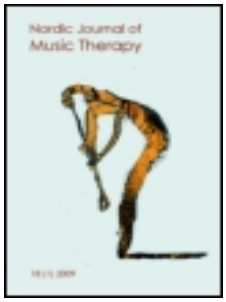

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Potential spaces: Supporting the development of relationships between classroom practitioners and children with complex needs in Belarus through music therapy consultation

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ABSTRACT

Introduction: Following positive outcomes of music therapy-based skills-sharing projects undertaken there in 2009, this doctoral research responded to a locally identified need by classroom practitioners at a Belarusian Development Centre seeking to develop relationships with children with complex needs.

Method: The study employed a convergent mixed-methods, pre- and post-intervention design. Winnicott's theory of the holding environment provided the theoretical framework for a new evaluation instrument which underpinned the structure of a specifically designed staff development programme. Eight staff participants evaluated their usual musical interaction with a child with complex needs (pre-intervention). Following engagement with the staff development programme (intervention), they then undertook ten filmed individual music sessions with the same child (post-intervention). Sessions were filmed and two self-chosen extracts pre- and post-intervention were self-rated and peer-rated against the descriptors of the evaluation instrument. Participants then reflected on the experience with the child in interviews.

Results: Results focus on that part of the qualitative data set that describes ways in which Winnicott's theory of holding was accessible and applicable in supporting optimisation of teacher-pupil relationships. Outcomes showed that the experience of Winnicott's "holding" in the learning process supported participants to engage with a process of change, facilitating potential spaces for play and development in relationships within the research group and between staff and children.

Discussion: Participants required support to maintain two levels of awareness in their learning – this internal process of change in perceiving, attuning to and empathising with the child which then underpinned growth in their concrete musical interactional skills.

ARTICLE HISTORY Received 20 January 2020; Accepted 23 July 2020

KEYWORDS Music therapy consultation; Belarus; children with complex needs; Winnicott; attachment in the classroom

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Introduction

In response to societal and professional expectations, the past twenty years have seen a shift towards child-centred educational approaches in European and American special schools (Fenton & McFarland-Piazza, 2014; Hedegaard & Chaiklin, 2011; McGreery, 2016). One positive outcome of this sea change has been the increasing recognition of the importance of the teacher-pupil relationship in maximising the child's engagement with school (Geddes, 2004; Jennings & Greenberg, 2009). The teacher's responses to and degree of involvement with the child are viewed as contributing to the vital processes of social learning, including the ability to operate within boundaries, concentrate and accomplish tasks (McGreery, 2016).

Globally, children with complex needs are among the hardest to reach, marginalised and vulnerable groups. The emotional impact of profound disability on relationships can be substantial (Pasiali, 2014), inevitably affecting social interaction with classroom practitioners (McGreery, 2016). If a child's emotional needs are not understood and appropriately supported at school, behaviour may become defensively organised (Geddes, 2004), impacting on educational outcomes and staff and pupil wellbeing (Brunsting et al., 2014). Conversely, positive teacher-pupil relationships have been shown to moderate these outcomes (Hopman et al., 2018).

Key factors and patterns in the relationship between infants and caregivers have been identified within the paradigm of attachment theory which link to those that develop in the classroom (Delaney, 2017; Riley, 2011). School-based consultation work undertaken by music therapists with a focus in attachment theory further assumes the centrality of relationship between teacher and child and between consultant and staff team in effective practice (Rickson, 2012; Twyford & Rickson, 2013).

Music therapy consultation is a growth area (Coombes et al., 2019) that also speaks to a growing imperative for collaborative working in the profession (Hadley, 2017). Authors agree that classroom practitioners with no formal musical training can be supported by a music therapist to facilitate music sessions with children with special educational needs to enhance development and learning (Skewes McFerran et al., 2017). Furthermore, the transferability of therapeutic skills through training and benefits to learning outcomes for pupils are increasingly recognised by managers and funding authorities (Pethyridge, 2013).

Research context

Many factors which may impact upon the potential for empathic teacher–pupil relationships in special schools are universal and include the significant physical and emotional impact of working with children and their families, the expectations of the school and of the local special education system and overall sociocultural context. Teaching staff can often experience challenging emotions arising from ongoing contact with disability, physical and emotional pain and illness. A common defence employed is to avoid powerful feelings of inadequacy and guilt which could otherwise precipitate unmanageable anxiety. This reduces the capacity for thinking and increases the potential for emotional overwhelm (Adams et al., 2016; Brunsting et al., 2014; Roman, 2016).

Authors who have explored overseas music therapy-based skills sharing projects in schools agree that awareness of and sensitivity to the local sociocultural context and its inherent subcultures are central to the work (Coombes, 2011; Quin & Rowland, 2016). Belarus' geographical position has contributed to repeated invasion, occupation,

hardship and decimation of the Belarusian people throughout its history. Following the Russian revolution of October 1917, Belarus briefly gained independence until 1924 when it became one of the founding states of the Soviet Union. The legacy of the Soviet totalitarian regime, together with the devastating consequences of two world wars had a profound and enduring psychological impact on the Belarusian population (Lenzi, 2002; Shutova, 1999). Literature suggests that there is barely one post-Soviet family that will not have been affected by traumata such as political oppression, war, famine, genocide, disease and man-made disasters such as the nuclear explosion at Chernobyl in 1986. The transgenerational transference was broadly one in which creativity and initiative were dangerous, self-monitoring and vigilance in every aspect of discourse and behaviour were essential and feelings needed to be suppressed as they could potentially lead to unguarded action. Furthermore, Rozic (2015) suggests that a combination of forced communal living and social isolation resulting from fear of denunciation created a continuous state of paranoia for Soviet citizens.

The effects of collective traumatisation for a societal group can be significant and sustained (Sutton, 2002) and may be passed down through generations (Grubrich-Simitis, 1981; Sekeles, 2012; Sutton, 2012). Affective outcomes may include psychological detachment, attachment disorder (Timmerman, 2011), silence (Green, 2011) and identification with the more powerful other (Grubrich-Simitis, 1981). Although sources are scarce and heavily biased towards critical western viewpoints (Bennet, 2011), commentators agree that Belarusians typically display loyalty to "any locus of authority" (Lenzi, 2002, p. 406) and avoid voicing opinions (Padhol & Marples, 2011).

