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Media educational work in forensic psychiatry. Fostering inclusion in an exclusive field

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Due to strict safety regulations, active media work is not yet implemented as a method in the context of therapeutic measures in forensic psychiatry. However, research findings indicate that media educational work can be a useful supplement to therapy. It offers mentally ill offenders the possibility to acquire media literacy and other competencies and to personally develop. It may therefore help to prepare them for leading an independent life outside the facility. Since not only therapeutic measures but also media educational work aims at fostering social participa-

tion, close links between these approaches and the concept of inclusion can be found.

Aktive Medienarbeit hat sich aufgrund strenger Sicherheitsvorschriften bislang nicht als Methode im Rahmen der Behandlung in der Forensischen Psychiatrie etabliert. Forschungsergebnisse lassen jedoch vermuten, dass medienpädagogische Arbeit die Therapie sinnvoll ergänzen kann. Sie eröffnet psychisch kranken StraftäterInnen Möglichkeiten zum (Medien-) Kompetenzerwerb und zur Persönlichkeitsentwicklung und kann helfen, diese auf ein selbstständiges Leben außerhalb der Einrichtung vorzubereiten. Da therapeutische wie auch medienpädagogische Maßnahmen auf eine aktive gesellschaftliche Teilhabe abzielen, lassen sich enge Verbindungen zum Konzept der Inklusion herstellen.

1. Introduction

The use of digital media in the context of forensic psychiatry is usually discussed regarding several risks, such as media-related mental disorders like addiction or abusive behaviour (Dieris-Hirche et al. 2017). Forensic psychiatry does not represent a field of action for media education yet. Therefore, the potential of the implementation of media educational methods has not been considered. Apart from a few innovative projects which mainly focus on regular prisons in penal system¹, neither empirical studies nor theoretical concepts regarding media educational work in forensic psychiatry exist. This article will give a first insight in the potentials of media educational work in forensic psychiatry. As will be shown, the method of active media work might provide an opportunity to foster inclusion and the rehabilitation of the patients.

The concept of inclusion in a medical understanding primarily relates to disability and mainly concerns people with physical and/or mental impairments. With regard to the WHO's multi-perspec-

tive view on disability (2001), however, inclusion can also be understood from a wider sociological perspective as a societal development that strives for an ideal image of society in which all people have equal rights and possibilities to individually develop and to participate socially – regardless of their individual skills, competencies or personal support needs (Wansing 2012: 99). In this respect, structures and mechanisms of social exclusion should be reflected upon and dealt with in order to reveal to what extent conditions are established that enable the equal participation of all people in central areas of society, such as employment, civil rights and mutual social relations (Kronauer 2013: 18).

These key assumptions concerning inclusion are partially overridden in forensic psychiatry. In accordance with country-specific legislations, mentally ill offenders worldwide are accommodated and treated in highly-secured facilities, where they are excluded from society and several opportunities for social participation (Tribolet-Hardy/Habermeyer 2016: 266). Given the important role of media in the context of societal and social participation (Bosse 2015: 10), the need to offer these patients the chance to use (digital) media in a way that enhances their competencies and best prepares them for the living conditions outside the facility becomes very clear.

Against this background, the question arises which inclusive potentials media educational work does offer in the field of forensic psychiatry. To address this issue, this article will first give a short overview of forensic psychiatry and the patients who are treated there to clarify the links to the concept of inclusion as well as media educational approaches. Since it can be assumed that different forms of media educational work are compatible with several therapeutic measures, the authors examine the potentials, relevance and possible design of media educational work in forensic psychiatry. The results of a research project on active media work

with patients of a forensic psychiatry in Germany conclude this article.

2. Forensic psychiatry – a special field of tension between inclusion and exclusion

In forensic psychiatry, offenders who are psychologically ill, intellectually impaired or addicted are accommodated and treated. The main diagnoses of the patients are: Psychosis, personality disorders, impairment of intelligence and (mental) disorders because of alcohol or other addictive substances. As a result, most of them have perceptual or behavioural disorders and can hardly judge what is right or wrong. It can be assumed that most of them are not able to live a normal and socially integrated life. Due to their mental illness, the patients are unable to, or at least cannot completely, understand the unlawfulness of their offence. Furthermore, their mental illness is also seen as the reason for committing a crime, which is why they need an appropriate therapy and cannot be sent to a regular prison. The patients in general are convicted because of diverse serious, and often violent, crimes. The most common offences of the psychologically ill and intellectually impaired patients are personal injury, homicides and sex crimes whereas the addicted ones mainly are convicted because of property crimes – such as robbery, arson and blackmail – or a violation of narcotics regulation (LWL 2017: 6-10).

