting red, blue, green, violet, grey, yellow, brown, and black, this child strives for a life that offers experiences and a close bond offering sexual and emotional fulfillment. She finds herself working to improve her image in order to obtain support for her ideas. In her relationships, she is demanding but careful to avoid an open conflict which might hinder her hopes. Suppressing the desire to control her own destiny, while having respect from others, she presently fights back against limitations and insists on growing. She takes pride in her accomplishments despite the price she pays.

Interpretation: The anxiety and depression is not shown in her choices of color. In her profile, a child who is ambitious and accomplished in her perception of herself. Although she does avoid open conflict, she does strive ahead and take risks in her activities. Her

anxiety may be in the suppression of her drive to control and, yet, maintain the respect of others. These inner feelings are not described within the limits of the diagnosis.

Michelle

Diagnosis: Attention Deficit Disorder without Hyperactivity.

Color Profile: By selecting the colors of yellow, red, violet, brown, green, black, and grey, this child feels she needs a wide field of influence for her desires and hopes, but she may spread herself too thin. Presently, though, she wants to express herself in a caring and supportive atmosphere. In her situation, she is inhibited by the feelings of helplessness towards the problems within her environment; this makes it difficult to establish stable attachments. Her anxiety is in the wish to control the situation and create a sense of belonging. Therefore, she does not risk becoming too close in relationships. Deep down she feels that there is hope and is restless to get away to resolve her anxiety.

Interpretation: It can be inferred that her inappropriate inattention and impulsivity are due to the desire she has to express herself in a supportive setting and

the restlessness to achieve her desired goals. Her behavior is also influenced by her feeling of helplessness and the inability to develop a stable relationship. The prognosis for Michelle is good because she has hope that she will resolve her anxiety. This profile does offer more emotional insight into this child than the given diagnosis.

Nancy

Diagnosis: Dysthymic Disorder

Color Profile: Wishing to be more observant of the avenues offered to her for freedom and make the most of them, she has chosen yellow, green, brown, black, grey, violet, blue, and red, to prove herself and achieve recognition. At this time, she is in despair and needs relief in a secure environment. She is restraining the demands that she feels are due to the circumstances that force her to compromise her situation. Therefore, she finds herself quick to take offense. The anxiety bases itself in the distress arising from unsatisfactory relationships and the feeling of helplessness of restoring trust to her situation. So, depression and unhappiness is the emotional state experienced. Agitation, unpredictability, and irritation accompanying a depleted

vitality and intolerance of further demands have placed her in a position of helplessness to remedy the situation, but still hoping for improvement.

Interpretation: Nancy's profile and diagnosis correspond to each other. The depressive mood is expressed in both the color profile and diagnosis. The feelings of despair, helplessness, and unhappiness are inferred by both diagnostic tools; even though a more entire emotional picture of the child is represented by the color profile.

Ron

Diagnosis: Conduct Disorder, Undersocialized Nonaggressive; Phase of Life or Other Circumstance Problem; Parent-Child Problem.

Color Profile: By choosing black, red, brown, blue, yellow, violet, green, and grey, this child considers the existing situation disagreeable, overdemanding, and refuses to allow anything to influence his point of view. Actually, in the current environment, he is being active but feels insufficient progress is being made or obtained. He feels that his hopes and ideas are realistic but needs encouragement for them. He restrains the desire for emotional independence which prevents any deep involvement. Anxious about the loss of resilience and strength

of will necessary to control with existing difficulties, he feels overtaxed but continues to struggle for what he believes. This leads to pressures from which he would like to escape. He cannot bring himself to break away. As a result, he remains in the situation knowing he will only be at peace when his goals are achieved. He fears his wants which drive him to explore all types of experiences so he can deny their value; therefore, concealing his helplessness and proud sense of futility.

