

THE CURRENT STATE OF MUSIC THERAPY IN COSTA RICA

A THESIS

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DEDICATION

*Costa Rica es mi patria querida
vergel bello de aromas y flores
cuyo suelo de verdes colores
densos ramos de flores vertió
“Patriótica costarricense”*

*Costa Rica is my beloved homeland
Beautiful garden of aromas and flowers
Whose soil of verdant colors
Dense boughs of flowers spilled forth
Costa Rican Patriotic Song*

A todos los y las musicoterapeutas en Costa Rica, pasados, presentes y futuros.

Que veamos florecer y crecer nuestra profesión.

To all the music therapists in Costa Rica, past, present, and future.

May we see our profession bloom and grow.

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ABSTRACT

LINDSY LEV

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Using an ethnographic approach, the author immersed herself for over 2 years in the community of music therapists who have worked in Costa Rica, leading to the emergence of two research questions: (a) What are the cultural considerations of practicing music therapy in Costa Rica? And (b), What challenges do music therapists face when attempting to practice music therapy in Costa Rica? These questions were addressed through qualitative coding of structured interviews and online correspondence with seven music therapists. Priorities for the future of music therapy in Costa Rica include the creation of the country's first music therapy degree program and the incorporation of music therapy into a professional association. As a music therapist with dual citizenship in Costa Rica and the United States, the author hopes that this study will serve as the foundation for developing new music therapy opportunities in Costa Rica from a perspective of cultural humility.

Keywords: music therapy; Costa Rica; ethnography; qualitative

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CHAPTER I

INTRODUCTION

Prelude

I planted the seed of this thesis on a grey November morning in Saint Louis. My AirBnB hostess's hairless cat had just run to sit in front of the heat vent, and I was lingering in my winter pajamas over a cup of tea. As I sipped, I mulled over a conversation I had had the day before at the American Music Therapy Association (AMTA) National Conference with Julianne Parolisi, the founder of Music Therapy Without Borders (<http://www.mtwob.org/>). I had approached Julianne after attending a session in which she had detailed her work in the Cayman Islands to tell her how excited I was about the prospect of doing music therapy abroad, specifically in my native Costa Rica. When I explained my status as a dual citizen of Costa Rica and the United States, Julianne suggested that, maybe in the future, we could work together to bring a music therapy program to Costa Rica. The proposal sent me into a flurry of excitement and ideation, but I knew there was something I needed to do first before I could even begin to formulate a plan of such an ambitious scale.

I was born and raised in San José in a bilingual and bicultural household, half *tica*¹ and half *gringa*. I find myself caught in what Stige and Ledger call “a classic dilemma in ethnography (...) the tension between etic and emic perspectives” (Stige &

¹ The term *tico* and its feminine form, *tica*, are explained on page 9.

Ledger, 2016, location 17661). In other words, I am both an insider and an outsider in my own country, a duality of which I am painfully aware. I always knew that I would leave Costa Rica to attend a university in the United States, and that decision was cemented when I chose to pursue music therapy as a profession. To this day, music therapy is not offered as a degree program at any university in Costa Rica, or for that matter, anywhere in Central America (Kennedy, 2015; Terán, 2018). Furthermore, no one I knew in my adolescent years had even heard of music therapy. I boarded a one-way plane to Dallas in August of 2009, and as I saw the vibrant green mountains of my homeland disappear under the clouds, I sobbed. *Mi país... mi país*. I knew that it would be years, likely even decades, before I would hold a permanent address in Costa Rica again.

During my visits back to see friends and family, I would sometimes encounter people who would encourage me to return by saying things like “You could come back and be the next big thing! No one knows about music therapy here, so you could bring the *boom* of music therapy to Costa Rica and maybe even become famous!” I always had the same answer. “Do you know how much time, how much money, how many contacts I would need to pull something like that off? No one is going to respect a lone ‘girl’ in her twenties with a degree in something no one has ever heard of, no matter how great I know the field to be! It’s too big of a task to try to take on by myself, especially if I try coming back without getting at least a master’s degree and some work experience. Besides, my husband, who left Costa Rica to study video game programming, would also not be able to find a job in his field if we came back. Let’s be realistic. If we came back

to Costa Rica, I'd probably end up teaching music at a school, my husband would probably end up programming at a bank, and we'd probably both be miserable. I'll come back when I'm an old lady so I can rest my bones in the country of my birth."

More than 10 years have passed since I left Costa Rica. Nevertheless, I have never forgotten where I came from, and I strongly identify as a *tica* and as a Latina. I dream of continuing to live in the United States while going back periodically to Costa Rica to facilitate workshops in music therapy, or of creating a study abroad program in which I could bring music therapists (or practicum students) to Costa Rica for service trips. The truth is, however, a lot has changed since I have been gone, and I can no longer expect to develop programming in Costa Rica from the point of view of a local. As if a lightbulb had turned on in my head, I remembered that I had heard of one music therapist who had lived and worked in Costa Rica. I thought of her as the only person who could truly give me insight into the state of music therapy in our home country.

That November morning in Saint Louis, so far removed from the trade winds of Costa Rica's approaching dry season, all I knew is that her name was Randi and I needed to find her. With what hubris was I going to go back, with my non-Costa Rican colleagues, to try to insert myself into a Costa Rican music therapy scene I knew nothing about? Randi had been on the ground while I had been off studying in another country, so she would have a better idea than I of the needs and challenges of music therapy in the Costa Rican market. I often liken Costa Rica to a small town, where everyone knows everyone else. The connections of this small town make it easy to find people, because no matter who you are trying to find, there is a good chance that you are only one or two

degrees of separation away from them. I do not remember exactly when or how I first heard of Randi, but someone had told me that she had provided some music therapy services at *Fundación GiáMaLa*. I had ties to this foundation because it was created in honor of my dear childhood friend Giancarlo Malavasi Lachner, who died of leukemia when he was 16. I also had a vague impression that I had heard Randi's name come up in conversation among my husband's family. I decided to put my "small town" metaphor to the test. I posted the following Facebook status, originally in Spanish: "People from Costa Rica: I am almost sure that there is one (and only one) designated music therapist in the country, and I want to contact her. If I remember correctly, she's called Randi something. Does anyone know?"

My heart skipped a beat when I checked Facebook again a few hours later. My "small town" had pulled through! Not only was Randi a friend of my husband's aunt, but she had also been the high school student of my childhood next door neighbor. I felt the chill of Saint Louis dissipate from within me, as my thoughts raced with the warmth of my tropical homeland. Within a day's time, I was introducing myself via video call to Randi so we could talk about music therapy in Costa Rica. What really stopped me in my tracks, however, was the other response I got on my Facebook post. Dr. Manuel Matarrita, the former director of the School of Music at the University of Costa Rica (*Universidad de Costa Rica, UCR*) replied succinctly: "*No es la única.*" What do you mean, she's not the only one?!

Right away, Dr. Matarrita put me in touch with José Pablo Valverde, a Costa Rican music therapist who had studied in Argentina and had also returned home at the

conclusion of his studies. Over the course of the next three months, José Pablo introduced me to three more Costa Rican music therapists. I realized that there was a whole community of music therapists in Costa Rica trying to bring our profession to uncharted territory, and I became determined to learn as much as I could about their work. What had been happening in Costa Rican music therapy while I had been away? What were the lives of music therapists in Costa Rica like, and what were their needs now? What could I bring to the table as a Costa Rican music therapist living abroad? I decided that the best way to find the answers to these questions was to meet the music therapists in Costa Rica and ask them myself.

“Where Is That?” And Other Questions

If you are reading this and happen to be Costa Rican, you’re in luck! You can skip this section. If you are, however, not Costa Rican, have not lived in Costa Rica, or don’t have an in-depth understanding of Costa Rican geography, government bodies, and systems of education, this section is for you.

Since my interview participants and I all have a shared understanding of what living in Costa Rica is like, there are some concepts that we take for granted and did not explain during our interviews. Names of locations and institutions, for example, were casually mentioned with the unspoken understanding that I knew what my interviewees were talking about. What follows is a primer on topics about which you may have questions as you read this thesis.

A Note on Translation

I chose to conduct my thesis interviews in Spanish. This is the first language of all but one of my participants, and I wanted them to be able to express themselves as naturally as possible. My mother, a professional translator who lived in Costa Rica for 25 years, was instrumental in helping me translate my interviews from Spanish into English. All my participants consented to letting her collaborate in the translation of their interviews. Being raised by a translator made me sensitive to the nuances of language, especially when it comes to words that have different meanings from one region to another, or terms that have no direct translation. I had many problem-solving conversations with my mother on how to tackle these linguistic challenges in a way that remained true to my participants' intentions. Many of the terms I discuss in this chapter gave us pause due to their relation to organizations and practices indigenous to a Latin American (or, specifically, Costa Rican) cultural context. Because of this, I felt that it would be important to clarify what these terms mean and justify how we chose to translate them.

Where Is That?

The Central Intelligence Agency (CIA) World Factbook reports that Costa Rica is a Central American, Spanish-speaking country with an area of 51,100 square kilometers (or roughly 19,700 miles) and a population of almost 5 million people (Central Intelligence Agency, 2020). To give a US point of comparison, the population of the Dallas-Fort Worth metroplex, where my university is located, is over 7.5 million (Leins, 2019). At least 54% of Costa Rica's population lives in the Greater Metropolitan Area

(*Gran Área Metropolitana, GAM*), with one-fifth of the population living in the capital city of San José (Central Intelligence Agency, 2020; Rosales Maroto, 2012, p. 130). The GAM includes urban areas in Alajuela, Cartago, Heredia, and San José — four of Costa Rica's seven provinces. There are roads with bus routes connecting cities within the GAM to each other, and it is not unusual to encounter people who live in one province and work or study in another (such as a student living in a suburb of San José and attending university in Heredia).

Costa Rica's provinces are divided into cantons, which in turn, are divided into districts (Constitución Política de la República de Costa Rica, Título XII, Artículo 168). Cantons can be thought of as equivalent to counties in the United States, but there is no direct point of comparison for districts. All but one of my interview participants lived and worked in cantons across the GAM. Districts and cantons of San José that participants mentioned in their interviews include Desamparados, Escazú, Pavas (specifically the suburb of Rohrmoser), and San Pedro.

Foreigners who look at a map of Costa Rica, as seen in Figure 1, may believe that traveling within Costa Rica can be done quickly due to the size of the country and the relatively short distance between locations. However, it is not realistic to assume that travel time in Costa Rica is as fast as one might expect. For example, my fieldwork for this thesis involved driving from Santa Ana, a canton within the GAM, to the city of San Isidro del General in the rural canton of Pérez Zeledón. The roughly 150 kilometer (93 miles) trip, which included stretches of winding mountain roads, took approximately three and a half hours to complete. Even within the GAM, travel times are padded by

poor infrastructure and periods of standstill traffic. Due to these factors, a prospective client who lives in Rohrmoser might feel discouraged at the prospect of going to see a therapist in San Pedro. Even though it is only about 12 kilometers (7.5 miles) away, depending on the time of day, that prospective client might have to battle through an hour of traffic to get to their appointments.

Figure 1

Map of Costa Rica



Note. Reprinted from Geographic Guide, n.d.

(<https://www.geographicguide.com/america-maps/costa-rica.htm>).

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What Is A “Tico”?

Across Latin America, it is common practice to encounter “nicknames” for people hailing from certain countries or regions. Hondurans call themselves *catrachos*, and Mexicans who are from Mexico City are referred to as *chilangos* (Real Academia Española, n.d., Definition 1; Real Academia Española, n.d., Definition 2). People from Costa Rica are colloquially called *ticos* (or, in the feminine form, *ticas*). The official translation into Spanish of “Costa Ricans” is *costarricenses*. However, it is more common for Costa Ricans to refer to ourselves as *ticos*, especially in the company of compatriots. In fact, the term *costarricense* sounds formal in conversation. If used unironically, *costarricense* is generally reserved for texts or speeches that require a certain level of gravitas. The term *tico* stems from the idiosyncratic Costa Rican habit of peppering our speech with diminutives. In Spanish, if you want to turn a word into a diminutive, one of your options is to add the suffix *ico/ica*. For example, instead of saying they will arrive *ahorita* (in a bit), *ticos* might say they’ll arrive *ahoritica* (in a little bit). For Costa Ricans, making a word into a diminutive has little to do with whether the subject in question is actually small or short. Rather, diminutives can be used as terms of endearment because they can make things sound little and cute. The fact that my cat is 17 pounds, for instance, is irrelevant -- I could still say *tengo un gatico* (I have a little cat) instead of saying *tengo un gato* (I have a cat). Using diminutives in our speech is one of the defining features of Costa Rican linguistic tradition, and when we call ourselves *ticos*, we are affectionately referencing that part of our culture.

Higher Education

There are important differences between public and private universities in Costa Rica. Each public university requires students to take entrance exams in their final year of high school. These exams are not only required for general admission into the university as a whole, but for admission into specific majors as well. Different degree programs have different “cuts” on the exam, which bar students with low scores from accessing more rigorous majors such as medicine or law. Furthermore, auditions are required in order to gain admittance to music degrees. By contrast, most private universities do not require entrance exams. Instead, students with a high school diploma who are able to pay a matriculation fee are granted admission to private universities. Because of this, it is generally considered more prestigious to attend a public university. There are three public universities that offer undergraduate music degree programs in Costa Rica: The UCR, the National University (*Universidad Nacional, UNA*), and the State University for Distance Learning (*Universidad Estatal a Distancia, UNED*). In addition, the UCR and the UNA both offer master’s degrees in music (Centro de Investigación, Docencia y Extensión Artística, n.d.; Universidad de Costa Rica, n.d.). There are two private universities that offer undergraduate degrees in music education. Neither of these universities requires an audition to enter their music program.

Nevertheless, many people choose to attend private universities over public ones for logistical reasons, even if they are more expensive. Public universities operate on a two-semester academic calendar, with an extended summer break at the end of the

calendar year (coinciding with the tropical dry season) that allows for students to enroll in summer courses if desired. On the other hand, most private universities use a quadrimester system and have much shorter vacations, meaning students at private universities are able to enroll in more courses per year than their public university counterparts. Furthermore, public universities require students to take general education courses as part of their studies, which private universities do not. These factors reduce the length of time needed to complete degree programs. Finally, private universities tend to have more available night class schedules, which are preferred by students who need to work during the day. Therefore, many students who need to work full-time in addition to studying prefer to attend private universities.

With regard to college degrees, one of the terms with which my mother and I struggled the most in terms of translation was *licenciatura*. Undergraduate students in Costa Rica have the option of graduating from 4-year or 5-year programs. A 4-year degree program is called a *bachillerato*, and is the equivalent of the English “bachelor’s degree.” If desired, students can continue to study for an additional year after finishing their *bachillerato* and graduate with a *licenciatura*. This is not to be confused with a master’s degree (*maestría*). A *licenciatura* is an undergraduate degree that is higher than a bachelor’s degree but lower than a master’s. As this concept is not common practice in the English-speaking world, my mother and I found ourselves at a loss as to how to correctly communicate what my interview participants were trying to say. While some translators suggest translating both *bachillerato* and *licenciatura* as bachelor’s degrees (since they are both undergraduate programs), my mother and I felt that this did not

accurately represent my participants' experiences and education levels. In addition, the term "bachelor's degree" did not make sense in the context of some of my interviews. For example, one participant said that he had to start both his *bachillerato* and *licenciatura* over when he went to study in Argentina, and another said that she applied for a scholarship to study music therapy abroad "in the first year" of her *licenciatura*. In both these cases, equating *bachillerato* and *licenciatura* with "bachelor's degree" would obfuscate my participants' experiences. After scouring several dictionaries, my mother and I settled on the term *licentiate*, which Lexico defines as "(in certain universities, especially abroad) a degree between that of bachelor and master or doctor" (Lexico, n.d.).