Theories relating to psychoanalysis accepted in Tsarist Russia were purged as bourgeois during the Soviet era (Miller, 1998) and not revived until the 1980s. Miloscz (1953) posits that, in the Soviet Union, there was no boundary between the individual and society. If Western neuroses, treated with psychoanalysis, result from man's isolation, then psychoanalysis has no relevance in the USSR and therefore no credence. The term psychotherapy retains a degree of sociocultural stigmatisation in Belarus, although this position is gradually changing.

Narrative research by Pustulka and Slusarczyk (2016) into the oral recollections of Polish migrants of their Soviet era schooling revealed that, for some, the social distance which existed between themselves as children and their teachers provoked feelings of fear and powerlessness. These experiences were viewed as normal and the respect shown to those teachers valued. An authoritative approach to children in schools continued in Belarus in the early post-Soviet years (Shutova, 1999). In Belarusian special schools, medical and pedagogic approaches continue to be described (Vargas-Baron et al., 2009) and, it may be argued, perpetuate that same sense of normalised emotional distance between staff and children.

Consideration of such sociocultural factors was paramount in the design of the staff development programme which was central to the research fieldwork. The staff group of this Development Centre is unique in Belarus in having previously received input in child-centred approaches as part of the its initial development, as well as an introduction to the basic principles of using sounds as communication in 2009 (Margetts et al., 2013). Feedback showed that this had precipitated both the beginnings of an organic shift in the staff's awareness of what might be possible and the extent to which psychodynamic ideas were difficult to reconcile with traditional results driven approaches (Thornton, 2002).

The research design acknowledged such potential emotional complexity, for staff participants, in seeking to lessen possible social distance and to develop closer relationships with children with complex needs. A process of learning new ways of supporting the children through the development of relationship could potentially involve shifts in both professional and personal self-perception. The aim throughout the fieldwork was to provide a safe, boundaried learning experience (Pethyridge, 2013) which would be accessible and meaningful within the context of classroom practice (Rickson, 2012).

Literature pertaining to music therapy consultation advocates the development of relationships with participants based on empathy, trust and respect (Pethyridge, 2013; Rickson, 2012; Skewes McFerran et al., 2017; Twyford & Rickson, 2013). Aigen (2000) acknowledges the interaction between the biography and standpoint of the researcher and the research process and findings. Psychotherapist Harvey (2017) contends that an experienced psychodynamic therapist cannot completely put aside those skills in the research context and that an ability to offer emotional containment for participants' experiences while not taking the role of therapist can be of great value. While communicating to staff participants that they were not being trained to be music therapists and that the researcher would not be working directly in her capacity as a therapist (Rickson, 2012), awareness was also retained of the potential impact of psychodynamic music therapy-based thinking for participants. For example, and in very broad terms, one influence of sociocultural context might be a cultural lack of availability in terms of individual emotional needs. Participants might not easily be able to imagine being thought about and held in mind.

Method

The study employed a convergent, mixed-methods pre- and post-intervention design. Figure 1 presents a joint display of quantitative and qualitative methods of data collection and analysis (Creswell, 2015). Fieldwork took place in four phases over a six-month period at CRC Minsk. In Phase 1, eight staff participants, selected by the Director of the Centre, evaluated their usual musical interaction with a child with complex needs (pre-intervention). Phase 2 (intervention) comprised a specifically designed staff development programme as illustrated in Figure 2. At this wheel model's centre are the elements of the newly created evaluation instrument grouped under three domains; individualising physical space, waiting, watching and listening, and matching and adapting. This design promotes "holding" (Winnicott, 1960), without which playfulness cannot happen (Levinge, 1993).[1]

Structured by this evaluation instrument, the staff development programme was then formed of three interrelated layers, shown in the next three rings of the wheel model:

- Principal considerations – valuing of roles and expertise, creativity and playfulness, understanding of the method, language and structure and space and time to reflect
- Fieldwork content and delivery – theoretical teaching, experiential learning, musical play, observation and practice-based sessions

[1]The framework, design and application of the evaluation instrument will be published elsewhere.

