



Multimedia as an art therapy technique used in the treatment of mentally ill patients – opportunities and limitations

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Abstract:

The authors present the opportunities of using multimedia as an art therapy technique in the treatment of people suffering from mental disorders, whilst pointing out the limitations of this method. They classify patients into two groups: those with mental disorders and those manifesting mental symptoms, and present, in addition to the benefits – the risk of the use of multimedia. Individuals with mental disorders, especially psychotic patients (e.g. those

with schizophrenia) may react differently to the proposed multimedia techniques compared with neurotic patients. The way they react depends mainly on the stage of the disease (acute or stable, remission of symptoms) and its nature. The use of multimedia may help schizophrenic patients recover, but it may also worsen their mental state. It may activate psychotic symptoms (e.g. delusions of thought insertion), trigger fear, anxiety and lead to the withdrawal from art therapy activities. For patients with neurotic disorders (anxiety disorders such as social phobia) multimedia can be a training of creative powers in rebuilding the ego, self-observation and a training to create a social network. There is little available research on the topic, so it is difficult to clearly assess the effectiveness of this technique in the process of recovery. However, the progress of civilization in the rehabilitation of mentally ill individuals enforces measures suitable to the times in which we live.

1. Introduction

Art therapy is one of the treatments service used in psychiatry guaranteed by the National Health Fund. It is applied in the mentally ill at every stage of the therapeutic process, i.e. during the diagnosis, treatment and rehabilitation. Its aim is to enhance the well-being of patients and health-related quality of their lives. (Łoza & Chmielnicka-Plaskota, 2014). It gives psychotic patients an insight into themselves and their illness.

There is little known about the classical forms of art therapy used in the treatment of mentally disabled adults. Over the last few years many articles and textbooks have been published on this subject (Łoza & Chmielnicka-Plaskota, 2014). However, there are very few studies on the use of multimedia. To start with a definition,

Multimedia refers to content that uses a combination of different content forms. This contrasts with media that use only rudimentary computer displays such as text-only or traditional forms of printed or hand-produced material. Multimedia includes a combination of text, audio, still images, animation, video, or interactive content forms[<https://en.wikipedia.org/wiki/Multimedia>].



This term was first used in 1965 to describe Andy Warhol's performance (*Exploding Plastic Inevitable*). It was a combination of theatre, rock music and experimental at the time lighting and events. Then it evolved and took on other meanings to finally gain its contemporary, though ambiguous, meaning. One could say that a movie is a multimedia form, combining a multitude of techniques. Cinema therapy is a significant therapeutic tool involved in art therapy processes, however, when talking about multimedia these days we don't only mean a movie.

It makes part or the beginning of a creative involvement of patients, who are both creators and recipients. Multimedia's ambiguity arises from the possibility of exposing individual elements of the conceptual range. Therefore one can either focus on the diversity of the forms (e.g. video, music, light, still images) in the art-making process, which forms the basis for therapeutic actions, or emphasize the impact of these forms on both mental capacities (emotional, behavioural and cognitive) and the senses.

When we ask about the effects of art therapy, we seek answers to three basic interrelated issues:

- (1) the type of methods and tools used by art therapists,
- (2) the mechanism of art therapy,
- (3) the effectiveness of art therapy as a form of assistance to a person who participates in it.

Generally, it is a question of how therapy that uses artistic means can affect behaviour, feelings, and thinking (Stańko & Staroń, 2009). In art therapy, a healing factor, apart from a therapeutic relationship between an art therapist and a patient, is what happens between them and an emerging work of art (Stańko & Staroń, 2009).

The interpretation of a work of art created by the patient increases their self-awareness, which is essential for the improvement of the patient's well-being. The uniqueness and individual nature of the work of art is, however, the reason why only the patient can fully understand its meaning.

In addition, the change is also stimulated by catharsis – the phenomenon of an emotional release. Both, positive and negative emotions, often repressed, are revealed in the art-making process. It relieves tension and improves the well-being of the patient (Chmielnicka-Plaskota et al., 2011).

