

# THE IMPOSTOR PHENOMENON: RECENT RESEARCH FINDINGS REGARDING DYNAMICS, PERSONALITY AND FAMILY PATTERNS AND THEIR IMPLICATIONS FOR TREATMENT

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*Research on the impostor phenomenon, an experience of feeling incompetent and of having deceived others about one's abilities, is reviewed. Impostor feelings are shown to be associated with such characteristics as introversion, trait anxiety, a need to look smart to others, a propensity to shame, and a conflictual and non-supportive family background. The findings are discussed in terms of self psychological theory, with the impostor phenomenon seen as a result of seeking self-esteem by trying to live up to an idealized image to compensate for feelings of insecurity and self-doubt. Therapeutic approaches drawing on self psychology and cognitive therapy are suggested.*

The psychological experience of believing that one's accomplishments came about not through genuine ability, but as a result of having been lucky, having worked harder than others, or having manipulated other people's impressions, has been labeled the impostor phenomenon (Clance & Imes, 1978). This common pattern was first observed in highly successful female college students and professionals who, despite their accomplishments, were unable to internalize a sense of themselves as competent and talented. Attributing

their successes not to their abilities but to external circumstances or to attributes unrelated to actual talent (e.g., personal charm, ability to read and meet other's expectations), they reported feelings of being an impostor or a fake. They chronically feared not being able to maintain their success. Both research and clinical experience have revealed that impostor feelings are frequently accompanied by worry, depression, and anxiety resulting from pressure to live up to one's successful image and fear that one will be exposed as unworthy and incompetent. In a competitive, achievement-oriented society, in which personal worth is often equated with how much one has accomplished, psychotherapists are frequently presented with clients who are unrealistically insecure about themselves in achievement situations and who need help in internalizing a sense of competency and a belief that they deserve the successes they have earned.

Several research studies have shed light on personality traits related to the impostor phenomenon, providing a basis for making more refined choices about therapeutic strategies in helping clients overcome this debilitating experience. This article will: a) review research findings on the impostor phenomenon and b) discuss therapeutic theories and strategies suggested by these data.

As a research construct, the impostor phenomenon has been operationalized through two scales, the Harvey IP Scale (Harvey, 1981) and the Clance IP Scale (Clance, 1985). Both scales include items which tap: a) fear of failure; b) attribution of success to luck, error, or charm; c) the desire to stand out; d) the feeling of having given others a false impression; and e) the discounting of recognition from others. The Clance IP Scale (1985) additionally includes items which address:

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a) fear of evaluation; b) fear that successes cannot be repeated; and c) the feeling that one is less capable than peers. The Harvey IP Scale (1981) has a reported interitem reliability coefficient of .85, and has shown evidence of convergent and discriminant validity. An interitem reliability coefficient of .96 has been reported for the Clance IP Scale (Holmes et al., in press). Impostor status as identified by the Clance scale has correlated at a high level with individuals' reports of impostor feelings in structured interviews and clinicians' judgments of their clients' impostor concerns, giving evidence of convergent validity for the scale (Holmes et al., in press). High correlations have been found between the two impostor phenomenon scales.

### **Review of the Research on the Impostor Phenomenon**

The impostor phenomenon was originally thought to be particularly pervasive among females (Clance & Imes, 1978). Surveys of several populations, however, have found no differences between the sexes in the degree to which they experience impostor feelings. Based on their clinical observations, Clance & Imes (1978) postulated that the experience would be more prevalent among females because of societal stereotyping of women as less capable than men, an attitude that many of their clients seemed to internalize. Attribution theory holds that attribution is a function of expectation. When a successful outcome is unexpected, that outcome is likely to be attributed to temporary, external causes, such as luck or effort (Deaux, 1976). Thus, if females are less likely to expect success, they might well attribute it to factors other than ability. Studies of college students (Harvey, 1981; Bussotti, 1990; Langford, 1990), college professors (Topping, 1983), and successful professionals (Dingman, 1987) have all failed, however, to reveal any sex differences in impostor feelings, suggesting that males in these populations are just as likely as females to have low expectations of success and to make attributions to non-ability related factors.

