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Art Psychotherapy: Understanding the experiences of first language Welsh speaking clients receiving art psychotherapy through the medium of English in north Wales.

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October 2013
ABSTRACT

The topic of bilingualism in art therapy has been recognised as an important one for further investigation within the art psychotherapy literature; particularly, the need for qualitative research exploring the experiences of clients working bilingually. The aim of this qualitative study was to explore the experiences of bilingual (Welsh-English) first-language Welsh-speaking clients receiving art psychotherapy through the medium of English in north Wales.

The study used a mix of phenomenology and heuristic methodology with art-based inquiry, since it required the researcher to have had a direct personal connection with the topic of inquiry. Data were obtained from two study participants through the conducting of semi-structured interviews, which also included directive image-making.

A thematic analysis identified three theoretical themes: the therapist's Welsh language awareness; the client's language identity, and communication. Each theme is discussed together with important sub-themes. Based on the empirical findings the study concludes that receiving art psychotherapy through the medium of English (if the recipient is a Welsh-English bilingual) does impact upon the therapeutic experience and presents a number of key recommendations regarding areas for future research, practical implications for art psychotherapist training and art psychotherapy practice in a bilingual setting.
DECLARATION

The work is original and has not been submitted previously in support of any qualification or course.

Signed:___________________________________ Date:__________________
ACKNOWLEDGEMENTS

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CHAPTER 1: INTRODUCTION

The chapter is divided into six sections. Section One presents a background to the dissertation by providing an outline of the linguistic landscape of the Welsh language across Wales and an insight into the personal significance the area of research has for me based upon my experiences within art psychotherapy. The second section provides a definition of art psychotherapy and bilingualism. Section Four describes the status of the Welsh language, section Five the key legislation, policy initiatives and strategy concerned with the safeguarding and promotion of the Welsh language. Context for Welsh language services in health and social services within Wales is presented in the sixth section. Section Seven offers a summary of the chapter, and personal reflections on it. The dissertation has been written in the first person since the research design adopted is heuristic phenomenology, and as such my experiences are implicit within the study.

1.1 Background to the dissertation

Wales is composed of the UK’s largest territorially bound, historically situated linguistic minority (Madoc-Jones, 2004). In the 2011 UK population census, 19% of the population of Wales (around 582,400) described themselves as able to speak Welsh. In relation to the population of north Wales (591,361) the percentage of Welsh speakers rises to 32% (Welsh Government, 2012c). In some areas of Wales, for example north-west Wales, bilingual Welsh-English speakers form the native majority, with over 65% speaking Welsh. These statistics are consistent with my personal experiences of being raised in a bilingual Welsh-speaking community in north-west Wales. However, my experiences within the context of art psychotherapy training, particularly clinical
placement experience and personal therapy, have mainly been through the medium of English.

The topic of bilingualism in art therapy has been recognised as an important one for further investigation within the art therapy literature (Bird, 2012); particularly, the need for qualitative research exploring the experiences of art therapists and clients working bilingually. This call for further research has been confirmed by my own search for literature relating specifically to bilingualism in art psychotherapy within the United Kingdom, and particularly in Wales. The scarcity of literature demanded a broader search for bilingualism within psychotherapy. Whilst the evidence found suggests that the experiences of art psychotherapists delivering bilingual therapy are similar to those of verbal psychotherapists, much of the literature was concerned with the implications of offering psychotherapy to migrant populations (not a native population as is the case in Wales) whose second language was English within an American and European context; and more often than not from the therapists’ perspective. This led me to reflect once again upon both my personal experiences and the current literature and these together galvanised my curiosity and determination to explore the potential impact on the therapeutic experience of bilingual first language Welsh speakers who receive art psychotherapy through the medium of English.

1.2 Definitions

For the purpose of this dissertation, key terms to be defined are ‘art therapy’ and ‘bilingualism’.
1.2.1 Art therapy

The definition of art therapy offered by the British Association of Art Therapists (BAAT) the professional organisation for art therapists in the United Kingdom, is:

Art therapy is a form of psychotherapy that uses art media as its primary mode of communication...the overall aim of its practitioners is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment (BAAT, 2012).

1.2.2 Bilingualism

The notion of being ‘bilingual’ is generally associated with someone capable of expressing themselves in two different languages. However, while the concept of bilingualism would seem to be well established, on closer inspection many of the definitions seem too general (Presas, 2000). The following definition of bilingualism is offered by Weinreich (1968 p.43), “the practice of alternately using two languages will be called bilingualism, and the person involved bilingual.” However, this definition ignores many factors considered important in bilingualism, such as the age and context in which the language was acquired, as well as the order of acquisition and status of each language (Presas, 2000). Other key issues connected to the level of linguistic mastery achieved in each language, for example an individual’s varying proficiency in speaking, listening, reading and writing, make it difficult to have a simple definition of bilingualism. Few bilinguals are equally competent in both languages, and competence may vary over time depending on changing circumstances (Davies, 2011). Despite the difficulties associated with offering a simple definition of bilingualism, this study will rely on Bloomfield’s (1933 p.56) more accurate definition of bilingualism as “native-like control of two languages”.
1.3 The status of the Welsh language

According to Madoc-Jones (2004) the Welsh language has been in decline since an institutional ban on the Welsh Language in 1547. One particular example of the destructive effects of linguistic oppression of the Welsh language argued by Madoc-Jones was “the exclusion of Welsh from the school curriculum in 1847” (p.217). This actively discouraged Welsh school children from speaking Welsh, and Madoc-Jones suggests that:

This practice made clear to young children that speaking Welsh was unacceptable and warranted punishment. A state of language diglossia was created in Wales whereby English came to be seen as the high status language associated with education and advancement and little benefit was attached to learning and using the Welsh language (p.217).

During the last century there has been a gradual decline in the number of individuals who identify themselves as Welsh speaking, with the 2011 census indicating that only 19% of the population of Wales described themselves as able to speak Welsh (Welsh Government, 2012b).

In attempts to respond to this decline, efforts to raise the status and profile of the Welsh language by the Welsh Government have included the Welsh Language Act 1993, the work of the Welsh Language Board and its partners, the growth of Welsh-medium education, and the establishment of S4C (Welsh-language television channel), BBC Radio Cymru and the Welsh Books Council (Welsh Government, 2012b). The political prominence of the Welsh language, together with its safeguarding and promotion, has intensified since the creation of the National Assembly for Wales in 1999. This culminated in the Welsh Assembly Government’s first strategic framework for the

Opinion polls also suggest that support for the Welsh language exists among the majority of the Welsh public. For example, in a survey commissioned by the Welsh Language Board in 2008, over 80% of respondents saw the language as ‘something to be proud of’ and almost 75% saw the language as ‘something belonging to everyone in Wales’.

1.4 The Welsh Language Board & the Welsh Language (Wales) Measure, 2011.

Under the Welsh Language Act 1993, the Welsh Language Board was set up as a statutory body responsible for administering the Welsh Language Act by promoting and facilitating the use of the Welsh language and seeing that public bodies complied with its terms. As a result, public organisations in Wales, including the National Health Service and Local Authorities, which have primary responsibility for mental health services, were obliged to prepare a Welsh language scheme outlining how they would work towards treating Welsh and English on the basis of equality while conducting public business in Wales. The Welsh Language (Wales) Measure 2011, the first Measure relating to the Welsh language to be created by the Welsh Government, transferred functions relating to Welsh language schemes to the Welsh Language Commissioner from April 2012.

1.5 ‘More than just words...’

In 2012 the Welsh Government published ‘More than just words...’ a strategic framework for Welsh-language services in health and social services. The framework identifies four priority groups (which include people with mental health problems) where
Welsh-language services are especially important. The framework recognises language as being one of the key fundamentals of a high quality health and care service; and in the context of health and social care, providing linguistically sensitive services can lead to improved outcomes and greater satisfaction for the user. The concept of language choice, requiring service providers to respond to users’ language needs and becoming an integral part of care services forms a core principle of the strategic framework.

The 2012 Welsh Government document ‘A Living Language: A Language for Living’ states:

It is evident that the provision of Welsh-language services remains piecemeal and too often it is a matter of chance whether people receive Welsh-language health and social care services. (Welsh Government, 2012a. p.44).

1.6 Summary and reflections

This chapter has presented a background to the dissertation by providing an outline of the linguistic landscape of the Welsh language across Wales, and has also offered an insight into the personal significance the area of research has for me based upon my experiences within art psychotherapy. The chapter has also presented definitions for art therapy and bilingualism, and described the status of the Welsh language together with key legislation, policy initiatives and strategy concerned with the safeguarding and promotion of the Welsh language. It has also presented a context for Welsh language services in health and social services within Wales.

Setting the scene for this dissertation confirmed the importance of the Welsh language to me personally and my long-established belief in our collective duty to provide a language-sensitive health-care service across Wales, and more recently within
the art therapy profession. This is of particular significance for the community in which I live and work, given the high percentage of first-language Welsh speakers. I was also struck and dissatisfied by the limited progress made by the Welsh Government since its inception in 1999 regarding the promotion of the Welsh language within the health service. This also served to validate the need for further research into the topic of bilingualism within art therapy in Wales and as a result fuelled my curiosity and determination to undertake the research project.
CHAPTER 2: LITERATURE REVIEW

The chapter is divided into six sections. The first section gives an account of the strategies adopted in seeking relevant literature. The second section discusses bilingualism within psychotherapy, and bilingualism within art psychotherapy is discussed in section three. The fourth section provides an understanding of the significance of the Welsh language within the health-care service in Wales. The fifth section draws attention to the importance of language choice for Welsh speakers in the healthcare system in Wales. The final section provides a summary of the chapter and personal reflections.

2.1 Strategies adopted in seeking relevant literature

Two different strategies were adopted in searching for English language academic literature or peer-reviewed papers relating to art psychotherapy and bilingualism. The first was identifying and contacting individual researchers and art therapists with an interest in bilingualism as well as the Art Therapy, Race and Culture special interest group within the British Association of Art Therapists (BAAT). Only one source of literature relevant to art psychotherapy and bilingualism was found by recommendation from an art therapist and several sources were found on bilingualism in general by searching the all-Wales library service via their website ‘librarywales.org’. The second strategy was searching via on-line library databases.

CINAHL was systematically searched for English language publications from inception to April 2013. PsycINFO was systematically searched for English language publications from 1980 to April 2013.
• No literature was found regarding first-language Welsh speakers receiving art therapy through the medium of English.
• One study was found regarding bilingualism/language within the art therapy literature.
• A small number of studies were found which consider the Welsh language within the health-care service in Wales.

A broader search for bilingualism/language within psychotherapy identified numerous scholarly articles. However, much of the literature was concerned with the implications of offering psychotherapy to migrant populations whose second language was English within an American and European context.

2.2 Bilingualism within psychotherapy

The term 'mother tongue' is commonly used to mean first language and according to Burck (2004) is strongly associated with infant language learning and mothers; in addition to being given an emotional investment and meaning and also signifying identity. Psychoanalytic theory suggests that this early relationship gives particular significance to the first language (Tesone, 1996). Akhtar and Tomasello (1998) and Anderson and Goolishian (1988) propose that language acquisition and relationship acquisition are intrinsically linked because language is inherently inter-subjective, since learning language is learning to relate, therefore every communication is a statement about relationship as well as about content. A common distinction made between bilinguals’ use of both languages is related to emotional expressiveness, with first languages implying intimacy, as well as signifying and engendering closeness; whereas
the use of the second/subsequent language implies the introduction of distance (Burck, 2004).

The potential for bilinguals' different use of each language is explored in Clauss’ (1998) case study, which looks at the delivery of verbal psychotherapy between a bilingual client and a bilingual therapist (Spanish-English). It reveals how the relationship between language and culture is relevant and connected to the psychotherapeutic process, individual verbalisations, cultural norms, and language in which developmental moments are encoded, influencing the patient's world view. Burck (1997), writing on language and narrative, also offers the idea that different languages encompass different world-views; bilingual speakers report that they have very different experiences in different languages. These ideas are explored by Pavlenko’s (1996) web-based research on bilingualism and emotions and whether bilinguals feel that they become different people when they change language. Based on her findings Pavlenko identified core areas of cultural and linguistic difference. Some respondents also described a sense of different selves depending on whether they were using their ‘first’ or ‘second’ language; referring to a sense that the ‘first’ language is ‘real’ and ‘natural’ while their ‘second’ language seems less authentic and out of touch with one’s sense of self. The notion that bilinguals with two language codes might relate each language system to ‘different self’ experiences is also supported by Foster (1992, 1996). Burck (2004) offers the construct of ‘doubleness’ as a way of explaining how bilinguals cope with different and sometimes conflicting world views, and also offers a comparison with Winnicott’s (1960) concept of the ‘true’ and ‘false’ self; contending that it may be considered a strategy to manage differences.
Burck (2004) argues for the importance of taking into account the differences languages bring for individuals; including different senses of subjectivity and of identity. Neglecting to explore how using different languages may have different effects and meanings for individuals will have implications for therapy; stating that “certain experiences can best, and possibly only, be elicited in a first language.” (Burck, 2004, p.334). By speaking in their native or mother tongue, an object relations approach would suggest, a client is allowed to gain access to affect-laden material experienced during early developmental stages. This is because object relations theory suggests that each individual’s need to relate to objects occupies a central position (Case and Daley, 1992). However, in contrast, the bilingual’s ability to shift to the second language might serve as a defensive function used to resist the psychotherapeutic processes.

