

# A Therapeutic System, Phased from the Yellow-Black Alternate Coloring Method to the Integrative Story Making Method

Tamotsu Sakaki\*<sup>1</sup>, Kenichi Deguchi\*<sup>2</sup> and Mizuho Mishima\*<sup>3</sup>

(\*<sup>1</sup> Department of Psychology, Ube Frontier University, \*<sup>2</sup> Yamaguchi Shofukan Highschool, \*<sup>3</sup> Department of Nursing, Ube Frontier University)

This paper introduces a therapeutic system that includes creative activities such as creating collages and making stories. This system is a series of five techniques and each technique was developed from the perspectives of phenomenology and perceptual psychology. This system is expected to help patients recover their subjectivity and encourage them to express themselves. It can also help patients to understand their own problems as represented in their artwork and story making. Adding to that, these techniques can make it easier for art therapists to get some clues to solve the problems. We introduce an actual case to which this system was applied and discuss the psychological meanings and effects in each step.

Keyword: Yellow-Black Alternate Coloring Method, integrative story making, attractiveness of yellow, visual perception, subjectivity

## 1. Introduction

Our clinical approach is on the basis of the idea that some mental disorders are caused by their distorted relationships with others and not merely because of biological changes. Through this interpersonal approach to psychiatry, we hope to help patients recover their subjectivity, which has been taken away by distortion of the external world.

Considering the nature of the patients' subjectivity, we presume that subjectivity depends on intercommunication between them and the outside world. It has been well known in psychiatry that clinical experiences with patients are found remarkable vulnerability in their subjectivity, especially among patients with autism and schizophrenia (Hur et al., 2014; Lombardo et al., 2010). We have found vulnerability among patients with neurosis, although this is somewhat milder. Therefore, our clinical approach grasps the basic

qualities of patients' subjectivity and develops strategies for their recovery. We have devised several effective methods for patients, such as the Yellow-Black Alternate Coloring Method (YB-Me) (Sakaki & Osanai, 1990), and the Coloring and Non-coloring Alternate Method (Sakaki, 1994). Many psychiatrists use the YB-Me with mute patients suffering from chronic schizophrenia. This method has been proven to be therapeutically effective (Takei, 1997). The important aspect of these methods is that it is the patients themselves who need to take initiative to deepen their understanding about themselves through creative work.

Yellow is distinct on a black background but indistinct on a white background (Sakaki, 1975; Sakaki, 1996). This phenomenon is called the attractiveness of color. Yellow should be chosen so as to produce a therapeutic effect, enabling the transition of patients' yellow drawings from inconspicuous at the start to conspicuous.

The YB-Me was devised through studies on the attractiveness of color, by examining the relationship between the attractiveness of colors and the brightness of backgrounds (Sakaki, Ji, & Wada, 2006; Sakaki, Yasunaga, & Ji, 2008). Five stimuli colors were studied: red (5R4/12), green (5G4/12), blue (5PB4/12), purple (5P4/12) and yellow (5Y8/12). The colors were presented in the form of a color square (2 × 2 cm) and were placed in the center of a 5 × 5 cm square. The squares change in brightness by 0.5 increments, from N2.0 (black) to N9.0 (white). Participants were asked to judge the attractiveness of colors using a 7-point scale ranging from -3 to 3 (table1).

Table 1: Seven Scales for Rating the Attractiveness of Colors

- 3: Very conspicuous
- 2: Conspicuous
- 1: Slightly conspicuous
- 0: Vague (None of them)
- 1: Slightly inconspicuous
- 2: Inconspicuous
- 3: Very inconspicuous

(Sakaki, Ji, & Wada, 2006; Sakaki, Yasunaga, & Ji, 2008).

Owing to the Liebmann effect, the attractiveness of red, purple, blue and green drops dramatically in N4.0, however, that of yellow does not. It is easy to control the attractiveness of yellow because its attractiveness declines gradually as the background becomes brighter (Figure 1).

This study presents new and integrative methods, such as the YB-Me, the projective step, the structuring step, the story making step and the integrative story making step. These procedures are briefly described in an article titled 'Devising a therapeutic technique for a female student with verbal communication difficulty' (Sakaki, 2000). The following sections describe each step in detail and examine its therapeutic effects.

