**“Ar y Dibyn”: Evaluating the Impact of a Creative Arts-Based Intervention for Trauma, Addiction, and Mental Health Recovery in North Wales**

**Introduction**

Creative and arts-based interventions have increasingly been recognised as effective approaches for supporting individuals affected by trauma, addiction, and mental health difficulties. In contrast to traditional therapeutic or clinical models, these programmes often facilitate healing through expression, storytelling, and connection, offering participants agency and new modes of self-understanding. *Ar y Dibyn*—a Welsh-language creative writing and art intervention—represents one such initiative. It provides participants with opportunities to explore identity, recovery, and connection in a non-judgemental, inclusive setting.

The programme was developed to meet the needs of individuals who may feel excluded from mainstream support structures due to addiction, mental health, social isolation, or cultural barriers. Delivered through both group and one-to-one formats, *Ar y Dibyn* operates across North Wales and is facilitated by the Lead Artist, Iola Ynyr.

This report aims to explore participant and professional perspectives on the impact, accessibility, and perceived value of *Ar y Dibyn*. It presents key themes derived from qualitative data gathered through interviews and reflective accounts. The purpose is to gain further insight into the impact of the programme, inform ongoing development of the programme, ensure that the model remains inclusive, and make recommendations for broader implementation.

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**Methodology**

**Design**

A qualitative approach was employed to explore the experiences of individuals who have participated in *Ar y Dibyn* as well as the perspective of a professional involved in its delivery or referral processes. The use of open-ended narratives enabled an in-depth understanding of how the intervention was experienced and what impact it had on participants’ lives.

**Participants**

The data set included narratives from:

* Three female adult participants (identified anonymously as Participants A, B & D) who have attended *Ar y Dibyn* in various formats (group and one-to-one sessions).
* One male participant (Participant C) who is bilingual and engaged in art-based aspects of the programme.
* A social work professional who has both attended *Ar y Dibyn* personally and referred clients to the programme.

Participants varied in age, gender, language preference (Welsh and English), and background. Common among them were histories of trauma, addiction, mental health struggles, and social exclusion.

**Data Collection**

Data were collected through a combination of:

* Informal interviews
* Professional testimony from a social worker with personal and professional engagement in the programme

Quotations were extracted and if necessary, translated from these sources to ground the thematic analysis in participants' own words.

**Data Analysis**

A thematic analysis approach was used to identify recurring patterns and key insights across the narratives. The analysis was inductive, allowing themes to emerge from the data rather than imposing a pre-existing framework. Themes were clustered into categories such as: recovery and identity, accessibility and barriers, creativity and self-expression, and professional reflections on delivery and impact.

The analysis was conducted with attention to ethical considerations, including participant confidentiality and representation of diverse experiences.

**Participant Profile: Participant A**

**Demographic Information**  
Participant A is a 35-year-old bilingual (Welsh-English) female residing in North Wales.

**Mental Health and Life Context**  
She has a clinical diagnosis of borderline personality disorder and is currently navigating bereavement following the recent death of her husband, for whom she was the primary carer. She has been in recovery from drug and alcohol misuse for seven years. Throughout her adult life, she has experienced multiple traumas, including an abusive relationship in her late adolescence and early adulthood. Participant A has also reported periods of suicidal ideation and has previously been hospitalised in a psychiatric unit due to severe mental health difficulties.

**Creative History and Reconnection**  
Participant A described a longstanding interest in creative writing, beginning in childhood, where she often wrote fantasy stories and poetry. At the age of eight, one of her poems was published in a book. However, as she grew older, creative expression became less frequent, particularly during and following her experiences of trauma. Her involvement with *Ar y Dibyn* marked a significant return to writing, which she identified as a deeply personal and therapeutic process.

**Engagement with *Ar y Dibyn***  
Participant A first became aware of *Ar y Dibyn* through word of mouth while attending an art class. She initially joined the group sessions but later withdrew to care for her husband during his illness. After his passing, she began attending one-to-one sessions, which she described as more flexible and better suited to her personal circumstances. These sessions have supported her in re-engaging with creative writing as a means of processing grief, maintaining a connection with her late husband, and fostering emotional resilience.