What has been learned from research about the personalities of men and women who experience the impostor phenomenon? The findings revealed below will give an overview of the profile that has begun to emerge.

In seeking to establish the divergent validity of the construct, Harvey (1981) found low correlations in a population of college students between

impostor feelings and two personality features that would appear to be related to the impostor experience—self-esteem and self-monitoring. In her sample, self-esteem scores, derived from the Rosenberg Self-Esteem Scale (1965), accounted for only 9% of the variance in impostor phenomenon scores. Self-esteem presumably measures a broader domain of attitudes and feelings about the self than does the impostor phenomenon. These findings indicate that it is possible to have generally adequate self-esteem, but to have the negative feelings about the self in the area of achievement associated with the impostor phenomenon.

Snyder's (1972, 1974) construct of self-monitoring is defined as a tendency to monitor and alter one's self-presentation according to the cues present in the social situation, a behavior pattern similar to that described by impostors (Clance, 1985). Harvey (1981) found only a weak association between the two constructs. Her analysis was that the self-monitoring construct is a measure of the degree to which people use "chameleon-like behaviors" (p. 50), often in a positive way without any particular negative feelings about the self, while the impostor phenomenon reflects feelings of insecurity that may be associated with chameleon-like behaviors in some individuals. Harvey's finding that self-esteem and self-monitoring are only marginally related to the impostor phenomenon has been replicated with a population of college professors (Topping, 1983).

In a study of college professors, Topping (1983) found a strong positive correlation between the impostor phenomenon and trait anxiety, as measured by Spielberger's State-Trait Personality Inventory (STPI-Trait portion). This finding lent further confirmation to the many clinical reports that the phenomenon is an anxiety-related experience (Clance & Imes, 1978), and suggested that people who have impostor feelings are likely to be people who experience anxiety in many situations.

A positive correlation has consistently been found between the impostor phenomenon and introversion, as measured by the Myers-Briggs Type Indicator (Lawler, 1984; Holmes et al., in press; Prince, 1989) in populations of students. According to the Jungian theory of psychological type, introverts keep important aspects of their personality hidden from the world. The resulting separation between what is experienced internally and what is presented outwardly may give rise to feelings that one is not seen for who one really is, a feeling that is a central component of the

impostor experience. Research has also shown that introverts are more likely than extroverts to describe themselves as being shy and anxious and as having low self-confidence, attributes which impostors frequently report in describing themselves (Clance, 1985).

Langford (1990) attempted to determine if the feelings and behaviors exhibited by impostors might be related to the pattern of behaviors that people have been found to display when they are motivated to achieve in order to look good to others rather than for the sake of learning itself. Dweck and her colleagues (Dweck, 1988; Dweck & Elliott, 1983; Elliott & Dweck, 1988) have formulated a model, based on extensive research, which may help explain individual differences in such achievement-related variables as task choice, perseverance, and emotional reaction to failure. The Dweck model holds that people's achievement-related behavior tends to fall into one of two patterns, determined by the cognitive set resulting from the implicit goals that they bring to the achievement situation. Those who believe that intelligence is a malleable quality tend to be motivated by "learning goals," in which the primary aim is to increase one's knowledge and skills. In the Dweck research, subjects who are driven primarily by the need to learn react to failure in a resilient way, renewing their efforts as necessary to master the task and suffering no particular feelings of inadequacy. In contrast, those who view intelligence as a fixed entity tend to be motivated by "performance goals," in which one is motivated primarily by the wish to prove one's intelligence. Dweck has found that, when people with performance goals experience mistakes or failure, they tend to react in a "helpless" behavioral pattern in which they withdraw from the task, blame themselves for the failure, and experience anxiety and shame. These reactions are similar to behaviors and feelings that have been described in association with the impostor phenomenon (Clance, 1985).

