

# IMPOSTER SYNDROME

## It Does Get Better (Trust Us)

Presented by the Young Lawyers' Division of the Allegheny County Bar Association

Allegheny County Bench-Bar Conference

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# Panelists

The Honorable Jessel Costa Allegheny County Family Division

Commissioner Robert A. Krebs Workers' Compensation Appeal Board

Ryan J. King, Member Burns White

Ryan D. Very, Proprietor Very Law

Asra Hashmi, Associate Ogletree Deakins

Danielle M. Parks, Burns White (moderator)

# Why Do You Feel Like An Imposter?

- ▶ Education/Law School/Grades?
- ▶ Lack of experience?
- ▶ Lack of Confidence in your abilities?

**No  
Image**

# NEWS FLASH:

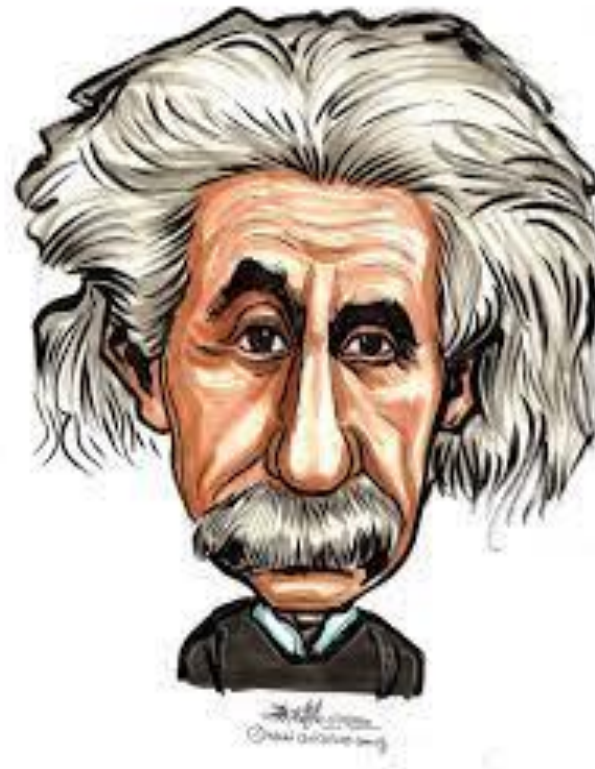
EVERYONE FEELS LIKE AN IMPOSTER WHEN THEY ARE STARTING OUT.

It's called "the practice of law" because it is just that: a craft that you practice at and develop with experience.



# It is not unusual for accomplished persons to feel this way.

Famous people like Maya Angelou and Albert Einstein also felt like they were imposters.



# You Can Fix It

If you are here it means you graduated from law school, passed the bar exam and care enough about your professional development to attend Bench Bar. So you are already well on your way to overcoming things.

# Once you understand this it is easier to combat feelings of inadequacy. Remember:

- ▶ You have talent.
- ▶ You are capable.
- ▶ You belong.



# Network/Consult/Learn

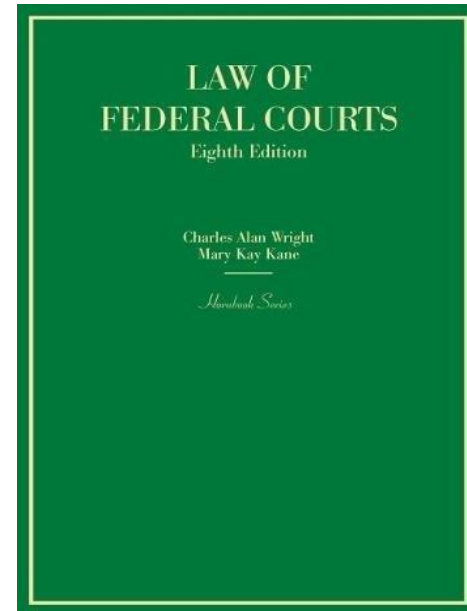
- ▶ By getting out and attending conferences, bar association events, CLE and Lunch & Learn programs, you will meet people that you can go to for advice and tips which will help you in your practice.
- ▶ Don't forget your friends: You already know people from law school, college and that you will meet in practice. They are going through the same thing. Talk to them.
- ▶ Don't be afraid to make new friends along the way.
- ▶ You are not the first one ever to build a practice (and you won't be the last).



# Network/Consult /Learn (Continued)

Focus on your professional development as a lawyer. You can learn the law and become an expert. Putting the time in will give you confidence going forward. Specialized areas include:

- ▶ Workers' Compensation
- ▶ Bankruptcy
- ▶ Criminal Law
- ▶ Family Law
- ▶ Labor and Employment
- ▶ Estates



# Network/Consult/Learn (Continued)

If in a general litigation practice then become an expert on procedure:

- ▶ Rules of Civil Procedure: State/Federal
- ▶ Rules of Appellate Procedure: State/Federal

Be the “go to” person. You will establish your reputation as someone knowledgeable that others will then consult and even refer business to.

# Network/Learn/Consult (Continued)

Join the types of organizations that will help you develop as a lawyer:

- ▶ The bar associations have sections and committees that can provide you with information in your area of law: e.g., Family Law Section, Criminal Law Section, Civil Litigation Section, Bankruptcy Law Section, Workers' Compensation Law Section, Labor and Employment Law Section, Appellate Practice Committee...
- ▶ The Trial Lawyers Association (Association for Justice) is a must for plaintiff's personal injury lawyers.
- ▶ Organizations provide opportunities for you to speak and write which will help your confidence.

# It Gets Better!

- ▶ Each day you practice, each client you serve, and each case you handle, provides you with an opportunity to grow as a lawyer.
- ▶ Time is on your side!

“The wisdom of the law is experience” - Benjamin Cardozo



Focus on Fellows and Early-Career EPs

# Imposter Syndrome

Suzanne Feigofsky MD, FACC, FHRS

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I believe it began in college, when I was told by a peer that I wasn't smart enough to get into a medical honors program. At that moment, gathered on the floor in a circle, I believed him.

I was accepted into that medical honors program and have completed my training in electrophysiology, passed my boards, and have spoken at national and international meetings. Yet, I continue to wait for the moment when someone figures out that I have no idea what I am doing, I am a fraud. *I am an imposter.*

"Impostor phenomenon" (now more commonly referred to as "Imposter Syndrome") was first described in 1978 by psychologists Clance and Imes in highly accomplished women.<sup>1</sup> It is now known that men are also affected. Those who suffer from imposter syndrome attribute their success to *external factors*, rather than their own merit, and believe that most (or all) of their achievements are a result of chance or error.

There are several features that are common to those who suffer from imposter syndrome<sup>2</sup>:

- Perfectionism
- Dread of evaluation/terror of failure
- Defining intelligence in a skewed manner (overestimating others and underestimating oneself)
- Guilt about success
- Generalized anxiety

Imposter syndrome can be broken down into several subtypes<sup>3</sup>:

- (1) **The perfectionist**: They believe that competence is defined by perfection and anything less than that is considered failure. They focus on what could have been done better.
- (2) **Natural genius**: They measure their competence by how easily any achievement/success comes to him/her. Hard work/perseverance are viewed negatively, as success should have come more easily.
- (3) **Superman/Superwoman**: They view competence as the ability to juggle multiple things at once and being successful at it all. Falling short in one area is viewed as a total failure.
- (4) **Expert**: They measure competence based on their volume of knowledge/skill. They fear being exposed as inexperienced owing to lack of knowledge.
- (5) **Soloist**: They measure competence by being successful on their own. Having to ask for help is considered a failure.