Professional Associations and Organizations

Costa Rican professionals who have at least a licentiate-level education are encouraged to (or, in many cases, required to) become members of a *colegio profesional*. In this context, a *colegio* is a public, non-governmental professional association, created with the approval of the Legislative Assembly of Costa Rica (Colegio de Terapeutas de Costa Rica, n.d.; Harbottle Quirós, 2014, p. 71). Health professionals, such as physicians and allied health therapists, cannot legally practice in Costa Rica without becoming *colegiados*, meaning without joining their respective professional association (Harbottle Quirós, 2014, p. 90). Other professionals, such as journalists, are not barred from practice if they fail to join their professional association (Harbottle Quirós, 2014, p. 74).

Joining a professional association carries several benefits, even for people working in occupations that do not require membership to practice. These associations guarantee the validity of their members' credentials, giving *colegiados* the support of a reputable state institution when looking for jobs or otherwise justifying their work. Professional associations are also tasked with determining the ethics and scope of practice of a profession (Harbottle Quirós, 2014, p. 72), thus becoming points of reference for legal disputes and queries. In this way, professional associations can also suspend or revoke a person's right to practice in the event of a malpractice suit or criminal offense. Professional associations in Costa Rica also act somewhat like unions, as they establish the standard wages and salaries that their members should be paid (Universidades.CR, 2016). Finally, members of professional associations also have access to professional conferences and scholarship resources that can provide funding for studies within Costa Rica or abroad. There are professions that do not belong to any existing professional association in Costa Rica. This can happen with careers that are new or that are not offered in Costa Rican universities. Currently, the profession of music therapy has not been recognized by any existing professional association in Costa Rica.

A *colegio profesional* is not to be confused with an *asociación*. Some professions that do not have a *colegio profesional* in Costa Rica do have an *asociación* (Universidades.CR, 2016). In addition, some specialties within larger fields have *asociaciones* in addition to having a *colegio profesional*. Such is the case with orthopedists (Asociación Costarricense de Ortopedia y Traumatología,

<https://ortopediacr.com/>). This is where my mother and I encountered a translation conundrum. Though the direct translation of *asociación* is association, we have already used the term professional association to mean *colegio profesional*, in keeping with similar institutions in the English-speaking world. In order to avoid confusion between the two, I have chosen to translate *asociación* as “organization.” In Costa Rica, organizations are smaller than professional associations, and they tend to have a more narrow focus. For example, the Professional Association of Psychologists (*Colegio de Profesionales en Psicología*) includes regional organizations for professionals practicing in different geographical areas of the country (*Colegio de Profesionales en Psicología*, n.d.). Since music therapists in Costa Rica cannot currently hold membership in any professional association, many of my participants spoke of the possibility of creating an organization of music therapists in Costa Rica so as to begin to formalize the profession while the process of creating or joining a professional association takes place.

Healthcare

Costa Rica has universal public healthcare, under the umbrella of the Ministry of Health (*Ministerio de Salud*), the Costa Rican Social Security Bureau (*Caja Costarricense de Seguro Social, CCSS*), and the National Institute of Insurance (*Instituto Nacional de Seguros, INS*). Arguably, the most relevant to everyday life in Costa Rica is the CCSS, which ticos refer to simply as the *Caja*. As explained by former executive president of the *Caja*, Dr. Ileana Balmaceda, “the Ministry of Health, as a governing body, dictates the health policies of the country, and the CCSS, as the provider of public health services, is the entity responsible for implementing its corresponding health

policies” (Caja Costarricense de Seguro Social, 2011, para. 1). Imagine a system that gives everyone in a country (independent of age, ability, citizenship or employment status) access to health insurance, workers compensation, disability protections, and every public healthcare center in the country (from the smallest rural clinic to the largest urban hospital), all wrapped into two government entities — that is what the *Caja* and the INS do. While the INS provides insurance coverage, the *Caja* is on the ground providing patient care and carrying out public health awareness campaigns. Ticos give a percentage of their salaries in taxes to the *Caja*, which ensures everyone in the country has the right to healthcare. For instance, I have seen beggars on the streets with oxygen tanks in San José, given to them for free by the *Caja*.

Universal healthcare has pros and cons in any country. In Costa Rica, the *Caja* is a literal life saver for people in emergency situations and for those who need long-term care. If you are giving birth, you can be rushed to the hospital to deliver your baby and stay overnight in the hospital for monitoring, free of charge. If you have terminal cancer, you can get home visits from palliative care nurses, medication, and even a wheelchair, all for free. However, the system is markedly less efficient for preventative or other non-emergency care. Patients commonly have to wait months, or sometimes even years, to get an appointment for procedures like mammograms or reconstructive surgery. Corruption is unfortunately present at every level, from the receptionist who will accept bribes to bump you up a few slots on the waiting list to national-level scandals of government officials stealing exorbitant sums from the *Caja* (Mora, 2019). This has made the healthcare system bloated and inefficient, and anyone who attempts to

implement new healthcare legislation in Costa Rica is likely to run into this institutional intransigence.

The *Caja* publishes the Manual of Job Descriptions (*Manual Descriptivo de Puestos*), which is used to regulate the scope of practice, minimum educational requirements, job responsibilities, and legal requirements of every healthcare position associated with the functioning of the country's public healthcare system (Caja Costarricense de Seguro Social, 2019, p. 3). This document, which is over 1,000 pages long, includes job descriptions for professions ranging from secretarial work, to drug manufacturing, to direct patient care. Currently, the profession of music therapy is not included in this manual. Without this regulation in place, music therapists are not able to work in an official capacity at public healthcare institutions.

Why Does Any of This Matter?

When I was growing up, my mother and I would visit my grandparents in the United States every summer. We would take road trips, stopping in little towns and big cities alike. Regardless of where we went, the people we encountered on our trips rarely knew where Costa Rica was. I became accustomed to the tiresome response of “oh, Puerto Rico? An island, right?” Nowadays, when I tell people where I am from, I increasingly hear a different response. Instead of “oh, Puerto Rico?”, I will often be met with a gasp of delight. “Costa Rica!”, someone will say with bright eyes, “I went there last year and fell in love with it. You lived in paradise, why did you ever move to Texas?! I want to live in Costa Rica. Do you think I could get a job there?”

I try to smile and nod, because most of these people have good intentions, and I am proud that they enjoyed visiting my country so much. The truth is, though, I have known many expats who go to live in Costa Rica because they think living there will be like living in “paradise,” complete with all the conveniences of life familiar to them in the United States. When these once-hopeful expats come in contact with the reality of life in Costa Rica, many of them cannot stand it and end up moving back. I think that, perhaps, if they had come with a better understanding of Costa Rican culture and the challenges Costa Rica faces as a developing nation, they may have fared more successfully. Anyone who moves to another country with the expectation that it will conform to their cultural standards of “correctness” is bound to be disappointed. For the same reason, it is easy to judge a country’s perceived lack of progress if one assumes that it has the same cultural framework and has faced the same challenges as one’s home country.

I want my readers to understand our education system, our healthcare system, and our geography because these are factors that affect everyday life for Costa Rican music therapists and their clients. In all honesty, it has even taken me a healthy dose of cultural humility to realize that I had to research much of what I presented in this chapter. Although I am Costa Rican, I was ignorant to many of the inner workings of Costa Rica’s healthcare and legislative processes. My hope is to one day bring other music therapists to help music therapy flourish in Costa Rica, but although I am eager for them to come with fresh eyes, I am more interested in them coming with educated and open minds. We cannot expect Costa Rican music therapy to develop in the same way the field has developed in the United States. Instead, we need to be able to work within the cultural

framework of the country, and be willing to adapt to what makes Costa Rica unique, frustrating, and beautiful, all at the same time.

Participants

This thesis is centered upon the contributions of seven participants, all of whom are music therapists who have lived and worked in Costa Rica². Throughout this thesis, I refer to my participants on a first name basis, without honorifics. This is in keeping with how I address them in our face-to-face and virtual conversations. For ease of reference, what follows is a brief description of each participant.

Beatriz Acosta

Beatriz is a Venezuelan music therapist who has been living in Costa Rica since 2017. Her music education began as an orchestral instrumentalist within Venezuela's world-renowned music education program, *El Sistema* (Fundación Musical Simón Bolívar, n.d.). After completing her undergraduate degree in music education, Beatriz received a specialization in music therapy. She calls music therapy an "infinite universe," and she felt that the field "was a window that was going to open up a world of possibilities" for her. She particularly appreciated learning about improvisational methods during her music therapy training, as she "didn't have much experience with those techniques" due to the "very structured and inflexible" nature of her orchestral training. She came to Costa Rica seeking a better life for herself and for her family, and she dreams of opportunities to continue her music therapy education in her new home.

² More information on the inclusion and exclusion criteria for participation in this thesis can be found under the heading *Inclusion and Exclusion Criteria* on page 35.

Katarzyna Bartoszek

Dr. Katarzyna Bartoszek is the music therapist in Costa Rica who has been in the country the longest. She arrived from her native Poland in 1993 after completing a master's degree in music therapy. She was drawn to music therapy because of its connection between music and psychology, and because she had "previous experience with a group of families with children with autism." She explained that she chose the degree because she "never wanted to leave music" but also did not imagine herself "as a performer, as a pianist." In Poland, most of her work revolved around children with special needs and their families. Once in Costa Rica, she completed a master's degree in pedagogy and a doctorate degree in education. Unfortunately, due to "institutional ignorance" of music therapy in Costa Rica, Katarzyna was forced to set clinical music therapy aside in favor of finding work in music education. She has been working as a professor at the UNA's School of Music since 1997.

Ana Lizano

Ana is a harpist and music therapist. She began her musical studies as part of the Youth Symphony Orchestra (*Orquesta Sinfónica Juvenil*), which allowed her to become one of only six harpists currently in the GAM. She wrote "a very basic thesis... about what little existed" about music therapy in Costa Rica as part of her undergraduate degree in psychology at a Costa Rican university. Her interest in music therapy was further piqued after completing a practicum at the Centeno Güell School for children with special needs. Ana has two master's degrees from Spanish universities. She received her master's in music therapy in 2015, and completed a master's in language disorders

research in 2018. She currently owns a private practice named Giggles, in which she works with children with emotional needs. She strives to incorporate all of her professions and areas of education in her work, and she continues to perform as a harpist in addition to working as a clinician.

Laura Mesén

The only one of my participants who does not live in the GAM, Laura is the director of the UNA's School of Symphonic Music in her hometown of San Isidro del General in Pérez Zeledón. Laura first received a bachelor's degree in English education at the UNA's campus in Pérez Zeledón before moving to Heredia part time to study music. There she studied under Katarzyna, who spoke to her students about music therapy, incorporated "drum circles, or exercises with tambourines or other group music activities" in her classes, and encouraged her students to consider how they would work with students with special needs in pedagogical settings. All of this inspired Laura to seek out opportunities to study music therapy abroad. She won a scholarship for an all expenses paid master's and equivalency degree in music therapy in the United States, contingent upon her agreement to work full time at the School of Symphonic Music in Pérez Zeledón upon her return to Costa Rica. She began her contract with the school in 2012 and has been working there ever since.

Randi Steinkoler

At the outset of this project, I thought Randi was the only music therapist in Costa Rica. Though I was incorrect, Randi was the first native *tica* to study music therapy and return to Costa Rica to work as a music therapist. She first learned about music therapy

as a teenager, after attending a lecture by an Argentine dance therapist who “commented that there was a field called music therapy.” Randi received a bachelor’s degree in Costa Rica in special education, and enrolled in coursework in music education at the UNA while she was finishing her undergraduate program. She then moved to the United States for a master’s and equivalency degree in music therapy, which she completed in 2008. Randi returned home after graduating, and spent 4 years as the only practicing clinical music therapist in Costa Rica. Her music therapy practice centered mostly on serving children, both medically fragile and with special needs, and she helped develop pilot programs to include music therapy in the transplant unit and in the Universal Care Unit for the Burned Child (*Unidad de Cuidado Integral al Niño Quemado, UCINQ*) at the National Children’s Hospital. She also worked with Proyecto Daniel, a foundation that supports young people ages 13 to 25 with cancer. Randi worked as a clinical music therapist in San José for 8 years before moving to Mexico in 2016. Though she no longer lives in Costa Rica, she has played a critical role in bringing awareness about music therapy to the country.

Max Terán

Unlike the rest of my participants, Max studied music therapy right out of high school and was not interested in pursuing another profession. He studied at two universities in Argentina, and returned to Costa Rica with a licentiate in music therapy in 2013. He has since furthered his music therapy education by getting certifications in Neurologic Music Therapy (NMT) and the Plurimodal Approach of Music Therapy (*abordaje plurimodal de musicoterapia, APM*). Max currently works full time in private

practice at Centro Interapia, “which is a comprehensive early childhood and adolescent center,” where most of his clients are children with special needs. Max also gives lectures to other health professionals about music therapy and is the Costa Rican representative in the Latin American Network of Music Therapy for Early Childhood (Lichtensztein, 2018). He hopes to one day host a music therapy conference in Costa Rica.

José Pablo Valverde

José Pablo first learned of music therapy while traveling in Barcelona, where he met a Costa Rican bassoonist who gave him a Spanish magazine with an article about music therapy. He became so intrigued by the field that, at the age of 22, he decided to leave his university music studies in Costa Rica and start over as a first-year undergraduate music therapy student in Argentina. He and Max were classmates, and they decided to open a private practice together after both of them had graduated. Since his return to Costa Rica in 2012, José Pablo has been involved in music therapy awareness programs and private practice in the GAM. He was also employed by a foundation for adults with special needs in Escazú, where he worked for over a year. José Pablo had to “put music therapy aside” for some time to focus on his studies in psychology, his second passion. He is now both a psychologist and a music therapist, and resides in Cartago while building his practice in both professions.

Snowball Sampling and the Elusive Pioneers

My goal when I began this project was to interview every music therapist who had lived and worked in Costa Rica. Since Costa Rica is a metaphorical “small town,” snowball sampling, in which “the researcher asks a research participant to put him or her in contact with similar people who might provide rich data” (Keith, 2016, location 10544), happened effortlessly. This purposeful selection of participants is consistent with other research done by ethnographers; as Stige and Ledger stated, ethnographic researchers “often select participants based on their existing contacts and connections,” especially if the researchers themselves are a part of the culture being studied (Stige & Ledger, 2016, location 17807). As I gathered my participants, I also investigated the scant amount of literature on music therapy in Costa Rica. As of this writing, typing “Costa Rica” into the search bar of the *Nordic Journal of Music Therapy* or *Music Therapy Perspectives Online* yields zero hits. Searching for “Costa Rica” on the World Federation of Music Therapy website will link you to a blog post titled “Updates from Latin America and the Caribbean Region” (Lichtensztein, 2018), which includes a mention of Max Terán as the representative of Costa Rica in the Latin American Network of Music Therapy for Early Childhood. The same search in the *Journal of Music Therapy Online* yields one result: Kern and Tague (2017), which cited Kennedy (2015) in its bibliography. Kennedy’s study, which he published in *Music Therapy Today* for the World Federation of Music Therapy (WFMT), is titled “Music Therapy in Costa Rica and Central America,” and it is the closest approximation to my thesis investigation that I have been able to find in reviewing the literature.

Kennedy became interested in evaluating the current state of music therapy in Costa Rica after meeting Laura Mesén, a Costa Rican music therapist whom he became acquainted with at a conference while she was getting her master's and equivalency in music therapy. Through Kennedy's paper, I found out that Laura works for the School of Music of the National University (*Universidad Nacional, UNA*) in Pérez Zeledón, and I was therefore able to find her contact information through the UNA's directory. Laura not only agreed to meet me for an interview, she also introduced me to two more participants. One of these two participants, in turn, referred me to two more music therapists in Costa Rica, both of whom I was unfortunately unable to interview due to time constraints. There were also two pivotal music therapists with whom I was unable to make contact, though not for lack of trying.

