

The Imposter Phenomenon: An Internal Barrier To Empowerment and Achievement

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In 1978, Clance and Imes developed the term Imposter Phenomenon (IP) to designate an internal experience of intellectual phoniness that seemed to be particularly prevalent among a select sample of high achieving women. They worked with 150 highly successful women from a wide range of professional fields such as law, nursing, medicine, social work, and university teaching, plus students at graduate and undergraduate levels. Clance and Imes had worked with their subjects in clinical settings such as individual psychotherapy or theme-centered interactional groups or small discussion-oriented college classes. These subjects had obtained earned degrees, high scores on standardized tests, or professional recognition from colleagues or organizations, yet they did not experience an internal sense of success. They were afraid they were "impostors" who did not belong "here with all these bright, competent people." They were very frightened that others would discover that they were not as competent as they appeared to be, and dreaded such discovery. They attributed their success to hard work, luck, knowing the right people, being in the right place at the right time, or to their interpersonal assets such as charm and the ability to relate well, rather than to ability or competence. For instance, students often said the admissions committee had made an error. One student expressed her feelings by saying, "I walk around thinking I'm the Michigan mistake." A highly respected professional woman explained, "I just got my job as a fluke. They needed someone at mid-year and so very few qualified applicants applied." The reality was that the students who were feeling like impostors were among the highest ranked students and the search committee for the woman professional had selected her out of a pool of many highly qualified candidates. These subjects were ingenious at negating objective external evidence that indicated they were indeed very bright. They had tremendous difficulty in accepting compliments or positive feedback. If they received an excellent quarterly evaluation they might think, "This agency or institution does not have very high standards if they think I'm good." Yet, if they received any negative feedback they belied it and tended to remember it as evidence of their deficits.

These women often experienced a terror of failure. They thought if they made a mistake or failed at something, they would feel foolish and be humiliated. Consequently, they went to great lengths to avoid any mistakes or failures.

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Clance and Imes indicated that in their clinical work, women were primarily the ones who reported this phenomenon, but that whether or not it occurred with men, needed to be investigated. All later research that utilized very structured interviews or questionnaires on the Impostor Phenomenon indicates that men do experience the phenomenon with as much frequency as women (Imes, 1979; Harvey, 1981; Lawler, 1984; and Flewelling, 1985). In fact, Topping (1983), in her study of university faculty found the males in her sample were considerably more likely to experience the impostor phenomenon than were the females. Her explanation was that the women may have had to work through more of their IP feelings in order to become faculty members. Although men do not openly acknowledge the Impostor Phenomenon as frequently as women do, when queried in an anonymous and confidential setting they did indicate the presence of these feelings.

The reader may be asking why it matters if a person, man or woman, experiences the IP. Since these feelings do not actually prevent success, why should they be of interest to psychotherapists? The answer to this important question is that self-declared impostors may not be achieving all that they are capable of achieving, and that they are not enjoying their successes. IP sufferers do not have a realistic sense of their own competence and are *not* fully empowered to internalize their strengths, accept their deficits, and function with joy. If impostor feelings are intense, IP sufferers may turn down opportunities to advance. They may simply not attempt to meet their dreams, settling instead for what seems certain. Anxiety, self-doubt, fear of failure, and guilt about success undermine their ability to function at their highest level. They lose the sense of reward and joy that ordinarily accompanies success (Hirschfield, 1982).

So, for women and for men, high levels of IP feelings present a significant problem. The present authors think that IP feelings of an intense or moderate degree (as evidenced by a score above 60 on Clance's IP scale) may prevent more women than men from actually reaching their highest potential. Although men suffer from IP feelings, we believe that women are more likely to be limited, and limited more powerfully, by the Impostor Phenomenon.

The first author of this paper saw many women turn down the invitation to do honors work at a small, private, highly rated college. In fact, at that college from 1969-1973 women were significantly less likely to do honors work than men were, although they entered the college with SAT scores, grades and recommendations as good as those of the men. When this difference between the sexes and the Impostor Phenomenon was discussed with women students in small groups, women began to label their fears as "impostor fears" and to decide to do honors work in spite of them. They dealt with these fears in individual and group therapy, and the next year (1974), the number of women who did honors work increased significantly. Since men were likely experiencing the Impostor Phenomenon at the same frequency, why did it impact women more? The opinion of the present authors is that the men were encouraged by mentors, faculty, and the society to go ahead and do honors in spite of their impostor fears. They were encouraged to override their fears and to go for success.

