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THE IMPOSTOR PHENOMENON – THE SENSE OF INTELLECTUAL FALSENESS

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**impostor phenomenon
parents' attitudes towards child's intellectual achievements
role reversal in the family**

Summary

The article is theoretical, its aim is to bring closer the problem of the impostor syndrome/phenomenon (IP) which is not yet well known in Poland. The impostor phenomenon means the sense of intellectual falseness that exists among people who experience a discrepancy between their own attitude towards their achievements and the evaluation of these achievements by other people. According to external criteria, persons with impostor phenomenon are seen as being successful, but according to their own internalized standards, they perceive their accomplishments as not significant. They contribute them to good fortune, lucky chance or beneficial contacts.

The study conducted by the authors of this article shows that the impostor phenomenon can be observed also in Poland. Precise information on this research project will be presented in other publications. The aim of this article is to introduce into the problem and to illustrate it by short clinical vignettes. The analysis of the characteristics of the Impostor Phenomenon can be of importance for deepening the understanding of the problems of patients participating in psychotherapy.

Introduction

Impostor in the free translation means "cheater" or otherwise "Hochstapler" or by the dictionary of synonyms: con man, liar, and manipulator [1]. So an impostor is someone who claims to be someone who he is not and deceives others "on a large scale." In the 1980's, the American researchers and psychotherapists Pauline Clance and Susane Imes [2] identified successful individuals who experience an inner sense of intellectual mistrust, fear of failure, evaluation, and denial of competence, and fear that success once achieved will not be repeated. While by external criteria, these people are considered to be successful, regarding their own internalized standards, their achievements appear to be insignificant [3]. In this paper, we are looking for an answer to the question whether the impostor syndrome is not redundant in relation to other constructs describing similar sets of traits.

This syndrome resembles in its dynamics the phenomenon described by Alice Miller [4] as "the drama of a gifted child", which applies especially to people who were considered particularly talented in their childhood, capable and ahead of their peers in many fields. Also later, all the tasks they undertook came with great ease and with excellent results - they were admired, praised and appreciated. These experiences did not, however, lead to the development of stable self-esteem. As long as they are not the best, they feel they are worth nothing.

The impostor syndrome was identified and defined in clinical observations by Pauline Clance and Suzanne Imes [2] during their long therapeutic work. Therapists have noted that this phenomenon is

characteristic of people who do not believe that their achievements are legitimate and well-deserved and attribute them to external factors such as happiness, chance or acquaintances, rather than their abilities. Despite academic or professional success, high academic degrees, managerial positions, they fear that they will not be able to replicate similar successes in the future, and people in their environment will discover their lack of competence [2, 5, 6].

The internal, intense and severe sense of falsehood experienced in a successful situation is particularly important, or even fundamental in this case [4]. It is worth stressing here that this syndrome is about the intrapsychic experience that is not a form of behaviour like a real professional fraud or the theft of scientific ideas.

Valerie Young [7] gives short, pictorial examples of people who experience the impostor syndrome. A postdoc fellowship student with an impressive academic CV stated, "I look good on paper only." A student who was the only one who got into a prestigious science program explained that her success was because the university was looking for diversity and that she came from the Middle East. A talented microbiological engineering student thought that his study's direction was impressive when he talked about it because of its long name.

The above statements show that people struggling with impostor's feelings may experience some difficulties in dealing with the characteristics of this phenomenon - focusing almost always on potential failures, becoming "own catastrophe experts" [8]. The results of the study showed a strong association between this syndrome and the severity of depressive symptoms [9,10], anxiety [11] and general psychological distress [12]. There was also a high positive correlation between the impostor phenomenon (IP) and neuroticism [13, 14], a negative correlation between IP and extroversion [14] and a high positive relationship with perfectionism [11,15]. We show some research results illustrating the link between IP and other psychological phenomena.

Impostor phenomenon and perfectionism

Clinical observations of Clance and Imes [2, 4] show that people with IP¹ in childhood and school often achieve the best results and stand out from the peer group. However, with age, the number of talented individuals in their environment is beginning to grow, and they realize that they can not always occupy "the highest podium positions" as they used to before.