Looking at the personality traits that draw us into medicine and allow us to excel in medical school, residency, and fellowship, it is easy to see how these same traits can become maladaptive. Surveys of medical students, surgery residents, and hospitalists have shown rates of imposter syndrome between 25% and 76%, with men and women affected similarly. Among hospitalists, there was no difference between years of experience or mentorship.<sup>4, 5, 6</sup>

Imposter syndrome can have a negative impact on performance. Overpreparing, procrastinating, and working longer hours to avoid errors (or to prove competence) can increase rates of anxiety, depression, and burnout. Additionally, physicians will avoid opportunities for promotion/growth owing to fears of being exposed. The lack of promotion reinforces feelings of inadequacy and self-doubt. Imposter syndrome is isolating. Physicians often suffer in silence owing to a fear of being "found out."

*What can we do about it personally?* Acknowledge your feelings. Discuss how you feel with a trusted colleague or mentor. Ask for truthful and objective feedback. Seek counseling for strategies to deal with anxiety, worry, or fear. Teach others—this will reinforce your knowledge base. Set *reasonable* goals and expectations. Take time to celebrate and relish your success before moving on to the "next thing." Review your resume and reflect on your success. **If you are in the room, you deserve to be there.**

*What can we do to address imposter syndrome in our trainees?* We could start with promoting a growth mindset. Failure is a part of growth, rather than proof of being an imposter. We should encourage self-reflection and goal setting, while creating a supportive environment that promotes learning rather than comparison to one's peers. If a trainee attributes success to external factors, ("I got lucky," "They must have needed a woman/minority for the role," etc), redirect them by pointing out their technical skill set, knowledge base, or leadership skills. We need to increase diversity within our field to improve inclusion among our trainees. Lastly, we have the power to create a safe environment for the communication of self-doubt and vulnerability. Vulnerability is a strength, not the sign of an imposter.

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# The Imposter Phenomenon in High Achieving Women: Dynamics and Therapeutic Intervention

Pauline Rose Clance & Suzanne Imes

*Georgia State University  
University Plaza  
Atlanta, Georgia 30303*

**Abstract:** *The term impostor phenomenon is used to designate an internal experience of intellectual phonies, which appears to be particularly prevalent and intense among a select sample of high achieving women. Certain early family dynamics and later introjection of societal sex-role stereotyping appear to contribute significantly to the development of the impostor phenomenon. Despite outstanding academic and professional accomplishments, women who experience the impostor phenomenon persists in believing that they are really not bright and have fooled anyone who thinks otherwise. Numerous achievements, which one might expect to provide ample object evidence of superior intellectual functioning, do not appear to affect the impostor belief. Four factors, which contribute to the maintenance of impostor feelings over time, are explored. Therapeutic approaches found to be effective in helping women change the impostor self-concept are described.*

In the past five years we have worked in individual psychotherapy, theme-centered international groups, and college classes with over 150 highly successful women -- women who have earned PhDs in various specialties, who are respected professionals in their fields, or who are students recognized for their academic excellence. However, despite their earned degrees, scholastic honors, high achievement on standardized tests, praise and professional recognition from colleagues and respected authorities, these women do not experience an internal sense of success. They consider themselves to be "impostors." Women who experience the impostor phenomenon maintain a strong belief that they are not intelligent; in fact they are convinced that they have fooled anyone who thinks otherwise. For example, students often fantasize that they were mistakenly admitted to graduate school because of an error by the admissions committee. Numerous women graduate students state the their high examination scores are due to luck, to misgrading, or to the faulty judgment of professors. Women professionals in our sample feel over evaluated by colleagues and administrators. One women professor said, "I'm not good enough to be on the faculty here. Some mistake was made in the selection process." Another, the chairperson of her department, said, "Obviously I'm in this position because my abilities have been overestimated." Another women with two master's degrees, a PhD., and numerous publications to her credit considered herself unqualified to teach remedial college classes in her field. In other words, these women find innumerable means of negating any external evidence that contradicts their belief that they are, in reality, unintelligent.\*

\*The question has been raised as to whether or not men experience this phenomenon. In our clinical experience, we have found that the phenomenon occurs with much less frequency in men and that when it does occur, it is with much less intensity. We have received mixed opinions from male colleagues with whom we have consulted. The attribution research findings, summarized later, imply that the impostor phenomenon would be found less frequently in men than in women. We have noticed the phenomenon in men who appear to be more in touch with their "feminine" qualities. This clinical observation needs to be researched.

Self-declared impostors fear that eventually some significant person will discover that they are indeed intellectual impostors. One woman stated, "I was convinced that I would be discovered as a phony when I took my comprehensive doctoral examination. I thought the final test had come. In one way, I was somewhat relieved at this prospect because the pretense would finally be over. I was shocked when my chairman told me that my answers were excellent and that my paper was one of the best he had seen in his entire career."

Women who exhibit the impostor phenomenon do not fall into any one diagnostic category. The clinical symptoms most frequently reported are generalized anxiety, lack of self-confidence, depression, and frustration related to inability to meet self-imposed standards of achievement.

Included in our sample have been 95 undergraduate women and 10 Ph D faculty women at a small academically acclaimed private Midwestern co-educational college; 15 undergraduates, 20 graduate students, and 10 faculty members at a large southern urban university; six medical students from northern and southern universities; and 22 professional women in such fields as law, anthropology, nursing, counseling, religious education, social work, occupational therapy, and teaching. They were primarily white middle- to upper-class women between the ages of 20 and 45. Approximately one-third were therapy clients with specific presenting problems (other than the impostor problem); the other two-thirds were in growth-oriented interaction groups or classes taught by the authors.

While our focus has been on understanding the more personal, experiential effects of the impostor feelings, we find confirmation of our observations in the experimental findings of attribution theorists, who in recent years have begun to study differential attribution of success by men and women. In her review of the research on sex differences in the attribution process, Deaux (1976) points to considerable evidence that women consistently have lower expectancies than men of their ability to perform successfully on a wide variety of tasks. The findings of the research cited by Deaux are consistent with the following principals: 1) An unexpected performance outcome will be attributed to a temporary cause. 2) An expected performance outcome will be attributed to a stable cause. In line with their lower expectancies, women tend to attribute their successes to temporary causes, such as luck or effort, in contrast to men who are much more likely to attribute their successes to the internal, stable factor of ability. Conversely, women tend to explain failure with lack of ability, whereas men more often attribute failure to luck or task difficulty. Given the lower expectancies women have for their own (and other women's) performances, they have apparently internalized into a self-stereotype the societal sex-role stereotype that they are not considered competent (see Broverman, *et al.*, 1972; Rosenkrantz, *et al.*, 1968). Since success for women is contraindicated by societal expectations and their own internalized self-evaluations, it is not surprising that women in our sample need to find explanation for their accomplishments other than their own intelligence -- such as fooling other people.