This analysis explores participant A’s personal journey through grief, trauma, and recovery. The data reveals how **creative expression**, **emotional authenticity**, and **self-reflection** serve as powerful tools for healing. The participant’s experience reflects a deeply personal yet widely resonant process of rebuilding identity and connection after profound loss.

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**1. Grief and Continuing Bonds through Writing**

A central theme is the use of **creative writing as a tool to maintain a connection** with a deceased loved one. Writing becomes a way of keeping her late husband close, expressing emotions, and seeking comfort and guidance.

*“Using creative writing to write to her husband which ‘really helps with grieving’.”*

*“He was my rock… Because he’s no longer there, I turned to writing.”*

*“Sometimes the letters is about ‘something awful has happened I don’t know how to deal with it… You’d be really proud of me… it really helps me to be able to keep him with me’.”*

*“I just want to hear his voice… but then I just write… and I start hearing him saying ‘it’s ok’.”*

Writing allows her to preserve an emotional dialogue and to **grieve actively and creatively**, rather than in isolation.

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**2. Reclaiming Identity after Trauma and Control**

The participant recounts how her **creative identity was stifled** in an abusive relationship, and how engaging in creative activities now represents**personal reclamation and autonomy**.

*“I wasn’t allowed to do anything for myself… if I did art, he’d find ways to damage it.”*

*“Now, that’s what I’m looking for—things for me—and writing is one of those things.”*

*“This has really helped me get back into it.”*

Creativity becomes a way to **recover lost parts of herself** and resist the long-term impact of past control and abuse.

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**3. Creativity as Emotional Regulation and Recovery**

Creative practices are not only cathartic, but also **tools for managing addiction, anxiety, and emotional overwhelm**. The participant draws a clear contrast between the emotional numbness sought in addiction and the mindful awareness enabled through creativity.

*“In addiction, substance gives you silentness ~~(~~sic) and now the creativity and breathing gives you the silent.”*

*“The feeling is what I wanted, not the drug.”*

*“I go for a bath, I feel warm and cosy… I breathe… I relax.”*

*“Being creative does help and that’s what I do when I feel I’m at my lowest.”*

She identifies creativity and mindfulness as **healthy coping mechanisms**, replacing self-destructive patterns with **self-soothing and self-discovery**.

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**4. Emotional Honesty vs. Suppression in Traditional Therapy**

A strong theme is the **frustration with conventional mental health support**, which the participant describes as dismissive of real emotional experiences. In contrast, creative sessions allow her to **explore and validate her feelings**.

*“These sessions are about feeling, whereas psychiatric wards are about hiding and distracting.”*

*“They say ‘have you tried a cup of tea?’… yes and I still want to kill myself.”*

*“DBT made me feel like I wasn’t allowed to feel this way.”*

*“We’ve got to feel these things to move on.”*

She advocates for an approach that **honours individual emotion**, rather than **invalidating or suppressing it**.

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**5. Growth, Empowerment, and New Purpose**

Through creativity, the participant not only processes grief and trauma but also experiences **renewal, confidence, and purpose**. She takes pride in her progress and sees her recovery as an opportunity to help others.

*“I’ve started a new job, and I’m so proud of myself.”*

*“Maybe if I can do this, then I might be able to pass that on and help others.”*

*“I’m now in a position where I feel I’m a better person and I’m learning how to be a better person.”*

The creative process allows her to move from **pain to empowerment**, while **reclaiming agency and identity**.

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**6. Rediscovery of the Self and Language**

The theme of **rediscovery** surfaces as she reconnects with her **Welsh language and past self**, using both as pathways to personal wholeness.

*~~“~~I feel I’ve lost a bit of my Welsh language… I’m trying to bring that back to my daily life.”*

*“Speaking to the cat or him in Welsh… rediscover me—me without him and me before him.”*

Language here becomes a metaphor for **rebuilding identity and continuity**, bridging her past, present, and future.

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**7. Feeling ‘Cosy’: Anchoring to Emotional Safety**

The concept of **feeling cosy** recurs as a symbolic representation of safety, love, and emotional calm.

*“Today I’ve been writing about feeling cosy… that’s what my husband used to say to me.”*

*“I feel warm and cosy in the bath… breathing is really important.”*

“Cosy” becomes a powerful **anchor emotion**~~,~~ representing both a memory of love and a goal for emotional regulation in the present.

