Developing a research approach to explore therapeutic relationships with children and young people with complex needs: A critical reflection

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Abstract
This article is a critical reflection on the development of a research approach to explore therapeutic relationships in psychodynamic music therapy with children and young people with complex needs. The article starts by positioning my research project within contemporary music therapy discourse, discussing literature from psychoanalysis, music therapy research and a broad range of related disciplines. This illustrates the development of a socially, culturally and politically contextualised understanding of the theory and practice of music therapy with people with complex needs and outlines the theoretical concepts which support and inform my research approach. Fricker’s Epistemic Injustice paradigm is used to provide a contextualised philosophical concept to explore why and how people with complex needs are frequently excluded from academic research. A critical disability study perspective is used to outline the need for inclusive research practice to develop epistemological frameworks and methodologies to include the voices of those marginalised in society. The article concludes with an outline of my current research project, discussing how the ideas previously described have informed the research approach and been integrated into the project design.

Keywords
diversity; epistemic injustice; inclusion; music therapy research; Participatory Action Research (PAR); psychodynamic

Introduction
I qualified as a Music Therapist in 2009 and have always worked with people with complex needs1 and their families. Over time, persistent questions emerged relating to day-to-day clinical work: What did it mean to use a psychodynamic approach when working with children and young people with complex needs? And what was the child or young person’s experience of the work? A research project was developed to explore these questions and in 2019 I joined the University of Roehampton as a part-time research student. This article is a critical reflection on developing a research approach to explore therapeutic relationships with children and young people with complex needs.

Developing a research project prompted the examination and adjustment of my understanding of the social, cultural and political context of therapeutic work with children and young people with complex needs. Consequently, this led to the exploration of participatory research approaches. I have chosen to adopt an inclusive approach to researching clinical practice where the voices and experiences of children and young people engaging in music therapy will be at the centre. Adopting this stance has prompted questioning about an ethical epistemological approach for inclusive research. For example, what can we know and how can we know it in research that includes and values the knowledge and expertise of people with complex needs?

The research project is a Participatory Action Research (PAR) project (Cook et al., 2019). PAR challenges and disrupts the traditional roles of researchers and participants in academic research and embraces a collaborative approach to the creation of knowledge throughout the research process, by seeking to engage with diverse sources of knowledge and expertise (Cook et al., 2019; Liddiard et al., 2019b; Milner and Frawley, 2019). A PAR approach was adopted in order that children and young people and their family members could be co-researchers in the project and have a clear voice in the findings and dissemination. This article was written during the planning stages of the PhD as I gained insight into the development of this research method and how it can be adapted for people with complex needs.

My research project will add to the existing PAR in music therapy, which involves people with complex needs as co-researchers and co-creators of knowledge (Metell, 2019; Noone, 2018; Warner, 2005). This area would benefit from

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further research and discussion within the music therapy community to develop epistemological frameworks and methodologies. This could support the co-creation and co-production of diverse and inclusive knowledge in research (Liddiard et al., 2019b).

This article explores some of the questions that have emerged in the research process. These questions relate to participation, representation, and the relationship between psychoanalytic approaches to music therapy and the wider social and political context.

A previous publication in the *British Journal of Music Therapy* (Roman, 2016) provides a summary of my approach to understanding therapeutic work prior to starting this research. I recognise that, in this article, I was not aware of the normative frameworks that I was working and thinking within. My position in the article is from an ableist bias; that having a child with a disability is conceived of as a negative, a basis for parental grief and loss. In this article, there was no space for a critique of my lack of consideration of neurodiversity, or for ideas of transformation – that my experiences with the child in the music therapy space could transform my understanding of what is a ‘good life’, and thus enable me to work therapeutically from a different perspective.

I now realise that the individual identities of the children and young people I work with can be recognised, described and responded to in numerous ways (both consciously and unconsciously) according to individual and collective beliefs, opinions, conceptions and judgements regarding disability, gender, class, age, ethnicity and sexuality. Identities are constructed in relationship to, or against, dominant social and cultural normative conventions and concepts of Otherness (Braidotti, 2013; Goodley and Runswick-Cole, 2016; Goodley et al., 2014, 2018; McRuer, 2006; Turner, 2021). Even though I intend to work as a Music Therapist from a position of wanting to do no harm, this does not make me exempt from the social, cultural and political context. Recognising and acknowledging my own biases and prejudices are ongoing and challenging work, which can at times be painful. The British Association for Music Therapy is doing important and valuable work at the institutional level in this area through surveys, network meetings, roundtables and events at conferences to support Music Therapists to engage with these complex and difficult issues (Langford et al., 2020).

Echoing the opening of Turner’s (2021) powerful book, I offer some aspects of my identity: I am female, white, able-bodied, heterosexual, cisgender, in my early 40s. I am a mother and a Health and Care Professions Council (HCPC) registered Music Therapist. I am of the first generation in my family to attend university and I am currently a research student. My own musical culture is predominantly related to two areas: western classical music and free improvisation. This is my perspective and the lens through which I examine the questions in this article, and the cultural, musical and social experiences I draw upon as I try to understand and make sense of these ideas.

This article will explore how my understanding of therapeutic relationships with children and young people with complex needs as being socially, culturally and politically contextualised has developed, as I explored questions that emerged in the research process. First, I will give an overview of current music therapy discourse and demonstrate the importance of continuing discussion of the social, cultural and political context of music therapy. I will explore how these contexts are integrated into psychoanalytic theory and psychotherapeutic practise and in the theory and practice of music therapy.