Music therapy in Costa Rica began its development in the 1990s. In 1993, Bolivian music therapists Lilia Valerio and Mario Bustamante began work with children with mental retardation, infantile cerebral palsy, cancer, autism and lack of social skills (Muñoz, 1997; Terán, 2018) in an outpatient setting at the National Children's Hospital in Costa Rica (Kennedy, 2015, p. 64). Bustamante received his music therapy education in Argentina (Muñoz, 1997), while Valerio received her music therapy credentials in Spain (Vargas, 2006). Their work remained widely unrecognized by the general public for years.

Music therapy was not mentioned in any news publication until 1997, when *La Nación*, the country's leading newspaper, published an article about music therapy (Kennedy, 2015, p. 63; Muñoz, 1997). This article, titled *Alivio Musical* (or "Musical

Relief”), highlighted Bustamante and Valerio’s work, and defines music therapy as “a technique utilized to support the rehabilitation of disabled persons with problems such as mental retardation, dyslexia, Cerebral Palsy, and hemiplegia” (Muñoz, 1997, ¿Qué es? heading, para. 1). Valerio was later interviewed by *La Nación* in 2006 about music therapy and her work in the National Children’s Hospital, where she had been working for almost 14 years (Vargas, 2006). The title of the article translates to “Music alone does not qualify as therapy: It is the expert that makes it so,” and Valerio emphasizes the importance of the therapeutic relationship. She explained that, because the involvement of a qualified expert is necessary for music to be considered therapy, one must make sure that whomever is practicing music therapy is adequately trained to do so (Vargas, 2006). Unfortunately, after Valerio and Bustamante retired, they were replaced by a music educator rather than a music therapist.

I tried several different ways to make contact with Lilia Valerio and Mario Bustamante. The article written in *La Nación* about Valerio (Vargas, 2006) contained an email address for the journalist. Unfortunately, when I tried sending an email, it bounced right back. It appears that particular journalist was no longer employed at *La Nación*, and likely had not been in some time. None of my participants had any idea how to contact our elusive pioneers, either. Several speculated that, as Bolivians, they likely returned to their native land after retiring. I did find a “Lilia Valerio” in Costa Rica on Facebook, but since none of my participants even knew what Lilia Valerio the music therapist looked like, my attempts to locate her via Facebook failed. The only other music

therapist in Costa Rica in the 1990s, Dr. Katarzyna Bartoszek, told me that even back then, Lilia Valerio was difficult to contact:

Sitting in a conference room with me at the UNA's School of Music in Heredia, with the light cacophony of musical instrument practice in the background, Katarzyna lamented that she never got a chance to interact with Valerio. "I tried to contact Lilia to observe her work, but she was always very hermetic. I don't know what her reasons were, because in general, all the music therapists who have been here are very open, and actually the idea is to share with each other."

I was feeling like a detective on the trail of a case that had gone cold. That is when I found the very first article written about music therapy in Costa Rica (Muñoz, 1997). There was no email address printed for the journalist (the article was written in 1997, after all), but I noted that he had a very uncommon name. I took a gamble, and entered the name "Néfer Muñoz", "La Nación," and "Costa Rica" as search terms in Google. I did a double-take when I saw the first hit on the search engine. It was Néfer Muñoz's curriculum vitae, which, to my utter amazement, said he lived in the Dallas-Fort Worth area. In fact, he is a professor on the faculty at a local Dallas university. I looked at my clock, and saw that, serendipitously, I had found him during his office hours. I called the number on the website right away, and to my delight, he answered the phone. When I confirmed that he was, in fact, a Costa Rican journalist formerly employed at *La Nación*, I switched into speaking Spanish.

"I'm a *tica* living in Dallas too," I said, "and I believe you are the journalist I have been looking for."

“Are you serious?” he answered with excitement, “That’s amazing! How did you find me? There aren’t a lot of *ticos* here, are there?”

After expressing our mutual joy of finding another Costa Rican abroad (we are a rare breed, after all), I explained that I found his 1997 article for my thesis, and I was desperate to find any sort of connection to Lilia Valerio or Mario Bustamante.

“Wow... that was one of the first articles I ever wrote as a young journalist working for *La Nación*. What are you getting your master’s degree in?”

“Music therapy.”

“Well, have you ever thought of being a journalist? Because this is the kind of thing we do, you know? We track people down and get them to talk to us.”

“Oh, no, the detective work I’m doing right now is just for my thesis. But I appreciate the compliment!”

Alas, he lamented that, given that his article was written over 20 years ago, he no longer had any contact with Mario Bustamante or Lilia Valerio. Since the article was also written before the internet was widely accessible in Costa Rica, all of his notes from that time (if he still had them) were probably in a box somewhere in his home. I felt giddy at the end of our conversation, despite not being able to achieve my original goal of getting in touch with the elusive pioneers of Costa Rican music therapy. I had gotten so close, within one degree of separation from someone who had actually met them! And, as if the universe was driving my “small town” metaphor home, this journalist and I now both live in the Dallas-Fort Worth area! In the end, being just out of reach of Valerio and Bustamante in this way would have to be enough.

I interviewed a total of eight music therapists for this thesis, seven in person and one over a video call on WhatsApp. One of my interview participants decided to retract their participation from my study, leaving me with a data collection of seven interviews. Before beginning this project, I thought there had only ever been one music therapist in Costa Rica. Now I realize that, including my interview participants as well as those with whom I was unable to meet, there have been 12 people who have lived in Costa Rica after receiving their music therapy qualifications abroad. This may seem like a small number to others, but considering my original estimate, the reality of 12 music therapists in Costa Rica exceeded my expectations more than tenfold. In addition, this number does not include Costa Ricans like myself who left to study music therapy and, for one reason or other, have not returned to bring our profession home. I do hope that, in the future, the community of Costa Rican music therapists continues to grow.

CHAPTER II

METHODOLOGY

Source Method

The original title of this thesis was “The Current State of Music Therapy in Costa Rica: An Ethnographic Narrative Inquiry,” and I had planned to use a narrative ethnography approach (Hadley & Edwards, 2016; Stige & Ledger, 2016) as its source method. Zanders defined the term “source method” as the method upon which the research design is based (Zanders, 2016, location 26644). Before beginning my fieldwork, I was cognizant that my source method might have to be adapted or changed as my study progressed. The beauty of interpretivist research designs is that this is acceptable, since “the process is fluid and not fixed, and therefore so is the method. Mixing the source method is adapting the research to meet the needs of the phenomenon under study” (Zanders, 2016, location 26736). The core method of this thesis has remained rooted in ethnography. However, as I progressed with my member checking and data analysis, I realized that I was shifting from the narrative inquiry model I had originally thought of using. Though I gathered a rich repository of data about my participants’ experiences, the resulting “narratives” do not feel like they recount the life stories of the music therapists in Costa Rica. Instead, the texts in my thesis observe the phenomenon of what navigating the music therapy field in Costa Rica is like, while always considering the cultural context in which the music therapists there are working. This context-specific study of a phenomenon has led me to discover that my thesis

incorporates elements of both grounded theory (O’Callaghan, 2016) and phenomenology (Jackson, 2016), which Zanders noted are the interpretivist designs that “seem more inclined to be mixed” (Zanders, 2016, location 26721).

Why Ethnography?

Ethnographers study how “individuals and groups understand, accommodate, and resist a presumably shared order” (Van Maanen, 2011, pp. xviii). This *shared order* is also known as *culture*. As “the leading and most influential proponent of ethnography within music therapy” (Proctor, 2013, p. 51), Stige defines culture as “the accumulation of customs and technologies enabling and regulating human existence” (Stige, 2002, p. 38). In this way, ethnography within a music therapy context calls upon us to consider the ecological context of our work. By focusing my study on the experiences and challenges of music therapists in Costa Rica, I am studying a culture within a culture.

There are still few examples of ethnographic writing within music therapy (Holck, 2007; Kenny, 2006; Ledger, 2010a; Ledger, 2010b; Proctor, 2013; Stige, Ansdell, Elephant, & Pavlicevic, 2010), but Stige and Ledger suggest that future music therapists can use ethnographic research orientations and methods to study “how music therapy works” and “how music therapists work” (Stige & Ledger, 2016, location 17750). This thesis fits within the second category, acknowledging that music therapists in Costa Rica are inextricably bound to the cultural context in which they reside. Furthermore, along with pioneering the field of music therapy in the country, my participants are creating the culture of music therapists in Costa Rica through their interactions with each other. Using an ethnographic approach to conduct this study, therefore, felt like a natural fit,

since “ethnographic approaches are ideal for increasing understanding about environments, cultures, and contexts, not to mention human interaction and meaning-making” (Stige & Ledger, 2016, location 17781).

Proctor (2013) explains that ethnography is carried out through extensive presence in the field:

Ethnography demands extended, deep immersion in an environment both so that the researcher might be able to build relationships of trust with informants, and so that the researcher is best placed to bridge the emic-etic divide in terms of the relationship between data collected and narrative produced. (p. 59)

However, in the 21st century, the “field” need not be a physical space. Gullion indicated that fieldwork can occur in virtual spaces as well, as there are ethnographies that have been conducted to study online cultures (Gullion, 2016, p. 7). Much of my “immersion” in the culture of Costa Rican music therapy has occurred virtually, through social media and instant messaging. This has allowed me to continue my life in the U.S. while still becoming a part of the culture of music therapists in Costa Rica. I now think of myself as a part of their story, and them as a part of mine.

Epoché

Both ethnography and phenomenological inquiry challenge researchers to honestly “account for their own perspectives” with relation to their research (Proctor, 2013, p. 55). The researcher’s *epoché* “provides information that allows the reader to understand the relationship of the researcher to the data and its description and interpretation and to help make a determination about the overall quality of the study”

(Jackson, 2016, location 19309). Rather than pretending that I am an impartial observer in my study, I acknowledge that I have a personal investment in my research topic. After all, I am studying the development of my profession in my home country. I have my own opinions and experiences of what it is like to live in Costa Rica, and even if I have never practiced music therapy there, I have my own impressions of how Costa Rican culture has impacted the development of music therapy. Furthermore, because of Costa Rica's "small town" nature, I also have mutual friends with several of my participants. This is a factor that I must consider if I am to be honest about my position in relation to my research.

There are unflattering topics within this thesis about which I have been hesitant to write because of my relationship to the participants and to the cultural context I'm studying. To my relief, I found that other ethnographers have struggled with similar feelings (Proctor, 2013, p. 64). In my opinion, it is a strength, not a weakness, that interpretivist researchers become deeply invested in the culture they investigate. While "ethnography is not a definite and prescriptive set of techniques for collection and analysis of empirical data" (Stige & Leger, 2016, location 17776), ethnographers generally employ reflexivity by keeping field notes and analyzing their own biases and assumptions within the context of the rest of the data. This was not the case in the early days of ethnography, when researchers often exoticized the cultures they were studying and did not include self-reflection of their own biases in their work (Gullion, 2016; Stige & Ledger, 2016). The inclusion of reflexive practices in modern ethnography helps researchers break from the colonialist past of ethnographic methods.

Inclusion and Exclusion Criteria

Every participant in my study graduated from a music therapy program abroad, after which they all returned to Costa Rica to work. I purposefully excluded potential participants who are Costa Rican and who have studied music therapy, but who have stayed abroad rather than returning to Costa Rica. Two of my participants are not *ticos*, but do fit my desired criteria of having completed a music therapy program and experienced what it is like to work in Costa Rica. More accurately, my participants have all experienced the challenges of trying to implement music therapy into their work in Costa Rica. Once I had gathered my initial set of participants, I flew to Costa Rica to interview as many of them as I could in person. I went with the notion that I had successfully found everyone in the country who had studied music therapy and lived in Costa Rica after their education. Even so, my “small town” managed to find me another interview participant while I was already on the ground:

The sun was setting in Santa Ana as I looked out onto my in-laws’ garden of fruit trees and roses. I sat at their dining room table, going over my interview notes from the previous week and planning my route to Heredia the next day to interview my next participant. A chirp from my phone alerted me to a WhatsApp message from Laura, the music therapist I interviewed the week before in Pérez Zeledón. The message contained the contact information for someone I did not recognize. “Hi”, she said, “This is the number of another music therapist who is in Costa Rica. She said to contact her and that she would be happy to help you with your investigation. I just found her yesterday. Maybe you can meet.” I

couldn't contain my surprise. Another one? When I asked Laura how she found out about this music therapist, she sent me an audio response. "Because it turns out that my little nephew, who lives in [the GAM], goes to early music stimulation classes. And yesterday, my nephew told me that his teacher is a music therapist. So, since the owner of the academy is a friend of mine, I called her and she said, yes, in fact, there's a Venezuelan working for her who is a music therapist. So she gave me her contact info right away, and I contacted her (she giggles). Perfect, right? This turned out great."

Though I am now almost certain that I have accounted for all the possible participants who could have taken part in my study, there is always the chance that I missed one. If you are someone who has completed a music therapy education program, have lived and worked in Costa Rica, and you are reading this thesis, please reach out to me! I still want to talk to you, even though this particular project is done.

Anonymity (Or Lack Thereof)

All but one of my participants chose to keep their real names in my study, despite being offered the choice of using a pseudonym and remaining anonymous. This is a drastic difference from most of the guidelines I have seen on ethical treatment of research participants, and I would like to explain why my participants and I made this choice. In their chapter on ethnographic research, Stige and Ledger (2016) invite us to ponder for what and for whom our research is beneficial. "One group not to be forgotten is the people studied," they explain, "An ethnographic account may or may not afford these people new opportunities, and so it may be good for them or not good for them in various

ways” (Stige & Ledger, 2016, location 17972). I found that when I offered my participants the choice to be anonymous, several of them questioned why that would be necessary. On one occasion, as I was reminding my participant about their right to anonymity and withdrawal from the study at any time before beginning our interview, the participant stopped to ask me, “Why are you saying all of that? Is that something your university tells you that you have to do?” This leads me to wonder if the emphasis on participant anonymity is a cultural construct within U.S. academic systems. When I began getting questions from members of my academic community about the lack of anonymity of my participants, I decided to ask my participants over WhatsApp why they had chosen to keep their real names in my study. One of them answered in a way that further supported my idea that the emphasis on anonymity may be a cultural dimension that is not as relevant in Costa Rica:

My motives [for lack of anonymity] are for it to be for the good of the discipline and to reinforce the support of its growth in Latin America. I understand the rigor of the USA. But on the other hand, if it’s for growth, I accept that my contributions be public.

Another one of my participants echoed the sentiment that having their real names in my thesis benefits the community, because it fosters transparency: “Because I think it’s important for the growth of the profession that we all know what each of us thinks and to mobilize ourselves as a team.”

If Costa Rica itself is a “small town,” the community of music therapists in the country is even smaller still. For my participants, anonymity felt pointless because it

would be easy enough for them to figure out who said what amongst each other. Furthermore, I would like to suggest that forcing anonymity on my participants does not do justice to their work as the pioneers of music therapy in Costa Rica. The names of most of my participants are available in other articles written about music therapy in Costa Rica, and having their names be public affords them continued opportunities for work and music therapy advocacy. At this point in the development of music therapy in Costa Rica, disseminating information about music therapy is crucial for the growth of the profession:

Speaking to Randi over a WhatsApp video call, I find myself impressed at how much she was able to hustle in Costa Rica before her move to Mexico. She got her name in the books at the CIMA [a private hospital in Escazú, mainly serving affluent members of the community], she worked in public institutions and maintained a steady media presence. I'm sure it must have been exhausting. "Thank God inroads have been made," she tells me, "because when I was there alone, it was me against Costa Rica, it was me against the population, it was me against the people. How did people start understanding? Because I went on television, because I went on the radio, because I wrote articles in the newspaper and in magazines, because I gave talks in hospitals and at national and international conferences."