Interpretation: Interferences from the environment are depicted in both the profile and diagnosis. Ron feels his existing situation is overly demanding and restraining him from expressing his views. The pressure he feels from his surroundings causes the anxiety and the problems noted in the diagnosis. He is struggling with a phase problem and parent-child problem in his struggle to separate and individuate. The conduct disorder is described in the activity he maintains as his way of releasing tension. He keeps his wish to be encouraged and respected concealed, which encourages the dependency on his surroundings. The more emotional side is portrayed in the profile, but both the diagnosis and profile describe the child successfully.

Susan

Diagnosis: Diagnosis Deferred

Color Profile: The selections of blue, violet, yellow, black, green, grey, brown, and red were chosen by this child who desires a tranquil and peaceful state of harmony offering a sense of belonging. She is seeking to express her need to be identified in a sensitive and intimate atmosphere. Quietly, she sticks to her realistic goals even though at times she is asked to compromise them. She has a lack of self-confidence which also protects her from open conflicts. She suppresses her feeling of helplessness in the environment and is outraged that she is unable to achieve her goals. The internal stress has resulted in a depleted vitality and created an intolerance for demands on her resources. The feelings of helplessness lead to acute distress; therefore, she tries to escape by finding an affectionate and secure environment.

Interpretation: Since a diagnosis is unavailable, a comparison could not be formulated.

Discussion

The children's profiles were very descriptive of the children's feelings as interpreted by their color selections. Each color choice gave the child an unconscious

translator which was unique. The color choices allowed for more freedom of expression, and thus, a more complete understanding of the emotional side of the child. The data suggested that the use of the Luscher Color Test and its interpretations provide a useful tool for a child to communicate feelings and personality traits to the therapist.

The Diagnosis and Statistical Manual of Mental Disorders provides a standardized structure for the child's diagnosis, but fails to provide an individual emotional profile. This structure that the manual furnishes, allows the diagnosis to be standardized in all disciplines. As a manual, it outlines mental disorders and their characteristics but fails to provide for the unique differences in each person. There is no outlet for this expression within the multiaxial system. It does not assist in individualizing the assessment.

In light of this research project and its results, one can postulate that with the population that the Luscher Color Test can become a useful tool in delineating aspects of functioning of an individual that the manual leaves out. The overall simplicity of the color test, both in its administration and in its interpretation can facilitate the therapist's understanding of the child,

his/her environment and progress in therapy. The therapist has the expressed preconscious information and can assist the individual in understanding the meaning of it. The bases of emotions and their conflicts are more accessible in nonthreatening drawing with colors as the language than a verbal explanation of the feeling. Color choices, therefore, are a special form of self-expression which is meaningful and has a practical use as an indicator of emotional state in preschool children.

Summary

Based on the data presented in this research project the following conclusions have been formulated:

1. Color choices are useful indicators of emotional status in preschool children.
2. Personality characteristics are indicated by the choice of color and the order of color choices.
3. The Luscher Color Test was a useful tool in understanding the emotional status in children. Therefore, it facilitated the therapist's understanding of the environment and assisted in evaluating the quality of progress made by the child in therapy.

4. Regardless of the child's ability to communicate, the independent choice of color provided a nonthreatening way of communicating feelings.

CHAPTER 5

Summary, Conclusions, Limitations and Recommendations

Summary

Color choice more than any other aspect of art has been very valuable in presenting an insight into the nature of a child's emotional life (Sharpe, 1974). Children were found to communicate their feelings and ideas spontaneously through the medium of art. A drawing provides a nonthreatening opportunity for the child to reveal fears, hopes, and dreams in a nondirected activity. Color in a drawing provides the vocabulary for the emotional life of the child to express itself. The translation of this vocabulary is the clearest understanding of an individual's inner life.

The purpose of this study was to investigate the comparison between color choice and emotional status in preschool children by using the Diagnostic and Statistical Manual of Mental Disorders and the Luscher Color Test. The hypothesis examined was that there would be a significant relationship between a child's emotional state

and color preference as measured by the Luscher Color Test. The subjects were thirteen children, ages three to four years, who attended a therapeutic nursery. A comparison between color choice and emotional status was examined by each child's diagnosis and their derived profiles as interpreted by the Luscher Color Test and researcher. The results of this study suggested that there is a relationship between color choice and emotional status.