Furthermore, the use of multimedia allows the patients to learn and practice how to be resourceful, to think in an abstract manner and to embrace creative challenges.

The following factors may influence the use of multimedia:

- (1) negative symptoms in schizophrenia,
- (2) productive symptoms in schizophrenia and other psychoses,
- (3) depressed mood, negative thinking about oneself and one's capabilities,
- (4) cognitive disorders,
- (5) emotional inhibitions, fear of being assessed, fear of forming relationships.

The symptoms characteristic of schizophrenia are negative symptoms such as ambivalence, autism, affective flattening, avolition that have a huge impact on everyday functioning, including the use of multimedia. These symptoms may cause difficulties in being active, participating in group work, and forming relationships with others, which results in social withdrawal. The creative process may be inhibited and expression significantly reduced.

Productive symptoms may occur in both schizophrenia and other psychoses. They include persecutory delusions related to the multimedia (e.g. eavesdropping, watching, transfer of patient care information by use of CCTV cameras, the Internet or TV sets). There are also associated behavioural disorders (delusional activity). Positive symptoms characteristic of schizophrenia (delusions) may – when severe – prevent the creative process and lead to the withdrawal from relationships with other people. Perception can be affected as well.

Colours and sounds change their intensity and insignificant properties of ordinary things may seem extraordinary. This can also have a significant impact on the way and the quality of the multimedia use.

Among the symptoms of depression, apart from low mood or indifference, is the loss of interest, inability to feel joy and pleasure (anhedonia), as well as decreased energy, which causes increased fatigue. These symptoms make it difficult or impossible for the patients to get involved in the process of creation. In addition, negative thinking about one's achievements, low self-esteem and little faith in one's skills can effectively inhibit the ability and the need to express emotions (*Klasyfikacja zaburzeń...*, 2000). Cognitive impairment, including memory deficit and reduced attention span, occurs in schizophrenia, depression, manic episodes and generalized anxiety disorders (GAD). It affects the ability to use a variety of multimedia techniques and handle the hardware.



Patients with neurotic disorders are often afraid of showing emotions, forming relationships and of being assessed. For these reasons, the use of multimedia may be initially ineffective. It may also worsen the patient's well-being.

The improvement of the mental state corresponds to the improvement of the patient's cooperation in a group, his need to expand the circle of friends, creativity, encouragement to use different forms of self-expression and his emotions. On the other hand, the process of creation may significantly contribute to the improvement of mental health, which results in the positive reinforcement of undertaken actions. They are, therefore, complementary actions.

Careful evaluation of mental health and adaptation of appropriate forms of the multimedia to a patient's mental condition requires a close cooperation of an art therapist and a psychiatrist. It may happen that engaging a patient in work with the multimedia will reveal his hidden fears or even psychopathological symptoms and will help modify other treatments, e.g. pharmacotherapy.

2. Multimedia as a form of art therapy

How does multimedia carry out the tasks of art therapy? The essence of therapeutic effects of the media is:

- (1) cognitive training,
- (2) training of creative powers,
- (3) achieving a sense of control over reality,
- (4) distancing from reality,
- (5) achieving the alternative objectives, not available in reality,
- (6) making friends, creating a social network, overcoming loneliness,
- (7) self-observation (Łoza, 2014).

Is multimedia safe for the mentally disabled now that the issues of addiction to computer games, or losing touch with reality are frequently raised and people are becoming increasingly aware of the phenomenon called FOMO (Fear of Missing Out) and the need to secure personal content (photos or videos) published on the Internet?

The basic threats are similar to benefits:

- (1) the use of creative forces outside the real world,
- (2) overuse of multimedia,
- (3) the loss of control over reality,
- (4) excessive distancing from reality,
- (5) achieving objectives outside reality, greater satisfaction in the virtual world than in the real world,
- (6) the loss of a real social network,
- (7) the blurring of ego boundary (Godleski, 2012).