Therefore, it is precisely the fact that my participants have been public about their identities that have given them more opportunities to grow the profession in Costa Rica. In addition, studies like mine that aim to investigate the state of music therapy in

Costa Rica benefit from having the names of Costa Rican music therapists available to contact for insider knowledge and future program development. For example, if Kennedy (2015) had not included the names of Laura Mesén and Katarzyna Bartoszek in his article for the WFMT, I would not have known to look for them as participants. Every person who participated in this study is striving for visibility in a market that is naive to what they have to offer. They deserve to have their names and their efforts recognized.

There is only one participant in this study who chose to use a pseudonym. I worked with this participant to decide how much identifying information they felt comfortable disclosing, and also agreed on a pseudonym. In addition, some of my other participants extracted certain comments from their interviews and asked that they be submitted anonymously.

Issues of Voice

Once each interview was transcribed in the original Spanish, I edited the interviews to make them “flow” better in written form, eliminating tangential topics. I co-constructed these finalized, edited interviews with my participants, as I wanted to treat them as collaborators rather than subjects. In her book *Writing Ethnography*, Gullion wrote that “today’s ethnographers attempt to dismantle hierarchical relationships between researcher and researched (...) This often involves co-constructed narratives, member checking” (Gullion, 2016, p. 6). I sent each participant the edited version of their interview for member checking, along with the unedited transcription. Most of my participants emailed me back with edits of their own. *Delete this. Too personal. Is this*

really relevant? One participant even told me that they had hoped I would make them sound “more elegant” than what their interview showed and wanted me to change their words. When participants gave me straightforward directions (such as “reword, I think it sounds better like this instead”), I generally had no issues complying. However, I explained to my participants that I could not put words in their mouths, not even to make them sound “more elegant.” Changing my participants’ words for them would have introduced my own bias of what I thought they “really” meant, and would have muddled their voices with mine. There were certain instances where I disagreed with my participants about words or phrases that they wanted to edit or delete, and I tried to explain my reasons for wanting to keep their original words intact. Nevertheless, if my participants felt strongly about changing or eliminating anything, I honored their requests regardless of my feelings. After all, “we never want to embarrass our participants in the reflection of their words” (Gullion, 2016, p. 63).

The finalized interviews that I used as data in my analysis, therefore, do not sound like spontaneous conversation. For example, none of my participants wanted me to include any verbal crutches (such as “um”, “like”, or the Costa Rican expression “*diay*”) in their finalized interviews, which I found understandable. Despite this, the finalized interviews do accurately reflect the thoughts and feelings of my participants. A critique of this procedure could be that this subdues the natural “voice” of my participants, as the resulting narratives sound more formal than ordinary speech. Still, I felt it was more important to give my participants an active role in the portrayal of their words than it was for me to use their unedited transcripts. My member checking process is also in keeping

with other qualitative research literature (Gardstrom, 2004; Jackson, 2016; Muller, 2008; O’Callaghan, 2016; Zanders, 2016). At the same time, the subsequent translation into English of the interviews could also influence how my participants’ “voices” are perceived. In order to mitigate any “loss in translation,” all of my participants received the English translations of their interviews as well, which they also had the liberty to edit if desired. I should note, however, that not all of my participants are fluent in English.

Data Collection

I conducted one structured ethnographic interview with each of my participants, all but one of whom I was able to interview in person at a place of their choosing in Costa Rica. I recorded the interviews on a portable mp3 recorder so that they could be transcribed and translated. Once I had uploaded the interviews onto my personal computer, I deleted the files from the mp3 recorder. I kept two copies of each interview recording, one on my personal computer and one on my Google Drive, both password protected. Each participant was also emailed a copy of their interview recording. I asked each of my participants the same set of questions:

1. Describe the process that led you to becoming a music therapist in Costa Rica.
2. Tell me about your experiences working as a music therapist in Costa Rica.
3. Are there any aspects of Costa Rican culture that you feel have been relevant in the development of Costa Rican music therapy?
4. What changes would you like to see professionally, culturally, or academically, that could improve the state of music therapy in Costa Rica?
5. What are your thoughts about the future of music therapy in Costa Rica?

6. Are there any other relevant aspects of your professional life as a music therapist in Costa Rica that you would like to discuss?

Despite only having one structured interview per participant, as of this writing, I have been in communication with my participants for over 2 years. During the transcription and translation process, I often found myself having additional questions or needing clarification on specific points my participants had discussed. The use of WhatsApp has been essential in my communication with my participants, and my text messages with them (individually and as a group) have also given me access to additional written and audio data that I have included in my analysis. Shortly after I conducted my onsite interviews, I was invited into a WhatsApp group created by and for Costa Rican music therapists.

Before I arrived, the music therapists in Costa Rica had a WhatsApp group chat together. It was kind of dead, but it was revived while I was there. We now communicate through it periodically. I even managed to meet another Costa Rican music therapy student at a different university in the US at last year's national conference! The night I joined, one of the members wrote "this group hasn't had this much activity in years!! I'm going to cry of happiness!!"

My participants gave me permission to use texts from this WhatsApp group chat as part of my data, with the understanding that any comments in the WhatsApp group would remain anonymous in my thesis. Throughout my time engaging with my participants, some participants have also contacted me privately on WhatsApp to add an anonymous comment that they felt was relevant to my research.

Emergent Research Questions

When I first became interested in investigating music therapy in Costa Rica, I had only a broad idea of what, exactly, I was going to be researching. All I knew was that I wanted to know what “the current state of music therapy in Costa Rica” was. As it turns out, in conventional ethnography, “it is common to have quite open research questions in the beginning, perhaps only a broad research interest, and then to let more specific questions grow out of the continuous process of learning during the fieldwork” (Stige & Ledger, 2016, location 17783). Other interpretivist research designs also allow space for research questions to emerge throughout the study. Such is the case with grounded theory methods, which are “useful when investigating broad questions about poorly understood social phenomena” (O’Callaghan, 2016, location 23562). My research questions became more clearly defined as I collected and coded my data, as I allowed myself to remain “open to all possible theoretical directions that (my) reading of the data may lead to” (O’Callaghan, 2016, location 23623). Studying my data led me to discover that my interviews, field notes, and other interactions with my participants addressed two main research questions: (a) What are the cultural considerations of practicing music therapy in Costa Rica?, and (b) What challenges do music therapists face when attempting to practice in Costa Rica?

Making Sense of the Data

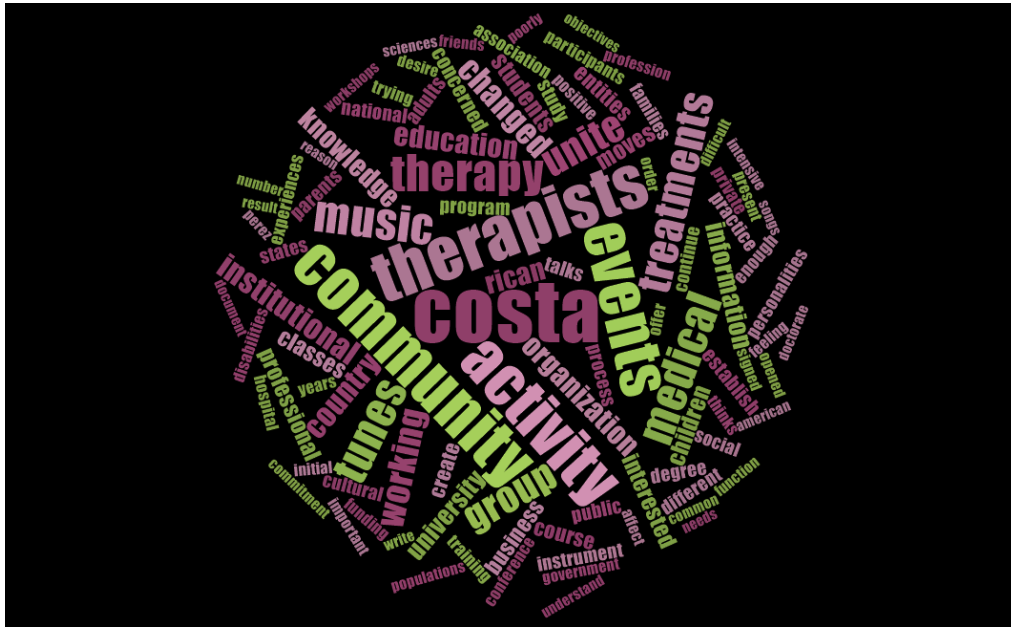
I kept a handwritten journal of field notes that I began when I first made contact with my participants. Like other ethnographers (Gardstrom, 2004), I used my field journal to write down personal “impressions, ideas and provisional interpretations” (Stige

& Ledger, 2016, location 17886) of what I was learning from my participants. Similarly, researchers conducting studies informed by grounded theory also record their “own developing ideas and beliefs about the data,” but instead call these raw data “memos” (O’Callaghan, 2016, location 23610). I typed my field journal into a Google Doc so I could use my field notes as part of my data analysis. Once I had finished co-constructing the English versions of the interviews with my participants, I gathered the written data from these finalized interviews along with my field notes and comments from my WhatsApp conversations with my participants in an NVivo 12 project. I then used NVivo 12 to conduct the qualitative coding of my data. “Coding is not necessarily a component of a specific method, but a way to coherently describe and analyze the research phenomenon” (Zanders, 2016, location 26818).

Before delving into the thematic analysis of my codes, I created a word cloud of my NVivo 12 project (see Figure 2) in order to get a visual snapshot of relevant words in my coded data. This word cloud is a conglomeration of my data’s 100 most frequently used words containing four or more letters. I went through several iterations of this word cloud, as I filtered out prepositions, conjunctions, pronouns, and other words that would not provide insight into my research. Examples include words like “this,” “thing,” “what,” and “where.” Words that are largest are the most frequently appearing, while smaller words in the word cloud appear less often in my coded data. Unfortunately, there was no way for NVivo to recognize “Costa Rica,” “Costa Rican,” and “Pérez Zeledón” as single concepts. This is why “Costa” appears larger than “Rican” in the center of the word cloud, and “Pérez” can be seen without “Zeledón” in the upper left quadrant.

Figure 2

Word Cloud of Most Frequently Appearing Words in Aggregated Thesis Data



Besides providing visual interest, the word cloud allows me and my readers to get a general impression of the most important ideas related to the current state of music therapy in Costa Rica. Knowing what words were most frequently used also pointed me towards patterns in my data. For example, the word “community” was a major focal point for my participants as they reflected upon Costa Rican music therapy. This prompted me to look for instances where they spoke about interactions among the existing music therapists in the country.

The coding process did not happen all at once. Rather, the more I coded, the more layers I found within the data. Much like other interpretivist researchers (Jackson, 2016), I found myself engaged in a process of reorganizing, distilling, and synthesizing

my code categories. Eventually, I was able to observe four core categories that emerged from the data:

1. Cultural Norms
2. Legal Considerations of Practicing Music Therapy in Costa Rica
3. Reality of Professional Practice
4. Challenges of a Pioneer Community

Each one of these categories was further subcategorized into a number of different codes. These will be discussed in detail in the following chapter. Though some subcategories were relevant to both research questions, in general terms, the first two core categories pertain to research question (a) What are the cultural considerations of practicing music therapy in Costa Rica?, while core categories three and four help answer research question (b), What challenges do music therapists face when attempting to practice in Costa Rica?

CHAPTER III

RESEARCH QUESTION A: WHAT ARE THE CULTURAL CONSIDERATIONS OF PRACTICING MUSIC THERAPY IN COSTA RICA?

In the words of Dr. Jessica Smartt Gullion, “ethnographers are cultural detectives” (Gullion, 2016, p. 3). Ethnographers operate under the principle that it is impossible to separate our actions from the environment we are in; therefore, our cultural surroundings shape our personal and professional lives. Proctor notes that this stance is in opposition to “the status quo in music therapy research (and in healthcare generally) which tends to view health as a culture-free zone” (Proctor 2013, p. 44). This could explain why ethnographic research literature in music therapy is as scant as it is. Like other ethnographers, I do not believe there is such a thing as a “culture-free zone.” On the other hand, I do think that it is easy to overlook aspects of our native cultures if we do not make a conscientious effort to step outside of ourselves and imagine what our environment would look like to an outsider. As someone who is caught between an insider and outsider status in Costa Rica, I was excited to ask my participants about how they felt Costa Rican culture has impacted the growth (or lack thereof) of music therapy in the country.

This chapter comprises two core categories. The first, which I have labelled “Cultural Norms,” is self-explanatory in its relation to the research question. I have also included the core category “Legal Considerations of Music Therapy Practice in Costa Rica” within this chapter, as I posit that the bureaucratic structure of Costa Rica’s

government entities forms part of the country's culture. In addition, legislative concerns surrounding music therapy in Costa Rica affect both the music therapists' ability to practice and the culture of potential consumers of music therapy services. Both core categories explained in this chapter are subdivided into relevant sub-categories.

Core Category 1: Cultural Norms

“Desamparados” always felt like a strange name to me. Why would anyone want to live in a place that literally means “those without protection?” Still, this is the canton José Pablo calls home, so I agreed to cross San José and meet him at a mall near his house. I found him sitting on a bench, his curly hair falling in his face as he bent in concentration over a Rubik's cube. I knew he moonlights as a magician, so this first impression of him felt endearingly in character. We found a spot to sit and eat a pastry and drink fruit juice as we talked. I still had to tell José Pablo to articulate clearly so my mp3 player would catch his voice amid the background noise of the mall. I had previously found a newspaper article written about him and his work with a foundation for adults with special needs. When I asked him about it, he had a lot to say about the role that family can play in therapeutic relationships in Costa Rica:

“In my experience with working with adults with disabilities, the parents themselves wouldn't even let them work, even though there were programs designed so adults with disabilities can work. I think the parents were afraid. I proposed that they create songs, which is a creative process that works on leadership, autonomy, and in the end, leaves them with a product that they created

themselves. But because the previous music teacher had focused on having them learn the lyrics of certain songs by heart, for the parents it was nicer to watch them sing. It was difficult for the families to see the benefits of them trying to create their own songs.”

Family Relationships

“Widely recognized as core to Latino cultures,” Latin Americans prioritize “feelings of loyalty, reciprocity, and obligation among family members” (Bostean & Gillespie, 2018, p. 126). Therefore, working within the cultural ecology of the family system is important to consider when practicing music therapy in Costa Rica. Parents in Costa Rica may appear overprotective by U.S. standards. For example, while I have observed that in the United States it is common for teenagers to move out of their parents’ homes to go live in university dormitories or with roommates, in Costa Rica it is considered normal to live with your parents all throughout college. In fact, Costa Rican universities do not even have dormitory halls in the way that U.S. universities do, and the few on-campus housing units available are usually limited to students who need lodging due to extenuating circumstances. Many people still live with their parents as working professionals, so long as they are not married. In my opinion, the extended age of children living with their families in Costa Rica can have somewhat of an infantilizing effect, where parents (especially mothers) or household help are expected to do most or all of the cooking and cleaning. In addition, as José Pablo illustrates, when a family has a child with special needs, the tendency to infantilize them is further increased. It is possible that the parents of José Pablo’s clients were “afraid” to let them work or create

their own songs because both these scenarios involve risk of public failure, which could reflect negatively on both the clients and their families. While well intentioned, it seems to me that the parents' desire to keep their children within their comfort zone limited them from therapeutic growth.

In order to improve the likelihood of success in the acquisition and retention of clients, music therapists in Costa Rica have taken precautions to include and educate parents in therapeutic processes with children. In her practice with children with emotional needs, Ana found that the best way to establish a good therapeutic relationship with her clients was to first establish solid rapport with their parents: "The first thing I had to do with the parents was to have a couple of sessions so that they would understand what we would be working on during the treatment process." Max, who works with children and adolescents with special needs, said that his interdisciplinary team includes a psychologist who is specifically employed to have sessions with clients' parents as part of the team's comprehensive care approach. He also found that parents who come to his practice often want specific, measurable, and scientific explanations for his work with their children: "When I got here, I would have to give the parents something and explain to them in terms such as, okay, we are doing this on this basis; this is happening because of this reason. So I went and got certified as an NMT in Argentina."