The notion that each language might stimulate different associations for bilinguals has potential implications for counter-transference processes. The therapist’s counter-transference experiences of separation and connection formed the major themes that emerged from the research findings of Bowker and Richards’ (2004) qualitative study of the therapist’s experiences of working in English with proficient bilingual clients. They propose that the therapists’ counter-transference experiences of separation and the desire to connect may well reflect the experiences of their clients. They recommend that therapists who experience a stronger feeling of distance and separation need to be aware that clients may use their second language as a linguistic defence against re-experiencing painful emotions encoded in the first language (Buxbaum, 1949; de Zulueta, 1995). Asking bilingual clients how they might feel about using their first
language, given the choice, or inquiring into the way in which clients experience themselves when speaking in their different languages may reveal the degree of bilingual defence present in the use of a second language (Clauss 1998, Foster 1992, 1996; Marcos and Alpert 1976).

Whilst not directly related to art therapy literature, verbal psychotherapy literature indicates that therapists often report that therapy in the second language enabled interactions to take place that might not have been possible in the first language. Most therapists also recount making an extra effort to connect with clients, using both language and non-verbal communication, if they did not share a common first language with their clients. The attempt to connect with the client via non-verbal communication may be of particular significance to art therapists, where the image is viewed as an integral part of the therapeutic relationship.

Verdinelli and Biever's (2009) qualitative inquiry into the experiences of bilingual Spanish-speaking psychotherapists who provided services bilingually identified several themes, the most relevant being: living in two worlds; self-perceived differences in the therapist; and the use of two languages. These themes revolved around the different experiences and cultural context that surrounded them when they learned and used English or Spanish, reported differences in themselves when working in English, and Spanish and language switching. The psychotherapists mentioned that their ethnicity impacted on the relationship they established with their clients; revealing they perceived themselves to feel more connected and therefore positively affecting the therapeutic relationship when sharing the same ethnic background as their clients. Conversely, they
perceived themselves as being more serious and detached when working with English-speaking clients.

Much of the literature relating to bilingualism with verbal psychotherapy concerns the therapist’s perspective, and often therapists who are bilingual and therefore able to communicate with their clients in their chosen language. However, this is in stark contrast with the issue of bilingualism within art psychotherapy within Wales, since, the therapists are often monolingual and it is the client who is bilingual. This also has implications for language switching, since the bilingual clients in Wales are not given this opportunity for the above reason.

2.3 Bilingualism within art psychotherapy

Only a single research study currently published considers bilingualism in art therapy. Bird’s (2012) study provides some useful insights into the experiences of art therapists working in bilingual settings in multi-cultural Britain. Making use of phenomenology and narrative inquiry, the study explored the experiences of art therapists working with clients with whom they did not share a common first language, in this case English. Bird contends that the emerging themes of language and relationship, the therapists’ own stories, the politics of language and the role of the image suggest the experiences of art therapists delivering bilingual therapy are similar to those of verbal therapists. However, in describing the difference between verbal and art therapies Bird (2012 p. 290) states:

The uniqueness of the art therapists’ experiences centred upon the role of the image. There is uncertainty as to the relationship between images and language, with no one final conclusion to be made. Images exist along side language in an equal way, whilst also providing access to something non-verbal and possibly to something universal – whether that is the need to symbolise or the nature of the symbols themselves.
As previously mentioned, the theoretical literature and research from psychotherapy suggest that language is fundamental to the processing of experience and that the choice of language used by a client in therapy has an effect on the nature of the therapeutic experience and relationship (Bird, 2012); the main point being that where the therapist and client do not share a first language, a therapeutic working relationship can be established when there is a willingness to explore and understand social and personal significance in the language used. This is of particular importance to therapists working in bilingual settings, for example in Wales, where they might not share the same language as their clients. Whilst Bird’s study is too small to draw any firm conclusions about art therapy practice, it does provide some useful insights and also offers a number of proposals, the three most relevant being: it should not be assumed that images automatically take the place of a shared first language; equal attention should be paid to the client’s culture, use of language and use of images; and therapeutic benefit can be gained where the therapist and client do not share a common first language. The importance of considering the client’s culture and use of language, the implications for the therapeutic process and relationship, is consistent with the theoretical literature and research from psychotherapy.

2.4 The Welsh language within the health-care service

The importance of effective communication in healthcare has long been established and lies at the heart of healthcare delivery (Audit Commission 1993). In its review of research-based studies examining communication in healthcare, the Audit Commission (1993) confirmed the importance of effective communication in improving patient outcomes and enhancing patient satisfaction. However, the importance of
language appropriate practice in healthcare is not as well defined and the literature has traditionally given little attention to the role of language in clinical practice (Roberts et al, 2004). It is therefore not surprising that few research studies consider the use of the Welsh language within the health-care service in Wales. However, those few which have include Misell, 2000; Roberts, 1991, 1996 and 2005; Thomas, 1994 and 1998; Madoc-Jones, 2004, Davies, 1998 and Davies, 2011.

Although indigenous to Wales, Welsh is a minority language in terms of prestige, power and population (Thomas, 1994). As such, its speakers share the challenges of access to health-care and quality of care that are experienced by other minority language speakers across the world. Obvious comparisons can be made between the experiences of Welsh speakers in Wales and the experiences of other ethnic minorities in England (Bhugra & Bhui, 1998). However, unlike the majority of the patients identified in other minority language research, most Welsh speakers are also fluent in English, and the language barriers which they encounter in health-care are often invisible to the service providers (Misell, 2000). Despite their bilingualism, in the stressful situations that are an inevitable element of healthcare many patients are more able to express their thoughts and feelings through the medium of Welsh (Roberts, 1991; Thomas, 1994).

An important contribution to the debate on the importance of Welsh language provision within the Health Care Service in Wales has been made by Misell (2000). He reported on the nature, extent and adequacy of the provision within the NHS in Wales for Welsh-speaking patients and their families. Although the report recognised that, in many instances, Welsh-language service provision was about providing equal
opportunities and ensuring a high-quality, consumer-sensitive service, it also identified groups for whom service provision in the first language was a clinical necessity. He concluded that in the case of Welsh-speaking patients, there are instances where they cannot be treated effectively except in their first language, or in both their languages. This was especially true in a number of key groups, which included people with mental health problems. The notion that language-sensitive healthcare practice is central to ensuring high quality care was also supported by Roberts (2005). In assessing the level of Welsh language awareness amongst healthcare professionals across Wales, Roberts suggested that language barriers continue to compromise the quality of care within nursing and other health services in Wales.

Davies (2011) builds upon the existing knowledge base in relation to the experiences of Welsh speakers by exploring their experiences, views and insights as users of health and social care services. Similarly to Misell (2000), mental health service users were one of four identified groups for whom service provision in the first language was viewed as a clinical necessity. Davies (2011) suggests that the mental health service users provided evidence conveying the importance of providing language-appropriate therapeutic and psychiatric services. She states that for many “their use of English to access their inner, emotional world did not enable them to make the best use of the service being provided” (Davies, 2011, p.6). The research draws on examples which imply that the quality of care to vulnerable users may be compromised by the failure to communicate in their first language; also affecting the formation of clinical and therapeutic relationships (Davies, 2011). Davies proposes that “this may be particularly significant in relation to the delivery of psychiatric and therapeutic services.” (p.61).
2.5 Language choice

Roberts et al (2004) argue that many factors influence language choice in healthcare, including organisational attitude, internal systems and strategies. Users’ personal attitudes and language skills also need to be taken into consideration. In a pilot research project exploring the significance and availability of mental health services in the medium of Welsh in Wales, drawing upon qualitative research on the experiences of Welsh-speaking mental health service users, Madoc-Jones (2004) argues that the experience of being bilingual can be a significant variable in the mental health problems amongst Welsh speakers in Wales. He suggests that the “destructive effects of linguistic oppression” (p.216), coupled with the difficulties of second language communication for Welsh-speaking mental health service users, makes providing services in the user’s preferred language crucial. Madoc-Jones (2004) also proposes that the “passive approach to language choice that currently exists within mental health services in Wales is unacceptable and that a proactive commitment to linguistically-sensitive practice is required on the basis of service efficacy and equality of access.” (p.216). Whilst it is argued that a more pro-active approach to language choice is required, it is also important to acknowledge internal barriers which may make it difficult for Welsh speakers to ask for services in Welsh (Davies, 2011). Davies suggests that factors such as conventions of language use, language status, low expectations and fear of delay, as well as not wanting the therapist to feel that they are being rejected may serve as barriers. Additional factors include a sense of inferiority, a lack of self-confidence (Davies, 1998) and not wanting to make a fuss (Misell, 2000) which also contribute to the difficulties that more vulnerable service users have in asking for services in Welsh themselves.
The notion that language choice should be considered a core component of providing sensitive and accessible services is supported by Misell (2000) in stating that:

suitable usage of language is of key importance as bilingualism is not simply a matter of having two languages which are both equally available at all times; so much depends on context, feelings, sickness or health.

This is supported by international research which shows that clinical outcomes and satisfaction with care are enhanced when both parties speak the same language and understand the cultural context in which communication takes place (Goode, Dunne and Bronheim, 2006).

Madoc-Jones (2004) reported on the kinds of words used to describe how people felt when speaking Welsh. They included the terms cartrefol meaning ‘homely’, naturiol meaning ‘natural’ and cyfforddus meaning ‘more comfortable’. These kinds of words have appeared in a number of research papers studying Welsh speakers linguistic preferences (Roberts 1996; Thomas 1998) and which locate language as a fundamental part of their identity. Several authors have suggested that language is widely considered to affect identity, either through its influence on personal and world views or the experiences its speakers confront. Madoc-Jones (2004) argues that the history of the Welsh language in Wales is one of oppression, and the experience of Welsh speakers is of being marginalised and made invisible. According to Lynn and Adlam (1998), this creates a sense of identity for Welsh speakers and a shared psychology that is specific and transmitted from one generation to another. Whilst it is important to acknowledge that a person’s identity will be shaped by many additional factors such as class, race, sexuality, gender and religious affiliation, for many first-language Welsh
speakers a key aspect of their ‘self’ is realised in the Welsh language and its associations. On the overall significance of language, Aitchison and Carter (1994) comment:

Language is much more than a means of communication. Not only does it carry a view of the environment, using the word in its proper inclusive sense, but through its vocabulary and its structure, through the symbol which it is and the symbols which it transmits, it creates a distinctive identity which is at once a derivative of tradition and an expression of the present. (p. 57).

Lynn and Adler (1998) contend that there is a negative internal psychological state associated with being Welsh-speaking borne out of the historical and ongoing experience of linguistic oppression. Davies (1998) also states that Welsh speakers are over represented on psychiatric wards. This is not to say that mental health service users associate the onset of their mental health problems with being Welsh speaking. However, according to Lynn and Adler (1998) it is unlikely that the oppressive environment in which Welsh-speaking people attempt to assert their identity is not also relevant in the fragmentation of identity and the onset and course of mental ill health. Requiring a service user to use their second language could be a significant example of depersonalisation and could pose threats to their ‘ontological security’ (Laing, 1965). As stated by Misell (2000):

As a treatment for mental illness involves bringing the patient back to his or herself and restoring the normal balance of the mind, it is hard to see how that can be achieved without first understanding the nature of the norm to which one is seeking to return. For the patient whose normality is a Welsh-speaking one, treatment in English will not necessarily be appropriate or helpful. (p.26)

Madoc-Jones (2004) contends that for many first-language Welsh speakers a key aspect of their ‘self’ will be lost if they are required to interact through the English language. While being able to use their first language can be identity affirming, in their
second language they may struggle and feel that their sense of identity and confidence is being undermined. He also reported that respondents indicated they were better able to communicate with others in the Welsh language, found speaking Welsh easier, and had greater difficulty expressing exactly what they wanted to, or understanding what they were being told, through the medium of English.

Drennan and Swartz (2002) have identified how language barriers can influence diagnosis by making service users appear symptomatic. They suggest that some of the common linguistic errors that provide diagnostic evidence of mental ill health arise as a normal part of speaking in a second language, where people often struggle to express themselves. This may include derailment, which is slipping off one trajectory to another, and ‘loss of goal’, which is the failure to follow the line of speech to its logical conclusion. Both of these can happen to a first-language Welsh speaker in their second language simply because a word is not remembered. Additional factors identified by Misell (2000) that can adversely affect diagnostic precision include the first language Welsh speaker’s ability to de-intensify and objectify their experiences and stand outside of themselves if forced to use their second language. Also, people using their second language will tend to use less complex words to describe more complex ideas related to thoughts and emotions, or unhelpfully to simplify their felt experience (Misell, 2000).

