IMPOSTER PHENOMENON AMONG BIPOC MT-BCS: UNDERSTANDING HOW BIPOC
MUSIC THERAPISTS EXPERIENCE IMPOSTER PHENOMENON

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF MUSIC THERAPY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMANS UNIVERSITY

SCHOOL OF THE ARTS AND DESIGN

COLLEGE OF ARTS AND SCIENCES

BY

KATELYN MICHELE TIRADO, B.A., MT-BC

DENTON, TEXAS

DECEMBER 2023

ACKNOWLEDGMENTS

I would like to start by thanking my committee chair, Dr. West. Writing has always been something I have struggled with, but with your guidance, feedback, and encouragement I felt like I could put something on the page that made sense. Thank you for responding to all the questions I had, even if it was the same question ten times, just written in a different way. I appreciate your time and commitment during this past year.

To the rest of my committee members, Dr. DiMaio and Dr. Jensen, your insight and knowledge have been deeply appreciated during this time. I respect both of you so much, so to have you as a part of this study means so much to me. Dr. DiMaio, I appreciate that you always answered my emails that were filled with doubt and stress regarding the journey of this thesis. It helped so much to know that someone who had the same writing challenges I have also made it through. I would not be the music therapist I am without you, thank you.

To the participants of this study, thank you for sharing your stories and experiences with me. This study would have not been possible without your voices. Thank you for your support and the time you dedicated to this study.

To my family and friends who have been supportive during the past year. Thank you for being understanding when all I could say was "I can't I have to work on my thesis." Thank you for opening your homes and providing me with a quiet place to work on things. Everything I do, everything I accomplish, is shared with y'all.

To my fellow music therapists, powerpuff girlies, Marissa Marmolejo and Megan Chiu, thank you for the shared laughter, tears, frustration, phone calls, encouragement, and love. I don't think I would have been able to do this without y'all. So thankful that we were placed in each other's paths.

ABSTRACT

KATELYN MICHELE TIRADO

IMPOSTER PHENOMENON AMONG BIPOC MT-BCS: UNDERSTANDING HOW BIPOC
MUSIC THERAPISTS EXPERIENCE IMPOSTER PHENOMENON

DECEMBER 2023

The purpose of this phenomenological study was to understand how Black, Indigenous, People of Color (BIPOC) music therapists experience imposter phenomenon (IP) in the United States. The intent was to provide insight into under-represented groups within the field of music therapy and to increase conversations around imposter phenomenon to improve the field of music therapy for BIPOC music therapists. Data was collected through semi-structured interviews with four individuals who self-identified as having experienced feelings of IP due to being a BIPOC music therapist. Based on the results, three global themes were identified. The global themes included 1) Intersecting Identities Impact the Experience of IP, 2) A lack of discussion exists regarding music therapists of color who experience IP vs. music therapists who experience IP, and 3) Greater levels of IP are experienced by BIPOC music therapists when their ideas, thoughts, and culture are not valued and validated within the field.

Keywords: Music Therapy, Imposter Phenomenon, BIPOC

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

Imposter phenomenon (IP) has been discussed for decades (Clance & Imes, 1978). While IP is not listed in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (*DSM-5*), it is acknowledged by psychologists and increasingly talked about in the workplace (Bravata et al., 2020). Clance and Imes (1978) defined IP as an innate fear of being found out as a fraud, despite the achievements and skills one has acquired. Individuals experiencing IP might question the legitimacy of their achievements and credit luck or chance for why they achieved their goal, while feeling they do not deserve the recognition received (Clance & Imes 1978).

Although IP has been acknowledged and understood by researchers since Clance and Imes' (1978) original report, disagreements still exist about the origin and cause of IP (Wilke, 2018). Additionally, discussions exist around whether IP is an actual psychological phenomenon or the result of different emotional states such as anxiety or depression (Wilke, 2018). Some researchers reported IP does not exclude people based on factors like race or gender (Ahlfeld, 2009). Bernard (2015) and Bernard et al. (2018) suggested people of color have the added pressure of dealing with the effect of how race and color play an active role in forming one's identity and experiencing IP. Although research around IP has grown, more research is needed to better identify the causes and responses to IP (Mullangi & Jagsi, 2019).

Within the field of music therapy, conversations about race, oppression, social justice, and equality have increased to address the issues that Black Indigenous and People of Color (BIPOC) experience such as IP, inequality, and lack of representation (Baines, 2013; Hadley & Norris, 2016; Kim & Whitehead-Pleaux, 2015; Norris, 2020). These researchers and others have challenged the field of music therapy to focus inward on the foundation of music therapy and

how to better represent the diverse community's music therapists serve. It is important for music therapists to learn, and occasionally unlearn, about diverse experiences that differ from their own (Hadley & Norris, 2016). Hadley and Norris (2016) also stated that meaningful interactions and conversations examining the realities of oppression and power dynamics create an environment where transformational learning occurs to create more effective therapeutic relationships with colleagues and clients.

Researcher's Background

Uncertainty about a person's own identity can result in challenges and an increased likelihood for IP to occur (Wilke, 2018). I have changed career plans numerous times since graduating high school, some by my choice, and in other cases the change was decided for me. At first, I thought I wanted to become an architect or lawyer. I finally landed on becoming a choir director, but then found myself in the field of music therapy. When I started university, I was hopeful that I could become a music teacher. I wanted to help others make a difference in their lives as my music director had done for me. Unfortunately, due to a teacher stating I did not have what it took to be a music educator I was not able to follow that path, but I am happy with the career I have now. When I heard about music therapy, I found it offered what I was looking for in music education: to provide help to someone that hopefully impacts their life in a positive way.

Regardless of which career I pursued, something that followed me over the course of these changes was the feeling of uncertainty. I felt that I was not good enough in my chosen career. Although I had the skills and tools for success, I still felt the need to undermine my success. The reasons I undermined my success were due to a variety of factors including identifying as a Latina woman, family pressures/expectations, upbringing, and low self-esteem.

As I contemplated each career choice, these different factors held greater weight. After discussing these feelings with peers, I realized this feeling was not a unique feeling. Most of us did not realize IP was a common occurrence and did not know what to call the feelings we had.

As a master's equivalency student preparing to enter the field of music therapy, I wondered if any literature existed on IP related to specifically this field. Now as I finish this study as a working music therapist, I hope to add to the discussion of IP in the field of music therapy. As someone who identifies as a person of color and who cares about social justice/awareness issues, I wanted to know how BIPOC music therapists experience IP and how prevalent IP is in music therapy.

Imposter Phenomenon in Music Therapy

Researchers have explored IP in music performance, music pedagogy, and music education (Pickett, 2020; Sims & Cassidy, 2019, 2020; Sorenson, 2022); however, a lack of research exists surrounding IP and board-certified music therapists (MT-BC), specifically BIPOC music therapists. To the best of this researcher's knowledge only two articles exist as of this thesis surrounding music therapy and IP (Pickett, 2020; Sims, 2017).

Sims (2017) focused on IP among music therapy students and how IP manifests. Overall, Sims (2017) found that limited research existed surrounding minorities' experiences of IP (Sims, 2017). In the second study, Pickett (2020) completed a survey on the occurrence of IP among music therapists. Based on their research, most participants experienced moderate levels of IP (Pickett, 2020). The researcher provided information on IP on different variables including employment status, education level, gender, and expertise level (Pickett, 2020). Both Sims' (2017) and Pickett's (2020) results support the effects of IP during a student's education training

and after board certification. However, more research is needed to identify how IP might change over time.

Although Pickett (2020) provided valuable information on the prevalence of IP among music therapists, they suggested future researchers explore how culture plays a role in music therapists who experience IP. Furthermore, music therapy research is needed that centers on the stories and experiences of BIPOC music therapists. Based on the 2021 American Music Therapy Association (AMTA) member survey and workforce analysis (AMTA, 2021), 88.34% of respondents self-identified as White/Caucasian/or European. Further research exploring IP among BIPOC music therapists may result in greater support for these individuals both during their education and once they become clinicians.

CHAPTER II

LITERATURE REVIEW

Imposter Phenomenon Definition

Clance and Imes (1978) were the first native English speaking researchers to use the words "imposter phenomenon" to describe high-achieving women who believed the cause of their success was due to luck or chance and not intelligence or earned skills. Other feelings used to describe IP included fear of failure, being found out as a fraud, and doubt of their own achievements despite success (Clance, 1985; Clance & Imes, 1978; Harvey & Kats, 1985). Clance and Imes (1978) stated that women were more likely to attribute outside influences for their success and their own internal lacking when they failed.

Although Clance and Imes' (1978) study only included high-achieving white women, other researchers reported men also experience IP with some of these same original factors (Clance & O'Toole, 1987; Harvey, 1981; Harvey & Kats, 1985; Naser et al., 2022; Topping, 1983). Additionally, Badawy et al. (2018) suggested that men may experience IP at greater levels than women because of their belief that society values males who demonstrate high competence. Although experiencing IP may not deny a person success, Clance and Imes (1978) posited it could keep one from internalizing the success due to its effects.

Those with IP tend to have traits including perfectionism, anxiety, procrastination, fear of failure, depression, low self-esteem, and low confidence (Clance, 1985; Clance & Imes, 1978; Ferrari & Thompson, 2006; Harvey, 1981; Harvey & Kats, 1985; Ket de Vries, 2005; Sakulku & Alexander, 2011; Topping & Kimmel, 1983). However, other researchers suggested these same traits mirror symptoms of IP and that some individuals will place high expectations on themselves to achieve success (Clance, 1985; King, 2022; Sims, 2017).

Since its first introduction, the definition of IP has evolved. Kolligian and Sternberg (1991) suggested an alternate name, perceived fraudulence, to describe IP. They believe the term IP means a specific diagnosis whereas feelings of IP fall onto a continuum of feelings dependent on subjective experiences. Additionally, Kets de Vries (2005) used neurotic[1] imposters to describe those with IP. Kets de Vries (2005) stated that all people feel like an imposter on some level due to the roles they're expected to play in society versus when alone. While everyone is an imposter at times, neurotic imposters feel more fraudulent and alone than other people do (Ket de Vries, 2005). Contemporary researchers have adapted Clance and Imes' original definition in broader terms by adding that IP can affect anyone regardless of gender, age, race, education level, or occupation. (Cawcutt et al., 2021; Clark et al., 2021; Haney et al., 2018; King, 2022; Sims, 2017).

Differentiating IP

IP has been linked to both chronic mental health diagnoses including depression and anxiety, and personality traits such as perfectionism, self-handicapping, and procrastination as the outward symptoms are similar to depression and anxiety. However, IP is not a formal mental health diagnosis in the *DSM*-5 (Bravata et al., 2020, Ross & Krukowski, 2003). Cromwell (1989) wrote that those experiencing IP are more likely to have greater beliefs of high self-expectations, demand for approval, anxious over-concern of future events, and helplessness for change than those who don't experience IP. People with and without IP may share the same characteristics including wanting to be successful and perfectionism, but how those characteristics are demonstrated and when they negatively impact someone are key differences (Cromwell, 1989).

---

[1] This term is now considered ableist. Kets De Vries (2005) use of the word Neurotic Imposter comes from the mental health term neurotic.

Factors that Contribute to Imposter Phenomenon

Although no singular contributing factor exists for IP, researchers began with the idea that IP feelings come from within (Clance & Imes, 1978; Clance, 1985). Clance and Imes (1978) offered four types of behaviors that a woman might exhibit that make it hard to overcome IP: working hard to minimize the chance of being a failure, sense of phoniness, using charm to win approval, and response to negative consequences. The authors offered solutions such as confronting the fears head-on, discussing their experiences in a group with other women experiencing IP, or keeping a record of positive feedback the woman receives.