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**8. Critical Reflection on Grief and Healing**

The participant challenges the idea of “moving on,” preferring the concept of **“moving forward” while holding space for grief**.

*“I don’t like the term closure or moving on. I think moving forward… he’s still with me through my creativity.”*

This reflects a **healthy, integrated view of grief**, where healing does not mean forgetting but **carrying forward with meaning and connection**.

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**Conclusion**

This participant’s narrative powerfully illustrates how **creative expression supports emotional survival, identity reconstruction, and recovery**. Themes of grief, autonomy, emotional honesty, and rediscovery converge through writing, art, breathing, and mindful reflection. Rather than following a one-size-fits-all model, her healing is deeply personal, experiential, and expressive—providing valuable insight into the potential of creative practices in trauma-informed care.

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**Participant Profile – Participant B**

**Demographic Information**  
Participant B is a 52-year-old English-speaking female currently residing in shared accommodation. Prior to this, she spent three and a half years in an abstinent living environment that provided structured rehabilitation programmes for individuals with substance misuse histories.

**Background and Early Life**  
Originally from England, Participant B relocated to Wales at the age of eight. Her early exposure to addiction began shortly after, as she started drinking alcohol at just nine years old. At the age of thirteen, she experienced significant trauma when she became homeless and returned to England alone.

Despite her young age and circumstances, Participant B managed to secure employment as a taxi coordinator—a role that also provided accommodation. However, during this time, she describes falling in with "the wrong crowd," which marked the beginning of her long-term struggle with substance misuse.

**Substance Use History**  
At thirteen, she began using heroin, an addiction that persisted for the next twenty years. After eventually managing to become heroin-free, she faced a new challenge in the form of cross-addiction. As is common in recovery pathways, she developed alternative dependencies, initially returning to alcohol and subsequently using cocaine and crack cocaine for an additional eighteen years.

**Summary**  
Participant B’s story reflects a deeply entrenched history of addiction, shaped by early-life trauma, instability, and survival at a young age. Her pathway to recovery has included multiple substances and living environments, demonstrating both the complexity of addiction and her resilience in maintaining abstinence and engaging with rehabilitation support.

This report presents a thematic analysis of qualitative data collected from participant B involved in a creative recovery programme. The participant is a person in recovery from addiction who engages in structured writing sessions. Their reflections highlight key aspects of the programme’s impact on emotional wellbeing, self-expression, and reconnection with the world.

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**Theme 1: Emotional Safety and Peace Through Structured Expression**

The participant described the sessions as a safe and peaceful space to express herself, emphasising the importance of the structured group environment in facilitating this process. Although she does not write outside of these sessions, the format offers emotional release and clarity.

*“It was freeing in a way, I felt at peace, so I kept returning.”*  
*“I don’t write at home, just in the sessions.”*

This theme illustrates how creative writing, when supported in a therapeutic space, can provide a calming and grounding experience.

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**Theme 2: Preference for One-to-One Engagement, Value in Group Connection**

While both group and individual formats were appreciated, the participant expressed a clear preference for one-to-one sessions, citing the ability to explore personal experiences more deeply. However, she acknowledged that group sessions still held communal value.

*“I Prefer the 1:1 sessions — can delve deeper. But group sessions are important too.”*

This duality highlights the importance of offering flexible delivery formats to meet individual needs while maintaining community support.

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**Theme 3: Language, Belonging, and Inclusion**

Although the participant does not speak Welsh, she did not feel excluded from Welsh-language sessions. While there were some challenges in understanding translations, the sense of community helped mitigate these barriers.

*“It was a bit difficult to hear translation, but it was ok — the Welsh sessions weren’t a barrier.”*  
*“My friends all speak Welsh, it was just me, the English one.”*

This theme underscores the importance of inclusive practice in bilingual or multilingual settings, particularly in areas like North Wales.

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**Theme 4: Reconnection with the Senses and the Natural World**

Recovery from addiction allowed the participant to reawaken her connection with her surroundings. Through creative writing and art, she regained the ability to notice and appreciate nature and aesthetics—elements that had previously gone unnoticed during active addiction.