Second, I will discuss the two main concepts of Epistemic Injustice: Testimonial Injustice and Hermeneutical Injustice (Fricke, 2007). These are foundational concepts that inform my research approach with children and young people with complex needs. They provide a contextualised philosophical framework within which to examine epistemic injustices between Speakers and Hearers. Fricke uses examples of spoken language to illustrate instances of Testimonial Injustice. The term Speaker is used to refer to the person trying to share and communicate their knowledge. It is worth reflecting upon the ableist connotations of this terminology, and the possible exclusion of people who use modes of communication other than spoken language. This terminology may also be considered to privilege language-based knowledge and may, therefore, exclude or devalue other kinds of embodied or arts-based knowledge or knowing. The term Speaker is used in this article as a broad and inclusive definition covering any form of self-expression and communication across and within the modalities of music, sounds, facial expressions, words, movements, gestures, vocalisations and communication aids. I also use the term knowledge to include multi- and diverse forms of knowing and knowledge.

The article will conclude with a description of the way these new insights have been included in the design and planning of my research project.

**Contemporary Music Therapy Discourse**

I started developing my project through exploring how other researchers have approached these questions. There is a wide range of different perspectives and approaches to music therapy practice in the United Kingdom (Lawes, 2021). Music therapy literature recognises the shift from a medical model to a social model in approaches to supporting people with learning disabilities (Watson, 2016). The relationship between the social model of disability, medical models of therapeutic support and music therapy has been explored from non-psychodynamic perspectives (Gross, 2018; Metell, 2019; Rolvsjord, 2006, 2014). Current ideas about diversity are being developed through critiques of music therapy (Bain et al., 2016; Fansler et al., 2019; Fent, 2019; Harris, 2019; Langford et al., 2020; Metell, 2019; Pickard, 2020; Pickard et al., 2020). Music Therapists are drawing on literature from critical disability studies, queer theory and crip theory to examine the theory and practice of music therapy and deconstruct concepts such as normalisation, ableism, disability
and neurodiversity (Metell, 2019; Pickard, 2020; Pickard et al., 2020). Music Therapists are using queer theory to critically examine the biases and normative conventions within the theory and practice of music therapy. Queer theory has been employed from a psychodynamic perspective to critique the therapeutic relationship (Harris, 2019) and the conventions of improvisation within music therapy (Fent, 2019). Queer theory has also been adopted to critique and challenge approaches to music therapy, which are perceived to correspond to a medical model (Metell, 2019). Both Fent (2019) and Harris (2019) note the possibilities of musical interactions to radically challenge the conventions of traditional (verbal) therapeutic interactions. Fent, a Music Therapist and researcher, argues ‘...that through music’s extraverbal quality as realized in music therapeutic improvisation, it provides the possibility of experiencing and sharing qualities that go beyond verbal communicability and therefore allows for communication and encounters that go beyond discursive subject positions’ (Fent, 2019: 2). The application of queer theory also enables Music Therapists to critique or deconstruct the historical biases and assumptions in therapeutic relationships and offers potential to expand therapeutic possibilities: ‘To queer something is to examine its foundations, to critically evaluate its assumptions, biases and limits, and then to play with possibilities of transformation’ (Harris, 2019: 3).

Metell (2019) suggests that a critique of the language and ideological foundations of music therapy is essential. Metell (2019) notes that some disability scholars have perceived music therapy as working within medical conceptions of disability and have criticised the profession for seeking to normalise people with disabilities and inadvertently subjugate the people they are seeking to help. ‘From a disability studies perspective, the dominant discourse on families of children with disabilities is strongly influenced by the medical model and based on assumptions of grief and tragedy’ (Metell, 2019: 5). I recognise my previous thinking (Roman, 2016) in this quotation, which is a painful realisation to acknowledge and own.

My own current interest is exploring how a psychodynamic approach can integrate concepts from queer theory, critical disability studies so that I can work consciously with the social, cultural and political context of the work (both historical and contemporary) and acknowledge myself as an embodied, situated and active participant both in the therapeutic work and in society. What might a deconstructed and destabilised understanding of a psychodynamic approach mean for the children and young people and for myself as a Music Therapist?

**Psychoanalytic approaches to understanding embodied, situated and contextualised therapeutic relationships**

In this article, the term social, political and cultural context is being employed to describe and recognise the impact of, and interplay between, the social (the setting and specific situation of a person’s experience), the political (the issues of power, authority, representation, agency, parity of access, the legal frameworks, government policies) and the cultural (the shared meanings, interpretations, references or understanding, which develop out of shared experiences, histories, attitudes, beliefs, values and customs within groups or communities) on a person’s subjectivities and experiences. Rolvsjord and Stige (2015) outlined different perspectives and approaches to thinking about context in music therapy literature and explored some of the different ways that the theory and practice of music therapy can benefit from a greater consideration and exploration of context.

Dimen (2011) has explored ways to understand the relationship between the wider social, political and cultural context of the client’s everyday life and the client’s experience within the therapeutic space. Dimen (2011) is interested in how collective social, political and cultural discourses can be enacted within a therapeutic relationship. Dimen (2011) suggests that therapeutic work benefits from examination of the social and political context – both in relation to interpersonal relationships and also in relation to the internal states or intrapsychic life: ‘...it made sense to consider psychoanalysis’ conventional subject – interior life – as steeped in sociopolitical forces, that psychic life is made equally of inner and outer worlds.’ (Dimen, 2011: 3). The author acknowledges that Music Therapists working from a variety of perspectives and approaches will work with the client’s internal world and intrapsychic processes in music therapy. The discussion in this article focuses on a view of a psychoanalytic approach, which emphasises that the client’s internal world, as expressed in the therapeutic relationship, is contextualised and embodied in the client’s lived experiences both in and out of the therapy room. Dimen (2011) explores the advantages and challenges of adopting a psychoanalytic approach, which works explicitly with the social, political and cultural context of the client’s experiences of, and in, the therapy and the therapeutic relationship. Dimen (2011) highlights that the client’s internal world and their intrapsychic processes develop and operate both in relationship to others (caregivers, friendships, etc) and in relationship to the social, cultural and political context. Considering this recognition of the located and embodied client, psychotherapists are called to recognise that clinical practice and the theories, techniques, language and environment of the therapy room are also contextual and embodied ‘...clinical practices are historical, linguistic, political and contextual’ (Dimen, 2011: 3).