## 2. Method

### 2.1. Materials and Procedures

The materials include a sheet of B5 or B4 size drawing paper, a set of 12 colored crayons, a sheet of B4 size drawing paper for backing, a pair of scissors and paste. Generally, the patients use a yellow crayon and the therapists use a black crayon.

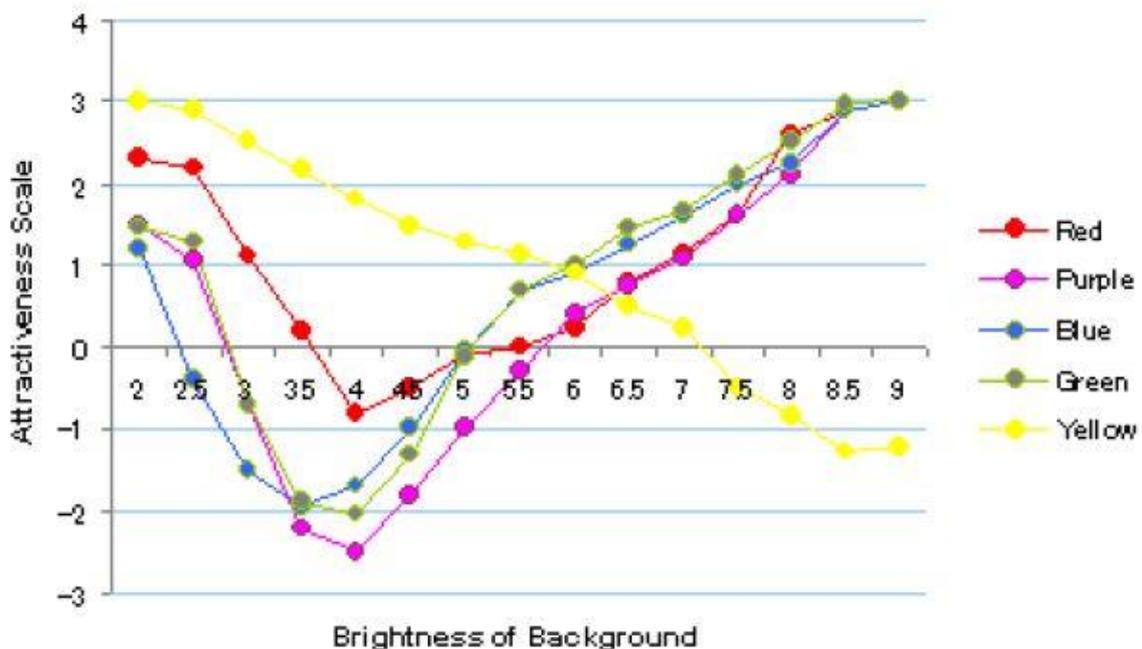


Figure1. Attractiveness of yellow in Liebmann

These phased methods are devised in a manner such that patients can gain a sense of achievement regardless of the stage in which they discontinue the processes, which varies according to their state or capability (Sakaki, Ji, & Okada, 2002; Sakaki, Ji, & Osanai, 2002).

## 2.2. Step 1: Yellow-Black Alternate Coloring Method (YB-Me).

The therapist, using a black crayon, very lightly draws a frame along the edge of the drawing paper and a diagonal line from the lower-left corner to the upper-right corner. After the therapist draws the lines, the patient draws a free-hand line using the yellow crayon. This process continues alternately between them. During this process, the therapist is required to draw as faintly as possible to avoid threatening the patient with strong black lines. However, the patient can draw any type of dividing line freely because the patient's yellow lines affect nothing throughout the process. After drawing an adequate number of lines, the therapist and patient choose a section and take turns coloring it using their own colors alternately (Figure 2). At this stage, the patients' intentions in the drawing become obvious, and the therapists should not disturb them.

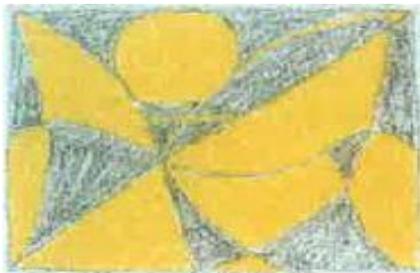


Figure 2

After all sections have been colored, the therapist makes the frame thicker and draws dark borders along the edge of the yellow areas, using the black crayon. The therapist also draws a black border along the edge of the black areas; however, these borders become the edge of the yellow areas (Figure 3).

