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Season 3, Episode 2: Imposter Phenomenon: Breaking the Power of Self-Doubt

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Megan Bergfeld: Hello everyone, and welcome to the Healthier You podcast. I'm Megan Bergfeld, one of the clinical counselors in Vanderbilt's Employee Assistance program. It's nice to be back with you. Have you ever worked really, really hard to achieve something only to feel completely unprepared and unqualified once you get there? This is a topic that comes up a lot in the EAP. Today, our clinical psychologist is going to shed some light on this for us. Please join me in welcoming my friend and colleague, Dr. Adriana Kipper-Smith, back to Healthier You. Adri, thank you for being here.

Adriana Kipper-Smith: Hi Megan, and everyone. It's good to be here.

MB: To start, I'm a big fan of naming our experiences. Can you give us a name for this?

AKS: Of course. So, the term imposter syndrome was never meant to be a diagnosable disease or disorder. The term imposter phenomenon was introduced in 1978 by two psychologists, Pauline Clance and Suzanne Imes. So now, what is it? It is the persistent believe that one's competence is accidental or undeserved accompanied by fear of being exposed despite objective evidence of skill.

So it often includes emotions like anxiety, fear of exposure, and lack of belonging. So imposter phenomenon is a human experience. That's what I like to highlight. Both men and women experience it. However, research shows that certain demographic groups, including women and underrepresented groups, tend to experience imposter phenomenon at higher rates.

I like to highlight that this is not a confidence problem. It is the struggle to internalize competence in environments where stakes tend to be very high, mistakes feel catastrophic and perfection is implicitly expected.

MB: I think health care environments definitely check those boxes. So do you think health care professionals are especially vulnerable to imposter phenomenon? How that how might that show up in health care?

AKS: Of course, it does show up, right? And there is a lot of evidence for that. In medical education, for example, approximately 30% of learners report feeling like imposters. And I think in my clinical experience, Megan, that this is even higher. In health care especially people are trained to scan for errors. If you think about it, that is so true. They're not trained to metabolize success, and as a mental health provider, I'd like to invite you to think about this for a second. We're not trained to metabolize success. So in addition, health care combines the most powerful impostor amplifiers. An imposter amplifier is when high stakes responsibility, that's kind of self-explanatory like people's lives, well-being, suffering depends on you, naturally activates hypervigilance and self-doubt.

There is also the perfectionistic training models. Most professionals in health care were selected for their higher levels of conscientiousness, over-responsibility and self-criticism. If that resonates with you. And endurance, self-sacrifice, flawlessness tend to be rewarded. And the things that get rarely rewarded are uncertainty, learning curves, emotional honesty. So this creates what is called professional life self-attack and that, you know, amplifies feelings of imposterism.

And then the third component to it is moral injury, which is a concept that people are paying more attention to recently. It takes place when providers are unable to offer the care they know patients deserve due to systemic constraints. However, this gets misinterpreted internally as personal inadequacy, not the systemic constraints. So what tends to happen is the internal cycle health care providers experience tends to go like this.

When challenges arise - any learning curve, promotions, leadership, specialization, you name it - this is followed by over preparation and/or overwork and the result is that any adequate, or excellent for that matter, outcomes are attributed to luck, supervision or external factors. So I would like to invite you all to engage in a brief self-reflection exercise.

How many of you have experienced thoughts like “Everyone else knows what they are doing? I fooled them into thinking I'm competent. One mistake and they will see. Or, I shouldn't need this need help at this stage.” I hear that so often. “Or, I am behind”, right?

MB: That resonates so much, both professionally. The clients I see down here all the time, who on paper that you can just read they are highly skilled, highly trained, but in their minds they are not. They fooled everyone, right? Those things were undeserved. But it also means, I can also relate to this. Personally, I think my most significant experience with imposter syndrome happened when I advanced in my career and transitioned from a years-long specialty to a new environment and client population. So rationally, I knew I had what I needed to be successful. My skills were transferable. I could talk myself that direction, but internally, emotionally, I was so stressed out, so anxious. I would second guess, replay all my interactions with people and ended up just really, really down on myself for a significant chunk of time. I was almost afraid to go to work, almost afraid to see clients or to suggest anything. I definitely did not feel well.

AKS: This is so real and I appreciate you sharing it. I think I will take the opportunity to share an example of this to you that I experienced because English is my second language like many other immigrants who grew up speaking another language and were immersed in a completely different set of cultural norms.

I felt inadequate when speaking, and as if I had a dumb sign on my forehead. This was during graduate school and my first few years in the U.S. and no matter how often my professors told me that I was doing well, I thought, I will be found out. There's been a mistake. It took me years of deliberate effort to develop pride in my accent and understanding that because of it, I bring a different insight into human experience and what people go through. Now, I know it helps my profession, but at first I felt paralyzed by it, by that perceived shortcoming. So, I think this is important to share, to acknowledge.

