

Imposter Syndrome

History of Imposter Syndrome

- The term "impostor syndrome" was coined in 1978 by two American psychologists, Pauline Clance and Suzanne Imes. [They initially believed the phenomenon was primarily experienced by women.](#)

Symptoms

- Core Beliefs
 - Themes of worthlessness, inadequacy, and incompetence
 - Perfectionism
- Assumptions
 - "It comes easier for other people, they do it with ease"
 - "Other people are smarter and better than me"
 - "Other people don't really know me"
 - "If only they knew the real me, they'd be disappointed."
 - "I can't live up to others' expectations"
 - "I don't belong"
 - "I'm in over my head"
 - "I won't be able to succeed or get away with it next time"
 - Often perceive themselves as the "only one" having these feelings
 - Pluralistic ignorance- thinking trap where we each doubt ourselves privately but believe we are alone in thinking that way because no one else discloses their doubts
 - Often attribute success to it being an easy task or having support or help vs. their talents
- Rules
 - "I cannot fail, I must not fail" to avoid being "found out"
 - "I can't ask for help or share what I don't know" to avoid being "exposed"
- Thoughts
 - "Other people don't have an accurate perception of me"
 - "I'm a fraud" "I'm a phony" "I fooled them"
 - "I feel like a fake"
 - "Other people have an inflated perception of my abilities"
 - "My true nature/abilities will be found out"
 - "Others will eventually unmask me as a fraud"
 - "I fooled them this time but I may not be so lucky next time"
 - "I am going to be found out to not have what it takes"
 - "I think I give the impression that I am more competent than I really am"
 - Attributing accomplishments to luck or a fluke
 - "I was lucky this time"
 - "This was a fluke"

- “This must have been a mistake” “Someone must have made a mistake”
 - Attributing accomplishments to overpreparation
 - “I had to work extra hard to create this outcome”
 - “The only reason this went well is because I ...(practiced a million times, spent way too much time on it, etc.).”
 - Judging their performance and themselves as worse than the objective facts
 - “I should have done more” “I should have accomplished much more by now”
 - Dwelling on the negative (e.g., any mistakes or errors they have made, focusing on the struggles they do have vs. the struggles they don’t have, anything they said that didn’t sound good/competent)
 - Discounting the positives, downplaying their accomplishments, and dismissing external proof of their competence.
 - Upward social comparisons and unfair comparisons like comparing their weaknesses to others’ strengths
 - “Comparing their insides to other people’s outside”
- Emotions
 - Feeling crushed/devastated by constructive criticism
 - Shame
 - Embarrassment
 - Anxiety
 - Fear
 - Sadness
 - Doubt
- Behaviors
 - Maladaptive coping strategies (primarily, avoidant coping strategies)
 - Self-handicapping- an individual sabotages their own performance so as to provide a ready-made excuse for failure.
 - Hold back and play it safe (e.g., might not apply to a new job)
 - Rarely ask for help
 - “Flying under the radar”
 - Procrastination
 - Overpreparation and overworking
 - “Keeping busy”
 - Blaming others or focusing on other people’s faults
 - Embarking on one self-improvement project after another (e.g., getting another degree or qualification, reading)
 - Only completing tasks or pursuing opportunities they are sure they can achieve success
 - Shying away from challenges due to fear of failure or being exposed
 - Not participating in meetings or conversations, avoiding sharing their ideas
 - Passive communication
 - Craves positive external validation (but doesn’t believe it)

- Reassurance seeking behavior (e.g., needing to have people review, edit, or sign off on something, needing to have other people's go ahead or approval)
- Comorbid Conditions
 - Anxiety
 - Panic
 - Depression
 - Somatic symptoms
 - Social dysfunction
 - History of prior suicidal ideation and attempts

