

Notice: This material may be protected
by copyright law (title 17 U.S. code).

If this material has missing or unreadable pages, please contact the
Georgia State University Library Interlibrary Loan Office
at libill@langate.gsu.edu or (404) 413-2790.

Thank you for using Interlibrary Loan and ILLiad.

21

Rapid #: -2917936**Ariel****IP: 131.96.19.38**

Status	Rapid Code	Branch Name	Start Date
Pending	PVU	Falvey Memorial Library	11/2/2009 8:47:09 AM

CALL #: RC455.2.P73 P89
LOCATION: PVU :: Falvey Memorial Library :: Periodicals
 TYPE: Article CC:CCL
 JOURNAL TITLE: Psychotherapy in private practice
 USER JOURNAL TITLE: Psychotherapy in Private Practice
 PVU CATALOG TITLE: Psychotherapy in private practice.
 ARTICLE TITLE: Treatment of the impostor phenomenon in psychotherapy clients.
 ARTICLE AUTHOR: Matthews, A., & Clance, P. R.
 VOLUME: 3
 ISSUE: 1
 MONTH:
 YEAR: 1985
 PAGES: 71-81
 ISSN: 0731-7158
 OCLC #:
 CROSS REFERENCE ID: 194835
 VERIFIED:

BORROWER: GSU :: Main Library**PATRON:** Berryman, Laurel

PATRON ID: -
 PATRON ADDRESS: -
 PATRON PHONE: -
 PATRON FAX: -
 PATRON E-MAIL: -
 PATRON DEPT: -
 PATRON STATUS: -
 PATRON NOTES: -



This material may be protected by copyright law (Title 17 U.S. Code)
 System Date/Time: 11/2/2009 2:18:29 PM MST

Treatment of the Impostor Phenomenon in Psychotherapy Clients

Gail Matthews
Pauline Rose Clance

ABSTRACT. Despite their actual achievements, some successful people believe their abilities have been overestimated and that they will eventually be unmasked as impostors. This paper focuses on the "impostor phenomenon" as a useful concept guiding clinical research and practice. Factors which foster and hinder the development and maintenance of impostor feelings are discussed, along with strategies for psychotherapeutic intervention.

In our private practice we have been dealing with clients who express doubts about their intellectual abilities and persist in believing that they are not bright or capable, despite considerable evidence to the contrary. Secretly they believe they have fooled those who believe them deserving of the praise they receive. They fear that they will eventually be "found out" and exposed as "impostors."

The term "impostor phenomenon" was coined by Clance and Imes (1978) to describe this "internal experience of intellectual phoniness" as found in the self reports of over 150 women, students in the authors' classes or clients seen in psychotherapy. Stahl, Turner, Wheeler and Elbert (1980) provided further evidence of the impostor phenomenon in a non-clinical population. In a study designed to link impostor feelings to lack of persistence in career choice, they surveyed 41 black females, all high school science majors of high academic achievement as indicated by their grade point average. Impostor feelings were assessed by questioning their explanations (attributions) for their academic achievement and potential career success. Over half (55%) attributed their scholastic success to non-intellectual characteristics (effort, luck, social skills, etc.) and 79% felt that their teachers overestimated their intellectual abilities.

Dr. Matthews is Chairperson of the Psychology Department, Dominican College, San Rafael, California 94901, and is in private practice in San Rafael. Dr. Clance is Associate Professor of Psychology, Georgia State University, University Plaza, Atlanta, Georgia 30303 and is in private practice in Atlanta. The research interviews were supported in part by a grant to Dr. Matthews from the San Francisco Foundation.

Harvey (1981) developed a scale to assess the impostor phenomenon via self reports and validated the scale using the known group's procedure. Harvey found no significant differences between males and females on her impostor scale measures. Likewise, differences between blacks and whites were non-significant. Vulnerability to impostor feelings was found, however, to be associated with newness of academic role and perception of one's career attainment as atypical for one's gender, or educational achievement as atypical of one's family background.