*“I never thought of art because I was in addiction… you don’t notice anything.”*  
*“I didn’t notice the weather, the leaves, the birds — nothing — until I got clean and saw the trees change colour.”*

This theme demonstrates how creative practices can support mindfulness, sensory engagement, and emotional presence in recovery.

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**Theme 5: Creativity Without the Pressure of Publication**

The participant made it clear that her motivation for writing is personal rather than public. She values the therapeutic process itself and does not wish to publish her work.

*“I don’t want to be published.”*

This reflects an important consideration in programme design: the value of **process over product**, particularly for participants using creativity for healing rather than recognition.

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**Theme 6: Writing from the Heart – Identity and Self-Compassion**

Writing provided the participant with a means of connecting with her authentic self and challenging internalised stigma related to her past. She acknowledged how creativity helped shift her self-perception and inspired feelings of worth and personal insight.

*“Writing from the heart — it’s really inspiring.”*  
*“We’re not bad people.”*

This theme reveals how creative writing can contribute to identity reconstruction and foster self-compassion in people recovering from addiction.

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**Conclusion**

This participant’s narrative reflects a journey of recovery that is supported and enhanced through structured creative expression. Key themes include emotional safety, reconnection with the natural world, the value of flexible delivery formats, and the importance of creativity as a private, healing act rather than a public performance. The data highlights the need for programmes that prioritise emotional honesty, sensory awareness, and personal growth within a safe and inclusive space such as *Ar y Dibyn*.

**Participant Profile – Participant C**

**Demographic Information**  
Participant C is a young bilingual male who communicates fluently in both Welsh and English. He has been engaged with the “Ar y Dibyn” creative recovery programme for approximately one year.

**Programme Involvement**  
Participant C initially joined through the group sessions and is now actively participating in one-to-one sessions. His engagement with the programme began after being introduced to it through word of mouth, following his involvement in workshops delivered by Cyfle Cymru and Adferiad.

**Personal Development and Recovery**  
At the time of reporting, Participant C has maintained sobriety for one and a half years. Throughout his recovery journey, he has rediscovered and cultivated his creative talents, particularly in visual art. He is recognised as a skilled artist and is currently holding a public art exhibition showcasing his work.

**Summary**  
Participant C demonstrates how creative programmes like ‘*Ar y Dibyn*’ can support both personal recovery and artistic development. His sustained sobriety, progression from group to individual sessions, and recognition as an exhibiting artist highlight the positive impact of community-based creative interventions in recovery.

This report presents a thematic analysis of a participant's reflections on their engagement with creative recovery sessions. The data reveals insights into the emotional, psychological, and motivational aspects of recovery, highlighting how creativity serves as a meaningful pathway to healing.

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**1. Creative Expression as a Therapeutic Tool**

One of the most prominent themes is the use of creativity—particularly writing, painting, and music—as a means of emotional expression and psychological release. The participant describes these activities as vital for articulating emotions that may otherwise be difficult to express.

*“It’s really useful, creativity for me is a good way of expressing stuff and how I feel during recovery.”*

*“It’s like spring cleaning the mind and soul, I’m painting what I’ve felt, not how I’m feeling… it’s all retrospective.”*

*“Massively cathartic.”*

*“This is about the freedom to feel.”*

Creative practices are experienced as a **cleansing process**, providing a non-verbal outlet for emotional resolution and reflection.

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**2. Motivation and Personal Incentive**

The participant expresses a strong **personal drive** to recover and highlights how engaging in enjoyable and skill-building activities enhances their motivation.

*“I really want to get better, and if I can do that by engaging in something I really enjoy, then it’s so much better for me.”*

*“There’s a personal incentive to get something out of it and also build different skills.”*

*“It’s important to have goals and feel good about yourself and a bit of recognition.”*

These comments reflect a **goal-oriented mindset**, where personal growth and enjoyment contribute to sustained engagement and recovery.

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**3. Emotional Honesty and Identity**

The participant demonstrates emotional insight and acknowledges the complexity of internal versus external perceptions. This theme emphasizes the importance of **authentic self-expression** in recovery.