The overprotective nature of Costa Rican parents does not only affect the therapeutic relationship between music therapists and their clients, it also has repercussions regarding who can become a music therapist. As the director of the School of Symphonic Music of Pérez Zeledón, Laura tries to broaden her students' horizons and

assuage their fears. “It's very exciting for me to be with young people and to encourage them to study what they love, and for them to understand that Perez Zeledón is not the world,” she told me. “For many people here, it is hard for them to go over the mountain into San José, and I tell them, no! It's only a three-hour trip! Unfortunately, many parents want their children to live in a bubble, but I believe that one has to fight for what one wants.” When Laura has students approach her with an interest in studying music at the college level, she takes it upon herself to help those students convince their parents that they will be all right. “Parents think that if their children study music, they are going to starve,” she said. “We need to educate and inform the families.” If it is hard to convince Costa Rican parents to let their children study in a different city, the thought of sending their children to study abroad (especially to pursue a field they may not have heard of before) is likely even more uncomfortable. Therefore, it is crucial to educate families as a whole about music therapy if we are to see a significant increase in Costa Ricans going to study music therapy abroad.

Resistance to Trying New Things: Mental Health and More

It is possible that the fear of the unknown is what causes parents to be hesitant about their children being involved in unfamiliar activities. The hesitation of parents to allow their children to study abroad, go into a field of study they don't know about, or receive therapy from someone whose credentials they don't recognize, is part of a larger trend in Costa Rican culture. “It is very typically Costa Rican to be afraid and to resist new things,” said Laura.

This “fear of trying the new and the unknown” (as Randi called it) is particularly obvious when discussing mental healthcare in Costa Rica. José Pablo said “[T]icos are afraid of talking about mental health. There is the idea that psychologists are for crazy people.” My own experiences with my tico family tell me that for many Costa Ricans, going to therapy can be seen as a failure of the person and of the family at large. When I was in my early teens, I started going to see the school counselor without my parents’ knowledge. When they found out, my father was furious. His reaction was, in a way, a reflection of the parenting he had received. He told me that when he was in high school, he confided in his father that he felt depressed and wanted to go see a therapist about it. My grandfather told him to get in the car and drove him to a mechanic. He then told my father, “Go out there and ask those men to put you to work. You think you want a therapist, but what you really need is a job.” For my family, a child going to therapy spelled disaster for their public image. Family members needing therapy meant that they had “crazy people” in their gene pool — and if that were true, what would that say about them? Or, maybe worse, what would that say about their parenting skills?

Costa Rica’s general attitude towards mental health is worsened by what José Pablo sees as a societal external locus of control:

We don't cure people; there is nothing to cure. But in terms of mental health, we do try to make people see that what happens to them is also their own responsibility, or in the case of children, it is the parents' responsibility. In Costa Rica that can be difficult, because ticos are very prone to saying that things that happen are just destiny or are the fault of others.

Hearing him say this reminded me of how, when expressing a desire for a future endeavor to succeed, it is common for ticos to say *si Dios quiere*. “If God wills it.” For example, “I should defend this thesis in time to graduate in May, *si Dios quiere*”—as if I were not the one who needs to actually put in the work to make it happen.

To me, Costa Rica’s collective external locus of control is influenced, in part, by the importance of faith in its culture. According to the CIA World Factbook, at least 87.2% of the population identifies as Christian (Central Intelligence Agency, 2020). Predominantly, this figure is composed of Roman Catholics (71.8%) and Evangelical or Pentecostal Christians (12.3%). It may not be acceptable to seek help from a mental health professional, but no one will bat an eye if you say you prayed for help. People may even put seeking medical attention for physical illnesses on hold in order to pray about them first. I remember an incident in which I went with a neighbor’s family to an Evangelical religious dance party, and I got a migraine:

I was probably dehydrated, and the flashing lights on the dance floor didn’t help either. As I was crying from the pain, my neighbor’s mother put a hand on my head and began to pray. “Lord,” she pleaded, “We ask You to lift this affliction from Lindsay, whom the devil has seen dancing in Your honor and has struck her with a malady. He wishes to take her peace so that she will stop worshipping You, but we will show him that our faith is stronger than his trickery.”

I appreciated the gesture, but between you and me, I would have benefited more from an Excedrin. I do not wish to belittle the role that faith plays in the support structures of believers. Rather, I would encourage anyone working with religious,

Spanish-speaking patients (Costa Rican or not) who have an external locus of control to add the following Spanish idiom to their vocabulary: *A Dios rogando y con el mazo dando*. This phrase roughly translates to “pray to God, and work to get things done too.”

Besides seeking divine assistance for their troubles, ticos have recently latched onto a new trend of seeking help without having to resort to therapists. José Pablo explained that “although ticos don't like the idea of going to a psychologist, life coaches have flourished here; people who, after taking a 3-month course, see clients left and right.” Going to a life coach does not carry the same stigma that seeing a therapist does, and becoming a life coach only takes a fraction of the time and money investment that becoming a therapist entails. These factors make the idea of life coaching, both as a recipient and as a practitioner, an easier sell than therapy for the average Costa Rican. Max and José Pablo had almost identical observations about how the stigma against seeking aid for mental health affects the public's reception of music therapy. As Max stated, “in Costa Rica it is very uncommon for people to go to therapy, so the role given to music therapy is affected.”

Gender

In addition to highlighting cultural conventions of family relationships, aversion to mental health professionals, and resistance to the unknown, the story of my grandfather's reaction to the idea of therapy has an undertone of *machismo*. “Unfortunately, Latino men develop against the backdrop of the pervasive machismo prototype”, defined as “a collection of hypermasculine ideals” (Estrada & Arciniega, 2015, p. 192 and pp. 198—199). Costa Rica is a patriarchal culture in which

gender discrimination begins at an early age, and boys are taught that men do not cry. A total of three men have worked as music therapists in Costa Rica, two of whom participated in my study. Max was the only one who talked about the role of gender within Costa Rican society as a factor in the development of music therapy. “As a man, it is more difficult,” he told me, “because in general, therapists here are women. In Costa Rica, it is unusual for men to work as clinical therapists in the area of early childhood. It isn't very common to take care of patients, unless you are the doctor or the psychologist.” Working with children is largely seen as the purview of women in Costa Rica, so it is regrettably understandable that Max working almost exclusively with minors would cause some people to be surprised or even suspicious. On the other hand, he says that his position as a male therapist has been useful at times when working with clients who need a positive male figure in their lives — “and one who is not that old,” he adds.

Professional behaviors

My participants expressed a variety of potentially controversial views about Costa Rican behaviors in the workplace. These, in turn, have repercussions on the development of new business ventures and educational opportunities that people pursue. When giving workshops about music therapy in Costa Rica, Max has found that “when people see that something is serious and they can't do it, they go looking for something that is made up and easy where they can get involved.” I was reminded of this when I met José Pablo and he bemoaned the popularity of life coaches in Costa Rica. Why study psychology (or other therapies) if you can work as a life coach for a fraction of the training investment? José Pablo also feels that ticos have a penchant for being jacks of all trades, meaning that

short training and certification courses like life coaching have a higher appeal. “Another cultural aspect of ticos is that, it seems to me that ticos want to do it all,” he says, “They don’t know the limits of their profession. In other words, they want to keep adding things to their résumés, and in that desire to do it all, they don’t necessarily bother to have sufficient knowledge. They include music therapy in there also.” Therefore, the desire to be jacks of all trades has contributed to the proliferation of businesses and entrepreneurs who claim to offer music therapy without the proper training. The lack of professional regulation of music therapy, and the subsequent ethical infringement that occurs as a result, will be discussed at length as part of the next core category.

When proposing new programs or businesses, knowing the right people can mean the difference between the project being taken seriously or not. Ana used a colloquial term to describe this phenomenon: “I think that, in Costa Rica, many projects move forward because of *patas*.” She went on to explain that this figure of speech, which literally translates as “feet,” refers to the importance of influence and even nepotism in Costa Rica:

That means that if someone is well known, or is a doctor, then we pay attention to them, because we know who they are. But if there is someone who doesn’t have contacts or is not well known, then we don’t give them credence, regardless of the education they have.

I also wrote down observations of professional behaviors regarding time in Costa Rica in my field journal. “Ticos have the bad reputation of being perennially late, clueless about schedules, and being laid back to a fault about timelines... Nice if you

want a vacation. Demoralizing if you want to get work done.” I have to admit that, even after spending over 10 years living in the United States, time orientation is still something with which I struggle. Growing up in Costa Rica, it was perfectly normal for me to wait an hour to see a doctor or a dentist. I also explain to people in the United States that, if I am in Costa Rica and I make plans to see someone for lunch at 1:00 pm, I leave my house at 1:00 pm. I think that foreigners who try to move to Costa Rica to start businesses expecting things to run on “linear time” as opposed to “flexible time” are setting themselves up for frustration (Meyer, 2015). This is something to keep in mind for future collaborations between foreign music therapists and Costa Rican music therapists, as well as for non-Costa Rican music therapists wishing to work in Costa Rica.

Music

As I mentioned at the onset of this chapter, sometimes it can be difficult for people to notice nuances of their culture of origin until someone with fresh eyes points them out. This is a thesis about music therapy, so I was hoping to hear my participants talk about the role of music in Costa Rican life and how it has affected (or not affected) the development of music therapy in Costa Rica. While most of my participants talked about their early musical experiences in public pre-university music programs (such as the UCR’s *basic level*, the UNA’s School of Symphonic Music in Pérez Zeledón, or the Youth Symphony Orchestra), Beatriz is the only one who made an in-depth commentary about musical culture in Costa Rica:

Beatriz beams with pride as she tells me about how music permeates everyday life in Venezuela. She fondly remembers family get-togethers where music was

interwoven between food and conversation. Everyone she knew could improvise on a joropo [defined as “a musical genre and dance form found in the plains of Venezuela” (Romero, 2018, para. 1)], or would be happy to spontaneously sing a waltz from Mérida. She may have fled from Venezuela seeking a better life for her and her family, but she misses how common it is to be a musician in her home country, how everyone has access to the orchestra and to an instrument. As a newcomer in Costa Rica, she has been excited to learn more about our folkloric songs and dances. On the other hand, she has been disappointed by how Costa Ricans don’t seem to share her enthusiasm about our own traditional music. “I think the typical “shouts” (*gritos*) from Guanacaste are wonderful,” she says as an example, “but if one does that in an improvisation class with children, they’re going to look at you as if to say, ‘What’s the matter with this crazy woman?’ I find that sad, because that’s part of their culture. I think Costa Ricans need to get more in touch with their roots, and that could help them musically as well.” Whereas Venezuela is world renowned for its public music education programming (Fundación Musical Simón Bolívar, n.d.), Beatriz “noticed that (Costa Rica) invests lots of money in soccer, and the same importance isn’t given to music and culture as it is to sports... I think it isn’t the Costa Ricans’ fault either, because if you aren’t offered the opportunities and the government doesn’t invest money in the musical and cultural development of the country, well, in reality, the average tico can do little to interest themselves in supporting Costa Rican folklore and music.”

I thought about how Beatriz's observations about Costa Rica's institutional lack of support for its own music and folklore were reflected in my own life. As a child, my school music classes consisted mainly of learning how to play five notes on a recorder and on learning all the words to Costa Rica's various anthems. Unlike most other countries I know of, in addition to its national anthem, Costa Rica has anthems specifically dedicated to major national holidays. A traditional school assembly in commemoration of a holiday begins with a "salute to the flag" (*saludo a la bandera*) as the flag is carried into the assembly hall, followed by the national anthem, the anthem for the specific holiday being celebrated, and the singing of a civic song known as *La Patriótica*. Lyric sheets might be distributed among the students, but children begin learning the melody and words to all the required anthems from an early age.

Besides the strong emphasis on learning these symbolic songs, I have to admit that I was never satisfied with the musical education I received at school. Had my parents not sought out musical instruction for me as a child, I would not have received the kind of education necessary to audition for music schools in the United States. I can count on one hand the number of friends I have from my formative years in Costa Rica who ever learned to play a symphonic instrument, something that Beatriz finds unfathomable coming from Venezuela. With regard to our folkloric music, I am again filled with chagrin as I realize that my exposure to my own folklore was limited to the confines of school assemblies and national holiday celebrations. At no other time of the year did I listen to *marimberos* or watch performances of *punto guanacasteco* dancing. The truth is, in my experience, being enthusiastic about typical Costa Rican

music and dance was not the “cool” thing for a teenager to do. I can see how someone like Beatriz, who grew up in an environment where everyone she knew was well versed in folkloric and Western classical music, would be saddened by all of this. Her observations made me wonder how different my life would have been had I had access to a symphonic instrument instead of just a recorder. On a larger scale, I also have to wonder if the state of music therapy in Costa Rica would be more solidified than it is now if the government allocated more resources to music education. My hope is that Beatriz’s musical enthusiasm and training will be a boon to the profession in Costa Rica.

Core Category 2: Legal Considerations

I waited for Katarzyna by an indoor garden of bright green tropical plants in the UNA’s Music School in Heredia, remembering how, not too long ago, this school was rebuilt after a massive earthquake caused the building to crumble to the ground. Such is life in the tropics, I think to myself. I wonder if Katarzyna had experienced an earthquake like that before moving to Costa Rica. She left Poland in 1993 though, so by this point, she probably handles earthquakes about as naturally as I do. My first instinct is to call her Doña Katarzyna, both because she is my elder and she is the only music therapist in the country with a PhD. She insists that I drop the formalities and simply call her Katarzyna, or even “Kata,” and I’m still getting used to that.

Katarzyna told me about her first years in Costa Rica, when she barely knew Spanish and had left her native country for love. “A young Costa Rican man appeared in the same institution where I studied in Poland,” she says with a demure smile, “and in the end, when he finished his degree, I told him I would go back with him to Costa

Rica.” Before her departure from Europe, Katarzyna had held a college-level position, supervising music therapy practicum students and working with families who had children with special needs. She did not realize that she would not get to do this kind of work in her new home:

I left the children that I worked with in Poland with all the pain of my soul. That was a terrible decision for me, but I said ‘I’ll get to Costa Rica and there will always be people with whom I can work.’ But I got here and they told me ‘music what?’ No one knew anything, which meant that I couldn’t work almost anywhere. It was a complicated process, mostly with regard to the validation of my diploma, because it’s a specialty that does not exist here. So I asked myself, what should I do? I can’t work *ad honorem* because I need to live. And even if I am trained, I can’t practice, because I clash against institutional ignorance. It worries me that 25 years have passed and not much has changed at an institutional level.

Degree validation

Music therapists hoping to have their credentials recognized in Costa Rica must get their degree validated by the Office of Recognition and Equivalency of Degrees and Titles (*Oficina de Reconocimiento y Equiparación de Grados y Títulos, ORE*). The ORE certifies the authenticity of any degree obtained abroad and declares that the degree and title in question are equivalent to a degree program offered by a public university in Costa Rica (*Oficina de Reconocimiento y Equiparación de Grados y Títulos, n.d.*). The process is complicated in cases like that of music therapy, where there is no equivalent

degree program. Since Katarzyna arrived in the 1990s, at a time when there had only been two other people in the country practicing music therapy, the ORE had very little experience with music therapy degrees. The fact that her studies were in Polish, and in a field that does not exist in Costa Rica, meant that her degree validation process dragged on longer than Katarzyna could wait. “While my degree was being validated, I had to take on other jobs,” she told me. “At that time there was no possibility of steady work as a music therapist, because without a validated diploma, I could only be a music teacher.” When I asked Katarzyna if there were any aspects of Costa Rican culture that have been relevant to the development of music therapy in the country, she pointed out her experience with institutional bureaucracy, which she called “a wall that can’t be resolved.” That wall prevented Katarzyna from continuing her work as a clinical music therapist, which is a true shame for the past and present state of music therapy in Costa Rica.