Sensitivity to patients’ circumstances and empathy with patients are strong predictors of positive outcomes in health and social care settings (McGuire 1995; Reynolds & Scott 2000). Though empathy and sensitivity are not linguistically dependant, it has been shown that ‘linguistic congruity’ is correlated with service users’
feelings about an encounter in Wales (Roberts, 2004). Research by Freeman et al (2002) has shown that people derive benefits from medical interactions conducted in their own language. Conversely, linguistic oppression by ignoring language preferences or dismissing them can harm a therapeutic relationship.

Madoc-Jones’ (2004) argues that language is important to Welsh speakers involved in the mental health system in Wales, and that they do not perceive that the services they receive are responsive to their linguistic needs. He contends that, in Wales, current mental health services are provided in the context of language being seen as unimportant or as a bonus as opposed to an essential element to service provision; and without proper provision and engagement through the medium of Welsh the mental health system in Wales will fail to address the health needs of Welsh speakers.

The literature suggests that language choice should be considered a core component of providing sensitive and accessible services in bilingual settings, and especially to more vulnerable service users, which include people with mental health problems. However, the importance of language-appropriate practice in healthcare is not as well defined and the literature has traditionally given little attention to the role of language in clinical practice (Roberts et al, 2004). It is not surprising, therefore, that only a small number of research studies were found which consider the use of the Welsh language within the healthcare service in Wales. One research study was found within the art therapy literature that relates to bilingualism within art therapy, and no literature was found which considers bilingualism within art psychotherapy in Wales. In the
absence of any other research, it therefore seems appropriate to consider answering the following research question: **Does receiving art therapy through the medium of English (if one is a first-language Welsh speaker) impact upon the therapeutic experience?**

### 2.6 Summary and reflections

This chapter has given an account of the strategies adopted to search for relevant literature, and has reviewed four sections: bilingualism within psychotherapy, bilingualism within art psychotherapy, the Welsh language within the health-care service in Wales, and the importance of language choice for Welsh speakers. The review has identified a lack of research relating to bilingualism within art psychotherapy, and particularly bilingualism within art psychotherapy in Wales. This explorative research will, for the first time, seek to gain a more in-depth understanding of the experiences of bilingual first language Welsh-speaking art psychotherapy clients.

The lack of relevant literature found relating to bilingualism in art psychotherapy in general and more specifically within Wales was not surprising, and did in fact confirm my suspicions based upon my own experience within art therapy in Wales, albeit limited, that the Welsh language is rarely considered as a priority. One of the potential factors contributing to this situation, I can only surmise, may be the relative importance of, and focus placed upon, the image as the primary and non-verbal form of communication within art psychotherapy practice.

Another potential factor is based upon anecdotal evidence which suggests that the majority of art psychotherapists working in Wales are not Welsh speakers, and consequently unlikely to be aware of its potential significance for themselves as
therapists or their clients. Whilst the British Association of Art Therapists (BAAT) does not currently capture members’ information regarding their ability to speak Welsh, statistically, the proportion of art therapists working in Wales who are able to offer therapy through the medium of Welsh, is likely to be disproportionately low when compared to the percentage of the population of Wales who speak Welsh.
CHAPTER 3: RESEARCH METHODOLOGY

This chapter outlines the research approach and procedures used to address the research question. It is divided into seven main sections. The first explains the rationale for the qualitative design. The second section provides the justification for preferring a mix of phenomenology and heuristic inquiry with art-based inquiry. Full accounts of the methods form the foundations of sections three, four and five, which include important operational steps: the participants and setting, quality assurance and research ethics, and data collection, respectively. The method of data analysis is explained in section six, and a summary and reflections are provided in section seven.

3.1 Research design and theoretical basis

In order to address the research question an exploratory qualitative approach was adopted. Very little, if anything was known about the experiences of bilingual (Welsh-English) first language Welsh-speaking individuals receiving art psychotherapy through the medium of English and as a result the research was very exploratory in nature. Primarily concerned with the qualitative interpretation and understanding of human experiences, adopting an interpretivist paradigm enables the researcher to understand people’s lives and experiences and their subjective meanings based upon an inductive process of data gathering, which then draws on theory to establish shared patterns of meaning and in-depth understanding (Saks & Allsop, 2007). Grounded upon the assumptions that reality is relative to each of us and therefore internally rather than externally constructed, reality is not objectively measurable and multiple constructions of reality can exist (Broom & Willis, 2007). One of the main advantages of qualitative research is that it allows researchers to gain an in-depth understanding of the participants’ personal constructs and experiences (Patton, 2002). This epistemological
approach was chosen as it appeared to be ideally suited for an in-depth investigation seeking to understand the complexity of a situation as well as being consistent with my personal philosophical preferences. Also, by matching methods with research purposes and questions, many avenues of understanding may be honoured (Carolan, 2001; Gantt, 1998; Kapitan, 1998, 2010; McNiff, 1998; Wadeson, 1992).

In keeping with an interpretivist paradigm, the research concepts of credibility, transferability (Golafshani, 2003), quality and rigour (Davies & Dodd, 2002; Lincoln & Guba, 1985; Seale, 1999; Stenbacka, 2001) were considered. The characteristic of trustworthiness was also considered throughout by the use of thick descriptions (Kuzel & Like, 1991) and also by summarising the participants’ main findings following interview and the recording and transcribing of interviews. An additional strategy adopted for improving the trustworthiness of the study was triangulation (Patton, 2002) by combining contrasting sources of information (Denscombe, 2010). The principle behind triangulation is that the researcher can gain a better understanding of the phenomenon under investigation if it is examined from different positions. Using triangulation within the study allowed for potentially greater knowledge of the phenomenon under inquiry in the form of improved accuracy (a means of validation) and a fuller picture (a source of complementary data). The use of multiple sources of data within this study through interviews and art work is both appropriate and consistent with the interpretivist concept of the existence of multiple, diverse and internally constructed realities (Johnson, 1997),
3.2 Methodology

Although Kapitan (2010) suggests three common and closely related frameworks - phenomenology, heuristics and hermeneutics - the most pertinent of these types of inquiry for this study are phenomenology and heuristics. Phenomenology describes how people are orientated to their lived experience while heuristics focuses on the process of personal discovery that leads to new meanings and realisations from lived experience.

3.2.1 Phenomenology

Consistent with an interpretivist paradigm phenomenological inquiry is an inductive approach where theory emerges from data or phenomenon rather than the data being used to prove or disprove a hypothesis (Kapitan, 2010; Edwards & Talbot, 1994). Moustakas (1994) provides a summary of useful common points linking a number of qualitative methodologies. The most relevant of these are that the meaning and essences of experience are sought, rather than measurement and explanation obtained via interview where the research inquiry reflects the interest, involvement and personal commitment of the researcher.

The advantages of phenomenological inquiry include its suitability for small-scale research, its ability to offer the prospect of authentic accounts of complex phenomena, its capacity for the description of experiences to tell interesting and potentially widely accessed stories, and its humanistic style of research, which has an in-built respect for people (Denscombe, 2010). Whilst Kapitan (2010) suggests that phenomenological research closely resembles the practical and exploratory nature of art therapy practice, the method depends upon the researcher being able to set aside personal experiences
and subjectivity that would potentially influence the findings. To that end, phenomenological inquiry seeks insight about the essence of an experience while minimising a priori assumptions about it. As a result, this makes the approach inconsistent with my need to include personal discovery and to draw upon my own experiences and reflections, in combination with the study’s participants, in order to gain further insight and understanding of the phenomenon under inquiry. An alternative approach, although one clearly aligned to phenomenology, is heuristic inquiry (Moustakas, 1994).

3.2.2 Heuristic Inquiry

Heuristics is a term used to define a type of phenomenological inquiry that includes the personal insights of the researcher (Patton, 2002). The key element that defines heuristic inquiry is the use of self-awareness to engage intensely in an experience so as to discover new, in-depth meaning within it. Heuristics incorporates creative processes and self-examination into formal inquiry. Typical questions in heuristic inquiry are ones that hold a personal challenge for the researcher or curiosity in the search to understand oneself and the world in which one lives (Moustakas, 1990). Its power lies in its “potential to disclose certain truths, obtaining wholeness of knowledge that may begin in subjective experience and gradually develop into a systematic description of a theory” (Douglas & Moustakas, 1985, p.40).

Kapitan (2010) suggests that the internal frame of reference which guides heuristic study is the same as that used by both art therapists and their clients when creating artworks for self-inquiry to process intense experiences, explore life concern, or
follow an idea in order to see where it leads. However, heuristics is not about self-inquiry alone. To be more precise, it is concerned with accurately representing the nature of the human experience of the researcher as well as, and often in connection with, the experiences of others (Gilroy, 2006); in this case the study’s participant. Giorgi and Giorgi (2003) and Patton (2002) assert that the scientific integrity of any phenomenological method is secured only by analysing the experience of others.

Heuristic inquiry according to Moustakas (1990) is carried out in six systematic steps: initial engagement, immersion, illumination, explication and creative synthesis, the characteristic of which is an intense, passionate and committed examination of a question which holds compelling personal meaning or significance for the researcher. The inquiry continues until a clear, holistic meaning has been discovered, illuminated and synthesised. It is also suggested by Kapitan (2010) that during the course of a research study the researcher may go through the cycle from initial engagement to explication, several times.

3.2.3 *Art-Based Research*

The opportunities for incorporating art-based methods into other art therapy research continue to expand (Kapitan, 2010). Drawing upon a mix of heuristic and art-based inquiry by utilising the participants’ images and their interpretation of these would serve to add richness and depth to the data and would also strengthen the study’s trustworthiness via triangulation. McNiff (1998) provides a summary of the key features of art-based inquiry. The most relevant of these are giving form to indescribable or
indefinable experience, embodied response and the communication of complex information through metaphor and spatial analogues (McNiff, 1998).

3.3 Participants and settings

3.3.1 Population sample

The study’s population was limited to north Wales because, statistically north Wales has the highest percentage of the population in Wales who speak Welsh as a first language (Welsh Government, 2012c). The small sample size reflects the relatively small number of participants who might have satisfied the inclusion criteria, given both the small number of art therapists employed by the Local Health Board, together with the percentage of their clients who, statistically, would be first-language Welsh speakers. Nonetheless, the sample size remained consistent with the typical range of between one and ten participants for phenomenological studies (Starks and Brown Trinidad, 2007). Taking the typical range of participants reported by Starks and Brown Trinidad, coupled with the study’s purpose in attempting to gain a better understanding of the phenomenon, generating a rich data set from only a few individuals who could provide a detailed account of their experience should be sufficient to reveal its underlying essence (Morse and Richards, 2002).

3.3.2 Criteria for participant selection

A purposive sampling method was used to establish the criteria for participant selection. The inclusion criterion of bilingual (Welsh-English) first language Welsh speaking clients within the local health board who currently receive or have received art therapy through the medium of English was adopted. Potential participants who satisfied
the inclusion criteria but were deemed by their art therapist to be too vulnerable due to an acute phase of their condition were excluded from participating in the study.

3.3.3 Access to participants

Between August and November 2012 a total of 40 participant information packs had been sent to four art therapists employed by the local health board in order to recruit participants. The art therapists were viewed as gate-keepers in gaining access to participants and therefore played a critical role in securing participants for the study. Each information pack included a covering letter, participant information sheet and consent form (see Appendix B). The art therapists were asked to provide an information pack only to those potential participants who satisfied the inclusion criteria.

Two weeks after the art therapists had received the participant information packs, each art therapist was contacted to assess the data collection strategy. The response was poor, with one art therapist stating they were unable to assist for several reasons, some of which were due to a lack of capacity, and also to having no clients who satisfied the inclusion criteria. A further two art therapists who worked together in the same clinical setting were also unable to help with participant recruitment, although further attempts were made in the several months following the initial request, which also proved unsuccessful. The one remaining art therapist reported that they had disseminated five packs in total. Two of the five potential participants made contact seeking further information. This resulted in one deciding not to participate since it would have been emotionally difficult to revisit her therapy experience. The other agreed to participate in the study.
3.4 Quality assurance and research ethics

3.4.1 Research ethics

Ethical approval for the study was secured firstly from the University of Chester’s Faculty of Health and Social Care Research Ethics Sub Committee. Following this, approval was sought and gained from the Local Health Board’s Research Ethics Committee and Research and Development Department. During participant recruitment it became apparent that the sole participant to volunteer to be involved in the research had had previous contact with me as part of my clinical placement. Therefore the Local Health Board’s Research and Development Department were made aware of the situation and approval was given for the participant to continue to be involved in the research. To ensure the research complied with the Local Health Board’s Welsh language policy, all documentation was produced bilingually by Gwynedd Council’s translation service and procedures were conducted in the language chosen by the participant.

