

CHAPTER 7

Researching safe spaces, addressing ethical challenges:

Music with children on the move in transit camps

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Welcome to Greece, a country on the European periphery after a decade of crisis.

Carastathis et al., 2018, p. 33

A refugee could be anybody. It could be you or me. The so-called refugee crisis is a human crisis.

Ai Weiwei, 2018, p. 2

THE SOCIO-POLITICAL CONTEXT: “WE ARE ALL REFUGEES”

In Europe, we witnessed a massive flow of refugees and migrants during the second half of 2015. More than 850,000 people arrived by inflatable boats that year to Greece alone, crossing the Aegean Sea from the Turkish shorelines (UNHCRa, 2015) and over 120,000 people arrived in Chios Island (UNHCRb, 2015), my place of residence. As documented by the United Nations High Commissioner for Refugees (UNHCR), people were mainly from Syria, Afghanistan, Iraq, and Iran. Children, either accompanied by their families, or unaccompanied minors, made up about 37% of the total arrivals to Chios. Behind these numbers and facts are actual people struggling for their survival, security, and future.

Many terms have been used in the literature to describe people on the move, such as refugees, asylum seekers, displaced people, informal migrants, border crossers, persons of concern, and illegal or undocumented immigrants (Callister et al., 2022; Douglas et al., 2019; Papataxiarchis, 2016a). Even though the term “refugee” has been specifically defined since the 1951 Convention Relating to the Status of Refugees,¹ all these different terms have been used interchangeably in the Greek media discourse to describe people on the move.

Acknowledging that each term has a distinct meaning and significance, the term "refugee" will be used throughout this chapter for the sake of simplicity and conciseness, without taking legal or other factors into account, and without considering refugees or refugee children to be a homogenous group. In addition, the term “refugee children” is used as stated in paragraph 8 of the Note on Refugee Children (UNHCR, 1987), i.e. to describe refugees, asylum seekers, and displaced persons of concern up to the age of 18.

In this chapter I describe my experience as a community music therapist, based on my voluntary involvement in the “refugee crisis” as a grassroots activist in Chios, standing in solidarity with refugee children. Although I led open-to-all children's music groups from 2015 to 2019, I limit my narrations to groups that took place from June 2015 to March 2016, the “open borders” period. Specifically, during “the first phase of mass migration and solidarity” and the “second phase of a dual management of the ‘refugee crisis’ with humanitarian and securitization terms” (Souzas et al., 2021, p. 25), the European borders were open, and refugees were able to move from Greece to other countries. With the need to reduce the pressure on Europe’s borders, the EU and Turkey deal was signed on March 18, 2016, as a joint agreement to address the refugee crisis. This agreement changed the

¹ Any person who, “owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it” (article 1, para. A2).

landscape of the migratory flow and enforced the “hotspot” approach. By 2016, Greece was referred to as the “hotspot of Europe”, having shifted from providing a transit area to a place of detention for refugees (Carastathis et al., 2018, p. 29).

I chose a self-reflexive approach to write and describe my personal experience, with the intention of making meaning of working as a music therapist in the field, following the interpretative paradigm (Pino Gavidia & Adu, 2022). My narrations are based on an extensive journal that I kept during these years, enriched with data from journals kept by five other volunteers who supported the groups. As Pino Gavidia and Adu (2022, p. 2) posit, “a description of sociality, temporality, and place acknowledges the lived experience of participants as the knowledge source”. In other words, the aim of my descriptions is to gain a deeper understanding of the particular social conditions of the music therapy groups, during the particular time period and in the particular environments. In addition, I would like to recognize that my narratives simply convey my understanding and interpretations after engaging as a music therapist with refugee children in the transit camps. To fully understand the refugee experience, one would have to be a person on the move. Since I am describing from the position of a participatory observer, I acknowledge my limitations, as well as the challenge of representing solely with words the various facets of the interventions.