To see if impostors exhibit the characteristics of the performance goal pattern, Langford (1990) had college student subjects work on an anagrams task in which, without their prior knowledge, many of the anagrams were impossible to decipher. To measure the degree to which they experienced a "helpless" reaction, subjects' responses to the failure experience were ascertained through a questionnaire that inquired about the thoughts and feelings that they had when they encountered

difficulties on the task. There was a strong positive correlation between a pattern of helpless reactions and impostor feelings as measured by the Clance IP Scale. Impostors also described themselves as holding, to a high degree, a view of intelligence as a fixed entity rather than as a malleable quality.

This study thus provides evidence that many of the achievement-oriented behaviors that people who experience impostor feelings engage in are motivated by the need to look smart to others and are shaped by an overriding concern with others' impressions. Considering the reported feelings of shame that result from a failure experience, their sense of self-worth seems to be unusually dependent on others' feedback. Langford (1990) drew on the narcissism literature in speculating on the dynamics that might be involved. Perhaps impostors are persons who invest heavily in trying to live up to an idealized self-image of being intelligent in order to get the validation necessary to feel good about themselves. As long as admiration from others is present, they may maintain a feeling of worth, but when others are not validating them, their good self-feeling may plummet since it is based on external feedback.

Bussotti (1990) investigated the family background of people who experience the impostor phenomenon by examining correlations with the Family Environment Scale (Moos & Moos, 1986), a measure of family functioning which assesses the social environment of the family, relationships between family members, and the family's basic organizational structure. Impostor phenomenon scores were negatively correlated with the Cohesion subscale, which measures the degree of support family members provide one another, and the Expressiveness subscale, which measures the degree to which family members are allowed to be open with their feelings. The impostor experience was positively correlated with the Conflict subscale, which assesses the amount of expressed anger and conflict in the family, and the Control subscale, which measures the degree to which rules and procedures are used to govern family behaviors. Together, these four scales accounted for 12% of the variance in impostor phenomenon scores, giving evidence that people who experience impostor feelings are likely to come from families in which support for the individual is lacking, communications and behaviors are controlled by rules, and considerable conflict is present.

An additional family pattern which may be associated with the impostor phenomenon was suggested by Bussotti's (1990) examination of family role assignments. From questions covering a range of family roles, it was found that impostor feelings were highly correlated with a need to please others in the family. Bussotti (1990) suggested that, in families in which support for the child's feelings and individual development was lacking, the child who becomes an impostor may have experienced parentification or in some other way been required to develop a "false self" in order to receive validation, similar to Langford's (1990) finding about the importance for impostors of getting outside validation. That false self is then likely to carry over into adulthood as insecurity about one's true identity, often felt as impostor feelings in those who are successful achievers.

Two researchers (Beard, 1990; Prince, 1989) have used the Personality Research Form (PRF) to explore the relationship between impostor tendencies and a wide range of personality traits in populations of college students. The PRF consists of 22 scales, each of which assesses a specific trait corresponding to one of the psychological needs conceptualized by Murray (1938). Both studies found that the impostor phenomenon was positively correlated with a high degree of "defence," indicating a mistrustful, self-protective attitude toward others, and, in women subjects, a low degree of "affiliation," an enjoyable involvement with other people, and "play," a tendency to do things for fun. When Beard (1990) compared the PRF traits associated with impostor feelings in men and women, he found differing patterns which suggest that, though both male and female impostors are high in defence and untrusting of others, they may respond differently to this perception of threat from others in achievement situations. For females, impostor feelings had low correlations with impulsivity and need for change, consistent with the usual description of impostors as cautious and unlikely to engage in risk-taking. For males, on the other hand, impostor feelings were associated with high impulsivity and a strong need for change, as well as a low need for order. Beard (1990) speculated that, instead of dealing with their sense of inadequacy in the withdrawing style typical of females impostors, male impostors may tend to compensate by pushing themselves in a frenetic manner in order to prove their competency. Beard speculated that the primacy of relationships in females' value

systems might prevent them from putting relationships at risk by taking the kinds of chances that males might take in order to prove themselves through achievements.