The present paper focuses on findings from clinical interviews of 41 men and women and treatment issues confronted in our clinical practice. Extensive clinical interviews were combined with life history questionnaires and numerous psychological scales and attitude measures. Evidence of the impostor phenomenon was found in all six of Holland's (1973) career areas (realistic, artistic, social, enterprising, investigative, conventional) and there were no significant differences in the number of men (58%) and women (80%) reporting some experience of the impostor phenomenon ($\chi^2 = 1.58$, $df = 1$, $p = .05$).

DESCRIPTIONS OF THE EXPERIENCE

Many described the experience of feeling "not good enough," and the crippling effects of such self-doubt: "I never feel like I know enough," "I always knew I was going to be exposed," "I used to think this (success) was all one big mistake," "I think there's a certain ambivalence about the success or ambivalence, not about success, but about owning or claiming it," "It's the worst possible fear of all (the fear of being exposed) . . . It's something I've been dealing with for the last couple of years, though it's an attitude of long standing duration. I have a great deal of concern that other people will find out . . . It makes you feel very vulnerable," "I'd receive scholarships and I'd think, oh, I was lucky, or not really feel they were deserved . . . like it was really by chance," "I kept on dismissing my success."

The struggle with the impostor experience is poignantly portrayed in one physician's vivid account:

The whole thing produces discomfort in my life. I believe that I'm being perceived differently than I am It's a matter of being overcomplimented for something that is straightforward and unspecial, but is perceived as being special . . . It's that kind of thing that takes a lot of energy. Whereas for somebody who is less concerned about competence, they wouldn't worry about that: So, big deal, what's the fuss about that? What if it (the diagnosis) isn't right? I can do that sometimes. Nonetheless, I have this little, gnaw-

ing feeling that I'm a charlatan and somebody is going to find . . . I never think somebody is going to find that out, I really don't, because I know I'm a good doctor, I really am . . . There's also a difference in what I feel and what I think because I know what I know and I'm still able definitely, to sort out when I'm in over my head and when I should ask for somebody else's help, which I think is an absolutely essential quality for a physician. Yet, there is still a discomfort that relates to . . . that I can't describe . . . I don't feel incompetent, I guess I worry about becoming incompetent. That's a more accurate way to . . . no, that's not right either. I don't know. It's a struggle to be a good doctor. It's a struggle for me to do things in a way that is satisfactory to me. When I say satisfactory, rather than competent, maybe there is a difference there. Maybe that means something, I don't know. I arrive at competence before I arrive at satisfaction, do you know what I mean?

Perhaps most astounding were the reports of impostor feelings by some of the most famous persons in this sample, people whose repeated experience of success left their internal experience of success untouched. A famous figure in the entertainment field attributed his success to family resemblance, another viewed her success as being due to "being at the right place at the right time."

Additional successful achievements, far from instilling feelings of confidence, led to fear that one would not be able to repeat the same performance again or invoked a perfectionistic raising of their standards for what they considered a success. In either case, this took on a driven quality, a drive to work harder and harder—to overwork and overprepare. "Eventually, they'll catch up with me, I know that; nobody knows what I haven't done. They all think I'm doing a marvelous job and to a degree I am doing a marvelous job. But I also know that they don't know what I'm not doing. I know that some day I'm going to get found out . . . It feels like I want to work faster so that they don't find out," reported one artist. Others reported that the drive for further success was motivated, in part, by an effort to convince themselves—or to try to convince themselves—that their first successes had not been due to chance. To not attempt to repeat their successes would have meant that their early achievements were mere accidents. Thus, at one level they believed their successes were accidents while, at another level, they desperately hoped that with a new success they would finally be able to convince themselves that they were not impostors. But when they performed well on the task which could have provided the hoped-for reassurance, the internal feelings of authentic confidence remained illusive or short lived, as the standards of real success and genuine achievement were quickly raised. "I have entered a game in which I'm bound to fail by the very nature of the rules I

set. It's like the high jump. Every time you keep going over the bar until you knock it off, so that there's no way to win . . . I'm always raising the bar," reported a psychologist.