Most ethical concerns in research have to do with issues of harm, consent, deception, privacy and confidentiality of data (Kapitan, 2010). Any research that involves interacting with people will affect them in some way. For this reason, design, purpose, and conduct of the study were bound by an ethical framework, following established ethical and legal practice regarding issues revolving around informed consent, privacy, confidentiality and data protection. Although not an intervention study in a traditional sense, this explorative study was experienced as a directed, reflective process that might lay open thoughts and feelings not already in the participant’s awareness; therefore it was accompanied by some degree of risk. There was also a
potential risk that revisiting the therapy experience might be upsetting. In order to safeguard the interests of the participant he was offered a de-briefing session after the interview. If the participant felt the need for additional support, it was suggested that they contacted their GP or Key Worker to enquire about counselling services. It is also important to note that since the study drew upon heuristic inquiry that included my own personal insights, my art therapist had also been informed of the study and its aims. The anonymity of the therapist and the additional participant was maintained throughout the study.

3.4.2 Informed consent

Informed consent refers to individuals choosing whether to participate in research after being informed of the full research procedure (McNamee & Bridges, 2002). Full information on the research procedures was provided through letters and information packs that were distributed to art therapists for them to forward to clients they judged to meet the inclusion criteria. Practices were adopted to ensure that vulnerable adults understood the nature and process of the research and had the opportunity to provide consent. The consent form included seven simple questions (see Appendix A) that were completed by the participant. The participant was also offered the opportunity to clarify any research issues and to discuss logistical procedures. The participant had the right to choose whether to take part or not.
3.4.3 Confidentiality & data management

Non-traceability and anonymity were ensured by removing all identifiers, using passwords and encrypted devices to control access to and transmission of all electronic data and using pseudonyms in documents and dissemination of information. Consent forms and data were kept in a confidential locked filing cabinet. All personal data will be destroyed in an appropriate manner no later than three months after the study’s completion.

3.5 Data Collection

Data collection was conducted via a combination of a semi-structured interview with both participants, followed by directive image-making.

3.5.1 Interviews

The purpose of interviewing was to enter into the other person’s perspective (Patton, 2002). Kvale (1996) argues that “the qualitative research interview attempts to understand the world from the subject's point of view to unfold the meaning of people’s experiences, to un-cover their lived world prior to scientific explanations” (p.1). The method of interviewing used was semi-structured interviews in order to gain descriptive and rich information (Patton, 2002). The interviews were recorded and participants were aware of, and agreed to, the recording procedure for the interviews, which included using a combination of the recording and image to create an audio-image recording (AIR). The purpose of the interview was explained in an opening statement to the participant, which included reference to the research aims, anonymity, the digital recording, the importance of honesty and the freedom to withdraw at any time. Prior to the interview, written consent was also obtained (Patton, 2002). The semi-structured
interviews used interview guides (see Appendix C) so that each answer could be easily located and therefore facilitate data analysis.

On arrival at the interview room, ‘John’ was given a few minutes to make himself comfortable before the procedure was explained; and every effort was made to put the participant at ease by adopting a friendly approach. Even though I had previously formed a professional relationship with ‘John’, I believed that since it was in a different context, it therefore remained important for me to establish rapport with him by conveying empathy and demonstrating an understanding that his knowledge, experiences, attitudes and feelings were important (Bloor, 2001). Maintaining the flow of the interview by focusing on the conversation, providing support through gestures, (for example, occasional head nod and words of encouragement such as “yes” and “thank you”) and asking probing questions, were important in an attempt to ensure that high-quality data were gathered and that the answers went beyond the mere description of statements of facts. At the end of each section the information was summarised and the participant was provided with the opportunity to confirm and / or correct the summary. This procedure was important to check the accuracy of the information articulated and as a result increased the trustworthiness of the data (Kuzel & Like, 1991).

3.5.2 Directive image-making

The session was divided into two parts and following the semi-structured interview, the second part of the session involved directive image-making (Malchiodi, 1998) where the participant was asked to draw an image which related specifically to the preceding discussion and then asked to articulate what the image represented.
3.6 Data Analysis

3.6.1 Verbal data

A thematic analysis of the verbal data was undertaken following data collection. According to Braun and Clark (2006) thematic analysis can be used as a method for identifying, analysing and reporting patterns (themes) within data. Braun and Clarke (2006) advocate the use of thematic analysis as a useful and flexible method for qualitative research in psychology, particularly for novice researchers. The data set used for analysis contained the entire data corpus of the individual transcripts and images captured during each interview with each participant.

A decision was taken prior to analysis which needs to be made explicit, regarding the type of analysis to be undertaken. I wanted to provide a rich thematic description of the entire data set, so that the reader gets a sense of predominant or important themes. Therefore the themes identified, coded, and analysed needed to be an accurate reflection of the content of the entire data set. Whilst some depth and complexity may be lost, it will allow a rich overall description to be maintained. This is a particularly useful method when investigating an under-researched area (Braun and Clarke, 2006).

Data analysis followed five out of the six phases recommended by Braun and Clark (2006): familiarising myself with the data involving transcription of verbal data; generating initial codes; searching for themes; reviewing themes; defining and naming themes. An additional researcher was involved in steps two to five of the data analysis. She has an academic background with ten years’ experience working within the field of social sciences. She also has broad-ranging experiences within qualitative research,
including supervising undergraduate and postgraduate research. Finally, she comes from a qualitative research background with a theoretical perspective strongly linked to post-structuralism. The additional researcher was included in order to enhance the data analysis by making it more robust. The sixth step revolved around the final analysis and presentation of findings and was considered at a later stage.

Verbatim transcripts of both interviews were produced by me in order to conduct the thematic analysis (Braun and Clarke, 2006). Personal transcription of the interviews also served as a valuable exercise in familiarising myself with the data (Reissman, 1993); and also needs to be recognised as an interpretative act where meanings are created (Lapadat and Lindsey, 1999). When the transcripts were completed they were sent for translation (Welsh – English) to a professional translation service at Gwynedd Council. The translation was checked by me for accuracy and this procedure confirmed the translation process to be accurate, reliable and valid.

3.6.2 Images

In addition to analysing the verbal data each image created by the participants was also analysed, since in the art therapy experience verbal narratives and descriptions may not be the most productive modes of discovery (McNiff, 1998). This was undertaken as part of generating the initial codes and was done by generating a table of words that reflected what the image was perceived to represent from the researcher’s perspective. Please see Appendix F for a full list of the initial codes generated via the images.
3.7 Summary and reflections

This chapter has outlined the philosophical orientation of the research approach and procedures used in this explorative qualitative study, drawing upon a mix of heuristic and art-based inquiry to address the research question. A full account of the methods used throughout data collection was presented together with data analysis.

My decision to stay true to the call identified in the review of literature, for qualitative research which seeks the client’s (rather than the art therapist’s) perspective of bilingualism within art psychotherapy, had implications for the ethical approval of the study. This meant that further ethical approval, in addition to that of the University, was also needed from the Local Health Board (LHB) to allow access to their patients who, in this instance, were vulnerable adults with mental health issues. Whilst this route required significantly more time and effort on my part, on reflection it was the right decision to take and a valuable one. The level of support offered by the personnel within the LHB was high and their recommendations served to strengthen the study’s methods. It also encouraged me to be clear as to the purpose of the study and familiar with its design, methodology and methods from the outset, which ultimately improved its quality. Whilst at times the process seemed bureaucratic and protracted it served its purpose in safeguarding the service users in its care. This was borne out by the fact that one art therapist chose not to disseminate any of their participant information packs due to the acute phase of their clients’ conditions, and also by one of the two potential participants who showed an interest in being involved in the study deciding to withdraw their interest since it would have been too painful for her to revisit her therapy experience.
The difficulties experienced during data collection due to the initial lack of success in recruiting any participants was a cause for concern, not least because it might have resulted in having to change my choice of participants. It would also have compromised the quality of the research, since additional study participants are encouraged within an heuristic approach. The art therapists had a crucial role to play as gatekeepers for accessing the study’s participants, and on reflection, it is not surprising that the art therapist who was able to help me recruit the study’s other participant was someone with whom I had formed a strong professional relationship whilst on clinical placement. This confirmed to me the importance of having a strong working relationship as a researcher with practitioners, particularly when we rely on them so much in gaining access to participants.

Despite the fact that the participants were fewer than originally planned for (five), I believe that exploring the experiences of two participants with different clinical needs for art psychotherapy, and therefore with different experiences to share and providing different perspectives, adds richness to the data.
CHAPTER 4: GENERAL DISCUSSION

The purpose of this chapter is to present and discuss the findings of the research study. The first section presents a brief background to both participants, followed by a discussion of results, regarding the three theoretical themes and associated sub-themes identified as a result of the thematic analysis. I have decided to present a general discussion, rather than dividing the study’s findings and discussion into separate chapters. The decision to combine both was made because I believe that, for this type of qualitative study, presenting in this way makes it easier for the reader to see directly the relationship between the extract and the discussion. My interrogation and interpretation of both sets of data (verbal and image) is based upon the knowledge gained as a researcher through undertaking a review of current literature, and upon the knowledge and experience gained as an art psychotherapy trainee as well as being a participant in the study. The data extracts from the transcripts used during this section have been presented verbatim in both Welsh and English (English version in a box following the Welsh).

4.1 Participants’ background

Two participants were involved in the research. The first participant will be referred to as ‘John’. John was a male in his 40s; a mental health service user whose experience of receiving art psychotherapy had been was as part of a community art therapy group for six months. John had been raised in a bilingual Welsh-speaking community where Welsh was spoken at home, and had also received his education through the medium of Welsh. At work John used English and Welsh.
I, Gwawr, was the second participant; a female in my 30s who accessed individual art psychotherapy for two years as a mandatory part of my art therapy training whilst on clinical placement. I have been raised in a bilingual Welsh-speaking community where Welsh was spoken at home, and I received my education through the medium of Welsh until attending university for my undergraduate degree. Professionally, I use both Welsh and English verbal and written skills. By choosing to adopt a heuristic method it has allowed me to experience a threefold role during undertaking the research process: as a researcher, a participant and an art psychotherapy trainee. The person who conducted my interview was my long-standing partner who has become familiar with the research.

The thematic analysis identified three themes: the therapist’s Welsh language awareness, the client’s language identity and communication. Each theme is discussed together with important sub themes illustrated in the following diagram:
4.2 Theme 1: Welsh language awareness

The data identified the therapist’s language awareness as a significant theme, in addition to three important sub-themes of which the therapist needs to be aware. These are: the client’s language choice and access to preferred language, its impact upon the therapeutic relationship, and the potential of the therapist’s cultural and language awareness to help facilitate a more positive therapeutic experience. Language awareness is a significant factor, particularly in north Wales, given the high percentage of service users who are first-language Welsh speakers and the limited access to Welsh-speaking art therapists.
4.2.1 Language choice and access to preferred language

When asked, both participants expressed the wish, if given the choice, to receive art therapy through the medium of Welsh. This is captured in the following extract by John:

**Cyfwelydd:** Sa chi’n cael dewis, sa rhywun yn gawahodd chi ddod i’r grŵp eto rhan, a fasa na opsiwn i fynd i grŵp Cymraeg neu Saesneg, pa un sa chi’n ddewis da chi’n meddwl?

**John:** Ma siŵr faswn i’n dewis Cymraeg, am ei fod o’n iaith gyntaf.

**Interviewer:** If you had a choice, if someone invited you to attend the group again now, and if there was an option to attend a Welsh or English group, which one would you choose do you think?

‘**John**’: I would probably choose Welsh, because it’s my first language.

And by myself:

**Cyfwelydd:** So wyt ti’n teimlo bod o’n wahanol felly? Wyt ti’n meddwl fod y berthynas sydd genti efo’r therapydd, falla ddim wan ond yn y dyddiau cynnar yn wahanol i be fasa fo di bod os fasa nhw ella di siarad Cymraeg?

**Gwawr:** Mae’n anodd dweud yn bendant, ond dwi yn meddwl ella sw ni ‘di teimlo’n fwy cyfforddus i gychwyn, a dim ella yn gorod canolbwyntio gymaint ar gyflyu fy hun drwy iaith lle ma na rhyw fath o distance yna, ym, ond y cyswllt efo’r celf mae’r siarad amdanynt y delweddau sy’n cael eu creu, ac am deimladau ac am brofiadau wrth gwrs, a mae’r celf yn helpu’r dialog yna, ond eto... yr ochor siarad i bethau fedrai’m help ond meddwl ella sa hi ychydig yn haws neud os faswn i yn cael neud drwy gyfrwng y Gymraeg. Os y baswn i di cael y dewis o therapydd celf Saesneg neu Gymraeg mi faswn i wedi dewis un Cymraeg.

**Interviewer:** So do you feel that it’s different then? Do you think that the relationship you have with the therapist, maybe not now, but in the early days, has been different to what it could have been if they spoke Welsh?

**Gwawr:** It’s difficult to say for certain, but I think that maybe I would have felt more comfortable to begin with, and maybe not having to concentrate as much on expressing myself through language where there is some kind of distance, erm, but we talk about the link with art, the images that are being created, and feelings and experiences of course and the art helps with this dialogue, but again, the talking side of things I can’t help but think that it would be a bit easier if I could do it through the medium of Welsh.
If I could have chosen between English and Welsh art therapy, I would have gone for the Welsh option.

