

REFLECTIONS ON PRACTICE | PEER REVIEWED

# Fighting Imposter Syndrome: Music Therapy Interns' Reflections and Strategies on Creating a Bereavement Group

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## Abstract

Imposter syndrome describes a phenomenon where individuals undervalue their competence by attributing successes to external factors. The experience encompasses feelings of anxiety and shame, leading individuals to perceive themselves as frauds who do not belong in their professional roles. Music therapists, including both interns and seasoned professionals, are not immune to this phenomenon. If individuals do not address their imposter experience, it can negatively affect clinical performance, professional growth, and overall well-being. This article examines the professional and personal impact of imposter syndrome on music therapists by exploring the authors' experiences as interns creating a virtual bereavement group. Additionally, drawing on current research, we explore various strategies for managing imposter syndrome including a process-oriented approach, journaling, peer support, interdisciplinary collaboration, and supervision. In conclusion, our analytical reflections aim to deepen understanding of the characteristics and effects of imposter syndrome on the professional and personal lives of music therapists while offering practical strategies to mitigate its impact.

**Keywords:** *imposter syndrome; internship; bereavement; self-care; music therapy*

## Authors' Positionality

In examining imposter syndrome, it is important to first acknowledge the personal and cultural contexts that shape our perspectives as authors. Having been raised in Taiwanese

and Japanese households, we were influenced by values emphasizing discipline, perseverance, and self-reliance. Additionally, our early training in Western classical piano further immersed us in a highly competitive environment marked by constant evaluation and reliance on external validation. These formative experiences informed and continue to influence how we internalize expectations, navigate self-doubt, and perceive success, which inherently shaped our unique imposter experience.

Recognizing the impact of our lived experiences, we engage with the topic of imposter syndrome not only through theoretical frameworks but also through personal narrative. We approach this work with the understanding that imposter syndrome is not a uniform psychological phenomenon, but one deeply embedded in cultural narratives and social expectations, resulting in diverse experiences.

## Introduction

Imposter syndrome, a widely recognized phenomenon characterized by persistent self-doubt and feelings of inadequacy, can negatively impact individuals both professionally and personally, contributing to heightened anxiety, depression, and reduced quality of life (Thompson et al., 2000). The imposter experience encompasses feelings of shame, which leads individuals to undervalue their competence and attribute success to external factors such as luck, timing, or external support, while internalizing failures as personal deficiencies (Brauer & Proyer, 2022). This misconstrued self-perception reinforces a sense of fraudulence, ultimately giving rise to the term “imposter” (Sakulku & Alexander, 2011).

Imposter syndrome is a common phenomenon that affects both music therapy interns and seasoned professionals. However, interns may be especially susceptible due to the anxiety and discomfort associated with the instability of their emerging professional identities (Beech, 2010). This instability arises in part from the transition from student to professional, during which interns must continually evaluate how their knowledge, skills, and attitudes align with the norms and culture of their profession (Sethi et al., 2018).

Given the critical role internships play in the formation of professional identity, the internship is a crucial period that music therapists in the United States must complete to obtain certification. During this phase of training, interns engage in supervised clinical practice, progressively assuming greater clinical responsibilities as the internship progresses. As interns navigate increasing expectations and professional demands, it is essential to examine how imposter syndrome influences interns' clinical development and to identify strategies that may effectively mitigate its impact. With this purpose, we reflect on music therapy interns' experiences, as exemplified by our design and facilitation of a virtual bereavement group, while addressing the following questions:

1. What were the defining characteristics and effects of imposter syndrome experienced during the development and facilitation of the bereavement group?
2. In what ways did personal, cultural, and historical factors shape these experiences?
3. What strategies, grounded in both personal reflection and current literature, helped manage imposter syndrome effectively?

