

The Impostor Phenomenon

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Abstract

The purpose of this work was to explore the research related to the psychological constructs of the impostor phenomenon. The term impostor phenomenon is used to designate an internal experience of intellectual phonies, which appears to be particularly prevalent and intense among high achieving women, however lately it has also been found to be associated with men. Certain early family dynamics and later introjection of societal sex-role stereotyping appear to contribute significantly to the development of the impostor phenomenon.

Keywords

Impostorism, Imposter phenomenon, Self-esteem, Cognitive behavior therapy

Introduction

Our entire approach to psychology is focused on disease and failure. There are some 40,000 studies on depression on record with the American Psychology Association, and just 14 on joy. This bias translates to the workplace as an obsession with correcting weaknesses, filling gaps, and focusing on the laggards. In science this translates to people rarely getting/giving positive feedback. Therefore self-doubt and negative feedback weigh heavily on the mind, but praise barely registers. People tend to attribute their failures to a stable, inner core of ineptness while discounting successes as accidental and this leads to one of the psychological phenomenon's known as The Impostor Phenomenon.

The impostor phenomenon also called the impostor syndrome or fraud syndrome is a phenomenon in which people are unable to internalize their accomplishments. It is not an officially recognized psychological disorder, and is not among the conditions described in the Diagnostic and Statistical Manual of Mental Disorders, but it has been the subject of numerous books and articles by psychologists and educators. Individuals experiencing the impostor phenomenon have a persistent, secret belief that they do not deserve their status or position and that their success is not due to their own ability, but to external sources such as luck, fate, personal charm, or attractiveness (Clance and Imes, 1978; Sigtler and Wilson, 2001; Sonnak and Towell, 2001).

The impostor syndrome is often viewed complementary to the Dunning-Kruger effect, in which incompetent people find it impossible to believe in their own incompetence.

The Beginning

The impostor phenomenon was discovered and named by two psychotherapists, Dr. Pauline Rose Clance and Dr. Suzanne Imes, in 1974. They began to see clients and students who were intelligent and high achieving, but who doubted their success and stressed about their abilities (Clance, 1985). Research has shown that impostorism affects a wide range of people, for example, impostorism has been observed to affect both genders (e.g., Topping, 1983; Bussotti, 1990; Langford, 1990), and to occur in people with different occupations such as college students (Harvey, 1981; Bussotti, 1990; Langford, 1990), academics (Topping, 1983), medical students (Henning *et al*, 1998), marketing managers (Fried-Buchalter, 1992), and physician assistants (Prata and Gietzen, 2007; Mattie *et al*, 2008). Although impostors are at various levels of their careers, and have different talents and abilities, they all have intense feelings that characterize this phenomenon. The so called "impostors" have "been successful in school, received the correct degrees, earned awards and praise from their seniors, and advanced rapidly in their careers", however, they are unable to internalize them.

The definition of the impostor phenomenon refers to an "internal experience of intellectual phoniness" (Matthews and Clance, 1985) in individuals who are highly successful but unable to internalise their success (Clance and Imes, 1978; Bernard *et al*, 2002). It is believed that the Impostor Phenomenon is not "a pathological disease that is inherently self-damaging or self-

destructive" (Clance, 1985), rather, it interferes with the psychological well-being of a person. A high level of impostor phenomenon limits the acceptance of success as an outcome of one's own ability and influences feelings of self-doubt and anxiety. Clance (1985) suggested that the Impostor Phenomenon is marked by six potential characteristics:

- The impostor cycle: The combination of Impostors' beliefs about the mechanics of success and their perceptions of the key contribution of effort or luck influencing their success on a particular task reinforces the Impostor Cycle. When facing a new achievement-related task, self-doubt creates a high level of anxiety, and the Impostor Cycle is repeated.
- The need to be special or to be the very best: Impostors often secretly harbour the need to be the very best compared with their peers. However, in a larger setting, such as in a university, Impostors realise that there are many exceptional people and their own talents and abilities are not atypical. As a result, Impostors often dismiss their own talents and conclude that they are stupid when they are not the very best.
- Superman/Superwoman aspects: Impostors often set high and almost impossible standards as their goals and for their self-evaluation. They often feel overwhelmed, disappointed, and overgeneralise themselves as failures when they are unable to fulfill their perfectionistic goals.
- Fear of failure: Impostors experience high levels of anxiety when exposed to an achievement related task because they fear possible failure. For Impostors making mistakes and not performing at the highest standard precipitates feelings of shame and humiliation. As a result of which they tend to overwork to be certain that they will not fail.
- Denial of competence and discounting praise: Impostors not only discount positive feedback and objective evidence of success but also focus on evidence or develop arguments to prove that they do not deserve praise or credit for particular achievements.
- Fear and guilt about success: Apart from having a fear of atypical success leading to rejection, Impostors are also frightened that their success may lead to higher demands and greater expectations which may in turn reveal their intellectual phoniness.

However, the existence of these characteristics in Impostors is varied. Not every Impostor has all these characteristics but to consider someone as an Impostor, a minimum of two characteristics should be found.

Measuring Impostor Syndrome

After years of counseling clients and researching this phenomenon, Clance defined the typical "impostor" and created The Impostor Test, later renamed The Clance Impostor Phenomenon Scale (CIP, 1985) that measures the intensity that an "impostor" could experience. The test determines whether or not an individual has 'impostor' characteristics and, if so, to what extent they are suffering".

The Impostor Roots

Children who develop "impostor" characteristics are from families that foster them. They hear descriptions of themselves and develop their self-image from them.