From the combined research findings, we can now draw a fuller picture of some of the personality features that may lead to the impostor experience. Although people who exhibit impostor feelings do not seem to suffer from generalized low self-esteem, their self-esteem, at least in the area of achievement, is precarious, requiring a system of defenses that is taxing and anxiety-producing. Impostors are motivated to achieve primarily to "look smart," reflected in a strong focus on the self during achievement attempts and a concern for what their performance indicates to others about their abilities. Impostors' worries about their impression on others indicates a high vulnerability to feelings of shame and unworthiness. This apparent shaky sense of self and fear of shame in impostors may help explain the introversion and the high degree of defence found consistently in the research. Trusting others enough to expose one's weaknesses and risk criticism is difficult for impostors to tolerate, although one study has suggested that males with impostor tendencies may have more of a risk-taking style than females.

Based on initial research, there appears to be a characteristic family background which has set the stage for the development of these impostor-related traits of excessive concern with impressing others and protection of the self from criticism. Families in which there is a good deal of underlying conflict without channels of expression and without much active support for the child appear to foster these traits. The impostor may be a person who tried to gain support in this dry emotional environment of the home by working excessively hard to please others.

As Langford (1990) and Bussotti (1990) have suggested, we can perhaps gain added understanding of the impostor phenomenon by examining the apparent ties which exist between the personality features of the impostor indicated by the research and the theme central to several personality theories of a true self/false self dichotomy. Winnicott (1965), Kohut (1984), Horney (1950), and Rogers (1961) have all provided interpretations of how alienation from the self may occur as individuals present false images in an attempt to meet the demands of the social world. Kohut's (1984) view of narcissistic personality dynamics

may provide a particularly relevant framework for understanding the impostor phenomenon. In his view, in order to develop a secure sense of identity and stable self-esteem, children need to have an environment in which their feelings and strivings are responded to and respected ("mirrored"). Such an affirming atmosphere allows the development of a cohesive sense of self with stable self-esteem. When validation of the self is lacking, as appears to be the case in the families of those who develop impostor feelings, the child may compensate by trying to live up to an idealized image that will win the affirmation from others that is necessary for self-esteem. The good self-feeling brought about by this affirmation is precarious, however, since it is derived from the presentation of a false self. When these dynamics are present, feelings about the self oscillate between grandiosity on the one hand, when admiration from others is forthcoming, to shame and feelings of worthlessness on the other hand when others are not fully validating. Defensive strategies may be developed to protect oneself from the rapid, sudden loss of self-esteem, with attendant feelings of humiliation and shame, that can occur when one is criticized or in some other way fails to live up to the idealized image (Kohut, 1984; Rothstein, 1980). Consistent with this model of narcissistic dynamics, the impostor phenomenon research suggests that impostors may be people who are in the difficult bind of needing to achieve in order to earn the praise necessary to feel good about themselves, while at the same time having a strong need to protect themselves from narcissistic injury. Since their self-esteem is apparently not well internalized and derives largely from others' feedback, they appear to be both more needing of praise and more sensitive to criticism than others.

### **Psychotherapy with Impostors**

The central task of psychotherapy with impostors is to lessen the client's dependence on others' positive evaluations for his or her self-esteem and to build a more internalized sense of self-worth. Clance (1985) has described the impostor behaviors resulting from this preoccupation with others' impressions as a "mask." The goal of therapy is to make that mask no longer necessary. The metaphor of a mask recalls the writings of theorists who have believed that successful therapy helps people accept and live out of their own inner

needs, as it decreases the necessity of presenting facades or images to win others' affirmation (Kohut, 1984; Rogers, 1961). In Rogers' terms, successful therapy with impostors would result in a decrease in performance goals as the client's "locus of evaluation" (p. 354) shifts to the self. Using Perls' (1969) concept, therapy with impostors should decrease their need to manipulate the environment for support (performing to win praise) as they begin to respect and respond to their own learning needs. Clance and others have elsewhere delineated in detail strategies and techniques for understanding and changing the dynamics of the impostor phenomenon (Clance, 1985; Clance & Imes, 1978; Clance & O'Toole, 1987; Imes & Clance, 1984). A few ideas about therapy, suggested by the research, will be given here.

