



## THE BURDEN OF IMPOSTER SYNDROME: A STUDENT PERSPECTIVE

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When ASHA published its initial inclusion statement of “All live matters” in response to the George Floyd incident, many of my Black classmates, peers across the profession, and I were hurt and felt even more alienated in a profession dominated by middle class white women. When a hurting child comes to a parent for comfort, the parent does not say, “I love all of my children equally,” in response to that hurt. So, our faculty and socially proactive students united to provide an opportunity to faculty and students to share, to grieve, and to grow.

As I have continued to climb the academic ladder from undergraduate to graduate studies, I have encountered the overwhelming presence of predominantly white spaces. In the fall of 2019 I attended the ASHA convention in Orlando for the Minority Student Leadership Program (MSLP). It was here that I first experienced severe imposter syndrome (defined as a collection of feelings of inadequacy that persist despite evident success), which was interesting because I was surrounded by Black and brown people within this program, but not when we would merge into the outside events ASHA showcased. A racialized lens was added to my imposter syndrome because of the 150,000 attendees and my inability to feel valid in my ability to be an effective future speech-language pathologist because of the overwhelming amount of Black and brown professionals in attendance. I still felt invisible because MSLP was not the bigger picture, ASHA was.

On our first day at the ASHA convention we were taken up to the president’s suite to meet with the board of directors which included the president, president-elect and past president. We were reassured that our attendance and representation was an important component of the conference and how we are the faces needed in different leadership roles. Although their words were encouraging and memorable, they did not hold much weight. The language intent was there, but the action was missing. This tone reminded me of the statement ASHA released with the intent to unify members instead of highlighting disparities. This statement was not strong

or transparent enough, similar to the familiar sentiments about inclusion and representation we were fed while in the president’s suite. It is clear that the fight to be anti-racist is only a priority to members that are systematically impacted by it. This is not okay, and ASHA’s statement illustrates the isolation of Black and African-American members within this field.

Due to ASHA being represented by an overwhelming amount of white individuals, the inclusion statement provided was not surprising to me at all. I was disappointed and embarrassed but almost numb because this response was expected. On a cabinet dominated by white women, it is expected for there to be a disconnect with racial disparities, they are not challenged to see differences around them. As mentioned earlier, solutions for becoming anti-racist need to be practice based. By this I mean that to become anti-racist, actions need to be included in everyday interpersonal situations.

First, individual biases need to be addressed including prospective speech-language pathology students, undergraduate, graduate students, and professors. The work will start with each individual. Secondly, white individuals need to understand how they embody their white privilege and how they project those privileges on those around them, this should be practiced through discussion-based workshops and shifting curriculum content with an anti-racist lens. Lastly, I believe white individuals need spaces where they can plan and organize discussion based meetings focused on dismantling racism in their own communities and the speech-language pathology community as well. All racial groups should be held accountable for unlearning their biases, but it will be especially important for white communities to come together and set the force since whiteness has overshadowed the voices of many marginalized communities for centuries.

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