As a music therapist living and working in Greece, I have witnessed various crises during the last couple of decades, from the “financial crisis” in 2008 to the “refugee crisis” in 2015 and the “health crisis” in 2020. Yet, it has been argued in the literature that each crisis has found Greece in a tougher position which resulted in a rise in solidarity every time (Katsanidou & Lefkofridi, 2020). The slogan that has been used in marches and protests in Greece since 2015, *Eimaste oloi prosfyges* (we are all refugees), reflects a collective understanding of the refugee experience as a universal one. Volunteerism, activism, and a

collective grassroots perspective have been the driving forces of the music therapy project that I will narrate in the following paragraphs.

The act of standing in solidarity

Allylengýi, the Greek word for solidarity, identifies the “horizontal, egalitarian attitude” of support offered to someone (Papataxiarchis, 2022, p. 163), and the neologism *allyléngioi* describes the solidarians, the people who stand in solidarity. The refugee crisis in Greece in 2015 stirred up a movement of locals who provided *allylengýi stous prósfyges*, i.e., “solidarity with refugees.” As an after-effect of the so-called “European refugee crisis,” the act of solidarity with refugees promoted a new sense of community, forged at a grassroots level (Gkionakis, 2016), in this case from the local people of Chios Island. During the summer of 2015 in Chios, an interesting transition from xenophobia to the new patriotism of “solidarity” was observed (Papataxiarchis, 2016c; Souzas et al., 2021). Refugees, regardless of age, gender, social position, race, or color, were seen as vulnerable human beings in need (Papataxiarchis, 2022).

Solidarity with refugees was a phenomenon driven from the bottom up, through spontaneous self-organized social mobilizations of support (Papataxiarchis, 2016a) based on altruistic and humanistic motives (Papataxiarchis, 2016b). As part of a wider solidarity movement that had evolved in Greece in the previous years of austerity, groups of locals formed collectivities based on solidarity. In Chios, the summer of 2015 was characterized as “the summer of solidarity” (Souzas et al., 2021), during which time many locals actively expressed their support. Considering its size, Chios, an island with a population of about 50,000 people, welcomed 120,000 refugees in 2015 alone. There was no provision from the state at that time, nor was there any space properly prepared to welcome and host refugee people, especially in the large numbers they were arriving.

It was interesting to observe how the local people took action and very soon several working groups were formed. Spaces like the Municipal Square, Souda, and the harbor became hosting areas. The locals took it upon themselves to pitch tents, provide food, function a kitchen, provide clothing and other supplies, offer transport to and from the hospital, and attend to the needs of the refugees. These were grassroots projects run by solidarians who got together because they wanted to help. The question is whether it was an ephemeral solidarity, as Papataxiarchis (2022) describes it.

In October 2015, the Greek state along with the UNHCR started taking initiatives to minister to the needs of refugees, and formal refugee camps were established. Most locals who were involved as volunteers were either absorbed into humanitarian NGOs or opted to step aside. The landscape changed after the EU-Turkey agreement in March 2016, and even more after the change in the migration policy in the summer of 2019 when the new conservative government came to power. Thus, we saw that “‘refugee solidarity’ was both born and concluded at low levels of politics” (Papataxiarchis, 2022, p. 179).

THE PRECARIOUSNESS OF THE REFUGEE EXPERIENCE

As described by UNHCR (2024),

Refugees are people forced to flee their own country and seek safety in another country. They are unable to return to their own country because of feared persecution as a result of who they are, what they believe in or say, or because of armed conflict, violence or serious public disorder” (para. 1).

From the three phases commonly identified in this involuntary dislocation journey, pre-flight, flight and post-flight, the time living in a transit camp is what has been described as the “survival” stage (Papadopoulos, 2021, p. 255) and the “asylum phase of hope and fear” (Jalonen & La Corte, 2018, p. 23). Life in a transit host country holds for refugees many

uncertainties and risks while they wait for their asylum claim to be concluded, focusing on surviving, and striving for a long-term future (Hieronymi, 2008).