Conclusions

Based on the data obtained in this research project, the conclusion that individual color choices are a useful indicator of emotional status in preschool children was drawn. Throughout each child's color profile, it was noted that the choice of color and its order, within the eight color structure, provided more complete understanding of the emotional side of a child. From the color order one can see the anxieties, stressors, and strength of the individual's coping mechanisms. The profile gave an insight to the bases of the individual's emotional anguish or concern. Each profile was a unique representation and expression of the person choosing the colors, which made this test very personal.

Each child was represented on his/her own merit and subject to his/her own psychological makeup.

The children in this study chose the auxiliary colors, grey, violet, brown and black, within the first four positions. This concurred with the Luscher Color theory in that a "normally" balanced individual positioned the psychological primaries in the first four positions; therefore, there are emotional unbalances among this population of children since the auxiliary colors were favored in the first four positions. Over half of the children had two or more of the auxiliary colors within the first half of the color sequence. This corresponded with the fact that these children are all attending a therapeutic nursery.

A significant finding was that regardless of the child's ability to communicate, the independent choice of color provided a nonthreatening way of communicating feelings. This gave the nonverbal children a commonality with all verbal children in the test. Again, this provided each child with a unique way of self-expression without the fear of exposure.

Limitations and Recommendations

Since no control group was used in this research project, the significance of the results will be limited to the children who participated in this study. It can only be postulated that there are benefits in understanding color preference. The profiles interpreted from the Luscher Color Test were summarized by the researcher and subject to the researcher's understanding of those interpretations. Also, no information regarding how the interpretation tables was derived was offered in the manual.

It is possible that the researcher influenced the children since the researcher is known to the children. The Diagnostic and Statistical Manual as an instrument proved to be limited in the description of emotional characteristics of each disorder.

It is recommended that further research be done with the hypothesis stated in this research and the Luscher Color Test. A larger sample population and/or control group of children should be used in order to generalize the results to a broader population. The use of the Children's Apperception Test as a comparative instrument with the hypothesis formulated in this study suggests the value of understanding and interpreting

color choices of children especially in a therapeutic setting; therefore, it is recommended that therapist and other health professionals be educated in the meaning of color and its interpretation to better assist their clients.

Implications

The implications of this research are of benefit to all facets of psychology, and the health and service fields. Therapists working with verbal and nonverbal clients have a test which is easily administered and scored. The Luscher Color Test assists in the assessment of an individual. It gives a very descriptive profile of an individual in a nonthreatening activity. The Luscher Color Test is a useful tool in understanding the emotional status in children; therefore, it facilitates the therapist's understanding of the child's environment. Changes in color preference sequencing assists in evaluating the quality of the progress made by the child in therapy.

The possibilities of the Luscher Color Test for a child therapist are numerous. The therapist has a tool that offers a medium for any child to freely express him/herself. The bases of the emotional life of the child

is exposed in his/her choice of color and combinations. With this, the preconscious of the child can be more fully understood. With this self-disclosure, the therapist is being educated on emotional life of this individual. The therapist has the person's perceptions of him/herself. With this insight, the therapist has additional information on the individual's self-concept. Color choice, therefore, is a special form of self-expression which is meaningful and has a practical use as an indicator of emotional status in people.

Our feelings are often hard to
talk about because we can't
see them or hold them. But even though
we can't touch them, they touch us in
a special way.

To make our feelings easier to talk about
and easier to understand, let's see
if we can give some of our feelings
a color name.

From: The Colors That I Am
By: Cilla Sheehan

APPENDIX A



Texas Woman's University

P.O. Box 22479, Denton, Texas 76204 (817) 383-2302, Metro 434-1757, Tex-An 834-2133

THE GRADUATE SCHOOL

January 28, 1982

Mrs. Maria B. Sodek
3401 Rampart, #542
Houston, TX 77081

Dear Mrs. Sodek:

Thank you very much for sending written authorization of clearance.