Clinical outcomes and satisfaction with care are enhanced when both parties speak the same language and understand the cultural context in which communication takes place (Goode, Dunne and Bronheim, 2006). The notion that language choice should be considered a clinical necessity when providing sensitive and accessible services to adult mental health service users in Wales is supported by Misell (2000). The importance of providing language-appropriate therapeutic and psychiatric services, from the service users’ perspective in Wales, is also noted by Davies (2001). Davies suggests that for many mental health service users “their use of English to access their inner, emotional world did not enable them to make the best use of the service being provided” (Davies, 2011, p.6). Research by Freeman et al (2002) has shown that people derive benefits from medical interactions conducted in their own language; conversely, ignoring language preferences or dismissing them can harm a therapeutic relationship.

4.2.2 Impact upon the therapeutic relationship

The theoretical literature and research from psychotherapy suggests that “language is fundamental to the processing of experience and that the choice of language used by a client in therapy has an effect on the nature of the therapeutic experience and relationship” (Bird, 2012). The implication that the quality of care for psychiatric and therapeutic service users may be compromised by the failure to communicate in their first language, which may also effect the formation of clinical and therapeutic relationships, is consistent with the evidence presented by Davies (2011). Despite the fact that Clauss (1998) investigates the delivery of psychotherapy between a
bilingual client and a bilingual therapist (Spanish-English) it also reveals the relationship between language and culture and the psychotherapeutic process.

John’s experience of group art therapy was in English, since the sessions were led by a non-Welsh-speaking art therapist. However, it was possible for group members to converse informally in Welsh should they choose to do so. Nevertheless, John stated that, if given the choice, he would opt for receiving art therapy in his first language. When asked why that would be the case, his reply suggested it would have been easier because they would be Welsh:

**Cyfwelydd**: Da chi’n deud achos bod o’n iaith gyntaf, pam sa chi’n meddwl fasa hynny’n?

**John**: Dyna be da chi wedi dechra off efo mewn ffordd de...Cymraeg da ni mewn un ffordd de, sai’n haws pigo fo i fyny, jest o’r ffordd yna de.

**Interviewer**: You say it’s because it’s a first language, why do you think that..?

**John**: That’s what you’ve started off with in a way; isn’t it...we are Welsh in a way aren’t we; it would be easier to pick up, just from that perspective.

This demonstrates the benefit of the client and therapist sharing the same language and its impact upon the potential enhancement of the therapeutic relationship. Perhaps language is useful in helping the client and therapist to share easily identifiable characteristics, and therefore leads to ease of engagement and development of the therapeutic relationship. Conversely, if the client and therapist do not share the same first language, this may lead to changes in the client’s perceptions, emotions and behaviour towards the therapist, which will impact upon the therapeutic relationship (Bhugra & Bhui, 1998).
4.2.3 Therapist’s cultural and language awareness

Sensitivity to patients’ circumstances and empathy with patients are strong predictors of positive outcomes in health and social care settings (McGuire 1995; Reynolds & Scott 2000). Despite this, Bird (2012) suggests that where the therapist and client do not share a first language, a therapeutic working relationship can be established when there is willingness, on the therapist’s part, to explore and understand social and personal significance in the language used by the client.

The following extract reveals the importance placed by myself upon the therapist showing an awareness and understanding regarding both the Welsh language and the culture:

Gwawr: Achos fy mod i’n gweld y therapydd yma’n y gogledd, a ma’r therapydd yn byw yn yr ardal ac yn nabod diwylliant yr ardal ma hi’n gwerthfawrogi pa mor bwysig ydy’r iaith a ma hynny wedi cael ei drafod, dio ddim fel mod i’n mynd i weld therapydd yn Lloegr neu wlad arall lle dy nhw ddim cweit yn deall pwysigrwydd yr iaith, ma na ymdrechion di bod i ddysgu’r iaith ac yn y blaen, a defnyddio rhywfaint o eiriau so ma hynny’n bwysig, ym, so ma hi’n deall y sefyllfa.

Cyfwelydd: Pam bod hynny’n bwysig ti’n meddlw? Bod hi’n deall diwylliant sy’n dod ar gefn siarad y Gymraeg?

Gwawr: Oleia dwi’m yn gorfod egluro hynny, dwi’n gorfod gweithio’n galad i gyfeithu ayb ond dwi ddim yn gorfod rhoi’r cyd-destun iddi, dwi’m yn gorfod dweud pa mor bwysig dio - ma hi’n gallu gweld a ma hi’n rhan o’r gymuned ei hun, er ei bod hi di symud i mewn i’r ardal o be dwi’n ddeall, ma hi wedi gweithio yma ers tro ac yn gwybod ei bod hi’n gymuned ddwyieithog ond yn enwedig yn yr ardal lle dwi’n dod ohono ma na lot o siarad Cymraeg a ma hynny’n bwysig. Oleia doedd dim rhaid dechra o scratch yn llwyrr.

Gwawr: Because I see the therapist here in the north and the therapist lives in the area and knows the area’s culture she appreciates how important the language is and this has been discussed, it is not as though I would go to see a therapist in England or another country where they do not quite understand the importance of the language. There have been efforts to learn the language etc. and to use some words and that is important, so, she does understand the situation.

Interviewer: Why is that important do you think? That she understands the culture that
comes off the back of speaking Welsh?

_Gwawr_: At least I don’t have to explain it, I have to work hard to translate etc., but I don’t have to give her the context, I don’t have to say how important it is – she can see it and she is part of the community herself, although she has moved into the area from what I have been given to understand, she has worked here for a while and knows that it is a bilingual community especially in the area where I come from, Welsh is spoken a lot, and that’s important. At least there was no need to start from scratch.

4.3 Theme 2: Language identity

The theme of language identity was recognised by both participants, although differences existed in relation to how strongly they associated speaking Welsh with their sense of identity. The sub-themes identified were attitude towards the Welsh language, sense of self and perceived competence in their use of the Welsh language.

4.3.1 Attitude towards the Welsh language

The following extracts reveal the participants’ attitudes towards including non-Welsh-speaking individuals in a discussion with Welsh speakers, which reflects the value and possibly the status they attach to the Welsh language. Whilst both participants stated they would try to include non-Welsh speakers in the conversation, the degree to which they would consciously switch languages to English is different. The passage below reflects how readily John would accommodate a non-Welsh speaker by switching the conversation completely to English:

_John_: ...Cymraeg di rhan fwyaf gen i gosa fod fi’n siarad Saesneg efo rhywun Saesneg wrth gwrs...dwi’n sbio ama fo fatha ma na bobol Saesneg yn byw yn Gymru, a mae o i fyny idda nhw i ddysgu neu beidio, because, da chi’n gwybod...’sa Cymro yn mynd i wlad dramor sna’m rhaid idda fo ddysgu, ond, sa’n hawsach idda fo ddysgu basa.

_John_:...I use Welsh mostly unless I’m speaking in English with someone who’s English of course...I look at it as though there are English people living in Wales, and it’s up to
them to learn or not...if a Welshman went to a foreign country he wouldn’t have to learn, but it would be easier for him to learn; wouldn’t it.

However, in making the comparison with “if a Welshman went to a foreign country” John could be suggesting that he views the English as foreigners in Wales, which may reflect a distinction he is making between himself as a Welshman and the English.

In contrast, the extract below demonstrates the higher importance placed by myself upon being able to continue to speak Welsh in non-Welsh-speaking company, and also discloses a sense of ‘difference’ when speaking English:

Gwawr: Dibynnu ar y sefyllfa ond fel arfer mi fasa chi’n trio cynnwys y person di Gymraeg, ella rhyw hanner a hanner, ond mae o’n deimlad od iawn siarad Saesneg i rywun ti di arfer siarad Cymraeg hefo fel arfer. Mae o’n teimlo braidd yn chwithig neu braidd yn rhyfedd ‘llu; ond, ia mae o’n dibynnu ar yr unigolyn, ond ia trio cynnwys nhw. Dim troi’r iaith yn llwyry i’r Saesneg ond ella rhyw gyfieithu dipyn bach i neud siŵr bod nhw’n deall be sy’n mynd ymlaen ‘lly.

Gwawr: Depends on the situation, but usually you would try to include the non-Welsh speaking person, maybe half and half, but talking with someone in English is a very odd feeling if you are used to talking with them [Welsh speaking group members] in Welsh. It feels a bit alien or a bit odd; but, yes, it depends on the individual, but yes try to include them. Not turn to English in full, but maybe just translate a bit to ensure that they understand what’s going on.

4.3.2 Sense of self

The data suggests that the extent to which each participant relates to the Welsh language as a part of their identity is different, with myself expressing a greater sense of identity when speaking Welsh. A common distinction made between bilingual’s use of both languages is related to emotional expressiveness, with first languages implying intimacy, as well as signifying and engendering closeness, whereas the use of the
second/subsequent language implies the introduction of distance (Burck, 2004). The idea that bilingual people experience a sense of different selves depending on whether they are using their ‘first’ or ‘second’ language - referring to a sense that the ‘first’ language is ‘real’ and ‘natural’ while their ‘second’ language seems less authentic and out of touch with one’s sense of self - is supported by Pavlenko (1996). Burck (2004) puts forward the construct of ‘doubleness’ as a way of explaining this difference and suggests a comparison with Winnicott’s (1960) concept of the ‘true’ and ‘false’ self. A number of research papers studying Welsh speakers’ linguistic preferences (Roberts 1996; Thomas 1998) locate language as a fundamental part of their identity. This different sense of self that may be experienced by bilinguals when using their second language is captured by me in the extract below:

**Gwawr:** Dwi’n teimlo ma actio ydw i, ym, pan dwi’n siarad Saesneg, teimlo mai dim fi ydio, na wbath dwi’n gorfod ystyn allan o’r bag a deud, reit, dwi’n siarad Saesneg ‘wan, ti’n gorfod rhoi rhiw switch yn dy feddwl ‘fyd, ti’n gorfod smalio bod yn rhywun arall, dio ddim yn naturiol yn chdi.

For many first-language Welsh-speakers key aspects of their 'self' will be lost if they are required to interact through the English language (Madoc-Jones, 2004). The extract below describes how I feel, and that I lose a part of my personality, particularly my sense of humour, when required to interact in English:

**Gwawr:** Ma rhan fwyaf o’r profiadau sydd gen i o siarad Saesneg yn iaith mwy swyddogol neu brofesiyonol so mae o’n fwy... dwi’n yn gwybod, dwi’n fyw stiff ella neu mi dwi’m yn gwybod, ia mwy ffurfio a dwi’n teimlo’n amyli an fy mod i’n colli sense of humor yn Saesneg, ma hwnnw’n mynd, neu mi wyt ti’n gorfod gweithio’n galetach, a ma na rei pethau sydd ddim yn cyfleithu chwath, a ma hiwmor yn un peth sydd ddim, wedyn ma hwnnw’n cael ei golli dwi’m meddwl.
Gwawr: Most of the experiences that I have of speaking English are more formal or professional so it is more…I don’t know, I’m more stiff maybe or I don’t know, yes more formal and I feel very often that I lose my sense of humour in English, it disappears, or you have to work harder, and there are some things that are lost in translation, and humour can be one of those things, and I think that it gets lost.

While being able to use their first language can be identity affirming, in their second language they may struggle and feel that their sense of identity and confidence is being undermined (Madoc-Jones, 2004). This is illustrated by the extract below, also from me:

Gwawr: Dwi’n berson lot llai hyderus yn yr ail iaiith, dwi’n teimlo ella na dio’im yn rhan ohonai’n wreiddiol, mae o’n rhywbeth dwi di ddysgu, mae o fwy fatha tool na fi, mae o’n rhyw fath o sgil dwi di orfod ei ddysgu - siarad Saesneg.

Gwawr: My confidence is much lower in the second language, I feel that it’s not part of me, it is something that I have learnt, it’s more like using a tool than being myself, it is some kind of skill that I’ve had to learn – speaking English.

Whilst it is important to acknowledge that a person’s identity will be shaped by many additional factors, for example class, race and gender, for many first-language Welsh speakers a key aspect of their ‘self’ is realised in the Welsh language and its associations (Davies, 2011).

4.3.3 Perceived competence

A significant difference existed between John and me regarding our levels of perceived competence in using the Welsh language. I had a greater sense of perceived competence in my use of the Welsh language compared with my level of perceived competence in English, resulting in my feeling much more comfortable and confident
using Welsh in both a personal and professional context. This is illustrated in the extract below:

Gwawr: Pan dwi yn siarad Saesneg, dim mewn sefyllfa grŵp, ond dudwch bod fi’n mynd i rwla efo gwaith ble ma isio gwneud cyflwyniad neu wbath, os faswn i’n gorfod ei neud o’n saesneg mi fasa hynny’n lot caletach, mi faswn i yn poeni am faglu dros fy ngeiriau neu swni’n... neu dydi’r eirfa ddim gennai, mi faswn i’n gorfod paratoi fwy o flaen llaw, neu meddwl fwy am be dwi’n neud, ma siarad Cymraeg os dwi yn cael trafterth neu’n strygro efo’r pwnc fedrai efla ddim allan, neu achub fy hun yn haws yn y Gymraeg nag yn Saesneg, fedrai egluro fy hun yn well, a chyfleu fy hun yn well.