## Literature on Imposter Syndrome in Music Therapy and Related Fields

Given the prevalence and significant impact of imposter syndrome, the topic has increasingly captured attention in the literature of music therapy and its associated fields. For instance, Aliyah Ramatally (2021) explored the relationship between imposter syndrome and musicality, finding that the prevalence of imposter syndrome tends to increase in individuals with higher levels of musicality. In the qualitative domain, Priya Shah (2022) provided an autoethnographic reflection on her imposter experience, focusing

on themes such as family history, the challenges of transitioning from college to a career, and the realities of working as a music therapist. Furthermore, Michael J. Silverman (2024), in his descriptive review, identified how imposter syndrome manifests among music therapists and students. Silverman provided specific recommendations for mitigating its effects, such as reframing challenges, recognizing cognitive distortions, and practicing self-disclosure to promote the health and well-being of both groups.

Despite the growing body of research, studies specifically addressing imposter syndrome within music therapy remain limited. Furthermore, the perspectives of music therapy interns regarding their imposter experience are notably scarce in the literature, even though interns may be particularly likely to experience imposter feelings as they transition into new clinical roles. Therefore, in this paper we hope to address the current need for interns and young professionals to share their experiences and reflections, thereby supporting the overall well-being and growth of the profession.

## Imposter Syndrome

Originally referred to as the imposter phenomenon by Pauline Rose Clance and Suzanne Imes (1978), imposter syndrome is a widespread phenomenon where otherwise competent individuals experience feelings of self-doubt and shame. It arises when individuals attribute their achievements and competencies to external factors, such as luck or timing, rather than their own abilities. At the same time, individuals experiencing imposter syndrome often internalize mistakes as proof of inadequacy, causing a perception of incompetence and fraudulence. This self-perception can trigger intense distress and persistent fear of being exposed as fraudulent and incapable by others (Sakulku & Alexander, 2011), which may lead to anxiety, depression, and potentially lower quality of life (Thompson et al., 2000).

Interestingly, imposter syndrome was initially thought to primarily affect professional women. However, subsequent research broadened this understanding, revealing that imposter syndrome is a widespread issue affecting individuals of all genders. In fact, approximately 70% of people may experience imposter syndrome at least once in their lives, regardless of gender or profession (Sakulku & Alexander, 2011). Additionally, research has shown that imposter syndrome is especially prevalent among minoritized student populations, including African American, Asian American, and Latino American college students (Austin et al., 2009; Cokley et al., 2013, 2017; Lige et al., 2017; Peteet et al., 2015; Villwock et al., 2016).

For students or interns with intersecting marginalized identities, such as those who are disabled, neurodivergent, Black, Indigenous, People of Color (BIPOC), or queer, the experience of imposter syndrome can be further intensified due to anxiety and self-doubt stemming from social stigma.<sup>1</sup> The pressure to succeed is often compounded by the need

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<sup>1</sup> Disability scholars, such as Simi Linton (1998), critique deficit-based and medicalized narratives that marginalize disabled individuals and shape their identities. These narratives can contribute to feelings of self-doubt and exclusion. Similarly, research on neurodivergence in educational settings shows that students with Attention-Deficit/Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), or co-morbid conditions face greater risk of imposter phenomenon. This vulnerability can be linked to factors such as lower self-esteem, social difficulties, and maladaptive perfectionism (Brown & Morley, 2025). Steele (1997) further demonstrates that awareness of negative stereotypes related to race can create anxiety and undermine the intellectual performance of BIPOC students. Along these lines, Chang et al. (2024) identify marginalization, microaggressions, and internalized stigma as stressors for LGBTQ+ STEM students, which negatively affect self-efficacy and sense of belonging.

to counteract stereotypes and to assert one's legitimacy in environments where their belonging may be implicitly questioned (Humphrys et al., 2022). As a result, many may respond by overcompensating through excessive work, overpreparation, or striving for unattainable standards to avoid criticism or failure. While these strategies may temporarily alleviate feelings of inadequacy, they often contribute to chronic stress, anxiety, and burnout, reinforcing the imposter cycle (Humphrys et al., 2022). These findings underscore that imposter syndrome is a pervasive experience shaped by intersecting social and cultural contexts.