The achievements in different areas (mostly concerning intellectual activity) are not satisfactory for the people with IP. They expect the best results or give up the action. It has been empirically confirmed that people with high IP level tend to: (1) face higher demands than people with lower IP level; (2) respond more

¹ Impostor syndrome is measured on quantitative rather than nominal scales, so it can not be said that a person has this syndrome or not. However, for the purposes of this work, the terms "impostor syndrome" or "experiencing the impostor syndrome" will be used and will mean "with high intensity of the impostor syndrome".

critically to failure, (3) generalize feelings concerning the experience of failure, and devaluated positive feedback [15, 16].

Excessive perfectionism and fear of failure result in the fact that people with this syndrome are not satisfied with their successes and function according to the "Imposter Cycle" [5]. This cycle starts with the fear: "Will it be possible to meet the requirements *again*?". Anxiety, psychosomatic symptoms, nightmares, etc. may appear. This is followed by one of the two situations: 1) excessive preparation for the task, or 2) procrastination and finally working in a hurry. If the action is successful, in the first situation it is attributed to hard work and in the second to luck [17]. Success and positive feedback from the environment only reinforce the whole mechanism and the belief that "I have to suffer to succeed" [2].

Clance [18] showed the Impostor Cycle among others on the example of Beverly, a well-known artist whose works were very popular among collectors. Before each subsequent exhibition of her work, Beverly was concerned that her work would be derided by critics, or at least they would point out the shortcomings of her work. Beverly believed that the audience would appreciate her work and would understand their message only when her paintings will be perfect. So she worked without rest, practically not sleeping or eating, and she was still dissatisfied with the results, and her fear was growing. Every time she was ready to cancel the exhibition, but her relatives and associates took her away from it. All of Beverly's exhibitions were huge successes, but neither compliment from the critics nor the number of sold paintings could convince the artist that her work was valuable.

People with IP, which can also be observed in the example of Beverly, expect that they will perform all tasks and responsibilities effortlessly and without mistakes. This expectation makes them feel incompetent because it often happens that they have to put effort into the work they think should have come easily. It has been found that people with a high level of perfection, which is often found among people with IP, tend to engage in tasks with levels of difficulty that are inadequate to their possibilities. They choose tasks that do not require a lot of effort and the reward for them is practically certain [18]. This leads to reduction of their own standards in order to avoid failure [5, 20, 21], as well as to procrastination, which is one of the elements of the Impostor Cycle described above and is also, as proven by Flett and colleagues [22], strongly correlated with IP ($r = 0.64$).

Impostor phenomenon and self-esteem

Researchers do not agree on the relationship between the impostor phenomenon and self-esteem. Although the authors of the description of the impostor syndrome claimed that IP diagnosis was not automatically associated with low self-esteem [23], many studies confirm the relationship between these variables [16, 24, 25].

Interesting are the results of studies that distinguish between global self-evaluation, i.e. self-image, body self, the sense of ownership, and specific self-esteem - related to one's own achievements in the context of relationships with other people. They have shown only a negative correlation between IP and specific self-

esteem [16, 26, 27]. This means that people with IP can globally have a good opinion of themselves and be satisfied with themselves, but in the context of achievements, doubt in their skills and level of preparation.

According to Langford & Clance [23], what connects these two variables is the dependence of self-esteem on other people's opinions and negative beliefs about oneself. However, the mentioned researchers argue that these are not identical phenomena because self-esteem involves a greater range of attitudes and feelings about the self than the impostor syndrome [23]. What is also important, the inner sense of fraudulence predominates in the impostor phenomenon, while it does not necessarily appear in the case of low self-esteem [9]. This is an important argument for the thesis that the two analyzed constructs are different.

Impostor syndrome and the perception of one's intelligence and abilities

The example of Paul, described by Clance [18], illustrates the relationship between IP and the perception of one's own intellectual capabilities. Paul was a manually gifted child and his parents liked to boast in front of friends that there was no such thing that Paul would not be able to fix [18]. Because most repairs came to Paul with ease, he believed in his parents' belief in his unique abilities. The first disappointment he experienced was at school when it turned out that mathematics classes were difficult for him. Paul started to seriously doubt in himself and abandoned his dream of studying at a technical university. Although Paul received the highest grade in mathematics and was the best in college in the field of hard sciences, he did not go to university but set up an automobile repair shop after school. He wanted to be an engineer, but he could not bear the thought that he might not be the best and that his studies would not always be easy for him [18].