Multimedia, as a combination of different content forms, affecting the senses and mental capacities at the same time, created under the guidance of an art therapist, is certainly a useful method used in the treatment of mentally disabled patients. It includes:

- (1) gradual documentation of the art therapy process (e.g. using play dough or organizing an event) with appropriately selected music, discussing the entire project, examining every significant stage, exploring emotions related to the process of creation. Such an involvement of multimedia allows the participants to safely share their experiences, also outside the group in which the work of art was created. This type of activity can help those patients with anxiety disorders who due to their fears of being evaluated by others wouldn't be able to show their work to a wider audience.
- (2) using cognitive training, in which progressing to a higher level (just like in a computer game) is interesting and results in memory and attention development. It is particularly important for patients with schizophrenia, where the onset of the disorder usually occurs in young adulthood, and these rehabilitation methods are in line with the "spirit of the times". The multimedia may also be helpful in improving the relations between patients and their caregivers – the computer becomes a help in the recovery process, not just a reason to „waste” time in front of the computer screen. It's vital to prepare the patient's family for this type of activity and to determine the specific time frame for it;



- (3) making a short video (with a mobile phone or a camcorder) about an important place or a path to recovery by every member of the group and discussing each video and its contents;
- (4) creating space installations on various topics, e. g. about a life with a disease, using sound, images and light;
- (5) reation of educational programs, involving patients and professionals who help in dealing with a disease. The use of multimedia significantly improves the access to information about mental disorders, which reduces the fear of them and the stigmatization of the mentally ill.

At the U.S. Psychiatric and Mental Health Congress in 2012 it was reported that therapy with multimedia application in mentally disabled patients decreased lengths of psychiatric hospital stays (Treger & Treger, 2015).

A different form of multimedia involvement is the activity in which a creative act functions online and its recipients may be random users of the internet:

- (1) running a blog or a video blog that focuses for example on the topics related to a life with a mental disorder,
- (2) developing a website with editable materials for patients and their families on how to cope with a disorder or stress,
- (3) making websites for interested parties describing the activity of the mentally ill and support groups encouraging involvement in favour of mentally disabled individuals and providing information to reduce the fear of mental disorders and mental patients (Schlegel, Mahr, 2007; Crawford, Killaspy et al., 2012).

These forms appear to be safe when they are created under the guidance of a therapist and administered. If they satisfy the patient's individual need, they can sometimes, depending on the mental state of the patient, the published content, and comments written by random people, lead to a deterioration of health.

Online multimedia is not so much a threat for neurotic patients as for psychotic patients. For the former, it may be an opportunity to open up and release emotions, especially the negative ones. It can provide a positive reinforcement when their activity on the internet will be noticed and/or accepted by other users. Blogs or video blogs provide an opportunity for literary self-expression (Schlegel, Mahr, 2007), for releasing bad and unaccepted experiences and memories, but also they can lead to overexposure and to anxiety of what may become of the published content.

Social networking is not only a platform for the exchange of information and looking for friends. It is a space for building one's own identity away from the disease and troubles of everyday life which distort social relationships and ability to deal with difficult situations. Often the number of friends and "likes" define the social status and acceptance, which is more difficult to gain in the real world. Other forms of virtual reality (e.g. *Second Life*) carry similar benefits and risks.

A therapy for psychotic patients may be different. In this group of patients, one should keep a lookout for positive symptoms – delusions, which may relate to the multimedia. As the content of delusions changes with the development of civilization – the hacking of computers, tapping mobile phones, monitoring with the help of satellites and drones, thought insertion through the Internet, etc., a therapy using online multimedia (e.g. videotaping or taking photos in the art-making process) may result in anxiety, mood worsening, or even delusional thinking.