Impostor fears may interfere more with women's functioning for a number of reasons. In addition to lacking the encouragement and support that are offered to men, women may be further handicapped by an inability to resolve certain dilemmas from childhood. Benjamin (1984) postulates that, although human beings are born with capacities for self-assertion, autonomy, and relatedness, girls feel a conflict between being feminine like mother and yet wanting to be active, autonomous and separate, like father. They are torn between autonomy and femininity and between being a nurturer and being independent. Eichenbaum and Orbach (1982) suggest that because of a mother's own history and lack of fulfillment of her own needs, she acts ambivalently toward the daughter's need for separation and independence. The

mother wants to hold the daughter close and may interfere with her moves toward separateness and independence. Instead, she may teach her to negate her own needs and to give to others what she may need herself: nurturing. The daughter learns to feel uncomfortable with her own needs and her own autonomy but quite comfortable in nurturing others. Thus, fundamental child-rearing patterns that encourage stereotyped gender roles contribute to women's conflict over autonomy. When a woman experiences IP feelings due to particular family dynamics, her feelings are intensified by these general child-rearing patterns that make her conflicted about her autonomy.

Nurturing others is supported by society and much of a woman's socialization is, in fact, training to nurture others. Because they are not as conflicted about nurturing and because society at all levels expects and supports their being nurturing, the women we deal with are more likely to have many more responsibilities than men in similar positions. In addition to their career, work, or academic position, they expect themselves and are expected by society to take on many responsibilities and care for the home and any children, work on their relationships, care take for parents and family, etc. They are expected to do well at their jobs and to do everything else. It is all right for them to have careers provided they fulfill all of their other duties first. Guilt about the career is a common experience.

Mathilde Krim, the prominent microbiologist, when asked about the status of women in science, replied:

When I was starting in Switzerland, society generally thought women going into science were forsaking their normal way of life, that they were rare exceptions, a little bizarre. People used to think female scientists were either destined to become spinsters or that they were amateurs, spoiled girls wasting our time. Today, it's quite different. Many women going into science believe that they can make a career and still have a family life. Back then I had serious doubts that I could do both. Those doubts still persist. I often think that I am not good at anything I do, that neither my work nor the care of my family is being done properly. I have an almost constant feeling of guilt. Male colleagues don't understand it. (Lawren, 1985)

When these external variables and internal conflicts as described by Benjamin, Orbach and Eichenbaum, and Krim are combined with the Impostor Phenomenon, they create important barriers to women's sense of competence and empowerment, which impact on their level of accomplishment. Further research is needed to check these hypothesized differences between men and women regarding the impact of high Impostor scores.

In addition to the treatment of particular impostor issues, we think that women can, in their work with the therapist, resolve the conflict around the issues of autonomy and relatedness and can affirm both aspects of their being. They also can develop a respect for their own needs and wants, as Eichenbaum and Orbach so vividly describe in their work.

We think it is also necessary to work for societal changes that will encourage and support women's needs to achieve.

Description of the Impostor Phenomenon

This paper is too short to describe all of the features of persons experiencing strong IP beliefs, but the reader can find a thorough description in the articles referenced. Very briefly, some of the features that accompany IP beliefs in the typical female client are listed below.

1. The Impostor Cycle. The person faces an exam or project or task. She experiences great doubt or fear. She questions whether or not she will succeed *this* time. She may experience anxiety, psychosomatic symptoms, nightmares, etc. She works hard and overprepares, or, procrastinates and then prepares in a frenzied manner. She succeeds and receives positive feedback. The whole cycle is reinforced. She may have the superstitious belief, "I must suffer in order to succeed." Doubting is reinforced (Clance & Imes, 1978; Clance, 1985).
2. Introversion. Introverted persons are much more likely to have high IP scores (Lawler, 1984).
3. Dread of Evaluation. She hypothesizes that others will know all that she doesn't know.
4. Terror of Failure. She is very afraid of the shame and humiliation associated with "looking foolish."
5. Guilt About Success. She handles this by denying her success.
6. Great Difficulty in Internalizing Positive Feedback. She has trouble experiencing the excitement that comes with the acceptance of such feedback. She avoids the excitement that would come if she accepted praise. She has difficulty dealing with energy and excitement and is afraid of the effects.
7. Generalized Anxiety.
8. Overestimating Others While Underestimating Oneself. She has a tremendous respect for the intellect of others and a tendency to compare her weaknesses with the strengths of others. Therefore, she undervalues her own abilities and overestimates others' assets.
9. Defining Intelligence in a Skewed Manner. She has many myths about intelligence and what constitutes intelligence, and these usually work to her detriment.
10. False and Non-affirming Family Messages. She has received messages from her family that contradict others' messages about her competence, and her family has, subtly or overtly, refused to recognize her specific assets (Clance & Imes, 1978; Grays, 1985).