The data collected from my participants’ interviews tell me that 15 years passed between Katarzyna’s arrival in Costa Rica and Randi’s return to Costa Rica after finishing her master’s and equivalency in the United States. From my participants’ comments, it seems that the ORE has become more accustomed to validating degrees with unique circumstances like music therapy. However, music therapists who want to practice in Costa Rica should still expect the process to take several months to complete. More patience is required if one studied music therapy in a language other than Spanish, like Laura and Randi did. Laura explained her degree validation process to me:

I returned to Costa Rica in 2011, and had to do the equivalency procedures in order to have my Music Therapy degree validated. I had to submit all of the course programs with their respective seals, my diploma bearing the apostille of the Costa Rican consulate in Georgia, and the Spanish translation of a summary of my thesis. I submitted everything to the ORE, which sent all of the documents to a commission, and that commission then had to send them to a Costa Rican university so that they would approve the equivalency.

Max told me that his process was simpler, since he studied in Argentina:

For the validation process, I had to bring the study plans and textbooks. They were two huge folders. But since they were in Spanish, the process was easier. It wasn't necessary to do an official translation, which takes a long time. What I did was a degree equivalency with the UCR. So I have a licentiate diploma from the UCR, so to say, but what it says is that it is a licentiate degree equivalency.

Lack of professional regulation

The degree validation procedure that music therapists go through to get their studies recognized by the public university system is not, in and of itself, enough to regulate the practice of music therapy in Costa Rica. In no uncertain terms, José Pablo told me “there is a need to regulate the music therapy profession,” because “there are many yoga, physical therapy centers, or other businesses of the same type here that say they do music therapy.” Max said he has “encountered people who say they are music therapists and they aren't at all... people who think that because they know a couple of things, they can already do music therapy.” Similarly, Randi has found that “lots of

people say ‘I’m a music therapist’ when they don’t know what they’re doing.” As an educator, Katarzyna was quick to point out that it is “very dangerous” that “one encounters people who know very little about music and who want to apply music or music therapy concepts without fundamental knowledge.” Over a decade earlier, Lilia Valerio also used the word “dangerous” to describe the lack of regulation of music therapy in Costa Rica during her interview with the country’s leading newspaper, *La Nación*:

In Costa Rica, alternative therapies are not recognized by the Ministry of Health and thus anyone can pass themselves off as a specialist, which is very dangerous (...) You can’t give prescriptions or use the same technique for everyone because this could cause serious problems. That would be fraud and it is irresponsible” (Vargas, 2006, para. 5 and 7).

Clearly, the lack of regulation for music therapy, and its consequences for both clients and the profession at large has been a topic of longstanding concern to music therapists in Costa Rica. I predict that securing consistent professional regulation will be a major advocacy goal for music therapy to advance in the country. I also believe that the regulation of the profession should go further than just making sure that only credentialed professionals practice music therapy. In my field notes, I made the observation that there are currently no mechanisms in place to regulate what happens after a person receives their music therapy education. In other words, there are no continuing education requirements for existing music therapists like there are in the United States. As music therapists, we owe it to ourselves and to our clients to keep up to date with the latest

advancements in our field, and thus I think it is crucial to one day implement continuing education requirements for music therapists in Costa Rica.

According to my participants, steps to ensure the regulation of music therapy as a profession include forming a professional association (discussed later in this chapter) and securing the inclusion of music therapy in the *Civil Service Job Position Manual*. In keeping with her concerns about the institutional bureaucracy she has encountered since the 1990s in Costa Rica, Katarzyna said “[W]e’re lacking in the administrative part. We should get to a point where the Social Security Bureau has a description of a music therapist’s scope of practice to be able to hire qualified music therapists.” In addition, music therapists in Costa Rica continue to devote considerable effort towards the education of the public about music therapy.

However, my participants have learned to approach these community educational opportunities with caution. While José Pablo believes that “the disinformation itself is what causes the phenomenon of *I do music therapy, because I play music*,” he is also uneasy about the aftermath of his in-services and guest lectures for university students about music therapy. “I can’t stop thinking about what’s going to happen afterwards,” he said, “because there is nothing prohibiting the professors [of the classes I go speak in] from continuing to present music therapy incorrectly.” Similarly, Randi expressed concern about how teaching introductory music therapy workshops could lead to more unqualified people claiming to be music therapists:

The problem with teaching one-off courses in music therapy is that people will be going to these courses and thinking that they graduated as music therapists, no

matter how many times one says and repeats that that is not the case, it is going to happen.

During my data collection period, one of my participants was getting ready to teach a course across 10 Saturdays at the UCR on music therapy. She was concerned that people would start claiming they're music therapists at the end of the course, and she asked for suggestions on how to mitigate the problem. I suggested that she get the students to sign waivers acknowledging that they understand that the course does not grant them the title of music therapist, nor is it a substitute for a music therapy degree program. These waivers could be kept and used as evidence if any participant later appeared in the claiming to practice music therapy.

Of course, it is possible that someone could sign such a waiver and go on to say that they are a music therapist anyway, which brings us to the topic of ethical infringement. During our interview, José Pablo shared a story with me that was almost infuriating enough to make my blood boil:

Once I encountered a lady on Facebook who had a yoga studio and was offering 'music therapy' services. I told her, 'Look; excuse me, but that isn't music therapy. Let me explain.' And her response was, 'Well, you can't do anything to me, because it isn't regulated. So we call it whatever we want.' Unfortunately, she was right, and I had to sit back and do nothing. But I wonder, where are her ethics? I don't waste my energy anymore arguing about music therapy with strangers.

It is one thing to find people who say they practice music therapy because they don't know any better — it is quite another to realize that there are people who, knowing full well that they are not qualified to offer music therapy services, advertise that they are because they want to make a profit. My participants also expressed concerns about ethical infringement with regard to the creation of a music therapy degree program in Costa Rica. José Pablo gave an example:

I'm afraid that impostors will come, and I'm also afraid that a private university can open a degree program and that it will be poorly designed.... A few years ago, Max and I were approached by a private university, and they wanted us to prepare a study program, but they never paid us. When we realized what was happening, we didn't fulfill the agreement, because they were also demanding that we work exclusively with the university and not give courses in other places.

Finally, I received an anonymous WhatsApp comment expressing concern over how the media misrepresents the music therapy community in Costa Rica: “The press often changes what you say, but it's your own responsibility to clarify things and explain how things are.”

Creation of a Music Therapy Organization or Professional Association

Most of my participants spoke during their interviews of the importance of creating an organization or professional association for music therapists in Costa Rica³, and the topic was brought up multiple times in our WhatsApp group chat. Beatriz hopes for an organization of music therapists in Costa Rica:

[We could all be] registered and connected. That way we can know how many music therapists there are in Costa Rica. It would be wonderful to have an organization of music therapists in Costa Rica, and that, among all of us, we organize seminars and conferences.

Currently, there is no formalized union of qualified music therapists in Costa Rica, which exacerbates the lack of regulation of the profession. Katarzyna explains:

The professional field does not exist and is not recognized at the level of public institutions, nor in hospitals, nor in the Costa Rican Social Security Bureau, nor in the Ministry of Public Education...we have to organize ourselves amongst the people who are already trained in the profession.

Creating a music therapy organization or professional association would be a major success in the battle towards legitimization of the profession in the eyes of the government, and would also help foster a greater sense of community amongst Costa Rican music therapists. When asked what changes she would like to see to better the state of the profession in the country, Laura answered:

The main thing is that all of the music therapists who are already in Costa Rica have to unite. We should unite in order to put forth ideas and to formalize our

³ The difference between a professional association and an organization was explained previously under the heading “*Where Is That?*” *And Other Questions*.

existence, possibly even form an organization. That way we could start establishing a record in order to be recognized as an alternative therapy, in the same manner as occupational therapy. I believe that if we present ourselves as a unified body, such as an organization, with a formal document, with references as to what each of us is doing, with recommendation letters, and with research regarding music therapy in the world, that would help us to form a professional association.

The music therapists in Costa Rica have already attempted, on multiple occasions, to incorporate themselves into an existing professional association. Unfortunately, they expressed over WhatsApp that they “didn’t have any luck,” that they “wrote to (a professional association) a few weeks ago, and they haven’t answered,” and on one occasion felt like one particular professional association had “kicked us to the curb.” One anonymous comment said:

The topic of incorporating ourselves into a professional association was already attempted, and it was very tricky, we would have to try again to see what happens. But this time if we put effort into it, it could be done. The thing is that there needs to be commitment and will.... It’s just that the work is super long and more people are needed to take up the project.

Max and José Pablo both specifically spoke about their efforts to “establish a Professional Association process, but in the end, there were many obstacles and it didn’t happen” (José Pablo). Max elaborated on the point:

[José Pablo and I] started with the Professional Association of Physicians, but they already told us that they can't do it. The Professional Association of Psychologists already shut the door on us. The Professional Association of Therapists is the only one that is more viable; that's where the occupational therapist is, that's where the speech therapist is.

I believe that membership in a Professional Association, either as part of an existing Association or through the creation of an Association specifically for music therapists or creative arts therapists, should be one of the major focal points in the development of music therapy in Costa Rica. An active and thriving Professional Association, or, on a smaller scale, Professional Organization, would give legal recourse to music therapists in Costa Rica seeking employment, would provide a space to build a sense of community amongst Costa Rican music therapists, and would help mitigate the misrepresentation of music therapy in the media and in clinical practice. In the meantime, we already have enough people to hold a “mini conference” among ourselves, which would also be a good opportunity to talk in depth about topics on how to advance the field in Costa Rica.

CHAPTER IV

RESEARCH QUESTION B: WHAT CHALLENGES DO MUSIC THERAPISTS FACE WHEN ATTEMPTING TO PRACTICE IN COSTA RICA?

Music therapists in Costa Rica have worked in a variety of settings, including public and private hospitals, nursing homes, private kindergartens, and Child Care and Development Centers (*Centro de Cuido y Desarrollo Infantil, CECUDI*). Unfortunately, it would be overly optimistic to say that these employment opportunities are plentiful. While deliberating on how to word this research question, I wanted to acknowledge the struggle that my participants faced when carving out opportunities for themselves. I decided to examine the challenges that music therapists in Costa Rica face “when *attempting* to practice” as opposed to “when practicing,” because the reality is that the ability to practice music therapy in Costa Rica is not a given. In the absence of readily available positions, music therapists in Costa Rica have been tasked with the uphill battle of constantly educating the public, creating program proposals, and starting private practices in a market that may not understand what they are offering. Some of my participants have gone through long periods of not being able to find work in music therapy at all, while others have used their music therapy education to inform their work in other areas, such as in music education.

Many of the challenges that my participants face are endemic to being a pioneer community, because they are setting the precedent for how music therapy is perceived and practiced in the country. Being part of the first group of music therapists in a country

can be an isolating experience, and differences of opinion are more likely to cause conflict when a group's ground rules have not yet been established. For these reasons, the core category "Challenges of a Pioneer Community" is included under this research question.

Core Category 3: Reality of Professional Practice

Ana asked me to meet her at a charming cafe in San Pedro, housed in what looked to be an old country home. A few decades ago, the land surrounding the cafe was probably a coffee plantation. Nowadays, it's close to the strange part of town where the train tracks literally run over the road, causing the train to get stuck in traffic jams along with the cars — just another reason why I hate driving around San José. After that drive, I was glad to have a few moments to unwind with the salsa music on the radio as I waited for Ana to get there. She had just gotten back to Costa Rica that week after finishing a master's degree in language disorders in Spain, and I was grateful that I was going to get to interview her in person rather than online.

Ana arrived just after I ordered myself some tea, wearing a fashionable scarf despite the tropical weather. She told me about how she was hitting the ground running now that she was back in Costa Rica. She had just come from a business meeting where she was making plans for her future private practice. She was also looking forward to implementing ways that she could combine the expertise she had gained through studying a combination of harp performance, music therapy, psychology, and research in language disorders. The diversity of her education and interests gave her a greater sense of job security:

Personally, I have liked the field, but I don't think I could support myself financially by only being a music therapist, although I like it and I do it with dedication. In fact, that's why I also sought out other education in order to develop myself professionally in another line of work.

Lack of opportunity to work as music therapists

The general consensus among my participants is that finding work as a music therapist in Costa Rica requires constant effort. Even then, effort alone is not enough to secure work. Most music therapists in Costa Rica have never worked in the field full time. As detailed under the core category *Legal Considerations of Music Therapy Practice in Costa Rica*, Katarzyna was forced to find a different line of work in the 1990s because of institutional and public ignorance about music therapy. “Music therapy ended up as a parallel interest for me when I realized that I would not be able to work,” she said. “I was not going to find any job in any public institution as a music therapist.” Katarzyna has shifted her focus from clinical work to helping her university students seek non-traditional ways to offer music to the community. She gave the following example:

We worked in different hospitals, not with a therapeutic goal, but in order to provide an artistic experience to people who were hospitalized.... For example, I was participating closely in the final licentiate graduation project of three of my students in music education who did their project at the Chacón Paut Psychiatric Hospital in San Francisco de Tres Ríos [in the province of Cartago, within the GAM]. They were experiences that deeply impacted my students, and it was

incredibly difficult emotionally because for the first time they were face to face with people who had been living in the hospital for 20 or more than 20 years.

Other music therapists have arrived in Costa Rica knowing that they would not be able to practice. Laura, for example, was able to get a scholarship to go abroad and get her master's degree in music therapy — but the price of that scholarship was that she would not be able to work full time as a music therapist for several years. She explained, “[B]efore I left for the United States, I signed an agreement with the UNA. They would send me to study with everything paid for, as long as I agreed to come back to Perez Zeledón to work full time in the music program at the School of Symphonic Music of Perez Zeledón.” Laura has also struggled to find opportunities for music therapy work because she lives in a small town. “I have had very few experiences, given that the field is not known in Costa Rica. Very little is known about music therapy in San José, and even less so in Perez Zeledón.” Even so, Laura stated that she has continued using some of the skills from her music therapy education in her daily work by helping “students who have visual and mental disabilities on an individual basis.”

Beatriz, for her part, told me that “it never occurred to [her] to try to look for work as a music therapist” in Costa Rica. When I asked what brought her to Costa Rica, she told me the story of her family in Venezuela. “It’s no secret that the situation in Venezuela is very bad,” she said, “There is no food, no medicine, no transportation, nor even any security. I needed to get out.” Given her history, it is no wonder to me that she left, or that music therapy had to take a back seat to survival. She has, however, found ways to use her music therapy training to inform her current work:

I have been giving classes in introduction to music and musical stimulation, but my focus has been on working with children with special needs. I suppose that the universe itself has sent me many children with autism, and I am doing super well with them. For example, I worked with a 2-year-old girl, and in reality, I did music therapy sessions with her. We would start the classes doing improvisations on the piano, and we also composed songs. So, although I don't officially work as a music therapist, my music therapy skills have indeed helped me in my work here.

In this way, Beatriz has found herself practicing music therapy, but under the guise of music education.

Financial concerns

Money matters influence who can study music therapy, who has the resources to fund a private practice, and who can spend more time working on advocacy and awareness initiatives that won't necessarily pay the bills. Additionally, Costa Rica has challenges that are endemic to being a developing nation.

When I went to meet Laura in Pérez Zeledón, she told me about how she handles speaking realistically about music therapy with her students:

A week ago, a 16-year-old student approached me to tell me that she wanted to study music therapy. I told her that, unfortunately, the major doesn't exist in Costa Rica yet, and that she should take advantage of the last two years in high school to take intensive English classes, and that way, she can apply for a scholarship or a loan from the National Commission for Student Loans [*Comisión*

Nacional de Préstamos para la Educación, CONAPE] to study in the United States.

Without scholarships and loans, sending a child to study abroad can be a huge financial sacrifice for Costa Rican families. To complicate matters, according to Katarzyna,

People are not going to dedicate their effort, their time, and their money to a degree in which they then won't have any place to work...and not all of them are going to have the money or the possibility of opening a private practice.