Clance and O'Toole [5] argue that a significant aspect of the impostor syndrome, which hinders the development of the potential of people experiencing this phenomenon, is a distorted view of intelligence. It manifests itself in particular in the belief that intelligent individuals do not have to work hard to succeed. Persons with this syndrome, solving a task without any effort may find that it was too easy. If, however, they have to put a lot of effort into performing a task, they assume they are not smart and capable enough. Such a non-adaptive style of attribution is another component of IP, which makes it difficult for impostors to develop their potential [5, 17, 23].

According to Carol Dweck's [28] theory of intelligence, individuals who treat intelligence as a constitutive and constant construct and doubt in their abilities, put less effort into action and fear evaluative judgments. In turn, individuals who perceive intelligence as a flexible phenomenon that grows and deepens, treat achieving their goals as a lesson, a possibility to gain new skills and knowledge. They also believe that with each action their abilities will improve. Such people, when they experience failure, treat it as feedback and have the need to improve their result, try again, they do not feel anxiety or a sense of inadequacy. On the contrary, people with the belief that intelligence is a constant element react - in the case of failure - with shame and helplessness, and abandon further efforts [28].

It has been assumed that the impostor syndrome could be related to the perception of intelligence as a constant and invariable feature of the individual, which has been confirmed by a performed study. This study

has found that in the case of people with IP, the motivation for achievement is their need to be seen by others as competent and wise. At the same time, they are always accompanied by the uncertainty if the impression they make on others is good enough [23].

Other research results indicate that the relationship between the perceived intelligence and IP is a complex issue. Some studies have shown that there is a negative link between IP and the assessment of self-efficacy and one own's abilities [29] and also the belief in one own's intelligence [30]. It can, therefore, be said that, regardless of the impression that people suffering from impostor syndrome make on others, they critically assess their own skills and intellect.

Occurrence of the impostor syndrome - risk groups

The occurrence of the impostor syndrome was found in various populations, including academic staff [31], university students [10], high school students [24] and managers [32].

Initially, it was thought that this phenomenon is more common in women [2]. Further research conducted on this issue did not bring a final settlement. Some analyses have shown that women are more likely to exhibit IP characteristics than men [7, 23, 33]. Other studies have found that men and women are equally symptomatic of IP, but differ in the way symptoms are manifested [11, 34, 35].

In one study, there was a lower correlation between the impostor syndrome and impulsivity and the need for change in the case of women than in men [30]. These results gave rise to the interpretation of IP in women as a form of preservation, reluctance to take risky behaviours (which could result in disclosure of lack of competence) and the need to withdraw from social relationships. On the contrary, in men, it was considered that the high correlation between IP and impulsivity and the need for change, and the low correlation between IP and the need to maintain a well-known order, may indicate a willingness to compensate for feelings of inadequacy through competing behaviours that allow for continuous confirmation of their value and competence [30].

It should be emphasized that, apart from the differences between the sexes in the occurrence of IP symptoms, there are also gender differences in the consequences associated with the experience of the impostor syndrome. Men, much more than women, are protected from the negative effects of IP due to the tendency to take on challenges, and thanks to strong social support from collaborators and mentors [30]. Also, a successful man acts most often in accordance with the established stereotype of an assertive and successful person, and his goals correspond with the expectations of the environment. Women, on the other hand, are in conflict, having to deal with a mismatch of their needs with social requirements. If they act according to the social stereotype they are perceived as helpless, and when they choose to develop their ambitions, they lose their femininity in the eyes of others, and often in their own [33]. Devaluing their successes is one of the possible ways to solve this internal conflict [5].

It was found that women with IP were experiencing higher levels of generalized anxiety during their studies and spent more time learning than men [22]. In an adolescent study, it was revealed that social support

was a key factor in preventing the occurrence of IP-related feelings [24]. Having a close friend with whom you can share your thoughts and who supports you significantly reduces the intensity of the impostor syndrome both in boys and in girls. However, in the case of girls, this problem is more complicated. While in the case of boys there is only one significant friendly relationship required to protect them from IP-specific feelings, girls need a complex network of relationships both with adults and their peers [24].