*“Everyone says they see anguish in my work, but they don’t know what I’ve been through.”*

*“I say this and think I’m selfish, but that’s the negative thinking, you know.”*

These statements reflect **self-awareness** and a tension between **external validation and internal struggle**, often accompanied by self-critical thoughts.

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**4. Value of Peer Support and Shared Experience**

Creative sessions offer more than personal expression; they also serve as a **space for community, support, and shared healing**. The participant values connecting with others who have similar experiences.

*“I’ve had a lot out of it with likeminded people and that’s powerful.”*

*“We do a lot of artwork in the sessions and music… it turns off the inner monolog and it really helps.”*

Being part of a creative community enhances the **sense of belonging**, reduces isolation, and encourages mutual understanding.

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**5. Individual and Group Dynamics in Recovery**

The participant highlights the **unique benefits of both one-to-one and group therapeutic settings**, each contributing differently to the recovery process.

*“I get the same out of 1 to 1 and group sessions — both have so much to offer in different ways.”*

*“Here I can focus more on me, and in group sessions it’s more about recovery in general.”*

This reflects an **integrated therapeutic approach**, where both personalized attention and communal recovery have distinct and complementary roles.

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**6. Progress and Change Over Time**

A theme of **personal evolution** emerges, with the participant acknowledging a shift in their approach to recovery—embracing new methods and perspectives.

*“I’ve tried to get better before, but this time, I’ve been different, looking for different things like this, writing stuff which was suggested to me.”*

This indicates **growth, adaptability**, and a willingness to engage in previously unexplored strategies that support their healing journey.

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**Conclusion**

The participant’s reflections underscore the transformative potential of creative practices within a recovery context. Themes such as emotional release, motivation, community, and personal growth highlight how a **holistic and expressive approach** to recovery can foster resilience, self-awareness, and a renewed sense of purpose.

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**Participant Profile – Participant D**

**Demographic Information**  
Participant D is a 45-year-old female currently in recovery from long-term drug addiction. She began using substances at the age of 13, with heroin becoming her primary drug of use until the age of 38. Since then, she has been on a sustained sobriety journey.

**Living Situation and Personal Background**  
Participant D currently lives with her ex-partner, with whom she shares a long-term history of 20 years. Although no longer in a relationship, they remain close friends and maintain a supportive living arrangement.

**Introduction to the Programme**  
Participant D was introduced to *Ar y Dibyn* through her social worker, who specialises in addiction support. At the time of referral, her primary goal was to gain the confidence to leave the house and re-engage with the outside world. The programme was recommended as a supportive and creative step in this process.

**Programme Involvement**  
She began her engagement with the programme through group sessions and is currently attending one-to-one sessions while awaiting the recommencement of group activities. This continuity has helped her maintain social contact and emotional stability.

**Support in Initial Engagement**  
Recognising that starting any new intervention can be daunting, Participant D was initially accompanied by her social worker to the sessions. This support played a key role in building her confidence and helping her feel safe in the new environment.

**Summary**  
Participant D’s recovery journey reflects the importance of accessible, flexible, and creatively engaging support services. Her transition from severe substance use to active participation in a therapeutic programme highlights the role of tailored interventions and ongoing professional support in sustaining recovery and rebuilding social confidence.

**Participant Overview**

This participant is in long-term recovery from heroin addiction and has been sober for five years. Their journey was supported by proactive social work engagement, initially focused on methadone treatment and practical life support (e.g. housing, bills, and socialising). Their experience with the *Ar y Dibyn* programme illustrates the power of community-based, creative interventions in facilitating psychological healing, social reintegration, and emotional growth.

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**1. Social Support as a Catalyst for Engagement**

The participant emphasised the crucial role of their social worker in providing both practical and emotional support. They credited her with helping them overcome severe anxiety and social isolation.

*“One area I needed help was leaving the house, so she came with me… to make me feel comfortable as I was anxious.”*

*“She helps in various ways – finding a house, bills, filling forms, socialising… she’s dealt with so many in the past, she has experience.”*

This support enabled the participant to access the *Ar y Dibyn* programme, which was initially recommended as a gentle reintroduction to the community.