### ***Characteristics of Imposter Syndrome***

Although imposter syndrome is a commonly experienced phenomenon, it can manifest differently in each individual. However, for simplicity, Valerie Young (2011) proposes a framework to organize the variability of imposter syndrome into five types: the perfectionist, the expert, the soloist, the natural genius, and the superman.

The perfectionist is characterized by excessively high and often unattainable standards in the pursuit of flawless outcomes. For perfectionists, these standards serve as what they perceive to be normal benchmarks for competence and ability. In music therapy contexts, perfectionism may surface when an intern feels inadequate after a client fails to meet a predetermined goal. It may also appear in the disproportionate time and effort an intern spends refining a session plan or clinical log, driven by an excessive focus on detail and flawlessness. Over time, this cycle can contribute to burnout and reinforce imposter feelings rather than fostering growth and confidence.

Closely related to perfectionism, the expert characteristic involves a strong focus on how much one knows. For individuals exhibiting perfectionist tendencies, fear often arises from making mistakes, whereas for those aligning with the expert characteristic, the fear is rooted in perceived lack of knowledge. In the context of music therapy, this may manifest when an intern feels pressure to be familiar with every song a client mentions or experiences embarrassment when they cannot provide definitive answers to clients' questions.

The soloist subtype is characterized by a focus on who performs the task, often manifesting as a strong desire to work independently and avoid seeking help. For individuals with this mindset, relying on others may be perceived as a sign of weakness or incompetence, which can intensify imposter feelings when seeking professional support becomes necessary. In music therapy, this tendency may lead interns to avoid asking questions or seeking supervision, even when struggling, thereby limiting opportunities for growth.

The natural genius characteristic centers on how and when tasks are achieved. Individuals with this characteristic evaluate their competence based on the ease and speed with which they complete tasks. For instance, a music therapy intern who fails to quickly master a song or musical skill may experience shame and interpret the struggle as inadequacy.

Finally, the superman is characterized by a strong desire for external validation, wanting to be perceived as capable by others. For those exhibiting this trait, impressing others becomes a key motivator. A music therapy intern with this characteristic may feel compelled to accept every task assigned to them, often overloading themselves to appear competent. However, when they cannot meet the demands of these roles or when they receive constructive criticism, they may immediately feel like they failed.

The five characteristics (Young, 2011) provide insight into how imposter syndrome can shape an individual's thoughts and behaviors, fostering greater self-awareness and a deeper understanding of one's unique imposter experiences. However, it is important to note that these characteristics only represent a generalized framework. Imposter syndrome

can manifest in ways that do not neatly conform to a single category, as these characteristics are not mutually exclusive. For example, an intern who struggles musically during a session might feel like a fraud because the natural genius characteristic pressures them to grasp new music or techniques quickly and effortlessly. At the same time, the perfectionist characteristic might intensify their imposter experience by driving them to strive for flawless execution, which leads to self-criticism when they fall short. By recognizing and reflecting on these overlapping characteristics and their impact, individuals can gain valuable insights into how imposter syndrome may shape their professional and personal experiences, ultimately enabling them to take proactive steps to manage and overcome the phenomenon.

## **Interns' Reflection on a Virtual Bereavement Group**

As interns, we worked in the palliative care department at Mount Sinai Hospital in New York City. For our clinical work, our responsibilities included supporting patients with pain management and relaxation while working alongside family members to address psychosocial needs surrounding illnesses and hospitalization. During our time in the palliative care department, death of patients was inevitably a common occurrence that we encountered, and through this, we identified a notable gap in the ongoing support provided to families and caregivers following the death of a loved one.