It is possible to choose which areas will have borders on the basis of therapist-patient interaction. Because of the attractiveness of the yellow color, yellow areas with a thick, black border, suddenly become distinct, and generally evoke the image of stained glass. Some patients, however, might feel that yellow is too prominent, almost as if the color was piercing their eyes. Because there are many shades of yellow, it is recommended to choose a less stimulating shade for those

patients who have low stimuli tolerance. Some patients cannot perceive the yellow space as figures even when it is conditioned to contain figures. In such cases, we presume that these patients have given themselves up to others or do not have a typical way of viewing the world. Furthermore, depending on the purpose of treatment, it is possible to use color other than yellow. This procedure and its advantages are reported in 'Alternate Coloring Method with Two colors' (Sakaki, 1994).

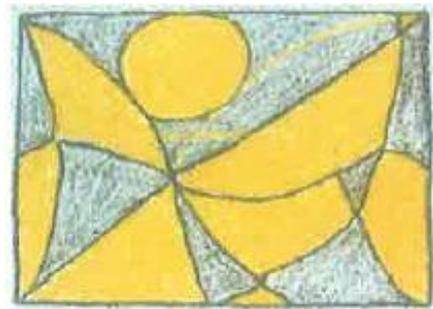


Figure 3

## 2.3. Gestalt changes during the YB stage.

During the alternate coloring stage, each time the patient colors an area, the yellow areas increase, changing the Gestalt of the yellow areas. Nevertheless, some patients' eyes may fixate on specific areas rather than on the whole image. In some cases, only a segment of the form appears; at other times, the whole form appears to patients in various Gestalt forms. The patient's first projection of some areas can initiate a conversation with the therapist.

For example, consider the case of a female patient at the age of 12. One of her chief complaints was being unable to attend school. The conversation between the client and the therapist is as follows.

*Cl: (Pointing at Figure3) This looks like a pinwheel.*

*Th: I see. Then, is this its vane?*

*Cl: Look. The pinwheel started to whirl in the air and gone away in the wind.*

*Th: What do you think the pinwheel will be when it appears again?*

*Cl: It will become a butterfly.*

It is considered that the therapist helped the client discover a new idea, in this case “a butterfly”, through their conversation.

The importance of such verbal exchanges is widely known. The alternate coloring enhances verbal communication, which in turn helps the coloring process by generating more linguistic interaction. Our study focuses on Gestalt changes that occur successively.

#### 2.4. Step 2: Projective step.

Once the YB-Me section is complete, the patients are asked about what they see in their finished work, just as in the blot of Rorschach Tests. In the YB-Me, the continuous coloring process generate intense Gestalt changes, but because there is no alternate coloring process during the projective step, figure-oriented yellow areas and ground-oriented black areas are both fixed, therefore, the patients tend to perceive a relatively stable Gestalt. By looking at the picture from a different angle, however, sometimes more than one Gestalt appears in one area. Patients are allowed to add more details to the finished work to create more stable Gestalt (Figure 4).

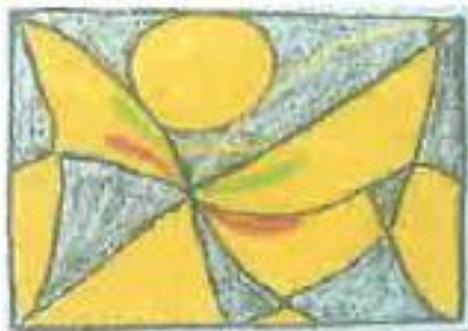


Figure 4

#### 2.5. Step 3: Scene structuring step.

The patients are asked to cut the projected items out of the drawing and glue them onto white drawing paper to create a new scene. They may also add more colors or draw something in the blank space to complete the scene (Figure 5). For this process, B4 size paper is recommended as the backing. In some cases, patients may be diagnosed through the scene structuring step.

#### 2.6. Step 4: Story making step.



Figure 5

According to the patient's condition or intellectual level, therapist asks the patients to create a story about the scene, as they do in the TAT test. The narrated story reflects problems specific to each patient; thus, patients talk about themselves through the structured scene. Telling 'a story' means telling 'a thing'. 'A thing' represents the patients' thoughts or experiences, which have turned into an object. Below is the story created by the female patient above.