Considering the delinquency and the mental illness of the patients, the main task of forensic psychiatry includes protection, on the one hand, as well as therapy on the other hand. To protect society from the mentally ill convicted criminals, they are usually accommodated in highly secured facilities. Therefore, the whole therapy and accommodation underlies strict safety regulations (Tribolet-Hardy/Habermeyer 2016: 266). Depending on the severi-

ty of their illness and the success of their treatment, in Germany, addicted offenders usually stay in forensic psychiatry for two years at most, whereas psychologically ill and intellectually impaired patients are accommodated up to ten years or even longer (LWL 2017: 7). For this period, the patients are more or less isolated from society and cannot fully participate. Generally, they are not allowed to leave the facilities at any time. Only with gradual relaxations of their detention, which are granted based on the progress of their treatment, the patients sometimes get the chance to leave the clinic – but still strictly limited in time or accompanied by a professional (LWL 2017: 18). In this respect, forensic psychiatry can clearly be seen as a field of exclusion.

Besides these exclusive measures, legislations, at the same time, require a treatment which has close links to the concept of inclusion. The main purpose of therapy in forensic psychiatry is to ensure the impunity of the patients in the long term, to enable them to participate in social life as well as to help them live independently. In this respect, all different therapeutic measures focus on offering the mentally ill offenders possibilities for reintegrating back into society after having been isolated for quite a while (LWL 2017: 6-12). If inclusion, in this case, is understood as offering all people equal chances and possibilities for social participation (Wansing 2012: 99), therapy in forensic psychiatry clearly seems to have inclusive aspirations. As enabling individuals to actively engage in social life and the enhancement of social competencies are also key objectives of active media work (Demmler/Rösch 2012: 20-24), it can be assumed that this media educational method can potentially support the therapy and help foster inclusion in forensic psychiatry.

3. Inclusion through media educational work in forensic psychiatry

As argued above, a connection between media education, therapeutic measures in forensic psychiatry and inclusion can be established by an inclusive aspiration in therapy. However, this connection has not been theoretically considered yet. As stated in the introduction, there are no profound concepts on media educational work in forensic psychiatry. In the following sections, the authors will therefore try to examine how the different approaches are related.

3.1 Relevance and potentials of media educational work in forensic psychiatry

According to the concept of inclusion, every individual needs to have access to media and media education to acquire the necessary competencies to participate in social life (Kamin/Hester 2015: 188). Given the important role of (digital) media in our current society, media literacy can be understood as an essential prerequisite for social participation as well as communication and professional success (Bosse 2015: 10–13). It includes different skills and competencies that aim at a critical, appropriate, autonomous and creative use of media with the purpose of actively engaging in the social discourse (Tulodziecki 2015: 210). The enhancement of the patients' media literacy in forensic psychiatry can therefore foster an increase in their capacities for social participation in a mediated society.

However, media literacy is not only indispensable for social participation and for participating in the labour market, but it also enables individuals to critically engage with their environment and with their own identity. The use of (digital) media has great potential to significantly contribute to one's identity development (Wenger 2010: 58) and creates opportunities for self-reflection, self-

awareness and self-articulation (Holzwarth 2010: 446). Therefore, the strengthening of the patients' skills to use media appropriately can enhance their personal development and hereby support their rehabilitation, which means the successful reintegration into society after a patient's discharge (LWL 2017).

In contrast, the use of (digital) media, such as the internet or other technical devices, is highly restricted or even prohibited in forensic psychiatry for security reasons. The patients do not have the chance to use media independently or unobserved (LWL-Maßregelvollzugsabteilung Westfalen 2013). This obviously limits the possibilities for the acquisition of media literacy for their personal development and participation. Taking all this into consideration, the need to implement media educational work with the purpose of creating educational and participatory opportunities for the patients in forensic psychiatry becomes very obvious.