Thus, unlike men, who tend to own success as attributable to a quality inherent in themselves, women are more likely either to project the cause of success outward to an external cause (luck) or to a temporary internal quality (effort) that they do not equate with inherent ability. Deaux suggests that "If ... an unexpected event is attributed to some temporary factor, then future expectancies may remain unchanged, producing a self-perpetuating cycle." She further proposes, however, that repeated success experiences over a period of time should begin to change one's expectancies. We have been amazed at the self-perpetuating nature of the impostor phenomenon -- with the pervasiveness and longevity of the impostor feelings of our high achieving women, with their continual discounting of their own abilities and persistent

fear of failure. We have not found repeated successes alone sufficient to break the cycle. Additional factors that appear to strengthen the maintenance of the impostor phenomenon are discussed in the following section.

## **Origin, Dynamics and Maintenance**

Why do so many bright women, despite consistent and impressive evidence to the contrary, continue to see themselves as impostors who pretend to be bright but who really are not? What are the origins and dynamics of such a belief and what functions could be served by holding on to such a belief?

We have observed that our "impostors" typically fall into one of two groups, with respect to early family history. In one group are women who have a sibling or close relative who have been designated as the "intelligent" member of the family. Each of the women, on the other hand, has been told directly or indirectly that she is the "sensitive" or socially adept one in the family. The implication from immediate and/or extended family members is that she can never prove that she is as bright as her siblings regardless of what she actually accomplishes intellectually. One part of her believes the family myth; another part wants to disprove it. School gives her an opportunity to try to prove it to her family and herself that she is bright. She succeeds in obtaining outstanding grades, academic honors, and acclaim from teachers. She feels good about her performance and hopes her family will acknowledge that she is more than just sensitive or charming.

However, the family seems unimpressed, still attributing greater intelligence to the "bright" sibling whose academic performance is often poorer by comparison. On the one hand, the woman who feels she is an impostor continues to be driven to find ways of getting validation for her intellectual competence; on the other hand, she thinks her family may be correct, secretly doubts her intellect, and begins to wonder if she has gained her high marks through sensitivity to teachers' expectations, social skills, and feminine charms. Thus, the impostor phenomenon emerges.

A different family dynamic operates for the second group of women experiencing the impostor phenomenon. The family conveys to the girl that she is superior in every way -- intellect, personality, appearance, and talents. There is nothing that she cannot do if she wants to, and she can do it with ease. She is told numerous examples of how she demonstrated her precocity as an infant and toddler, such as learning to talk and read very early or reciting nursery rhymes. In the family members' eyes she is perfect.

The child, however, begins to have experiences in which she cannot do any and everything she wants to. She *does* have difficulty in achieving certain things. Yet she feels obligated to fulfill expectations of her family, even though she knows she cannot keep up the act forever. Because she is so indiscriminately praised for everything, she begins to distrust her parents' perceptions of her. Moreover, she begins to doubt herself.

When she goes to school her doubts about her abilities are intensified. Although she does outstanding work, she does have to study to do well. Having internalized her parents' definition of brightness as "perfection with ease," and realizing that she cannot live up to this standard; she jumps to the conclusion that she must be dumb. She is not a genius; therefore, she must be an intellectual impostor.



One of our clients who had trouble with spelling remembers that she pretended to be "sick" for three consecutive Fridays when spelling bees were held. She could not bear the thought of her parents finding out she could not win the spelling contest. Another client recalled that when she was studying she would pretend to be playing with her art material whenever her mother walked in the room. Her mother had made it very clear to her that smart people do not have to study. By using such cover-up strategies our clients believe they have managed to fool their parents, but internally they are painfully convinced they are phonies.

As we have indicated, our observations have led us to believe that the impostor phenomenon begins to develop originally in both groups of girls in relation to the family. It has been suggested to us that the real root of the problem lies in social expectations mentioned earlier. This is a chicken or egg problem that definitely needs to be researched. However, our current hypothesis is that the high achieving women in our sample escaped, at least to some degree, the societal sex-role stereotyping in the preschool years that can be transmitted through the parents. Even the women in our sample who were not considered the brighter child were expected by their parents to do well in school. The fact that these women continued to succeed in spite of antithetical societal expectations implies strong early instilment of achievement motivation. We do believe that the societal stereotype of women being less able intellectually than men begins to exacerbate and confirm at an early age the self-doubts that have already begun to develop in the context of the family dynamics. One study (Nicholls, 1975) indicates that differential attribution of success and failure by girls and boys is already operative by the age of ten. The girls in the "sensitive" group appear to develop their original self-doubts about their intellect from the differential between their perception that they are not considered bright and their actual high achievements. The girls in the "bright" group first develop self-doubts from the small differential between what they are expected to achieve and what they can achieve. Feelings of phoniness for both groups are further affirmed by the differential between high achievement and low societal expectations. The women's own self-image of being a phony is consonant with the societal view that women are not defined as being competent. If a woman does well, it cannot be because of her ability but must be because of some fluke. If she were to acknowledge her intelligence, she would have to go against the views perpetuated by a whole society - an ominous venture indeed! And yet the women we have encountered, by their very perseverance in continuing to succeed against tremendous odds, appear to want also to prove themselves and society wrong. At the same time there are intense and deep-seated beliefs in the impostor position, there are also strong (though frequently unsuccessful) attempts to overcome it.

Why is the impostor phenomenon so difficult to overcome? We have observed at least four different types of behaviors, which tend to maintain the impostor phenomenon once the posture of being an intellectual phony has been assumed. A woman may participate in one or more of these behaviors, but seldom all of them.

The first type of behavior involves diligence and hard work. The fear that "my stupidity will be discovered" is constantly present; consequently the woman studies or works very hard to prevent the discovery. Hard work and study pay off in excellent performance and approval from authorities. The cycle, worry about intelligence -- hard work and cover-up strategies -- good grades or performance -- approval and temporary good feelings, is reinforcing. The woman feels elated temporarily and such feelings of success make the cycle very hard to give up. She develops an unstated but vaguely aware belief that if she were to think she could succeed she would actually fail. Her belief takes on the quality of a magical ritual, which will guarantee at least an overt success. However, the success is an empty one, and the good feelings are short lived because the underlying sense of phoniness remains untouched.

A second mode of behavior centers on a sense of phoniness, which is based in part in reality. Many of our clients engage in intellectual inauthenticity in one way or another. They have chosen at times not to reveal their real ideas or opinions. Instead they have accurately "psyched out" their professors, supervisors, and colleagues and given them what they most wanted to hear. They have participated in "intellectual flattery." For example, a student might note a professor's biases and be sure to cite numerous studies, which would support those biases on an exam question or in a paper, even though she might personally hold different views. In writing a grant proposal for an educational program one client included her supervisor's ideas and downplayed her own. A subtler example is the woman who remains silent in the face of an opposing viewpoint. Consequently she is left with the impression, "If I had revealed what I really think and believe, I might not have done well. I might have been considered unintelligent." This type of avoidance prevents our clients from discovering whether or not authentic views would have been evaluated as sensible, and it thus contributes to the maintenance of the impostor phenomenon.