Dimen suggests that the therapeutic space is not neutral or unbiased, but is contextual, embodied and of a time and place. Alongside interpersonal dynamics, there are also ‘cultural dynamics’ (Dimen, 2011: 4). This psychotherapeutic approach recognises that collective discourses within social, political and cultural contexts will be part of the therapeutic process. This means that therapists and clients construct an understanding of their experiences and histories (fantasies and real), through the language or concepts available to represent and communicate their experiences. The social, cultural and political context cannot be separated from therapeutic work regardless of whether this is worked with explicitly or
if it remains an unconscious part of the process. The impact that collective discourses have on our experience of who we should be and how we should live may be expressed or enacted in the therapeutic relationship (Benjamin, 2011). This acknowledgement enables both client and therapist to explore increased possibilities in their therapeutic work. Benjamin (2011) writes of the possibility ‘... to face reality together, a most powerful instantiation of surrendering to the third, to “life as it really is, not as we wish it to be”’ (p. 51). Dimen (2011) writes of the possibility for ‘... “resignification”, on the capacity to endow old enchantment with new meaning. ...’ (p. 6). Both Dimen and Benjamin describe powerful mechanisms of therapeutic change.

Collective discourses may have different functions (Benjamin, 2011). For example, discourses relating to aspects of identity deemed valuable (such as able-bodied, heterosexual, white, male, rational, obedient, good, perfect, thin) are used to confirm conformity with the norms and conventions of the dominant culture, and signal acceptance and belonging. Discourses relating to aspects of identity that are conceived of as Other (such as being disabled, lesbian, gay, bi, trans, queer or questioning, intersex or asexual (LGBTQIA), black, brown or any colour other than white, female, non-binary, emotional, bad, imperfect, fat) are used to highlight difference and divergence from the norms and conventions of the dominant culture and signal rejection and outsider status (Braidotti, 2013; McRuer, 2006). Music Therapists aim to authentically work with awareness and recognition of positive or negative discourses and to hold in mind that therapist and client might embody different positions in relation to positive or negative discourses. Benjamin (2011) discusses how collective discourse creates negative narratives about disability, dependence and vulnerability. In considering discursive practices relating to concepts or constructs of disability in music therapy practice, and their relationship to experiences in music therapy, I question how I work as a Music Therapist in an ableist society that privileges independence and individuality (McRuer, 2006). Dimen and Benjamin’s writing (referring to verbal psychotherapy) has provided useful concepts to enable me to consider communication and self-expression within therapeutic relationships where modes of communication are multi-modal. This approach challenges the therapist to shift their perspective and critically reflect on the way they think about and interact with the client. They may need to look beyond the therapeutic space and work explicitly from an embodied and situated position. This position includes and recognises the layers and resonances of potential meanings within the therapeutic space in relationship to the everyday lives and experiences of the client and the therapist. This version of psychotherapy calls the therapist to acknowledge and question the language used, the choices of interpretation and the theoretical stance adopted. To work politically, the therapist must recognise that the space is not neutral, and that the transformative potential of the therapeutic space is bi-directional between client and therapist.

Turner (2021) uses the concepts of intersectionality and privilege to explore the issues of diversity, Othering or Otherness in therapeutic relationships. Turner’s (2021) account conceives of an ‘intersectional identity’ (p. 1), which is complex and plural: Everyone is privileged in some aspect(s) of their identity, and everyone is Other in some aspect(s) of their identity. Turner opens the book with the following: ‘I am a black, male, heterosexual, able-bodied, academic, psychotherapist and I live and work in the United Kingdom’ (Turner, 2021: 1). Through demonstrating the complexity of his own identity, Turner (2021) breaks down and identifies how Othering occurs through a relational conception of the different layers and aspects involved. Privilege in itself is not the issue; the problem lies in how it is enacted. Privilege, accompanied by power and a sense of supremacy, in combination with a reduction of the Other to a simple stereotype, produces oppressive interactions and relationships. Therefore, privilege, accompanied by humility, a sense of being gifted (rather than supremacy) and recognition of the complexity and fullness of the Other’s humanity, enables relational interactions and relationships to develop (Turner, 2021). Turner’s stimulating book provides a detailed and rich examination of privilege, intersectionality and Othering. The complexity of privilege, intersectionality and Othering within musical relationships that Turner highlights deserves further consideration by Music Therapists. This understanding of intersectionality may be a way of conceiving a musical identity, which can contain both universal and diverse aspects of musical experience. These ideas will be explored further in my research.

Social, cultural and political and theoretical context of the research

My research prompted me to question how I can understand the relationship between my research project and the wider social, cultural and political context. How do researchers from other disciplines develop inclusive research projects, and what are the intersections and overlaps with my work? These questions led me to look into research from a range of fields and consider my epistemological approach. Some of these ideas will be presented in the following paragraphs.