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**2. Rebuilding Confidence and Social Connection**

Isolation was described as physically debilitating:

*“It was a physical effect, not being able to leave the house. I went through the motions of getting ready, but leaving the house was just too much.”*

The sessions became a meaningful reason to leave the house and engage socially:

*“This gave me a reason to leave the house.”*

*“Coming out, meeting people… that’s what’s important to me. I don’t care what we do—it’s about coming out and meeting people.”*

A strong social bond was formed through the group:

*“I got a best friend from attending the groups.”*

Isolation had a physical and emotional impact, making it hard to leave the house. Group sessions provided a reason to go out, with social interaction becoming more important than the activity itself. Strong bonds formed, helping rebuild confidence and reduce loneliness.

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**3. The Power of Shared Humanity**

The participant appreciated the diversity in the group, noting the relief of being among people not defined solely by addiction. This normalised their experiences and reduced feelings of shame:

*“Some had no addictions… that was a breath of fresh air… at the end of the day, we’re all the same.”*

*“Even those who on the outside look perfect… still suffer with depression, anxiety—that’s what stood out for me.”*

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**4. Writing as Emotional Discovery**

Initially sceptical about the writing component, the participant experienced a profound shift:

*“When I first started, I couldn’t write—I had a blank page—but now it just flows out.”*

*“There’s no right or wrong; what you write is from your heart.”*

Writing became a subtle and safe form of introspection:

*“Even if you write and it’s nonsense, there’s a reason for writing it… it comes unexpected… it’s a nice way of facing it without realising it.”*

Though initially hesitant, participant D found writing became a powerful, non-judgmental tool for self-expression. It allowed emotions to surface naturally, offering a safe, reflective way to explore feelings and gain personal insight.

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**5. Transformation and Personal Growth**

The programme facilitated significant personal change:

*“I’m a different person now than when I started.”*

*“I now understand the idea… there’s more meaning to it.”*

Sessions supported emotional resilience and a shift in identity, away from addiction and toward peer leadership:

*“Izzy said, ‘Why don’t you do groups, talking to people and helping them?’… I’d like to do that.”*

*“Only that you’re further down the line, and that’s something I think is important in helping people.”*

The programme led to deep personal change, fostering emotional resilience and a new sense of purpose. There’s a shift here from identifying with addiction to envisioning roles as peer supporter and leader, reflecting growth and renewed self-belief.

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**6. Sustainability and Access**

The participant expressed strong emotional investment in the sessions and concern about continued access:

*“I was sad when they came to an end… but then in hope that it would restart.”*

*“I hope the sessions stay, and I’d like more… more advertising, otherwise I wouldn’t have known about them.”*

They also advocated for broader outreach, particularly to people in early stages of addiction:

*“A lot of people when deep in drugs don’t want help… getting people in the early stages would really help.”*

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**Conclusion**

This participant’s narrative reflects the power of creative recovery programmes such as *Ar y Dibyn,* not only in supporting sobriety, but in rebuilding identity, confidence, and connection. Key elements of success include trusted relationships with professionals, non-stigmatising environments, accessible peer support, and creative expression. The combination of these factors created a sustainable pathway to emotional healing and ongoing community integration.

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**Participant E**

**Participant Overview**

The participant is a social worker, . Her role spans a range of responsibilities including addiction recovery support, domestic violence, relationship dynamics, and mental health. She offers a unique dual perspective: both as a **professional practitioner** and as a **former participant** of the *Ar y Dibyn* programme.

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**1. Dual Perspective: Lived Experience and Professional Insight**

The participant brings a powerful combination of first-hand experience and practitioner knowledge. She expressed confidence in *Ar y Dibyn*'s ability to deliver safe and meaningful interventions:

*“I was part of Ar y Dibyn myself a few years ago… not only because of my personal situation but now I have the work role hat… I knew they’d be safe; with people I can trust.”*

Her trust stemmed from her own participation, which allowed her to recommend the programme to clients with confidence.

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**2. Safe, Non-Judgemental Environment**

One of the most important aspects of *Ar y Dibyn* identified by the participant was its emotional safety and lack of judgement:

*“It was a safe place, not being judged… I knew people weren’t left [vulnerable] if something triggered emotions.”*

*“You don’t have to say anything… there’s no pressure, no pass or fail. You can just create something.”*

This atmosphere supported individuals who typically struggle to engage in traditional, talk-based services, including those affected by trauma, addiction, and mental health challenges.