I have placed the clearance with the prospectus of your study and have noted that final approval has now been given the prospectus.

I look forward to seeing the results of your study.

Sincerely yours,

Robert S. Pawlowski
Provost

d1

cc Dr. Anita Stafford
Dr. Betty Alford

TEXAS RESEARCH INSTITUTE OF MENTAL HEALTH AND MENTAL RETARDATION

TEXAS RESEARCH INSTITUTE OF MENTAL SCIENCES

1300 Moursund Avenue, Houston, Texas 77030 713 797-1976

JOSEPH C. SCHOOLAR, Ph.D., M.D.

DIRECTOR

November 19, 1981

Neil R. Burch, M.D.
Chairman, TRIMS Human Assurance Committee
Texas Research Institute of Mental Sciences
1300 Moursund Avenue
Houston, TX 77030

Dear Dr. Burch:

Your research protocol #81-0067, "Color: An Indicator of Emotional Status in Preschool Children," by Maria B. Sodek, has been approved as a not at risk protocol. A copy of the approved protocol with appropriate signatures is being forwarded to the principal investigator.

The principal investigator should submit his final findings to the Chairman of the Central Office Research and Review Committee, and a progress report should be submitted at least every twelve months until the research is completed.

If we can be of further service, please advise.

Sincerely,

Joseph C. Schoolar mw6

Joseph C. Schoolar, Ph.D., M.D.
Chairman, CORRC

CC: Maria B. Sodek ✓
Melanie Wolf Greenberg, MPH

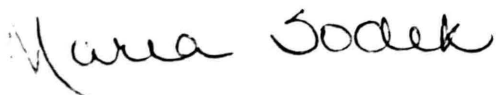
APPENDIX B

Dear Parents:

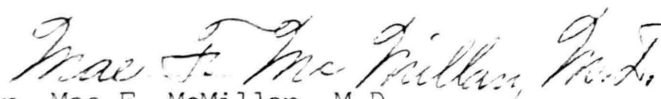
Do your children choose certain colors over others when coloring? Have you ever thought about what they are trying to express? If so, your thoughts are in common with others. Parents and professionals have realized for some time that color is a medium through which children are given the opportunity to express themselves freely and spontaneously. What they are expressing creates a curiosity among those of us who wish to enhance our communication with children.

The purpose of this research project is to relate the color choices that children make to the feelings they possess. I would like to ask you to allow your child to participate in this study by completing the enclosed consent form. Please return the consent form to me. I assure you that your child's and your confidentiality will be respected throughout this study. I appreciate you and your child's participation in the study. If you have any questions or comments, please do not hesitate to call me at 797-1976, ext 209.

Thank you for your cooperation.



Maria Sodek, Child Therapist Trainee



Dr. Mae F. McMillan, M.D.
Director of Early Childhood Clinic
Texas Research Institute of Mental Sciences

INFORMED CONSENT

1. Name of Project: Color: An Indicator of Emotional Status in Preschool Children
2. Purpose of Project: Thesis research in partial fulfillment of the requirements for the degree of Master of Science of Texas Woman's University.
3. Specific drugs or methods to be used in experimental program: The Luscher Color Test and the Diagnostic and Statistical Manual (description enclosed).
4. Specific drugs and methods to be used that are experimental: There will be no experimental drugs and/or methods in this research project.
5. State how, how often and when drug is to be administered or methods used: The Luscher Color Test will be given two times during each session for the purpose of correlating color choice and personality traits.
6. State possible risk to the patient: There are No risk involved, neither physiological, psychological or social.
7. List, explain and estimate time required for additional or special tests or procedures required for experimental program which would not be part of conventional therapy: During each session with child the Luscher Color Test will be given twice. The results will be later correlated by the examiner. Each session will be ten minutes long.
8. State present and alternate conventional therapy which will be employed if patient does not participate in experimental program: At present, all the children/patients are engaged in group play therapy in the Early Childhood Therapy Clinic (ECTC). The majority of the mothers are involved in either group and/or individual therapy within ECTC. Therapy for those individuals who choose not to participate will not be disrupted in any way.
9. Estimate duration of the experimental program: seven months
Estimate duration of the alternate conventional therapy: Indefinite: Each parent will be informed that the sessions will last no longer than ten to fifteen minutes.