The etiology of the impostor syndrome

The authors of the construct of IP recognize that the main causes of the impostor syndrome are related to the specificity of relationships in the family of origin [2, 4]. A child acquires beliefs about himself, his skills and social intelligence during childhood, in contact with his or her caregivers. This message, containing descriptors and labels in which parents convey fundamental values to their child and the world they accept, represents the child's instructions on how to behave and what to do.

Clance and Imes [2], based on their clinical experience, noted that people experiencing the impostor syndrome show a strong tendency to gratify others. Often they assume the role of "family heroes", providing their loved ones with pride and increasing their self-esteem. As children, they take on numerous responsibilities and cope with them greatly. Imperceptibly, they become "small adults": brave, mastered, full dedication and willingness to give themselves to others. This is a form of family role reversal, also known as parentification, the mechanisms of which have been described by Katarzyna Schier [34]. Extended families, friends, and neighbours often look at such children with envy, praise and admire them. With the hero, the family can feel good because it has brought up such a responsible and successful young person² [36]. The closest surrounding of such a child, usually impressed by his resourcefulness, is unaware that the heroic behaviour of the child, often in response to potentially traumatic situations, may leave marks on the child's personality even if it is not remembered [38, 39]

A study on bonding styles showed that people with a secure attachment style, that is, with parents who have consistently responded to their needs, more often developed a positive and stable self-image, were more likely to enter into relationships with others based on trust, intimacy, and interdependence. They were also more often convinced that, if needed, they could count on the help and support of other people [40]. When a significant person answered the child's needs in an insufficient, inconsistent or hostile manner, the child could develop a nonsecure, insecure attachment style characterized by a strong fear of rejection, the ambivalence of feelings, and a tendency to focus on his deficits. This often results in negative self-esteem and projection of negative feelings on other people [41].

The research results of Gibson-Beverly and Schwartz have shown a positive correlation between anxiety attachment style and the impostor syndrome in women [42]. Anxiety style attachment was defined in

² A similar scheme is also implemented by persons raised in homes with alcoholic problems [36, 37]

this study as an excessive need for appreciation and a strong fear of rejection³. The positive relationship between IP and this style can attest to the fact that people with anxious attachment style have a great need to obtain positive feedback about themselves from other people, but they are unable to internalize these data due to their negative self-image. Also, this bonding style may involve fear of failure and being judged by others. These results are consistent with John Bowlby's [43] study, which showed that people with anxiety styles seek positive support from others to compensate for their low self-esteem but at the same time are accompanied by strong fear of rejection and abandonment. It is interesting that there was no relationship found between IP and avoiding attachment style, which was defined here as an excessive need for independence and fear of over-dependence on others [42].

It has also been noted in the literature that in some situations a parent may see his or her reflection in the child - that is, make a projection of his or her own needs onto a child [34]. As a result, the child becomes a container for the thoughts, feelings, and states of the caregiver. The parent, to safeguard his or her self-esteem from a possible failure of the child, can take over the tasks and responsibilities of the child, which could not be met by the child. Such a behaviour can make it difficult for the child to develop a sense of self-efficacy and stable self-esteem. The child grows in the belief that its very existence is not enough to gain the acceptance of others because acceptance can only be achieved if one "does not lose" [23]. This belief creates a fertile ground for the development of IP. Summing up, one can say that the mechanism of the impostor syndrome is related to the specificity of the psychological bond in childhood when the child is not experienced as a separate, autonomous person but performing a specific "function" in its parent's psychological world [34].

Impostor syndrome and psychotherapy

The characteristics of IP and its key aspects seem to confirm the thesis about the usefulness of knowledge about the impostor syndrome from the point of view of both theory and practice and points to its distinctiveness in relation to other psychological constructs.