3.2 Possibilities for integrating media educational methods into the therapy

Considering the different therapeutic measures used within the treatment of the mental ill offenders, there are several forms where media educational work can potentially be integrated as an inclusive method. In general, the therapy in forensic psychiatry is organized individually according to the specific diagnoses of the patients as well as their offences. Besides drug therapy, psychotherapy is the main method of treatment. The purpose here is to contribute to the critical reflection of the patients' offences and their mental illness, as well as to improve their impulse control through behavioural therapeutic measures (LBMRV). Although at least psychotherapy – e.g. in the case of identity negotiation – can theoretically be connected to media educational work, these therapeutic forms will not be taken into account in the following considerations. Due to the very complex psychological interdepen-

dencies that media education cannot grasp in its own, this will not be discussed further below.

Rather, the discussion will focus on additional therapeutic measures that are oriented towards social-pedagogical practices. In this context, especially occupational therapy, social therapy as well as art and music therapy generally seem to be suitable therapeutic forms to carry out media educational work with the patients in forensic psychiatry. This is elaborated on as follows:

1. Occupational therapy aims at enhancing the creativity and the imagination of the patients. Furthermore, their sense of responsibility is strengthened through different measures to prepare them for their future careers. Here, media potentially could be used for creative projects on the one hand, or to develop skills and competencies regarding the practical use of media on the other hand.
2. Social therapeutic measures focus on dealing with questions and problems of social life. Considering the mediatisation of society, this also includes questions of how to use (digital) media for organising everyday life. In this context, media educational work could significantly enhance the patients' media literacy in the sense of actively using media for different personal matters.
3. Art and music therapy provide the opportunity to produce valuable input for the identity development of the patients. They get the chance to strengthen their self-awareness and their self-esteem. In this context especially, there is a good possibility of also using media for creative and reflective projects with the patients that can help them personally develop (Kamin/Meister/Sonnenschein 2018: 180-183).

3.3 Active media work as an inclusive method

Given these therapeutic measures, oriented towards social-pedagogical practices, as a possible framework to work with media and carry out media educational projects with the patients, active media work as a specific media educational method seems suitable for forensic psychiatry, and it is also inclusive.

Active media work focusses on the active production of different media, such as photographs, videos and films. Its main purpose is to enable individuals to actively and critically use (digital) media for articulation, communication and social participation. This goal can be achieved through the acquisition of media literacy. By the active production of media, one can learn how to creatively use them in different situations or with special intentions. At the same time, the participants acquire theoretical knowledge about media (Niesyto 2010: 397–399). Since active media work is usually carried out in collaborative forms and the created media is produced through teamwork, the method also allows the improvement of social competencies and communication skills (Demmler/Rösch 2012: 24). Additionally, active media work can, as well, be valuable for critical reflections about media on the one hand, but also about one's identity and environment on the other hand. The created photographs, films etc. can be used to reflect on certain issues, to develop alternate strategies of action or to discover one's individual capabilities and interests (Schell 2005: 14–15; Schell 1999: 150).

Consequently, active media work can support the acquisition of different, not only media-related, competencies and skills, which are all helpful or even necessary to successfully participate in social life. For this reason, the method seems to have great potential for inclusion. However, active media work is not only inclusive because it offers new possibilities for participation. The method also allows to work with heterogeneous groups of persons, since it is oriented towards the resources, capabilities and living environment of its participants (Schell 1999: 150). Taking a closer look at the main objectives of active media work, one can also notice that they are closely related to the essential efforts of the therapeutic measures in forensic psychiatry.

4. A research project on media educational work in forensic psychiatry in Germany

In the years from 2016 to 2018, a research project on the implementation of media educational work in forensic psychiatry was executed in Germany. In cooperation with a forensic clinic, the researchers developed a concept for media educational work with mentally ill offenders. At the same time, they examined potentials and limitations of active media work with this target group. The research findings presented below are all based on practical media projects carried out with patients by trained media coaches in the course of the research project. Against the background of the non-existent state of research in this field, the innovative project developed new concepts for theory and practice and lays the foundation for further discussions.