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**3. Barriers to Access and the Importance of Support**

Despite its strengths, the participant acknowledged barriers that prevent some from engaging:

* **Language & cultural assumptions**:

*“It can come across as a Welsh middle-class thing—gallery, theatre, translation—but it worked, and then I knew this can be good for everyone.”*

* **Group anxiety**:

*“No one likes group work, no one likes them—I don’t like them! But once you’re there, it’s fine.”*

* **Confidentiality concerns**:

*“Another barrier is confidentiality… people might worry info will be disclosed on social media.”*

* **Transport and location**:

*“A lot of our families don’t drive… transport would be good. We live in rural areas.”*

Having a support worker accompany participants helped alleviate these anxieties:

*“Sometimes you need that support… some might be fiery or get angry, so having that support is important.”*

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**4. The Value of Creative Interventions**

The participant emphasised the programme’s value in providing an alternative to standard verbal therapies:

*“So much relies on sitting down and talking… this is different. You just create something.”*

This was especially effective for families affected by complex trauma, as illustrated in a case example:

*“One of the mothers we introduced had a child with mental health issues … she wasn’t the one with the problem, but her life was under control of it… it worked for her.”*

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**5. Professional Development Through Participation**

The participant described how her own involvement helped her better support service users and gain personal insight:

*“Sometimes you don’t know what to do, as cases are so difficult and complex… coming to the group helped me support her through it.”*

*“I got a lot from it and learned so much about the person I was supporting.”*

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**6. Sustainability and Strategic Integration**

The participant saw a clear place for *Ar y Dibyn* within statutory services like social care:

*“There’s a place for it to grow in social services definitely.”*

However, she recognised operational challenges:

*“Referral is ad hoc… recruitment is difficult because of location.”*  
*“It has to come from the top for funding… this might not be on the agenda.”*

She suggested that more **formalised pathways**, including **referrals via QR codes**, **staff taster sessions**, and **presentations to senior managers**, could help embed *Ar y Dibyn* more firmly within care structures.

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**7. Advocacy and Word-of-Mouth Promotion**

The participant is a strong advocate for the programme:

*“I still go on about Ar y Dibyn… but I want others to experience it.”*

She also recognised the limits of flyers and the importance of lived testimony:

*“Because the word ‘addiction’ is in it, maybe a lot might feel ‘Oh no, I’m not doing that’… but if workers go on it, they’ll see—it’s not just a flyer, it’s word of mouth.”*

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**Conclusion**

This social worker’s account highlights *Ar y Dibyn* as a flexible, creative, and emotionally safe intervention. It offers meaningful outcomes for clients across a range of social and psychological issues, and is inclusive across class, language, and trauma backgrounds. While systemic barriers remain—particularly around referral processes, transport, and perceptions—there is a strong case for **expansion and deeper integration** into statutory services.

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**Discussion**

This qualitative exploration of *Ar y Dibyn*, a creative arts-based intervention for individuals affected by addiction and mental health challenges, offers rich insight into its impact, accessibility, and perceived value. Drawing on narratives from participants and a social work professional, several key themes emerged: **recovery and identity transformation**, **accessibility and inclusion**, **value of creativity**, and **professional perspectives on sustainability and safety**.

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**1. Recovery, Identity, and Belonging**

Participants frequently described *Ar y Dibyn* as a pivotal aspect of their recovery journeys, providing a structured yet creative space where healing occurred not only through abstinence but also through self-expression and connection. For example, one participant stated:

*“This gave me a reason to leave the house.”*

Another noted:

*“There’s no right or wrong—what you write is from your heart.”*

These expressions illustrate how *Ar y Dibyn* facilitated identity reconstruction through non-clinical means. Writing and art were not seen as merely therapeutic tools, but as mechanisms for rediscovering agency and reconnecting with aspects of the self previously lost to addiction.

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**2. Creative Approaches as Alternative Therapeutic Pathways**

Traditional talk-based interventions may alienate some individuals, particularly those with trauma histories or anxiety around group discussions. *Ar y Dibyn* circumvented these barriers through its creative foundation. Participants reported feeling “freed” by the opportunity to create without judgement or predefined outcomes.