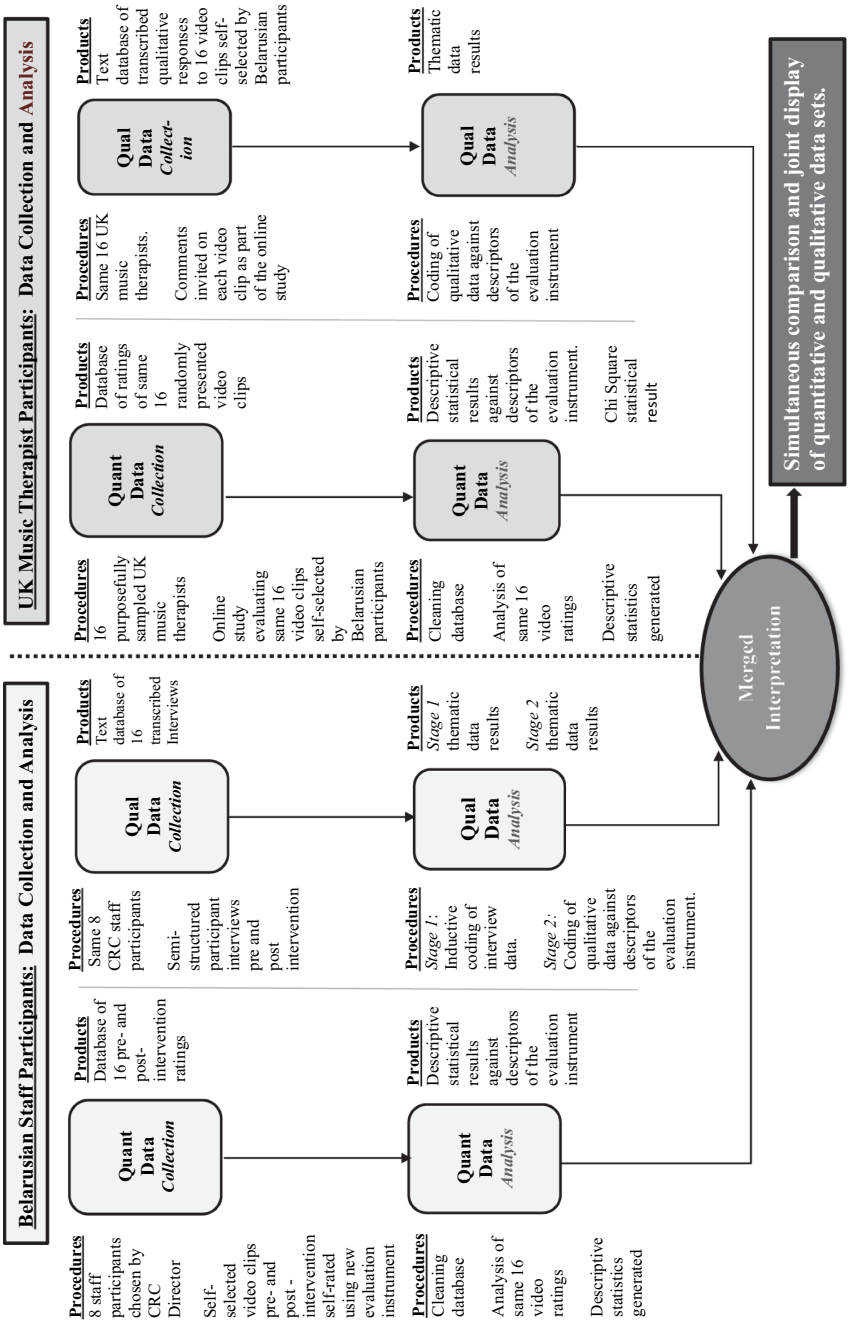

Figure 1. Convergent mixed-methods research design

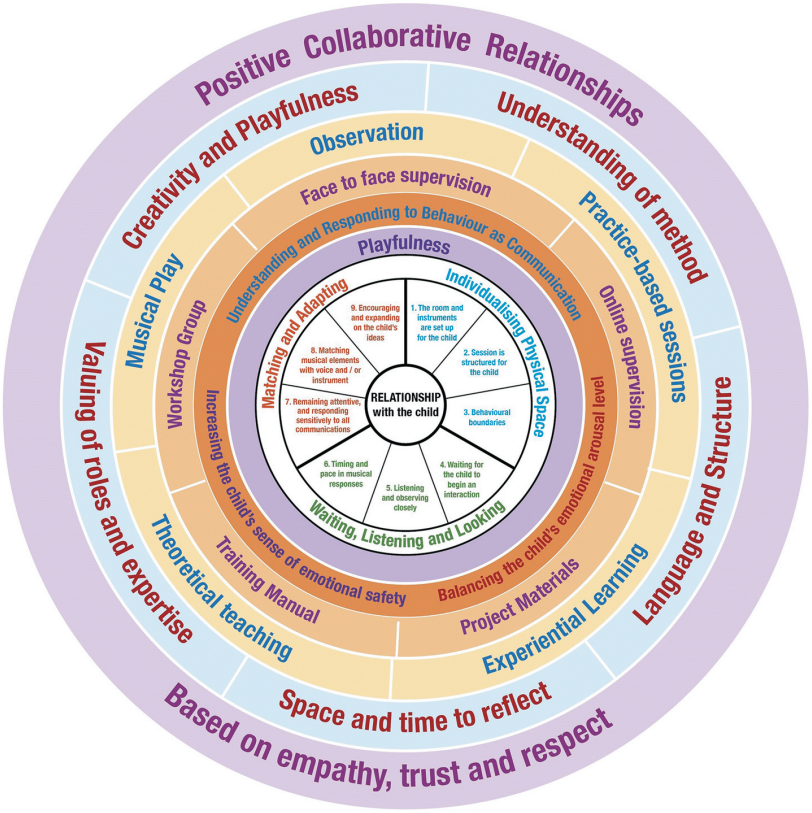

Figure 2. Fieldwork design wheel model

- Comprehensive support package including face-to-face and online supervision, a peer workshop group and a training manual

In work with school staff teams, Rickson (2012) advocates valuing knowledge, professional roles and skills while remaining responsive to local cultural attitudes towards those perceived to be in authority and aware of potential power differentials. In this present study, it was agreed with participants that the research would be a shared undertaking, to which all would bring mutually valued contributions (Quin & Rowland, 2016). In all aspects of engagement with fellow professionals in music therapy practice, a consideration of the lens through which communication is received is essential to an effective outcome. Particularly as the staff development programme was live translated between Russian and English, how material and feedback were heard was closely monitored. Clear, non-technical language minimised the risk of misunderstanding and possible resulting anxiety for participants.

Winnicott's theory of holding (Winnicott, 1991) posited that the "good enough" mother presents the world to her infant in manageable doses. Accordingly, digestion of new ideas was supported through careful consideration of the timing and pace of their presentation (Watson, 2005). Space to acknowledge and process feelings arising from the material was particularly emphasised through a variety of reflective structures. For example, to close the fieldwork, music was improvised together to release thoughts and feelings about the overall research journey, which were then given visual form in spontaneous words and drawings on a pre-prepared "yellow brick road" as shown in Figure 3.

Part of supporting participants to connect with their own creativity and to relate more freely to children with restrictive pathologies involved engendering a spirit of playfulness in all aspects of the work. One musical play activity required participants to choose a finger puppet "blind" from a bag. In pairs, they then took turns to "tell a short story" using only the puppet and to improvise a musical response using only a kazoo. Amidst fun and laughter, the serious learning point was made that the observant, listening adult can respond creatively in ways which are meaningful to the non-verbal child.

Following the staff development programme, participants undertook ten filmed individual music sessions with the same child or, where circumstances dictated, a second child in Phase 3 (post-intervention), supported by supervision. Phase 4 comprised quantitative and qualitative data collection. Participants rated 2 self-selected video extracts, one each pre- and post-intervention against the elements of the newly created evaluation instrument. They then reflected on their experiences in qualitative interviews which were structured around three key areas:

1. Observations, responses and experiences during the work undertaken with the child in individual music sessions
2. Whether, and, if so, in what ways these observations, responses and experiences related to learning about Winnicott's (1960) theory of the holding environment

Figure 3. "Yellow brick road" reflective drawings

3. Experience of any meeting points and the tensions between learning during this project and each participant's classroom practice with children with complex needs.