MB: Yeah, that really is a human experience. And like you said that earlier, it's an experience that makes us human, right? It highlights our humanity. How does imposter phenomenon relate to things like burnout, anxiety, depression?

AKS: I think we need first to normalize the thoughts of self-doubt we named earlier. Those questions I asked you to think about, they are not a sign of weakness. They are a sign that you are stretching and growing. When imposterism is left unaddressed, then we may have a problem, right? When it's left unaddressed, unchecked, and then it can lead to burnout, emotional withdrawal, and excessive self-monitoring. This is probably a situation you can relate to; reluctance to ask for help, perfectionistic overwork when you feel like you have to

keep working no matter what; that it's hard to rest. Reduced retention and diminished clinical presence as a whole.

MB: You know, so I'm hearing the importance of recognizing this in yourself as a shared human experience and not leaving it unaddressed, right? So if we identify this phenomenon in ourselves, how can we address it and maybe even alleviate some of that discomfort?

AKS: Yeah. So what actually tends to help at an individual level, right? The best remedy for imposterism is talking about it. So, I'm glad that we're focusing on that very subject today. So, name imposter thoughts explicitly. This can be done with a trusted friend, a mentor or a counselor. Share vulnerability with trusted peers. Practice internal attribution of success because that is something you know you earned. Practicing that is very important. Engage in self-kindness and self-compassion, which also includes mindfulness and the realization that others around us feel similarly what Kristin Neff calls that common humanity. Track objective competence. That's another very important point. Look at the data. Ask for feedback. Challenge the belief that a struggle equals incompetence. That is so crucial. And, integrate shame rather than bypassing it. So the work is not becoming perfect. The work is tolerating being seen while imperfect. So that's part of the individual work that we all have to do. And at the system level this can lead to higher impact changes, right? Imposter phenomenon can be combated by debunking attributes that cast medical professionals as superhumans. There is a lot of research on that, which leads to burnout, right? When you continue to perceive medical professionals as, "oh, you shouldn't have that, you need to be a good steward, show up even with a 102 fever." Also combating the stigma that views help seeking as a sign of weakness.

Here at EAP we deal with that all the time, right? Opening space for that fear. Oh, I don't want to be seen coming to EAP. And by a number of other steps: Normalizing learning curves, creating psychological safety, and replacing brilliance culture with growth culture. I think that is so important. Providing structure and frequent feedback. Encouraging consultation. And this is the fun part in my opinion, having leaders model uncertainty, which may mean having more senior professionals share their fail resumé. The more you see that, the better. And I think the important takeaways is imposter phenomenon is about identity, not ability. Healthcare providers and environments intensify that those feelings, because this is a natural component of the high pressure environment.

Belonging and psychological safety, not harder work, are the antidote. In other words, competence doesn't cure imposterism, but connection does.

MB: I'd like to highlight two things that you shared and that really jumped out to me. First, you know, you said it's not about becoming perfect, right? It's tolerating being seen while

imperfect. Perfectionism is a myth, right? It's this unrealistic expectation that really traps us in that feeling of “not enoughness.” I really think that perpetuates this imposter phenomenon. The second thing I'll highlight there is what you just said, that not it's not competence, but connection is the cure for imposterism. There's that humanity piece again, right? That common humanity, or we need each other and we do our best work when we feel safe with and supported by the people around us.

AKS: Yeah. And I love that we get to talk about this Megan, because this is important. This is a very big part of what we do in mental health. We often mistake perfection for professionalism. But it's humanity that sustains us. Kristin Neff, the author I mentioned earlier, she reminds us that self-compassion begins with recognizing our shared imperfection, meeting our struggles with kindness, and staying mindful rather than self-critical.

Another researcher I'd like to mention is Brené Brown, who reframes vulnerability not as weakness but as courage. The willingness to be seen when outcomes are uncertain. And last but not least, I would like to mention Lindsey Vonn, the champion Lindsey Vonn. She embodies this truth. Returning to competition after devastating injuries, openly acknowledging fear, setbacks and limits, yet choosing visibility over retreat.

For clinicians, tolerating perfection is an act of professional bravery and allow yourself to be seen as human. It's not a liability. It's a prerequisite for resilience, connection and meaningful care.

MB: I love that. Adri, thank you so much for joining me today. I think this has been very helpful for me, and I hope for our listeners as well. Listeners, if this resonated with you and you would like to learn more, please let me know. You're welcome to email me with questions. We can also consider a follow up podcast episode if this is a topic of interest to many folks. My email address is in the show notes, along with some resources recommended by Dr. Kipper-Smith. You can also contact the EAP to schedule a no-cost appointment at (615) 936-1327.

Thanks for listening and until next time, take care.