Crip theory (McRuer, 2006) and the concept of the posthuman (Braidotti, 2013; Goodley et al., 2014) provide approaches to critique the theory and practice of psychodynamic music therapy with people with complex needs in relation to social, political and cultural contexts. These approaches provide frameworks to critically investigate biases and normative assumptions within the conventions of psychodynamic music therapy. Areas that would benefit from the critical investigation include the therapeutic relationship, theoretical concepts relating to clinical work with people with complex needs, the relationship between psychodynamic music therapy and medical or social models of disability and the normative assumptions and conventions, which underpin the provision of psychodynamic music therapy as a clinical intervention. How people with complex needs are viewed and represented in the theory and practice of psychodynamic music therapy would also benefit from critical examination. Crip theory and posthumanism also provide frameworks to illuminate the voices of those outside the mainstream, which may be restricted in academic research.
Crip theory and posthumanism are theoretical domains concerned with understanding the relationship between a person’s subjectivities and experiences and their external environment. Crip theory seeks to investigate the way people with disabilities are viewed and represented in society. It critiques the normative assumptions that underlie the aspirations for people with disabilities to assimilate or integrate into able-bodied society (McRuer, 2006).

Braidotti’s (2013) concept of the posthuman questions what is considered to be human. Braidotti (2013) writes,

> . . . the posthuman condition introduces a qualitative shift in our thinking about what exactly is the basic unit of common reference for our species, our polity and our relationship to the other inhabitants of this planet. This issue raises serious questions as to the very structures of our shared identity – as humans . . . (p. 1–2)

Part of this broad body of work is to highlight the characteristics that form the western concept of the universal human subject and also who is excluded from this version: ‘non-white, non-masculine, non-normal, non-young, non-healthy, disabled, malformed or enhanced peoples’ (Braidotti, 2013: 68). Goodley et al. (2014) write ‘. . . Braidotti is clear: the old modernist idealisation of the unitary, rational, independent, dislocated, solitary, able-bodied human subject has been revealed as a fiction’ (p. 344).

Through the rejection of the humanist subject, and a call to develop the concept of a human subject, posthumanism offers possibilities for the subjectivities and experiences of people with disabilities to emerge in a deconstructed public discourse. The ‘posthuman condition’ (Braidotti, 2013: 1) questions and explores an embodied, inclusive and diverse understanding of what it means and also what constitutes being human. It also emphasises the interrelated, interconnected and interdependent nature of the human subject. The theory also critiques the constructs of the normative version of the human subject.

Crip theory and posthumanism highlight the choice between working from a perspective of affirmation or transformation in therapeutic work. Fraser (2003) discusses affirmation and transformation in relation to recognition of identity. Fraser suggests that affirmation ‘. . . proposes to redress disrespect by revaluing unjustly devalued group identities, while leaving intact both the contents of those identities and the group differentiations that underlie them’ (Fraser, 2003: 75). Whereas transformation ‘. . . would redress status subordination by deconstructing the symbolic oppositions that underlie currently institutionalized patterns of cultural value. Far from simply raising the self-esteem of the misrecognized, it would destabilize existing status differentiation and change everyone’s self-identity’ (Fraser, 2003: 75, original italics).

What might be of interest here for Music Therapists is the idea that the therapeutic relationship can be a space for transformation of the identity of both service user and therapist, not just supporting service users to assimilate into the cultural norm. Sinason (1992) has previously described some of the harmful consequences and negative impacts of government policies of normalisation for people with complex needs. Watson (2017) has described how a music therapy and sensory interaction group provided opportunities for care staff to develop (or transform) their understanding of service users as they ‘. . . witness group members bringing their own ideas, playing independently, expressing their individual personalities and influencing the group’ (p. 182). Assimilation and normalisation have been discussed from a music therapy perspective by Pickard et al. (2020). The examination and deconstruction of the normative conventions of music therapy practice enable Music Therapists to work from a destabilised position, open to transformation and with a willingness to be changed by the experiences of being with service users. A transformative perspective provides opportunities to affirm the rights of service users for recognition, acceptance and being valued as they are, and also creates therapeutic spaces where the identities of both service user and therapist are open for examination and transformation. I link this idea of transformation with the previous discussion of the work of Dimen (2011) and Benjamin (2011).

The next part of this article will explore the epistemological framework of the research project, as one that could support an inclusive and collaborative approach to the creation of knowledge, and recognises the social, cultural and political context, which impacts the production and sharing of knowledge.

**Epistemic injustice**

Fricker’s (2007) concept of Epistemic Injustice provides a framework to consider the representation and participation of people with complex needs in research about their lives and experiences. Klyve (2019) has previously applied the concept of Epistemic Injustice to music therapy research when exploring the experiences of children in mental health care. The concept of Epistemic Injustice differs from traditional epistemology as it takes into account the contextual and specific relationship between Speaker and Hearer, thus providing a philosophical concept capable of demonstrating how the sharing of knowledge can be disrupted or suppressed by prejudice and bias. The two main concepts within this approach are Testimonial Injustice and Hermeneutical Injustice (Fricker, 2007). In epistemology, the term testimony is used to describe an indirect source of knowledge, meaning that a person does not observe or perceive the information directly through their senses but rather receives the information from others (Audi, 2003). Because testimony involves the sharing of information between people, or groups of people, it is a ‘social source’ (Audi, 2003: 132) of knowledge. Fricker (2007) defines Testimonial Injustice ‘. . . as a kind of injustice in which someone is wronged specifically in her capacity as a knower’ (p. 20). Testimonial Injustice has a core concept of ‘identity-prejudicial credibility deficit’ (Fricker, 2007: 28). Therefore,
due to the Hearer’s prejudice (which is based on a negative and prejudicial stereotype of the identity of the Speaker), the Hearer does not afford the Speaker, and their testimony, the credibility deserved and therefore does not recognise the Speaker as a knower. Fricker (2007) notes the consequences of experiencing this injustice for the Speaker: ‘Sometimes it may do very little harm – indeed its impact may be trivial – but other times it may be seriously harmful, most of all when it is persistent and systematic’ (p. 43). Fricker (2007) goes on to elaborate:

To be wronged in one’s capacity as a knower is to be wronged in a capacity essential to human value. When one is undermined or otherwise wronged in a capacity essential to human value, one suffers an intrinsic injustice. The form that this intrinsic injustice takes specifically in cases of testimonial injustice is that the subject is wronged in her capacity as a giver of knowledge. (p. 44)

In addition to the harm done to the Speaker, the exclusion of some groups of people as knowers means that their knowledge is not included in public discourse, and society is not enriched by engaging with a range of views and perspectives (Fricker, 2007). The restriction or exclusion of the voices of people with complex needs from public life and academic research, I would argue, is ‘persistent and systematic’ (Fricker, 2007: 43). There is a growing body of evidence that considers current or normalised methods of inclusive research to prohibit people with severe, profound and multiple learning disabilities from contributing to, or participating in, research about their lives and experiences, and marginalises them even further in research practice (Cluley, 2016; Goldsmith and Skirton, 2015; Hamilton et al., 2017). This is despite inclusive research methods being considered best practice when carrying out research with people with learning disabilities (Boxall and Ralph, 2009; Cluley, 2016; Cook et al., 2019). Cluley (2016) argues ‘... that the relative exclusion of people with more profound learning disabilities from the inclusive research process is often a consequence of the epistemological parameters of the research method used’ (p. 40). Giving examples of traditional, conventional and accepted methods, such as focus groups and interviews, which require participants to have certain cognitive and expressive and receptive communication skills, Cluley (2016) argues that there is not enough diversity in research practice to also include people with complex needs.

Fricker (2007) also turns attention to the Hearer, asking how Hearers can challenge themselves to listen with an ethical ‘sensibility’ (p. 82). Fricker (2007) points out that there are ‘... two distinct streams of input: social and individual – in that order’ (p. 82) that influence the potential for a Hearer to recognise a Speaker as a knower or not. Fricker (2007) notes that Hearers are influenced by the social, political and cultural context and also develop individual sensibilities of what is morally right or wrong through ‘critical reflection’ (p. 82). Fricker (2007) describes this as an ongoing process and gives an example of the role of critical reflection in the development of an ethical sensibility:

Her experience of politicians might, for instance, be that there are proportionally just as many female politicians she respects as male politicians she respects. And she might notice a certain cognitive dissonance between her beliefs on the one hand – her belief, for instance, that women are the equal of men in political life – and the spontaneous deliverances of her testimonial sensibility on the other – a sensibility which time and again leaves her not quite taking women’s political word as seriously as men’s. As she reflects on her judgement processes, she might detect the influence of a traditional stereotypical image of women as not cut out for political life, even while her own experience has led her to believe that stereotype to be mere prejudice. On sensing any such dissonance, the responsible hearer might find her testimonial sensibility directly aligning itself with her beliefs, and this new alignment may occur without the need for any mediating critical reflection. More likely, however, she will need actively to bring critical thought to bear on her internalized habits of hearer response in order to shake them up sufficiently to effect any adjustment. (p. 83–84)

This concept is of interest when thinking about power dynamics within therapeutic relationships. Music Therapists might ask themselves do I consider service users as knowers, and if I do, do I treat service users as knowers within interactions with them? Are Music Therapists honest with themselves about dissonances between their beliefs’ about their beliefs, and how they respond to service users during interactions – both musical and non-musical – in music therapy? My research approach is participatory, and I believe that I recognise children and young people with complex needs ‘as knowers’ (Fricker, 2007: 20), and that my research design reflects this accordingly. I am aware of the need for ongoing and honest critical reflection during the research process to consider my own biases and prejudices, in recognition of how I am influenced by the wider social, political and cultural context, which influences how I think about people with complex needs.

While one of the aims of my research project is to challenge traditional research conventions, the traditional research parameters have required the detailed examination of the philosophical, theoretical and ethical stances, which underpin the research (Chilisa and Kawulich, 2012). In particular, the ethics application process has enabled me to think through dissonances in my research approach. In addition, the reviewers’ comments on this article have supported me to reflect on dissonances in my writing and the language choices used.

Fricker’s (2007) second concept of Hermeneutical Injustice recognises the importance of shared concepts for experiences in order to be able to communicate these effectively to others. Fricker calls these shared concepts ‘hermeneutical resources’ (Fricker, 2007: 148) – concepts that enable people to interpret and understand their experiences collectively (Fricker, 2007). Some groups in society who experience inequality or marginalisation are likely to be affected by a ‘hermeneutical gap’ (Fricker, 2007: 160) in the collective hermeneutical resources and therefore experience hermeneutical
injustice. Fricker (2007) defines this as ‘the injustice of having some significant area of one’s social experience obscured from collective understanding owing to hermeneutical marginalization’ (p. 158). Fricker (2007) highlights how ‘the powerful have an unfair advantage in structuring collective social understandings’ (p. 147).

I work with people with profound and complex needs, and I find that this concept provides a way to keep in mind that their experiences may not yet be recognised, understood or included in the collective understanding and resources available for society to identify and understand the individual or shared experiences of people with complex needs. There is a risk that their experiences can be reduced or simplified, subsumed with another groups, or their right for recognition of their specific experiences is not honoured. I have found it useful to keep this in mind as a Music Therapist and a researcher, both when participating in sessions with children and young people and undertaking research. The importance of recognising that not every injustice is currently recognised in collective discourse, and to hold the space for new understanding and collective concepts of experience to emerge and develop (Honneth, 2003), is highlighted by the concept of Hermeneutical Injustice. What this means in my practice and work as a researcher is that I hold in mind that I do not know what children and young people think; I try to occupy a position of not knowing, and be open to new and emerging understanding of what experiences in music therapy might mean for the child or young person. I aim to hold space to collaboratively explore the meaning as it emerges moment to moment.