In accordance with the mixed-methods design (Creswell, 2015), quantitative and qualitative data sets were analysed separately and then integrated. Stage 1 analysis comprised inductive qualitative thematic analysis (Braun & Clarke, 2006) of the 16 interviews undertaken with staff participants in phases 1 and 4. Stage 2 analysis incorporated quantitative and qualitative analysis of the data within the framework of the ten elements of the new evaluation instrument, avoiding duplication with stage 1 data. To provide triangulation, the same 16 self-chosen video extracts were randomised and evaluated quantitatively and qualitatively in the same way by 16 UK music therapists in an online study.

Ethical considerations

The research for this project was submitted for ethics consideration under the reference EDU 11/022 in the Department of Education and was approved under the procedures of the University of Roehampton's Ethics Committee on 14.05.14.

A system of rolling consent was negotiated in which informed consent was sought before each research phase. Both adult and child participants were also closely monitored by the researcher for signs of disengagement, unease or discomfort. As anticipated, where participants did not have the confidence to verbalise their wish to withdraw, this was "acted out." Those participants were then supported to withdraw from the research where needed in line with the consent agreement.

Results

The impact of participants' learning process on the nature of the relationships with children with complex needs, which is the focus of this paper was considered principally from within the stage 1 qualitative data analysis. From the six themes identified in the wider data set, two described emotional changes within the participants themselves and in the relationship between the adult and the child. These themes and their pre- and post-intervention sub-themes are shown in Table 1.

Table 1. Themes and sub-themes describing changes in respect of the teacher-child relationship

Theme	Theme 1: Creating space for the child inside onself		2: Identification	
Phase	1: Pre-intervention	3: Post-intervention	1: Pre-intervention	3: Post-intervention
Sub-theme	1: Emotional insight emerging	1: Using oneself as instrument 2: Reduced tension between adult and child 3: Trust developing in the relationship	1: Survival and exhaustion	1: Being able to identify with the child 2: Guilt and regret

Theme 1: Creating space for the child inside oneself

This theme emerged as significant in participants' descriptions of ways in which their learning about Winnicott's theory of holding (Winnicott, 1960) had impacted on relationships with children with complex needs. Pre-intervention, the researcher noted how tired staff members appeared. Overall, the Centre was strikingly quiet. Additionally, the translator reported that both bureaucratic and parental pressure on special school staff throughout Belarus had greatly increased (researcher's journal, 2014).

Phase 1:1 Emotional insight emerging

During Phase 1, the researcher aimed to support participants to slow down and to begin to find ways of creating spaces for thinking (researcher's journal, 2014). Responses from seventy-five per cent of participants evidenced the potential for the development of emotional insight into the children's needs, as well as into themselves as classroom practitioners. The data indicated that potentially different ways of thinking about the children's presentation had created space for a consideration of feelings. One participant explained: "[We] both had this degree of freedom that [we] had not experienced before." This prompted realisation that there could be many more potential channels for communication with the child. Despite experiencing natural anxiety around the child's volatility and aggression which she typically tried to subdue, this participant nonetheless stated; "[I] realised that we do have to bring new experiences, we do have to bring strong emotions, sounds, or whatever to the lives of these [children] because they need it the same way everyone else does." Another reflected on the child's presentation in terms of parental expectations: "And she is in this permanent tension that she has not to fail someone's expectations and she has to respond. It weighs on her, and she's always tense."

Phase 3:1 Using oneself as instrument

Addressing parents, Winnicott (1993) emphasised that; "we must be *ourselves*" (p. 123). The realisation that they were often using themselves differently during their post-intervention music sessions arose for sixty-three per cent of participants. One participant commented: "It's a different approach, and you had to actually change yourself from inside." Another identified that she was now moving at the child's pace: "For many years I have been like an animator: running around and doing things and making other people do things. And here I finally managed to tune in to his moods, to his movements." Some participants focused on the need to be calm when working with the children. One explained:

> Before every [music] session [with the child], I tried to calm down, and prepare myself for doing it properly . . . It wasn't easy! . . . when you are permanently working with a large group of children and this turmoil is all around you, its all the time, I had to force myself to stop, to reflect, and then to calm down.

Winnicott (1993) agreed, gently advising parents that the most effective way of responding to their young child's fearful reaction to a sudden, loud, hurtful noise would be to; "hold the child close to yourself, and the child uses the fact that you are not scared beyond recovery and is soon off and away, playing again" (p. 120).

One participant described overcoming the anxiety she experienced in relation to the child's aggressive behaviours which she grew to understand as emotional communication. She said: "I absolutely realised that [the child] needed someone to actually help

her to cope with these aggressive reactions and [I] appreciate that [the child] chose actually [me] to be her partner in doing it." Moving forward with this awareness took courage, as shown in the Russian proverb quoted simultaneously: "You never go to the woods if you are afraid of wolves."

Phase 3:2 Reduced tension between adult and child

All eight participants described ways in which tension between themselves and the child reduced significantly as individual music sessions progressed. Anxiety in these working relationship often pre-dated the research. One participant felt that the child's frequent aggression towards her in the classroom, mostly resulting from not getting what he wanted, had been targeted to cause maximum distress. She said that this made it "impossible to work." She reflected:

> I was just holding myself tight, through practically all the [music] sessions. But during the last two sessions, when I just let things go and I released the tension and I realised that, yes, things had changed; we could improvise, we could do things together.

In contrast to pre-intervention descriptions of stress and anxiety, participants now reported feelings of pleasure in working with the children in music sessions. One said: "It was like when you are playing with any child and you are a child yourself. It is taking in a part of the child." This finding is endorsed by Winnicott (2005), who posited that the mother's enjoyment in playing with her baby is essential to bring life to the encounter. Another also described deriving pleasure from being with the child, where previously his targeted aggression greatly upset her. As she reflected on his behaviours as communication, together with what was known about his turbulent home life, moments of tenderness towards him emerged as a result of mutual co-regulation of affect (Edwards, 2011).

Three participants noticed specific changes in their relationship with the children which indicated a reduction in tension between them. For one, these included the child's new enjoyment of her hugs and an increase in smiles. He also began to laugh in response to jokes and to access a wider range of classroom activities. Another participant movingly described how she could not have imagined that the child *wanted* to learn; furthermore, that the experience of safety in their relationship would support his readiness for further development.