Another kind of behavior has to do with using charm and perceptiveness to win the approval of superiors. For a woman who uses charm in this way, the aim is to be liked as well as to be recognized as intellectually special. Typically, she believes, "I am stupid," but at another level she believes she is brilliant, creative, and special if only the right person would discover her genius and thereby help her believe in her intellect. She first finds a candidate she respects and then proceeds to impress that person. She studies the person carefully and perceives very accurately what that person will be responsive to. She uses her friendliness, charm, looks, humor, sexuality, and perceptiveness to win the person over. For example, if the potential mentor grows mushrooms, the woman will make it her business to be able to converse enthusiastically and knowledgeably about mushroom growing. If the candidate is in a difficult situation, the woman listens with understanding and concern. She may volunteer to assist a professor with his/her pet research project. She may even become sexually involved with her mentor. This process of seeking (and usually gaining) approval from an admired authority figure is unsuccessful in changing the impostor system for two reasons. First, even when the mentor does acclaim her as intellectually superior, creative, and special, she does not believe him/her because she believes the mentor has based his/her opinion primarily on her other attributes. The current candidate is discounted as unable to judge her accurately. She begins a search for another mentor and will repeat the same self-defeating process. Second, the woman continues to believe that if she were really bright she would not need outside approval. She should have internally-based confidence in her own ability. Thus, efforts to gain approval give proof that she is intellectually phony. After all, people who are geniuses or innovators in their fields manage to be productive and creative despite lack of support from others; they certainly would not resort to adaptive or placating behaviors to gain validation. To engage in such phoniness is to lack integrity in the eyes of our clients.

The phenomenon may be further maintained in response to the negative consequences that are likely to befall the woman in our society who displays confidence in her ability. Margaret Mead (1949) has noted that the successful or independent woman "is viewed as a hostile and destructive force within society." According to Mead, a woman's femininity is called into question by her success. Martina Horner's (1972) studies support Mead's observation that for a woman to succeed in our culture is indeed a fearsome venture. Horner indicates that many women have motive to avoid success out of a fear that they will be rejected or considered less feminine if they do succeed. Maccoby (1963) has asserted that "the girl who maintains qualities of independence and active striving (achievement-orientation) necessary for intellectual mastery defies the convention of sex-appropriate behavior and must pay a price, a *price in anxiety*." To maintain a sense of herself as being an intellectual phony may allow a high

achieving woman to live out her achievement orientation to a large degree and at the same time allay some of her fears about the negative consequences of being a successful woman in our society. As long as she maintains the notion that she is not bright, she imagines that she can avoid societal rejection.

## Therapy

Evidence of the impostor phenomenon has typically emerged after an individual has been in a group or individual psychotherapy for several sessions. It is rarely stated as the presenting problem since it is a well-guarded secret, which is not shared immediately. The "imposter" is so convinced her belief is correct that nothing could be done to change it anyway. She also believes that if she revealed her assumed unique feelings of phoniness she would meet with criticism or at least very little understanding on the part of others. It is generally her anxiety about achieving a particular goal, which leads her to disclosed feelings of intellectual phoniness.

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 inter-actional 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 not astonished and relieved to find they are not alone.

A group setting is also valuable because one woman can see the dynamics in another woman and recognize the lack of reality involved. Mary cannot believe that Jane thinks she is stupid. After all, Jane has a PhD from an outstanding university, is a respected professor, and is obviously bright. In a group setting, the ways in which an individual negates positive feedback and maintains her belief system emerge in clear relief and can be brought to the attention of the client.

The client needs to become aware of the superstitious, magical aspects of her impostor belief and must consciously experiment with changing her ritualistic behaviors. For example, she is encouraged to study for an exam with the expectation, "I will do well on this exam" rather than, "I may fail." When she is able to succeed without the self-doubting beforehand, she has made a major breakthrough in undoing her ritual of predicting failure. Weekly homework assignments to practice new ideas about the self as well as to decrease compulsive work habits (which perpetuate "effort" attributions) can also be very useful. However, we have found that such assignments must be suggested in small, incremental steps. Since the old phoniness feelings and hard-work habits are so powerfully associated with at least overt success, trying to give them up too quickly, before other attitudes and habits have been experienced as personally more satisfying, can result in acute anxiety and/or reversion to the relative security of old ways.

One effective Gestalt experiment is to have the client recall all the people she thinks she has fooled, to tell them in fantasy how she conned or tricked them, and to have her imagine out loud how each person would respond to her. "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."

A helpful homework assignment is to have the client keep a record of positive feedback she receives about her competence and how she keeps herself from accepting this feedback. After she becomes aware of how she denies compliments, she is instructed to experiment with

doing the opposite -- to listen, to take in the positive response, and to get as much nourishment as possible out of it.

Another productive Gestalt technique is to have the client role-play the opposite of "I'm not bright," *i.e.*, to have her act out being bright, feeling it and expressing it in the presence of the group or therapist. Reactions to this role play are varied. Frequently a woman gets in touch with and is able to reveal a heretofore hidden fantasy that she is special and outstanding -- a facet of the self-image that lurks beneath the overriding feeling of self-doubt. She can then work through the fears and guilt that accompany the fantasy of specialness and can move toward a realistic and self-affirming view of her own abilities, neither overestimating nor underestimating them. This role play helps some women confront their fears of success. This usually happens when a client is particularly resistive to the exercise, having difficulty acting out such an "arrogant" position. Through confronting her resistances to the exercise, the client confronts her catastrophic fantasies about the consequences of being successful. She may discover she is frightened that others would consider her exhibitionistic, snobbish, or unfeminine. Such fears are often accompanied by memories of concrete experiences, such as being kidded by other children when teachers singled her out for outstanding work or being shunned by boys who felt intellectually inferior. In taking the stance of being bright and capable, many women experience a rewarding sense of their personal power. If, as is often the case, they receive applause from other group members for such self-affirmation, their fears about acknowledging their brightness begin to subside.

For a woman who has used charm and/or intellectual flattery to gain approval from authority figures, much time is spent on increasing awareness of those times when she is being phony -- when she does or says something she does not want to in the hope of gaining approval. She is encouraged to risk "being herself" and seeing what happens. Usually the catastrophic expectations do not occur. Also, by eliminating approval-getting behaviors, the woman can begin to accept compliments from others regarding her intelligence as being "real" and can internalize the external reinforcement she does receive. In the course of therapy, these clients are also encouraged to seek out people who will support them in their struggle to be authentic and not to depend on those who would be threatened by their abilities and achievements.

As a result of a combination of such therapeutic interventions in conjunction with a commitment to change, a high achieving woman who has previously considered herself an impostor begins to allow herself to state and feel, "I am intelligent. I have learned and achieved a tremendous amount. It is all right for me to believe in my own intellectual abilities and strengths." She begins to be free of the burden of believing she is a phony and can more fully participate in the joys, zest, and power of her accomplishments.

