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COMPUTER-BASED ART THERAPY WITH INPATIENTS: ACUTE AND CHRONIC SCHIZOPHRENICS AND BORDERLINE CASES

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During the last two to three decades, technology and somatic medicine have begun to work together more intensely. New technologies have found their place in internal medicine, especially on intensive care units, in surgery and related disciplines. In the field of psychiatry and psychotherapy most therapists are reluctant to admit technical tools into the therapy session (Fryrear & Corbit, 1992). They belong to a tradition which is not only skeptical about introducing technology, but also see it as impeding creativity or even as dehumanizing. However, the use of audiovisual techniques in psychiatry and psychotherapy has gone a step forward in the last two decades. Today we can observe a productive relationship between psychotherapy and the use of audiovisual equipment.

Two examples are the documentation of psychiatric diseases by videotapes and also the use of video mirroring as an additional psychotherapeutic aid in the treatment of schizophrenic patients as well as with neurotic and personality disorders. This is a method we have been investigating for over a decade, as documented in papers and books (Hartwich & Lehmkuhl, 1979; Hartwich, 1993). The seeming contradiction between psychotherapy and technology has changed into a complementary relationship to enlarge in the future.

Why Computer-Based Art Therapy?

There is a good deal of prejudice about computer techniques being used in psychotherapy. Some people even talk fearfully about an artificial brain or an artificial relationship. But today young people grow up with computers and computers belong in professional offices. Handicapped people are trained by computer programs. Why shouldn't computers also be useful in therapy with psychiatric inpatients?

Encouraged and inspired by this development, we decided in 1993 to try out a computer painting program within the creative art therapy program in our clinic (Hartwich & Brandecker, 1993a,b). Our psychiatric hospital is a department of a general hospital in the city of Frankfurt, Germany. We are responsible without exception for all psychiatric cases in a defined district of our city. We do not select special groups of patients. Our intention is to use therapeutic methods that supplement our pharmacological treatment of severe psychotic illnesses, especially seriously ill schizophrenics. We had noticed that some borderline cases in psychotherapeutic treatment switched into psychotic states while we were working in our usual painting therapy with conventional art materials. Such a dangerous breakdown of ego boundaries led us to

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look for new treatments. Computer painting on the screen—with its strict rules, its distance between patient and picture, and the possibility of keeping and protecting defense mechanisms—seemed to be a useful art therapy development and worthwhile to explore further (Hartwich & Brandecker, 1994).

Example: Borderline Case Personality Disorder (DSM-IV 301.83)

A 37-year-old female inpatient was treated because she had lost her partner and seemed to experience a pathological reaction of grief. After some weeks of psychotherapy she had a dream in which she tried to paint in our traditional art therapy. Suddenly she remembered an experience of her youth that had been split off. At the age of 13–15 she had been sexually abused over a period of two years, after having been brutally raped by a drinking companion of her father, who was an alcoholic. Her mother and brother had left the family when the patient was 12 years old. Since that time she had lived with her father. In our clinical psychotherapeutic treatment the traumatic events emerged slowly in a troublesome and painful process. Quite often she fell into a psychotic state when she was painting her memories and dreams. Several times she went into a compulsive state in which she painted repeatedly with red and black colors on a large piece of drawing paper (Figure 1). After this she usually fell into a psychotic state: she became paranoid and lost contact with reality. She would then become aggressive and express suicidal impulses and symptoms of derealization and depersonalization for a couple of hours.

In the psychotherapeutic process the regression was going too deep. Therefore we looked for a different therapeutic way that could offer more structure, more rules and more possibilities of protecting her defense mechanisms. This was the beginning of our computer painting therapy. She had no problems with the computer because she had worked with one in her office.

In the same session she sprayed another color over the red and gradually painted a landscape. Blue, brown and yellow were the colors, but the red is still shining through. Then she tried to draw in an animal, a yellow sheep (Figure 2). In one of the next sessions she drew a traumatic experience that preoccupied her: an anonymous head and, near to the left ear, an axe. Then she wanted to undo the picture but we saved it. In the next session she loaded the picture, put the head back onto the screen and painted in a face. She said, ''The face is like him,'' meaning the rapist of her puberty. With the axe that she had also loaded onto the screen she attacked the rapist's head. Blood drips down to the bottom (Figure 3). In the next session she was able to express visually her feelings of revenge. She set up a gallows, then loaded the head with the face onto the screen, turned it around and put it into the noose of the gallows. Then she painted the body, which she sliced

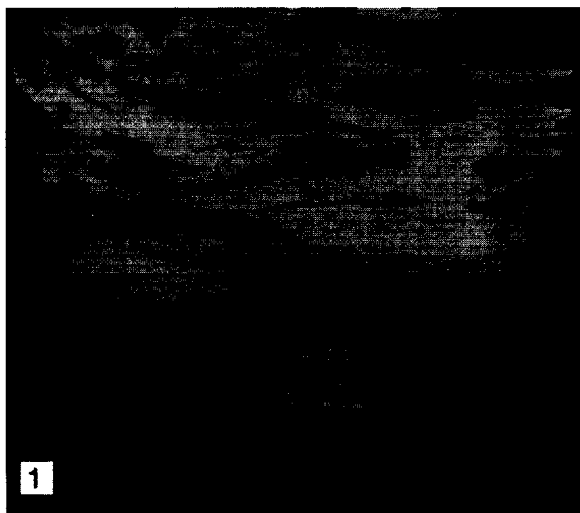

Figure 1.

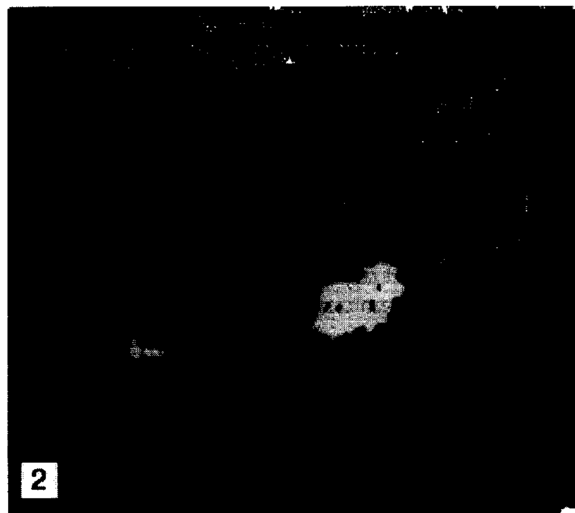

Figure 2.

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