Forced migration has been documented as being a particularly vulnerable situation for refugee children (Dangmann et al., 2022) since all acts of violence jeopardize children's well-being and compromise their healthy development. Children face many challenges on the refugee journey. They must quickly and often without prior notice, understanding or planning abandon their home life, leaving behind their room and toys, neighbourhood, friends, school, and activities. Papadopoulos (2021), in discussing the significance of the concept of home and all that it encompasses in their lives, highlights the complex reality that refugee children experience: homelessness, involuntary dislocation, the hostility and unfamiliarity of the environment of the various transit refugee camps during their journey, and the anxiety, challenges and acculturation stressors faced when adjusting to a new life in another country.

The flight phase is a multi-faceted and difficult period for the children. Life in a transit camp might be accompanied by deprivation of food, water, and shelter. Children may sustain injuries, assaults, or diseases, be separated from their caregivers, lose their community (friends, relatives, neighbours), live with uncertainty about the future, and might even face harassment from authorities and be placed in detention centres. During this time refugee children might experience traumatic stress related to these adversities, but also from the effort to adjust and integrate to a new culture while holding on to their culture of origin. These could include cultural misunderstandings, language difficulties, problems trying to fit in at school, isolation stress as minorities in the host country, lack of social support network, discrimination and harassment from the local communities and feeling unwelcome (Papastathopoulos, 2020; Patel et al., 2023).

Although children are very resilient and can often cope with difficult experiences in healthy and productive ways (Mohammed & Thomas, 2017; Zolkoski & Bullock, 2012), exposure to traumatic events can elicit a variety of symptoms. These could include stomach aches, headaches or other pains in the body that don't seem to have a physical cause, crying a lot, exhibiting anxiety, sadness or uneasiness, trouble falling asleep or sleeping too much, trouble paying attention, lack of desire to play or engage in activities, and persistent thoughts or emotions about the traumatic events (Dangmann et al., 2022; Jensen et al., 2019; Richter et al., 2020).

The temporality of life in a transit camp

Closed controlled access centres and transit formal and informal refugee camps have been described as converging spaces of global displacement (Huq & Miraftab, 2020). These are temporary spaces that host temporary lives. Using Van Gennep's (1960) contextualization, the refugee journey can be viewed as a passage, a transition from one stage of life to another, or from one condition to another. He theorized that the rites of passage can be divided into three phases: separation, transition, and incorporation, resembling the three phases of the refugee journey: before, during, and after resettlement. During the flight phase and living in a transit camp, refugees are held in the margins of society, or in a state of liminality. While being in the transition, the in-between or this liminal period, Turner (1979) characterizes refugees as being "invisible", at least "structurally, if not physically" (p. 235), since "they are at once no longer classified and not yet classified" (p. 236), being not here nor there. Papastathopoulos (2020) has used an interesting metaphor of refugees being transformed into ghosts within transit host countries, "excluded from participation in social life and assimilated, [...] far away from the town" in the closed controlled access refugee camps (p. 10). And as Präger (2024, p. 113) describes, "migrants awaiting outcomes of their asylum-

seeking processes frequently circle in the loop of permanent liminality” within these closed detention centres and are isolated on an island.

Being in this liminal space of no longer having a home and not knowing where one is going makes the period of being in a transit camp a time of fear, stress, uncertainty, and an unknown tomorrow. Refugee camps are never intended to provide permanent living (Ramadan, 2013; Tsoni, 2016). Temporality, insecurity, and marginality characterize life in these camps, where people are suspended between what their lives used to be and what their lives will be in the future. For refugee children, life in a transit camp is quite taxing on many levels, in terms of restrictions, limitation of mobility, deprivation of control, loss of individual identity, and absence of life purpose (Arvanitis et al., 2019). Although children’s natural resilience plays an important protective role, trauma, extreme stress, and anxiety can interfere with their development, mental health, and overall well-being (Dangmann et al., 2022; Jensen et al., 2019). This lack of stability, security, infrastructure, and psychosocial support, makes music therapy, as a strengths-based approach, a valuable and much-needed intervention within these camps.

THE OPEN-TO-ALL MUSIC THERAPY GROUPS FOR CHILDREN

Taking into account the difficulties that children had encountered during the refugee journey and had to face once they landed at Chios Island, in June 2015, jointly with a group of educators we decided to provide groups open to all children. We aimed to offer psychosocial support through non-verbal means of communication since we did not share a common language. I facilitated the first group in June 2015 at the overcrowded detention camp in *Mersinidi*. The informal arrivals of refugees continued in unprecedented numbers for the following months, and we decided to continue our visits to formal and informal camps, once, twice or even three times a week. We named our team, the SamSam group.