4.1 Research questions and project plan

Reconsidering the theoretical foundations about forensic psychiatry and media educational work, some questions about the implementation and realization of active media work with patients in forensic psychiatry arise:

1. How can inclusive and competence-oriented media educational projects with patients in forensic psychiatry precisely look and be carried out?
2. What potentials and limitations for media educational work with patients are there?
3. How far can media educational work in forensic psychiatry foster inclusion, or rather, where are exclusionary measures required?

To study this matter through a research project, eight employees of a forensic psychiatry in North Rhine Westphalia in Germany were educated as media coaches. These employees were nursing professionals, therapeutic professionals or pedagogues who closely worked with different groups of patients in the context of oc-

cupational therapy, social therapeutic measures, art and music therapy or school. The qualification of these employees was part of the research project in order to generate new findings from practical testing. The prospective media coaches learned how to implement media educational work within their patients' therapy and how to apply different methods of active media work. The central topics of the training measure were: Active photo work/photographing, active video work/video production, typical phenomena of the internet – such as cyberbullying, hate speech or fake news – games and coding. All participants autonomously initiated different media educational projects that they carried out with their patients. These projects were continuously evaluated to gain practical as well as theoretical findings related to the questions stated above.

4.2 Research methods

The specific circumstances in forensic psychiatry affect and limit the possibilities for research in this field. Thus, it was not possible to interview the patients themselves or to directly observe the media educational projects in any way. Therefore, the analysis had to be based on the personal assessments of the employees. Given the fact that these employees know the patients and their behaviour very well, they can be seen as experts whose assessments can be assumed as reliable.

For the evaluation of the media educational work in forensic psychiatry, three employees who participated in the training measure were interviewed. These employees had already implemented at least one media educational project with a group of patients. The interviews were designed according to the method of a problem-focused expert interview (Witzel 2000; Meuser/Nagel 2005). The interview guide contained questions concerning the planning and implementation of the media projects, the coopera-

tion with the patients, difficulties in the implementation of the projects and potentials related to the media educational work.

The interviews were evaluated through a qualitative content analysis (Mayring 2015). Precisely, structuring qualitative content analysis was used. It allowed the researchers to filter out and summarise certain topics and aspects of the material and develop a system of categories (Mayring 2015: 103).

In the analysis eight deductive categories were formed based on theoretical assumptions. They were supplemented by further subcategories, inductively derived from the data material. The eight main categories were:

1. requirements on the part of the patients (individual capabilities, skills, competencies and knowledge of the patients regarding the creative use of media)
2. relationships between the patients (forms of interactions between the patients while working on the media projects)
3. relationships between patients and media coaches (forms of interactions between the patients and the media coaches while working on the media projects)
4. results of the active media work (realization of the creative tasks by the patients)
5. reactions of the patients (individual reactions and behaviours of the patients during and after the active media work that refer to possible effects and developments on the part of the patients)
6. opportunities and possibilities for the patients (experiential spaces, possibilities for the acquisition of competencies and chances regarding a successful rehabilitation)
7. prospects of media educational work (further possibilities for the implementation of media educational work in forensic psychiatry)
8. limitations of media educational work (limitations of active media work due to individual prerequisites of the patients or circumstances in forensic psychiatry in general).

In addition to the analysis of the interview data, the outcomes of the media projects were evaluated. The detailed examination of the produced media, mainly photographs and videos created by the patients, facilitated a better understanding of the interview material. In the end of the analysis, all results were brought together and interpreted with regard to the theoretical foundations about media education and forensic psychiatry.

4.3 Media educational projects

The evaluation of the research project was based on practical media projects carried out by the media coaches. They initiated three media groups which were formed by a varying composition of two to eight patients and were usually supervised by two media coaches. Within these media groups different methods of active media work were tested. Because the employees had no chance to use the internet until the time of the data collection, only photo and video projects were carried out and could be taken into consideration during the evaluation. The examples described below will illustrate possible methods that can be used in forensic psychiatry, as well as the special conditions for active media work in this field.

One of these media projects was the photo project Miniature Figures. In this project, two of the employees who were educated as media coaches did some active photo work with a group of patients. The group contained seven patients aged 25 to 45 years who were mainly diagnosed with personality disorders or mental retardation. In the weekly meetings, the patients had the task of collaboratively creating different scenes with miniature figures (and other objects) and taking photos of them.