Vulnerabilities

- More common among under-represented groups- sex, age, race, ethnicity, immigration status, gender identity, and sexual orientation differences
- High achievers
- Grew up in families that placed a big emphasis on achievement
- Parents who sent mixed messages (alternating between over-praise and criticism)
- Parents who were more controlling or protective so the child does not attribute their successes to capabilities of themselves but to parental involvement or chance rather than to their own achievements resulting from their own talents and efforts (external locus of control versus internal locus of control)
- Learned intermediate beliefs: "If I want to be loved, I need to achieve" "In order to be a worthy person, I need to accomplish big things"
- Societal pressures to achieve- self-worth becomes contingent on achieving

Triggers

- Embarking on a new endeavor (e.g., city, company, role)
- Critical/negative performance feedback
- Making mistakes
- Increased work demands
- Competitive work environment/knowing that position they are in is highly sought after

Treatment

- Psychoeducation regarding imposter syndrome
 - Prevalence
 - Symptoms
 - Maintaining mechanisms
- Cognitive Restructuring- *"If you want to stop feeling like an imposter, you have to stop thinking like an imposter. Over time, you will start to believe the new thoughts."*
 - Psychoeducation regarding thinking traps
 - Completing thought records. Thought records prescribed specifically to imposter syndrome thoughts.

- Modifying core beliefs related to self, success, mistakes, and receiving constructive criticism
- Understanding the origin of beliefs- past experiences with family, parents, teachers, and authority figures
- Interventions
 - Credit lists
 - Cope Ahead Plans for the worst case outcomes
 - Behavioral activation: accumulating positive experiences, taking values-guided actions
 - Mindfulness
 - Radical Acceptance
- Exposure
 - Designing exposures related to avoidance behaviors. For example, if a client typically practices their presentation 5-10x before speaking in public, agreeing to practice only 1x. If a client avoids asking for help, designing an exposure related to seeking help on a task. If a client avoids participating in meetings or asking for help, have them do that. Fears of being “found out”, designing an exposure related to the client sharing a mistake or error they made.
- Self-compassion
 - Increasing their therapeutic, self-compassionate voice especially after a mistake or constructive criticism
- Assertive communication
 - Exposure regarding asking for help, participating in meetings, etc.
 - Nonverbal communication (e.g., the MAN of DEARMAN)
- Increasing social support
 - Talking to manager, friends, family about imposter syndrome feelings
 - Having a mentor or role model
- Between session practice
 - Articles
 - [5 Different Types of Imposter Syndrome and How to Battle Each One](#)
 - [Learning to Deal With the Impostor Syndrome](#)
 - Videos
 - [The Imposter Syndrome \(video from The School of Life\)](#) This video has a sense of humor and some references to sexuality so might not be the best video for some clients.
 - [What is imposter syndrome and how can you combat it? \(Ted-Ed video\)](#)
 - [Thinking your way out of imposter syndrome by Valerie Young](#)
 - [How you can use imposter syndrome to your benefit by Mike Cannon-Brookes](#)

References

Bravata, D.M., Watts, S.A., Keefer, A.L. et al. Prevalence, Predictors, and Treatment of Impostor Syndrome: a Systematic Review. J GEN INTERN MED (2019).

<https://link.springer.com/article/10.1007/s11606-019-05364-1>

Langford, J., Clance, P. The Imposter Phenomenon: Recent Research Findings regarding Dynamics, Personality, and Family Patterns and their Implications for Treatment. Psychotherapy, Volume 30, Number 3 (1993).

<https://paulineroseclance.com/pdf/-Langford.pdf>

"Whereas the published literature included no studies of interventions to treat impostor syndrome, the lay literature abounds with advice on how to manage impostor symptoms. Given the current state of the peer-reviewed literature, mental health professionals faced with patients suffering from impostor syndrome will likely use evidence-based treatments for comorbid conditions such as cognitive behavioral therapy for depression and anxiety, but do not have an evidence base upon which to rely specifically for the impostor symptoms."

<https://www.apa.org/gradpsych/2013/11/fraud>