*'One day, a butterfly who was mischievous and adventurous wondered what was far beyond the sky. So she went on a journey. As she flew up and up into the sky, her wings began to tear in the air. However, she kept flying with joy. After a long time, the sky turned into rainbow colors at sunset, and the butterfly reached the place far beyond the sky. There was no wind or sound, but it was full of sparkling stars. She was in the universe, and there was a breathtaking view. After she explored it for a while, she remembered her home. The earth looked like a beautiful gem glittering in the darkness. Then, she began her journey home. However, her wings had now become tattered, and she was not sure if she could go home.'*

In this story, the patient transforms herself into 'a thing', in this case, 'a butterfly'. Telling a story can be a situation in which patients objectify themselves or their experiences. They replace themselves with objects when creating the scene, but still essentially express their real selves. Thus, the story making step has great diagnostic value as projective step;

however, the method becomes more therapeutic in the scene structuring step.

### 2.7. Structuring a scene using the remaining pieces.

If the patient creates the scene using primarily one color, it can be effective for the therapist to create a different scene using the remaining pieces and show it to the patient. For example, if the patients use only black pieces to create the scene, when they see the therapists' work they might acknowledge the possibility of using a yellow area that they colored themselves. On the other hand, if the patients use their own yellow area, they might become aware of the possibilities of using a black area.



Figure 6

Figure 6 presents a scene created by a therapist using the remaining pieces. It is preferable to relate this scene to the one created by the patient. However, if the scene happens to be unrelated to that of the patient's, the therapist can combine the scenes through 'stories'. In the case of the 12-year-old female patient, the therapist created a 'fix-it' man who collected wings, creating a story that could connect with the patient's scene. The story created by the therapist is as follows.

*'She didn't know what to do. Now she was in big trouble. If she kept flying with those torn wings, they would become more and more damaged and she might finally disappear. Suddenly, she heard a soft sound coming from far away. It was the sound of the 'fix-it' man for butterfly wings. He had been working in the shop and repairing wings for thousands of butterflies like her. He collects pieces of wings floating in the universe and uses them for butterflies who have damaged their wings'*

As mentioned above, the therapist's scene should be related to that of the patient's. Next, we present the final stage of this method known as the alternate story making step.

### 2.8. Step 5: Integrative story making step.

In the final step, after displaying both scenes, the patient and the therapist make stories together. In this step, the patient should lead the process. This story making collaboration helps the patient to accept the therapist. The patients integrate the therapists into their stories without losing their subjectivity. This is the following story created by the female patient.

*'Luckily, the butterfly met the fix-it man, and her wings were fixed. Now, she looks so happy and is as beautiful as before; she has managed to return home safely.'*

## 3. Discussion

The therapeutic method presented in this study begins with an alternate coloring process, through which therapists and patients begin their mutual relationship, followed by the projective step, the scene structuring step, the story making step and finally the integrative story making step. This section considers the clinical importance of each step.

### 3.1. Step 1: Yellow-Black Alternate Coloring method (YB-Me). The effects of drawing a frame.

A frame has the same function as the edge of the box of sandplay therapy. As mentioned by Osanai & Sakaki et al. (1989), a frame has three important effects in art therapy. It enhances a segmentation of the world and the self, awakens self-identity, and manifests a relationship between the world and the self.

### 3.2. The significance of the alternate coloring process.

Here we explain the clinical significance of shared artwork between the therapist and the patient. Winnicott (1971) emphasizes the importance of 'playing' in psychotherapy, which refers to playing that is not structured and is not meaningful as yet, but holds great

importance. This kind of playing, called 'indeterminate play', can be fundamental to individuals' lives because they begin to find meanings and direction of playing through this stage. During the alternate coloring process in the YB-Method, we presume that phenomenologically similar situations occur. That is, this process ensures the basic foundation for playing, which is the preparatory stage for interpersonal relationships. The YB-Me is therefore an effective technique directing patients through non-verbal psychotherapy.

#### **3.4. Competition for subjectivity between patients and their therapists.**

We now independently consider the meaning of the alternate coloring process. During the process of alternate coloring with yellow and black crayons, there exists competition for subjectivity between the therapist and the patient. However, the process is perceptually and psychologically devised to allow patients to recover their own subjectivity. During the final stage of the YB-Me, thickening the black border of each section enhances the attractiveness of yellow, which allows patients to easily perceive their own yellow sections. The confidence gained by competing with the therapist or the experience of achieving the patient's own figures can assist patients in recovering their own subjectivity (Sakaki, 1997).