The result of this work can be described as quite impressive. There was a good creative outcome in the form of various photographs of miniature figures arranged in different settings. For ex-

ample, the patients created a scene that showed miniature figures shovelling aside the shells of a coloured Easter egg with the egg lying in the background. This looked like a scene from a construction site where some construction workers are digging in the ground. For other pictures, the patients arranged the figures in a flowerpot so that it looked like people were hiking in the woods.

The evaluation pointed out that this kind of active photo work seems suitable to show the patients possibilities for creative leisure activities and teamwork, since there was a good creative outcome. They learned how to use a digital camera for leisure activities and how to work peacefully together with others, as they had to organize themselves, find ideas and arrange the figures and objects together. In addition, the method of photographing miniature figures takes the strict safety regulations of forensic psychiatry into account, as the work can be done completely within the facility. Furthermore, it meets the personal rights of the patients, as it is forbidden to take pictures that recognisably show patients in forensic psychiatry.

A second photo project conducted in the course of the research project dealt with the topic Colour. For this project, two of the educated media coaches did a field trip with a group of patients. Most of these patients were diagnosed with personality disorders or intellectual impairment as well.

Accompanied by the professionals, the group went to a town nearby and visited the weekly market. During the whole trip, the patients had the task of taking pictures of things with a certain colour and later merging these photographs into a collage. One of the patients, for instance, chose the colour yellow and focused on yellow fruits and vegetables, such as lemons, bananas, honeydew melons and yellow peppers. The pictures were later merged into a collage together with photographs of other yellow things seen during the trip, like yellow flowers, vehicles or street signs.

As the evaluation showed, this kind of media project seems to be a good possibility for the patients to gain new experiences together with others, since they rarely get the chance to leave the facility and to have fun. Due to the fact that the patients need to work very focused to cope with the task they were given in this project, which is not that easy for many of them because of their mental illnesses, the method may have a positive impact on the power of concentration and the perceptual skills of the patients. With regard to the strict safety regulations in forensic psychiatry, it needs to be stated out, that field trips like this can only be done with patients whose therapy is in a good progress. The current status of the relaxation of detention, which has already been mentioned above, is decisive here.

Besides active photo work, video making is another thing that can be used for media educational work in forensic psychiatry. One of the employees used stop-motion technology to create different films together with his patients. The group taking part in this project composed of eight patients aged 25 to 40 years who all were diagnosed some kind of personality disorder. For one of the stop-motion films, the patients used coloured chocolate lentils arranged in letters. These letters formed the word Hello, step by step. In the end of the film, all the chocolate lentils return to the package where they came from. The whole film is enriched with some background-music and needed to be cut in a complex procedure.

This method, as well as photographing the miniature figures, meets the personal rights of the patients and the safety requirements of forensic psychiatry, since stop-motion films can completely be produced within the facility and are not dependent on pictures of people. Producing stop-motion films therefore seems to be a suitable method for active media work in forensic psychiatry. Especially in collaborative film projects like this one, the patients can learn how to interact with other people, how to solve pro-

blems on their own and how to work independently. For this reason, the method offers a good chance to improve social competencies and communication skills. In addition, the patients get to know a possibility for creative leisure activities and can better understand how different types of media, such as films, are produced.

5. Media educational work in forensic psychiatry – research outcomes and discussion

After describing forensic psychiatry as a special field of tension between inclusion and exclusion as well as showing examples for how media educational work can be implemented in these facilities, some of the outcomes of the research project will be presented and discussed. Here, the article will only show an extract of the research findings, which have to be understood as first assumptions derived from the content analytical evaluation and interpretation of the data material.

