

Quarterly Reflections on Leadership

January – March 2024

Wisdom & Imposter Syndrome



Introduction

Lots of people are talking about ‘imposter syndrome’. A quick scan of LinkedIn reveals an ever-expanding narrative about imposter syndrome as something that people suffer from, something people struggle with throughout their lives, a psychological condition. We hear coaches talking about their clients as if they are suffering from imposter syndrome in a way that doesn’t sound helpful or even healthy. It sounds like they may be inadvertently affirming a sense of inadequacy in their clients by encouraging them to buy-in to the idea they are somehow deficient. In this article we provide a short review of the literature on ‘imposter syndrome’ and suggest alternative approaches to working with people who appear to be experiencing a lack of confidence, or a surfeit of self-doubt, in ways that are getting the way of being successful and happy.

Imposter Syndrome

Imposter syndrome is not a recognised psychiatric disorder

The term imposter phenomenon was first coined by Pauline Rise Clance and Suzanne Imes in a 1978 article about women who considered themselves to be impostersⁱ. These women were successful and well regarded by colleagues in their work lives, but maintained a strong belief that they were not intelligent and that they had fooled anyone who thought otherwise. Clance and Imes did not suggest that this imposter phenomenon was a standalone clinical disorder.

Manfred Kets de Vries later equated the imposter phenomenon with ‘neurotic imposture’ in a Harvard Business Review articleⁱⁱ. He said that while all of us feel that we are imposters at times and feel the need to present a façade, those suffering from ‘imposter phenomenon’ feel *more* fraudulent and alone because they view themselves as charlatans. In saying that neurotic imposture is a term used by psychologists, Kets de Vries effectively positioned the imposter phenomenon as a psychological condition, a lead that others have since followed. George Chrousos and colleagues, for example, call imposter syndrome a ‘psychological state’ⁱⁱⁱ. But imposter syndrome is not a recognised psychiatric disorder nor is it a recognised clinical diagnosis^{iv}.

Although it isn’t a clinically recognised diagnosis, people have devised psychometric tools to determine whether or not someone is suffering from imposter syndrome. But there are several different tools, and different people use different cut-off points with those tools to decide whether or not someone is suffering from imposter syndrome. So we shouldn’t be surprised that the prevalence of imposter syndrome been variously reported between 9 and 82%. Dena Bravata and colleagues go so far as to suggest that some researchers tweak their measurements to get high levels of imposter syndrome in order to get their work published^v.

Imposter syndrome is a layman term

There has been an explosion in interest in the term imposter syndrome, less so in the term imposter phenomenon. They are essentially the same thing, but academics tend to use the term imposter phenomenon and laymen tend to use the term imposter syndrome. This doesn't really matter in that both are purely descriptive and largely subjective. What is significant is that few academic papers suggest means by which to treat imposter syndrome, while the layman literature is full of advice on how to manage it. Which makes it likely there are lots of leadership development professionals out there reading layman articles, busy diagnosing a condition for which there is no evidence, offering solutions which have no strong evidence to support them.

Imposter syndrome is said to coexist with anxiety and depression

In their original article Clance and Imes said that clinical symptoms most frequently associated with the imposter phenomenon include generalized anxiety and depression, an assertion consequently repeated by other authors^{vi}. If this is the case then why would a coach would be suggesting interventions in this space? If 'imposter syndrome' is a composite condition of recognised psychological/psychiatric conditions, then surely imposter syndrome is not the domain of coaches. Rather it is the domain of psychologists and those with clinical skills.

Imposter syndrome is not specific to women

In their original article Clance and Imes said that the imposter phenomenon occurs with much less frequency in men than in women and with less intensity. In a later review Dena Bravata and colleagues reported that half the studies they read found no differences in rates of men and women suffering from imposter syndrome^{vii}. This suggests that imposter syndrome may be more likely among groups of people who feel marginalised. That likely includes women in leadership, the focus of Clance and Imes' original study, but also other groups subject to stereotyping.

Imposter syndrome is presented as an individual pathology

Mona Leonhardt and colleagues define imposter syndrome as an individual phenomenon^{viii}. This is how the term is used most often, to pathologise an individual. This points us to explore the individual's upbringing and family system^{ix}. But this may not be helpful, not by itself. Orla Murray and colleagues suggest that we ignore social and institutional aspects of imposter syndrome^x. They talk about 'girl power' syndrome, for example, in which women leaders are subject to a organisational or societal narrative that leads them to feel they have to achieve more than other leaders in order to succeed. Any group that experiences itself being marginalised is subject to a similar narrative. It may not always be helpful therefore, to overly focus on the individual. Looking at team, organisational and social norms may be more helpful. It is important to understand these aspects of imposter syndrome, otherwise we may find ourselves inadvertently:

- Encouraging others to adopt a pathologising label that may lead to the individual feeling *more* anxious, *less* confident and *more* depressed.

- Suggesting interventions that have little grounding in evidence.
- Stepping outside the boundaries of coach into the territories of counsellor, therapist, psychologist and/or psychotherapist.
- Suggesting that feeling marginalised is the exclusive domain of women leaders.
- Encouraging people to think there is something wrong with them, when the issue may be more systemic.

