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UNMASKING OF IMPOSTOR SYNDROME

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ABSTRACT

Members of minority populations are forced to hide behind a mask of stereotypes others associate to them. Individuals who feel fraudulent when they fulfill certain stereotypes, associate their success to external forces, define the problem as impostor syndrome (IS). The paper focuses on the prevalence and relevance of IS on college campuses. The session will explore the affect and effect of IS from different cultural lenses and discuss possible preventive and coping strategies for academic and mental health professionals. The purpose is to ‘unmask’ the impostor syndrome caused by stereotypes and stereotype threats that prevents individuals from reaching ‘new heights’ and compromise their existing talents.

INTRODUCTION

The “Impostor Phenomenon” (IP) and/or Impostor Syndrome (IS) was first described by Dr. Pauline Clance, from her observations in a clinical setting (Clance, 1985). Individuals who experience the Impostor Phenomenon, experience intense feelings that their achievements are undeserved and worry that they are likely to be exposed as a fraud (Sakulku & Alexander, 2011). The Impostor Phenomenon refers to an “internal experience of intellectual phoniness” (Matthews & Clance, 1985, p. 71) in individuals who are highly successful but unable to internalise their success (Bernard, Dollinger, & Ramaniah, 2002; Clance & Imes, 1978). Clance believed that the Impostor Phenomenon is not “a pathological disease that is inherently self-damaging or self-destructive” (Clance, 1985, p. 23). Rather, it interferes with the psychological well-being of a person (Sakulku & Alexander, 2011).

Through Clance’s research in 1985, it was found that impostor syndrome showed the following six characteristics:

- The Impostor Cycle (see. figure 1)
- The need to be special or to be the very best
- Superman/Superwoman aspects
- Fear of failure
• Denial of competence and Discounting praise
• Fear and guilt about success

Impostors will point out that they are aware of how others see them but that it is clear to them that the accolades are falsely bestowed because they have not truly earned them (Clance, 1985; Sakulku & Alexander, 2015).

**IS and Ethnic Minorities**

Research indicates that IS scores are higher for students in minority populations as a group. Cokely, McClain, Enciso and Martinez (2013) designed a study that allowed them to compare IS and Minority Student Status Stress (MSSS) across a group of students in three distinct minority groups: African American, Asian, and Latino. While the authors found African American students reported experiencing the highest level of MSSS, impostor feelings were significantly high for

![Diagram](https://ecommons.udayton.edu/jraphe/vol3/iss1/3)
Asian American students compared to other groups in the study. Cokely et al., (2013) found that there was a strong correlation of MSSS and IS with psychological distress and psychological wellbeing. However, when compared the two IS was the stronger predictor of psychological stress and had a negative effect on the psychological well-being of the individual.

Individuals who suffer from the IS often believe that they have fooled others into overestimating their intelligence. Furthermore, these individuals are likely to attribute academic success to external factors (e.g., luck, physical attractiveness) and fear that they will be revealed as a fraud (Harvey & Katz, 1985; Cokely et al, 2013). Intense feelings of IS can interfere with the academic development of high-achieving underrepresented minorities by causing them to disengage from their academic endeavors (e.g., attending class, limiting campus activities), avoid evaluative situations, have constant feelings of inadequacy, and exhibit an unhealthy pressure to succeed (Ross et al., 2001). High-achieving, underrepresented minorities also report increased test anxiety, reduced confidence in their intelligence, and negative psychological outcomes such as depression (Kumar & Jagacinski, 2006; McGregor, Gee, & Posey, 2008).

**IS: Gender and Sexual Orientation**

In the initial study of IP/IS (1978), Clance and Imes analyzed data for female participants only, due to their belief that IP/IS occurred predominantly in women, based on the attribution theory. The attribution theory, in relation to IP/IS, suggests that women have lower expectations than men, so women attribute their success to a temporary cause (Clance & Imes, 1978; Deaux, 1976). According to Jarret (2010), another factor that may have attributed to this assumption was the second wave of feminism. The second wave of feminism was a period of feminist activity and thought that first began in the early 1960s in the United States. It quickly spread across the Western world with an aim to increase equality for women by gaining more than just voting rights. Issues addressed by the second-wave included rights regarding domestic issues (such as clothing) and in employment.