First of all, the results of the evaluation based on the interviews with the media coaches show that the patients had a lot of fun working creatively with media. They were all very interested, motivated and mostly concentrated: “Thankfully, I didn’t have any problems with the motivation because they [the patients] partly motivated themselves. That was the most important thing – the creativity and the motivation. [...] They sometimes even asked before: when will we meet again?” (Interview B)¹. By making new experiences, that clearly differentiate from clinical routines, possible, the method of active media work offers new opportunities to encourage the patients: “Because it [the media educational projects] isn’t anything ordinary. It isn’t apparently connected to the therapy but, rather, seems like leisure activities. And it seems to be fun. It’s something different than getting up and going to work, eating

lunch, cooking again... So, all these ordinary things" (Interview B). For this reason, media educational work can be seen as an opportunity to meet the lethargy of the patients, which they often have due to their mental illness. It can enrich the different therapeutic measures in forensic psychiatry, like occupational therapy, social therapy and art and music therapy, as a new way to motivate the patients and work with them. In addition, it allows professionals to get some new impressions of their patients: "In a situation that isn't highly therapeutic I experience the patients quite different. Much more natural, much more real than in a prefabricated group situation, which is massively therapeutic" (Interview B).

But media educational work not only seems to be appropriate to supplement the therapeutic work in forensic psychiatry, it can be assumed that it also can contribute to the personal development of the patients and thereby foster inclusion. As the evaluation pointed out, there was a good cooperation of the patients within the media educational projects: "Friendly. They suggested subjects for each other. Thus, one patient told the other one: look over there, have you seen the trees? Have you already seen the leaves? It was obvious that she helped. [...] It was teamwork, it was an uncomplicated cooperation. It was a cooperation at the same level, which they [the patients] rarely have here" (Interview A). By working on their projects together, the patients can find topics to talk about, learn to trust each other and can experience how to peacefully manage different situations others are involved in. The active media work therefore can potentially enhance communicative and social competencies, which are very important for the successful rehabilitation of the mentally ill offenders after their discharge from the facility.

The method also allows self-reflection with regard to the interests and skills, as well as the identity of the patients: "Everyone knows what his task is – direction, play or camera, where is my place?

And they define their limits. And also get to know their limits" (Interview B). This shows that by working creatively with media, the patients are offered an opportunity to get to know themselves better, which may help them to improve their self-awareness. One can assume that in everyday life, this can help them to better handle different situations, and thereby perchance support their rehabilitation. Since they have to solve tasks and problems on their own, the patients also get the chance to improve their independence. The media coaches only accompanied the patients while they were working on their media projects and let them take their own decisions: "Of course they should work as autonomously as possible. Thus, we didn't want to specify that much. We more or less only gave them some technical instructions or said: maybe you could try this or that" (Interview C).

Another important effect of the media educational work, which can be derived from the data, is the strengthening of the self-confidence of the patients: "I was surprised because both of them [...] lost their uncertainties" (Interview A). As this statement shows, active media work involves potentials for the patients to evolve and gain confidence. Many of them showed pride in their work. One of the media coaches, for example, actively supported this by printing the photographs of the patients for them to hang them up in their rooms. By this means, the patients can experience self-efficacy, which may lead to a more confident feeling.

In conclusion, there is a good chance to support the inclusion of the patients in forensic psychiatry through media educational work. The media projects offer opportunities to acquire certain skills, which may – at least indirectly – have a positive impact on the personal development of the patients with regard to therapeutic goals. During the projects they can acquire many different, not only media-related, competencies that can support their rehabilitation and their possibilities for social participation. By lear-

ning social behaviours and becoming more self-confident and self-aware, the patients are increasing their chances to be successfully reintegrated into society after their discharge from forensic psychiatry. Therefore an inclusive potential can be attributed to media educational work in this field.

On the other hand, the results of the research project also make clear that there are some limitations the employees are confronted with regarding media educational work. First of all, the personal skills of the patients, which are largely determined by their mental illness, limit the possibilities to successfully carry out active media work: "However, we had to stay at a low level because, of course, some of our patients are intellectually-impaired. [...] I didn't need to explain focal distance, depth of focus and all this stuff because this is too abstract" (Interview C). The patients also often have a lack of certain competencies like problems with concentration or with finding creative ideas, which makes it difficult to implement active media work. In addition, some of them also find it difficult to technically handle media equipment, such as a digital photo camera, because of problems with their fine motor control: "So they already had a hard time keeping the camera steady or just focusing. That means somehow pressing the button and then pushing it through. [...] Here, the haptic perception was missing. So these fine motor skills, they already had difficulties with that, especially our patients" (Interview C). Therefore, the methods of active media work in the context of forensic psychiatry need to be adapted to meet these specific challenges.

