

# **AN EXPLORATION OF THE IMPOSTOR PHENOMENON IN HIGH-ACHIEVING PROFESSIONALS IN RECOVERY FROM CHEMICAL DEPENDENCY**

**Christine Wilson, MSc Psychotherapy, South Bank University, London**

## **Abstract**

This research uses the Impostor Phenomenon Scale devised by Clance et al to investigate the self-image of medical and other high-achieving professionals in recovery from chemical dependency, comparing them with a control group drawn from the same professions but not chemically dependent. A number of respondents to the questionnaire both from the Experimental Group and the Control Group were interviewed in-depth. Results of the research are presented identifying circumstances in the family of origin which are associated with the development of the Impostor Phenomenon, particularly the presence of an alcoholic parent. It is noted that eldest or only children appear to suffer more than others from the Impostor Phenomenon. A hypothesis is suggested regarding the development of the phenomenon and possible psychotherapeutic approaches to reduce the impact are discussed.

## **Introduction**

Clients among a group of high-achieving professionals in recovery from chemical dependency frequently referred to their extreme anxiety about success. They were unable to believe their success was deserved and felt phoney and fraudulent about it, had great difficulty accepting praise, feared that others would discover their real lack of knowledge or ability, feared being “found out”, and that their achievement was due to luck. Many of the people involved had grown up in a family where there was an alcoholic parent.

These beliefs persisted in spite of evidence to the contrary. Clients spoke of considering lower-level or less challenging positions, no matter how highly qualified or able. Their anxiety could sabotage recovery or even be the cause of a relapse. Being so anxious about success could seriously affect the quality of life of these people. While success does not necessarily mean happiness, it does not seem right that it should cause guilt, fear, self-doubt, anxiety and stress.

In 1978 a study by Dr Pauline Clance and Dr Suzanne Imes of Atlanta State University identified “The Impostor Phenomenon” amongst high-achievers, defined as University postgraduates. Impostors are people who feel that their achievements are not deserved, and their self-esteem derives mainly from the opinions of others. Clance & Imes devised an “Impostor Phenomenon Scale” to measure the strength of the feelings.

The research study aimed to establish –

1. If there is a relationship between those suffering from chemical dependency and the Impostor Phenomenon by comparison of the chemically dependent group with scores of non-chemically dependent people;
2. If those who themselves have grown up in an alcoholic family produce higher scores on the scale, and why this may be;
3. Whether sibling birth order in the family of origin produces a measurable difference in score;
4. If there is a correlation between time in recovery from chemical dependency and a lower score on the Impostor Phenomenon Scale;

5. If attendance at Alcoholics Anonymous or Narcotics Anonymous or other family self-help meetings is helpful in reducing score over time;
6. If there are measurable differences in scores between men and women, between age groups, and between professions.

### **Method and Design**

Dr Pauline Clance was approached for permission to use her questionnaire that had been extensively tested and found reliable. Additional demographic questions were added as independent variables so that the study was placed in sufficient social and cultural context.

Two self-help groups of medical and legal professionals in recovery from chemical dependency were approached and circulated with the Clance Impostor Phenomenon Scale (IPTest). A control group of medical and legal professionals not in recovery from chemical dependency was also approached. An interview protocol was then developed and a representative cross-section of respondents was chosen for in-depth interview which was analysed qualitatively. This interview was semi-structured, as open and exploratory as possible of the respondents' personal experience of the phenomenon.

A literature review was also completed with a view to identifying theoretical approaches indicating the origin and root of the phenomenon. Attempts were made to triangulate the results of the quantitative and qualitative analysis and possible future research indicated, as well as a therapeutic approach appropriate for sufferers from the phenomenon.

Space here does not permit full discussion about the validity of the methods used, but the full dissertation has been reported previously.

### **Literature Review**

A number of personality theories describe the dichotomy between a true and a false self, including Bowlby's Attachment Theory, Mahler's description of the development of the personality, Erikson's stages of emotional development, Winnicott's theory of the development of the true self-false self, Kohut's and Masterson's description of narcissistic disturbance and very similar conclusions of Johnson, Miller's discussion of the "Gifted Child", Horney's description of the soil of neurosis and Kaufman's exploration of the roots of shame.

In the field of Chemical Dependency, the above theories were supported by many authors from the United States and the UK – David Stafford (1991, 1992), Janet Geringer Woititz (1990), Stephanie Brown (1992), Aaron Beck (1985), Linda and John Friel (1988), Wegscheider-Cruse et al (1994) and Anne Wilson-Schaefer (19886), to mention only some. These authors have been included because they indicate the severity of the problem for children who grow up in chemically dependent families. David Stafford (1992) and Stephanie Brown (1992) describe the development of the child in the alcoholic family home. Such children have grown up in an unstable, inconsistent and unpredictable environment where survival is the norm. They are programmed not to trust their own perceptions and experience, their feelings or needs. There is a sense of the "real self" that is needy, vulnerable, bad, wrong,

flawed, and an entirely different “false self” presented to the world. The face of competence, strength and achievement does not feel real, but is a façade hiding the “real self”. The shame-based family hides all its dark secrets to disguise what is really happening, because deep down the family fears that if it is exposed it will lead to rejection or abandonment.