FACTORS WHICH INFLUENCED THE EMERGENCE OF THE IMPOSTOR PHENOMENON

Many reported that successes that were unexpected or unanticipated were associated with impostor type feelings. Early promotion or being the youngest ever elected to a certain position were some of the situations cited. A dietitian said: "My first job, I worked for the V.A. and I got promoted ahead of anybody else. I was the youngest and definitely the most frivolous and I felt terrible about it." A judge, commenting on the impostor feelings generated by his election as president of a local association, said: "I was quite young, surely the youngest president ever elected and there were many older people on the board who had been active longer than I." On the other hand, among those who did not report experiencing the impostor phenomenon successes which were both expected and worked toward were viewed as having insulated them against such doubts. An attorney commented: "I know what you're talking about and I can understand it. I've seen a lot of people with undeserved success heaped upon them early on and I've seen a lot of incompetence . . . They must have had second thoughts about their own ability, but I have never felt so because it took me a long time to get the success I thought I was entitled to all along."

In explaining what contributed to their impostor feelings others put it a little differently. They spoke of being overcomplimented or receiving indiscriminate praise for what they considered to be ordinary or normative performance of their job requirements. "I think some people overreact, some people will say, this is just spectacular and I'll be thinking, I don't deserve this huge adulation . . . It's just what it is, it's good for what it is," said a broadcast journalist. The physician cited earlier had similar feelings about being complimented for work that he felt to be in ordinary keeping with a physician's work, e.g., "The fact that maybe the diagnosis was made quickly, maybe it was the fact that the child always hated to go to the doctor and then had a good time, or had been sick for a while and finally was made well, that kind of thing. All of which is kind of done in a routine context, but by some, under certain circumstances, is perceived as being special."

Embedded in such struggles were beliefs about what constitutes "real" success and "genuine" achievement. One belief which served to foster the impostor experience was the idea that whatever was "easy" did not count, "real" intelligence was whatever one finds difficult. A research mathematician stated: "I would be credited with success for things which

weren't really hard to do, or praised for something which wasn't difficult to do and, far from feeling a success, it was really a downer." In a similar vein, a gifted artist reported feeling that she was not bright because, although she did well in English and creative writing, she did not do well in algebra, which she considered the sure-fire test of real intelligence. Therefore, holding such beliefs about what constitutes genuine achievement may foster the discounting of any natural talents and skills because, if they "come easy," they do not count. Paradoxically, impostor feelings can also be fostered by the belief that "real" intelligence is what comes naturally; what one works hard for doesn't count. One famous social scientist commented: "When I would come from school with better grades than my brother, I skipped a grade and he didn't, the standard family response was, well, you *work hard* so you do better, your brother is really the smarter one." The message to her was quite clear: You can do well if you work hard, but you are not *really* smart because you had to work for it. Attribution theory provides one way of understanding these seemingly contradictory findings. Attributing one's success to "easy" tasks or hard work (high effort) may foster the conclusion that one's success is undeserved and thus not stimulate feelings of confidence. This is in keeping with Weiner's (1980, p. 366) belief that feelings of confidence and competence are generated by attributing one's success to perceived ability, rather than to effort, task difficulty or luck.

A number of people spoke of the impostor phenomenon as an early career experience or attributed it to early pressures to appear more confident than they felt. An attorney stated: "When I first started practicing law, I told everybody that I could do anything because I needed and wanted the business. I never misrepresented my experience to anyone, but then again I didn't tell them I didn't have any either." Another professional said: "In some ways I really did trick people, I tricked myself . . . I snowed them . . . I never lied to anybody, but I didn't necessarily volunteer things that were going to do it. That was such an unsatisfying experience for me, and the whole snowballing of it." A police officer stated: "At work, you start on your own, you can't stop and run back and refer to whatever it is you're going to refer to, so you just have to play . . . not play, but go through this thing and you act like you know what you're doing the whole time . . . and be confident and get these people to do what you want and the matter is ended. You can't start hemming and hawing. Then they'll know something is wrong and they're not going to do what you want. So you can't let them find out you're unsure of handling a situation, it would be a disaster, a total disaster." A female internist put it this way: "One of the things that you have to learn to do as a doctor is to say things confidently when you don't know if you're right or not, you know, rest up three days, and on the fourth day . . . you know, who knows?"