As Ana expressed in the vignette at the start of this chapter, it is very difficult to make a living solely as a music therapist in Costa Rica. At this point in the profession's development in the country, music therapists must establish private practices in order to have consistent clinical work. Developing a private practice, of course, requires much more than clinical music therapy knowledge. Max and José Pablo opened a clinic together in San Pedro when they came back from Argentina, but Max said they "really only had enough patients to pay for the locale." José Pablo followed up by saying that he was "disappointed that not that many people came to the practice. It didn't get the reception I had hoped for initially." Both of them expressed that they wish they had known more about business and advertising skills before embarking on a private practice venture. Considering the current lack of opportunities for music therapy work, I think that music therapists in Costa Rica would benefit from taking courses in small business administration and marketing as part of their music therapy training.

Randi was the only participant to bring up financial concerns from the point of view of the clients. She explained that it could be a struggle to convince families to pay for “one more therapy” out of pocket when their resources were already stretched thin. Currently, music therapy is not covered by insurance in Costa Rica, since it is not recognized by the *Job Description Manual of the CCSS*. Financial concerns and government relations also come into play when discussing the creation of a music therapy degree program. Creating public university degree programs, in particular, would necessitate greater involvement from the Ministry of Education. As a professor at the UNA, Katarzyna’s dreams of starting a university program in music therapy are tempered by her knowledge of the bureaucratic hoops she would need to jump through in order to create one:

The process of creating a postgraduate program in a public university is very difficult, and private universities depend on the particular interests of each university. It all depends on money. Trying to form bachelor’s or licentiate degrees is even more complicated. Master’s degrees are self-financed, so in that sense, a private university could have a master’s degree in the same way that a public university could.

Beyond university education, financial concerns are also relevant for continuing education in music therapy. I firmly believe that continuing education is important for the sake of both professionals and clients, but I understand that for people in Costa Rica, doing any courses that aren’t online could be prohibitively expensive and difficult.

Dissemination of music therapy information

Bringing public awareness to music therapy is essential to the growth of the profession in any country, and this is especially true in places like Costa Rica, where music therapy has yet to be established in higher education and in the eyes of the government. Max said that, “[B]ecause music therapy doesn't exist in Costa Rica, there isn't a center that will hire you as a music therapist.” This lack of pre-existing music therapy job opportunities in Costa Rica implies the necessity of public speaking, teaching, and music therapy advocacy as part of the work music therapists in the country must do. This could be challenging for therapists with introverted personalities who might become anxious at the thought of addressing large groups of people. Several of my participants have been interviewed about music therapy on the radio, in the newspaper, and on television. Max also participated in TEDxPuraVida in 2017, an “independently organized TED event” in Costa Rica (Terán, 2017), and José Pablo is booked to speak at the same event this year. Additionally, Max, José Pablo, and Ana began a Facebook page called Music Therapy Costa Rica (*Musicoterapia Costa Rica*), now called Network of Music Therapy in Costa Rica (*Red de Musicoterapia en Costa Rica*), to “divulge information about music therapy” and organize music therapy workshops.

Every participant has given talks, guest lectures, and/or workshops about music therapy. The target audiences for these awareness initiatives have included college students, hospital staff, and mental health professionals. Beyond these one-off educational opportunities, some of my participants have taught longer introductory courses to music therapy for college students. Beatriz taught a music therapy course at

the UCR across 10 Saturdays in 2019, and Max and José Pablo regularly teach a course across five Saturdays at the Central American University of Social Sciences (*Universidad Centroamericana de Ciencias Sociales, UCACIS*). Thanks to her position as a faculty member at the UNA, Katarzyna is able to teach the only semester-long introductory music therapy course in the country:

Currently, I offer an elective course in music therapy for music students at the UNA. I have been teaching this course for over ten years, and it always fills up. Sometimes I offer it every semester; other semesters I can't because I have too many courses to teach. The course is restricted to the School of Music, because the students need to have musical knowledge. If not, I would be talking to them about abstract concepts! Sometimes I do have students from other degree programs, like psychology, who decide to audit the course because they want to learn about music therapy. It's very interesting because of the input they provide to the course.

I clarify to my students that one half year long course is never going to be enough to prepare them to be music therapists, but rather, the course is an introduction in which I touch on a few applications of music therapy. Many people who take the course finish it and say they want to study music therapy. I think that at least in this way I can do something so that bit by bit people will become interested and search for options, and in that way we can grow as a profession. On a personal level, I am very happy because at least this way I stay up to date with regard to current trends in the profession.

In speaking about the importance of music therapy awareness in Costa Rica, Randi has done well to understand the impact of the media and advertising on the growth of music therapy. She even admitted that music therapists in Costa Rica should not shy away from venues and populations that may not be their preference, but that could get their foot in the door:

We need to continue bringing awareness to people, continue making presentations, continue holding courses, continue having conferences, and continue to appear on TV.... If we really want to generate an impact, it needs to be an impact that can be heard and can reach lots of people. I don't know, even if it's participating in those Wellness or Healthy Lifestyle fairs.

Furthermore, it seems to me that in order to grow the field of music therapy in Costa Rica, we also need to target people we feel could be potential music therapists, not just potential clients. I believe that music therapists in Costa Rica should also start procuring the interest of high schoolers, like Laura does while working at the School of Symphonic Music in Perez Zeledón by talking to her students. Until we have a university music therapy program in Costa Rica, we need to show students (especially at private schools) who have the will and the means to study abroad that music therapy is a valuable profession.

Misrepresentation of music therapy

In addition to providing employment opportunities for music therapists in Costa Rica, the dissemination of music therapy information can, hopefully, reduce instances of misrepresentation of the field among the general public. This has been a personal

concern of mine since the beginning of my music therapy training. In 2009, as I was preparing to move to the United States, my mother took me to a free lecture on music therapy that was being offered at a private university in San José. I had received no music therapy education at this point in my life, and I assumed that, if the lecturer had been approved by the university, he knew what he was talking about. He began by saying that music can help us study, and that if someone has trouble concentrating on their work while listening to music, it was probably because they had attention deficit disorder. He then told us that the “most therapeutic music in the world” was by J.S. Bach, after which he instructed us to close our eyes while we listened to *Air on a G String* and take note of any imagery we had. While listening, I re-experienced a pleasant childhood memory of playing in *La Sabana*, San José’s largest urban park. The smile on my face faded when the music ended and the lecturer informed us “well, most people when they hear that music imagine something sad. Lots of you probably had sad memories while listening to this too.” At the end of the lecture, I asked the man if he was a music therapist. He answered “[N]o, I’m not, I’m just interested in the topic and read up on it so I could give this lecture.”

By the end of my first semester as a music therapy student, I reflected upon this experience and was appalled that he had been allowed to give a lecture about a topic he clearly knew nothing about. As a trainee in the Bonny Method of Guided Imagery and Music (<https://www.ami-bonnymethod.org/>), I am also aghast at the contraindications of presenting an imagery exercise the way that he did. Sadly, most of my participants had

stories of their own of how they have experienced the misrepresentation of music therapy. Ana explains:

In my clinical work, many have come to me with the simplistic statement, ‘Oh, yes, how nice. It’s an alternative healing therapy.’ Sometimes it was hard for the parents to understand what music therapy is, because they always came with the idea that, ‘Oh yes, how nice. I play music for them at home.’ Even with my peers or my colleagues, most of whom are people with university education, they say things like, ‘Oh, yes. I heard that music is good for curing a stomach ache....’

The superstitious tico has beliefs about a bunch of things, and they include music therapy among these.

The two most common misconceptions about music therapy, according to my interviews with my participants, seem to be that music therapy is a subset of music education or that music therapy is composed entirely of receptive relaxation methods. Receptive methods of music therapy have an important place in clinical practice, but if they are applied incorrectly (such as in my experience with the “music therapy lecture” I attended), they risk causing adverse effects in clients. These instances of people attempting to conduct music assisted relaxation exercises without understanding potential contraindications of their actions are a cause of concern. Max has discovered that “[P]eople think that it’s music therapy if they put on a type of music to relax,” which leads many to “think that music therapy is very, very informal, so they don’t give [music therapists] credit.” I also received an anonymous WhatsApp comment regarding the music educator who currently works at the Children’s Hospital: “He thinks

that relaxation is simply putting on soft music and having the children there listening. He doesn't have information about the topic." Randi said:

The constant struggle is always going to be against misinformation. My experiences in Costa Rica have been a bit tumultuous, in the sense that people don't really understand what music therapy is. Lots of people ask if it's a music class. The first step of having people understand what music therapy is is the hardest one, but I think that people are receptive, despite the ignorance about music therapy.

I choose to believe that many of the people who misrepresent music therapy or claim to offer it are not necessarily ill intentioned. Rather, these are people who feel a connection to music and recognize its healing potential, but they lack the education to know the difference between using music to improve their lives and music therapy. My hope is that at least some of these well intentioned people will be interested in learning more about and advocating for music therapy when they find out what it actually is.

Core Category 4: Challenges of a Pioneer Community

Escazú is the kind of place where, before you know it, you can cross from a busy commercial street into a quiet residential neighborhood. You might even see a cow walking down a hill from time to time. Max's office is close to the hustle and bustle of the city, but you'd never know it from the peaceful atmosphere and the butterfly farm next door. Max is the only music therapist in Costa Rica right now who is working in music therapy full time. He is also the only one amongst the Costa Rican music therapists who doesn't have another profession or degree outside of music therapy, like

music education or psychology. That may be why he has invested all of his effort into making his private music therapy practice work.

Max came out to greet me in crisp business casual attire, and invited me to sit with a cup of tea overlooking the garden while he finished up with some business. I thought about how many therapists I know in the States who would love to work in an office space as nice as this one. When Max was ready, he brought me into an immaculately clean room with lots of natural light. There was a desk, a piano, a selection of hand held percussion instruments available for children to use, and two guitars hung on the walls. Max knows that his efforts haven't been in vain, and things aren't going badly for him. Still, when I asked him what changes he would like to see in Costa Rica that could improve the state of music therapy, he didn't hesitate with his answer. He looked me right in the eye and he told me "I am very alone."

Isolation

As a music therapist in the United States, I take for granted that I have the support of robust national and regional music therapy associations, a certification board that will vouch for my credentials, and a community of colleagues that I can turn to for supervision and processing if needed. I still live within driving distance of most of the professors and peers that saw me through my journey towards becoming a music therapist, and I am fortunate enough to get the chance to connect with others every year at music therapy conferences. Since they returned to Costa Rica after completing their music therapy degrees, my participants have none of these boons available to them. After conducting all of my interviews, I wrote the following observation in my field journal:

“Most of my participants admitted that the community of music therapists in Costa Rica really doesn’t feel like a community. They feel scattered, separated, and out of touch outside their circle of friends. Not only are the music therapists in Costa Rica few in number, they don’t connect well.” When describing the current state of their relations with each other, my participants used phrases such as “spread out,” “not very united,” “out of touch,” “very separated,” and “really, there is no joint community.” The good news is that every one of my participants expressed their desire for unity, believing that it is imperative for the music therapists in Costa Rica to work together towards their common goals. People like myself and Randi, who are Costa Rican music therapists who live abroad, are also finding ways to help improve the state of music therapy in Costa Rica from a distance.

Related to their feelings of isolation, many of my participants expressed a desire for there to be more music therapists in Costa Rica. Ana said that she thinks “that would be helpful, because we could establish a network among all of us, and little by little, start improving what people know about music therapy.” Katarzyna hopes that having a critical mass of music therapists in Costa Rica will enable them to “do something at an institutional level.” Randi agreed, and was of the opinion that “[T]he more music therapists there are in Costa Rica, the stronger we will be and the more people we will be able to reach.” To combat his feelings of isolation, Max seeks out virtual supervision with colleagues he met while studying in Argentina. I think this is an excellent way to work within the context of the resources currently available in Costa Rica, and shows a commitment to personal growth that will benefit the field. I would recommend that

future therapists looking to practice in Costa Rica should research online supervision opportunities as well.

Beyond feeling isolated within Costa Rica, some of my participants expressed feeling isolated within a wider Latin American context. When asked what changes he would like to see that could improve the current state of music therapy in Costa Rica, José Pablo gave the following response:

I would like for the music therapists in Costa Rica to become more known at the Latin American level. I have participated in and spoken at conferences in Panama, Colombia, and Argentina. Panama is making inroads toward creating a music therapy degree program there, which I think is really great. What is strange is that the music therapists in Panama, knowing that we're here, because they know Max and me, don't reach out to us. I would like for them to take us into consideration more, and we could address the area of music therapy education and training in Central America together.

Max pointed out that Costa Rica's lack of music therapy development is part of a larger problem, as music therapy has not been formalized in any Central American nation. He hopes to one day organize a music therapy conference in Costa Rica, but worries about the logistics involved. "Who will attend a conference in Costa Rica?" he asked rhetorically, "Especially because Costa Rica is not a cheap country for everybody to come to the beach and have the conference at the beach. It's not Panama, which has more accessibility for having a big symposium."

Clashes within community

After conducting all of my interviews, I wrote the following entry in my field notes:

There is something I'm hesitant to write about. I noticed that there are certain members of the community that butt heads with each other. There's an idiom in Costa Rica called 'serrucha pizos'. Imagine a Loony Tunes cartoon, in which Wiley Coyote is minding his own business and the roadrunner uses a saw to carve the floor out from under him when he isn't looking. That's what that phrase means. When someone is a serrucha pizos, they sneakily undercut others, or otherwise blindside them. Their victims find themselves looking up at the ceiling, flat on their backs, wondering how they got there. I really hope that no one in the CR MT community is doing this, but I couldn't shake the feeling that they haven't always been on the friendliest of terms. It's hard enough that there are so few music therapists in Costa Rica. It makes it so much harder if they can't get along consistently....

I witnessed a "disagreement" on our WhatsApp group in which one music therapist called the others "aggressive people who didn't want to respect the work of others." Oof. I told them "[P]eople, honestly, it's because of things like this that we aren't advancing. I hope that everyone present knows that we have each other's mutual respect and we share common goals. There's only a few of us, but there's enough of us to do something formal already. We have to unite.

Quite frankly, due to my personal investment in this community, I am embarrassed to say that I feel that the current state of music therapy in Costa Rica would be in better condition than it is now were it not for personal disagreements among the current community of music therapists. I am also not the only person who has noticed this disturbing trend. I received the following message from a participant who wished to remain anonymous:

I don't know if you've noticed, but there's also a strange mood within the group.

I feel like there are some people who feel, in some way or another, a sense of authority or superiority. I do wish we could keep advancing within the group and in music therapy in general in the country, but we would have to break that barrier of those who have that very strange attitude.

I have also, unfortunately, been put in the difficult position of having some participants talk to me one on one about feelings of disgruntlement with other music therapists in Costa Rica. This honestly breaks my heart, and I feel strongly that if we have any hopes of advancing the field in Costa Rica the current community of music therapists there need to put their differences aside and work together.

I do, however, think that personal challenges such as these are common in pioneering professional communities. Even in observing the history of music therapy in the United States, one sees that music therapy authority figures have not always gotten along. The NAMT experienced a schism in 1971, when a contingent of music therapists broke off to create the UFMT, renamed the AAMT in 1975 (Cohen, 2018, p. 32—33). The fact that the two associations did not reunite until 1998, with the formation of

the American Music Therapy Association, shows that our profession was divided on an ideological level for decades (Cohen, 2018, p. 34). Though my participants were tactful about addressing differences of opinion with each other when I interviewed them, José Pablo made an astute observation as to why the community of music therapists in Costa Rica is as disconnected as it is: “We have been very out of touch with the others. We haven't been able to unite in order to do something all together. I think it's because of approaches, maybe because of the different philosophies of the universities we attended. But maybe now we could try to be more united.” Max echoed this sentiment, saying “[T]he music therapy degree programs in the United States, Argentina, and Spain are very different, and I think that is where the big difference is regarding the type of music therapist professionals that come out of there.”