Another factor researchers have noted that impacts IP is a person's personality (Bernard et al., 2002). Specific traits can include perfectionism, anxiety, procrastination, fear of failure, depression, low self-esteem, self-sabotage, and low confidence (Bernard et al., 2002; Naser et al., 2022). However, some researchers suggest these traits can both contribute to or result in IP (Ferrari & Thompson, 2006; Harvey, 1981; Kets de Vries, 2005; Sakulku & Alexander, 2011; Topping & Kimmel, 1983). Other factors that may contribute to feelings of IP include familial factors including pressure to succeed (Clance & Imes, 1978; Kets de Vries, 2005); birth order (Kets de Vries, 2005); the presence of parents in childhood (Want & Klietman, 2006); and different parenting styles based on the culture of origin (Ahmen et al., 2020).

Additionally, according to Fraenza (2014), societal factors such as social pressures from the environment can impact IP. For example, when people are placed in different roles or roles with different expectations, such as the role of a sister versus a friend (Harvey & Katz,1985). Clance and Imes (1978) discussed how social pressures placed on women play a role on the effect of IP. As previously mentioned, Badawy et al. (2018) noted that men experience IP at greater intensities because of societal pressures placed on men to attain successf. Badawy et al.

(2018) supported this claim with research from Bian et al. (2017) discussing how different stereotypes placed on women and men result in how IP is expressed. Feenstra et al. (2020) stated that IP is over-individualized, meaning that research on IP has focused on the individual's insecurities rather than the important role of social pressures. Negative perceptions of the self come from the environment and social factors, which may lead people to question their worth (Feenstra et al., 2020).

<div align="center">

Imposter Phenomenon Scales

</div>

Different scales were created to determine whether a person experiences IP and how much someone experiences IP. Harvey (1981) created the Harvey Imposter Phenomenon Scale (HIPS), a 14-question scale that scale included items to measure the severity of IP in an individual.

Another scale is the Clarence Imposter Phenomenon Scale (CIPS) (Clance 1985), a 20-question scale that includes attributes the HIPS did not address, such as measures of fear of evaluation, success, and feeling less capable than others (Fujie, 2010). In addition to the questions related to fear addressed in the HIPS, the language was updated to decrease the likelihood of false reporting and to create a sense of safety and acceptance for participants responding (Fujie, 2010; Holmes et al., 1993). Overall, researchers still tend to use the CIPS because of the shorter length (Fujie, 2010).

Kolligian and Sternberg (1991) created a 51-question scale called the Perceived Fraudulent Scale (PFS). This scale is based on their data outlining the characteristics (i,e. depression, anxiety, pressure, dependency) associated with self-deprecation, self-perceptions, and high self-monitoring, which lead to higher levels of IP.

Finally, the Leary imposter scale is a 7-question scale based on belief that IP comes from the core feeling of inauthenticity (Mak et al., 2019). Leary et al. (2000) added that someone experiencing IP will feel like a fraud among all individuals, not just those who are successful as suggested in the HIPS, CIPS, and PFS (Mak et al., 2019). Fujie (2010) discussed that although these scales measure traits of IP in people accurately, they fail to incorporate situational factors. The State Imposter Phenomenon Scale (SIPS) was created by Fujie (2010) to address situational factors and focus on how the participant is feeling in present scenarios rather than how they could feel in future scenarios. Fujie (2010) wrote that IP goes beyond personality traits and is more a state of being.

Culture and Imposter Phenomenon

Researchers noted culture as a hard word to define because it is always changing (Causadias, 2020). Causadias (2020) defined culture as a system comprised of three important factors: people, places, and practices. People are the most essential part of culture and encompass population dynamics, social relations, and groups such as families, communities, and nations. Causadias (2020) also included definitions of practices from anthropologists describing culture as beliefs, behavior, different groups, gender, and identities (racial/ethnic minorities) among different populations. Places refers to the ecological dynamics, institutional influences, culture in contexts like schools, neighborhoods, and cities, and ecological factors (Causadias, 2020). Practices refers to how people participate and actively practice culture through community engagements such as teaching, learning, activities, and rituals (Causadias, 2020).

Slank (2019) argued that environments, specifically ones that value a culture of genius, contribute to the presence of IP. In a culture of genius, intelligence is fixed and innate, does not take effort, nor is it teachable (Murphy & Dweck, 2010). Slank (2019) stated that because of the

culture of genius, it appears as though a person's achievements were based on the talents they were born with and required no effort. Since effort is contrasted with talent in this genius culture, individuals feel it undermines their success when they're required to put effort into something, therefore contributing to feelings of IP (Slank, 2019). Slank (2019) also reported that society, broadly speaking, cannot forget or dismiss behavioral factors and society should examine those factors to diminish them.

Tulshyan and Burey (2021) included factors like systemic racism, classism, xenophobia, and other biases that were not accounted for in the original definition of IP. The authors offered an alternative view that challenges systems that have been created to keep marginalized people, mostly women of color, in environments that contribute to feelings of IP. To overcome IP, workplaces must create environments that foster diverse leadership where differing races, ethnicities, and genders are just as valued as what is considered typically "professional" (Tulshyan & Burey, 2021). In this context, Tulshyan and Burey (2021) defined "professional" as Eurocentric, male, and heteronormative.

Intersectionality

Cawcutt et al. (2021) examined how undermining intersectionality can lead to burnout, bias, and IP. Intersectionality is the connection between a person's social identities (e.g., race, gender, class, and sex) and how these traits overlap in discriminatory and oppressive situations (Merriam-Webster, n.d.). Implicit bias also affects the confidence of individuals, which can lead to feelings of IP (Cawcutt et al., 2021). As a result, the combination of bias, burnout, and IP can contribute to more professionals leaving their work. Cawcutt et al. (2021) noted bias, burnout, and IP need cultural overhauls such as addressing racial/discriminatory biases, high stress levels in minority groups, and changes at the systemic level in healthcare-related professions.

Lived Experiences in IP

Lived experiences of individuals with IP are impacted by their culture (Edwards 2019). Edwards (2019) stated that having people in the same field as them, even if they did not look the same, would help those who experience IP feel supported. For example, Edwards (2019) noted they did not see themselves reflected in the educational system, and that in order to overcome these cultural differences they had to redefine words like "scholar" to diminish feelings of IP. Furthermore, Edwards (2019) attributed their experience to macro-level systems including racism, ableism, classism, and sexism. Similarly, Bernard et al. (2017) found that repetitive experiences of race-related stress due to racial discrimination impacted the relationship between African-American participants' mental health and IP. Bernard et al. (2017) supported Shank's (2019) claim that the connection between IP and interpersonal feelings is higher when experiences of race and gender discrimination are examined.

Overall, researchers (Bernard, 2015; Bernard et al., 2017; Bernard et al., 2018; Cawcutt et al., 2021; King, 2022) have discussed the relationship between racial identity, marginalized groups, people of color, gender identity, and IP. These researchers identified a common theme highlighting marginalized voices to better understand their experiences in their fields and the effects of IP. Additionally, change needs to occur not only on a personal level but on organizational and environmental levels that address the systems/cultures in place that contribute to IP (Bernard et al., 2017; Mullangi & Jagsi, 2019).

Imposter Phenomenon in Specific Professions

Researchers explored the prevalence of IP in a variety of work/educational settings including education (Pickett, 2020; Sims & Cassidy, 2019; Topping, 1983), library science (Martinez & Forrey, 2019), the medical field (Edwards-Maddox, 2022; Gill, 2020), social work

(Urwin, 2018), and undergraduate students (Kimball et al., 2021; Sims, 2017; Sims & Cassidy, 2020; Sorenson, 2022; Tigranyan et al., 2020). Regardless of field or education level, participants in the studies listed above experienced varying symptoms and degrees of IP. One contributing factor to the larger number of studies on IP and helping/teaching professions is the effect of IP on individuals and their work performance (Gottlieb et al., 2020; Harvey & Katz, 1985; Kolligan & Sternberg, 1991; Topping, 1983).

Urwin (2018) reported that social workers experience IP at moderate levels. Additionally, Urwin (2018) noted the importance of understanding how IP is experienced to determine its effect on social workers. One significant finding was that career stage and experience level are not similarly correlated with IP (Urwin, 2018). This lack of correlation is due to high turnover, and qualifications and entry expectations changing within the field of social work. One of the important results that Urwin (2018) highlighted is that although society may not know if IP is a state of being or a trait, it is important to understand how it impacts individuals over time.

Clark et al. (2021) sought to determine the relationship between IP and burnout, compassion fatigue, and compassion satisfaction among mental health care workers. Both Clark et al. (2021) and Urwin (2018) reported that experience and years of practice had no significant effect on feelings of IP. Based on their findings, Clark et al. (2021) and Urwin (2018) noted the impact of IP reaches beyond individual factors and identified external factors that affect feelings of IP such as the work environment and job expectations. Scholars also noted what could help reduce the impact of IP such as managerial support, discussion around IP, and setting clear expectations for their job (Clark et al., 2021; Tulshyan & Burey, 2021; Urwin, 2018).

While the previous authors focused on professionals already working in their field, Sorenson (2022) identified the prevalence of IP among music education student teachers in the

transition phase between being still in school and their first job. Their findings echoed results

from Sims (2017), who noted that transitional periods, for example, from student to professional,

contributed to feelings of IP. Additionally, Sorenson (2022) focused on Hispanic and multi-

racial/bi-racial participants who reported intense levels of IP. BIPOC participants reported

frequent feelings of IP at intense/frequent range levels in comparison to white-identifying racial

groups (Sorenson, 2022). Sorenson (2022) suggested the results are impacted by the

underrepresentation of BIPOC individuals in the field of music education.

Sims and Cassidy (2019, 2020) conducted two surveys on IP. In their 2019 survey, the

authors explored early educators teaching in higher education and their role as a researcher. Sims

and Cassidy (2019) had participants complete demographic questions related to music to identify

the impacts of IP and had participants provide suggestions to reduce feelings of IP. Based on

their results, Sims and Cassidy (2019) reported educators at all levels of music education were

experiencing IP at moderate to frequent levels. Solutions for feelings of IP were to maximize

student engagement by incorporating opportunities for educators to get them more comfortable

in the research role, as well as working with one another in mentor/supporting roles to increase

the sense of support (Sims & Cassidy, 2019).

In their study on graduate students and IP, Sims and Cassidy (2020) created a variation

of the original CIPS scale that took into account the participants' daily lives such as family. Sims

and Cassidy (2020) found that family variables created additional support for graduate students,

decreasing the prevalence of IP. One way to lessen the prevalence and possible effects of IP is by

calling attention to it earlier in their education (Sims & Cassidy, 2019, 2020). Sims and Cassidy

(2019, 2020) recommended additional ways to help those experiencing IP by implementing

strategies to help students in their research to read, interpret, and write more effectively. They

also added that exploring factors such as gender and race affect the physical or psychological well-being of these participants.

Imposter Phenomenon in Music Therapy

Similar to other researcher's findings (Edwards-Maddox, 2022; Gill, 2020; Kimball et al., 2021; Martinez & Forrey, 2019; Pickett, 2020; Sims, 2017; Sims & Cassidy, 2019, 2020; Sorenson, 2022; Tigranyan et al., 2020; Topping, 1983; Urwin, 2018) music therapy professionals and students also experience IP. Overall, to the best of the current researcher's knowledge two research studies (Pickett, 2020; Sims, 2017) exist surrounding IP and music therapy. Although Sims (2017) and Pickett (2020) addressed the prevalence of IP in music therapy professionals and students, both argued the need for additional research related to increasing diversity among participants in gender, location, and culture. Additionally, Sims (2017) and Pickett (2020) noted that more research was needed to better identify how to help support those in the music therapy community, regardless of setting.