Results from the study conducted by Cusack, et al. (2013) indicated that women reported more IS beliefs than men. Women have more roles than men and are expected to excel at all, equally, which can lead to impostor feelings (Clance, 1985b; Clance et al., 1995). Further, women are more likely to have overwhelming demands from multiple roles in their lives. The idea often originates from the stereotypic gender roles. If women internalize these gender roles, they are likely to endorse the societal beliefs that they are not as successful as men (Langford & Clance, 1993).

On the other hand, one population yet to be included in the IS research is the lesbian, gay, bisexual, and transgender (LGBT) community. During the critical “coming out” phase of identity formation, LGBT individuals experience negative behavioral characteristics such as anxiety and shame often associated with the IS (Brown & Trevethan, 2010). Despite increasing levels of social and cultural acceptance of sexual minorities, concern about the physical and psychological well-
being of LGBT individuals persists (Martos, Nezhad, & Meyer, 2015). However, according to Blashill and Powlishta (2009), the lesbian participants are likely to report lower IS scores than heterosexual women due to the higher level of fluidity of gender roles in the LGBT community. Although no current research has gauged the relationship between the impostor phenomenon and the LGBTQ communities.

**Prevalence Rate of IS on College Campuses**

Increased competition for students, declining state appropriations (Barnshaw & Dunietz, 2015), ratcheted scrutiny by the federal government and intense pressure to deliver on outcomes within a four-year time frame by accrediting bodies, have left many colleges and universities flustered (Howard, 2015; Woodson, 2013). The pressure is complemented by a rampant consumer mentality that has organizations struggling to keep up with student and parental demands for diverse curricula delivered in high-end facilities, which must ultimately lead to job placement (Potter, 2011; Woodson, 2015).

Numerous studies and articles have documented the prevalence of the IS in higher education (Felder, 1998; Cusack, 2013 & Cokely 2013). At the undergraduate level, IS has been documented across a variety of majors and disciplines to include psychology (Ferrari & Thompson, 2006), engineering (Felder, 1988), medical, dental, nursing and pharmacy students (Henning, Ey & Shaw, 1998). Publications discussing IS determined that graduate and doctoral students (Long, Jenkins & Bracken, 2000) in the following majors were more likely to experience IS: physician assistant studies (Mattie, Gietzen, Davis & Prata, 2008), psychology (Bernard, Dollinger & Ramaniah, 2002; Castro, Jones, & Mirasalimi, 2004; Gibson-Beverly & Schwartz, 2008) nurse practitioner (Huffstutler & Varnell, 2006; Sutliff, 1998; Vance, 2002), medical residency (Legassi, Zibrowski, & Goldszmidt, 2008; Oriel, Plane & Mundt, 2004), molecular biology (Pinker, 2009).

According to Valerie Young (2011), author of *The Secret Thoughts of Successful Women*, “Impostors who return to college in midlife have been known to wonder out loud if perhaps their professors aren’t just taking pity on them. Knowing they’re trying to juggle kids, a job, and school, they suspect that their professors are intentionally going easy on them” (p. 19). Furthermore, the theory of academic disidentification proposes that students begin their educational journey identifying with the academic domain. However, as stigmatized students progress through the educational system, they are likely to encounter stereotype threatening situations.