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# WHY EVERYONE FEELS LIKE THEY'RE FAKING IT

*The concept of Impostor Syndrome has become ubiquitous. Critics, and even the idea's originators, question its value.*

**By Leslie Jamison**

February 6, 2023



*The psychologists who developed the concept never imagined its current ubiquity.* Illustration by Sophi

Miyoko Gullbrants

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Long before Pauline Clance developed the idea of the impostor phenomenon—now, to her frustration, more commonly referred to as impostor syndrome—she was known by the nickname Tiny. Born in 1938 and raised in Baptist Valley, in Appalachian Virginia, she was the youngest of six children, the daughter of a sawmill operator who struggled to keep food on the table and gas in the tank of his timber truck. Tiny was ambitious—her photograph appeared in the local newspaper after she climbed onto a table to deliver her rebuttal during a debate tournament—but she was always second-guessing herself. After nearly every test she took (and usually aced), she would tell her mother, “I think I failed it.” She was shocked when she beat the football-team captain for class president. She was the first in her family to go to college—a high-school counsellor warned her, “You’ll be doing well if you get C’s”—after which she earned a Ph.D. in psychology, at the University of Kentucky. But, everywhere she went, Clance felt the same nagging sense of self-doubt, the suspicion that she’d somehow tricked everyone else into thinking she belonged.

In the early seventies, as an assistant professor at Oberlin College, Clance kept hearing female students confessing experiences that reminded her of her own: they were sure they’d failed exams, even if they always did well; they were convinced that they’d been admitted because there had been an error on their test scores or that they’d fooled authority figures into thinking they were smarter than they actually were. Clance began comparing notes with one of her colleagues, Suzanne Imes, about their shared feelings of fraudulence. Imes had grown up in



Abilene, Texas, with an older sister who early on had been deemed “the smart one”; as a high schooler, Imes had confessed anxieties to her mother that sounded exactly like the ones Clance had to hers. Imes particularly remembered crying after a Latin test, telling her mother, “I know I failed” (among other things, she’d forgotten the word for “farmer”). When it turned out that she’d got an A, her mother said, “I never want to hear about this again.” But her accomplishment didn’t make the feelings go away; it only made her stop talking about them. Until she met Clance.

One evening, they threw a party for some of the Oberlin students, complete with strobe lights and dancing. But the students looked disappointed and said, “We thought we were going to be learning something.” They were hypervigilant, so intent on staving off the possibility of failure that they couldn’t let loose for even a night. So Clance and Imes turned the party into a class, setting up a circle of chairs and encouraging the students to talk. After some of them confessed that they felt like “impostors” among their brilliant classmates, Clance and Imes started referring to the feelings they were observing as “the impostor phenomenon.”

The pair spent five years talking to more than a hundred and fifty “successful” women: students and faculty members at several universities; professionals in fields including law, nursing, and social work. Then they recorded their findings in a paper, “The Impostor Phenomenon in High Achieving Women: Dynamics and Therapeutic Intervention.” They wrote that women in their sample were particularly prone to “an internal experience of intellectual phoniness,” living in perpetual fear that “some significant person will discover that they are indeed intellectual impostors.” But it was precisely this process of discovery that helped Clance and Imes formulate the concept—as they recognized feelings in each other, and in their students, that they’d been experiencing all their lives.

At first, the paper kept getting rejected. “Weirdly, we didn’t get impostor feelings about that,” Clance told me, when I visited her at her home, in Atlanta. “We believed in what we were trying to say.” It was eventually published in 1978, in the

journal *Psychotherapy: Theory, Research, and Practice*. The paper spread like an underground zine. People kept writing to Clance to ask for copies, and she sent out so many that the person working the copy machine in her department asked, “What are you doing with all these?” For decades, Clance and Imes saw their concept steadily gaining traction—in 1985, Clance published a book, “The Impostor Phenomenon,” and also released an official “I.P. scale” for researchers to license for use in their own studies—but it wasn’t until the rise of social media that the idea, by now rebranded as “impostor syndrome,” truly exploded.

Almost fifty years after its formulation, the concept has achieved a level of cultural saturation that Clance and Imes never imagined. Clance maintains a list of studies and articles that have referenced their original idea; it is now more than two hundred pages long. The concept has inspired a micro-industry of self-help books, ranging in tone from #girlboss self-empowered sass (“The Middle Finger Project: Trash Your Imposter Syndrome and Live the Unf\*ckwithable Life You Deserve”) to unapologetic earnestness (“Yes! You Are Good Enough: End Imposter Syndrome, Overthinking and Perfectionism and Do What YOU Want”). “The Imposter Syndrome Workbook” invites readers to draw their impostor voice as a creature or a monster of their choosing, to cross-examine their negative self-talk, and to fill a “Self-Love Mason Jar” with written affirmations and accomplishments.

The phrase “impostor syndrome” often elicits a fierce sense of identification, especially from millennial and Gen X women. When I put out a call on Twitter for experiences of impostor syndrome, I was flooded with responses. “Do you have room in your inbox for roughly 180,000 words?” a high-level publishing executive wrote. A graduate of Trinity College Dublin confessed that her feelings of fraudulence were so strong that she’d been unable to enter the college’s library for her entire first year. A university administrator said, “I grew up on a pig farm in rural Illinois. Whenever I attend a fancy event, even if it is one I am producing, I feel like people will still see hayseed in my hair.” An artisanal-cider maker wrote,

“I’ve made endless ciders, but each and every time that I start fermenting, my mind goes, ‘This is the one when everyone will find out you don’t know what you’re doing.’”

The eminent are not immune. In fact, Clance and Imes argued forcefully in their original study that success was not a cure. Maya Angelou once said, “I have written eleven books, but each time I think, Uh-oh, they’re going to find out now. I’ve run a game on everybody, and they’re going to find me out.” Neil Gaiman, in a commencement address that went viral, described his fear of being busted by the “fraud police,” whom he imagined showing up at his door with a clipboard to tell him he had no right to live the life he was living. (Although men do report feeling like impostors, the experience is primarily associated with women, and the word “impostor” has been granted special feminized forms—“impostrix,” “impostress”—since the sixteen-hundreds.)



*"If the clients want to put a pin in my idea, I'll put a pin in them!"*

Cartoon by Farley Katz



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Clance and Imes remain stunned by how broadly their idea has circulated. “We had no idea,” Imes said. “We were just as surprised as everyone else.” But their ambitions were never small. “We saw suffering in a lot of people, and we hoped we could help,” Imes told me. “We wanted to change people’s lives.”

Clance lives in a craftsman bungalow in Druid Hills, a leafy Atlanta neighborhood. When I visited, the first thing that I noticed in the front hallway was a wooden statue of a naked woman triumphantly holding a mask above her head. Masks feature prominently in Clance’s writing on the impostor phenomenon. Her book has three main sections—“Putting on the Mask,” “The Personality Behind the Mask,” and “Taking Off the Mask”—and argues that impostor feelings come from a conviction that “I have to mask who I am.”