Even though there have only been 12 music therapists in Costa Rica, they represent at least seven universities across five countries. Each one of these institutions likely has a different view of how music therapy should be practiced, and instructed their students to conduct themselves accordingly. I could see how this could cause differences of opinion and even conflict in such a small pool of music therapists trying to work together. I do not see the clashes within the community of Costa Rican music therapists as dooming the future of the field. On the contrary, I think that if we were to examine the early history of music therapy in most countries, we would likely find similar situations. However, I do think it is important to draw attention to these issues so that they can be addressed promptly before they continue to sow discord and slow down music therapy's professional growth.

Frustration

My participants find themselves working in an environment that offers very little in terms of institutional and community support, and they are therefore at a heightened risk of burnout. Max specifically referred to burnout when he spoke to me about a music therapy project he was implementing in a public hospital:

The problem is that if you do everything by yourself, it wears you out.... I was carrying out a program in the Mexico Hospital [*Hospital México*] within the Daniel Project [*Proyecto Daniel*] working with young people with cancer, which I think is super cool.... I would go and I paid for my own parking, my car, my gas, and I had to carry my instruments on my back. It wasn't easy either. It got to a point where I got burned out, because, really, one is giving one's time, and on top of that, one has to pay and encounter too many obstacles. But if you had a team in order to be able to do it together, it's easier.

For some participants, like Katarzyna, their frustration and disappointment have caused them to discontinue work towards important milestones in the development of Costa Rican music therapy:

The interest of people who recognize that music is very important doesn't lead to anything because the administrative mechanism is terrible, it's slow, it's cumbersome. So a colleague and I, during our efforts to make a joint proposal for the [music therapy] degree program, at some point said that it could not be done.

José Pablo became frustrated with the obstacles he and Max encountered while trying to incorporate music therapists into a professional association, saying “I got discouraged and didn't continue with that endeavor.” Max expressed similar dejection:

I think that if music therapy hasn't taken hold in Central America, it's for some reason, because it still hasn't been encouraged. I think that maybe it has also been my fault for not having the energy to continue fighting for that. But it's a balance. Or I put my name out there so people will start giving me referrals and in order to show what music therapy is, or I start working on something that won't necessarily put food on the table.

This relates back to the financial concerns sub-category earlier in this chapter. It is a privilege to be able to invest time and effort into music therapy advocacy, because it is work that does not pay. The catch-22 is that these advocacy endeavors need to be addressed in order for music therapy in Costa Rica to thrive in the future.

Creation of a music therapy degree program

This brings us to what is arguably the most important step in the development of music therapy in Costa Rica. Every participant wishes that a music therapy degree could be obtained without having to leave the country. Having music therapy at the university level in the country would solve many of the issues currently plaguing the community. Prospective music therapists could pursue the field without worrying about the financial and emotional investment of studying abroad, which could give the current number of music therapists in Costa Rica much needed bolster. A music therapy degree program would also help legitimize the field on a governmental level and increase public

awareness of the profession. This, in turn, could create more jobs in music therapy and give therapists currently in private practice more work. However, while all my participants agree on the benefits of having a music therapy degree program in Costa Rica, they have differing ideas of how to make that goal a reality. Some want to start a master's degree, others want an undergraduate program. Some are adamant about having the degree program in a public university, others think a private university would be easier to deal with. Some think that, with the current number of music therapists interested in serving as faculty, we already have enough people to start teaching. Others disagree, saying we should wait until more music therapists arrive in Costa Rica.

There are pros and cons to each of their viewpoints. However, in my estimation, Katarzyna is in the best position to help make an academic program in Costa Rica happen. She is the only academician and the only music therapist in the country with a PhD. She knows the workings of the academic world in Costa Rica better than the rest of my participants, which makes her a valuable asset in the creation of the country's first music therapy degree program. In her opinion, "[C]reating a master's degree is easier because it allows specialists of all kinds with musical knowledge to complete an education in music therapy." Additionally, as a university professor, Katarzyna is aware that "for a degree in music therapy, you need to give specific courses in anatomy and physiology, and other subjects that I had to take but of which I could not be a professor."

Due to the variety of education levels and philosophies of music therapy represented by my participants, Max observed that there is also the question of which

subjects would be included in the degree program: “I think the degree program would have to have, clinically speaking, lots of music therapy courses, lots of medical courses, and I would include a lot about the cultural and sociological aspects as well.” In order to create a degree program, the Costa Rican music therapy community would also have to decide which textbooks and materials to use. When discussing the available music therapy literature in Spanish, my Hispanic colleagues and I agree that there are far fewer resources in Spanish than there are in English. Because Beatriz is not fluent in English, she said “there are lots of materials and many books that [she doesn’t] even know exist.” I would like to see more Hispanic music therapists publishing textbooks, periodicals, and intervention resources so as to safeguard the future of the profession in the Spanish speaking world.

CHAPTER V

IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSIONS

In drawing this study to a close, I reflect upon where this thesis fits within the context of music therapy research literature. I also consider the implications that my work could have for future research and clinical practice, both in Costa Rica and other parts of the world. Finally, I provide my opinions on the direction I see the future of music therapy in Costa Rica going, and the steps that will be needed to ensure that the profession flourishes.

Implications and Recommendations

This thesis has the potential to offer insight for other creative arts therapists trying to establish communities in developing nations, especially in Latin America. I have observed that other creative arts therapies, such as art and dance therapy, also struggle with some of the same problems that music therapy does, including fighting for credibility and battling against misinformation. Although it would be overly simplistic to say that the challenges that music therapists in Costa Rica face are universal (even within a Latin American context), groups of therapists trying to get their professions off the ground in a country where that profession doesn't exist are likely to encounter some of the same obstacles, such as the conundrums of how to charter an organization and design a country's first degree program in their field. As such, the experiences of my participants, as compiled in this research, give a glimpse into what kind of challenges therapists might encounter in the first three decades of their profession's growth, as well as examples of what has worked to overcome these challenges and what has not.

My hope is that this project will lay the groundwork for future collaborations between music therapists in Costa Rica and those abroad. Music therapists from other countries who are interested in the possibility of establishing a music therapy practice, study abroad program, or service learning opportunity in Costa Rica would benefit from reading about the experiences of the current community of music therapists. This is particularly important if music therapists come from developed countries, such as European nations or the United States. As a *tica* and a budding ethnographer, I worry that foreign music therapists (yes, even those with good intentions) may come to Costa Rica with colonialist mindsets or white savior complexes (Proctor, 2013, p. 44). These frames of mind prioritize pushing their own, privileged view of how the development of our profession “should” occur over listening to the voices of those who have been there doing the work long before foreign music therapists arrived. I will consider it a great success if this thesis can mitigate this possibility by offering foreign therapists an opportunity to learn from music therapists who have practiced in Costa Rica. My greatest wish is that music therapists from other countries who read this thesis will use the knowledge from my participants’ experiences to create new music therapy opportunities from a perspective of cultural humility. Furthermore, as I have used the legal names of all my participants save for one, music therapists abroad who study this thesis will learn about people to contact in Costa Rica for future collaboration purposes.

The current state of music therapy in Costa Rica is, logically, ever evolving. Therefore, it follows that music therapy’s development in Costa Rica should be continually monitored in order to better understand its progress. To this effect, similar

studies could be repeated every few years. Beatriz had another suggestion for me of how we could use my research in the future, proposing that it would be exciting to write a book about the experiences of music therapists in Costa Rica “so that music therapists in other countries could know that music therapy exists here.” In this way, my thesis could help lay the foundation for historical research into Costa Rican music therapy.

Personal Involvement

In the process of immersing myself in the culture of music therapists in Costa Rica, I have begun to think of myself as part of their community. I am invested in their success, and I am actively seeking avenues through which I can do my part to help music therapy thrive there. Despite my physical distance, I have participated in conference calls with other Costa Rican music therapists with the aim of establishing action steps necessary to fulfill short and long term goals for our profession’s development. I have also garnered interest in bringing training modules for the Bonny Method of Guided Imagery and Music to Costa Rica, and I hope to organize the first Level I course in the GAM during the next calendar year. Furthermore, I proposed the possibility of a “mini-conference” to my colleagues, saying that if each of us gave an hour-long presentation about a topic relevant to our interests and expertise, we could already fill a whole day. They responded positively to this proposal, and I plan to help coordinate this effort after the conclusion of my master’s degree.

I would be remiss if I did not mention that I am not the only Costa Rican music therapist living abroad who has been involved in the discussions of the future of Costa Rican music therapy. Our group chat and conference calls have included a number of

other *ticas* who have left our homeland to study music therapy and, like myself, have chosen to stay living in the United States. Our country of residence has not hampered our connection to Costa Rica, and we wish to do our part to build a culture of collaboration among the Costa Rican music therapist community. Due to my increasing personal involvement in this emerging culture, I am experiencing greater difficulty referring to Costa Rican music therapists as “they.” For this reason, I am switching to using “we” and “us” when referring to the community of Costa Rican music therapists for the remainder of this paper. I can conclude that this change in my stance, from observer to group member, is one of the results of this project. Though I am still not willing to permanently move back to Costa Rica, working on this thesis has confirmed my vision that advancing the music therapy agenda in my homeland is, and shall remain, one of the priorities of my professional life.

The Good News: Examples of Public Interest

Although the prospect of developing the field of music therapy in Costa Rica may appear daunting, there have been examples of public interest that give us hope for the future. The administration of the UNA, in particular, has shown that they are receptive to projects that include music therapy or therapeutic music entertainment. I believe this is because both Laura and Katarzyna are employees of the UNA, and they have been able to use their positions to get institutional support for their projects. Laura, for instance, works two hours a week at a nursing home in Pérez Zeledón providing music therapy services. This project has created a ripple effect in her community that has afforded her more opportunities to bring music therapy to the realm of Costa Rican academia:

The receptiveness of the Betania Nursing Home has been very nice,” she explained, “and I have registered my work with them in the information system of the UNA under the name “Music Therapy for Vulnerable Populations” (*Musicoterapia para poblaciones vulnerables*). It is a big achievement, because a project like that has never been registered in a Costa Rican university. The National University is also proposing that I prepare a project, perhaps for the year 2020, to open an elective course in Music Therapy for Education degree programs. It would be offered here in Pérez Zeledón as an elective.

Katarzyna made it clear to me that she does not call the musical fieldwork she does with her students music therapy. Rather, she uses music therapy concepts to guide music students when working in non-traditional environments. These experiences could still play a role in demonstrating the importance of music in healthcare settings to the *Caja*:

I worked with another group of students in music education that did their graduation project at the Hospital of Heredia with a group of children with morbid obesity. My students worked not only to entertain the children, but rather worked with the doctors, psychologists, pedagogues, and other specialists that tended to the group, and they worked on different themes that they proposed. We are in the process of signing an agreement with the Social Security Bureau with regard to the project, which also provides an opportunity for the Social Security Bureau to someday recognize the importance of professional artists in the medical field. So it is a foot in the door for music therapy to enter and be used there.

My participants have also had encouraging experiences with the audiences of their music therapy awareness efforts. Laura says,

[I]n the talks I have given, there has been a lot of interest on the part of those who have gone to listen. I think the educational level of the younger generations is making them more receptive. There is a growing cultural change toward accepting new things.

Max and José Pablo both said that they “have encountered people with a lot of desire to learn and enrich themselves” during their public speaking engagements, and Randi agreed that “people are receptive, despite the ignorance about music therapy.” The positive outcomes of these music therapy awareness ventures give us all the more reason to continue promoting music therapy in Costa Rica through regular interactions with the media, frequent public speaking events, and introductory music therapy workshops.

What Happens Now?

I feel that the development of music therapy in Costa Rica is still in diapers. For that matter, I feel that we are still in the pre-development stage. Although there are music therapists here, I believe that we are in the germination stage, because the field is unknown in Costa Rica. - José Pablo

As I progressed with my writing, I found myself faced with an underlying question that transcends the boundaries of Costa Rica: When do we consider that music therapy has “begun” in a country? Does the profession “begin” when the first music therapists start their practice, or is another milestone required? As a freshman music therapy student, I was taught that American music therapy was born in the 1940s, with E.

Thayer Gaston as the “father of music therapy” (American Music Therapy Association, n.d). It was not until I got to graduate school that I realized that he was not, by far, the first nor the only music therapist of his age. There had been other music therapists working, and even creating organizations, in the United States before E. Thayer Gaston became the “father of music therapy.” The fact that most of these historical figures were women, and yet we do not speak of a “mother of music therapy,” is a topic beyond the scope of this thesis (American Music Therapy Association, n.d.; Cohen, 2018, p. 25). What I can glean from this omission of the early work of music therapists in the United States, however, is that music therapy practice by itself does not seem to be enough to signal the “beginning” of music therapy in a country. Rather, it appears that the creation of the first music therapy degree program is the milestone by which we measure when the profession truly begins. There have been music therapists in Costa Rica for over 25 years, and yet there is still no formal education program nor any national association. In this way, José Pablo’s metaphor of the field being in the “germination stage” is appropriate; the seed has been planted, but the tree has yet to burst through the earth.

If we operate under the premise that music therapy officially “begins” in a country with the birth of the first music therapy degree program, then it follows that those of us invested in the future of the profession in Costa Rica should focus our efforts in the realm of academia. I have already proposed to my colleagues in Costa Rica that, in the near future, we should get together to examine the degree plans of the programs we graduated from. We could use these to brainstorm what courses we would include in a Costa Rican music therapy degree, based on what we felt were the most useful subjects to

us and what we wished we would have learned more about. In addition, we are continuing to research the requirements for starting degree programs in public and private universities, both at the graduate and undergraduate levels.

Of similar importance, the community of music therapists in Costa Rica believes that incorporating music therapy into a professional association, preferably the Professional Association of Therapists, is the short-to-midterm goal that would most positively impact the field. Currently, we are submitting paperwork as a group in which we explain the scope of practice of music therapy to the Professional Association of Therapists, in the hopes that music therapy can be included under their umbrella in the future. In order to become full members of the association, we would have to amend law number 8989 of the Costa Rican Legislative Assembly, which pertains to the creation and description of the Professional Association of Therapists (Sistema Costarricense de Información Jurídica, 2012).

As with the creation of a degree program, the process of joining or creating a professional association will likely take years. Although it is understandable to feel discouraged with how slowly legal measures seem to progress in the country, when one sees how long it took music therapy to get off the ground in countries around the world (Cohen, 2018; Pavlicevic, 2001), it seems like Costa Rica's slow birthing process is par for the course. Therefore, our challenge will be to stay our course even as we encounter frustration and impatience along the way.

Towards a Culture of Camaraderie

In speaking of how she viewed the current state of music therapy in Costa Rica, Laura said “I understand that we music therapists who are here in Costa Rica right now are virtually pioneers, we are virtually the first ones to arrive. It reminds me of the United States in the 1950s.” In the 1950s, the United States experienced “the first organizational meeting of the National Association for Music Therapy (NAMT),” “the first standardized Music Therapy curriculum,” and the creation and “granting of the title ‘Registered Music Therapist’(RMT)” (Cohen, 2018, p. 31). If Laura’s assessment of the situation is correct, that means that the decade of the 2020s will, hopefully, see Costa Rica’s music therapy community through exciting developmental milestones. However, the harsh truth is that none of these breakthroughs will come to pass if the music therapists in Costa Rica do not start working together on a consistent, organized basis.

From my immersion in the community, I can say that every music therapist in Costa Rica understands that teamwork is both necessary and, unfortunately, currently lacking in the group. While I do think it is important to draw attention to this issue, I also want to note that I believe the current lack of teamwork is a solvable problem. What is more, I recognize that these interpersonal struggles are normal, and almost inevitable in their position as a pioneering community with so many philosophies of music therapy being represented. What matters now is recognizing that working together is the most important factor in the advancement of music therapy in Costa Rica. A culture of camaraderie can be achieved if we all display the humility to put aside our disagreements and accept that we can learn from each other despite the differences in our education.

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