During these months, refugees stayed for a maximum of two to three days before they continued their journey to Athens and then to the borders. The groups ran twice or even three times a week. However, the children participating in each group were never the same due to the short duration of their stay. This necessitated the development of a trauma-sensitive music therapy intervention based on the Psychological First Aid principles (Else & Gonzales, 2023) and informed by cultural humility (Edwards, 2023). Since transit camps can not be seen as environments that can foster children's healthy development, regardless of the length of stay, it was important to offer groups that mitigated distress, promoted a sense of safety, instilled hope, and allowed for children to build connections.

To meet the needs of the children, I designed and implemented music therapy groups in various camps on the Island (Mersinidi, Municipal Garden, Souda, Chios Port) that hosted refugees from June 2015 to March 2016. Since the groups were open to all children, any child at the camp was welcome to join if they so desired, and depending on the arrivals of each day, the groups would have anywhere from a few to more than 90 children.

Music therapy groups: The approach

Trauma-informed care (Else & Gonzales, 2023; Miller et al., 2019) with a culturally humble stance (Edwards, 2023) was adopted to offer psychosocial support to children, integrated into the Psychological First Aid (PFA) principles -a sense of safety, calmness, a sense of self and community efficacy, connectedness, and hope- and actions -looking, listening, and connecting- (Akoyunoglou & Paidia, 2019; Ramirez et al., 2013). Trauma-informed care (TIC) is recommended as a best practice in the care of refugee youth (Miller et al., 2019), and guides care providers with six principles: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment (voice and choice), and cultural, historical and gender sensitivity (Else & Gonzales, 2023). In addition, it is accompanied by a

perspective of cultural humility that fosters inclusivity and gives room to examine one's personal biases and be considerate of the children's experiences (Edwards, 2023).

Examining the integration of the three PFA actions with the TIC principles, one can see interrelatedness and progressiveness. Looking refers to checking for safety issues or potential threats in the environment, locating a safe space to form the group and be with the children, and attending to obvious needs first before moving to the next step. Listening includes sensitively approaching children and asking about their needs, being attentive and listening carefully to them, providing a sense of calmness through presence and attitude, and responding with empathy to what the children say. Connecting or linking refers to providing an environment that can enhance connectivity and collaboration among children, strengthen resilience, and promote feelings of hope.

Music therapy groups: The design

As members of the SamSam team, we attended a training offered by UNHCR in collaboration with the War Trauma Foundation (WTF) in October 2015 (Gkionakis, 2016). This training equipped us with the important tools to provide groups targeted at the specific needs of the children. Even though no particular PFA model has been created for refugee children, the flexibility that characterizes the application of the PFA actions can prove helpful in fostering emotional safety, allowing for expression and communication, and enhancing feelings of trust (de Freitas Girardi et al., 2020). While the PFA principles and actions can not be seen as evidence-based (Hermosilla et al., 2023), their use within music therapy in humanitarian settings has been documented as beneficial (Else & Gonzales, 2023).

In particular, music therapy in transit refugee camps can be seen as a strengths-based approach to care. Acknowledging children's strengths, resilience and agency, the goals set for the open-to-all children's music therapy groups aimed to promote children's resilience, foster

healthy development, and empower individual and collective identities of children living in the hostile, temporary, liminal and strange environment of the camp.

Taking into account the emotional, developmental and psychosocial needs of the children, I followed a process of planning, assessing, designing, implementing, evaluating, reassessing and redesigning for each group. Considering the setting and the context, the interventions were chosen in order to address the children's needs. The autoharp, a non-threatening and unfamiliar instrument, was used to provide an opportunity for initial non-verbal communication via a relational object. Handmade small shakers allowed for the development of a common group sound; singing permitted the musical inner child to emerge; and movement enabled the awakening of the body.