Our observation highlighted an opportunity for us as interns to implement a bereavement group using music therapy. The resulting bereavement program was structured as a six-week, closed virtual group, with participants meeting once weekly for one hour. Chaplains and music therapy interns co-hosted the group, creating a supportive space where members could share their feelings and unique grief experiences. Music played a central role in facilitating communication, fostering a sense of community, and helping members explore complex emotions tied to grief. Additionally, music served as a coping resource, equipping members with tools to manage their grief outside the group setting.

Planning for the bereavement group began in January 2023, with sessions taking place from April to May. Throughout the development and facilitation process, imposter syndrome influenced our professional identity formation, shaped our clinical experience, and affected our well-being. To examine the impact of imposter syndrome, we structured our reflections around three key phases of the program: proposal, recruitment, and group facilitation experience. Using Young's framework, we will examine our experiences of imposter syndrome across these phases, explore how our cultural and childhood experiences might have influenced the phenomenon's manifestation, and assess its impact on our personal and professional well-being.

### **Proposal**

Journal Excerpt: February 27, 2023

I am excited to start the bereavement group, but planning has been hectic... I feel like we do not have enough time to prepare everything properly beforehand... Everything feels a bit messy and disorganized. This is too overwhelming.

From January to March, the proposal period consisted of designing the bereavement group's structure to present to the music therapy and interdisciplinary teams. As part of this process, we drafted a comprehensive proposal outlining the group's vision, goals, and recruitment strategies while detailing intervention plans. Although imposter syndrome

was not initially a conscious concern, upon reflection, we recognize aspects of the perfectionist and soloist influenced our thoughts and actions.

Stemming from our desires to prove our competence through perfectionism, we focused on minute details, striving to create a flawless proposal that would gain approval from others and from ourselves. The soloist mentality further reinforced our reluctance to seek support, fearing that doing so would expose our perceived incompetence. These combined tendencies created a cycle of procrastination and overpreparation, a common response to the fear of being exposed as a fraud (Thompson et al., 2000). We procrastinated on meetings and revisions to temporarily escape feelings of inadequacy; however, when we engaged with the work, we spent excessive time revising and rereading, which intensified anxiety and self-doubt.

Reflecting more broadly, these experiences reveal how our imposter syndrome traits intersected with our personal histories and cultural backgrounds. Early piano training and East Asian cultural values instilled high standards, attention to detail, and reliance on external validation, shaping how we approached challenges and evaluated competence. Within this context, perfectionism manifested as a reduced tolerance for mistakes, while the soloist tendency, shaped by cultural emphases on perseverance and self-reliance (Cheung & Pomerantz, 2011), made it difficult to seek assistance. Together, these tendencies shaped our decision-making and collaborative dynamics, illustrating how personal and cultural histories impacted imposterism.

## **Recruitment**

Journal Excerpt: March 28, 2023

I don't think I'm prepared for this. I don't know what I have to offer... I feel like I made a mistake and that I shouldn't have brought up this idea in the first place. Maybe life would be a lot easier now. It's like I trapped myself in this position.

During the two-week recruitment phase, we received forty referrals and contacted each individual via phone call to invite them to join our bereavement group. Despite these efforts, only seven participants enrolled, falling short of our initial goal of ten. This discrepancy prompted us to question both the value of the group and our own competence, as we perceived the shortfall as a personal failure. The experience also led us to reassess the group's purpose and left us doubting whether our efforts held true significance, ultimately undermining our confidence in both the project and our abilities.

Upon reflection, it became evident that cultural expectations around measurable achievement strongly shaped our responses to this outcome. East Asian cultural contexts emphasize success as a quantifiable outcome, influencing perceptions of competence and self-worth. For instance, unlike holistic evaluation systems in the U.S., frameworks of high-stakes exams like China's Gaokao rely on a single metric to determine performance and entry to college (Cheung & Pomerantz, 2011). This culturally embedded value mirrored our tendency to judge the program's value and our own abilities solely by one single metric, registration numbers. Consequently, even before the sessions began, we experienced imposterism that prompted us to question our qualifications and the necessity of the group itself.