Now eighty-four years old, Clance has a slight, birdlike frame and is nimble-minded and affable. Draped in a wool blanket and sipping on a protein shake, she told me about years of therapeutic work with clients experiencing the impostor phenomenon, work that often focussed on early family dynamics. Clance and Imes’s original paper identified two distinct family patterns that gave rise to impostor feelings: either women had a sibling who had been identified as “the smart one” or else they themselves had been identified as “superior in every way—intellect, personality, appearance, talent.” The pair theorized that women in the first group are driven to find the validation they didn’t get at home but end up doubting whatever validation later comes their way; those in the second group

encounter a disconnect between their parents' unrealistic faith in their capacities and the experience of fallibility that life inevitably brings. For both types of "impostors," the crisis comes from the disjunction between the messages received from their parents and the messages received from the world. Are my parents right (that I'm inadequate), or is the world right (that I'm capable)? Or, conversely, are my parents right (that I'm perfect), or is the world right (that I'm failing)? This gap gives rise to a conviction that either the parent is wrong or the world is. The impostor begins to do everything possible to prevent being discovered in her self-perceived deficiencies. Clance and Imes cite one client who, as a child, "pretended to be 'sick' for three consecutive Fridays when spelling bees were held. She could not bear the thought of her parents finding out she could not win the spelling contest." Another client pretended to be playing with art supplies instead of studying whenever her mother walked into the room, because her mother had taught her that naturally smart people don't have to study.

Clance and Imes describe the cycle that impostor feelings often produce—a sense of impending failure that inspires frenzied hard work, and short-lived gratification when failure is staved off, quickly followed by the return of the old conviction that failure is imminent. Some women adopt a kind of magical thinking about their pessimism: daring to believe in success would actually doom them to failure, so failure must be anticipated instead. The typical case hides her own opinions, fearing that they will be seen as stupid; she might seek the approval of a mentor but then believe it has been secured only because of charm or appeal; she may hate herself for even needing this validation, taking the need itself as proof of her intellectual phoniness.

Repeated successes usually don't break the cycle, Clance and Imes emphasize. All the frenzied efforts and mental calculations that are directed into preventing the discovery of one's inadequacy and fraudulence ultimately just reinforce the belief in this inadequate, fraudulent version of the self.

Clance has seen clients healed not by success but by the kind of resonance she found with Imes. Bolstered and sustained by group therapy with other women—it's easier to believe *other* women aren't impostors—they can then bring this recognition of others' delusion back to themselves. Sometimes Clance asked clients to keep a notebook recording how they deflected compliments (reminding me of a woman who tweeted about reckoning with impostor feelings by creating a file on her computer called "evidence I'm not an idiot"). Clance also often gave clients "homework assignments," such as asking them to study for only six hours for an upcoming test, rather than twelve. The mere idea of this gave me a pang of anxiety, and I ventured that it would be terrible if they ended up failing as a result. She nodded. "Yep. Then you really set them back."

Clance and Imes have remained friends, and both relocated from Ohio to Atlanta nearly forty years ago—Clance to teach at Georgia State, Imes to get a Ph.D. there. For a while, they even practiced therapy in the same building, a stucco house tucked away at the end of a long, shaded driveway, where Imes still sees clients. I met her there the day after Stacey Abrams lost her second gubernatorial bid, and the neighborhood was peppered with lawn signs that now seemed elegiac. Imes's office was a cozy den of soft couches and throw pillows, walls hung with quilts, and a Peruvian rice goddess dangling above us—necklace-draped, wings outstretched.

Imes has white curly hair and wore dark-red lipstick and bulky clogs that she slipped off immediately—"I think better without my shoes"—so that she could place her feet beside me on the couch. (Later, she told me she has written on the role of physical touch in therapy.) A bookshelf behind her featured family photos from her clients. Imes asked if I got anxious before interviews like this—confessing that she always does—and soon I was talking about how shy I'd been in junior high school, and how I still worried that the wrong interview questions

would expose how little I knew about the subject, or somehow reveal that I'm not a "real" journalist. Run-of-the-mill impostor feelings.

Imes told me that her own impostor feelings flared up when she was applying for Ph.D. programs while studying at the Gestalt Institute of Cleveland. But as a therapist she found the Gestalt approach well suited to reckoning with such feelings; she explained that the Gestalt method involves owning all the various parts of yourself, accepting them instead of trying to get rid of them, and understanding their function in the larger whole. In this way, the approach offers not only an antidote to the belief in a shameful self at the core of one's being, a kernel that must be concealed, but also an intrinsic understanding of the self as many selves, rather than static or overly coherent.

Both Imes and Clance underwent Gestalt therapy, and Clance found that the work helped her recognize more fully what her mother—not always a deeply nurturing presence in her life—had done for her, and for their whole family. When I asked Clance if reckoning with delusions about her own deficiency had been connected to reckoning with the primal delusion of her mother as a "deficient" mother, she said yes, absolutely. Ultimately, she felt that her mother was able to appreciate the career she'd built, and the person she'd become. One time, she was visiting home and her mother called on her to talk to a relative in distress: "Tiny, you need to get down here, because he's going to kill himself!" The request seemed like proof that her mother understood the importance of her work. In that moment, Clance felt some congruence between the messages she was getting from the world and the messages she was getting from her mother, a bridging of the gap she'd helped other women notice in their childhoods.

As part of the process of understanding and accepting various aspects of the self, Gestalt often involves "empty-chair" work, in which you might have an imagined conversation with someone important—a dead mother, a former lover—and play out both parts of the conversation, sometimes switching chairs, in order to reckon with the lasting influence of the relationship. A philosophy pointed toward

integration makes sense as an antidote to impostor feelings, which can fuel a selective self-presentation driven by shame: I can show only this part of myself and must keep that part of myself hidden.

One of the cornerstones of the work Clance and Imes did with their clients was an empty-chair exercise in which they were asked to imagine having conversations with all the authority figures they'd ever "tricked" into thinking they were smarter or more competent than they actually were. Clance would gently invite them to consider the ways that their impostor feelings constituted, implicitly, a kind of solipsism—understanding everyone else as so easily tricked—telling them, "Line up all the professors you fooled and say, 'I fooled you!'"

The first time I used the phrase "impostor syndrome" about myself, I was—as it happens—describing experiences I'd had with my own professors. This was 2015, and I'd given a lecture at a small liberal-arts college in Michigan. At a dinner afterward, I found myself telling a professor about the anxieties I'd experienced as a Ph.D. student. In seminars, I often felt as if anything I said aloud would reveal that I did not understand the first thing about Heidegger; or that I had read only three chapters of "Discipline and Punish." Once, in a moment of panic, I'd said I *loved* Donna Haraway, afraid to confess that I'd never read her at all, and I was sometimes confronted with this fraudulent love, an impostor even in my affinities.

The experience I was trying to describe was more specific than mere self-doubt; it was a fear of being *found out*, revealed for what I really was. And it was an anxiety that I felt complicit in, having produced these false fronts with my lies. I didn't feel that I was saying anything particularly dramatic. By then, impostor syndrome was already something that people routinely confessed about their experiences in high-achieving environments. But it did feel like a genuine exposure of various low-key humiliations: the blooming circles of dark sweat under my armpits as I larded my



sentences with jargon, the scrambled, panicked posturing of theoretical preferences.

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*“Then you make a little well in the middle for the water . . .”*

Cartoon by Evan Lian



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Once I'd finished this brief summary of my impostor syndrome—trying on the term, which wasn't one I could remember using before—my dinner companion, another white female academic, replied curtly, “That's such a white-lady thing to say.”