Gwawr: When I speak English, not in a group situation, but let’s say I go somewhere with work where a presentation is required, if I had to do it in English it would be much more difficult, I would be worried about jumbling my words or I’d…or that I don’t have the vocabulary, I would have to prepare more before hand, or think more about what I’m doing, when speaking Welsh if I get into difficulty or if I struggle with the subject I can maybe find my way out of it, or save myself much more easily in Welsh than in English, I’m better at explaining myself and expressing myself.

However, the opposite seemed to be the case for John, where he made a distinction between his ability to use informal Welsh and his lack of ability with regard to what he considered to be more formal Welsh. This is demonstrated by the following extract:

Cyfwelydd: Da chi’n meddwl sa chi’n gallu ateb yn gynt os dio’n Gymraeg ta Saesneg?

John: Mae o’n dibynnu ar y Cymraeg ma nhw’n iwsio.

Cyfwelydd: O ia, ia.

John: Tydwi’m yn ... yy.. Cymraeg coleg, da’ch wybod... y ffordd mae o yn cael ei ddyysgu, ffordd o siarad, mwy fatha Cymraeg bob dydd, mwy na Cymraeg iawn.

Interviewer: Do you think that you could answer more quickly if it was in Welsh or English?

John: It depends on the type of Welsh they use.

Interviewer: Oh yes, yes.
John: I don’t… uum... formal Welsh, you know… the way it’s taught, a way of speaking, more like everyday Welsh, rather than proper Welsh.

This is not surprising since few bilinguals are equally competent in both languages, and competence may vary over time depending on changing circumstances (Davies, 2011). The fact that both participants were raised in bilingual communities and had received their education through the medium of Welsh, would suggest that the difference in the linguistic mastery achieved by each in each language might account for the varying proficiency in the Welsh language.

4.4 Theme 3: Communication

The data identified communication as a theme, and two types of communication associated with art therapy - verbal and the image - emerged as significant sub-themes. Distinctions also existed between the participants in terms of the role played by images in their therapy and in terms of their relationship with the image.

4.4.1 Verbal communication

The importance of effective communication in healthcare has long been established and lies at the heart of healthcare delivery. In its review of research-based studies examining communication in healthcare, the Audit Commission (1993) confirmed the importance of effective communication in improving patient outcomes, increasing efficiency and enhancing patient satisfaction. However, Madoc-Jones (2004) reported that individuals who were better able to communicate with others in the Welsh language, commented that they found speaking Welsh easier, and that they had greater difficulty
expressing themselves through the medium of English. This difficulty in expressing myself in my second language is highlighted in the extract below:

**Gwawr:** Dwi’n meddwl bod ti’n gorfod meddlw lot so ella pan ti’n meddlw i ddiweud wbath, ella bod ‘na yn y broses o gyfieithu yn dy ben bod ‘na wbath yn cael ei golli ar y ffordd allan, dwi’m yn gwybod. Mae o’n cymryd fwy o amser i ... dio’m yn dod allan yn syth, mae o’n cael ei brosesu’n hirach ella, dwni’m os oes ‘na wbath yn cael ei golli’r adeg yna

**Gwawr:** I think you have to think a lot so maybe when you think of something to say, maybe in the process of translating it in your head something is lost on the way out, I don’t know. It takes more time to...it does not come out immediately, it takes longer to process maybe, I don’t know whether something is lost at that time.

This difficulty I experienced when having to communicate in my second language, particularly in terms of perceived effort and loss of meaning, was further confirmed when I was asked if I could make any connections between the drawing and what I had felt and said during the interview:

**Gwawr:** Yndw, dwi’n meddwl bod ym, mi oeda chdi’n gorfod, yn gorfforol llu, pwyso’n galed i gael y marciau allan mi oeda chdi’n gorfod gweithio’n galed, bysedd rhywun yn brifo braidd llu, ella oedd hynny’n adlewyrchu sut dwi’n gorfod gweithio’n galed i gyfieithu sut dwi’n teimlo ar lafar beth bynnag, ac mi dwi’n poeni bod pethau’n cael eu colli, ma’r llun yma’n dangos hynny mewn ffodd reit abstract ond mae’r cnewyllyn yn gweithio’n galed i gael pethau allan ond erbyn idda fo gyrraedd yr ochor mae o di troi i wbath arall.

**Gwawr:** Yes, I think that erm, you had to, physically, press hard to get the markings out and you had to work hard, my fingers were hurting a bit, maybe that reflected how hard I have to work to express how I feel, verbally anyway, and I’m concerned that things are lost, this drawing demonstrates this in quite an abstract way but the nucleus is working hard to get things out, but by the time it’s reached the side it has turned into something else.

John’s experiences of communicating in English were significantly different from mine. The extract below illustrates that during therapy the main causes of concern lay in the issues themselves, rather than the language in which they were discussed:
4.4.2 The image

The data suggest that the role played by the image during therapy is different for both participants. John uses the image to relax and self-soothe, and gains from the therapeutic benefits derived from the act of image-making alone. The image created following the interview seems to confirm this (see fig. 2 below and the AIR, Appendix E) and is also highlighted in the following extract:

John: ... Dwi’n trio meddwl am rhyw betha neis mewn ffordd de...mwy na rhoi fy meddyliau ar bapur, achos dwi’m yn meddwl y baswn i’n licio’r lluniau yna

Cyfwelydd: O, ma hynna’n ddiddorol

John: Os di rhywun yn ddigalon a da chi’n neud llun digalon sa fo ddim yn beth neis i weld,

Cyfwelydd: Sa hynn’yn anodd i weld ella, ydio’nn anodd i siarad amdan hefyd?

John: Yndy

Cyfwelydd: Ei roid o mewn geiriau yr un mor anodd?
John: Ydy

John: …I try to think of some nice things in a way, more than putting my thoughts on paper, because I don’t think I would like those pictures.

John: If someone is depressed and you make a sad picture, it wouldn't be a nice thing to see.

Interviewer: That would be difficult to see maybe, is it difficult to talk about this too?

John: Yes

Interviewer: Putting it in words is just as difficult?

John: Yes

Figure 2: Image created by ‘John’ under directive image-making

My use of the image is more reflective and is used to facilitate a dialogue between the therapist and myself:
I also recognise the importance of the image as an additional mode of communication, offering insights that are not accessible through verbal communication in either language:

**Gwawr:** I think that the pictures in art therapy are of course important and discussing them is also important and maybe there are things that these images generate that cannot be expressed in any language – and of course once these are created they are then discussed through the medium of English of course, or at least that it is an additional language in the therapy, in a way, there are three languages...two languages being used here - the visual language and the English language.

The importance of considering the client’s culture and use of language, and their implications on the therapeutic process and relationship, is consistent with the theoretical literature and research from psychotherapy (Bird, 2012). Also, it should not be assumed that images automatically take the place of a shared first language; equal attention should be paid to the client’s culture, use of language and use of images, and
to the fact that therapeutic benefit can be gained where the therapist and client do not share a common first language.

Figure 3: Image created by Gwawr under directive image-making

(AIR is in Appendix E)
CHAPTER 5: CONCLUSION

This chapter is divided into four sections. Section One makes explicit reference to the active role played by my personal beliefs regarding the importance of the Welsh language, and by my previous relationship with John in influencing both data collection and data analysis. Section Two presents the study’s conclusion. Section Three presents a number of key recommendations, which include areas for future research and practical implications for art psychotherapy practitioner training and practice. Finally, dissemination of results is discussed in the final section.

5.1.1 Outing the researcher

As Kvale (1996) explains, whilst all detailed investigation of human experience is unavoidably biased by the researcher’s personal perspective, studies are strengthened if the perspectives are transparently declared. This is not an attempt at objectivity, as that would be inappropriate, but instead an attempt to disclose to the reader honestly and openly my own history, knowledge and experiences regarding the Welsh language, as an art psychotherapy trainee practitioner, and my connection to John the additional research participant in this study, which will impact upon and determine my personal interaction, interpretations and inferences during data collection and data analysis.

As a first-language Welsh speaker I am very passionate about the Welsh language and it forms an integral part of my everyday life. My identity as a Welsh person is closely affiliated to my ability to speak the language. Speaking Welsh is more than a means of communication alone; it is central to my personality and being. The Welsh language offers me access to a unique culture and way of life and is linked to a strong sense of belonging to my homeland. Although having learned English as a second
language from a very young age and being fluent in both Welsh and English; speaking English does not feel as if it is a natural part of my being, it is a learnt mode of communication rather a central part of myself.

The Welsh language is viewed as a minority language and numbers of speakers are decreasing. This is a cause of great sorrow for me and I believe that it is important to advocate the development and growth of the Welsh language at every opportunity. I am a great supporter of bilingual communication and feel strongly that all public services in Wales should be provided through the media of both Welsh and English. I am sometimes concerned that, regardless of Welsh language policies and measures, the Welsh language services are not always made available. My beliefs relating to the importance of the Welsh language will naturally have influenced this heuristic inquiry’s research findings, by its very design; exploring my own personal experiences will involve a bias that will affect the themes identified. The addition of a second research participant will strengthen and enrich the data and will also offer the reader an additional perspective.

The importance of communication in art therapy is fundamental, and the role of the image and its ability to express and communicate emotions, thoughts and feelings is at the core of our profession. I was unable to source a Welsh-speaking art psychotherapist in private practice who could offer me art psychotherapy during my training; therefore I have been working with an English-speaking art psychotherapist for over two years. This made me wonder what effect undergoing art therapy in my second language was having on my therapeutic experience. I was also interested in the
experiences of other first language speakers who were in similar situations, what effects, if any, had they experienced?

This interest developed further during my first clinical placement at an acute mental health unit where all patients accessed art therapy through the medium of English. During the placement I was involved in assisting and observing at a six-month-long community art therapy group. Half of the participants were first-language Welsh speakers and the other half English speakers. It was during this placement I first made contact with ‘John’, my fellow research participant in this study. I feel it is important to note here that I was witness to his therapy and that my knowledge of him extends beyond the data gathered during the interview conducted as part of this study. Whilst I have tried to focus solely on the data gathered it is right to acknowledge that my past experience of John, in addition to my own personal beliefs and experiences will have influenced data collection: for example, it might affect disclosure of information from John’s perspective (wanting to please / cannot speak freely) and influenced my interpretation of the data.

5.2 Conclusion

The empirical findings of this small-scale explorative qualitative research study suggest that receiving art therapy through the medium of English (if one is a Welsh-English bilingual) does impact upon the therapeutic experience. Where the therapist and client do not share a first language, a therapeutic working relationship can be established when there is willingness, on the therapist’s part, to recognise that for many first-language Welsh speakers a key aspect of their ‘self’ is realised in the Welsh
language and its associations, and this has implications for the therapeutic process and relationship. Finally, art therapy practitioners working in bilingual settings should not assume that images automatically take the place of a shared first language; equal attention should be paid to the client's use of language and use of images.

5.3 Recommendations

This research gives rise to a number of recommendations revolving around lessons learned, future research directions and practical implications for art therapy practice and training:

- The importance of having strong working relationships with the art therapists in their roles as ‘gatekeepers’ in being able to gain access to participants for this type of research in the future.
- There is a need for further research investigating the experiences of first-language Welsh-speaking clients receiving art therapy through their second language, and its impact on the therapeutic experience.
- Art therapists in Wales should view establishing their client’s first language as a core element of the referral process.
- Art therapy practitioners working in bilingual settings should not assume that images automatically take the place of a shared first language, and should consider the importance of the client's culture and use of language, and the implications of these for the therapeutic process and relationship.
- Art therapy training facilitators (e.g., higher education institutions) should consider providing language and cultural awareness training to prepare art therapy students for practice in bilingual settings.
5.4 Dissemination of results

The fundamental aim of the vast majority of research is to produce findings which may serve to advance knowledge and understanding within a particular field or profession, and more specifically within health and social science research to improve client outcomes. Kapitan (2010) argues that not only does a researcher have an ethical responsibility to share this knowledge in order to improve client outcomes but is also deeply obligated to the study participants. However, there seems to be an inherent ideological contradiction when comparing the type of evidence base in art therapy research, with the kinds of research that verify treatment effectiveness and inform clinical guidelines and standards of care, normally associated with evidence-based practice within the health profession. The predominant approach within art therapy research seems to be qualitative, often relying heavily on case study and small-scale research. This may give cause for concern to quantitative researchers who seek large sample sizes in order to satisfy the need for generalisability of research findings. Kapitan (2010 p.243) challenges this notion by suggesting that:

Even a relatively small study, when precisely focused on an existing need with a demonstrable benefit, may produce outcomes that trigger a whole movement of demands for art therapy services.