10. Possible benefits to patient: The possible benefits forseen are (1) facilitating present treatment in therapy, (2) facilitating therapist understanding of child's/patient's moods and/or personality traits during a therapeutic session, (3) implementation of a future diagnostic tool.
11. State how patient's privacy is to be assured and patient's name is to be kept confidential: The anonymity of each family will be maintained. All information obtained and compiled will be kept in strict confidence. All data will be destroyed at the end of the study.
12. State that consent may be withdrawn at any time and the patient may return to conventional therapy: All participants will be given the option to withdraw from the project at any time they choose.
13. List the names of all staff members including the principal investigator who will be available to answer additional questions at any time:
 1. Dr. Mae McMillan, Director of the Early Childhood Therapy Clinic
 2. Kathleen Guziak, MSW ACSW
 3. Elaine Altschuler, ACSW
 4. Betty Andress, Child Therapy Supervisor
 5. Deborah Klien, Child Therapy Supervisor
 6. Patricia Smith, Child Therapy Supervisor
 7. Maria Sodek, Child Therapist Trainee
14. Please be advised of the following:
 - A. You may consult with a member of the Human Assurance Committee at any time concerning your treatment and welfare by writing to 1300 Moursund, Houston, Texas. 77030 or by calling 797-1976, extension 250.
 - B. You may consult with a member of the Consent Committee concerning your informed consent at any time by writing P.O. Box 27631, Houston, Texas 77027 or calling 797-1976 extension 463. The consent committee is a group of volunteers who work to insure that your rights and interests are protected regarding your consent to participate in research.
 - C. You may consult with a member of the Public Responsibility Committee at any time concerning your treatment and welfare by writing P.O. Box 20391, Houston, Texas. 77025 or calling 797-1976, extension 318. The public responsibility committee is a group of volunteers who work to protect the rights and interests of patients.

- D. There is no special provision for compensation and medical treatment for research subjects who are physically injured as a result of participating in a research project. Compensation and medical treatment are available to research subjects on the same basis that compensation and medical treatment are available to other patients of TRIMS. Further information concerning the availability of compensation and medical treatment should you be physically injured as a result of participating in a research project may be obtained from Neil R. Burch, M.D., chairman of the Human Assurance Committee, by writing to Dr. Burch at 1300 Moursund Ave., Houston, Texas, 77030, or calling 797-1976, extension 250.

Obtain the following certification as appropriate:

1. Certificate of person giving consent

I understand each of the above items relating to the participation of _____
(Name of _____)
_____ in the research of _____
(Name of Project)
Patient) _____
under the care of _____, and I hereby consent to _____
(Investigator) my/his/her
participation in the research project.

Signature of Person giving consent

Date

Relation to Patient
(Patient/Parent/Guardian)

Certification of person explaining proposal

I have explained the above items to _____ and believe
(Name of Person(s) giving consent)
that _____ understands each of the items.
(he/she/they)

Investigator's Signature

Date

We were present at the explanation of the above items to _____
(Name of Person(s) giving
_____ and we believe that _____ understands each of the above items.
consent) (he/she/they)

Witness

Date

Witness

Date

- C. Certificate of assent by proposed subject
(if the above consent is given by a person other than the patient and the assent of the patient is also required, the following certification should also be completed for signature by the patient).

I understand each of the above items relating to the participation of _____
(Name of _____
in the research of _____ under the care of _____
Patient) (Name of Project)

_____, and I hereby agree to my participation in the research project.
(Investigator)

Signature of Patient

Date

Consent Form
TEXAS WOMAN'S UNIVERSITY
HUMAN RESEARCH REVIEW COMMITTEE

(Form A -- Written presentation to subject)

Consent to Act as a Subject for Research and Investigation:

The following information is to be read to or read by the subject. One copy of this form, signed and witnessed, must be given to each subject. A second copy must be retained by the investigator for filing with the Chairman of the Human Subjects Review Committee. A third copy may be made for the investigator's files.