In the wake of her comment, the table quieted a bit as people sensed—the way a constellation of strangers often can—the presence of some minor friction. My seatmate and I turned to the only woman of color at the table, a Black professor, so that she could, presumably, tell us what to think about the whiteness of impostor syndrome, though perhaps there were things she wanted to do (like finish eating dinner) more than she wanted to mediate a spat between two white ladies about whether we were saying white-lady things or not. She graciously explained that she didn't particularly identify with the experience. She hadn't often felt like an impostor, because she had more frequently found herself in situations where her competence or intelligence had been underestimated than in ones where it was taken for granted.

In the years since then, I've heard many women of color—friends, colleagues, students, and people I've interviewed on the subject—articulate some version of this sentiment. Lisa Factora-Borchers, a Filipinx American author and activist, told me, “Whenever I'd hear white friends talk about impostor syndrome, I'd wonder, How can you think you're an impostor when every mold was made for you? When you see mirror reflections of yourself everywhere, and versions of what your success might look like?”

Adaira Landry, an emergency-medicine physician at Brigham and Women's Hospital and a faculty member at Harvard Medical School, told me about her first day at the U.C.L.A. med school. Landry, a first-generation college student from an African American family, met a fellow first-year student, a man, who was already wearing a white coat, although they hadn't yet had their white-coat ceremony. His mother was in health care and his sister was in med school, and they'd informed him that if he wanted to be an orthopedic surgeon, which he did, it would be beneficial to start shadowing someone immediately. Landry went home that night feeling dispirited, as if she were already falling behind, and a classmate told her, “Don't worry, you just have impostor syndrome.”

For Landry, this was only the first of many instances of what she calls “the misdiagnosis of impostor syndrome.” Landry understands now that what her classmate characterized as a crisis of self-doubt was simply an observation of an external truth—the concrete impact of connections and privilege. Eventually, Landry looked up Clance and Imes’s 1978 paper; she didn’t identify with the people described in it. “They interviewed a set of primarily white women lacking confidence, despite being surrounded by an educational system and workforce that seemed to recognize their excellence,” she told me. “As a Black woman, I was unable to find myself in that paper.”

Since then, Landry has had countless conversations with students who feel they are struggling with impostor syndrome, and she usually senses a palpable relief when she suggests that they are feeling like this not because there is something wrong with them but because they are “enveloped in a system that fails to support them.” Ironically, her students’ relief at being liberated from the label of impostor syndrome reminds me of the relief that Clance and Imes witnessed when they first offered the concept to their clients. In both cases, women were being told, “You are not an impostor. You are enough.” In one case, an experience was diagnosed; in the other, the diagnosis was removed.

**I**n 2020, almost fifty years after Clance and Imes collaborated on their article, another pair of women collaborated on an article about impostor syndrome—this one pushing back fiercely against the idea. In “Stop Telling Women They Have Imposter Syndrome,” published in the *Harvard Business Review*, in February, 2021, Ruchika Tulshyan and Jodi-Ann Burey argue that the label implies that women are suffering from a crisis of self-confidence and fails to recognize the real obstacles facing professional women, especially women of color—essentially, that it reframes systemic inequality as an individual pathology. As they put it, “Imposter syndrome directs our view toward fixing women at work instead of fixing the places where women work.”

Tulshyan started hearing the term a decade ago, when she left a job in journalism to work in the Seattle tech industry. She was attending women's leadership conferences where it seemed that everyone was talking about impostor syndrome and "the confidence gap," but no one was talking about gender bias and systemic racism. She got tired of hearing women, especially white women—her own heritage is Indian Singaporean—comparing notes on who had the most severe impostor syndrome. It seemed like another version of women sharing worries about their weight, a kind of communal self-deprecation that reiterated oppressive metrics rather than disrupting them.

During the early pandemic, she met up with Burey—another woman of color working in Seattle tech—for an outdoor lunch, and they compared notes on their shared frustration with the idea of impostor syndrome. There was a tremendous feeling of relief and resonance. As Tulshyan put it, "It was like everybody is telling you the sky is green, and suddenly you tell your friend, I think the sky is blue, and she sees it this way as well."

Burey, who was born in Jamaica, didn't feel like an impostor; she felt enraged by the systems that had been built to disenfranchise her. She also didn't experience any yearning to belong, to inhabit certain spaces of power. "White women want to access power, they want to sit at the table," she told me. "Black women say, This table is rotten, this table is hurting everyone." She resisted knee-jerk empowerment rhetoric that seemed to encourage a damaging bravado: "I didn't want to beef up myself to inflict more harm."

At their lunch, Tulshyan mentioned that she was writing a piece about impostor syndrome, and Burey immediately asked her, "Did you read the original article?" Like Adaira Landry, Burey had felt impelled to look it up and had been struck by its limitations. It wasn't a clinical study but a set of anecdotal observations, she told Tulshyan, largely gleaned from "high-achieving" white women who had received much affirmation from the world. "I must have spoken for twenty

minutes uninterrupted,” Burey recalled. After that, Tulshyan said, “It’s done. We’re collaborating.”

Like Clance and Imes, Tulshyan and Burey recognized in each other versions of the feelings that they themselves had been harboring—only these were feelings about the world, rather than about their psyches. They were sick of people talking about women having impostor syndrome rather than talking about biases in hiring, promotion, leadership, and compensation. They came to believe that a concept designed to liberate women from their shame—to help them confront the delusion of their own insufficiency—had become yet another way to keep them disempowered.

When I asked Clance and Imes about Tulshyan and Burey’s critiques, they agreed with many of them, conceding that their original sample and parameters were limited. Although their model had actually acknowledged (rather than obscured) the role that external factors played in creating impostor feelings, it focussed on things such as family dynamics and gender socialization rather than on systemic racism and other legacies of inequality. But they also pointed out that the popularization of their idea as a “syndrome” had distorted it. Every time Imes hears the phrase “impostor syndrome,” she told me, it lodges in her gut. It’s technically incorrect, and conceptually misleading. As Clance explained, the phenomenon is “an experience rather than a pathology,” and their aim was always to normalize this experience rather than to pathologize it. Their concept was never meant to be a solution for inequality and prejudice in the workplace—a task for which it would necessarily prove insufficient. Indeed, Clance’s own therapeutic practice was anything but oblivious of the external structural forces highlighted by Tulshyan and Burey. When mothers came to Clance describing their impostor feelings around parenting, her advice was not “Work on your feelings.” It was “Get more child care.”

Tulshyan and Burey never anticipated how much attention their article would receive. It has been translated and published all over the world, and is one of the

most widely shared articles in the history of the *Harvard Business Review*. They heard from people who had been given negative performance evaluations that featured euphemisms for impostor syndrome (“lacks confidence” or “lacks executive presence”) and even refused promotions on these grounds. The diagnosis has become a cultural force fortifying the very phenomenon it was supposed to cure.