Phase 3:3 Trust developing in the relationship

Fifty per cent of participants alluded directly to trust having developed between themselves and the child with whom they were working during the research. Reflecting on the positive changes in this relationship, one said that he now sometimes allowed himself to disregard what she said: "He started behaving like a normal, regular boy," where previously he was "all deep in himself." Winnicott posited that an infant will need to test his parents' capacity to be consistently good enough so as to be able to internalise reliable care and begin to take it for granted (Levinge, 2015). Such testing of his relationship with his teacher further appeared to have supported this child's overall sense of emotional security at school: "And we noticed that now he is coming to the Centre every morning with willingness and with pleasure."

Two further participants also emphasised the trust which had developed in their relationships with the children. One recognised this as the result of the creation of a safe environment, listening, focused attention and attunement. This echoes the

primacy of reliability in Winnicott (1993) theory of the mother–infant relationship. Another considered the importance of visual contact with the child which, together with his reading of her facial expressions, enabled him to feel secure enough to bravely suggest his own ideas in their sessions. Winnicott (2005) said that a baby looking at his mother will see himself reflected in her, "and what she looks like is related to what she sees there" (p. 151). The consistent experience of seeing himself reflected positively in the adult's eyes appeared to support the child's developing sense of emotional safety.

Theme 2: Identification

Winnicott (1990) posited that the state of primary maternal pre-occupation supported the mother to identify with her infant, to tune in to how s/he may be feeling and to put herself in his or her shoes. Experiencing positive changes in how they thought and felt about the children with whom they were working appeared to have supported staff participants' capacity to identify with them.

Phase 1:1 Survival and exhaustion

Pre-intervention, three participants appeared to describe simply surviving the very challenging autistic children with whom they were working. One observed: "And aggression manifests itself unexpectedly and in a very strong way. And, when [the child] usually came into the music room, she was carefully watched, because they were afraid that she would throw things, she would damage some instruments." This child's drumming was described as "so loud, it could have shattered the walls." Usually, access to drums was limited to prevent an escalation of aggression.

Two participants presented as exhausted and overwhelmed by the impact of the children's complex needs (Strange, 2012). One practitioner also had an arm in plaster, where she had been previously hurt by a different child in her class. Throughout her interview, this participant's vocal delivery was soft and unvarying in tone as she described ways in which the child had been very active and constantly and loudly vocal. Within the boundaries of role, the researcher offered support with awareness of the possible stress and anxiety underlying this presentation.

Phase 3:1 Being able to identify with the child

Sixty-three per cent of participants articulated ways in which they were able to more closely identify with the child in their music sessions. One stated: "And getting into the child's shoes. That was wonderful. It . . . helps you understand the depth of everything." For another, being on the same physical level as the child was important in tuning into her feeling state. This participant said; "it seems to me that I can feel the child's joy and pain and I can understand their attitude to different things, and I can be with them in whatever they feel." While advocating an empathic teacher-pupil relationship, Winnicott (1990) was clear that appropriate boundaries should be maintained, which support was provided for this participant in supervision.

Phase 3:2 Guilt and regret

Reflecting on their work, two participants described a sense of guilt and regret alongside the joy expressed regarding the changes they had seen in their relationships with the children. One explained that she had been inspired to try a similar approach with a much older, hard to reach child. She movingly and insightfully described the impact

of the child beginning to respond to her efforts to engage him in an improvised musical interaction:

When I was working with [the child], I was crying. I used to be very indifferent to those things before . . . Now I am at the same level as M, and when I see his reaction . . . I feel terribly guilty of why I haven't done it before.

Those working with children and adults with complex needs may carry often unconscious guilt for not having to bear the same challenges as those in their care (Sinason, 1992). Within role, the researcher aimed to normalise and support such difficult emotional experiences within this participant's overall ability to create a safe environment for the children, seeking again to build confidence in her considerable professional competence.

Excessive devotion to a child or adult with complex needs may result from a worker's guilt that they cannot cure the incurable (Stokes & Sinason, 1992). For another participant, this translated into a self-imposed directive: "I have to like him. I have to love you, [child's name]" despite the child's extreme challenging behaviour. She appeared to feel very guilty about her ambivalent feelings towards him (Winnicott, 1993) and sought to take responsibility for his aggression: "And when they say that children like our children are aggressive, it's not that they were born aggressive, it is us who are making them aggressive."

Discussion

Winnicott (2005) said: "The potential space happens *only in relation to a feeling of confidence* on the part of the baby, that is, confidence related to the dependability of the mother-figure or environmental elements" (p. 135). Psychoanalyst Diamond's (2007) concept of the "analytic third" extends this idea: "The analytic third is what we create when we make genuine contact with one another at a deeper emotional level whether in dyads, groups, communities or organisations" (p. 142). Research outcomes evidenced emergence of such potential spaces for play and development in relationships within the research group and between staff and children.

Researcher and staff participants

The establishment of positive relationships between the researcher and staff participants was fundamental to the creation of a safe, held learning environment. Despite the research responding to the Development Centre's request for support, initial contact with the staff group demonstrated that research visits also represented interference in the staff team's primary task of teaching and caring for the children (Garland, 1998), which dynamic between may lead to sabotage in the early stages (Halton, 2006). In Phase 1, staff participants were often late, or left early, or were occasionally absent. The demands of the Centre notwithstanding, such responses appeared to correspond to Garland's (1998) suggestion that, while "help" may be welcomed there will still be resistance. The fieldwork process supported participants to begin to express themselves freely and so connect with their own sensitivity. While often enjoyable, experiential learning, with attendant possibilities for change was particularly challenging for some (Watson, 2005). To facilitate play with ideas, appropriate holding was needed for participants' emotional experience. The therapist-as-researcher was able to usefully access psychodynamic knowledge, skills and experience of working with groups to

manage participants' emotional projections. For example, noting the difference between a demonstration of musical interaction with a child and approaching such work herself one participant referred to the researcher as a "master" who made this look easy. It was important to meet this statement as an expression of the participant's own anxiety about undertaking her music sessions and so offer support and encouragement, rather than respond to the apparent combination of idealisation and envy as might a therapist working with a patient (Garland, 1998).