Furthermore, there is the need to always take into account the offence committed by the patients, as well as their disease pattern: "It can happen that they get into a situation that can possibly be related to their offence. Yes, this is where we have to be careful" (Interview B). Because of this, it is not possible to freely work with media and apply all the different methods of active media

work in forensic psychiatry. The topics of the projects and the patients taking part have to be chosen carefully. This means that not all patients may get the chance to take part in the projects, since they could get into situations endangering their personal development, as well as the success of their treatment.

Finally, the safety regulations of forensic psychiatry require strict supervision of the patients while they work with media: "Yes, the difficulty is that they can't do it alone. Of course, leisure activities are always something that they should do for themselves in their free time, beyond therapy hours. But they just can't do that with the cameras" (Interview C). As this statement points out, the patients cannot completely work autonomously with media. For this reason, there always has to be enough staff to look after them, which also limits the freedom for the implementation of media educational work.

Considering all this, it becomes clear that the potential of media educational work for inclusion in forensic psychiatry is highly limited because of the special characteristics of the field itself. While executing media educational work with the purpose of creating opportunities for social participation, some exclusionary measures are still required: not all patients can take part in the projects, because this could threaten the success of their personal development; not all methods can be applied without constraints, as the projects mostly have to be carried out within the facilities and need to take different offences and disease patterns into account. And finally, the patients cannot be included into society as they are. They need to be excluded for the time of their therapy until they no longer pose a threat. Therefore, inclusion cannot be fully realised in this particular context. The patients can only be best prepared for social participation after their discharge but cannot be included into society while being accommodated in forensic psychiatry.

6. Conclusion

Positive relations of media education have been found in the special field of forensic psychiatry, which is still a difficult field due to the given limitations. In the end, the evaluation illustrated many potentials of media educational work in forensic psychiatry that can be linked to the concept of inclusion. These potentials mainly are the acquisition of skills regarding the rehabilitation, initiation of personal development as well as increasing the chances for social participation. Otherwise, it also became clear that there are some limitations regarding media educational work in forensic psychiatry and its potential for inclusion, which mainly result from safety regulations.

The specific circumstances in forensic psychiatry not only affect and limit the opportunities for active media work. The research methods of the project described in this article had to be adapted accordingly. Observations on the actual active media work as well as interviews with the patients were not possible. The outcome of the study relies on the expert assessment of the employees.

To completely exploit the potential of media educational methods and inclusive media educational work in forensic psychiatry, it seems necessary to make some further investigations that, on the one hand, take the patients' point of view into account in a broader empirical approach. On the other hand, further investigation should be extended content-wise considering the internet and other (online) media. Given the key role online technologies play in organizing everyday life, the patients in forensic psychiatry also need to learn how to use this media appropriately. Even though the active media work with photographs and videos can possibly help them acquire important social competencies and personally develop, they also need to be able to use the internet appropriately to be best prepared for the living conditions outside the facilities. Thus, media educational work can only foster inclusion and

the rehabilitation of the patients in forensic psychiatry, taking the whole spectrum of available media into consideration.

To find out more about the inclusive potential of media educational work in forensic psychiatry, the methods of active media work also need to be applied and tested in other facilities, as well as in the context of further therapeutic forms (e.g. psychotherapy). In the course of the research project, only one clinic was available to make some first generic investigations, which have already indicated great potential. For transferring the evaluated methods to other facilities, a concept for active media work with the patients has been developed. This concept can be used for the implementation of media educational work in other facilities and can help to further examine its inclusive and therapeutic potential in forensic psychiatry.

Anmerkungen

- 1 There are some projects, such as e-LiS, BLiS, LiS (for further information: www.ibi.tu-berlin.de/projekte/bisherige-projekte) or VOLLZUG (Schönfeld/Thomanek/Tavangarian 2010) that developed practical concepts for blended learning respectively e-learning in penal system. Another current project deals with the topic of rehabilitation through digitalization in regular prisons (for further information: www.ibi.tu-berlin.de/projekte/aktuelle-projekte/199-resozialisierung-durch-digitalisierung-heidering). Since penal system and forensic psychiatry clearly differentiate in their target group, the findings of these projects do not automatically apply for forensic psychiatry.

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