Sims' (2017) research aimed to identify the prevalence of IP, if any, among music therapy students and ways to reduce the potential impact of IP. Sims (2017) used the CIPS and a focus group interview to answer two main questions: "What experiences have music therapy students had with IP" and "What context/situations may have influenced their experience with IP" (p. 45). A total of seven female music therapy students completed the study. Four of the participants were undergraduate students and three were graduate students. Students were invited to the study based on their interest to take part in a discussion around IP and if they self-identified with symptoms associated with IP such as anxiety, low self-esteem, fear of failure, perfectionism, workaholism, or depression. Students were also required to take a CIPS test to

qualify for the study. Sims (2017) reported that all students experienced average scores of IP with a mean score of 69.8, meaning they had frequent imposter tendencies.

Additionally, Sims (2017) identified three main themes from the focus group data: uncertainty in transitions, challenges in the music therapy profession, and the prevalence of IP constructs and standards. For the first theme, uncertainty in transitions, undergraduate students worried about the transition from high school to college and whether they were ready enough for college, expressed doubt and lack of belonging when starting clinical practicum, and expressed anxiety/not feeling ready enough for internship. Graduate students expressed fears of failure in returning to school and the transition of leaving graduate school (Sims, 2017). Sims (2017) also reported that since students are in a transitional state of life, IP may impact their current and future therapeutic effectiveness.

The second theme Sims (2017) identified was challenges in the music therapy profession. Participants listed reasons such as ambiguity in the music therapy field, common misconceptions about music therapy, and the constant need to advocate for music therapy as influencing factors to IP. Students shared that it is "nerve-wracking" and "hard to feel like they belong" (Sims, 2017, p.74) while simultaneously feeling the weight of having to advocate for a profession that constantly changes and that patients, peers, and other professionals consider new.

The final theme Sims (2017) identified was the awareness and prevalence of IP constructs and standards. The researcher noted students' perceptions of the work they put into their studies, IP tendencies among peers, and how IP affected their therapeutic effectiveness during sessions. By letting students explain and discuss their answers after the CIPS scoring, students felt they could view the experience through a macro-level lens and identify how IP affected them. Students believed they worked hard but noted IP could manifest at different times

15

in their lives at different levels based on their circumstances (Sims, 2017). In relation to peers, participants shared they had seen constructs of IP and found it helpful to have conversations in order to address IP. Students reported that IP affected their effectiveness as clinicians such as the fear of failure and caused them to question their self-efficacy. Overall, Sims (2017) noted that although participants experienced a range of levels of IP, different factors contributed to feelings of IP and overall awareness and knowledge of IP helped to alleviate some feelings of IP.

Sims (2017) provided a three-part framework to explain the cause, symptoms, and effects of IP on music therapy students. The first part of the framework lists the different causes or factors that may contribute to feelings of IP. The middle part of the framework is a horizontal scale from low to high based on the number of symptoms the student experiences. The last part of the framework addresses how music therapy students are affected by the scale depending on where they fall on the scale.

Students are affected by different amounts of IP symptoms and the amounts can occur at different times (Sims, 2017). Sims (2017) noted experiencing IP symptoms does not equate to something negative. If students are on the left side of the scale (i.e., experiencing a low number of IP symptoms), this results in a low IP construct. In a low IP construct, students were more likely to limit their learning, growth, and professional development, and have low-therapeutic effectiveness (Sims, 2017). On the opposite end, Sims (2017) explained students who were experiencing high IP constructs (experiencing a high number of IP symptoms) are unable to have self-awareness or self-regulate. High IP constructs inhibit their learning, growth, and overall therapeutic effectiveness (Sims, 2017). In the middle of the scale, Sims (2017) discussed the optimal level of IP, comparable to Vygotsky's (1978) zone of proximal development, where a student is aware of the IP constructs they exhibit and finds a middle zone between these low and

high constructs in IP. Sims (2017) posited the optimal middle zone can result in greater awareness of the constructions and the ability for the student to become their most effective therapeutic self.

Pickett (2020) conducted a survey to determine the intersection between IP and various demographic information in board-certified music therapists. Participants in the study were asked six demographic closed-ended questions: gender, number of years practicing as a music therapist, level of education, employment situation, additional specialized training, and number of clientele populations with whom they worked. Participants also completed the CIPS test. Based on the results, Pickett (2020) reported music therapists experienced moderate (40.4 % of total participants) to frequent (35.6% of total participants) levels of IP regardless of gender, experience level, additional training, or level of education. Although levels of IP were lower in masters-level music therapists, Pickett (2020) identified graduate students experienced moderate levels of IP. However, Pickett (2020) noted that IP levels were not significantly different across employment locations (e.g., private practice, educators), or additional specialized training (e.g., Neonatal Intensive Care Unit [NICU]).

Similar to IP, music therapists can also experience burnout due to personal and social factors such as personality traits, experience, lack of support and control, and ambiguity within the field (Clement-Cortes, 2013). Clements-Cortes (2013) wrote that insufficient training and feelings of isolation could lead to burnout. Although Clements-Cortes (2013) did not explicitly mention IP, the risk factors for burnout may also explain why some music therapists might experience IP within their profession based on non-music therapy research regarding IP in related fields (Clark et al., 2021; Urwin 2018).

Summary

Since Clance and Imes (1978) first introduced IP, researchers have proposed theories on factors that lead to IP and the systems that uphold it. Overall, researchers (Bernard, 2015; Bernard et al., 2017; Bernard et al., 2018; Cawcutt et al., 2021; Edwards, 2019; King, 2022) suggest IP is caused by individual and external factors including culture, gender, race, role expectations, social pressure, and level of social support. Increasing discussion and research exists around identifying feelings of IP, education on what IP is, examining systems that contribute to IP, and highlighting marginalized voices to help those experiencing IP (Bernard et al., 2017; Sims, 2017; Sorenson, 2022; Tulshyan & Burey, 2021). Although IP has been discussed since the 1970s, more research is needed specifically exploring IP and music therapy.

Conversations about race, social justice, and equality have increased to address issues that BIPOC music therapists experience including IP, inequality, and lack of representation within the field of music therapy. However, more research is needed to explore the intersection of cultural identity on IP, specifically understanding the experiences of BIPOC music therapists. Implications of research in this area include the broader music therapy field examining education systems that uphold IP, increased support for students during their educational and clinical training, and a greater understanding of disparities that may exist around IP levels in BIPOC MT-BCs compared to their white colleagues.

Purpose

The purpose of this phenomenological study was to understand how BIPOC music therapists experience IP in the United States. At this stage in the research, IP was defined as an innate fear of a person being found out they are a fraud, despite the achievements and skills they

have acquired (Clance & Imes, 1978). To examine this phenomenon the following research questions guided this study:

- How have BIPOC MT-BCs experienced IP in the field of music therapy?

- What experiences contribute to IP in BIPOC MTs?

CHAPTER III

METHODOLOGY

Participants

The researcher recruited individuals based on self-identifying as a BIPOC MT-BC and if they self-identified as currently having or experiencing symptoms of IP. The inclusion criteria was as follows:

- Participants who self-identify as BIPOC, bi-racial or muti-racial. At least one of their racial identities should belong to a historically marginalized or oppressed group in the United States

- Participants who can read and communicate in English. This language requirement was due to the researcher only speaking and understanding English

- Participants with at least one year of experience as a practicing music therapist working either part-time or full-time. This was to allow participants to speak about their work experiences and any feelings of IP

- Currently a board-certified music therapist

- Practices in the United States

- Self-identifies as having experienced IP (currently or in the past)

Recruitment

Once the researcher gained IRB approval through their university, the researcher posted a recruitment post (see Appendix A) through the following three closed music therapy Facebook groups: Music Therapists Unite, Music Therapists for Social Justice, and Music Therapists of Color. The researcher obtained permission to post in these groups before posting. The researcher reached out to CBMT to inquire about purchasing the list of music therapists who gave consent

to receive research recruitment. After obtaining consent and the email list from CBMT, the researcher sent an email that was the same as the recruitment post (see Appendix A) to each individual on the list with the requirements to participate in the study and details of the study.

Interested participants reached out to the researcher through the email provided during the recruitment process. The researcher hoped to conduct the study with five participants. According to Smith et al. (2009), three participants are sufficient for a master's level study in order to achieve the in-depth analysis needed for IPA.

The process for recruitment lasted three weeks including the time it took to sent out the recruitment post to the CBMT email list. The researcher emailed participants and posted a reminder to the three closed Facebook groups two weeks after the initial recruitment email and post. Participants were allowed to decline to participate at any point in the study.

Consent Process

Once the researcher confirmed the potential participants, the researcher emailed each participant an overview of the study and the consent form to review (see Appendix C). The consent form also included the steps the researcher took to maintain confidentiality. Consent sessions were scheduled with each potential participant that occurred over Zoom. The researcher held the consent session at a time convenient for each participant and the consent meeting took no longer than 30 minutes. To minimize the risk of hacking or Zoom bombing during Zoom sessions, the researcher sent the Zoom link individually to participants, required a password to join the session, and created a waiting room. Finally, the researcher locked the meeting once they admitted the potential participant.

During the consent meeting, the researcher went over each section of the consent form and allowed the participants to share any questions or concerns they might have during the

research process. Once the researcher had answered all questions, the participant had a week to decide if they wanted to participate in the study. The researcher sent a follow-up email (see Appendix D) once a week had passed from the consent form meeting. The researcher notified the participants to participate in the study they must sign the consent form and email it back electronically. As the researcher received the consent form back from the participants, she scheduled a time for the semi-structured interview. After the researcher scheduled a time with each participant for the semi-structured interview, she let the participants know they would receive a separate secure Zoom link for the interview. The researcher informed participants they had the choice to decline participation for this study at any point during the interview process.

Design

The researcher implemented a phenomenological design. This design was used as it allows for an in-depth account of the experiences of a certain group (Smith et al., 2009). This type of design supports the research questions by focusing on meaning and personal experiences rather than the outcome (Finlay, 2011). A phenomenological design also allowed for the flexibility needed to respond to the participants' questions and for the researcher to expand on insights and thoughts offered during the interview process (Smith et al., 2009). An important aspect of the design approach is calling attention to the experience, therefore giving it meaning (Smith et al., 2009). Through a phenomenological design, this allowed the researcher to collect data from participants in an interview individually to see if and how IP exists among BIPOC music therapists and identify any potential themes regarding their lived experiences surrounding IP.

Data Collection

The researcher collected data through a semi-structured interview (see Appendix E) that contained demographic questions and questions about their experience as a BIPOC in the field of music therapy during the interview. Based on the research design, the researcher asked follow-up questions for clarification or additional discussion depending on the participant's answers. The semi-structured interview took no longer than an hour and a half per participant. Additionally, the researcher notified each participant that their interview would be recorded, transcribed word for word, and sent back to the participant to confirm its accuracy. The semi-structured interview took place over the video conference software platform Zoom. The researcher recorded the interview through the Zoom application and also turned-on closed captions so she could use the saved transcript to help with the initial transcript.

To increase anonymity, the researcher asked the participants if they would like to choose a pseudonym or their legal name during the semi-structured interview. If the participant chose to use a pseudonym, the researcher kept one document with the legal first name and pseudonym on the researcher's TWU issued Google Drive in a separate password-protected file from the consent forms. Only the researcher had access to this file.

Before the researcher began the interview, she reiterated that the participant may withdraw from the study at any time during the interview process. Since the researcher collected sensitive and personal information, the researcher informed the participants they will uphold confidentiality to the maximum extent possible by law. The researcher did not require participants to keep their cameras on to ensure comfort for the participant. Additionally, the researcher conducted the interview over Zoom in a private setting and each participant selected a

location convenient to them. The researcher let the participant know breaks during the interview were fine as needed by the participant due to the possible sensitive subject matter.