Such instances dissipated as participants grew in knowledge and skills and were increasingly able to identify with and adapt to the children in music sessions. Their growing confidence also appeared to temper unfulfilled expectations of criticism of their work by the researcher. In a de-brief conversation, the translator reported participants as having contrasted the researcher's stance with the critical approaches to their teaching more typically encountered. That participants *were*, in fact, able to change this apparent pre-conception to a perception based in experience further evidences the internalisation of holding.

Researcher, translator and research assistant

Levinge (2011) emphasises the importance, for the caregiver, of having "available space in mind where they can 'hold' the infant's needs. Similarly, the [therapist] has to have that space for the parent as well as for the child" (p. 47). Mutually supportive, holding relationships with a music therapist research assistant and with the translator facilitated this potential space for the researcher. The rapport and empathy between researcher and translator, together with the translator's understanding of both the research and local context served to mediate the relationship between researcher and participants. Her long-standing professional relationship with the Centre supported a sense of safety for staff participants (Kuo & Arcuri, 2013). As a Belarusian national, the translator was able to support the researcher by "reality checking" and contextualising experiences within the local context. Translator and researcher together were able to provide holding for staff participants, both during contact time and through subsequent joint processing of fieldwork experiences.

Regular de-brief conversations with the music therapist research assistant during the fieldwork also proved invaluable in processing and retaining clarity of research focus and role in often emotionally demanding work, as well as providing a second perspective on participants' engagement with the learning process.

Staff participants: The Workshop Group

The establishment of a Workshop Group was an integral element of the staff development programme, providing a supportive environment within which staff participants could process their emotional responses to their music sessions and discuss new approaches. All eight participants responded positively to this: "When you word the problem, it is easier to find a way of solving it." The Director of the Centre felt that the Workshop Group had positive outcomes in terms of reducing staff stress and increasing creativity (Geddes, 2004; McGreery, 2016). As staff participants shared their practice-based experiences of the children's emotional and behavioural communication, play with ideas became possible enabling reflective and creative, rather than reactive responses (Brunsting et al., 2014). Supporting ethical requirements to

minimise disruption for both staff and children, seventy-five per cent of participants stated an absence of conflict between their usual classroom practices and Winnicott's holding (Winnicott, 1960), attributed to emphasis on natural processes of mother–infant interaction (Phillips, 2007).

Staff participants and children with complex needs

The research found that all eight staff members were able to create a space inside themselves to provide a holding environment for the child. The data evidenced factors supporting significant changes in how they perceived, thought about and responded to the children. Seventy-five per cent of participants cited space and time for reflection as important and fifty per cent further noted feeling supported and encouraged by supervision and stimulated to think differently about the child with whom they were working (Diamond, 2007).

Sutton and De Backer (2009) posit that the music therapist leaves an open, receptive silence which creates space for the child within the therapist's mind, as well as between the therapist and child. This they align with Winnicott's potential space. With the development of these spaces between researcher and participants and between participants themselves, there was simultaneous creation of potential spaces for play and learning between staff and children. Perceiving, thinking about and responding to the child differently based on observation, listening and an understanding of behaviours as communication enabled provision of a holding environment for the music session.

Limitations of the study

Although effective in building a rich data set, a convergent mixed methods research design (Creswell, 2015) may also be particularly impacted by issues of bias (Robson, 2011), partly owing to the closer relationship between researcher and participants than is typical of experimental research. Data analyses showed that the researcher's sustained involvement with the Centre had an ameliorating effect, evidenced by Belarusian participants' capacity to reflect on challenges and difficulties encountered during music sessions with the children as well as on positive developments.

Participants' theoretical, experiential and practical learning and supervision were all undertaken with the music therapist-as-researcher. While all resulting potential for bias could not be removed, sustained professional experience, supervision and peer support enabled appropriate research boundaries to be maintained. The use of qualitative semi-structured interviews provided a sense of participants' affective experience through listening and observation of non-verbal communication, participants' responses to the researcher would inevitably have influenced their attitude to and engagement with the research process.

Eleven staff participants were initially selected by the Director of the Centre of whom eight provided reliable data used in the research. From the literature reviewed, and the researcher's previous local experience, it is probable that seeking voluntary participation would have been somewhat arbitrary. The Director would have been likely to have chosen participants based on their ability to positively represent the Centre (Gilham, 2000). That there will have been an impact of this method of

sampling, together with the small sample size itself on the potential to generalise the findings is probable and difficult to avoid.

Triangulation was used to ameliorate bias arising from the "researcher-as-instrument" and to support methodological rigour. This comprised the use of both quantitative and qualitative data sources, the employment of different research methods (Robson, 2011) and review by 16 UK music therapists of Belarusian participants' self-assessed video extracts.

Future research

As previously described, the foundation of this Development Centre is not the same as the majority of those in Belarus. Future research in a more typical Centre could potentially provide clarification as to the accessibility, relevance and usefulness of Winnicott's theory of holding (Winnicott, 1960) to work with children with complex needs within the broader sociocultural context.

Recorded conversations with academics from the National Institute for Further Education in Minsk and the Belarusian Minister for Education in 2014 revealed issues facing the contemporary drive for the integration of children with learning disabilities into mainstream education (Varenova, 2003). There was awareness of the stress experienced by staff, created by the gap between national educational expectations and the reality of not knowing how to communicate with or relate to children with learning disabilities. This research could be further developed to meet some of these challenges, supporting the development of relationships and, consequently, the integration process.

The scope of this study did not afford opportunity to examine each Belarusian participant's process in detail, nor to formally evaluate outcomes for the children involved. Both areas would benefit from further research.

Conclusion

"I am telling you absolutely sincerely. That [musical interaction] was the only thing that helped us to involve him [the child] in any kind of communication" (staff participant).

The research concluded that Winnicott's theory of holding (Winnicott, 1960) is accessible, relevant and applicable, within classroom practice at this Belarusian Development Centre, to support staff to re-conceptualise and optimise their relationships with children with complex needs. A safe, held learning environment for participants was created through a combination of the researcher's stance (John, 2009), supported by positive working relationships with research assistant and translator and the structure, delivery, content and support package of the fieldwork. The non-verbal medium of music supported staff participants to establish effective communication with the children and to find ways of getting to know them. As the children grew to trust the adults, they were increasingly able to allow this. To enable such development, participants needed to be supported to hold awareness of both their own process of change and the growth of concrete skills. These two strands form the basis of Winnicott's holding and both are needed to maximise benefit to both adults and children. Qualitative data also indicated that positive changes in these relationships benefitted staff in terms of reduced stress and suggested that this theoretical framework and practice-based model may be transferrable

cross-culturally to similarly support teachers and teaching assistants in other countries.