In the stage of remission, multimedia techniques may be very helpful, e.g. for the rehabilitation of cognitive faculties, emotional expression, and they can make an interesting platform to meet other people with similar interests, which may be more difficult in the real world. Such programs and activities will enjoy greater success among young people than among older age groups as they are more conversant with multimedia devices. On the other hand, using multimedia tools in art therapy can be a nice diversion for patients residing in long-term care facilities, such as care homes or nursing homes. The patients may benefit from participating in therapies that use multimedia, though more as recipients than as active participants.

Many other creative possibilities and formats are emerging that have yet to be explored by practitioners of art therapy, including digital media with digital art making programs that help stimulate creative self-expression. Even Twitter, an online social networking service, can be used to power some intriguing visual art projects. Patients can make *portwitire* (Twitter/Flickr project that turns tweets into a piece of mosaic tile art) or *twyric* (another Twitter/Flickr project that mashes up Twitter poems with Flickr images). Alongside these



experimental art projects, there are movie animation programs like Animoto, sites such as Polyvore that create image collages called „sets” or a special effects programme PhotoBooth, that is available for Windows and Mac.

Some may question the transition from using one’s hands to sculpt or to hold a brush, pencil or crayons to using multimedia, including digital media, and its impact on art therapy, however many art therapy practitioners recognise its unquestionable benefits. Creating with new media, although an entirely different experience from traditional art therapy practice, is a great opportunity and a rewarding experience not only for younger patients – „digital natives”, grown up on digital and social multimedia, but also for others who are not very skilled at paintbrush, clay or pencil (Malchiodi, 2009).

3. Multimedia as an art therapy technique used in the treatment of mentally disabled patients

To better illustrate the application of multimedia techniques in the treatment of mentally disabled patients, here are the main objectives of an art therapy program intended for patients with schizophrenia. This project was designed in the general psychiatric ward. 15 patients attended a series of workshops which used multimedia techniques. The therapy intended to test cognitive and emotional functions. Art therapy in these sessions served as catharsis.

The main objective of the program was to understand the emotional empathy as an element of the therapeutic process directed at understanding and organizing experiences. The theme of the therapy was the self-portrait of a disease.

The therapeutic dimension of artistic activity

The essence of the creative process was an artistic creation reflecting facial expressions, mood and emotions. Creating portraits using light painting gave the patients an insight into the disease. It also allowed the patients to increase their self-awareness, skills and emotional empathy.

The course /workshop stages

- I – Introduction: expressing anger, joy, confusion, fascination – facial expressions, work with the body (drama).
- II – Discussion: semantic symbolism associated with the perceived images. Identifying images within the stages of the disease. Working with fiction and reality.
- III – Artistic Creation: group creation of a portrait painted with a flashlight in a darkened room. Building a plaster mould of a human head expressing the characteristics of the disease. Taking pictures of other paintings. Creating a stop-motion animation (putting individual pictures together).
- IV – Overview of the works of art: discussing experiences, perceptions, needs and thoughts. A reflection of self-discovery, perception of fiction and reality in the resulting images. Making an attempt to understand the disease within art.
- V – Summary: presenting conclusions. Attempting to present oneself through artistic images. Attempting to answer the questions: „What have I learned?”, „What have I experienced?” Developing self-perception in comparison with the group.

4. Summary

This article is based on the clinical practice of a psychotherapist, psychiatrist and art therapist. The aim of the article was to present the opportunities of the use of multimedia technology as an art therapy technique in working with people with mental disorders. In a theoretical section of the article, the authors answered the following questions: What is the possibility of using multimedia as an art therapy technique in working with patients with mental disorders? What is the practical application and significance of multimedia in psychiatry? What possible dangers can arise from the use of multimedia?