I will now go on to discuss in greater detail how these ideas have been integrated into my research project.

**Exploring therapeutic relationships in psychodynamic music therapy with children and young people with complex needs through Participatory Action Research**

My research project will take place mainly at a school for children and young people aged 2 to 19 years old and will collect data from four studies:

**Study 1:** Eight to ten children and young people will be invited to participate in Study 1 as co-researchers. Study 1 will consist of 25 weekly, individual music therapy sessions. The sessions will take place at the child or young person’s school. Children and young people currently on the Music Therapist’s caseload, and those newly referred, will be invited to participate in the research project. This is to ensure parity of access to participation and the project. I will be the Music Therapist and the researcher. I will use a psychodynamic approach to develop an understanding of the children and young people’s experiences in their music therapy sessions. The sessions will be recorded, and selected extracts will be transcribed and analysed. Children and young people will be invited to participate in Study 1 between March and December 2022. The study will finish in June 2023.

**Study 2:** Eight to ten family members of children and young people from Study 1 will be invited to participate in three video elicitation interviews as co-researchers. The three interviews will take place at the beginning, middle and end of the music therapy sessions in Study 1. The family members will be asked to talk about their observations from the perspective of the child or young person and as an advocate of the child or young person, giving voice to their experiences. The knowledge and understanding co-created from the interviews will inform the music therapy sessions of Study 1. Family members will be invited to participate in Study 2 between March and December 2022. The study will finish in June 2023.

**Study 3:** Short multimedia presentation projects created by each child or young person from Study 1 and their family member from Study 2 will be made to share the child or young person’s experience of music therapy. The presentations will be made once the child or young person has finished the 25 sessions of Study 1. The aim of the presentation will be to show what was important about music therapy for the child or young person and will be created from extracts of recordings from their music therapy sessions. The family member will be asked to support the child or young person to think about what was important for them in music therapy and why this was the case. The making of the presentations will enable the child or young person, with the support of their family member, to analyse, evaluate and understand what was important about music therapy for them. The presentation will be a way for the child or young person and their family member to use their experiences and expertise to contribute as co-researchers to the understanding and knowledge created through the research project. Study 3 will take place between November 2022 and July 2023.

**Study 4:** Focus groups with Music Therapists. Study 4 will take place between April 2022 and June 2023. There will be two focus groups with the same group of Music Therapists:

**Focus group 1:** Music Therapists will be invited to discuss the theories and practices of psychodynamic music therapy with people with learning disabilities and complex needs and explore the relationship between their clinical work and current social, political, and cultural contexts.

**Focus group 2:** Topics raised by the family members through interviews as part of the earlier Study 2 (see above) will be shared in the focus group. Music Therapists will be invited to discuss and explore their responses to these topics in relation to their clinical practice. The Music Therapists will also be able to return to topics discussed in the first focus group.
My research project has been designed to address issues of epistemic injustice, representation and participation for children and young people with complex needs. As Klyve (2019) notes, children who could be considered to be vulnerable can face a twofold epistemic injustice. Children and young people in my research context can be ‘. . . wronged in one’s capacity as a knower’ (Fricker, 2007: 44) because they are children and young people, and they can also be wronged in their capacity as knowers because they have a learning disability. The collaborative research approach, which seeks to co-produce and co-create knowledge (Liddiard et al., 2019b), has been chosen to challenge academic research conventions and to recognise the knowledge and expertise the children and young people have about their experiences in music therapy. The knowledge and understanding of family members will provide contextual information to expand and strengthen the contributions of the children and young people with complex needs (Cluley, 2016).

Musical and non-verbal sources of data will enable children and young people with complex needs to contribute to this research in ways that are meaningful for them. Making music can provide a research method to explore the creative and personal processes (Haire, 2021) that can be applied to music therapy research. The voices of children and young people with complex needs will be at the centre of the research project. A ‘mediated approach’ (Cluley, 2016: 44), using resources and support from people that know them well, can enable people with complex needs to share their preferences and views (Ware, 2004). Children and young people and family members will be co-researchers, which challenges academic research conventions. This position is in line with theoretical and political approaches informed by critical disability studies, crip and posthuman theories (Braidotti, 2013; Goodley and Runswick-Cole, 2016; Goodley et al., 2014; Liddiard et al., 2019a; McRuer, 2006).

Before concluding, I will briefly explore Study 3 in more detail as part of the project which has been designed to challenge traditional research conventions. There is growing recognition of the need to challenge the status quo of traditional research methods (Milner and Frawley, 2019). This requires recognising the right for people with learning disabilities to participate in academic research while critiquing research conventions, which exclude or require people with learning disabilities to assimilate to traditional research practices (Cook et al., 2019). Data generated from the main question will, therefore, not be confined to traditional data collection methods, that is, not just written or verbal data. The use of visual images can offer ‘a more accessible medium for . . . inclusion and involvement in research’ (Boxall and Ralph, 2009: 45). Recordings of music therapy sessions will be used in Study 3 as a way to include the voices and experiences of people with complex needs throughout each stage of the research: a method of documenting their participation, data for analysis and as output for dissemination of findings. Accessible dissemination of research findings and outcomes is one of the five key points for inclusive research (Milner and Frawley, 2019), and the use of filmed material is an effective way to do this (Jenkin et al., 2016). In Study 3, children and young people and their family members will create their own separate analysis and evaluation of the research findings in the form of a multimedia presentation using music and still or moving images. The children and young people will share what they think and feel about their music therapy sessions with the support of their family, and with autonomy and authority. The aim of this aspect of the project is to increase the diversity of voices and perspectives in music therapy research to develop our understanding of how children and young people with complex needs, and Music Therapists can work together in music therapy research.