Data Analysis

Once the interview transcriptions were reviewed and verified by each participant, the researcher analyzed the data based on Grocke's (1999) method of interpretive phenomenological analysis. The researcher implemented the following steps:

1. The researcher read the transcript interview several times to gain an understanding of the overall experience.

2. The researcher re-read and underlined *key statements*.

3. The key statements were grouped together based on their similarities under *meaning units*. Each meaning unit was given a *category heading*.

4. The meaning units were read and synthesized into a *distilled essence* that fully described the participants' experience.

5. The *meaning units* and *distilled essence* were sent to each participant with the question, "does this distilled essence capture the essence of your experience?"

6. Once the document had been returned by the participants, any changes or comments were noted and implemented by the researcher.

7. When all experiences were verified, the researcher compared all the meaning units horizontally to identify any global themes across all the interviews.

8. The global themes were then transformed into a common essence.

9. The researcher sent each participant the common essence for feedback and revisions. The researcher made any changes recommended by the participants.

10. Finally, the global themes were transformed into a narrative that expressed the Global essence of BIPOC music therapists and their experience with IP.

Storage

All video/audio recordings, closed-captioning, and the transcribed interview were stored on the student researcher's school cloud-based Google Drive account in a locked folder. The researcher stored the video from the interview in a separate Google folder and deleted all videos from their computer and hard drive once they had confirmed the transcripts were complete. Only the student researcher and advisor read the transcribed interview. A printed main list of all participants and their designated pseudonyms was stored on the researchers school cloud-based Google Drive account in a separate locked folder from other documents. Signed consent forms were stored on the student's school cloud-based Google Drive account. The analysis for the interview was held in a separate locked folder in the student researcher's school cloud-based Google Drive.

The researcher will destroy all data collected after three years. The researcher will wipe their computer clean of any identifiable private information that the participant may have provided at the end of this period of time through a specialized program called " Permanent Eraser 2.9.1" by Edenwaith.

Trustworthiness

To ensure that the participants felt comfortable and confident with the information provided during the interview, the researcher engaged in member checking a few ways. First, the researcher sent a transcript of each participant's interview for them to read, comment on, request revisions, or clarify any statements previously made. In addition to reading the transcripts from their interviews, participants reviewed the themes identified in their own transcripts by the

researcher to confirm the transcripts reflected their experiences or requested changes after the researcher had synthesized the meaning units into a *distilled essence*. Two of the four participants responded to the researcher's request for member checking the distilled essences. Participants asked to revise some of the quotes used in the distilled essence. The researcher made the changes immediately. The researcher also engaged in peer checking and sent the distilled essences to her committee chair to provide feedback and incorporated request revisions.

To eliminate potential bias, the researcher consistently reflected throughout the data collection and analysis process on their own biases regarding IP to ensure that the data collected was not affected by pre-existing thoughts or notions (Smith et al., 2009). The researcher kept a reflective journal throughout the entire research process to document any thoughts, feelings, or experiences that arose, as well as processed/documented decisions made to make any potential bias transparent. The analysis process did not include the journaling process. The journal served as a place for continued reflection as needed by the researcher. Additionally, to ensure the researcher maintained ethical integrity, the researcher met with their thesis advisor throughout each stage of the research process. The thesis advisor reviewed documents and themes identified during data collection and discussed any questions with the researcher until a consensus was reached.

Epoché

The motivation for this research topic came from my own experience as a person of color who experienced feelings of IP in the field of music therapy. My relationship with IP did not start in the music therapy field. It began during my undergraduate studies pursuing a music education degree. The emphasis on Western European classical singing and performing was very hard for me since I had no prior training or knowledge of classical music before entering college.

Most professors expected students to come in with a good foundation of skills, which made me feel behind and inadequate in my studies as classes started.

In the general music classes, the curriculum taught consisted mainly of dead, white male composers. I identify as a cis-gendered female and Hispanic and always wondered why we did not study more diverse music. It was frustrating to think about how much music was out there we weren't taught beyond a lesson or two. I did not see who I was reflected in the material. It was discouraging for me to think I had great knowledge of music and then go to schools that focused primarily on classical music. It led to feelings of not belonging and IP.

Another common theme throughout my undergraduate and graduate studies was how the majority of my classes were taught by white professors. I would have loved to see someone that looks like me because that would mean that I have a chance of being successful in a field that mostly consists of people who do not look like me. This possible role model would also provide the possibility for them to understand my culture and feel like I could belong in this field.

I recognize it is hard to acknowledge everyone's intersecting identities when there are so many, but I believe it is important to at least acknowledge the bias in the way music is taught in most higher education classes. Luckily during my graduate studies, most of my professors made an effort to change the curriculum to include diverse voices, but most of the foundational information was still the same. In the introductory courses and general music classes, the focus was still based on Western European music. I am aware that due to my background and intersecting identities, I look at any situation through a cultural lens because it is who I am.

Everything that I do is influenced by my previous experiences and the expectations that society (family, friends, schools, etc.) has placed on me. When I wake up in the morning, I cannot forget that I am a woman of color, or that I am the first college graduate in my immediate

family. Or that my mom raised me and my two siblings as a single parent and wanted more for me than she had. In my Hispanic culture, I am expected to take care of my elders and start a family. If I were to not look at things through a cultural lens, I would deny and ignore important aspects of myself and possibly ignore how certain situations affect me. Not looking at things through a cultural lens would deny me from understanding other people's experiences as well. I have been in situations where I have been misjudged due to biases and preconceived notions people have had about me. Sometimes I think about the fact that if that person who misjudged me could have taken even just a minute to understand my culture, they would hopefully understand me better. This has happened to others and I do not want to sit back or be complicit in someone possibly needing help because I could not take a second to think about their culture and what makes them who they are.

When I was choosing my thesis topic, COVID-19 had just begun and protests surrounding race and police brutality were happening across the nation. It was impossible for me to ignore who I was and how that affected my experience as a student during this time. In my classes and conversations with peers, conversions around race, diversity, and equity were coming up discussing how we could help improve the music therapy field. This pushed me to question what it means to be a BIPOC music therapist and how to feel better about staying in this profession. Something that would've helped me more was the representation of diverse voices and diverse music learned, not only for myself but for classmates and future patients. I remember an instance during my internship where a patient declined music therapy because she thought we wouldn't know her type of music.

Something that I thought about was the idea that society usually looks to BIPOC when trying to come up with solutions to make things more equitable. I acknowledge my own feelings

of constant exhaustion by getting asked the same questions about how society can do better. I accept that the participants are not here to provide solutions but to share their experience as BIPOC music therapists experiencing IP. The participants might not have suggestions for me and that is okay.

My biggest fear during the research process was trying to force a relationship between identifying as a BIPOC music therapist and its relationship with IP due to my own experiences as a person of color who experiences IP. I recognize just because I make a connection between identifying as a person of color and having IP, does not mean the participants agree their identity as a BIPOC music therapist influences if they experience IP. Furthermore, I recognize that identifying as a person of color is not the only cause of my relationship with IP. I am someone who has struggled with anxiety, family expectations, and fear of failure, all factors that can influence the prevalence of IP. Finally, I acknowledge how my own experiences, identity, and culture may have caused unintentional bias during the research process and remained committed to continually reflecting throughout the process, seeking support and advice when needed. I strove to remain committed to centering the perspectives of the participants who choose to complete the study.

CHAPTER IV

RESULTS

Participants

Six people originally responded to the call for participants; however, five of them completed the consent meeting. After giving participants time to decide if they wanted to partake in the study, four participants completed the interview process. Three participants identified as female and one as male. Three of the participants had been practicing music therapy for four years, while one music therapist had practiced for three years. Demographic information collected included their racial/ethnic identity. Identifying as a BIPOC was an inclusion criterion for participating in the study. AMTA regions where the participants lived were included to provide insight into the possibility of location affecting the levels of IP experienced by BIPOC music therapists and to increase representation across as many regions as possible. See Table 1 for the demographic information and pseudonyms chosen by participants to protect their confidentiality.

Table 1

Participant Demographic Information and Pseudonyms

Pseudonyms	Racial/Ethnic Identity	Gender	AMTA Region	Total Years Practicing
Claire	Asian-American/Chinese	Female	Great Lakes	4
Grogu	Latino	Male	Western	3
Raquel	Hispanic/Puerto-Rican	Female	Great Lakes	4
V.T.	Hispanic/Latino	Female	Southwestern	4

Thematic Results

Participants were asked to explain their relationship with IP as a BIPOC music therapist. Before reading the transcripts, the transcripts were sent to each participant to make any changes/or delete anything from their transcripts. Changes were made by the researcher as participants responded. The researcher followed the procedure of reading the transcripts from the interviews to gain familiarity with the material. After reading and re-reading the transcripts numerous times, the researcher underlined and highlighted key statements from each interview. The researcher then grouped the key statements into meaning units and gave them category headings (See Figure 1). The researcher continued to re-read key statements to create a distilled essence for the participant. This process was repeated for the rest of the interviews. The researcher identified meaning units individually across the interview to identify emergent themes for each participant.

Figure 1

Example of Highlighted Text

Note. Example of researcher highlighting and grouping data as they read transcripts.

Once the emergent themes were identified and the distilled essences were written, the researcher sent the participants their own distilled essence along with the individual's themes to ensure it captured their own experience. Two of the four participants responded, and the researcher made their requested changes. For the other two participants, the researcher sent follow-up emails a week after the initial email with the distilled essence. To ensure a greater sense of trustworthiness, the researcher also sent the distilled essences to her committee chair to read and provide feedback as needed.

Once individual distilled essences and themes were verified, the researcher compared individual themes to identify any common themes across all interviews. Subthemes came from each participant's individual themes, providing more context for the global themes identified. A common global essence was written and sent out for participants to member check. Although some similarities existed across all participants, the researcher decided to include the essence of each participant to highlight the unique and individual experiences of each participant that led to the global themes. Each participant's individual essence will be discussed below in alphabetical order of the participant's pseudonym. Each participant had the opportunity to review, edit, or redact what information would be shared. One participant wanted to use their legal name to model transparency and discussion around this topic. See Table 2 to find the themes listed with corresponding category headings collected from each participant.

Table 2

Global Themes Identified with Category Headings

Global Themes	Category Headings that Led to Global Themes
#1 Intersecting identities impact the experience of IP	- Barriers/imitations experienced: financial burdens, stereotypes and assumptions from co-workers, colleagues, and patients. - Assumptions/ stereotypes related to their gender, race, age lead to greater feelings of inadequacy.
#2 A lack of discussion exists regarding music therapists of color who experience IP vs. music therapists who experience IP	- The need to advocate for music therapy as a profession. - Unclear expectations of their role as a music therapist. - Type of training music therapists receive as students and professionals in the field. - Lack of cultural responsiveness from people in positions of power.
#3 Greater levels of IP are experienced by BIPOC music therapists when their ideas, thoughts, and culture are not valued and validated within the field	- The lived experiences of BIPOC music therapists aren't discussed. - Doubt already exists due to environmental structures within society. - BIPOC music therapists face internal factors due to not having their identities reflected. - Active conversations with no active change.

Claire's Experience

No single factor led to experiencing IP for Claire. It is the intersection of her identities that play a role in her experience with IP. It includes her age, identity as a Transracial Adoptee (TRA) Asian American, identity as a woman in a patriarchal society, and how she is seen in the clinical work environment as well as the global environment. Whether it's her co-workers commenting on her age, not expecting her to be outspoken, or how she is expected at times to represent the voice of an entire culture, feelings of doubt arise. She's expected to not "ruffle any feathers" because of her race and gender. Claire noted:

> I find that just because of stereotypes a lot of people, and this could be some
> internalization and projection on my part as well, but I really do feel like people are
> surprised when I speak up or have something to say, because they expect me, based on
> racial and gender stereotypes, to just be quiet and submissive and do what I'm told.