Four common elements of the family of the "impostor" have been defined. The first element includes inconsistent messages and images that are presented to the child from an early age. The second common element is the expected high performance that is presented to the child at an early age in the families of "impostors" (Clance, 1985). The impostors feel the pressure of following the family tradition of being smart, learning quickly, and "maneuvering well in the world". The third common element that often occurs in families of "impostors" is the child's perception of herself as "different." The "impostor" child views her talents and/or abilities as being distinct from the other members' which then leads to feelings of insecurity around those issues. This fourth and final element of the "impostor's" roots occurs due to multiple reasons. Some parents don't want the child to become arrogant about her talents and abilities; others worry that their praise could cause the child to stand out from her peers. Some families just expect the child to be bright and successful and don't bother to verbalize their pride in her; and some parents save their "bragging" for those outside the family, not letting the child know how proud they are of her. In any case, a child can be left to create her own self-image, which can result in feelings of fraudulence.

Relationship with Various Psychological Traits and Personality Features

Numerous studies have indicated that the impostor phenomenon is significantly related to low global self-esteem (Topping and Kimmel, 1985; Cozzarelli and Major, 1990; Chae *et al*, 1995; Chrisman *et al*, 1995; Thompson *et al*, 1998; Sonnak and Towell, 2001). This is a robust finding, despite researchers' use of different scales to measure self-esteem. Impostors typically strive to live up to an idealized self-image of being intelligent in order to get the validation from others necessary to feel good about themselves. This

anxiety about their impression on others reacts a high vulnerability to feelings of shame, unworthiness, and low self-esteem. In other studies the impostor phenomenon significantly correlated with introversion (Prince, 1989; Holmes *et al* 1993; Chae *et al*, 1995), neuroticism (Clance and Imes, 1978; Casselman, 1992; Chae *et al*, 1995; Henning *et al*, 1998), and perfectionism (Imes and Clance, 1984; Henning *et al*, 1998).

Attribution styles are also correlated with impostor phenomenon scores in numerous studies. Results suggest that impostors interpret their success as a function of mostly external, unstable factors rather than internal stable factors (Imes, 1979; Topping and Kimmel, 1985; Chae *et al*, 1995; Ross *et al*, 2001). Other studies have found strong positive links between impostor feelings and anxiety (Clance and Imes, 1978; Topping and Kimmel, 1985; Lester and Moderski, 1995), depression (Clance and Imes, 1978; Chrisman *et al*, 1995), psychological distress (Henning *et al*, 1998), and poorer mental health (Sonnak and Towell, 2001).

Developmental and family background factors have also been examined in relation to the impostor phenomenon. Sonnak and Towell (2001) found that perceived parental control/overprotection was significantly positively correlated with impostor feelings while perceived parental care was significantly inversely related. This data is also consistent with Bussotti's (1990) research, which found that impostors were more likely to report that their families were lacking in cohesion and expressiveness, but high on perceived levels of parental control and low on individual support for family members. She also found that impostors have a strong need to please others in the family. Several studies have also found higher levels of the impostor phenomenon in individuals whose families emphasized intellectual ability and high achievement (Clance and Imes, 1978; King and Cooley, 1995).

Gender Differences

The impostor syndrome was once thought to be particularly common among women who are successful in their given careers, however several studies have shown that there are no gender differences in those who suffer from the IP. Men as well as women suffer equally and men may even suffer more intensively from Impostor feelings, because they are not socialized to express a wide range of feelings publically. They may suffer more in silence than women when it comes to feeling inauthentic. In this context, Topping and Kimmel (1985) assessed the IP in male and female faculty members. Contrary to their expectations they found that male faculty scored higher than the female faculty. However Cozzarelli and Major

(1990), reported that IP exists with similar frequency in both men and women.

Treatment

John Graden(2000) postulates that messages and lessons learned as children shape your thinking about yourself. If you have been taught to not trust yourself or your abilities, you may have issues with your worth. Cognitive Behaviour Therapy is a popular therapy to combat this syndrome. It is simply being aware of your thoughts, checking out the pros and cons as to accuracy and reframing your outlook and beliefs about yourself.

The common styles of distorted thinking are filtering out all the positives and magnifying the negatives; catastrophizing when you always expect disaster; and mind reading where, without others saying so, you know how people are feeling about you. It is believed that, feeling like an impostor is fed by these distorted thinking patterns. Clients are advised to learn to replace absolute words and phrases with those that give you a chance and develop a positive approach before cutting off their chance of achieving what they can.

A multi-modal therapy in which several therapeutic approaches are used concurrently seems most effective in altering the impostor belief in a client. A group therapy setting or an interactional group in which there are some other high achieving women experiencing the impostor phenomenon is highly recommended. If one woman is willing to share her secret, others are able to share theirs. They are astonished and relieved to find they are not alone.

One effective Gestalt experiment is to have the client recall all the people they think they have fooled, to tell them in fantasy how they conned or tricked them, and to have them imagine out loud how each person would respond to them. "I did not give you an award in English because you charmed me. I did like you as a person but I honored you for your outstanding work," or "I'm angry that you think I'm so stupid that I can't judge competence when I see it," or "I don't like your negating me and my opinions."

Conclusion

The in-depth review has shown the substantial role that Impostorism plays in psychological distress. With a combination of therapeutic interventions in conjunction with a commitment to change, people who previously considered themselves as an impostor may begin to free themselves from the burden of feeling phony and fully participate in the power of their accomplishments.

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