Conclusion
This article presents a critical reflection on the development of a research approach, which will include the voices and experiences of people with complex needs. Engaging with the process has challenged me to reflect on the assumptions and normative conventions, which underpin my practice as a Music Therapist and ask: How can I think and work differently? Engaging with interdisciplinary discourses exploring diversity, knowledge and participation has enabled me to develop my understanding of how knowledge can be collaboratively created to contribute to an inclusive and diverse understanding of the theory and practice of psychodynamic music therapy. This is an ongoing process of learning.

Music Therapists draw from a wide range of political and philosophical concepts to understand and develop inclusive and diverse approaches, and this article adds to the contemporary discourse about diversity within music therapy. Music Therapists are engaging with postmodern approaches such as queer theory, crip theory, critical disability studies and post-humanism, to deconstruct the normative conventions and assumptions across the range of perspectives and approaches to music therapy practice. Music Therapists working from a psychodynamic perspective are drawing on literature from psychoanalysis to critically reflect on approaches to understanding therapeutic relationships.

I have argued that Epistemic Injustice (Fricker, 2007) provides a contextualised philosophical concept to support inclusive research practices and challenge academic researchers to continue to develop research methods and methodologies to include the voices of those marginalised in society. My own understanding of the theory and practice of music therapy with people with complex needs as being socially, culturally and politically contextualised has benefitted from taking an interdisciplinary approach – drawing on research from critical disability studies, crip theory, queer theory, posthumanism, psychoanalytic writing and a broad range of music therapy research.

This research project has been designed to provide a space for the knowledge and expertise of children and young people and their family members to emerge and contribute to the conversation in music therapy research. This article is offered as a contribution to the many voices and perspectives in the music therapy community as this discussion continues to evolve and develop.
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Notes

1. I am currently using the term ‘complex needs’ in this article. The possible language and terminology to be used as the project develops will be discussed, explored and agreed with the co-researchers.

2. This list is not exhaustive.

3. Dimen and Benjamin (2011) use the terminology of patient and analyst, and Turner (2021) uses client and therapist. When discussing the literature in this article, the author has chosen to use the terms client and therapist rather than patient and analyst due to the associations of a medical approach with the term patient.

4. The term service user is being used here in recognition that people of all ages can access music therapy across a diverse range of settings.

5. In epistemology, a belief is used to describe the attitude or stance a person holds in relation to information they perceive through their senses and experiences, or information a person receives from others (Audi, 2003).

6. The ethical issues of including both new and current children and young people on the caseload of the researcher were fully discussed as part of the ethics application process. Potential benefits to inviting children and young people currently participating in music therapy and their families to participate in the research project include: providing opportunities to make choices and exercise their autonomy and self-determination; increased capacity to engage in the consent process due to their experience and familiarity of music therapy; potential to tell their own stories and enrich their understanding of what music therapy is for them. Potential risks include risk of coercion to participate in the research project and a risk that participating in the project could have a negative impact on the therapeutic relationship for the participant and the relationship between the family and the Music Therapist–researcher. Taking into consideration the safeguards put in place to mitigate these risks, it was assessed that, on balance, the potential benefits of including current children and young people outweigh the risks. Safeguards include the recruitment process, the clear separation of the therapeutic aspects (Study 1) and the research aspects of the project (Study 3), the involvement of families to advocate for the children and young people involved; the Music Therapist–researcher’s commitment to thinking about these ethical issues throughout the research project, the Music Therapist–researcher’s adherence to code of conduct from the British Psychological Society (BPS), the British Association for Counselling and Psychotherapy (BACP) and the Health and Care Professions Council (HCPC), the University of Roehampton Ethics Guidelines and Code of Good Research Practice and Research Integrity, and the oversight of both clinical and academic supervision.

References

Audi R (2003) Epistemology: A Contemporary Introduction to the Theory of Knowledge, 2nd edn. New York; London: Routledge.

Bain CL, Grzanka PR and Crowe BJ (2016) Toward a queer music therapy: The implications of queer theory for radically inclusive music therapy. The Arts in Psychotherapy 50: 22–33.

Benjamin J (2011) Facing reality together: Discussion of ‘the social third’. In: Dimen M (ed.) With Culture in Mind: Psychoanalytic Stories. New York: Routledge, pp. 49–63.

Boxall K and Ralph S (2009) Research ethics and the use of visual images in research with people with intellectual disability. Journal of Intellectual and Developmental Disability 34(1): 45–54.

Braidotti R (2013) The Posthuman. Cambridge: Polity Press.

Chilisa B and Kawulich B (2012) Selecting a research approach: Paradigm, methodology and methods. In: Wagner C, Kawulich B and Garner M (eds) Doing Social Research: A Global Context. New York: McGraw Hill, pp. 51–61.

Chuley V (2016) Using photovoice to include people with profound and multiple learning disabilities in inclusive research. British Journal of Learning Disabilities 45(1): 39–46.

Cook T, Brandon T, Zonouzi M, et al. (2019) Destabilising equilibriums: Harnessing the power of disruption in participatory action research. Educational Action Research: Knowledge Democracy 27(3): 379–395.

Dimen M (2011) Introduction. In: Dimen M (ed.) With Culture in Mind: Psychoanalytic Stories. New York; London: Routledge, pp. 1–7.

Fansler V, Reed R, bautista e Arnett AT, et al. (2019) Playing in the borderlands: The transformative possibilities of queering music therapy pedagogy. Voices: A World Forum for Music Therapy 19(3): 2679.

Fent J (2019) From researching the queering potential of music therapy to queering music therapy. Voices: A World Forum for Music Therapy 19(3): 2684.