Although interpretive caution must be exercised due to the small sample, all five of the psychotherapists interviewed reported that they had experienced the impostor phenomenon at some point and two reported the experience to be unique to that aspect of their career, i.e., when they left psychotherapy to become administrators or authors their impostor feelings vanished. One other psychotherapist reported that the impostor phenomenon was simply an early career experience for her; another psychotherapist felt it was something that she had worked through as a function of a failure experience and the remaining therapist reported that the feelings returned when she encountered a new and outstanding success. One of the therapists-turned-author spoke of his own impostor feelings as being generated by the experience of not knowing how he was doing as a therapist. The therapist-turned-administrator felt that the impostor feelings generated by being a therapist contributed to his decision to forego a private practice and become a full-time administrator. Perhaps, then, there is something in the experience of being a therapist which encourages vulnerability to the impostor phenomenon. Gibbs (in press) feels that the lack of objective feedback regarding therapeutic successes contribute to impostor feelings. Miller (1981) sees the gifted child's sensitivity to other's expectations and his/her search for the true self as part of an analyst's talent and fate.

SELF-DEVELOPED COPING STRATEGIES FOR DEALING WITH THE IMPOSTOR PHENOMENON

A number of the people interviewed reported the impostor experience as occurring early in their careers and reemerging only when they encountered new challenges or new experiences. As they progressed through their careers they learned ways of coping with the pressures they felt and to present themselves as more confident than they felt internally. Each in his/her own way found a means of resisting the pressures to behave inauthentically. One judge reported: "One of the things you find out even in law practice, and it's true as a judge too, is that nobody knows all the laws. It doesn't make you feel comfortable when you're sitting up there and one attorney is arguing and says, of course you know that law . . . and I say, no, I don't know what the heck you're talking about, but I'll go look it up and figure it out and then I'll tell you . . . It doesn't make you feel comfortable (to not know all the laws), but by the same token, it's a reality, you can't know it all." A priest stated: "Now it's important for me to have people know I have feet of clay from the beginning." A surveyor put it this way: "When I do (start to feel like an impostor) I stop it right there. If I think I can't do something that somebody is starting to ask me to do, I'll say, I don't know how to do this. I don't

care what they think of me at that point . . . the best thing to do is to be honest.” Another professional stated: “When I have clients I tell them, I want you to understand that I’m not an expert. I can do this and this and this, but I do not consider myself an expert.”

The account of one highly acclaimed author is especially instructive:

When people would acknowledge me for something I’d always be ‘modest’ about it. They’d say, oh, you gave a great talk, and it was wonderful. I noticed at one point, I really caught myself in the middle of one of these episodes saying, ‘oh well, I don’t know, I’m not so hot,’ or giving the excuse of, ‘well, everyone here wanted to hear that.’ I noticed what that brought forth was the person then having to come back with an even stronger acknowledgment, then I’d say, oh no, and then that would up the ante. It is truly embarrassing to catch yourself in the middle of that situation because what you see you’re doing is you’re dangling someone on a string, really degrading them by forcing them to massage your ego so heavily. The day I saw that happening was the last time I ever did that, quite literally, there’s been no exception to that. When people acknowledge me for doing something good I will accept and thank them for their acknowledgment and usually find a way also to support them in it. In other words, not have it end up, I’m wonderful and you’re just a nerd, but not to play the game of pretending to be modest and forcing them to do all of this stuff. I have the sense now that probably all the stuff that went on in my head about, oh, I don’t really deserve it and I was just lucky, if they only knew, is probably some version of the same thing, I’m not quite sure how, but it just seems to me very similar. Maybe I was doing it to myself rather than to other people.