Imposter Phenomenon Treatment Issues

We see the empathic, supportive, non-authoritarian therapeutic relationships as the necessary background for dealing with the issues and concerns specific to Impostor Phenomenon sufferers. All of the following treatment techniques presume this relationship as a context. Within that context, our goals are to assist the client in moving away from the attitudes and beliefs that have been at the root of her suffering, and toward an expanded sense of self that incorporates her formerly disowned creativity, intelligence and capability (Imes & Clance, 1984; Matthews & Clance, 1985).

Impostor feelings are not customarily part of the client's initial presentation, so the first task of the therapist in the developing therapeutic alliance is to identify these feelings as they arise. The Impostor Phenomenon may manifest initially in many different ways, the two primary ones being an inordinate amount of anxiety and pain associated with accomplishment in a high-achiever, or a lack of ambition or accomplishment in an apparently capable woman. The skilled therapist is alert to material indicating either of these experiences.

The therapist may notice anxiety about completing tasks, fears about not doing good work, or immobilization in the face of large tasks. When faced with a large project, the Impostor Phenomenon sufferer will consistently move away from others, particularly supportive others, acting in such a way as to isolate herself with her fears. The therapist begins to break down this isolation by identifying it as a pattern and being with the client as she experiences the pain of it.

Another behavior that may indicate Impostor Phenomenon issues in a client is rigidity about tasks and goals. When a client believes that everything she does must conform to an internal standard of excellence that the therapist cannot distinguish from perfection, the Impostor Phenomenon must be considered. This lack of ability to recognize and accept a range of possible performance levels is essentially a cognitive distortion, and the therapist's work in recognizing and labeling it is an important first step toward change.

Another clue that may alert the therapist to the presence of underlying Impostor Phenomenon dynamics is a disparity between what the client is apparently capable of and the goals she sets for herself. If a client is employed in a position for which she is overeducated, she may be suffering from Impostor feelings. A woman who consistently believes that she is capable of less than she appears to be capable of, or less than she has accomplished in the past, may be crippled by not believing in her capabilities. It is important for the therapist in the initial stages of therapy to be alert to this and to reflect what she hears to the client.

A fourth, and more subtle, indicator of Impostor Phenomenon issues occurs when an apparently capable client focuses exclusively on family or relationship issues and fails to bring up any achievement-related issues. This omission ought to be investigated to determine whether it is part of a pattern of ignoring or negating achievement needs because of underlying fears of an inability to perform successfully.

When a therapist, for these or other reasons, begins to suspect IP dynamics, she is advised to use the Clance IP scale to test her hypothesis (Clance, 1985; Edwards, 1983; Holmes, 1985). A cut-off score of 60 is recommended to identify Impostor sufferers. The scale itself can serve as a useful therapeutic tool to enable therapist and client to discuss and label the client's feelings. The information that what she is experiencing is experienced by others, that it can be named, and that it can be addressed in therapy, is an affirmation of the client and is often met with a great deal of relief.

As the therapist becomes aware of the client's Impostor Phenomenon issues, she needs to take the client's fears and doubts seriously. This is crucial to further progress in therapy. Most impostors have a long history of being discounted when they attempt to make contact with others by sharing their real fears and doubts. This reinforces their long-standing isolation and leads to an escalation of these painful dynamics. The therapist must take care not to replicate this experience. A period of exploration, with the therapist obtaining as many specifics as possible about the client's fearful fantasies and anxious self-talk, is in order. As the client shares the exact nature of her thoughts and feelings regarding successful achievement, the therapist functions as an accepting and affirming other in regard to her feelings, while at the same time helping the client to become aware of the thinking distortions involved.