## **Group Facilitation Experience**

Journal Excerpt: April 04, 2023

I'm worried about future sessions. Maybe I don't know what I can personally offer to the group that is of value. I just feel insecure and uncertain. I also feel wrong about leading this

group. It feels like I'm not supposed to be there, that I'm eavesdropping on such a private and vulnerable conversation... Sometimes, I wish no one would show up, then that would take a load off me. However, if one person shows up and no one else, that will scare me even more.

The bereavement group met for six weekly sessions, with seven women between their fifties and late seventies, each having experienced the loss of either a parent or a child. As facilitators, we grappled with imposter syndrome, particularly the expert mentality, which led us to question our legitimacy in leading the group. For instance, while leading the group, we often felt like outsiders or frauds, as if we were eavesdropping on deeply personal conversations. As participants shared vulnerable emotions and experiences of grief, we experienced discomfort and fear, worrying that an inadequate response might inadvertently deepen their pain. This apprehension stemmed from our lack of personal experience with comparable loss, reinforcing our doubts about our ability to support the group.

Although we recognized that no universal "right answers" exist in music therapy or music psychotherapy, we still held an implicit expectation of the perfect leader who intuitively knows how to guide the group, provide appropriate responses, and deliver flawless interventions. Therefore, when uncertainty arose, we feared that we were failing to meet the participants' needs and that they would perceive us as inadequate or unworthy of their time. This professional insecurity, fueled by the discrepancy between our idealized image of leadership and our actual experience, remained a significant challenge throughout the group sessions.

Imposter syndrome also began to affect our well-being and professional fulfillment. The pressure to meet perceived expectations, combined with fears of inadequacy, created a cycle of stress and temporary relief. Anxiety intensified as each session approached, and although brief relief followed the conclusion of each session, apprehension quickly returned. This persistent cycle of self-doubt and worry proved emotionally exhausting and hindered our ability to fully engage with the group in a constructive and supportive manner.

Upon reflection, these experiences were further amplified by norms around cultural hierarchy, which intensified the expert mentality. In many East Asian cultures, elders are revered for their accumulated wisdom and experience, a value embedded in daily interactions. For example, in Japanese, the use of *keigo*, a system of honorific speech, signals deference to older or more experienced individuals (Takekuro, 2006). These cultural expectations heightened feelings of inadequacy, as we, younger facilitators without personal experiences of grief, questioned our qualifications to guide participants through such profound emotional processes.

### **Strategies to Fight Imposter Syndrome**

As we progressed through the proposal, recruitment, and group facilitation experience phases, it became increasingly clear that we needed strategies to manage imposter syndrome. Our mounting anxiety and lack of confidence were not only affecting our well-being but also limiting our professional growth. The perfectionist mindset led us to set impossibly high standards, the expert mentality left us feeling unqualified despite our training, and the soloist tendency prevented us from seeking help. These patterns reinforced our fear of failure, discouraging us from taking risks and learning from mistakes.

Recognizing these tendencies, we gradually addressed them by engaging in open dialogue with one another and sharing our concerns with supervisors. These reflective conversations challenged our internalized beliefs about perfection and expertise, while also helping us confront the soloist tendency by reframing help-seeking as a professional strength rather than a weakness. Over time, we implemented strategies to mitigate

imposter syndrome, allowing us to approach our work with greater confidence and adaptability. The following section outlines the key strategies that supported us in navigating these challenges.

### ***Strategies for Interns During Sessions: Process-Oriented Music Therapy***

Recognizing our expert tendencies while leading the group, we employed a process-oriented approach to shift away from the belief that we needed to have the “right answers.” This approach emphasizes that a music therapist’s role is not to provide so-called correct predetermined solutions but to guide participants in constructing their own meaning. In the context of bereavement, grief experiences can be viewed as a space for individuals to honor their loved ones and derive unique meaning from loss (Gillespie et al., 2024; Harrop et al., 2020; Neimeyer et al., 2011). With the need to adapt care for each person, helping professionals play a crucial role in facilitating the meaning-making journey, rather than ascribing meaning to an individual’s experiences (Frankl, 1992; Walsh, 2020).