All who confronted their fears of being exposed as being incompetent reported an immense sense of relief at not having to see or present themselves as perfect. The words of a famous scientist vividly portray her sense of liberation at having been forced (by “blowing” her Ph.D. orals) to face her fear of being exposed as an impostor:

The worst had happened. That was it. The worst had happened. There was nothing worse that could happen to me . . . When I was on my way to the orals exam my husband walked me to the door of that room, and consistently, through the six months I was studying for the exams, kept saying to me, cool it, cool it, just remember who you are. The last words he said to me when he walked me to that door were, just remember who you are. I walked in that room and forgot. I didn’t know who I was, I was like a small child, trying to please all these people. Everything I am just sort of disappeared and

I . . . everything I feared was on the surface and the rest of me which manages to mask that feeling, and usually does, was gone. The outcome was really nothing except inside me. People were disappointed that I didn't do better, but what the hell did they really care, I didn't get thrown out of school, they didn't flunk me, they didn't tell me I couldn't join their clubs. I was freed in a way that I had never in my life been freed before. To say, well, there it is, there's the worst And in a way it saved my life because it enabled me then to go out and find my own voice.

While a number of people managed to confront these issues on their own, others benefit from psychotherapeutic interventions.

TREATMENT OF THE IMPOSTOR PHENOMENON IN PSYCHOTHERAPY CLIENTS

In this section we will deal with specific psychotherapeutic strategies for working with impostor feelings in clients. We will assume that these methods will be utilized within the context of a good therapeutic relationship.

A very critical element in the therapeutic treatment of the impostor phenomenon is that the therapist must take the client's doubts and fears very seriously. Too often in their history, the clients have received quick reassurances when mentioning their fears. It is important that the therapist ask very concrete questions about the nature of the impostor feelings, thereby reinforcing serious responses. Such questions might be "How long have you (the client) experienced these feelings? When are these feelings likely to occur? How often do these doubts occur? What helps decrease the doubts and what increases them?" These questions let clients know they are being heard; and they also increase the clients' knowledge and awareness of how and when impostor experiences occur (Imes and Clance, in press).

Clients with impostor feelings often experience themselves as being the only persons who have these feelings, and they feel isolated as a result. Knowing that they are not alone is very beneficial to clients, and ideally we recommend group psychotherapy or short term growth-oriented groups where the clients can discover that other persons who also are really bright can experience the same impostor ideas. In these therapy groups, the clients become aware of and begin to label their impostor feelings. Labeling and awareness per se can be curative and definitely help. For example, many women students in a small liberal arts college in the midwest were not willing to do honors study because they were con-

cerned that their advisors and faculty would discover that they were "impostors" during their honors work. After many discussion groups on the impostor phenomenon were instituted on campus, the number of women who were willing to do honors work went up significantly the next year.

If a group treatment is not appropriate or available, then the therapist can teach the client to begin to label the experiences that fit with the impostor phenomenon. We have found that it is helpful to give clients some basic reading material on the phenomenon and will have them read the Clance and Imes (1978) article and discuss it in therapy. After this process, clients often recognize the impostor feelings as they occur and can begin to choose to deal with them differently. They are able to say, "I am having these feelings which probably are not based on the reality of what I actually can do. I'm distrusting my abilities but it doesn't mean I can't do this project. I'll own and deal with my fears but proceed on with the project." When they can label their own experience of doubt as an impostor experience, many clients who were considering not applying for a promotion, a grant, or an honor become more willing to accept these changes.

Examining the origins of the impostor phenomenon in clients is another major focus of the therapy work. It's important to discover what messages the clients received from their families about their intellectual abilities. The therapist needs to examine whether it was the client or another sibling who was considered "special" in intellectual ability. For instance, if a client were told that he or she "could do anything you want to do" by his or her parents and the parents suggest they can do it easily and without work or effort, the client will often develop unreasonably high expectations of himself/herself. Impostor feelings will result when a task is hard or when the client fails or is unable to do just what he or she wants to do.

In their heart, clients realize that they cannot be a superwoman or superman and do everything easily or just because they want to do it. However, since they were told they could do everything and do it easily, they feel as if they have failed whenever they are confronted with their human limitations.

Different clients have their own unique script messages and the therapist needs to find the particular messages given to each client. How each client's family of origin viewed success and failure and whether the family values or does not value intellectual achievement are important variables for the therapist and the client to understand.