There are several potential avenues for disseminating primary research findings locally and nationally. Both my local authority and local health board have websites and newsletters. Alternatively, presenting findings to the local art in health and well-being community would also be an option worth considering. Wider dissemination of research could take place via the All-Wales Network Committee for Arts Therapies Professions as well as BAAT’s special interest group Art Therapy, Race and Culture. Considering my research topic, national organisations such as Wales’ Arts in Health Network and the
Arts Council for Wales might also show interest in the research findings (they also hold national conferences which would allow the opportunity to make oral or poster presentations). A potential avenue more specific to art therapy would be the submission of the study for publication in BAAT's official peer-reviewed journal the *International Journal of Art Therapy: Inscape*.

The second part of the interview, involving the creation of directive image-making (Malchiodi, 1998) and subsequent dialogue, was captured by creating individual Audio-Imaging Recordings (AIR). Each AIR involved capturing a still image or image(s) of each participant's art-work, using photography to produce a slide-show. An audio recording of each participant talking about the image or experience(s) was then used to complement the slide-show (BAAT, 2012). The AIR could be a useful tool when presenting to conferences or different audiences as it brings the research to life.
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APPENDICES
APPENDICES:

Appendix A: Consent form (English & Welsh versions)

Consent Form

Title of Project:
Art Therapy: Understanding the experiences of first language Welsh speaking clients in North Wales.

Name of Researcher: Gwawr Wyn Roberts

I confirm that I have read and understood the participant information sheet, dated 22.7.12 for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my care or legal rights being affected.

I agree for photographs of any artwork I produce during my interview can be taken and included in the study.

I agree to take part in the above study.

I agree for direct quotations from my interview can be included in the study

I agree to have the interview audio recorded.

I consent for you to inform my GP and/or Key Worker of my participation in this study.

(Please provide GP contact details on page 2).

Participant name: ___________________________ Phone no: ___________________________

Mobile no: ___________________________ Email: ___________________________

Address: ____________________________________________________________

Signature: ___________________________ Date: ___________________________

Researcher's name: ___________________________ Signature: ___________________________

Date: ___________________________
**GP Contact Details:**

Name of GP: __________________________________________________________

GP address:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

GP phone no: __________________________________________________________

**Key Worker Contact Details:**

Name of Key Worker: ____________________________________________________

Key Worker address:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Key Worker phone no: __________________________________________________
Ffurflen Ganiatâd

Teitl y Prosiect:
 Therapi Celf: Deall profiadau cleientaid Cymraeg iaiath yng ngogledd Cymru.

Enw’r Ymchwilydd: Gwawr Wyn Roberts

Rhowch llythrennau cyntaf eich enw yn y bocs:

Rwyf yn cadarnhau fy mod wedi darllen a deall y daflen wybodaeth, dyddiedig 22.7.12 ar gyfer yr astudiaeth uchod ac wedi cael y cyfle i ofyn cwestiynau.

Rwy’n deall fy mod yn gwirfodoli i gymryd rhan a bod rhwydd hynt i mi dynnu’n nôl unrhyw amser, heb roi rheswm ac heb efeithio ar fy ngofal na’m hawliau cyfreithiol.

Cytunaf i chi dynnu ffotograffau o unrhyw wai th celf yr wyf yn ei gynhwrrchu yn ystod y cyfweliad a’u cynnwys yn yr astudiaeth.

Cytunaf i gymryd rhan yn yr astudiaeth uchod.

Cytunaf i’r cyfweliad gael ei recordio.

Rhof ganiatad i chi roi gwybod i’m Meddyg Teulu a/neu fy Ngweithiwr Allweddol fy mod yn rhan o’r astudiaeth hon.

(Nodwch fanylion cytswllt eich Meddyg Teulu ar dudalen 2).

Enw’r cyfranogwr: ____________________________ Rhif ffôn:______________________

Rhif symudol: ____________________________ E-bost:____________________________

Cyfeiriad:__________________________________________________________________________

Llofnod: ____________________________ Dyddiad:________________________

Enw’rymchwilydd:______________________Llofnod:________________________

Dyddiad:________________________________
Manylion Cyswllt Meddyg Teulu:

Enw’ch Meddyg Teulu: _____________________________________________________

Cyfeiriad eich Meddyg Teulu:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Rhif ffôn eich Meddyg Teulu: ____________________________________________

Manylion Cyswllt Gweithiwr Allweddol:

Enw’ch Gweithiwr Allweddol: _____________________________________________

Cyfeiriad eich Gweithiwr Allweddol:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Rhif ffôn eich Gweithiwr Allweddol: _________________________________
Appendix B: Participant information pack (English & Welsh versions)

Art Therapy Research
c/o The Community Arts Unit
Caernarfon Archive
Gwynedd Council
Shire Hall St
Caernarfon
Gwynedd
LL55 1SH

1/09/12

Dear Sir / Madam,

Art Therapy: Understanding the experiences of first language Welsh speaking clients in North Wales.

I would like to take this opportunity to introduce the research study we will be carrying out entitled ‘Art Therapy: Understanding the experiences of first language Welsh speaking clients in North Wales’.

The aim of the study is to explore the experiences of first language Welsh speaking art therapy clients who have received art therapy through the medium of English in the Betsi Cadwaladr University Health Board. The project looks to explore whether the language spoken during therapy influences the therapeutic process, as well as the relationship between you and the therapist.

I have enclosed an information sheet for you to read. Please read this carefully and discuss it with others if you need to. If you would like more general advice about taking part in research you will find this on the Involving People website which can be found at www.involvingpeople.org.uk

If you decide to take part in the study you will be invited to attend an interview where you will be asked questions about your experiences; as well as given an opportunity for image-making. The session will take no longer than 90 minutes and will be held at suitable venue agreed by you and the researcher. **You will need to sign and return the consent form before taking part in the study.**

Please contact me if you require any further information.

Kind Regards

Gwawr Wyn Roberts
Project Researcher
Participant Information Sheet

Art Therapy: Understanding the experiences of first language Welsh speaking clients in North Wales.

You are being invited to take part in a postgraduate research study for an MA Art Therapy degree from the University of Chester. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask the researcher if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this sheet.

What is the purpose of the study?
The aim of the study is to explore the experiences of first language Welsh speaking art therapy clients who have received art therapy through the medium of English in North Wales. The project looks to explore whether the language spoken during therapy influences the therapeutic process, as well as the relationship between you and the therapist. A written report will be produced at the end of the project as well as an Audio-Image Recording. The findings from the study will be used to inform the future development of the use of art therapy for first language Welsh speaking clients.

Why have I been chosen?
You have been chosen because you are a first language Welsh speaking client who has received art therapy through the medium of English within the Betsi Cadwaladr University Health Board.

Do I have to take part?
It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect the standard of care you receive in any way.

What will happen to me if I take part?
If you decide to take part, you will be given this information sheet to keep and asked to sign the consent form. This will give your consent for a researcher from the MA Art Therapy course at the University of Chester to contact you to invite you to attend an interview. At this interview you will have the opportunity to raise and discuss your views and experiences as a first language Welsh speaker who has received art therapy through the medium of English. The researcher will conduct the interview where you will be asked some questions about your experiences. There will be an opportunity to respond to questions verbally and through image-making. The session will last no longer than an hour and a half. With your permission, the interview will be audio taped and your image(s) will be photographed. No-one will be identifiable in the final report or Audio-Image Recording. You have the choice to be interviewed in Welsh, English or bilingually (Welsh/English).
What is an Audio-Image Recording?
Audio-Imaging Recordings involves capturing still image(s) of your art work using photography to produce a slide-show. An audio recording of you talking about the image / experience(s) is then used to compliment the slide-show. An Audio-Imaging Recording is not a video and you will not be filmed.

What are the possible disadvantages and risks of taking part?
There is a risk that revisiting the therapy experience may be upsetting for some participants. If a participant feels the need for support following their participation in the study it is suggested that they contact their GP or Key Worker to enquire about counselling services. The Researcher will inform your GP and/or your Key Worker of your participation in this study if you decide to take part.

Is there any payment for taking part?
There is no payment for taking part in the study. However, a maximum of £15 will be given to reimburse participant’s travel costs.

What are the possible benefits of taking part?
We cannot promise that the study will help you but the information we collect during this study will contribute towards to the development of art therapy in Wales through sharing your views, which will hopefully benefit other clients in the future.

What if something goes wrong?
If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this study, please contact:

Professor Mike Thomas,
Executive Dean,
Faculty of Health and Social Care,
University of Chester,
Riverside Campus,
Castle Drive,
Chester.
CH1 1SL

Dean’s Secretary: Jane Parry -   /

If you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone’s negligence (but not otherwise), then you may have grounds for legal action, but you may have to pay for this.

Will my taking part in the study be kept confidential?
All information which is collected about you during the course of the research will be kept strictly confidential so that only the researcher carrying out the research will have access to such information. However if you disclose information which is of concern to
the researcher, i.e. issues relating to harm to you or anyone else, the Researcher has a duty of care to contact your GP and your Key Worker.

Pseudonyms (false names) will be used in the study report. However, there is a possibility that someone who watches the Audio-Image Recoding may recognise your voice.

All personal data gathered will be safely destroyed three months after the study period has been completed.

What will happen to the results of the research study?
The results will be written up into a report and an Audio-Image Recording will be produced. It is hoped that the findings may be used to improve the art therapy service provided for first language Welsh speakers in North Wales.

Who is organising and funding the research?
The Faculty of Health & Social Care at the University of Chester will be involved in organising and carrying out the study.

Who has reviewed the study?
All research carried out by the University of Chester is reviewed by the University’s Research Ethics Committee. In addition this study has received ethical approval from the North Wales Research Ethics Committee-West to protect your interests.

Who may I contact for further information?
If you would like more information about the research before you decide whether or not you would be willing to take part, please contact:

Gwawr Wyn Roberts,
Project Researcher, University of Chester
Art Therapy Research, c/o The Community Arts Unit, Caernarfon Archive, Gwynedd Council, Shire Hall St, Caernarfon, Gwynedd. LL55 1SH

Thank you for your interest in this research.
Annwyl Syr / Madam,

Therapi Celf: Deall profiadau cleientiaid Cymraeg iaith gyntaf yng ngogledd Cymru.

Hoffwn fanteisio ar y cyfle hwn i gyflwyno'r astudiaeth y byddwn yn gweithio arni o’r enw ‘Therapi Celf: Deall profiadau cleientiaid Cymraeg iaith gyntaf yng ngogledd Cymru’.

Bwriad yr astudiaeth yw archwilio profiadau cleientiaid therapi celf Cymraeg iaith gyntaf sydd wedi derbyn therapi celf drwy gyfrwng y Saesneg gan Fwrdd Iechyd Prifysgol Betsi Cadwaladr. Ceisia’r prosiect ddarganfod a yw’r iaith a gaiff ei siarad yn ystod therapi yn dylanwadu ar y broses therapi, yn ogystal ag ar y berthynas rhyngoch chi a’r therapydd.

Rwyf wedi amgáu taflen wybodaeth i chi ei darllen. Darllenwch hon yn ofalus os gwelwch yn dda a thrafodwch ei chynnwys gydag eraill os dymunwch. Pe dymunwch gael cyngor mwy cyffredinol am gymryd rhan mewn ymchwil fe welwch hyn ar wefan Cynnwys Pobl: www.cynnwyspobl.org.uk

Pe baech yn penderfynu cymryd rhan yn yr astudiaeth byddwn yn eich gwahodd i fynychu cyfweliad ble byddwch ei chynnwys gydag yr adnabyddiaeth pam y byddwn. Ni fydd yr sesiwn yn para hwy na 90 munud a bydd yn cael ei chymniwl mewn lleoliad addas wedi’i gyntuno rhynoch chi a’r ymchwilydd. Bydd angen i chi lofnodi a dychwelyd y ffurflen ganiatâd cyn cymryd rhan yn yr astudiaeth.

Cofiwch gysylltu â mi os bydd arnoch angen unrhyw wybodaeth bellach.

Cofion cynnes

Gwawr Wyn Roberts
Ymchwilydd Prosiect
Taflen Wybodaeth i Gyranogwyr

Therapi Celf: Deall profiadau cleientiaid Cymraeg iaih gyntaf yng ngogledd Cymru.

Gwahoddir chi i gymryd rhan mewn astudiaeth ymchwil. Cyn i chi benderfynu, mae’n bwysig eich bod yn deall pam fod y gwaith ymchwil yn cael ei wneud a beth fydd hyn yn ei gynnwys. Darllenwch hwn yn ofalus os gwelwch yn dda a thrafodwch ei gynnwys gydag eraill os dymunwch. Gofynnwch i’r ymchwilydd os nad ydych yn deall rhywbeth neu os ydych eisiau mwyr o wybodaeth. Cymrwch bwyll i benderfynu p’un a ydych am gymryd rhan ai peidio. Diolch i chi am ddarllen y daflen hon.

Beth yw diben yr astudiaeth?

Bwriad yr astudiaeth yw archwilio profiadau cleientiaid therapi celf Cymraeg iaih gyntaf sydd wedi derbyn therapi celf drwy gyfrwng y Saeqseg yng ngogledd Cymru. Ceisir yr prosiect ddarganfod a yw’r iaih a gaiff ei siarad yn ystod therapi ym dylanwadu ar y broses therapi ei hun, yn ogystal ag y berthynas rhwygoch chi a’r therapydd. Bydd adroddiad ysgrifenedig yn cael ei gwblhau ar ddiwedd y prosiect yn ogystal â Recordiad Delwedd a Sain. Bydd canlyniadau’r astudiaeth yn cael eu defnyddio ar gyfer datblygu’r defnydd o therapi celf yn y dyfodol i gleientiai sy’n siarad Cymraeg iaih gyntaf.