The second area to be examined with IP sufferers is family of origin dynamics and script messages. A detailed and thorough family history is necessary to help the client become aware of the roles assigned in the family and how her role in the family is impacting on her current thoughts and feelings. The typical IP sufferer has received one of two messages from her family: she may have been told that she is not the bright one in the family, or that she is the bright one and that this means that everything she does will come easily and without effort (Clance, 1985; Imes & Clance, 1984).

Our approach combines cognitive restructuring and some Gestalt work in a framework of empathic relating. We find that group therapy is often helpful to help the IP sufferer begin to see herself in a more realistic way. As she meets other obviously bright and capable people who do

not easily accept positive feedback and do not own their competence, she is moved to recognize the unreasonableness of her view of herself.

Techniques we have found helpful include having the client fantasize aspects of the problem and some solutions. We may have her fantasize conversations with significant persons whom she believes she has fooled about her competence. We may have her fantasize feeling successful and sharing her successes with family members, sometimes in a bragging manner. We may have her fantasize not doing something perfectly. All of these fantasies can generate material for examination of the underlying dynamics that contribute to the client's suffering.

We have asked some women to keep a journal to become aware of such things as positive feedback they receive and discount, times they do or say things they don't want to in order to gain approval, and ways they stop themselves from taking risks or revealing themselves to others. We sometimes help the client examine upcoming projects and make clear decisions about her level of investment, how much time she will put in, and what degree of "imperfection" she will accept in herself and her work.

In these ways, we work with the client's cognitive processes as well as her emotions. As we address the cognitive distortions revealed through the journal process, strong emotions surface. We expect to find fear, guilt, buried resentments, and shame. This shame is often rooted in the client's socialization for femininity, which has taught her to value any ability she has to nurture and to be ashamed of her ambition and achievement needs. Resistances to the therapeutic process may indicate the need to deal with this shame, which the IP sufferer has kept at bay by ambivalently being successful but not enjoying it. She may fear that in uncovering her shame she will be disrupting the delicate balance of her ambivalence, and lose her ability to achieve. Or, she may fear that if she allows herself to remove the restraints placed upon her by that shame, she will become a ruthless monster of overwhelming ambition. Such a spectre is not infrequently called upon as a warning to women: the hard-driving career woman who is not "feminine," has no close relationships, and ends up alone.

The therapeutic process with IP sufferers is often slow and requires a great deal of patience. However, we have found it to be richly rewarding. IP sufferers are very capable people, and when they begin to focus on changing themselves, they are very impactful, as they are in other areas of their lives.

The Impostor Phenomenon*

It is best to give the first response that enters your mind rather than dwelling on each statement and thinking about it over and over.

1	2	3	4	5
(Not At All True)	(Rarely)	(Sometimes)	(Often)	(Very True)

1. I have often succeeded on a test or task even though I was afraid that I would not do well before I undertook the task.	
2. I can give the impression that I'm more competent than I really am.	

3. I avoid evaluations if possible and have a dread of others evaluating me.	
4. When people praise me for something I've accomplished, I'm afraid I won't be able to live up to their expectations of me in the future.	
5. I sometimes think I obtained my present position or gained my present success because I happened to be in the right place at the right time or knew the right people.	
6. I'm afraid people important to me may find out that I'm not as capable as they think I am.	
7. I tend to remember the incidents in which I have not done my best more than those times I have done my best.	
8. I rarely do a project or task as well as I'd like to do it.	
9. Sometimes I feel or believe that my success in my life or in my job has been the result of some kind of error.	
10. It's hard for me to accept compliments or praise about my intelligence or accomplishments.	
11. At times, I feel my success has been due to some kind of luck.	
12. I'm disappointed at times in my present accomplishments and think I should have accomplished much more.	
13. Sometimes I'm afraid others will discover how much knowledge or ability I really lack.	
14. I'm often afraid that I may fail at a new assignment or undertaking even though I generally do well at what I attempt.	
15. When I've succeeded at something and received recognition for my accomplishments, I have doubts that I can keep repeating that success.	
16. If I receive a great deal of praise and recognition for something I've accomplished, I tend to discount the importance of what I have done.	
17. I often compare my ability to those around me and think they may be more intelligent than I am.	
18. I often worry about not succeeding with a project or on an examination, even though others around me have considerable confidence that I will do well.	

19. If I'm going to receive a promotion or gain recognition of some kind, I hesitate to tell others until it is an accomplished fact.	
20. I feel bad and discouraged if I'm not "the best" or at least "very special" in situations that involve achievement.	

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