1. I hereby authorize Maria B. Sodek
(Name of person (s) who will perform
procedure (s) or investigation (s))

to perform the following procedure (s) or investigation (s):
(Describe in detail)

1. Eight colored cards will be introduced to the child.
2. Each child will be asked to select the colors in order of preference. (Which one of the colors do like the best?)
3. After the eighth selection, the colors will be reshuffled and the procedure repeated.

2. The procedure or investigation listed in Paragraph 1 has been explained to me by Maria B. Sodek
(Name)

3. (a) I understand that the procedures or investigations described in Paragraph 1 involve the following possible risks or discomforts:
(Describe in detail)

No risks to the child. All data will be kept by the investigator to prevent any public disclosure.

3. (b) I understand that the procedures and investigations described in Paragraph 1 have the following potential benefits to myself and/or others:

This study will hopefully create a better understanding of the use of color as a means for communicating feelings.

3. (c) I understand that - No medical service or compensation is provided to subjects by the university as a result of injury from participation in research.
4. An offer to answer all of my questions regarding the study has been made. If alternative procedures are more advantageous to me, they have been explained. I understand that I may terminate my participation in the study at any time.

Subject's Signature

Date

(If the subject is a minor, or otherwise unable to sign, complete the following):

Subject is a minor (age ____), or is unable to sign because:

Signatures (one required)

Father

Date

Mother

Date

Guardian

Date

Witness (one required)

Date

REFERENCES

- Alschuler, R.N., & Hattwick, L.W. Painting and Personality. Chicago: The University of Chicago Press, 1947.
- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Washington, D.C.: American Psychiatric Association, 1980.
- Birren, F. Color psychology and color therapy. Secaucus, N.J.: The Citadel Press, 1961.
- Birren, F. Color in your world. London: Crowell-Collier, 1962.
- Birren, F. Color preference as a clue to personality. Art Psychotherapy, 1973, 1 13-16.
- Birren, F. Color and human response. New York: Litton Educational Publishing, Inc., 1978.
- Bornstein, M.H. Qualities of color in infancy. Journal of Experimental Child Psychology, 1975, 19, 401-419.
- Bornstein, M.H., Kessen, W., & Weiskopf, S. Color vision and hue categorization in young human infants. Journal of Experimental Psychology, 1976, 2(1), 115-129.

- Dalley, T. Assessing the therapeutic effects of art:
an illustrated case study. The Arts in Psychotherapy,
1980, 7, 11-17.
- Gonder, E.T. Art and play therapy. New York: Doubleday
and Company, 1954.
- Gross, A. How to read a person like a coloring book.
Mademoiselle, 1976, 107, 134-135.
- Luscher, M. & Scott, I. (Trans. & Ed.) The Luscher
Color Test. New York: Random House, 1969.
- McNiff, S. Art, artist and psychotherapy: a conversation
with Robert Coles. Art Psychotherapy, 1976, 3, 115-
133.
- Peeples, D.R., & Teller, D.Y. Color vision and brightness
discrimination in two-month-old human infants.
Science, 1975, 189, 1102-1103.
- Rahn, R.C. Luscher color theory: civilians and criminals.
Art Psychotherapy, 1976, 3, 145-155.
- Roth, E.A., & Barrett, R.P. Parallels in art and play
therapy with a disturbed retarded child. The Art in
Psychotherapy, 1980, 7, 19-26.
- Sharpe, D.T. The psychology of color and design.
Chicago: Nelson-Hall Company, 1974.
- Sheehan, C. The color that I am. New York: Human
Science Press, Inc., 1981.

Wadeson, H. Art psychotherapy. New York: John Wiley
& Sons, 1980.