Wilson-Schaef (1986) describes co-dependency as being a condition where preoccupation and focus are entirely on the family problem at the expense of healthy emotional development. Co-dependents are almost completely externally controlled, feeling they have no intrinsic meaning of their own. They always give others the power to define them, and may often choose careers to fulfil other people’s expectations and unfulfilled ambitions, especially parental ambitions.

All authors reviewed concur that children in alcoholic families suffer intense shame and feel a great need to protect their family reputation. They go to desperate lengths, sacrificing their own interests and emotional development. The ‘false image’ develops early and such children can be accommodating and sensible well beyond the norm. Because they do not receive adequate and consistent care, they doubt their worth as human beings and feel deeply flawed and bad; they constantly need reassurance.

They become supreme actors playing the role the family needs them to play which becomes the ‘false’ self-image. The role of the ‘family hero’ whose academic achievement is so important in maintaining the illusion of the successful family is particularly relevant to the Impostor Phenomenon. Adult children do it to perfection. Although this level of functioning and achievement may seem constructive, it may end tragically if the child begins to reach his limits and achievement breaks down. Impostors develop a false sense of ‘security’ tied to maintaining a frightened self-critical stance and are primarily concerned about what their performance indicates to others. This shame about the self makes it impossible to trust others enough to expose their weaknesses and risk criticism. However it has been found that males with impostor tendencies enjoy risk-taking.

## **Results**

196 tests circulated to the Experimental Group were returned. 163 respondents were men and 33 women, aged between 23 to over 65. The sample was thus self-selected according to the response to the circulated tests. A total of 74 per cent were interested in taking part in follow-up in-depth interviews.

The Control Group returned 50 questionnaires, 16 men and 26 women aged between 23 to over 65. Although a matched control group is very difficult to achieve, it was possible to compare the results of scores between the groups.

## **QUANTITATIVE ANALYSIS:**

**Comparison between Experimental and Control Groups** – There was a highly statistically significant difference of mean scores between those subjects in recovery from chemical dependency and the control group ( $P < 0.0005$ )

## **Experimental Group**

**Gender** – There was a highly statistically significant difference in scores between men and women ( $P < 0.0000$ )

**Alcoholic Parent** – There was a highly significant statistical difference between mean scores of those who have an alcoholic parent and those who do not ( $P < 0.0008$ )

**Birth Order** – There was a statistically significant difference between mean score and birth order, eldest or only children scoring highest, middle children scoring lowest, and youngest children scoring higher than middle children but lower than eldest or only children ( $P < 0.028$ )

**Age Groups** - There was no statistically significant difference between mean scores according to age, although there is a slight trend downwards in score with increasing age ( $P < 0.147$ )

**Profession/Occupation** – There was no difference in mean scores between professions ( $P < 0.147$ )

**Attendance at Fellowship Meetings** – There was no statistically significant difference between scores of those in recovery from chemical dependency who attend AA/NA and those who do not ( $P < 0.98$ )

## **QUALITATIVE ANALYSIS**

18 respondents were chosen from the Experimental Group for in-depth interviews, with scores on the IP Test ranging from 30 to 100. These 18 respondents were representative of all age groups and professions, 13 men and five women.

Six respondents were interviewed from the Control Group across a range of ages, three men and three women, with scores ranging from 29-95.

The interview questions were general and as open-ended as possible based on the original hypotheses, giving only a semi-structured format. The interviews were recorded, transcribed and analysed using the Comparative Method of data analysis described by Glaser and Strauss (1967)

## **Results**

The following themes emerged:

(1) Many respondents interviewed from the *Experimental Group*, male and female, spoke of having a cold, distant or absent, critical, even violent father (94 per cent of total). Nine fathers were stated to be alcoholic and two other fathers suffered mental illness. Two respondents had an alcoholic mother.

Two respondents from the *Control Group* reported that their fathers were alcoholic and this would account for their higher scores on the IP Test. However, in contrast, 69 per cent of the *Control Group* said their families were warm and very supportive.

(2) Most of the *Experimental Group* identified a very strong desire to please their father, or both parents, to have their achievements valued, feeling pressure to achieve and be the best (89 per cent of total).

Of the *Control Group* no respondent reported experiencing this pressure from either parent to achieve, although all the group appeared to be very successful in their field.