IP was mentioned in school, but only in relation to the job title itself and advocating for the role of a music therapist, not intersecting identities of the music therapist. Although Claire was told in school it was inevitable that feelings of IP would happen as a music therapist, IP was never discussed in the context of identity as a person of color and how to navigate those feelings.

As of this interview the lack of discussion around IP as a person of color and how society in the United States operates led to Claire's feelings of inadequacy as a music therapist of color. Although Claire shared that feelings of IP are inevitable in the United States society, conversations, and discussions around identity as a POC with IP could help to lessen those feelings as a music therapist.

Grogu's Experience

For Grogu, being around a diverse group of people led him to feel race did not contribute to IP as strongly. Although race overall has little effect on his experience with IP, other factors exist that contribute to his feelings about IP. Grogu noted his male identity in a predominantly female profession caused feelings of IP. He shared he felt he did not know enough to work in female-dominant environments, resulting in feelings of being dismissed. Additionally, he noted his skill level in relation to his experience with IP. Grogu shared that while he was confident in working in familiar environments, when he compared himself to others he felt stronger feelings of IP. It wasn't just about comparing himself to others, it was also about meeting his own expectations of what he needed to do to feel accomplished. While he felt prepared to advocate for the field, the feeling of failure and perception as an imposter existed if others did not understand music therapy. This connected to his statements saying, "I think it's more hypothetical, but I feel like I haven't done a very good job of representing what music therapy is if people don't understand it after I've explained it."

As a new music therapist and the only music therapist at his job, feelings of IP were higher from constantly questioning himself. Additionally, his options were limited when it came to supervision. Grogu stated you either receive supervision from another clinical professional who has little insight into what a music therapist does, struggle to find supervision from a music therapist, or receive none. He shared feeling surer of himself after staying at his current job for two years and credits that to having more experience as a music therapist. He still feels like there is little to no support when it comes to supervision and that little was done to prepare him for this when he was a student. He had been prepared for what it means to be a music therapist but did

not receive knowledge to work as a new professional relying completely on his own instincts. Grogu stated:

> Probably the lack of supervision. That's the one thing I wasn't prepared for. I don't really get supervision here, so it's I have a pretty good clinical sense now, but maybe a year or two ago I was questioning everything that I was doing. It was the blind leading the blind. I don't know if what I'm doing is even helping if it's, I know it's not hurting, but I don't know if it's helping.

Raquel's Experience

For Raquel, a number of factors contribute to her feelings of IP. While she mentioned that some of these feelings of doubt can include internal pressure, she discussed that the environment plays an active role as well. Raquel is a "non-traditional student" and said she felt that title while in school. She mentioned limited access to formal music education, a lack of required music skills coming into the program, the burden of having to worry about financial stability and no access to scholarships/funds for non-traditional students, and an overall steep learning curve in comparison to her younger peers. In addition to her age, Raquel shared her identity as a white-passing person of color straddling two identities contributed to the majority of IP feelings:

> I like to think of myself as pretty culturally aware, but there's still, you know when you're struggling between two cultures, there's only so much that you know from each culture. I didn't fully have that. I felt like I didn't share their experiences either. It just felt very lonely and felt like I didn't belong, even though this is my passion and where I want to be. I didn't feel like I belonged in either group, therefore I didn't belong in the field.

Another contribution to her feelings about IP began with the structure of the educational experiences she had in school. She spent so much time trying to prove she belonged to the music therapy community, that she started questioning her own belonging. Raquel discussed that the music therapy profession needs to have a continuous conversation around dismantling the structures that exist to better support the current needs of BIPOC music therapists and their backgrounds. Although Raquel acknowledged the progress of discussion around IP in the music therapy field, she noted that not enough is done to make an active change.

Another aspect of IP Raquel mentioned was that naming IP is comparable to getting a diagnosis for something you did not know you had but felt was there. Relief comes from knowing there's an answer to the feeling of inadequacy and subsequently feeling less isolated. But the IP feelings do not simply disappear because there is a name for it. Raquel shared it is not enough to have knowledge of the disparities BIPOC music therapists experience. It is knowing where and how to apply the knowledge to truly begin to minimize the feelings of IP in BIPOC music therapists. It begins with doing the work and validating the experiences of music therapists of color in this field.

VT's Experience

For VT, levels of IP decrease for her when in places where she feels valued. One moment that she says "completely erased the imposter phenomenon" for her was working in an environment where others were able to rely on her and she used her skills as a Latina woman, such as speaking Spanish to help those around her. Another aspect that was helpful in decreasing feelings of IP was the trust her co-workers had in her. She noted she was still judged for her age and race, but having others who took value in what she had to offer and receiving adequate

training made her feel more confident with her own voice. She could be herself where she's appreciated for the skills that she has and not seen as a token in her workplace:

> So before I was handed that position, my leadership team really worked hard ensuring that they trained me appropriately for that role of supervising people. I expressed my concerns and I told them "I know I'm capable, but I also don't want to step on any toes or cause any friction." They told me that it was okay and taught me how to supervise people. So now that I have this experience, I feel capable, I feel like I definitely do deserve to be in this position.

When VT began her journey of looking for an internship, she knew that she needed to find one that paid. She could not afford an unpaid internship and survive. She worked three jobs to save up money before taking the paid internship that she described as a risk. A risk because she would find herself in an environment in a new state where little of her clientele would reflect who she was as a Latina woman. While the environments where she worked played a role in IP, how she saw herself also played a role in her experience of IP. VT started making changes to her physical appearance (getting her braces off, getting a rhinoplasty surgery, and her acne clearing up) paired with the respect and value that she felt from the people in her work environment changed her thought process from "being lucky" to "I deserve to be here, this is where I am needed." She began to trust her own instinct and redefined what "being lucky" meant. It meant ignoring when others might unknowingly discount the work she has accomplished by equating it to chance. More importantly, to minimize the impact of IP she had to continue putting in the work reminding herself she is capable in her current position.

Global Themes Identified

Three global themes were identified among all participants: 1. Intersecting identities impact their experience of IP, 2. A lack of discussion exists regarding music therapists of color who experience IP vs. music therapists who experience IP, and 3. Greater levels of IP are experienced by BIPOC music therapists when their ideas, thoughts, and culture are not valued and validated within the field.

First, IP is impacted by existing structures outside of music therapy that have historical precedence in the United States of discrimination and exclusion. This precedence includes stereotypes or assumptions made about race, age, and gender that lead to greater feelings of doubt. For some participants, feeling their peers had a greater level of knowledge or skill caused doubt, while for others it was their clinical work with clients that caused feelings of doubt.

> We were told "Just know that you might have it. It might come up with your clients, just remember that you always know more than the client and that's why you're there." But then you get the client that's really good in music and I'm just like I do not know more than the client. I may know more about the therapeutic piece of it, but they can do their own stuff. (Raquel)

Additionally, all the participants shared that when clients made assumptions about them based on societal stereotypes, their feelings of doubt and IP increased. Another important aspect was the role of the therapist's age on IP. Regardless of the therapist's age they still received questions regarding their ability such as you're too young to be in a professional environment and leading a team, or you're too old to make a career change and have a place in the field. Participants also experienced different barriers due to their intersecting identities. Some barriers included access to educational tools like access to music lessons, education from diverse perspectives, resources

as a professional, the ability to work in an environment that was more diverse, and not having to worry about the financial impact of their career choices.

> I had already accepted it because it just felt like too good of an opportunity to pass up. I was scared because it was out of state, and I didn't know anyone in the area. But it was a risk I was willing to take because I couldn't afford to go for an unpaid internship. (VT)

When people question the identity of music therapists of color, it affects the confidence that the music therapist has because they begin to question their own abilities.

The second theme identified came from the lack of training and discussion around IP. Participants shared how they were prepared to work in a field that required advocacy among other professions and the people with whom they work. They were also prepared to encounter situations where their families and patients might question their job as a music therapist. Although prepared to deal with IP related to their job, a lack of conversation was noted regarding their intersecting identities, resulting in IP. Specifically, the lack of perspectives that addressed identifying as a person of color led to feelings of IP.

> I know it was definitely discussed, but it was never ever ever discussed with the considerations of race, or any sort of identity, right like depending on your identity and your intersections like that's gonna amplify those feelings… It was more from the perspective of "Oh, music therapists have to advocate all of the time, because we're already kind of on an island, being music therapists." But then I feel like the BIPOC Music Therapists are on an even smaller island, and that was never addressed or acknowledged. (Claire)

Some participants were unable to seek out effective supervision because they felt available supervisors did not understand their intersecting experiences as a person of color and

music therapists. Furthermore, even if they receive supervision, they still feel unseen because of a lack of awareness/addressing what the therapist has experienced outside of their role as a music therapist. Instead of waiting for these feelings of IP to arise when they're in the field, participants shared these topics need more active discussion.

The final global theme came from a lack of validation and value for the music therapist. Overall, participants discussed they felt better in environments where they did not question who they were, including environments with people from similar backgrounds, receiving proper training from employers to feel prepared, and an acknowledgment of what the therapist had to offer.

> But now I live in San Diego, where my supervisor is Latino, and all the social workers are Black or Latino. The doctors are Black or Middle Eastern, right like there's so much more representation here than there was in Virginia where I'm from. I don't feel that anymore, but I did before I moved here. (Grogu)

When experiences such as proper training, supervision, clear expectations for MT-BCs, or external validation of their identities by their employers were not present in their work environment, it led to participants doubting themselves more related to their own confidence not from the structures that already exist. Participants felt that they were the source for their doubts. Addressing IP in BIPOC music therapists begins with valuing and validating their experiences and taking into account their unique journeys to where they are now.

CHAPTER V

DISCUSSION

The purpose of this study was to examine the relationship between imposter phenomenon and BIPOC music therapists. Three main themes were identified from the interviews with subthemes that emerged from the global themes: 1) Intersecting Identities Impact the Experience of IP, 2) A lack of discussion exists regarding music therapists of color who experience IP vs. music therapists who experience IP, and 3) Greater levels of IP are experienced by BIPOC music therapists when their ideas, thoughts, and culture are not valued and validated within the field. This discussion aims to connect the themes found here to the research questions and existing literature.

How Have BIPOC MT-BCs Experienced IP In the Field of Music Therapy?

To truly understand BIPOC music therapists' experiences, the field of music therapy first needs to acknowledge and understand how BIPOC music therapists' intersecting identities, including all the lived experiences until that point in their career, have impacted their experience with IP. Ahmen et al. (2020) and Cawcutt et al. (2021) discussed how a person's socio-economic status, cultural expectations, biases, and parenting styles can all contribute to the impact of IP. Intentionally looking at a person's intersecting identities includes acknowledging how these music therapists see themselves as people. Who were they before becoming music therapists, when they may have gone against expectations they held for themselves or that their families held for them, and what access they had to the tools needed to begin a career in music therapy.

Ahmen et al. (2020) mentioned the importance of access, money, and resources to consider a risky career. Participants in this study echoed this statement. Some did not have access to private lessons or tutors and others did not have the ability to take an unpaid internship.