As such we urge coaches and organisations only to use the term imposter syndrome if and when they have conducted their own review of the literature and are satisfied that they are using the term in a way that is constructive and helpful. Or just don't use it. Our recent work on wisdom suggests different ways to help clients think differently about self-doubt.

Wisdom, confidence & self-doubt

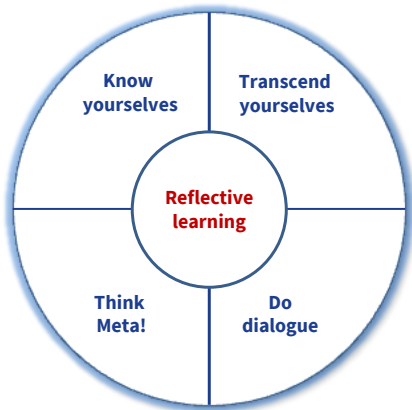
Working with anxiety and depression is not the domain of coaches nor leadership professionals. A lack of self-confidence and self-doubt, on the other hand, comes up frequently because self-doubt is absolutely normal. It is much more helpful to normalise these feelings than it is to pathologise them.

There are many ways of working with confidence and self-doubt, and we encourage everyone in the field to make the time to consider deeply their own approach. In this section of the paper we don't seek to offer prescriptive solutions, rather we offer just one way to think about confidence and self-doubt that doesn't require us to think in terms of pathologies.

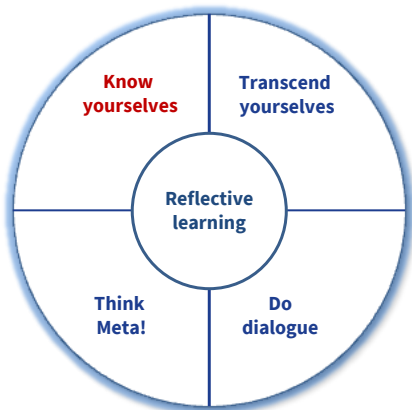
This approach is based on the five mantras of wise leadership outlined in [earlier QRLs](#) and the book [Wise Leader](#). First let's recap the five mantras.

- **Commit to reflective learning** sits at the heart of the model. In QRL 6 we explained how wise leaders are not only committed to reflection, but they reflect differently.
- In **Know yourselves** (QRL 2) we explored the idea of multiplicity. A multiplicity perspective enables us to develop a more profound sense of self awareness – or *selves awareness*.
- In **Transcend yourselves** (QRL 3) we considered our capacity to stand above ourselves and observe ourselves in relationship with others, accessing new ways of looking at the world.
- In **Think Meta!** (QRL 4) we described different ways of thinking about systems and change, detailing the meta-perspective and its focus on emergence and influence.
- In **Do dialogue** (QRL 5) we built on how wise leaders *think* about change, focusing on how they *do* change.

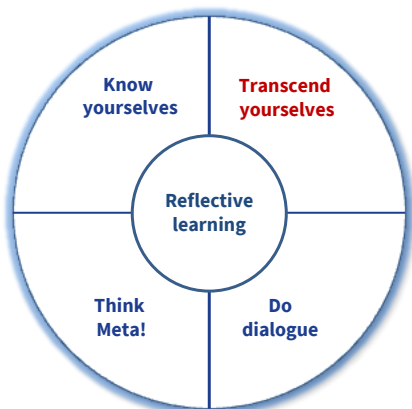
Next we consider the five mantras from Wise Leader and insights to be gained from each.



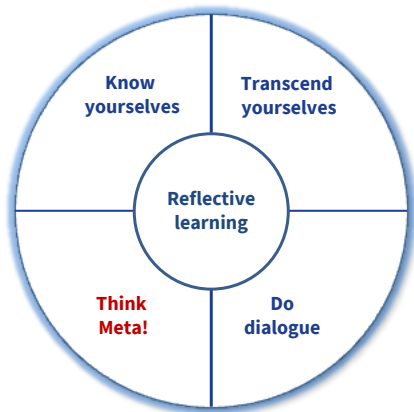
To become wiser demands that we make time to reflect - differently. The literature on imposter syndrome talks about the value of cohort building and peer support^{xi}. In other words, providing an opportunity for people to come together to compare experiences and responses. The literature also warns of the risk that people in those groups end up affirming each other's lack of self-confidence or self-doubt, such that it may be most helpful for those groups to be led by someone with a broad understanding of the subject. Someone wise(r).



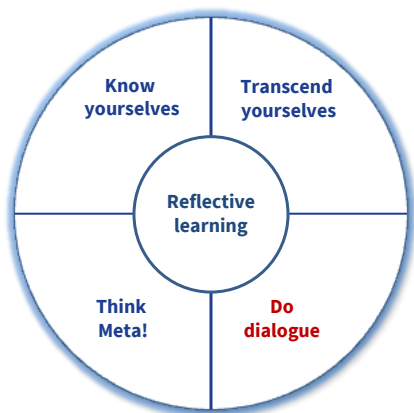
It is more empowering to frame self-doubt as just one aspect (or part) of myself. If I see my lack of confidence as specific to one part of myself, then I am straightaway open to the possibility that there are other more confident parts of myself that I can draw upon without having to be cured of something. And it may be helpful to recognise that those parts of me that do experience self-doubt also have a useful role to play in certain contexts, in helping me to prepare for challenging situations, for example.