In an effort to apply the process-oriented approach during the group, we prioritized creating opportunities for participants to explore their thoughts and feelings freely through song discussion and composition. By trusting in the affordances of music to organically allow members to immerse themselves into life review and find meaning and resolution, we observed members using lyrics to connect their present selves to their past selves, their future selves, and their loved ones (Magill, 2009). Through this experience, we realized that we did not need “perfect” verbal responses to facilitate their grief; instead, we could draw upon our understanding of music and its innate capacity to guide individuals to engage in their internal worlds.

### ***Strategies for Interns Outside Sessions***

#### **Self-reflection**

To understand the source of our imposter moments, we used weekly session logs and journaling to reflect on each group session by evaluating our thoughts, behaviors, and feelings while connecting them to our past experiences and sociocultural backgrounds (Ghorbani et al., 2003, Ghorbani et al., 2008; Grant et al., 2002; Roberts & Stark, 2008). This process reflects a pursuit of reflexivity, wherein we critically examine how our internal narratives, shaped by cultural and historical contexts, may have influenced our perception, cognition, and clinical decision-making. These reflections, some of which appear in this paper, provided valuable insights into how imposter syndrome shaped our thoughts and responses. The process of organizing our thinking helped us understand why certain situations triggered self-doubt and how our upbringing and past experiences reinforced these feelings. As a result, we each became more aware of our internal narrative, enabling us to understand the presence of imposter syndrome in our lives and develop personalized strategies to manage it (Young, 2011).

#### **Peer support**

Co-developing and co-leading the bereavement group as intern colleagues gave a uniquely safe space to openly express raw emotions including anxiety, frustration, inadequacy, countertransference, and compassion fatigue. Sharing these feelings with each other, particularly those tied to imposter syndrome, provided validation and normalization, reducing the sense of isolation that often accompanies self-doubt (Freeman & Peisah, 2022; Murray et al., 2022). Unlike supervision, which inherently involves a subtle power dynamic and the pressure of evaluation through grading, peer support fostered a more

egalitarian environment where we could process our feelings of incompetency and frustration without fear of judgment. By expressing our imposter-related thoughts and recognizing our shared struggles, we not only alleviated the weight of self-doubt but also reinforced a collaborative approach to learning, counteracting our soloist mindset.

### Interdisciplinary team collaboration

Formal and informal interactions within the interdisciplinary team allowed us to develop healthy professional identities, focus on our clinical strengths, and decrease our insecurities (Lieff et al., 2012; O'Sullivan & Irby, 2014; Stone et al., 2002). During our internship, we were fortunate that we had chances to build trusting relationships with members of the interdisciplinary palliative care team, including physicians, nurses, social workers, chaplains, and administrative workers. From the first week, we attended weekly interdisciplinary meetings and collaborated with the members to coordinate music therapy referrals. And unlike traditional hierarchical settings, the interdisciplinary team treated us as equals. We felt that they recognized our contribution and were determined to help us learn.

A key aspect in this process came from the team enthusiastically supporting our bereavement group. Over time, these formal interactions led to casual conversations in hallways and shared spaces, deepening our connections as colleagues. Their genuine gratitude towards our psychosocial care also affirmed our role within the team. These team communications allowed us to gradually challenge our imposter mentality and embrace our professional identities with confidence.

### ***Strategies for Supervisors and Educators: Guiding Interns to Cope with Imposter Syndrome***

Throughout the development and facilitation of the bereavement group, our professors and supervisors played a crucial role in helping us navigate imposter syndrome. A critical component of this support was the provision of a safe environment where we could openly discuss our struggles without concern that our vulnerability would negatively impact our evaluations. While the concept of a "safe space" is inherently subjective, our experiences suggest that a truly supportive environment for interns involves fostering trusting relationships where interns feel empowered to ask questions, seek help, and freely express their feelings.