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Data availability statement

The data set associated with this article can be found at: https://pure.roehampton.ac.uk/portal/en/studentthesis/psychodynamic-music-therapy-and-the-work-of-classroom-practitioners-working-with-children-with-complex-needs-in-belarus(5c9dae14-6771-4bbf-865d-d16cbe2527fb).html

References

Adams, J., Dudenhöffer, S., Claus, M., Kimbel, R., Letzel, S., & Rose, D. M. (2016). Coping patterns in special school staff: Demographic and organisational factors. *Occupational Medicine*, *66*(2), 138–142. https://doi.org/10.1093/occmed/kqv157

Aigen, K. (2000). The relationship between the researcher and the researched: Three examples from creative music therapy. In J. Robarts (Ed.), *Music therapy research: Growing perspectives in theory and practice* (pp. 19–33). British Society for Music Therapy Publications.

Bennet, B. (2011). *The last dictatorship in Europe: Belarus under Lukashenko*. London: Hurst Publishers.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brunsting, N. C., Srekovic, A., & Lane, K. L. (2014). Special education teacher burnout: A synthesis of research from 1979 to 2013. *Education and Treatment of Children*, *37*(4), 681–712. https://doi.org/10.1353/etc.2014.0032

Coombes, E. (2011). Project Bethlehem - training educators and health workers in therapeutic use of music in the west bank. *Voices: A world forum for music therapy*, *11*(1). https://voices.no/index.php/voices/article/view/1943/1683

Coombes, E., Loth, H., & Margetts, L. (2019, June 26-30). *Intercultural dimensions of music therapy practice and training [Symposium]*. 11th European music therapy conference: Fields of resonance, Aalborg, Denmark.

Creswell, J. R. (2015). *A concise introduction to mixed methods research*. Sage.

Delaney, M. (2017). *Attachment for teachers: The essential handbook for trainee teachers and NQTs*. London: Worth Publishing.

Diamond, M. A. (2007). Organizational change and the analytic third: Locating and attending to unconscious organizational dynamics. *Psychoanalysis, Culture and Society*, *12*(2), 142–164. https://doi.org/10.1057/palgrave.pcs.2100116

Edwards, J. (2011). The use of music therapy to promote attachment between parents and infants. *The Arts in Psychotherapy*, *38*(3), 190–195. https://doi.org/10.1016/j.aip.2011.05.002

Fenton, A., & McFarland-Piazza, L. (2014). Supporting early childhood preservice teachers in their work with children and families with complex needs: A strengths approach. *Journal of Early Childhood Teacher Education*, *35*(1), 22–38. https://doi.org/10.1080/10901027.2013.874384

Garland, C. (Ed.). (1998). *Understanding trauma*. Karnac.

Geddes, H. (2004). *Attachment in the classroom: The links between children's early experience, emotional well-being and performance in school*. Worth Publishing Ltd.

Gillham, B. (2000). *The research interview*. London: Continuum.

Green, A. (2011). Art and music therapy for trauma survivors. *Canadian Art Therapy Association Journal*, *24*(2), 14–18. https://doi.org/10.1080/08322473.2011.11415547

Grubrich-Simitis, I. (1981). Extreme traumatization as cumulative trauma: Psychoanalytic Investigations of the effects of concentration camp experiences on survivors and their children. *The Psychoanalytic Study of the Child*, *36*(1), 415–450. https://doi.org/10.1080/00797308.1981.11823352

Hadley, S. (2017). Who knows me best? Exploring the collaborative roles of transient practitioners and constant practitioners in music therapy. In J. Strange, H. Odell-Miller, & E. Richards (Eds.), *Collaboration and assistance in music therapy. roles, relationships, challenges* (pp. 253–274). Jessica Kingsley Publishers.

Halton, W. (2006). Some unconscious aspects of institutional life: Contributions from psychoanalysis. In A. Obholzer & V. Z. Roberts (Eds.), *The unconscious at work: Individual and organisational stress in the human services* (pp. 11–18). Routledge.

Harvey, C. (2017). Ethical emotional encounters: Contemplating challenges in psychoanalytically informed research. *Psychoanalytic Psychotherapy in South Africa*, *25*(1), 34–64.

Hedegaard, M., & Chaiklin, S. (2011). Supporting children and schools: A development and practice-centred approach for professional practice and research. In H. Daniels & M. Hedegaard (Eds.), *Vygotsky in special education: Re-thinking support for children and schools* (pp. 86–107). Continuum.

Hopman, J. A. B., Tick, N. T., Van der Ende, J., Wubbels, T., Verhulst, F., Matas, C., Breeman, A. L., & Van Lier, P. A. C. (2018). Special education teachers' relationships with students and self-efficacy moderate associations between classroom-level disruptive behaviours and emotional exhaustion. *Teaching and Teacher Education*, *75*, 21–30. https://doi.org/10.1016/j.tate.2018.06.004

Jennings, P. A., & Greenberg, M. T. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research*, *79*(1), 491–525. https://doi.org/10.3102/0034654308325693