#### **3.5. Step 2: Projective step.**

In this step, the completed picture from the YB-Me has the same function as the blot in the Rorschach test. Patients project themselves onto the picture and express themselves in various ways. Each divided section highlights the other, creating different meanings in new Gestalt forms. The YB-Me enables a situation in which therapists and patients create Gestalt changes together. We assume that the varied projections occur because patients incorporate fragments of their own experiences into each of the sections. For example, a patient who finds a dog in one section may have had the experience of being chased by a dog. Symbolic scenes provide the therapist with clues to the problem and even an effective way to solve it.

#### **3.5. The diagnostic indicators of the patients who have difficulties in controlling subjectivity.**

The alternate coloring step and the projective step can serve as diagnostic tools. In these steps, the diagnosis should be made according to the areas that are projected more, that is, therapists need to compare the extent to which patients project themselves more in either the yellow sections or the black sections. An unbalanced projection in either area, regardless of which area is dominant, indicates some pathological feature. For example, during the projective step, if patients often transfer their subjectivity to others, they tend to project more onto black sections because black areas represent other people. Patients express their unusual way of perceiving the world when they project more onto the black sections, even though the yellow sections are more likely to be perceived as figures. On the other hand, if patients have problems controlling their subjectivity, they project more onto their own yellow areas, which represent themselves. This tendency becomes clearer in the following scene structuring step.

#### **3.6. Step 3: Scene structuring step.**

In this step, the state of transferring the patient's subjectivity or uncontrollability becomes more obvious. This step informs therapists about how to work effectively with patients. Therapists can diagnose whether patients are over-adaptive or non-adaptive individuals by determining the dominant color with which they project themselves. For those who use mainly one color, it is essential that the therapist creates a scene using the remaining pieces and shows it to the patient. This idea is based on the following principle.

Patients who structure a scene using mostly their own yellow pieces may be diagnosed as non-adaptive patients with strong self-assertiveness. For such patients, the therapist can create a scene with the remaining black pieces to encourage the patient to accept the therapist as another person. Conversely, patients who structure a scene using black pieces colored by the therapist may be over-adaptive individuals or over-controlling of their subjectivity and

lacking self-assertiveness: the patients structure a scene with mostly black pieces as consequence of giving up their subjectivity to others. For such patients, therapists need to gently encourage them to reassert themselves by structuring a scene using the yellow sections.

This method reassures patients that the therapist will restore their subjectivity. In addition, patients can discover their problems when they create a scene using self-projected pieces. The therapist can then understand the relationship between the patient and the projected items by looking at the structured scene. Moreover, this process often enables patients to combine all the scattered projective items and interpret their own problems as a whole. Furthermore, if patients cannot perceive themselves as dominant over real objects, they will be unable to connect those objects adequately, resulting in the creation of an incohesive, monotonous scene. The scene structuring step allows patients to express their psychological state more easily because they make a collage using their own projected items. The items can be used endlessly through continuous projection, and even though they are physically limited in number, they can be projected mentally in various ways. In other words, patients can successfully acquire the necessary items to reveal their psychological state. Even when patients rarely utilize yellow areas to create a scene, these areas sometimes play central roles in the scene. In such cases, the area sizes should be understood as only one possible interpretation. For example, if patients structure a scene that has object shadows lit by the moon, then the yellow area is small but is still the focus of the scene.

### **3.7. The clinical significance of therapists making a scene using the remaining pieces.**

Now we discuss the therapeutic meaning behind the process in which the therapist creates a scene using the remaining pieces. As mentioned earlier, there are two versions of this process concerning the patients' subjectivity: black-dominant scene making and yellow-dominant scene making.

In the case of black-dominant scene making, a therapist is expected to structure a scene using a

patient's yellow areas and devise their own story that relates to the patient's story. Although the scene is created by the therapist, it is the patient who originally created the yellow pieces. Hence, with therapists' support, patients can find an opportunity to recover their identity. Conversely, in the case of yellow-dominant scene making, patients are assumed to be very assertive and reluctant to cooperate with others. By structuring a scene using the therapists' black areas, patients incorporate therapists into their own scene. This process helps patients to learn how to accept other people. Through this process, patients are able to encounter and accept other people appropriately. Moreover, by creating a collage using the remaining pieces, therapists are likely to become open-minded with patients because the remaining pieces represent the patients and the therapists. Therefore, patients feel secure when looking at the therapists and the collage. However, patients who can relate, to some extent, to other individuals are able to produce scenes using both colors. Such patients are able to transform their lifestyle to become more flexible, and interact with other individuals in a well-balanced way.