To transcend myself is to understand how the way I think is co-created with others. This includes but is not limited to the individual perspective. So I might usefully explore families of origin and the influence of others through various stages of my life. The parent for whom 9/10 was never enough, for example. But I also need to explore also how the way I feel is the consequence of my *current* working environment. Does nothing ever feel good enough because achievements are never celebrated, for example? Or do I find that doing a good job simply results in my workload increasing and increasing, until I just can't get all the work done?



The meta perspective helps me understand I don't get to control anything as a leader, but I do get to influence. If I believe that the way the organisation operates is contributing to the way I am feeling, then I need to think about how the organisation really works. The culture of an organisation is determined by what everyone says and does, and no one can control how everyone behaves. But everyone can seek to influence how others behave, by seeking to understand patterns of narrative and by working out who to engage in dialogue with.



To influence effectively will require me to get better at dialogue. Dialogue is a particular form of conversation. When I am engaged in dialogue I am able to hold all my convictions, beliefs, and prejudices at arm's length in service of truly understanding the people I am talking to. And I say what needs to be said – respectfully, again managing all the voices in my head that may be feeling annoyed, upset, and judgmental.

In conclusion

Beware the term 'imposter syndrome'. If you are going to use the term, we urge you to do so thoughtfully, purposefully, and wisely. For all the reasons we have outlined in this paper, the idea that imposter syndrome is a real thing can be harmful to those with whom we work. Instead we encourage you to encourage others to:

- Make time to reflect on levels of confidence and self-doubt with others, and to seek new constructive and positive insights from those interactions.
- Develop deeper levels of selves awareness in ways that enable them to access their existing inner strengths.
- Explore the idea that imposter feelings are social and to reflect on how those feelings evolve through the conversations they have with others.
- Understand how best to influence and change the environments in which they work.
- Get better at 'doing dialogue' in service of shifting narratives and cultures.

If this sounds like something to explore further we offer more practical guidance for leaders and leadership developers alike in [The Wise Leader](#).

Dr Paul Lawrence & Dr Suzi Skinner

On behalf of Leading Systemically

Contact paul@leadingsystemically.com

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- ⁱ Clance, P.R. & Imes, S. (1978). The Imposter Phenomenon in High Achieving Women: Dynamics and Therapeutic Intervention. *Psychotherapy Theory, Research and Practice*, 15(3), 1-8
 - ⁱⁱ Kets de Vries, M.F.R (2005). The Dangers of Feeling Like a Fake. *Harvard Business Review*, 83(9), 108-116
 - ⁱⁱⁱ For example, Chrousos, G.P., Mentis, A.A., & Dardiotis, E. (2020). Focusing on the Neuro-Psycho-Biological and Evolutionary Underpinnings of the Imposter Syndrome. *Frontiers in Psychology*, 11(1553), 1-4
 - ^{iv} Bravata, D.M., Watts, S.A., Keefer, A.L., Madhusudhan, D.K., Taylor, K.T., Clark, D.M., Nelson, R.S., Cokley, K.O., Hagg, H.K. (2019). Prevalence, Predictors, and Treatment of Impostor Syndrome: a Systematic Review. *Journal of General Internal Medicine*, 35(4), 1252-1275
 - ^v Bravata, D.M., Watts, S.A., Keefer, A.L., Madhusudhan, D.K., Taylor, K.T., Clark, D.M., Nelson, R.S., Cokley, K.O., Hagg, H.K. (2019). Prevalence, Predictors, and Treatment of Impostor Syndrome: A Systematic Review. *Journal of General Internal Medicine*, 35(4), 1252-1275
 - ^{vi} Bravata, D.M. et al. (2019). Prevalence, Predictors, and Treatment of Impostor Syndrome: A Systematic Review. *Journal of General Internal Medicine*, 35(4), 1252-1275
 - ^{vii} Bravata, D.M. et al. (2019). Prevalence, Predictors, and Treatment of Impostor Syndrome: A Systematic Review. *Journal of General Internal Medicine*, 35(4), 1252-1275
 - ^{viii} Leonhardt, M., Bechtoldt, M.N., & Rohrman, S. (2017). All Impostors Aren't Alike – Differentiating the Impostor Phenomenon. *Frontiers in Psychology*, 8 (1505), 1-10
 - ^{ix} Clance, P.R. & Imes, S. (1978) & Kets de Vries, M.K.R. (2005)
 - ^x Murray, O.M., Chiu, Y.T., Wong, B., & Horsburgh, J. (2023). Deindividualising Imposter Syndrome: Imposter Work among Marginalised STEMM Undergraduates in the UK. *Sociology*, 57(4), 749-766
 - ^{xi} Murray, O.M. et al. (2023). Deindividualising Imposter Syndrome: Imposter Work among Marginalised STEMM Undergraduates in the UK. *Sociology*, 57(4), 749-766