Music therapy groups: The implementation

Every time the number of children differed. Not knowing in advance the number of children, I arrived at the camp with two or three volunteer educators and members of the SamSam team. The duration of each group was from one and a half to two hours, depending on the number of children, the energy of the group, and the weather conditions. All groups took place outdoors, in an open area that we evaluated as appropriate. The criterion for the space we chose was to provide ample room for children to gather. Then, we placed one, two, or three tarpaulins depending on the number of children that were at the camp that day. Children that gathered were mostly from two to fourteen years of age. Sometimes their parents or other teenagers or adults would gather around and observe the group. The tarpaulins defined the boundaries of the group, set the space for the intervention, and made the area friendlier for all. On the tarpaulins, three- to four-metre-long pieces of paper were taped, and colourful markers were spread on the sheets. The tarpaulins, the paper, and the markers acted as gathering agents, and on their initiative, children would come, sit, and start drawing. Starting

the group this way encouraged children who did not know other children to sit and work individually, draw whatever they wanted, and use as many markers as they wanted. Drawing within a group setting around a long piece of paper shared with others fostered concentration, involvement over time, a sense of quietness and stability and provided an avenue for individual expression.

Once the drawings were completed, the music would begin by singing an improvised hello song accompanied by the autoharp. Children were already seated in a circle and the autoharp provided a non-threatening, one-on-one interaction. Children who wanted to play the autoharp were welcome to do so. The hello song was the first of a number of easy call-and-response songs that followed. The songs we used were mostly African songs with easy syllabic structure and repetitive lyrics and melodies to ensure success in the participatory experience. There were about four to five songs, in which simple rhythmic patterns were improvised in various forms such as body action, body percussion or using hand-made instruments. The musical instruments were created by the children with the help of our team members. Once the group was rhythmically synchronized and coordinated, we began adding body and dance movements, and the children would either follow movements that the music therapist showed or improvise their own. A simple goodbye song, leading to synchronized loud voices, marked the ending of the group and all children helped in folding the drawing papers and putting the tarpaulins in the bag.

Music therapy groups: The supports

To ensure individual and collective reflective practice, all members of our team kept journals after every group and weekly or bi-weekly meetings were organized with the whole team. Since it was an emotionally and psychologically demanding setting that we did not have prior experience with, we relied on supporting each other throughout those months. “Feelings of

guilt”, of “witnessing stressful situations” and “seeing unprotected children separated from family members” were some of the issues documented in the journals. Thoughts, beliefs, biases, actions and reactions were documented in our journals. By extension, our meetings took the form of peer group supervision, where all issues and fears were discussed and analyzed. This allowed us to collectively face our uncertainties, recognize our limitations, deepen our understanding, and evolve as a team.

Emotional burnout was a threat for all of us, so we decided to run groups only when at least two members and myself were available, and team members alternated. The team acted as a support system, reducing the levels of stress and feelings of helplessness in these environments. Supervision and self-care were my personal support systems. From the beginning, I realized how important supervision was in order to offer community music therapy to refugee children in a transit camp. It was important for me to acknowledge that there would be times when I would not be able to help the way I wanted or provide for what was needed, and I realized that there was much that we could not address due to the overall circumstances. The more knowledgeable I became on how to facilitate the groups, the more confident I felt in managing unexpected or challenging situations.

Music therapy groups: The outcomes

The structure of the intervention followed the three stages proposed by PFA, i.e., look, listen, and connect. In the beginning, we concentrated on looking and observing. As children would gather on their own to sit and draw, we would just observe how they sat, if they were alone, with a sibling, or with a parent, if they drew in a small or bigger area of the paper, the number of markers used, and what themes they drew. Drawing gave them an avenue for non-verbal expression. Then we would sit down at available spaces in the circle, introduce ourselves, and begin to discuss with them what they had drawn and to get an idea of their emotional state. Since children were of various ethnicities (Syria, Afghanistan, Iran, Iraq, and others), our

communication was either with the help of a parent in English or through joint drawing as a non-verbal way to communicate. The music followed and enabled the children to become a group. We aimed to use songs that were age and culture-appropriate. Due to the diversity of ethnicities and the different languages and cultures, easy African songs proved to be a good choice. Since musical instruments permit further engagement with the music, we used hand-made instruments, so that children could take them with them after the group was over, if they chose to. The focus of the music therapy intervention was to bring children together, meet other children living in the camp, enhance their social skills, build a sense of community, and help children sustain hope. One team member documented in her journal, “music offers moments of fun, a space for venting negative feelings, releasing anxiety, while creating islands of joy” for refugee children. At the end of one of the many groups we did those months, one girl, around 13 years old, came to me and said: “thank you for making us smile,” reminding me of their need to feel, act, and be children.