John, D. (2009). Getting better: Some thoughts on the growth of the therapist. In H. Odell- Miller & E. Richards (Eds.), *Supervision of music therapy* (pp. 83–100). Routledge.
Kuo, B. C. H., & Arcuri, A. (2013). Multicultural therapy practicum involving refugees: Description and illustration of a training model. *The Counselling Psychologist*, *42*(7), 1021–1052. https://doi.org/10.1177/0011000013491610
Lenzi, M. (2002). Lost Civilisation: The thorough repression of civil society in Belarus. *Demokratizatsiya*, *10*(3), 401–424.
Levinge, A. (1993). Permission to Play. In H. Payne (Ed.), *Handbook of inquiry in the arts therapies: One river, many currents* (pp. 218–228). Jessica Kingsley Publishers.
Levinge, A. (2011). The first time ever I saw your face: Music therapy for depressed mothers and their infants. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 42–57). Oxford University Press.
Levinge, A. (2015). *The music of being: Music therapy, Winnicott and the school of object relations*. Jessica Kingsley Publishers.
Margetts, L., Young, E., & Wallace, H. (2013). A potential space: Approaching outsider research with classroom practitioners working with children with complex needs in Belarus. *British Journal of Music Therapy*, *27*(2), 6–23. https://doi.org/10.1177/135945751302700202
McGreery, M. (2016). Temperament as a behavioural construct: Assessing the classroom environment and student-teacher relationship. *Intervention in School and Clinic*, *51*(4), 238–245. https://doi.org/10.1177/1053451215589176
Miller, M. (1998). *Freud and the Bolsheviks: Psychoanalysis in imperial Russia and the Soviet Union*. Yale University Press.
Miloscz, C. (1953). *The captive mind*. Penguin Books.
Padhol, U. M., & Marples, D. R. (2011). The 2010 presidential election in Belarus. *Problems of Post-Communism*, *58*(1), 3–16. https://doi.org/10.2753/PPC1075-8216580101
Pasiali, V. (2014). Music therapy and attachment relationships across the lifespan. *Nordic Journal of Music Therapy*, *23*(3), 203–223. https://doi.org/10.1080/08098131.2013.829863
Pethyridge, E. (2013). That's the joy of music! An evaluation of partnership working with a teacher in planning and delivering a music therapy group for three children with autistic spectrum conditions. *British Journal of Music Therapy*, *27*(2), 24–28. https://doi.org/10.1177/135945751302700203
Phillips, A. (2007). *Winnicott*. Penguin Books.
Pustulka, P., & Slusarczyk, M. (2016). Understanding foreign future and deconstructing polish past: The experiences of schooling under a communist rule recollected by polish migrants. *European Education*, *48*(3), 220–237. https://doi.org/10.1080/10564934.2016.1221316
Quin, A., & Rowland, C. (2016). Intercultural skills sharing in music therapy. In D. Dokter & M. Hills de Zaraté (Eds.), *Intercultural arts therapies research: Issues and methodologies* (pp. 111–130). Routledge.
Rickson, D. J. (2012). Music therapy school consultation: A unique practice. *Nordic Journal of Music Therapy*, *21*(3), 268–285. https://doi.org/10.1080/08098131.2012.654474
Riley, P. (2011). *Attachment theory and the teacher-student relationship: A practical guide for teachers, teacher educators and school leaders*. Routledge.
Robson, C. (2011). *Real world research*. Chichester: Wiley.
Roman, T. (2016). "Were they any better today?" Valuing a client's individual music therapy process within an institution's expectation of positive progress and predictable outcomes. *British Journal of Music Therapy*, *30*(2), 13–21. https://doi.org/10.1177/1359457516636317
Rozic, P. S. J. (2015). The Paranoid State. *Demokratizatsiya*, *23*(1), 77–94.
Sekeles, C. (2012). To be afraid of your own shadow: A case analysis. In K. E. Bruscia (Ed.), *Case examples of music therapy for event trauma* (pp. 24–48). Barcelona Publishers.
Shutova, O. (1999). Post-soviet Belarus: Childhood, family and identity. *The Journal of Psychohistory*, *27*(1), 8–17.
Sinason, V. (1992). *Mental handicap and the human condition: New aapproaches from the Tavistock*. Free Association Books.
Skewes McFerran, K. S., Crooke, A. H. D., & Bolger, L. (2017). Promoting engagement in school through tailored music programs. *International Journal of Education and the Arts*, *18*(3). http://ijea.org/v18n3/
Stokes, J., & Sinason, V. (1992). Secondary mental handicap as a defence. In A. Waitman & S. Conboy-Hill (Eds.), *Psychotherapy and mental handicap* (pp. 46–58). SAGE.

Strange, J. (2012). Psychodynamically informed music therapy groups with teenagers with severe special needs in a college setting: Working jointly with teaching assistants. In J. Tomlinson, P. Derrington, & A. Oldfield (Eds.), *Music therapy in schools: Working with children of all ages in mainstream and special education* (pp. 179–194). Jessica Kingsley Publishers.

Sutton, J. (2002). Trauma: Trauma in context. In J. Sutton (Ed.), *Music, music therapy and trauma: International perspectives* (pp. 21–37). Jessica Kingsley Publishers.

Sutton, J. (2012). A flash of the obvious: Music therapy and trauma. In K. E. Bruscia (Ed.), *Case examples of music therapy for event trauma* (pp. 66–76). Barcelona Publishers.

Sutton, J., & De Backer, J. (2009). Music, trauma and silence: The state of the art. *The Arts in Psychotherapy*, *36*(2), 75–83. https://doi.org/10.1016/j.aip.2009.01.009

Thornton, K. (2002). Differentiating integration: Special education in the Russian Federation. *European Journal of Special Needs Education*, *17*(1), 33–47. https://doi.org/10.1080/08856250110099006

Timmerman, T. (2011). Transgenerational interactions in music therapy. *British Journal of Music Therapy*, *25*(1), 32–47. https://doi.org/10.1177/135945751102500104

Twyford, K., & Rickson, D. (2013). In their element! Student responses to the work of a music therapist in music therapy school consultation. *Music Therapy Perspectives*, *31*(2), 1217. https://doi.org/10.1093/mtp/31.2.127

Varenova, T. (2003). The integration of disabled children into mainstream education in Belarus. *International Journal of Therapy and Rehabilitation*, *10*(3), 395–401. https://doi.org/10.12968/bjtr.2003.10.9.13485

Vargas-Baron, E., Janson, U., & Mufel, N. (2009). *Defectology and special education. Early childhood intervention, special education and inclusion: A focus on Belarus*. UNICEF.

Watson, T. (2005). Steering a path through change: Observations on the process of training. *British Journal of Music Therapy*, *19*(1), 9–15. https://doi.org/10.1177/135945750501900103

Winnicott, D. W. (1960). The theory of the parent-infant relationship. In D. W. Winnicott (Ed.), *The maturational processes and the facilitating environment* (pp. 37–55). Hogarth Press.

Winnicott, D. W. (1990). *Home is where we start from: Essays by a psychoanalyst*. Penguin Books.

Winnicott, D. W. (1991). *The child, the family, and the outside world*. Penguin Books.

Winnicott, D. W. (1993). *Talking to parents*. Perseus Publishing.

Winnicott, D. W. (2005). *Playing and reality*. Routledge Classics.