Several strategies employed by our supervisors proved particularly helpful in mitigating the effects of imposter syndrome by reshaping perceptions of our abilities, responsibilities, and challenges. These strategies included reframing challenges, identifying cognitive distortions, and self-disclosure (Silverman, 2024). Using reframing, our supervisors encouraged us to view challenges not as insurmountable obstacles, but as valuable opportunities for growth and skill development. For example, while leading the group, we often experienced a sense of dread, feeling inadequate as leaders and uncertain of our ability to provide appropriate care. However, our supervisors helped us reframe this challenge of leading the group as an opportunity to develop group leadership skills and deepen our understanding of bereavement care through trial and error. This shift in perspective allowed us to embrace our insecurities as areas for growth, transforming them into constructive learning experiences.

Another key intervention was the identification of cognitive distortions, which are biased patterns of thinking that often aggravate feelings of inadequacy. Our supervisors helped us recognize when we were engaging in extreme, self-defeating thought patterns that intensified our experience of imposter syndrome. By pointing out these cognitive distortions, they encouraged us to challenge these thoughts and view situations more

realistically. For example, when we received fewer registrations than expected, we initially interpreted this as a failure, equating it with the overall collapse of the program and our merit. Our supervisors guided us to recognize that such extreme thinking was unhelpful and distorted. By reexamining our thoughts, we were able to become aware of the broader context and detach our personal worth from external outcomes.

The third strategy that played a significant role in alleviating imposter syndrome was self-disclosure. As interns, we tended to place our supervisors on pedestals as they were seasoned professionals with a wealth of experience. This perception led to feelings of isolation and self-doubt, as we compared ourselves unfavorably to those who appeared to have mastered their roles. However, when our supervisors openly shared their own struggles and past challenges with us, it helped normalize our imposter syndrome experience, reducing isolation. Their willingness to be vulnerable about their own difficulties created an atmosphere of authenticity, making it easier for us to accept our own imperfections and challenges. This practice of self-disclosure not only strengthened our trust in our supervisors but also reassured us that even experienced professionals continue to navigate similar struggles.

## Conclusion

Imposter syndrome, the tendency to attribute one's success to external factors and devalue one's own competency, affects approximately 70% of individuals, regardless of gender, at least once in their lives (Sakulku & Alexander, 2011). When unaddressed, imposter syndrome can lead to detrimental health effects, such as anxiety, depression, neuroticism, and low self-esteem (Chrisman et al., 1995; Michael & Garry, 2019; Thompson et al., 1998, 2000). These psychological effects can have far-reaching consequences both in personal well-being and professional performance.

Music therapy interns may be highly susceptible to imposter syndrome as they experience instability transitioning from students to professionals. In our case, despite the abundant resources available at our internship site, we still experienced imposter syndrome and its negative effects while leading the bereavement group. Initially, we were unaware of its effects and our perfectionist, soloist, and expert tendencies. After identifying and understanding our imposter experience, we realized that our childhood and cultural upbringing, particularly from East Asian traditions, seemed to fuel our internal pressure to perform flawlessly and avoid appearing vulnerable or incompetent.

In an attempt to overcome imposter syndrome, we used several strategies including process-oriented music therapy, self-reflection through weekly logs and journaling, peer support, and interdisciplinary collaborations. Additionally, having a safe space to talk with and seek advice from professors and supervisors also helped us change our perspective on making mistakes as learners. As imposter syndrome can lead to significant negative health consequences, we hope that supervisors and educators can use this as a resource to understand the characteristics and impact of imposter syndrome on their students, thereby becoming more equipped to support their interns and offer effective strategies. Overall, we hope that this will bring awareness of imposter syndrome and encourage further vulnerable dialogue within internship, work, and educational sites.

## About the Authors

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