Based on what Cawcutt et al. (2021) wrote about pressure leading to greater feelings of IP, participants talked about the pressure they felt even before becoming a music therapist because of the inherent risk choosing a career that requires constant advocating. Examining intersecting identities also includes a person's beliefs and biases. Cawcutt et al. (2021) discussed how our own biases impact the way we interact with others and how we approach certain situations. This again relates to the intersecting identities of music therapists in the field. If biases are not acknowledged by music therapists in the field, part of music therapists' identities and existence are ignored, which can result in an increased risk of higher levels of IP. Participants shared that their intersecting identities impacted their experience with IP because of who they are, where they came from, and that that the music therapy field continues to contribute to IP as a profession.

As mentioned earlier in this paper, Sims' (2017) study referenced feelings of IP in the field related to the person rather than the environment. Intersecting identities includes the person you're looking at and their own thoughts, perceptions of themselves, and biases. Ahmen et al. (2020) and Cawcutt et al. (2021) also supported this finding. Sims (2017) posited the optimal middle zone can result in greater awareness of the constructions and the ability for the student to become their most effective therapeutic self. A person is going to experience high or low symptoms of IP, good and bad, but the student has to be aware of these symptoms and how they impact what they do. The participants in the present study shared they were aware of how they experience IP and how it affects their ability to feel effective and confident. They shared how they noticed is as students, even if they did not realize it initially what it was.

Participants shared that while increased awareness helped them improve their therapeutic self, it did not eradicate all feelings of IP. Sims (2017) noted an increase in conversation around

IP within the field of music therapy, but the music therapy field's acknowledgement and awareness only goes so far if nothing changes within the environment. The student, or in this case, these professionals, can't fully address feelings of IP if the broader systems contribute to creating greater levels of IP for BIPOC. Systemic change is needed; however, this needed change also applies to other fields such as higher education and clinical fields outside of music therapy (Ahmen et al., 2020; Cawcutt et al., 2021; Feenstra et al., 2020; Gottlieb et al., 2020). The need for systemic change also relates to the global theme from the current study of participants feeling validated and valued within the field.

What Experiences Contribute to IP in BIPOC MTs?

Previous researchers (Pickett, 2020; Sims, 2017) explored the relationship between music therapy and IP. Their overall findings were supported by what participants shared in the interviews during this study. The intersection of identifying as a BIPOC and music therapist results in unique experiences that music therapists who are not BIPOC may not share. This isn't suggesting BIPOC therapists will experience greater feelings of IP than non-BIPOC music therapists. Rather than identifying how much more BIPOC music therapists experience IP compared to non-BIPOC music therapists, the main takeaway from the current study is what are experiences unique to identifying as a BIPOC that add to, or intersect with the feelings of IP as a music therapist?

Although Pickett (2020) identified years of experience, having more music therapists, or more education caused feelings of IP, the participants in the current study noted because of their BIPOC identity, this added a different layer of complexity to their IP experiences. Specifically feeling valued in the environment you work in while also feeling like you've been given the tools to succeed. As previously stated, there needs to be consideration from the lived experiences

outside of their music therapy career and education, as well as considering all the lived experiences until that point in their career and the disadvantages still faced due to identifying as a BIPOC music therapist. Norris (2020) posited that the music therapy field continues to contribute to upholding existing power imbalances. In addition to upholding these power imbalances, the music therapy field is not supportive of people of color in the ways that it can (Norris 2020). A lack of discussion exists around IP with BIPOC music therapist resultant from an inherent lack of conversations that discuss the experiences of BIPOC music therapists in curriculum and research (Norris, 2020). Participants in the current study discussed how the lack of discussion around experiences like theirs, the lack of research in this area, and the curriculum contributed to feelings of IP, which echoed Norris' (2020) arguments.

In addition to participants discussing the lack of conversations as one of the central themes identified in this paper, they also shared it was also challenging when you had to continually advocate for the field as well as feeling not prepared for their job title. The lack of discussion acknowledging their experience contributed to insufficient training because the root of the problem (validation and valuing the BIPOC music therapist) was not addressed. Clements-Cortes (2013) posited that insufficient training and isolation led to burnout. While participants from the interview did not explicitly say these experiences led to feelings of burnout, it did impact their experience with IP and led to them questioning their skill in the field. However, music therapy researchers (Bernard et al., 2017; Sims & Cassidy, 2019) shared possible solutions from their studies that can lessen the experience of IP. These included talking more about IP, bringing it up earlier in their education/career, and continuing discussion to support BIPOC music therapists once they're in the field. This aligns with what participants shared in their recommendations such as an increase in discussion around diverse experiences in schools, at

45

conferences, and creating communities for supervision that support BIPOC. Overall, a common theme identified by the participants was about increasing the number of BIPOC voices heard.

Application for Clinical Practice

Based on recommendations from the participants, the music therapy field must take a more active role in centering and listening to marginalized voices in the field. The field of music therapy has changed such as the increase in including diverse voices in school settings and bringing attention to the experiences of BIPOC music therapists. Participants also shared that while there has been some change, continued work in this area and quicker implementation of change are also needed. Music therapists must ask themselves how they can increase awareness of the experiences of other music therapists around them and become more self-aware of the existing constructs such as stereotypes, micro-aggressions, and gender constructs that contribute to feelings of IP. Their intersecting identities are at the forefront of their careers every day. Because of this, they've faced this from co-workers, peers in the music therapy field, and their clients.

Although an overlap existed in the experiences of IP across participants, participants shared stories about how their individual and unique lived experiences affected how IP manifests, when they can experience IP, and how much they experience IP. One suggestion is to avoid overgeneralization that all BIPOC experiences are the same because each individual can experience the same event differently due to their previous experiences in life. While the experiences between two people might be similar, assumptions should not be made with how it has been interpreted and internalized by each individual.

Participants shared that some ways to do this could include creating additional opportunities for networking or presentations that represent BIPOC music therapists, providing

more scholarships for non-traditional students, and looking at things from a culturally diverse perspective. One specific application is doing the work to seek out where things could be improved instead of waiting for BIPOC music therapists to have to speak up. Being proactive about seeking change can lead to creating and sustaining a diverse field where BIPOC music therapists feel like they can be supported in the field of music therapy. Seeking out change supports what Bernard et al. (2017) and Samyukta and Reshma (2019) discussed about change needs to occur not only on a personal level but also on organizational and environmental levels that address the systems/cultures in place that contribute to IP.

Another possible solution is to increase the conversation around defining and understanding IP. Participants shared that there was limited discussion while in school on what IP was. Some participants mentioned they heard about it from friends and that talking about it made it less taboo. From my personal experience as a music therapist and BIPOC, I know that sharing my experiences with IP with those who also identify as BIPOC helped me feel less alone in the field, and my peers outside this study echoed the same sentiment. It helped me to know that I was not the only one going through it. Conversations around IP that start during the education and training process and address the interaction from a music therapist and BIPOC perspective can result in more solutions to minimize feelings caused by IP.

Limitations and Areas for Future Research

One limitation of this study was the small number of participants due to the time constraints to collect and analyze data. The researcher initially sought to interview at least five participants but only received four participants who completed the entire interview process. A larger group would have been ideal to gain more data and diverse perspectives and to ensure data saturation was reached. Another limitation of this study was only allowing participants who were

board-certified for at least a year. Only allowing participants who had been board-certified for more than a year excluded perspectives from those who aren't yet certified, but still experience IP as a BIPOC in the field of music therapy. An additional limitation is the potential of unintentional bias from the researcher due to the researcher's own experiences and identities impacting how the data was interpreted.

One area for future research is to examine how music therapy educators, practicum supervisors, and internship directors can increase discussion around the impact intersecting identities (specifically historically underrepresented or marginalized) can have on IP. Another area for future research is to explore new professionals who had discussions around IP as students versus new professionals who received little to no discussion around IP to note if there was a difference in their experience with IP.

Conclusion

This phenomenological study sought to understand how BIPOC music therapists experience IP in the United States. Three global themes were identified with subthemes that showed how IP can impact the experience of a BIPOC music therapist. These themes lead to the validation of the different experiences and identities of BIPOC music therapists. Although varying contributing factors impact IP, each factor is amplified due to identifying as a BIPOC. A lack of supervision can result in additional fear for BIPOC of not feeling seen by those who can offer supervision. Environmental and systemic issues, along with assumptions people make, can affect the confidence BIPOC music therapists have. However, increasing confidence in BIPOC music therapists is not enough, but also working to dismantle and address feelings grounded in understanding the complexities and intersection age, gender, and race have on IP. The findings

of the study suggest that in order to lessen the levels of IP experienced there needs to be an

increase in support for BIPOC music therapists as students and professionals.

REFERENCES

Ahlfeld, A.J. (2009). *The imposter phenomenon revisited: The intersection of race, guilt, gender, and professional status for women of color* (Publication No. 3374772) [Doctoral dissertation, Alliant International University]. ProQuest Dissertations & Theses Global.

Ahmen, A., Cruz, T., Kaushal, A., Kobuse, Y., Wang, K. (2020). Why is there a higher rate of imposter syndrome among BIPOC? *Across The Spectrum of Socioeconomics, 1*(2), 1-17. https://doi.org/10.5281/zenodo.4310477

American Music Therapy Association. (2021). *2021 workforce analysis*. Retrieved from https://www.musictherapy.org/assets/1/7/2021_Workforce_Analysis_final.pdf

Badawy, R. L., Gazdag, B. A., Bentley, J. R., & Brouer, R. L. (2018). Are all impostors created equal? Exploring gender differences in the impostor phenomenon-performance link. *Personality and Individual Differences, 131*, 156-163. https://doi.org/10.1016/j.paid.2018.04.044

Baines, S. (2013). Music therapy as an anti-oppressive practice. The Arts in Psychotherapy, 40(1), 1-5. https://doi.org/10.1016/j.aip.2012.09.003

Bernard, D. L. (2015). *The moderating influence of racial identity profiles on the relationship between racial discrimination and the imposter phenomenon* (Publication No. 1588965)[Masters Thesis, the University of North Carolina at Chapel Hill]. ProQuest Dissertations & Theses Global.

Bernard, N. S., Dollinger, S. J., & Ramaniah, N. V. (2002). Applying the big five personality factors to the impostor phenomenon. Journal of Personality Assessment, 78(2), 321–333. https://doi.org/10.1207/S15327752JPA7802_07

Bernard, D. L., Lige, Q. M., Willis, H. A., Sosoo, E. E., & Neblett, E. W. (2017). Impostor

    phenomenon and mental health: The influence of racial discrimination and gender.

    Journal of Counseling Psychology, 64(2), 155-166. https://doi.org/10.1037/cou0000197

Bernard, D. L., Hoggard, L. S., & Neblett, E. W. (2018). Racial discrimination, racial identity,

    and impostor phenomenon: A profile approach. Cultural Diversity & Ethnic Minority

    Psychology, 24(1), 51-61. https://doi.org/10.1037/cdp0000161

Bian, L., Leslie, S.J., & Cimpian, A. (2017). Gender stereotypes about intellectual ability emerge

    early and influence children's interests. Science (American Association for the

    Advancement of Science), 355(6323), 389-391.

    https://doi.org/10.1126/SCIENCE.AAH6524

Bravata, D. M., Watts, S. A., Keefer, A. L., Madhusudhan, D. K., Taylor, K. T., Clark, D. M., …

    Hagg, H. K. (2020). Prevalence, predictors, and treatment of impostor syndrome: A

    systematic review. *Journal of General Internal Medicine : JGIM*, *35*(4), 1252–1275.

    https://doi.org/10.1007/s11606-019-05364-1

Causadias, J. M. (2020). What is culture? Systems of people, places, and practices. Applied

    Developmental Science, 24(4), 310-322. https://doi.org/10.1080/10888691.2020.1789360

Cawcutt, K. A., Clance, P., & Jain, S. (2021). Bias, burnout, and imposter phenomenon: The

    negative impact of under-recognized intersectionality. Women's Health Reports, 2(1),

    643-647. https://doi.org/10.1089/whr.2021.0138

Clance, P.R. (1985). *The impostor phenomenon: Overcoming the fear that haunts your success.*

    Peachtree.