While we have explained each step separately, in practice the steps cannot be clearly divided. For example, the process is either projective or structural, or sometimes both projective and structural. We name each step according to the most prominent function of the process.

### **3.8. Step 4: Story making step.**

Creation of a story takes place throughout the process, however, a complete picture of a story appears at the end of the method. By transferring the finished scene into language, we essentially investigate the patients' problems, which reveal the structure of their existence. Furthermore, this process may allow the therapist to generalize some clinical findings from the patient's individual problems. Story making is a symbolic expression of the patients' problems and provides the therapist with clues to solve them. Once the therapist and the patient find a way to solve the problems, they can adapt the symbolic story to the real world. After they both understand the structure of the patient's

existence, the whole process becomes therapeutically effective.

### 3.9. Step 5: Integrative story making step.

In this final step, therapists and patients make a story together. This process, however, requires patients to directly express their subjectivity or sufficiently integrate the therapists' subjectivity. Here, the patients' stories represent their former way of life; therefore, developing an integrative story with therapists enables patients to modify their undesirable way of life and instead develop a story about their desired way of life.

In personal relationships, it is important to accept the views of other individuals and express one's own views in an articulate manner. People encounter difficulties with interpersonal relationships when they lack moderation. In the present method, the alternating processes allow patients to communicate with other people. This type of communication has the same quality as verbal communication and prepares patients for verbal psychotherapy. Language is acquired through interpersonal relationships from a young age. Therefore, verbal descriptions of one's problems are ways of modifying the distorted relationships with other individuals and of developing the strength to accept those problems.

Art therapy functions as a visual sensory interaction between the therapist and the patient, and expands the patient's former conceptions of the world. Then, patients gradually begin to express their consciousness, unconsciousness, psychological characteristics and personality traits. Expressions of these elements have therapeutic effects.

### 3.10. Advantages of this system.

The application of any therapeutic technique requires patients' full consideration. The present method meets this requirement.

During the YB-Me process, sections colored by the therapist and the patient are distinct. In fact, the therapist and the patient compete during the alternate coloring stage. Therefore, for example, because yellow is a weak color at this stage, the therapist should color faintly according to the strength of the patient's yellow.

This adjustment makes the entire situation advantageous to the patient, encouraging the patient to color strongly. No matter how prominently the patient colors with the yellow crayon, it will not become prominent enough to provoke the therapist. The confrontational dynamics between the patient and the therapist is not projected in the picture; therefore, the patients can securely avoid conflict with themselves.

Another advantage of this method is the simplicity of the alternate drawing and coloring process. In addition, the patients' pictures will never be evaluated, thus making it easier for them to perform this step, compared with other methods that include an evaluation of their pictures. In addition, there will be moderate modifications when the patients cut out the projected items.

Finally, this method provides patients with a sense of accomplishment even if they discontinue the process at any of the five stages. In summary, the therapist can decide when the patient should quit by considering the patient's psychological state at any given time. For example, Takei (1997) allowed his patient with schizophrenia to undertake the YB-Me over a period of 10 weeks. In other cases, it would be appropriate to complete only one stage per therapy session once a week, and to continue to the next stage in the following week.

## 4. Conclusion

Researchers often consider that psychotherapy is based on patients' self-healing processes. In the present method, however, the healing process flourishes while working with the therapist; therefore, we emphasize more on interpersonal relationships as the basis of psychotherapy. In psychotherapy, therapists must create situations that allow patients to comfortably go through healing processes. To do so, it is recommended that therapists use tasks that can be easily completed by patients, so that the completed scene is more likely to belong to the patients.

Starting from the alternate coloring step and ending with the integrative story making step, the

whole process in this method is carefully devised to establish and deepen the interrelationship between the therapists and the patients. The method is largely based on the effects of visual perception as well as Gestalt psychology, and the therapists and the patients play equally important roles in this cooperative art work. However, the patients become focused and highlighted at the end of alternate coloring step because the patient yellow areas come to the front as figures and the therapist black areas become the background. Story making should also represent the patients' inner situation to be dealt with. By having basic relationships with the therapists and letting the therapists into the patients' inner world, the patients will be able to change their situations more easily. We hope to provide some clinical examples in our next study.

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