In the preparation of the article, the authors benefited from the use of descriptive scales: a method of observation, psychiatrist interview, medical records (patient information cards and Symptom Intensity Rating Scale) as well as the statements of patients participating in art therapy sessions. The authors wanted to emphasize that in clinical work with patients multimedia allow to conduct art therapy sessions, cognitive



training, psychoeducational interactions, social and vocational rehabilitation, and support group sessions. Those methods are implemented during a patient's stay in hospital, but can (and should, especially in case of patients with schizophrenia) be continued after the end of hospitalisation (e.g. in centres for people with special needs, patient clubs, or mental health outpatient clinics).

The effectiveness of multimedia as therapeutic techniques used in psychiatry depends on the dynamics of the treatment process, the stage of the disease, its duration, and the amount of relapses. These techniques are included in the comprehensive treatment programmes in accordance with the criteria for inclusion and exclusion of patients for this type of therapy.

Because of the multidimensional impact of multimedia in the process of treatment and rehabilitation, it's hard to determine its effectiveness in psychiatry. This effectiveness can be measured by means of clinical rating scales which assess the intensity of symptoms, social functioning or the quality of life, as well as the rehospitalisation and duration of remission rates. The effectiveness of multimedia is being currently studied in relation to specific computer programs used in psychotherapy, e.g. in cognitive-behavioural therapy (Biglan, Villwock, & Wick, 1979). Behavioral Treatment Programs can be found, among others, in the study of Biglan, Villwock & Wick (1979; Chandler, Burck & Sampson, 1986; Burck, Sampson & Wray, 1988). Psychoeducational and Cognitive Interventions were described by Colby, Gould and Aronson (1989; Dolezal-Wood, Belar & Snibbe, 1996; Osgood-Hynes, et al., 1998; Selmi, et al., 1982; Selmi et al., 1990). Multimedia Cognitive Behavioral Treatment Programs can be found in the study of Proudfoot, Goldberg, et al. (2003; Proudfoot, Swain, et al., 2003; Wright, Salmon, et al., 2005; Wright, Wright & Beck, 2002; Wright, Wright & Salmon, 2002).

REFERENCES

- Biglan, A., Villwock, C., & Wick, S. (1979). Computer controlled program for treatment of test anxiety. *Journal of Behavior Therapy & Experimental Psychiatry*, 10, 47–49.
- Burck, G. M., Sampson, H. D. & Wray, R. (1988). The effectiveness of a generic computer program for systematic desensitization. *Computers in Human Behavior*, 4, 339–346.
- Cavanagh, K., Zack, J., Shapiro, D., & Wright, J. (2003). *Computer programmes for psychotherapy*. In Goss, S., Anthony, K. (Eds.). *Technology in Counselling and Psychotherapy: A Practitioner's Guide*. Houndmills, New York: Palgrave MacMillan.
- Chandler, G.M., Burck, H.D. & Sampson, J.R.-J.P. (1986). A generic computer program for systematic desensitization: Description, construction and case study. *Journal of Behavior Therapy & Experimental Psychiatry*, 17, 171–174.
- Chmielnicka-Plaskota, A., Łoza, B., Bednarski, P., Zielińska, A. (2011). Arteterapia – leczenie poprzez wartości. *Neuropsychiatria. Przegląd Kliniczny*, 3, 99-104.
- Colby, K.M., Gould, R.L., & Aronson, G. (1989). Some pros and cons of computer-assisted psychotherapy. *Journal of Nervous and Mental Disease*, 177, 105–108.
- Crawford, M.J., Killaspy, T., Barnes, T.R., Barrett, B., Byford, S., Clayton, K., Dinsmore, J., Floyd, S., Hoadley, A., Johnson, T., Kalaitzaki, E., King, M., Leurent, B., Maratos, A., O'Neill, F.A., Osborn, D., Patterson, S., Soteriou, T., Tyrer, P., & Waller, D. (2012). Group art therapy as an adjunctive treatment for people with schizophrenia: multicentre pragmatic randomised trial. *NIHR Health Technology Assessment programme: Executive Summaries*. Southampton: NIHR Journals Library.
- Dolezal-Wood, S., Belar, C.D., & Snibbe, J. (1996). A comparison of computer-assisted psychotherapy and cognitive-behavioral therapy in groups. *Journal of Clinical Psychology in Medical Settings*, 5, 103–115.
- Godleski, L. (2012). *Telemental Health Dramatically Cuts Psychiatric Hospitalization Rates*. Retrieved from http://www.medscape.com/viewarticle/763586#vp_3
- Klasyfikacja zaburzeń psychicznych i zaburzeń zachowania w ICD-10 (2000)*. Kraków – Warszawa: Uniwersyteckie Wydawnictwo Medyczne „Vesalius” Instytut Psychiatrii i Neurologii.
- Łoza, B., Chmielnicka-Plaskota A. (2014). *Arteterapia: Teoria*. Warszawa: Difin.
- Łoza, B., (2014). *Film i multimedia*. In: B. Łoza, A. Chmielnicka-Plaskota (Eds.). *Arteterapia: teoria*. Warszawa: Difin.
- Schlegel W., Mahr A., (2007). *3D Conformal Radiation Therapy: Multimedia Introduction to Methods and Techniques*. New York: Springer Publishing Company.