REFLECTIONS ON SAFE SPACES AND ETHICAL CHALLENGES

How do we position ourselves within a transit camp? Are we there for self-serving purposes? How do we understand belongingness and differentiation? And how do we give meaning to the musical event as an experience of encountering the ‘other’? These questions were reflected upon every time I facilitated groups for refugee children. This self-reflective approach during the initial ten months allowed for a deeper understanding of cultural diversity, multiculturalism, vulnerability, and disorientation.

Every group, every visit, and every discussion formed my personal story. As a solidarian during those months, I observed multiple context-situated and fluid identities emerge in the field: a volunteer, an activist, a grassroots responder, a musician, and a community music therapist. Positionality, or how one views the self and the other, is informed by moral and personal qualities (Van Langenhove & Harré, 1999) and is influenced

by the interaction of context, space, and identities (Bayeck, 2022). Considering both reflexivity and positionality as dynamic elements of development (Davies & Harré, 1990; Osbeck & Nersessian, 2017), my understanding of personhood and identity was shaped by these social interactions.

Working in the field, I realized that the term ‘refugee’ is often used to label and marginalize the ‘other’ (i.e., the victim, the vulnerable, in need of humanitarian assistance), which might lead to removing the human subjectivity and in the process, to dehumanize them (Baak, 2021). I agree with Pieloch et al. (2016, p. 337) who state that “to help promote resilience we must first see children as children and as refugees second”. Challenging as it may be, redefining the socially constructed term ‘refugee’ would allow us to rehumanize our understanding of the refugee, avoid the act of ‘othering’, and view them as individuals (Baak, 2021).

A question that often surfaced in my mind regarding the groups I facilitated was whether music had the capacity to ensure a sense of safety and consequently promote a safe space for children in transit camps. In defining a safe space, one can view it as a “place intended to be free of bias, conflict, criticism, or potentially threatening actions, ideas, or conversations” (Merriam-Webster, n.d.). Applied to an educational setting, a safe space can be viewed as one that allows participants to feel secure enough to take risks, honestly express their views, and share and explore knowledge, attitudes, and behaviors (Holley & Steiner, 2005). By extension, it contains the aspect of protecting all members of a group from psychological or emotional harm and in an even broader sense, it is “concerned with the injuries that individuals suffer at the hands of society” (Rom, 1998).

A definition that echoes the notion of a safe space as I contextualized it in the open-to-all children music therapy groups, is articulated by Bustamante Duarte et al. (2021), describing it as an environment that promotes “open communication, knowledge exchange,

and beneficial engagement among all participants” (p. 192). In other words, it can be comprehended as creating spaces for musical dialogues, musical engagement, and musical belongingness, aspects that were reinforced in all the music therapy groups I offered. For children residing temporarily at transit camps in dire conditions, safe environments and resiliency-focused approaches allow for healthy development, empowerment, and an enhanced sense of well-being (Pieloch et al., 2016). The structure of the groups aimed to foster non-judgmental environments, enhance feelings of safety, and promote acceptance and a culture of equity, all features of a space that can be characterized as safe for all participants. Furthermore, it is documented that music has the capacity to promote social inclusion and social integration essential to those who are cut off from their countries, communities, and families (Grebosz-Haring & Gaul, 2024; Crooke et al., 2024). But can music guarantee a feeling of safety since musicking involves meeting the other? Music-making has been described as a process accompanied by “ethical responsibilities [that] arise from these encounters” (Warren, 2014, p. 1). Thus, ethical concerns and moral dilemmas accompany the use of community music therapy in transit refugee camps. The way that I live and see, make sense of, and interact with the world as a music therapist informs my ethical perspective (Papadopoulos, 2002). In order to engage in ethical thinking, Dileo (2021) has accurately expressed that music therapists need to balance several inputs: our feelings and perceptions, our self-awareness, our virtues and moral values, our knowledge and judgment, our cultural location, the clients’ values and input, the fundamental ethical principles, the ethical codes, the situational context, as well as the law. These multiple areas of concern form the ethics mosaic that has guided my personal and professional growth.