Clance, P.R. & Imes, S. (1978). The impostor phenomenon in high achieving women: Dynamics

and therapeutic intervention. Psychotherapy, 15(3), 241-247.

https://doi.org/10.1037/h0086006

Clance, P. R., & O'Toole, M. A. (1987). The imposter phenomenon: An internal barrier to

empowerment and achievement. Women & Therapy, 6(3), 51-64.

https://doi.org/10.1300/J015V06N03_05

Clark, P., Holden, C., Russell, M., & Downs, H. (2021). The impostor phenomenon in mental

health professionals: Relationships among compassion fatigue, burnout, and compassion

satisfaction. Contemporary Family Therapy, 44(2), 185-197.

https://doi.org/10.1007/s10591-021-09580-y

Clements-Cortes, A. (2013). Burnout in music therapists: Work, individual, and social factors.

Music Therapy Perspectives, 31(2), 166-174. https://doi.org/10.1093/mtp/31.2.166

Cromwell, B. H. (1989). *The impostor phenomenon in the classroom: Personality and cognitive

correlates.* (Publication No. 3613226) [Doctoral Dissertation, Old Dominion University].

ProQuest Dissertations & Theses Global.

Edwards, C. W. (2019). Overcoming imposter syndrome and stereotype threat:

Reconceptualizing the definition of a scholar. Taboo, 18(1), 18-34.

https://doi.org/10.31390/taboo.18.1.03

Edwards-Maddox, S. (2022). Burnout and impostor phenomenon in nursing and newly licensed

registered nurses: A scoping review. Journal of Clinical Nursing, 1-13.

https://doi.org/10.1111/jocn.16475

Feenstra, S., Begeny, C., Ryan, M., Rink, F., Stoker, J. I., & Jordan, J. (2020). Contextualizing the impostor "syndrome". Frontiers in Psychology, 11, 575024. https://doi.org/10.3389/fpsyg.2020.575024

Ferrari, J. R., & Thompson, T. (2006). Impostor fears: Links with self-presentational concerns and self-handicapping behaviours. Personality and Individual Differences, 40(2), 341-352. https://doi.org/10.1016/j.paid.2005.07.012

Finlay, L. (2011). Phenomenology for Therapists Researching the Lived World. Wiley.

Fraenza, C. B. (2014). *Anxiety and the imposter phenomenon among graduate students in online versus traditional programs* (Publication No. 3613226)[Doctoral Dissertation, Walden University]. ProQuest Dissertations & Theses Global.

Fujie, R. (2010). Development of the state impostor phenomenon scale. Japanese Psychological Research, 52(1), 1-11. https://doi.org/10.1111/j.1468-5884.2009.00417.x

Gill, P. (2020). Imposter syndrome- why is it so common among nurse researchers and is it really a problem? Nurse Researcher, 28(3), 30-36. https://doi.org/10.7748/nr.2020.e1750

Gottlieb, M., Chung, A., Battaglioli, N., Sebok Syer, S. S., & Kalantari, A. (2020). Impostor syndrome among physicians and physicians in training: A scoping review. Medical Education, 54(2), 116-124. https://doi.org/10.1111/medu.13956

Grocke, D. (1999). *A phenomenological study of pivotal moments in guided imagery and music therapy.* [Unpublished doctoral dissertation]. University of Melbourne.

Hadley, S., & Norris, M. S. (2016). Musical multicultural competency in music therapy: The first step. Music Therapy Perspectives, 34(2), 129–137. https://doi.org/10.1093/mtp/miv045

Haney, T. S., Birkholz, L., & Rutledge, C. (2018). A Workshop for addressing the impact of the

  imposter syndrome on clinical nurse specialists. Clinical Nurse Specialist, 32(4), 189–

  194. https://doi.org/10.1097/NUR.0000000000000386

Harvey, J. C. (1981). *The impostor phenomenon and achievement: A failure to internalize*

  *success (*Publication No. 8210500) [Doctoral dissertation, Temple University]. ProQuest

  Dissertations & Theses Global.

Harvey, J.C., Katz, C. (1985) If I'm so successful, why do I feel like a fake?: the impostor

  phenomenon, 1st edition. St. Martin's Press.

Holmes, S. W., Kertay, L., Adamson, L. B., Holland, C. L., & Clance, P. R. (1993). Measuring

  the impostor phenomenon: A comparison of Clance's IP scale and Harvey's IP Scale.

  Journal of Personality Assessment, 60(1), 48–59.

  https://doi.org/10.1207/s15327752jpa6001_3

Jenks, C. (2005). *Culture, 2nd edition.* Routledge.

Kets De Vries, M. (2005). The dangers of feeling like a fake. Harvard Business Review, 83(9),

  108-159.

Kim, S. A., & Whitehead-Pleaux, A. (2015). Music therapy and cultural diversity. In B. L.

  Wheeler (Ed.), Music therapy handbook (pp. 51–63). Guilford Press.

Kimball, K. A., Roecker, C. B., & Hoyt, K. (2021). Impostor phenomenon among US

  chiropractic students. The Journal of chiropractic education, 35(2), 209-214.

  https://doi.org/10.7899/JCE-19-10

King, R. (2022). *Microaggressions, imposter phenomenon, and people of color: A quantitative*

  analysis. (Publication No. 29258450) [Doctoral dissertation, City University of New

  York]. ProQuest Dissertations and Theses Global.

Kolligian Jr., J., & Sternberg, R. J. (1991). Perceived fraudulence in young adults: Is there an

"imposter syndrome"? Journal of Personality Assessment, 56(2), 308.

https://doi.org/10.1207/s15327752jpa5602_10

Leary, M. R., Patton, K. M., Orlando, E., and Funk, W. W. (2000). The impostor phenomenon:

Self-perceptions, reflected appraisals, and interpersonal strategies. J. Pers. 68, 725–756.

https://doi.org/10.1111/1467-6494.00114

Mak, K., Kleitman, S., & Abbott, M. (2019). Impostor phenomenon measurement scales: A

systematic review. Frontiers in Psychology, 10, 671.

https://doi.org/10.3389/fpsyg.2019.00671

Martinez, J., & Forrey, M. (2019). Overcoming imposter syndrome: The adventures of two new

instruction librarians. Reference Services Review, 47(3), 331-342.

https://doi.org/10.1108/RSR-03-2019-0021

Merriam-Webster. (n.d.). Intersectionality. In Merriam-Webster.com dictionary. Retrieved

November 13, 2022, from https://www.merriam-webster.com/dictionary/intersectionality

Mullangi, S., & Jagsi, R. (2019). Imposter Syndrome: Treat the cause, not the symptom. JAMA :

The Journal of the American Medical Association, 322(5), 403-404.

https://doi.org/10.1001/jama.2019.9788

Murphy, M. C., & Dweck, C. S. (2010). A culture of genius: How an organization's lay theory

shapes people's cognition, affect, and behavior. Personality & Social Psychology

Bulletin, 36(3), 283-296. https://doi.org/10.1177/0146167209347380

Naser, M., Hasan, N., Zainaldeen, M., Zaidi, A., Mohamed, Y., & Fredericks, S. (2022).

Impostor phenomenon and its relationship to self-esteem among students at an

international medical college in the middle east: A cross-sectional study. Frontiers in

Medicine, 9, 850434. https://doi.org/10.3389/fmed.2022.850434

Norris, M. (2020). A call for radical imagining: Exploring anti-blackness in the music therapy

profession. Voices : A World Forum for Music Therapy, 20(3), 6.

https://doi.org/10.15845/voices.v20i3.3167

Pickett, C., (2020). *The occurrence of imposter phenomenon: A survey of music therapists.*

[Masters thesis, Saint Mary-of-the-Woods College]. Woods Scholar.

https://scholars.smwc.edu/handle/20.500.12770/158

Ross, S. ., & Krukowski, R. (2003). The imposter phenomenon and maladaptive personality:

Type and trait characteristics. *Personality and Individual Differences*, *34*(3), 477–484.

https://doi.org/10.1016/S0191-8869(02)00067-3

Sakulku, J., & Alexander, J. (2011). The imposter phenomenon. International Journal of

Behavioral Science, 6, 73-92.

Sims, J. D. (2017). *A phenomenological examination of imposter phenomenon in music therapy*

students (Publication No. 10282756) [Master's thesis, University of Oklahoma].

ProQuest Dissertations & Theses Global.

Sims, W., & Cassidy, J. (2019). Impostor phenomenon responses of early-career music education

faculty. Journal of Research in Music Education, 67(1), 45-61.

https://doi.org/10.1177/0022429418812464

Sims, W. L., & Cassidy, J.W. (2020). Impostor feelings of music education graduate students.

Journal of Research in Music Education, 68(3), 249-263.

https://doi.org/10.1177/0022429420946899

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis : theory, method, and research.* SAGE.

Slank, S. (2019). Rethinking the imposter phenomenon. Ethical Theory and Moral Practice, 22(1), 205-218. https://doi.org/10.1007/s10677-019-09984-8

Sorenson, R. A. (2022). *The prevalence of impostor phenomenon among music student teachers: A mixed methods approach* (Publication No. 29064492) [Doctoral dissertation, Florida State University]. ProQuest Dissertations & Theses Global.

Tigranyan, S., Byington, D. R., Liupakorn, D., Hicks, A., Lombardi, S., Mathis, M., & Rodolfa, E. (2020). Factors related to the impostor phenomenon in psychology doctoral students. Training and Education in Professional Psychology, 15(4), 298-305. https://doi.org/10.1037/tep0000321

Topping, M. E. (1983). The impostor phenomenon: A study of its construct and incidence in university faculty members (Publication No. 8316534) [Doctoral dissertation, University of South Florida]. ProQuest Dissertations & Theses Global.

Topping, M. E., Kimmel, E. B. (1985). The imposter phenomenon: feeling phony. Academic Psychology Bulletin. 7, 213–226.

Tulshyan, R., & Burey, J. A. (2021, November 22). Stop telling women they have imposter syndrome. Harvard Business Review. Retrieved October 3, 2022, from https://hbr.org/2021/02/stop-telling-women-they-have-imposter-syndrome

Urwin, J. (2018). Imposter phenomena and experience levels in social work: An initial investigation. The British Journal of Social Work, 48(5), 1432-1446. https://doi.org/10.1093/bjsw/bcx109

Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes.*

    Harvard University Press.

Want, J., & Kleitman, S. (2006). Imposter phenomenon and self-handicapping: Links with

    parenting styles and self-confidence. Personality and Individual Differences, 40(5), 961-

    971. https://doi.org/10.1016/j.paid.2005.10.005

Wilke, M. R. (2018). *Imposter phenomenon: Distinct construct or achievement-related affective*

    experience? (Publication No. 13814872) [Murray State University]. ProQuest

    Dissertations & Theses Global.

RESEARCH RECRUITMENT EMAIL/FACEBOOK POST

TEXAS WOMAN'S UNIVERSITY™

Participants Needed for Research Study

Dear Music Therapists,

My name is Katelyn Tirado, and I am a graduate music therapy student at Texas Woman's University. I am conducting a research study titled: Imposter Phenomenon Among BIPOC MT-BCs: Understanding How BIPOC Music Therapists Experience Imposter Phenomenon.

The purpose of this phenomenological study is to understand how Black Indigenous Persons of Color (BIPOC) music therapists experience imposter phenomenon (IP). At this stage in the research, IP is an innate fear of being found out that you are a fraud, despite the achievements and skills you have acquired (Clance & Imes, 1978). This includes feelings of perfectionism, self-doubt, fear of failure, low confidence, anxiety, and procrastination. You might identify with IP if you are unable to internalize your own success or believe your success is due to chance and luck. Factors that can contribute to IP include family and social expectations, environmental systems, and differing lived experiences.