- Malchiodi, C.A. (2009). Art Therapy Meets Digital Art and Social Multimedia. Retrieved from <http://www.psychologytoday.com/blog/the-healing-arts/200911/art-therapy-meets-digital-art-and-social-multimedia>
- Osgood-Hynes, D.J., Greist, J.H., Marks, I.M., Baer, L., Heneman, S.W., Wenzel, K.W., Manzo, P.A., Parkin, J.R., Spierings, C.J., Dottl, S.L. & Vitse, H.M. (1998). Self-administered psychotherapy for depression using a telephone-accessed computer system plus booklets: An open US–UK study. *Journal of Clinical Psychiatry*, 58, 358–365.
- Proudfoot, J., Goldberg, D., Mann, A., Everitt, B., Marks, I., & Gray, J. (2003). Computerized, interactive, multimedia cognitive behavioural therapy reduces anxiety and depression in general practice: A randomised controlled trial. *Psychological Medicine*, 33, 217–227.
- Proudfoot, J., Swain, S., Widmer, S., Watkins, E., Goldberg, D., Marks, I., Mann, A. & Gray, J.A. (2003). The development and beta-test of a computer-therapy program for anxiety and depression: Hurdles and preliminary outcomes. *Computers in Human Behavior*, 19, 277–289.
- Selmi, P.M., Klein, M.H., Greist, J.H., & Harris, W.G. (1982). An investigation of computer-assisted cognitive-behavior therapy in the treatment of depression. *Behavior Research Methods and Instrumentation*, 14, 181–185.
- Selmi, P.M., Klein, M.H., Greist, J.H., Sorrell, S.P., & Erdman, H.P. (1990). Computer-administered CBT for depression. *American Journal of Psychiatry*, 147, 51–56.
- Stańko, M., Staroń, P. (2009). Jak działa arteterapia?-skuteczność, mechanizmy, narzędzia. *Terapia przez Sztukę*, 1(01), 28-32.
- Treger, A., Treger B. (2015). *W gąszczu słów*. Retrieved from <http://atwordsalad.blogspot.com/>
- Wright, J.H., Salmon, P., Wright, A.S., et al. (1995, May). *Cognitive therapy: A multimedia learning program*. Paper presented at the annual meeting of the American Psychiatric Association, Miami Beach, FL.
- Wright, J.H., Wright, A.S. & Beck, A.T. (2002). *Good days ahead: The multimedia program for cognitive therapy*. Louisville, KY: Mindstreet.
- Wright, J.H., Wright, A.S., Salmon, P., Beck, A.T., Kuykendall, J., Goldsmith, J. & Zickel, M.B.(2002). Development and initial testing of a multimedia program for computer-assisted cognitive therapy. *American Journal of Psychotherapy*, 56, 76–86.