In the context of the presented data from the literature, it is worth asking the question about the usefulness for clinical practice and psychotherapy to distinguish the impostor phenomenon. People experiencing the impostor syndrome are characterized by a specific deficit in the area of the psychological structure [44] and are forced to face its consequences. For some, like for Beverly, this means a life of constant fear and a sense of danger that the environment will discover their alleged lack of competence. For others, as for the students described by Valerie Young [7], it is the need for diminishing their own achievements and the inability to accept praise. For yet others, like Paul, it is the abandonment of professional dreams because of the fear of failure. Do people with impostor syndrome need specific psychotherapeutic interactions or is it enough to work with them on attachment, leading to a possible change of anxiety style of attachment to a safe one, as proposed for example by David Wallin [45]?

³ This attachment style is also known as parent-absorbed and is associated with the inhibition of the progress of the process of separation-individuation [34]

An attempt to find the answer to this question may be the analysis of a short clinical example. Mr. K., 45 years old, complained during one of the meetings with his psychotherapist about a very big fear of public speaking. He was a professional in his field, he had a doctor's degree, but any form of presenting research results caused him not to sleep for several days and made him, as he called it, "dying of fear". He believed that the listeners would come to the conclusion that he is a cheater because he "promotes himself as guru while in fact, he is incapable of anything". The psychotherapist returned to the term concerning dying and asked him about his experiences connected with death. She knew from the patient's life story that he had been raised by a single mother and had a caring role for two younger sisters. His father died when the boy was a teenager. He became the "head of the family" and the "master of the house," in the words of his mother. On the one hand, such a role was a great challenge for him, which apparently raised his sense of value, but on the other hand, he knew that it was in some sense false⁴. Mr. K. realized his own needs related to intellectual achievements (such as learning foreign languages) in a hidden way. His mother thought that this was a waste of time and money. The son's successes in the area of his autonomy in some sense separated him from her and matters related to his family. "Each time I am successful, my mother dies a bit," the patient said, recalling an episode when his mother went down with pneumonia on the day of his doctor's defence and required intensive care.

While working with the patient, the psychotherapist focused not only on building an alternative to his internal experience, the corrective attachment style [45], but she also paid close attention to the problem of separation from the mental representation of parental objects in the mind of the patient. Only the separation from the parents' needs could lead to the fact that autonomy, described by Margaret Mahler [39] as an individuation, could begin to please him and not just arouse anxiety.

Katarzyna Schier [34, 37] perceives the above elements of the psychotherapy process as crucial for people who, like Mr. K., have experienced a role reversal in the family. During the therapy process, the patient referred to the metaphor of the reflection in the mirror and the lack of smile and joy in his mother's eyes. The therapist related this aspect to the fairy tale of Snow White, saying that he needed "good mirrors" in which he would not only see the needs of those who hold them but in which he would be able to see himself. The patient laughed and said: "It's good that I have you. You are a great mirror".

It seems that the patient could see in the eyes of the therapist real appreciation for himself and his actions, so he could give up unrealistically high standards and expectations regarding his intellectual activity, which he had imposed on himself. The work on the therapeutic relationship has helped him to separate himself from the belief that when he achieves a success he will be perceived by others as a cheater, a person who has no right to autonomy and creativity.

⁴ The role of the child's false self, the psychic structure which cannot contribute to the development of the sense of effectiveness and efficiency because it is largely associated with meeting the expectations of caregivers, was described by Donald Woods Winnicott [39].

Summary and Conclusions

1. The impostor syndrome was described by psychotherapists Pauline Clance and Susane Imes in the 1980s.
2. Research results reveal the association of the IP, among others, with perfectionism, low self-esteem and a distorted view of intelligence.
3. The impostor syndrome develops during childhood in the attachment relationship between the child and his or her caregivers.
4. A review of the literature on the subject indicates that the impostor syndrome is a separate psychological construct that differs from other described in psychology, medicine, and psychotherapy.
5. The significance of this phenomenon is important so that it is worth considering them both as an element of the theory of mental functioning, as well as a subject of reflection in clinical practice, including psychotherapy.
6. Psychotherapeutic interactions in relation to people with impostor syndrome require a specific technique, which refers to both the construction of the image of the other person in the mind (relation to the "new object" or the corrective emotional relation), as well as to the emphasis of the role of work on the phenomenon of separation-individuation (separation from the internal image of the caregiver).

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