*“It’s not just a group about drugs—it’s something natural.”*

The programme’s design allowed for participation at varying levels, with one-to-one and group sessions offered flexibly. For many, the act of creating art or writing became both a coping mechanism and a form of meaning-making, enabling them to process experiences without direct verbal disclosure.

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**3. Accessibility and Barriers**

Despite overwhelmingly positive feedback, practical and psychological barriers were evident. Participants and professionals highlighted obstacles including:

* **Anxiety around group settings**
* **Fear of judgement**
* **Language and class-based perceptions**
* **Rural isolation and lack of transport**

One social worker emphasised:

*“This type of intervention can come across as a Welsh middle-class thing… but it worked for everyone.”*

Recommendations for improving access include:

* **Transport support** for those in rural areas
* Continuing **bilingual facilitation**
* Allowing **support workers to attend initially**
* Providing **clear information** to reduce apprehension and stigma

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**4. The Role of Support Networks and Peer Encouragement**

Some noted that support workers or social workers played a critical role in the initial engagement with the programme. These professionals helped overcome reluctance to attend and offered continued motivation.

*“My social worker came with me to help me feel comfortable—I was anxious.”*

Peer networks formed during the sessions were another key benefit. Participants reported long-term friendships formed through *Ar y Dibyn*, with one stating:

*“I got a best friend from attending the groups.”*

This highlights the programme’s potential in reducing social isolation and fostering community belonging factors often linked to sustainable recovery.

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**5. Professional Perspectives: Safety, Flexibility, and Sustainability**

The participating social worker brought valuable insight into the operational and safety dimensions of *Ar y Dibyn*, particularly from a safeguarding and practice-based lens. She emphasised the importance of trauma-informed facilitation, professional oversight, and emotional safety:

*“Knowing there was a counsellor there—I knew people weren’t left if something triggered emotions.”*

She also recognised *Ar y Dibyn* as effective for individuals beyond those with substance misuse issues, citing successful outcomes for parents coping with complex family dynamics, mental health, and caregiving challenges.

However, she raised concerns around **capacity**, **funding**, and the **ad hoc nature of referrals**, suggesting that further integration into statutory services is needed for scalability.

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**6. Recommendations**

Based on the analysis, the following recommendations are proposed:

1. **Formalise referral pathways**  
   Develop stronger links with health and social care services and introduce structured referral mechanisms (e.g., QR codes, digital forms).
2. **Enhance inclusivity**
   * Continue bilingual facilitation (Welsh and English)
   * Offer initial support worker accompaniment
   * Ensure accessibility for those without transport through travel stipends or outreach programmes
3. **Increase visibility and advertising**  
   Promote the programme beyond word-of-mouth through outreach in social care teams, GP surgeries, and community centres.
4. **Expand provision**  
   Introduce additional locations and time slots, particularly in rural areas, to reach isolated communities.
5. **Embed within multidisciplinary teams**  
   Position *Ar y Dibyn* as a complementary intervention alongside mental health services, addiction recovery, and family support teams.
6. **Training for professionals**  
   Encourage social care staff to participate in or observe sessions, building confidence and improving referral quality.

Shape**7. Limitations**

While the data gathered provides rich, nuanced insights, there are several limitations:

* **Sample size**: The number of participants was small and may not represent the full diversity of individuals affected by addiction.
* **Selection bias**: Those who chose to participate may already have had a positive experience of the programme.
* **Limited demographic scope**: Most participants were from North Wales, and cultural or structural differences in other regions were not explored.
* **Lack of longitudinal data**: The long-term impacts of the intervention on recovery trajectories were not examined.

Future research should consider a **longitudinal approach**, to assess outcomes over time and better understand programme efficacy.

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**Conclusion**

*Ar y Dibyn* offers a powerful, inclusive, and flexible intervention model that responds to the complex and often unmet needs of individuals in recovery or facing life challenges. Its success lies in its human-centred, creative approach, emotional safety, and peer connection. With improved infrastructure, referral processes, funding and cross-sector collaboration, the programme holds significant potential to become a core part of recovery and wellbeing services across Wales and beyond.

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