Fraser N (2003) Social justice in the age of identity politics: Redistribution, recognition and participation. In: Fraser N and Honneth A (eds) Redistribution or Recognition? A Political-Philosophical Exchange. London; New York: Verso Books, pp. 7–109.

Fricker M (2007) Epistemic Injustice: Power and the Ethics of Knowing. Oxford: Oxford University Press.

Goldsmith L and Skirton H (2015) Research involving people with a learning disability: Methodological challenges and ethical considerations. Journal of Research in Nursing 20(6): 435–446.

Goodley D and Runswick-Cole K (2016) Becoming dishuman: Thinking about the human through dis/ability. Discourse: Studies in the Cultural Politics of Education 37(1): 1–15.

Goodley D, Lawthom R and Runswick Cole K (2014) Posthuman disability studies. Subjectivity 7(4): 342–361.
Goodley D, Liddiard K and Runswick-Cole K (2018) Feeling disability: Theories of affect and critical disability studies. Disability & Society 33(2): 197–217.

Gross R (2018) The social model of disability and music therapy: Practical suggestions for the emerging clinical practitioner. Voices: A World Forum for Music Therapy 18(1): 958.

Haire N (2021) Improvising the self. Journal of Critical Psychology, Counselling and Psychotherapy 21(6): 61–70.

Hamilton J, Ingham B, McKinnon I, et al. (2017) Mental capacity to consent to research? Experiences of consenting adults with intellectual disabilities and/or autism to research. British Journal of Learning Disabilities 45(4): 230–237.

Harris B (2019) Queer as a bell. Voices: A World Forum for Music Therapy 19(3): 2674.

Honhent A (2003) Redistribution as recognition: A response to Nancy Fraser. In: Fraser N and Honhent A (eds) Redistribution or Recognition? A Political-Philosophical Exchange. London; New York: Verso Books, pp. 110–197.

Jenkin E, Wilson E, Clarke M, et al. (2016) View of spreading the word using film to share research findings and knowledge about children with disabilities in Vanuatu and Papua New Guinea. Knowledge Management for Development Journal 1(11): 69–84. Available at: http://journal.km4dev.org/

Klyve GP (2019) Whose knowledge? Voices: A World Forum for Music Therapy 19(3): 2834.

Langford A, Rizkallah M and Maddocks C (2020) Diversity report. The British Association for Music Therapy. Available at: https://www.bamt.org/resources/diversity-report

Lawes M (2021) Trends of differentiation and integration in UK music therapy and the spectrum of music-centredness. British Journal of Music Therapy 35(1): 4–15.

Liddiard K, Runswick-Cole K, Goodley D, et al. (2019b) ‘I was excited by the idea of a project that focuses on those unasked questions’: Co-producing disability research with disabled young people. Children and Society 33(2): 154–167.

Liddiard K, Whitney S, Evans K, et al. (2019a) Working the edges of posthuman disability studies: Theorising with disabled young people with life-limiting impairments. Sociology of Health & Illness 41(8): 1473–1487.

McRuer R (2006) Crip Theory: Cultural Signs of Queerness and Disability. New York: New York University Press.

Metell M (2019) How we talk when we talk about disabled children and their families: An invitation to queer the discourse. Voices: A World Forum for Music Therapy 19(3): 1.

Milner P and Frawley P (2019) From ‘on’ to ‘with’ to ‘by’: People with a learning disability creating a space for the third wave of inclusive research. Qualitative Research 19(4): 382–398.

Noone JF (2018) The applications of mainstream music technology to facilitate access to creative musical experiences for people with disabilities. PhD Thesis, University of Limerick, Limerick.

Pickard B (2020) A critical reflection on the health and care professions council standards of proficiency for music therapists: A critical disability studies perspective. British Journal of Music Therapy 34(2): 82–94.

Pickard B, Thompson G, Metell M, et al. (2020) It’s not what’s done, but why it’s done”: Music therapists’ understanding of normalisation, maximisation and the neurodiversity movement. Voices: A World Forum for Music Therapy 20(3): 1–19.

Rolvsjord R (2006) Therapy as empowerment: Clinical and political implications of empowerment philosophy in mental health practices of music therapy. Voices: A World Forum for Music Therapy 6(3): 283.

Rolvsjord R (2014) The competent client and the complexity of dis-ability. Voices: A World Forum for Music Therapy 14(3): 787.

Rolvsjord R and Stige B (2015) Concepts of context in music therapy. Nordic Journal of Music Therapy 24(1): 44–66.

Roman T (2016) ‘Were they better today?’ Valuing a client’s individual therapeutic process within an institution’s expectation of positive progress and predictable outcomes. British Journal of Music Therapy 30(1): 13–21.

Sinason V (1992) Mental Handicap and the Human Condition: New Approaches from the Tavistock. London: Free Association Books.

Turner D (2021) Intersections of Privilege and Otherness in Counselling and Psychotherapy: Mockingbird. New York: Routledge.

Ware J (2004) Ascertaining the views of people with profound and multiple learning disabilities. British Journal of Learning Disabilities 32(4): 175–179.

Warner C (2005) Music therapy with adults with learning difficulties and severe challenging behaviour. PhD Thesis, University of the West of England, Bristol. Available at: http://catalog.crl.edu/record=b2226472

Watson T (2016) The world is alive! Music therapy with adults with learning disabilities. In: Edwards J (ed.) The Oxford Handbook of Music Therapy. Oxford: Oxford University Press, pp. 335–361.

Watson T (2017) Supporting the unplanned journey. In: Strange J, Richards E and Odell-Miller H (eds) Collaboration and Assistance in Music Therapy Practice: Roles, Relationships, Challenges. London: Jessica Kingsley Publishers, pp. 169–185.

Author biography

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