Another critical part of the therapy work is to deal with the client's terror of failure. Considerable work must be done to help the person realize that failing or even doing poorly at a task will not lead to disaster. The rational emotive techniques of Ellis (1977) or the desensitization work of Wolpe and Wolpe (1981) may be helpful for countering this fear. Clients

need to stop imagining failure and quit telling themselves that they cannot cope with *any* degree of failure no matter how small.

As a result of their history and the high value they place on excellence, these clients often have very high expectations of themselves in all areas of their lives, especially in intellectual or job performance areas. Often clients are unable to evaluate the degree of effort required on a task. They are unable to separate out what needs to be done with excellence, what needs to be done well, or what needs only little work. Clients may spend as many hours writing a book review as an important position paper. Much therapeutic work needs to be done so they can discriminate these differences and learn to do some work that is done only as well as necessary.

To learn to do some things only adequately is often very difficult and requires goal setting and trial and error learning of a client. For example, the therapist may have the client do a memorandum in a specified limited time with only one rewrite or may have the client write the first draft of a paper with the instructions that rewriting of sentences be limited to one time during this period. This structure helps the client finish the project and teaches him or her how to proceed without constant worry. After the client finishes the rewrite, the client and therapist can monitor how many more drafts are necessary for the paper to be finished. Depending on what quality is required, the number of drafts will vary, and the therapist can help the client ascertain just what quality is sufficient. When the client submits something which is not perfect or is not his or her best work, the client may be very anxious at first. If the therapist and client have judged what is adequate, then the client will learn he or she can vary standards to fit the situation. Due to the anxiety that goes with these changes, the client can only make one or two such changes at the beginning and can gradually increase the percentage. As time passes, the anxiety decreases and the real payoff is that the clients have more time to do work which requires their best effort.

Since the impostor feelings are often a part of a person's identity, these changes do not come easily and do take time. The therapist also should expect that impostor feelings will re-emerge or become stronger when a client enters a new, challenging situation. Harvey (1981) found that first-year graduate students were more likely to experience the impostor phenomenon than fourth-year graduate students. If the client knows that new situations bring on impostor feelings, he or she will be less discouraged by their re-emergence, and the awareness of the feelings will help in overcoming them.

Clients are often very excited by the work that occurs in therapy on their impostor experiences. As clients begin to internalize more of their success and think of themselves as more competent, they generally experience more zest in being.

REFERENCES

- Clance, P. R., & Imes, S. A. (1978). The impostor phenomenon in high achieving women: Dynamics and therapeutic intervention. *Psychotherapy: Theory, Research, and Practice*, 15 (3), 241-247.
- Ellis, A., & Grieger, R. (1977) *Handbook of Rational-Emotive Therapy*. New York: Springer.
- Gibbs, M.S. (in press). The Therapist as Impostor. In C. Brody (Ed.), *Women Working with Women*. New York: Springer.
- Harvey, J. C. (1981). The impostor phenomenon and achievement: A failure to internalize success. *Dissertation Abstracts International*, 42, 4969.
- Holland, J. I. (1973). *Making Vocational Choices*. New York: Prentice-Hall.
- Imes, S. A., & Clance, P. R. (in press). Treatment of the Impostor Phenomenon in high-achieving women. In C. Brody (Ed.), *Women Working with Women*. New York: Springer.
- Miller, A. (1981). *Prisoners of childhood: The drama of the gifted child and the search for the true self*. New York: Basic Books.
- Stahl, J. M., Turner, H. M., Wheeler, A. E. & Elbert, P. (1980). *The "impostor phenomenon" in high school and college science majors*. Paper presented at the American Psychological Association.
- Weiner, B. (1980). *Human Motivation*. New York: Holt, Rinehart & Winston.
- Wolpe, J., & Wolpe, D. (1981) *Our Useless Fears*. Boston: Houghton Mifflin.

for your convenience. . .

for readers of reprints or photocopies of this article: would you like a complimentary sample copy of this journal? Just fill out the form below and mail to us. A complimentary copy will be mailed to you. Please just show it to your institutional library! Thank you.



() Yes, please send me a complimentary sample of _____
I will show it to our institutional or agency library for a possible subscription.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Send this form to: **THE HAWORTH PRESS, Inc.**,
28 East 22nd Street, New York, NY 10010