 The following research questions will guide this study:

1. How have BIPOC MT-BCs experienced IP in the field of music therapy?

2. What factors contribute to IP in BIPOC MTs?

Participants are eligible to take part in the study if:

- Identify as a BIPOC and are currently a board-certified music therapist who has experienced IP
  - You do not need to currently identify with having IP. People can experience IP at different levels at different points in their lives. If you identify with some of the feelings of IP now or have in the past, you can participate.
- Have at least a year of experience as either a full or part-time practicing music therapist.
- Can read and communicate in English

If you meet all of the inclusion criteria of the study and are interested in participating, please email me at ktirado@twu.edu and we will go over the consent form together to ensure any questions or concerns have been answered. The researcher is looking for five participants. The researcher will select the first five participants that reach out to the researcher. If any of the

participants decline to participate, the researcher will randomly select another potential participant through www.random.org to eliminate any potential bias. If you agree to participate in the study, we will set up a time to conduct a semi-structured interview.

The consent form will occur over Zoom. In order to increase security and prevent Zoom bombing from occurring, the researcher will email you a link to the virtual room. You will wait in a virtual waiting room for the researcher to confirm your email address. Once you are admitted to the room, the researcher will also lock the room to prevent anyone else from joining. The semi-structured interview will also occur over the video program Zoom at a time and location convenient to you and will be video recorded and transcribed, and may last between 45-60 minutes. The same safety procedures as the consent meeting will also occur for the semi-structured interview. You will have the opportunity to check your interview transcription and request changes or adjustments. You will also have the opportunity to review the initial essences. Interview questions you will be asked include:

Demographic Questions

- What is the highest degree you have obtained?
- How many years total have you been practicing music therapy?
- In which AMTA region do you practice?
- What is your gender identity?
- What is your racial and/or ethnic identity?

Experiences of Imposter Phenomenon
- What is your definition of IP?
- Tell me about how you learned about IP?
- How has your experience as a BIPOC in this field contributed to your feelings of IP, if at all?
- What factors have contributed to your experiences of IP?
- Is there anything else you would like to share that I haven't asked already?

Because the study will be conducted through email and Zoom, there is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions. Participation is completely voluntary, and participants have the right to withdraw from the research without consequences of any kind or loss of benefits to which the subject is otherwise entitled. There will be no compensation for participation in this research.

The total length of time for each section consists of:
　　　　The consent section will take no longer than 30 minutes.
　　　　The semi-structured interview will take no longer than an hour and a half.
　　　　The member checking (transcript & essences review) will take no longer than 1 hour.
In total, the time commitment should take no longer than 3 hours over three sessions.

This research has been approved by Texas Woman's University's IRB. If you have any questions or concerns about this research study, please feel free to contact either myself or Dr. Rebecca West at the contacts listed below.

Thank you for your consideration!

Katelyn Tirado, MT-BC
Ktirado@twu.edu

Rebecca West, Ph.D, MT-BC
Thesis Committee Chair
Rwest2@twu.edu

APPENDIX B

CONSENT FORM

TEXAS WOMAN'S UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

Title: Imposter Phenomenon Among BIPOC MT-BC's: Understanding How BIPOC Music Therapists Experience Imposter Phenomenon

Principal Investigator: Katelyn Tirado, MT-BC, Student, ktirado@twu.edu
Faculty Advisor: Rebecca West, Ph.D, MT-BC, Rwest2@twu.edu

Summary and Key Information about the Study

You are being asked to participate in a research study conducted by Katelyn Tirado, a graduate music therapy student at Texas Woman's University, as a part of her master's thesis. The purpose of this phenomenological study is to understand how Black Indigenous Persons of color (BIPOC) music therapists experience imposter phenomenon (IP) in the United States. At this stage in the research, IP is an innate fear of being found out that they are a fraud, despite the achievements and skills they might have acquired (Clance & Imes, 1978). This includes feelings of perfectionism, fear of failure, low confidence, anxiety, and procrastination.

You have been invited to participate in this study because you are:
• you self-identify as a BIPOC music therapist who has experienced IP
• you have at least one year of experience as an MT-BC

As a participant, you will be asked to complete a semi-structured interview with the principal investigator. The interview will occur over the video program Zoom at a time and location convenient to you, will be video recorded and transcribed, and may last between 45-60 minutes. You will select a pseudonym to protect your confidentiality. You will be asked to change your name on Zoom if it is not your pseudonym before the researcher begins recording during the interview process. You will have the opportunity to check your interview transcription and request changes or adjustments. You will not be compensated for your participation. Potential risks of this study include loss of confidentiality and emotional discomfort.

Your participation in this study is completely voluntary. You may rescind your decision to complete this study at any time without penalty. Please feel free to ask the researcher any questions you have about the study at any time.

Total Time Commitment of Study:

The total length of time for each section consists of:
    The consent section will take no longer than 30 minutes.
    The semi-structured interview will take no longer than an hour and a half.
    The member checking (transcript & essences review) will take no longer than 1 hour and
    be done through email.

Institutional Review Board
Approved: March 7, 2023
TEXAS WOMAN'S
UNIVERSITY

Initials _____
Page 1 of 4

In total, the time commitment should take no longer than 3 hours over three sessions.

Description of Procedures
As a participant in this study, you will read through the consent form and indicate your voluntary consent to participate in the study described above. If you are interested in completing the interview, you will provide your name and contact information. Once you have signed the consent form, you and the student researcher will identify a time that is convenient to you to conduct the interview. The interview will occur over the video platform zoom and will be recorded. Participants do not need to keep their cameras on. The interview will last between 45-60 minutes.

Questions you will be asked include:

- What is the highest degree you have obtained?
- How many years total have you been practicing music therapy?
- In which AMTA region do you practice?
- What is your gender identity?
- What is your racial and/or ethnic identity?

Experiences of Imposter Phenomenon
- When did you first hear the term IP?
- What is your definition of IP?
- How has your experience as a BIPOC in this field contributed to your feelings of IP, if at all?
- What factors have contributed to your experiences of IP?
- Is there anything else you would like to share that I haven't asked already?

Based on the research design, the researcher will ask follow-up questions for clarification or additional discussion depending on the participant's answers during the interview.

Once the student researcher has transcribed your interview, you will have an opportunity to review it and provide any feedback or revisions. The student researcher will also share the essence of your interview with you once all data has been analyzed to ensure it matches your experience. You will have the opportunity to review it and provide any feedback or revisions. The total time of commitment to engage in this study is (include total time including consent form review) hours.

Potential Risks
Because the study will be conducted through email and Zoom, there is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions. It is possible the researcher's password-protected computer is stolen or hacked.

There is a loss of confidentiality for you if your computer or electronic device is stolen or hacked. You can choose when and on what device they communicate with the researcher.

Institutional Review Board
Approved: March 7, 2023
TEXAS WOMAN'S
UNIVERSITY

Initials _____
Page 2 of 4

63

There is an additional risk of conducting member checking (sending the transcript & essence review through email, since the responses will be linked back to you) because of potential loss of confidentiality.

There is increased risk of loss of confidentiality because you will be emailing the signed consent form.

Confidentiality will be protected to the extent that is allowed by law.

A risk associated with using the Zoom platform is the risk of hacking, or "Zoom bombing," by others. Steps to minimize this risk will be made in the Zoom settings in which all scheduled meetings will be generated with a unique meeting ID and password only shared between the student researcher and the participant. In addition, the student researcher will set up a waiting room requiring all attendees to be personally admitted by the student researcher, negating any potential hackers and uninvited individuals. Finally, the student researcher will lock the meeting once the participant has entered the virtual room as a final safeguard against potential hackers or uninvited individuals.

All video/audio recordings and the written interview will be stored on the student researcher's school cloud-based google drive account in a locked folder. Only the student researcher and advisor will read the written interview. A printed master list of all participants and their designated pseudonyms will be given to the researcher's advisor in a sealed manila envelope to be stored in her locked office in a locked filing cabinet. Signed consent forms will be stored on the advisor's school cloud-based google drive account. The analysis for the interview will be held in a separate locked folder in the student researcher's school cloud-based google drive. All video/audio recordings, transcripts, master lists, and consent forms will be destroyed three years after the study is finished. All files stored digitally will be permanently trashed and erased from the hard drive of the computer while all printed files will be shredded and destroyed.

Participation is completely voluntary, and participants have the right to withdraw from the research without consequences of any kind or loss of benefits to which the subject is otherwise entitled. A potential risk in this study is discomfort from the survey or interview questions asked. You may take as many breaks as needed during the interview. No physical, psychological, social, legal, or other types of risks are anticipated. If you experience any distress from taking this survey and need additional support, you may contact the Crisis Call Center at (800) 273-8255. Here are some other places that you can visit in addition to the number listed above if you experience any distress from this survey.
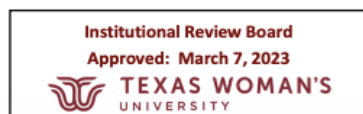
American Psychological Association Psychologist Locatorhttp://locator.apa.org/

National Register of Health Service Psychologistshttp://www.findapsychologist.org/

Mental Health of America Referralshttp://www.nmha.org/go/searchMHA

Psychology Today Find a Therapisthttp://therapists.psychologytoday.com/rms/

National Board for Certified Counselorshttp://www.nbcc.org/CounselorFind

If we choose to publish the results from this study, your name or any other identifying information will not be included. Any personal information collected from this study will not be used or distributed for any reason including future research. TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits
Your involvement in this study is completely voluntary and you may withdraw from the study at any time without penalty. There will be no compensation for participation in this research.

TWU Disclaimer Statement
The researchers will try to prevent any problems that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Questions Regarding the Study
You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study, please feel free to contact myself at ktirado@twu.edu or Rebecca West, PhD, MT-BC, my faculty advisor at rwest2@twu.edu or at (940) 898-2507. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

_____   _____
Signature of Participant   Date

*Please mark your initials in the appropriate spot below to indicate whether or not you would like to be sent the results of this study:

_____: Yes, I would like to know the results of this study after its completion

_____: No, I would not like to know the results of this study after its completion

If you would like to know the results of this study tell us where you want them to be sent:

Email: _____ or Mailing Address: _____
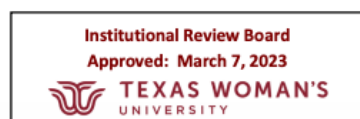
APPENDIX C

CONSENT FORM REMINDER

Hello, music therapy colleague,

Thank you again for considering being a part of this study. I am emailing because it has been a week since going over the consent form. I was wondering if you have come to a decision on whether or not you would like to participate in this study. If you choose to participate in this study, I ask that you fill out and sign the form and email it back. If you have decided to decline to participate in this study, I thank you for your time and consideration as well. I ask that you please let me know your decision either way.

Thank you,

Katelyn Tirado, MT-BC
Ktirado@twu.edu

Dr. Rebecca West, Ph.D, MT-BC
Faculty Supervisor
Rwest2@twu.edu

DEMOGRAPHIC AND INTERVIEW QUESTIONS

Demographic Questions

- What is the highest degree you have obtained?

- How many years total have you been practicing music therapy?

- In which AMTA region do you practice?

- What is your gender identity?

- What is your racial and/or ethnic identity?

Experiences of Imposter Phenomenon

- What is your definition of IP?

- Tell me about how you learned about IP?

- How has your experience as a BIPOC in this field contributed to your feelings of IP, if at all?

- What factors have contributed to your experiences of IP?

- Is there anything else you would like to share that I haven't asked already?