(3) Of the *Experimental Group*, 55 per cent of total respondents who were self-selected

were eldest or only children, and they consistently had significantly higher IP scores. 15 per cent of total were middle children, and 30 per cent of total were youngest children. Youngest children had higher scores than middle children but lower than eldest or only children.

Of the *Control Group*, 75 per cent were eldest or only children, who scored only possibly significantly higher than others, but this was not linked with the experience of parental pressure to achieve.

(4) When discussing their reactions to success, 84 per cent total of the *Experimental Group* reported feeling fraudulent, fake, phoney or lucky. Five respondents reported recurrent nightmares about failing, being found out, terror of not having done enough work to pass an exam, or of being told their success had all been a mistake.

Only two respondents in the *Control Group* who had high scores in the IP Test reported this anxiety, and feeling lucky, not being able to believe in their success and worried about keeping it up. These two respondents both had alcoholic fathers. However over 70 per cent of the *Control Group* stated either that they were not so terribly interested or driven by success, or that they did not attach too much importance to it.

(5) Also very significant was the fact that 95 per cent of respondents in the *Control Group* had a much more resilient attitude to failure, not getting unduly concerned about it, trying to learn from it, not being able to remember a major failure that had set them back, etc. Those in the *Experimental Group* felt horror, huge anxiety and shame at even the thought of failing.

(6) 83 per cent in the *Experimental Group* described the feeling of having a façade, wearing a mask, acting a part, covering up a secret part of themselves, or presenting what was felt to be a false image. Only the two who had the highest scores in the *Control Group* mentioned this – the two with an alcoholic father.

(7) 94 per cent of the *Experimental Group* mentioned being quite unable to accept compliments, feeling not good enough, not able to take credit for accomplishments and discounting their success, whereas 80 per cent of the *Control Group* felt they deserved and enjoyed their success.

(8) 94 per cent of the *Experimental Group* stated that they had chosen their career entirely to please one or both parents, or to follow in their fathers' footsteps. 83 per cent specifically stated that they wanted to please their father or that their fathers had made the decision for them. A small percentage mentioned that they wanted to please their mother, in one case where the father was absent. This theme emerged as very important. In stark contrast it was significant within the *Control Group* that not one respondent chose a career to please anybody other than themselves.

(9) Other differences between the two groups were feelings of loneliness, isolation, being the odd one out, feeling over-responsible and anxious, trying to grow up too quickly, and in some cases trying to take the place of the absent, cold or distant father and be a companion to their mother (*Experimental Group*).

(10) Intense feelings of shame were also reported by 62 per cent of the *Experimental Group*, as well as having a self-destructive tendency to sabotage any success, rejecting a 'fraudulent' image. To paraphrase the book title, "When Good Things Happen to Bad People".

(11) Lastly, 62 per cent of the *Experimental Group* spontaneously remarked that they would avoid major challenges and settle for less or "safer" careers owing to poor self-esteem and great fear of failure. 83 per cent said that they were perfectionists as compared to only 40 per cent of the *Control Group*.

### **Suggested Psychotherapeutic Intervention**

Therapy that supports the emergence of the 'real self' would be the most appropriate, also working at dissolving shame. Winnicott, Bowlby, Kohut, Miller, Masterson, Johnson have provided interpretations of how alienation from the self occurs as individuals present idealised images in an attempt to meet the demands of their social world. Their therapeutic goals are worth investigation. The task of psychotherapy with impostors is to lessen the client's dependence on others' evaluations and build a more internalised sense of self-worth. Successful therapy helps people accept and meet their own inner needs, decreasing the necessity to present facades or images to win others' affirmation.

Another approach suggested might be Clarkson's five-relationship theoretical framework with regard to the Impostor Phenomenon.

Group therapy is advocated by Johnson, Miller and all therapists in the chemical dependency field. Generally the group provides a testing ground and social support system, anchoring and sustaining the self in developing human relationships that are self-building and self-sustaining.

Self-Help Groups – Attendance at AA or NA was spontaneously mentioned by a number of respondents who felt they had benefited from attendance and from having a longer time in recovery. The preamble of these groups read before each group meeting indicates the ethos of the organisation and a special kind of bond between members. Also mentioned are aspects of the healing process in the practice of the 12 Steps by several authors, including Tiebout (1944), Cunningham (1986), Stafford (1992), Brown (1992),

### **Conclusion**

The study design appeared to produce accurate measurements of the original hypotheses, and the response to the IP Test ensured that a large enough sample in the *Experimental Group* was tested, giving interesting and significant results in the quantitative part of the study. The quantitative research then facilitated the qualitative research. The findings from the qualitative analysis were checked against the quantitative results.

The findings replicate most of those by Dr Clance and others from Atlanta State University, and additionally identified very strongly the existence and strength of the Impostor Phenomenon in those who are in recovery from chemical dependency (drugs and/or alcohol) and most particularly in those who have grown up in chemically dependent families.