**A**s the backlash against the concept of impostor syndrome spreads, other critiques have emerged. If everyone has it, does it exist at all? Or are we simply experiencing a kind of humility inflation? Perhaps the widespread practice of confessing self-doubt has begun to encourage—to *demand*, even—repeated confessions of the very experience that the original concept was trying to dissolve. The writer and comedian Viv Groskop believes that impostor syndrome has become a blanket term obscuring countless other problems, everything from long COVID to the patriarchy. She told me a story about standing in front of five hundred women and telling them, “Raise your hand if you have experienced impostor syndrome.” Almost every woman raised her hand. When Groskop asked, “Who here has *never* experienced impostor syndrome?,” only one (brave) woman did. But, at the end of the talk, this outlier came up to apologize—worried that it was somehow arrogant *not* to have impostor syndrome.

Hearing this story, I began to wonder if I'd confessed my own feelings of impostor syndrome to Dr. Imes as a kind of admission fee, to claim my seat—like putting my ante into the pot at a poker game. Who had made it possible for me to play this game? When I asked my mother, who is seventy-eight, if the concept resonated, she said it didn't; she'd struggled more with proving herself than with feeling like a fraud. She told me she suspected that most women in her generation (and even more in her mother's) were likelier to feel the opposite—"that we were being underestimated."

For many younger women, there's a horoscope effect at play: certain aspects of the experience, if defined capaciously enough, are so common as to be essentially universal. The Australian scholar and critic Rebecca Harkins-Cross—who often felt like an impostor during her university days, struggling with insecurities she now connects to her working-class background—has become suspicious of the ways impostor syndrome serves a capitalist culture of striving. She told me, "Capitalism needs us *all* to feel like impostors, because feeling like an impostor ensures we'll strive for endless progress: work harder, make more money, try to be better than our former selves and the people around us."

On the flip side, this relentless pressure deepens the exhilarating allure of people—specifically, women—who truly *are* impostors but refuse to see themselves as such. Think of the mass fascination with the antiheroine Anna Delvey (a.k.a. Anna Sorokin), who masqueraded as an heiress in order to infiltrate a wealthy world of New York socialites, and the hypnotic train wreck of Elizabeth Holmes, who built a nine-billion-dollar company based on fraudulent claims about her ability to diagnose a variety of diseases from a single drop of blood. Why do these women enthrall us? In the television adaptations that turned their lives into soap operas—"Inventing Anna" and "The Dropout"—their hubris offers a thrilling counterpoint to beleaguered self-doubt: Anna's extravagant cash tips and gossamer caftans, her willingness to overstay her welcome on a yacht in Ibiza, her utter

conviction—even once she was in jail—that it was the *world* that had been wrong, rather than her.

These stories gleaned much of their narrative momentum from the constant threat of revelation: when would these impostors be discovered? Paying for things on credit without being able to afford them literalizes a crucial facet of impostor syndrome: the anxiety that you are getting what you have not paid for and do not deserve; that you will eventually be found out, and your bill will come due. (Capitalism always wants you to believe you have a bill to pay.) Part of the lure of these stories is the looming satisfaction of seeing the impostors revealed and exposed. For some of us, it's akin to the pleasure of pushing on a bruise, watching the community punish the impostor we believe exists inside ourselves.

Ruchika Tulshyan told me, “If it was up to me, we would do away with the idea of impostor syndrome entirely.” Jodi-Ann Burey allows that the concept has been useful in corporate contexts, offering a shared language for talking about self-doubt and a “soft entry” into conversations about toxic workplaces, but she, too, feels it is time to bid it farewell. She wants to say, “Thank you for your fifty years of service,” and to start looking directly at systems of bias, rather than falsely pathologizing individuals.

Is there some version of impostor syndrome that can be salvaged? Pulling back from the corporate world to look at the concept more broadly, it seems clear that the #girlboss branding of impostor syndrome has done a disservice to the concept as well as to the workplaces it has failed to improve. The tale of these two pairs of women—Clance and Imes formulating their idea in the seventies, and Tulshyan and Burey pushing back in 2020—belongs to the larger intellectual story of second-wave feminism receiving necessary correctives from the third wave. Much of this corrective work results from women of color asking white feminism to acknowledge a complicated matrix of external forces—including structural racism and income inequality—at play in every internal experience. Identifying impostor



feelings does not necessitate denying the forces that produced them. It can, in fact, demand the opposite: understanding that the damage from these external forces often becomes part of the internal weave of the self. Although many of the most fervent critics of impostor syndrome are women of color, it's also the case that many people of color do identify with the experience. In fact, research studies have repeatedly shown that impostor syndrome disproportionately affects them. This finding contradicts what I was told years ago—that impostor syndrome is a “white lady” problem—and suggests instead that the people most vulnerable to the syndrome are not the ones it first described.

If we reclaim the impostor phenomenon from the false category of “syndrome,” then we can allow it to do the work it does best, which is to depict a particular texture of interior experience: the fear of being exposed as inadequate. As a concept, it is most useful in its particular nuances—not as a vague synonym for insecurity or self-doubt but as a way to describe the more specific delusion of being a fraud who has successfully deceived some external audience. Understood like this, it becomes an experience not diluted but defined by its ubiquity. It names the gap that persists between the internal experiences of selfhood—multiple, contradictory, incoherent, striated with shame and desire—and the imperative to present a more coherent, composed, continuous self to the world.

The psychoanalyst Nuar Alsadir, in her book “Animal Joy,” explains impostor syndrome by drawing on D. W. Winnicott’s concepts of “false self” and “true self.” She sees the anxiety as stemming from “a False Self that is so fortified by layers of compliant behavior that it loses contact with the raw impulses and expressions that characterize the True Self.” Attempts to prevent the discovery of one’s “true self” end up compounding the belief that this self, were it ever discovered, would be rejected and dismissed.

Impostor feelings often arise most acutely from threshold-crossing—from one social class to another, one culture to another, one vocation to another—something akin to what Pierre Bourdieu called the “split habitus,” the self dwelling in two

worlds at once. The college library and the sawmill. The fancy parties and the pig farm. When I spoke to Stephanie Land, the best-selling author of “Maid,” her memoir about cleaning houses to support herself as a single mother, she described her own impostor feelings as an experience of class whiplash: occupying spaces of privilege after she’d grown famous for writing about economic hardship. When she flew first class with her teen-age daughter to see a Lizzo concert, and a stranger thanked her for her writing, Land felt that she’d been caught somewhere she didn’t belong—as if flying first class made her current self a fraud, or else her past self a fraud; or somehow both versions of her were fraudulent at once.

Land’s sense of impostordom also stems from the fact that her personal story is frequently interpreted as a consoling fable of class mobility. “I’m very conscious that my story is the palatable kind of poor-person story,” she has written. “I am Little Orphan Annie skipping around in new shoes.” When people love her story, she told me, they are loving a version of the American Dream that she thinks of as the American Myth. When her life is distorted and misunderstood in this way, it becomes a kind of impostor plot—and it makes her feel like an impostor as well.

Land’s observations helped me realize that the impostor phenomenon, as a concept, effectively functions as an emotional filing cabinet organizing a variety of fraught feelings that we can experience as we try to reconcile three aspects of our personhood: how we experience ourselves, how we present ourselves to the world, and how the world reflects that self back to us. The phenomenon names an unspoken, ongoing crisis arising from the gaps between these various versions of the self, and designates not a syndrome but an inescapable part of being alive. ♦

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*Leslie Jamison is the author of four books, including "The Recovering" and "The Empathy Exams." She teaches at Columbia University.*

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