Pam dewis fi?

Cawsoch eich dewis am eich bod yn gleient sy’n siarad Cymraeg iaih gyntaf ac sydd wedi derbyn therapi celf drwy gyfrwng y Saeqseg gan Fwrdd Iechyd Prifysgol Betsi Cadwaladr.

Oes rhaid i mi gymryd rhan?

Eich penderfyniad chi yw p’un a ydych am gymryd rhan ai peidio. Pe baech yn penderfynu cymryd rhan, byddwch yn derbyn y daflen wybodaeth hon i chi ei chadow, a byddwn yn gofyn i chi lofnodi ffurfen ganiatâd. Pe baech yn penderfynu eich bod am gymryd rhan, mae croeso i chi dynnau’n ôl unrhyw amser, heb orfod rhoi rheswm. Ni fydd penderfynu tynnu’n ôl, neu benderfynu peidio à chymryd rhan yn effeithio ar safon y gofal yr ydych yn ei dderbyn ar unrhyw gyfrif.

Beth fydd yn digwydd i mi os wyf yn cymryd rhan?

Pe baech yn penderfynu cymryd rhan, byddwch yn derbyn y daflen wybodaeth hon i chi ei chadow, a byddwn yn gofyn i chi lofnodi ffurfen ganiatâd. Bydd hyn yn caniatâu i ymchwilydd sy’n dilyn y cws MA Therapi Celf ym Mhrifysgol Caer gyf feminac â chi a’ch gwadd i fynychu cyfweliad. Yn y cyfweliad hwn, bydd gennych gyfle i godi materion a thrafod eich barn a’ch profiadau fel siaradwr Cymraeg iaih gyntaf sydd wedi derbyn therapi celf drwy gyfrwng y Saeqseg. Bydd yr ymchwilydd sy’n cynnal y cyfweliad ble bydd gofyn i chi ateb rhai cwestiynau am eich profiadau. Bydd gyfle i chi ymateb i gwestiynau ar lafar a thrwy greu delweddu. Ni fydd y sesiwn yn para mwya na awr a hanner. Gyda’ch caniatâd chi, bydd y cyfweliad yn cael ei dapi a byddwn yn cymryd ffotograffau. Bydd pawb yn aros yn anhysbys yn yr adroddiad terfynol ac yn y Recordiad Delwedd a Sain. Mae gennych y dewis i gael eich cyfweld drwy gyfrwng y Gymraeg, y Saeqseg neu’n ddwyieithog (Cymraeg/Saeqseg).
Beth yw Recordiad Delwedd a Sain?
Mae Recordiad Delwedd a Sain yn cynnwys cipio delweddau llonydd o’ch gwaith celf drwy ddefnyddio fotograffiaeth i greu sioe sleidiau. Defnyddir recordiad sain ohonoch yn siarad am y ddelwedd / y profiad wedyn i gyd-fynd â’r sioe sleidiau. **Nid yw’r** Recordiad Delwedd a Sain yn fideo, a **ni fyddwch yn cael eich ffilmio.**

Beth yw’r anfanteision a’r risgiau posib pe bawn i’n cymryd rhan?
Mae risg y byddai ailymweld â’r profiad therapi yn ofidus i rai. Pe bai’r sawl sy’n cymryd rhan yn teimlo ei fod angen cefnogaeth ar ôl cymryd rhan yn yr astudiaeth, awgrymir iddo gyseglu â’i Feddyg Teulu neu Weithiwr Allwedol i holi am y gwasanaethau cwnsela. Bydd yr ymchwilydd yn rhoi gwybod i’r Meddyg Teulu a/neu’ch Gweithiwr Allwedol eich bod yn cymryd rhan yn yr astudiaeth, pe baech yn penderfynu gwneud hynny.

A fyddaf yn derbyn tâl am gymryd rhan?
Nid oes tâl am gymryd rhan yn yr astudiaeth. Fodd bynnag, bydd uchafswm o £15 ar gael i dalu am gostau teithio’r sawl sy’n cymryd rhan.

Beth yw manteision posib cymryd rhan?
Ni allwn warantu y bydd yr astudiaeth yn eich helpu ond bydd y wybodaeth y byddwn yn ei chasglu yn sgil yr astudiaeth hon yn cyfrannu tuag at ddatblygu therapi celf yng Nghymru, drwy rannu eich safbwyntiau, a gobeithio y bydd hyn o fantais i gleientiaid eraill yn y dyfodol.

Beth pe bai pethau’n mynd o chwith?
Os dymunwch wneud cwyn, neu os oes gennych bryderon yng Nghymru, bydd yr astudiaeth y gwnnw o’r ffordeg yr ydym wedi cysylltu â chi neu wedi’ch trin yn ystod yr astudiaeth hon, cysylltwch â:

Professor Mike Thomas,
Executive Dean,
Faculty of Health and Social Care,
University of Chester,
Riverside Campus,
Castle Drive,
Chester.
CH1 1SL

Dean’s Secretary: Jane Parry - 

Nid oes unrhyw drefniadau gwneud iawn arbenig pe baechoch yn cael eich niweidio wrth gymryd rhan yn y prosiect ymchwil hwn. Pe baech yn cael eich niweidio oherwydd esgeulustra rhywun (ond nid fel arall), efalai bod gennych sail dros weithredu cyfreithiol, ond efalail y bydd yn rhaid i chi dalu am hyn.

**Fydd y faith mod i’n cymryd rhan yn yr astudiaeth hon yn aros yn gyfrinachol?**
Bydd yr holl wybodaeth a gedwir amdanoch yn ystod yr ymchwil yn gwbl gyfrinachol, fel na dim ond yr ymchwil ydwydd sy’n cynnal yr ymchwil fydd â mynediad i wybodaeth o’r fath. Fodd bynnag, pe baech yn datgelu gwybodaeth sy’n peri pryder i’r ymchwil ydwydd, h.y. materion sy’n ymweud â niwed i chi neu i rywun arall, mae’n ddeletswydd gofal ar yr Ymchwil ydwydd i gysylltu â’ch Meddyg Teulu neu’ch Gweithiwr Allweddl.

Byddwn yn defnyddio enwau ffug yn adroddiad yr astudiaeth. Fodd bynnag, mae posibilrwydd y bydd rhywun sy’n gwylio’r Recordiad Delwedd a Sain yn adnabod eich llais.

Bydd yr holl wybodaeth bersonol a gesglir yn cael ei ddifrodi’n ddiogel dri mis wedi i’r cyfnod astudio ddod i ben.

Beth fydd yn digwydd i ganlyniadau’r astudiaeth ymchwil?
Bydd y canlyniadau’n cael eu cynnwys mewn adroddiad a byddwn yn creu Recordiad Delwedd a Sain. Gobeithir y gellir defnyddio’r canlyniadau i wella’r gwasanaeth therapi celf a ddarperir i bobl sy’n siarad Cymraeg iau yng ngogledd Cymru.

Pwy sy’n trefnu’r ymchwil ac yn talu amdano?
Bydd Adran Iechyd a Gofal Cymdeithasol Prifysgol Gaer yn ymweud â gwasanaeth therapi celf a ddarperir i bobl sy’n siarad Cymraeg iaith gyntaf yng ngogledd Cymru.

Pwy sydd wedi adolygu’r astudiaeth?
Mae’r holl waith ymchwil a gyflawnir gan Brifysgol Caer yn cael ei hadolygu gan Bwyllgor Moeseg Ymchwilio’r Brifysgol. Yn ogystal, mae’r astudiaeth hon wedi derbyn cymeradwyeth foesegol gan [redacted] er mwyn amddiffyn eich buddiannau.

O ble caf fwy o wybodaeth?
Os ydych eisiau mwy o wybodaeth am yr ymchwil cyn i chi benderfynu p’un a ydych am gymryd rhan ai peidio, cysylltwch â:

Gwawr Wyn Roberts,
Ymchwil ydwydd Prosiect, Prifysgol Gaer
☎ / 📧
Ymchwil Therapi Celf, d/o Uned Celfyddydau Cymunedol, Archifdy Caernarfon, Cyngor Gwynedd, Stryd y Jêl, Caernarfon, Gwynedd LL55 1SH

Diolch am eich diddordeb yn yr astudiaeth hon.
Appendix C: Interview guide

Introduction, opportunity for questions and re-affirm consent

Part 1 - Interview questions

Q1. Tell me about yourself; your background and how you came to receive art therapy.

Q2. Tell me about your language use; do you use the same lanaguage all the time or does this change depending on the situation / relationship with whom you’re communicating with.

Q3. Share with me some of your experiences relating to lanaguage use in your art therapy.

(45 mins total).

Part 2 - Art-based activity

Consider what we have discussed during today’s interview and spend 20 mins creating an image.

Once you have completed your image, if you choose, you may discuss the image with the researcher.

(20mins).
Appendix D: Images of data coding process and theme identification
Appendix E: Audio-Image Recording with English subtitles (enclosed CD)
## Appendix F: List of initial codes generated from the images

<table>
<thead>
<tr>
<th>‘John’</th>
<th>Gwawr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pleasant</td>
<td>Carbon copy / blue print</td>
</tr>
<tr>
<td>Scenic</td>
<td>Loss of accuracy</td>
</tr>
<tr>
<td>Calm</td>
<td>Pressure</td>
</tr>
<tr>
<td>Tranquil</td>
<td>Effort</td>
</tr>
<tr>
<td>Safe</td>
<td>Pressing</td>
</tr>
<tr>
<td>Idealistic</td>
<td>Spokes</td>
</tr>
<tr>
<td>Picturesque</td>
<td>Core / nucleus</td>
</tr>
<tr>
<td>Familiar</td>
<td>Seeds</td>
</tr>
<tr>
<td>Soothing</td>
<td>Emanating</td>
</tr>
<tr>
<td>Relaxing</td>
<td>Layers</td>
</tr>
<tr>
<td>Gentle</td>
<td>Over-lapping</td>
</tr>
<tr>
<td>Remote</td>
<td>Circles within circles</td>
</tr>
<tr>
<td>Safe-haven</td>
<td>Inner and outer</td>
</tr>
<tr>
<td>Secure</td>
<td>Diminishing energy source from centre</td>
</tr>
<tr>
<td>Superficial</td>
<td>Drawing in the dark – can’t see what’s going on</td>
</tr>
<tr>
<td>Escapism</td>
<td>On the edge of something – not quite there</td>
</tr>
<tr>
<td>Fantasy</td>
<td>Incomplete</td>
</tr>
<tr>
<td>Home</td>
<td>Abstract – complicated and difficult to decipher</td>
</tr>
<tr>
<td>Danger = rocks</td>
<td>Spider’s web – get stuck</td>
</tr>
<tr>
<td>Undercurrent?</td>
<td>Multi-faceted e.g., gem stone / meaning / gems of information / feeling lost or not fully visible</td>
</tr>
<tr>
<td>Warning = lighthouse</td>
<td>Imprint / rubbings</td>
</tr>
<tr>
<td></td>
<td>Filling the gaps</td>
</tr>
<tr>
<td></td>
<td>Worried about asthetics of image = worried about how I sound in English</td>
</tr>
</tbody>
</table>
Appendix G: Evidence of ethical approval, University of Chester.

(Additional ethical approval evidence not included as it would identify the local health board)

EM/Wbh

27th June 2012

Gwawr Wyn Roberts

Dear Gwawr

<table>
<thead>
<tr>
<th>Ethical Approval Granted</th>
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<tbody>
<tr>
<td>FH&amp;SC Ethics Number: RESC0512-335</td>
</tr>
<tr>
<td>Course of Study: MA Art Therapy</td>
</tr>
<tr>
<td>Supervisor: June Keeling</td>
</tr>
<tr>
<td>Student Number:</td>
</tr>
</tbody>
</table>

I am pleased to inform you that the Research Ethics Sub Committee of the Faculty of Health and Social Care have approved your project “Art Therapy: Understanding the experiences of first language Welsh speaking clients in North Wales.”

Approval is subject to the above and following conditions:

1. That you provide a brief report for the sub-committee on the completion of your project.
2. That you inform the sub-committee of any substantive changes to the project.

We approve your application to go forward to the next stage of the approval process. If you are applying to IRAS and require a sponsorship letter and insurance documentation please contact Barbara Holliday.

If you have any questions or require any further assistance please contact Barbara Holliday on 01244 511117 or by email b.holliday@chester.ac.uk

Yours sincerely

Professor Elizabeth Mason-Whitehead
Chair, Faculty Research Ethics Sub-Committee

cc: Research Knowledge Transfer Office
cc: Academic Supervisor

University of Chester, Riverside, Castle Drive, Chester, CH1 1SL

This is a document issued by the University of Chester, Faculty of Health and Social Care June 2012.