As a professional music therapist working in Greece, I practice according to the ethical code of the Greek Professional Music Therapy Association. Yet, these codes do not directly address issues that accompany music therapy services in this specific context. To

ensure ethical issues were addressed, various steps were taken. Once in the field, it was important to scan for immediate needs of children and their families before offering our groups. Since interventions that follow an ethical orientation should address the needs of individuals in crisis (Sommers-Flanagan, 2007), essentials such as food, clothing, and shelter were of top priority. Once these were taken care of, groups had a space and a need to be offered to children regardless of their age. The interventions provided were sensitive to the developmental and cultural needs and were constantly adapted to meet the requirements of each particular group. The open character of the groups allowed children to decide at their own will whether they wanted to participate or not. The place given to each child permitted them to decide where to sit and how close to other children. The open space gave children the freedom to form subgroups with other children of the same nationality. Children were able to come and go at their own free will during the groups. The voluntary and open-to-all features of the community music therapy groups fostered inclusion and acceptance of all, adapting every time the musicking to match the needs of each group.

Empathy was a guiding principle and empathic understanding was essential for an ethics of care. Cobussen and Nielsen (2012, p. 155) mention that “Music can teach us to listen more carefully; it can make us receptive and responsive to the voices of others and to the voice of otherness, to other voices and to the otherness of the voice”. Furthermore, music fosters a sense of community and solidarity among active and receptive participants (Trondalen, 2023). The combination of these elements allows for community music therapy in formal or informal camps, as an ethical practice of care, to become a political, environmental, and social act.

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Sites of confinement, such as refugee camps and places of detention, are characterized by flows and enclosures of people: dislocated, confined, encamped, imprisoned, detained, trapped, stuck, or forcibly removed, who are doing their utmost to cope, survive or escape. These people “are caught between the temporary and the permanent; between exclusion and inclusion; and between boundaries and their transgression” (Jefferson et al., 2019, p. 2). During the phase of survival, life in transit camps hides many developmental threats for children, who seem to have the worst experiences (Papadopoulos, 2002). It is essential to provide “more child-friendly accommodations and services, especially for children waiting for claims to be processed” (Vaghri et al., 2019, p. 12).

Art and music can be an effective means of nonverbal communication for refugee children during this challenging and pervasive experience (Akoyunoglou, 2019; Akoyunoglou & Tsiris, 2024). Music's expressive and nonverbal qualities can help people communicate their emotions, break through feelings of loneliness, improve their emotional state, and boost hope (Davis, 2010; Garrido et al., 2015; Wiess & Bensimon, 2020). They can also help children learn new cultures and maintain their cultural identity while enhancing their social skills, self-esteem, and self-trust, nurturing their collaborative skills, and reducing their anxiety (Akoyunoglou, 2019; Akoyunoglou & Tsiris, 2024; Altschuler et al., 2002; Enge & Stige, 2022; Heynen et al., 2022).

There is growing empirical research that shows that by engaging in music-making while living in a makeshift refugee camp, children are aided in building relationships, developing a positive sense of self, and strengthening their cultural identity and their sense of agency (Akoyunoglou & Tsiris, 2024; Enge, 2015; Lenette & Sunderland, 2014; Millar & Warwick, 2018). Although multidimensional challenges accompany community music therapy interventions in transit refugee camps, as a strengths-based approach, community

music therapy can prove to be effective as psychosocial support, a means to cultivate a culture of belonging and transform the hostile and strange environment into a friendlier, safer, and, why not, a pleasurable place for the children.

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