Some students with varying ethnicities at Heidelberg University were surveyed about their experiences within the educational setting in the United States. They expressed experiences with stereotypes and the expectation they feel to be in certain fields due to those stereotypes. Another student mentioned the feeling of intimidation being a minority in a graduate program. Many celebrities have mentioned experiencing IS. Individuals like Tina Fey, Maya Angelou, and Kate Winslet have mentioned feelings of fraudulence.
Effects of IS on Mental Health

When IS is identified in a client, it is generally accompanied by other psychological problems, such as depression (McGregor et al., 2008; Oriel et al., 2004; Ross, Stewart, Mugge, & Fultz, 2001) and anxiety (Clance & O’Toole, 1987; Thompson et al., 1998). Further, the impostor exhibits workaholic behaviors that lead to exhaustion and increase the risk of burnout (Cowman & Ferrari, 2002; Kets de Vries, 2005; Kumar & Jagacinski, 2006). The rewards and recognition from their work, is then, associated with anxiety, stress and work-life balance issues causing the impostor to see both as undesirable (Cowman & Ferrari, 2002; Sakulku & Alexander, 2011).

Recommendations for Prevention and Intervention

Clance (1987) claims that the first identification of IS is during a counseling session. Thus, the client is already experiencing these symptoms, to an extent that it needs mental health assistance. Prevention for IS can be developed by creating a standard for individuals who work with students can compare students who are at risk. The symptom of perfectionism is a large identifier of the impostor syndrome. “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 syndrome must be considered,” (Clance & Imes, 1988, p 5). Perfectionists have traits that can be easily identified. For instance, excessive worrying about grades (GPA) and poor performance in class, spreading oneself too thin by pursuing multiple courses simultaneously and taking on too many responsibilities can all be considered traits of a perfectionist. By including the trait of perfectionism in the screening standards for IS, individuals working with students can monitor the development of IS.

It is crucial to evaluate how the student is internalizing their achievement in their academics. Many students have shown to have difficulty accepting the grade on an assignment associated to the quality of their work (Schinske & Tanner, 2014). Rather they associate their high achievement to luck, or other external sources. The discounting of the student’s work can allude to difficulties of feeling like a fraud. Thus, interventions should be in place to combat these thoughts. Many programs have instituted the “fake it till you make it” belief, in which the individual acts like they can achieve even when they are insecure about their work (Molinsky, 2016).

Several universities have implemented programs and disseminated information on IS. For example, California Technology and MIT have both implemented programs that focus on debunking myths about belonging, helping students identify IS tendencies, and focusing on support programming (Parkman, 2016, p 56). Student life, academic success, multicultural affairs, and counseling departments at several universities and colleges have developed workshops for students that include operationally defining success, identifying strengths, identifying and developing coping mechanisms when failure happens (Parkman, 2016, p 56). The implementation
of these programs aims at working with students on the destructive effects of perfectionism that leads to IS. Ideas, such as “… the development of peer group programming, mentoring opportunities, and identification of organizational expectation,” (Parkman, 2016, p 56), can decrease the likelihood of the experience of IS. The University of Michigan has created a web page that outlines what IS may look like to students. They label resources that they have for those who may be experiencing this syndrome.

For those who are beginning to experience symptoms of IS, college/universities should provide a group atmosphere for individuals to air out their worries and their feelings. Since IS is determined to be a discrepancy between one’s perception of their achievements and their success or other’s perceptions, the use of group therapy is recommended. The group setting allows for individuals to break down this discrepancy and identify commonalities between members within the group which can assist in building a supportive network. The topics Clance, Dingman, Reviere, and Stober (1995) had suggested to include the knowledge and understanding of IS; what feelings, thoughts, and behaviors may occur because of syndrome; and how others can support them when they fall into these thoughts, behaviors, and feelings. The final stage Clance suggests that the individuals in group investigate and support others in “non-impostor phenomenon risks,” (Clance et al., 1995, p 91). This discussion topic includes individual’s’ wishes and dreams as well as their fear of failure when attempting to achieve them.

CONCLUSION

It could not be made more clear that Impostor Phenomenon, or Impostor Syndrome, is an emerging issue in universities and colleges and its identification is often overlapped by the symptoms of stress, burnouts, anxiety, and depression. This is further supported by Sakulku (2011), who stated that “70% of the millennials experience impostorism at least once in their lifetime”. It is recommended that the higher education bodies be willing to actively participate in creating awareness, as well as, implementing preventive measures for impostor syndrome.

REFERENCES