Since recent research (Bussotti, 1990; Langford, 1990) has supported the idea that the impostor experience is related to the presentation of a false self, like that described by Rogers (1961) and Kohut (1984), it is important to recall their views of how therapy facilitates the emergence and strengthening of the client's true inner self. Rogers' and Kohut's thoughts about therapeutic goals and methods are extremely similar, although their formulations emerged from different traditions and have some differences in emphasis (Kahn, 1989). Rogers believes that three conditions provided by the therapist will allow the client's defenses to diminish and the inner self to be incorporated into awareness and expressed more freely: a warm acceptance of all aspects of the person, an empathic understanding of the person's internal world, and an attitude in the therapist of genuineness and emotional honesty. Kohut's concept of "mirroring" the client is based on his view that the development of a cohesive self in childhood requires continuous affirmation and appreciation of the child by the parents. To strengthen the self in adulthood, those same responses must be supplied by the therapist. Arising from psychoanalysis, Kohutian therapy may be somewhat more interpretive and may make more links to the past than Rogerian therapy. Additionally, Kohut did not suggest that the therapist need be emotionally congruent or concerned with being a genuine person (Kahn, 1989). Nonetheless, the central thesis of both Rogers and Kohut is that, for therapy to succeed, the therapist must provide an accepting, affirming atmosphere. Considering impostors' sensitivity to criticism and tendency to experience shame, such a therapeutic stance is

probably a precondition for success with this population.

Therapy with impostors will probably need to focus specifically on the family dynamics and early experiences which may have caused them to invest so heavily in proving to others that they are bright. Exploration of family background will likely lead to new awarenesses of the pressures and forces within the family that led the child to adopt a role aimed at pleasing others to win support and approval (Bussotti, 1990). This examination of the past may tap into feelings of sadness and anger at the lack of genuine nurturing present in childhood. The therapist can validate these feelings as the client gets in touch with the deeper needs of the self.

Therapy may also focus on behavioral change in the present by exploring the catastrophic fears of failure that make performance concerns so dominant for impostors—fears which likely flow out of underlying feelings of inadequacy and shame. Active techniques have been described elsewhere (Clance, 1985) which may bring about change—gestalt exercises to access the needs underlying the drive to perform well, homework assignments to experiment with new behavior and risk-taking, and cognitive restructuring to alter impostor-related thinking patterns.

Langford's (1990) finding that impostor feelings are related to the cognitive set described by Dweck (1986), in which intelligence is viewed as a stable trait and mistakes are believed to indicate personal failure and inadequacy, suggests potentially useful cognitive interventions. If individuals have an entity view of intelligence, the therapist might focus attention on it, bringing up questions about the origins and consequences of this belief. Clients may discover that parents or teachers helped instill the belief by treating intelligence as a set quality that one must always demonstrate. Clients can be asked to consider how that belief may inhibit their achievement attempts and lead to impostor feelings today. They can also be encouraged to generate alternative ways to think about intelligence. The therapist might explain aspects of Dweck's model, if needed, to make sure clients understand how their feelings and behaviors may stem from their way of thinking about intelligence and performance. The techniques Imes & Clance (1984) recommend from Beck's cognitive approach (Beck et al., 1979) could be used in working with beliefs about intelligence—for example, having the client list the

advantages and disadvantages of viewing intelligence as fixed and as malleable, recording in a notebook how daily experience would be affected differently by the two beliefs. Other basic assumptions of the belief system that underlie the client's performance concerns could also be brought into focus and worked with using the same methods—for example, the belief that self-worth depends on performance and what others think, and the belief that mistakes indicate a personal deficiency. This work with the client's cognitions would probably be most effective when combined with attention to underlying feelings and needs, work on self-expression, examining the origins of the impostor pattern, and focusing on behavioral change (Clance & O'Toole, 1987).

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