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### Imposter Phenomenon and CES Doctoral Students

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IMPOSTER PHENOMENON AND CES DOCTORAL STUDENTS

A Dissertation

Presented to the Faculty of

Antioch University Seattle

In partial fulfillment for the degree of

DOCTOR OF PHILOSOPHY

by

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September 2022

# IMPOSTER PHENOMENON AND CES DOCTORAL STUDENTS

This dissertation, by Michael Drane, has  
been approved by the committee members signed below  
who recommend that it be accepted by the faculty of  
Antioch University Seattle  
in partial fulfillment of requirements for the degree of

DOCTOR OF PHILOSOPHY

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## ABSTRACT

### IMPOSTER PHENOMENON AND CES DOCTORAL STUDENTS

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The aim of the study was to explore the lived experience of counselor education and supervision students who reported experiencing symptoms of imposter phenomenon (IP). The population included counselor education and supervision students in their first year of their program, with a sample of convenience (N = 4). The method used in this study was an interoperative phenomenological analysis. Data analysis revealed four major themes: (a) counselor education students express self-doubt, lack of confidence and concern about competence, (b) students rate different levels of competence in counselor education and supervision roles, (c) instructor feedback impacts student perceptions of competence, and (d) counselor education students report hope or observation that imposter phenomenon can get better. This is important for counselor education because this research has findings and implications that may serve future research. The findings in this study imply that CES students, like other populations studied, also wrestle with IP. Given the lack of research into IP among CES students as a specific population, this research may help to establish its existence. This research may be important in bringing awareness to this issue, paving the way for more in-depth research into this topic. This dissertation is available in open access at AURA (<https://aura.antioch.edu>) and OhioLINK ETD Center (<https://etd.ohiolink.edu>).

*Keywords:* imposter phenomenon, imposter syndrome, counselor education, counselor supervision

## **Dedication**

This project is dedicated to counselor educators and supervisors, for your tireless work in service of others.

## **Acknowledgments**

I would like to recognize my advisor Dr. Ned Farley, a true mentor and north star. Thank you for your guidance and wisdom through my doctoral education. I would also like to recognize Dr. Stephanie Thorson-Olsen. You gave me hope in myself and this project when I needed it most.

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## CHAPTER I: INTRODUCTION

### Statement of the Problem

Millions of people in the U.S. are affected by mental illness annually. In an age of mass shootings, political polarization, and rampant disinformation, it is clear that mental health support is more paramount than ever. Yet, many who seek help struggle to find it. Among adults in the United States who received mental health care in 2020, 17.7 million experienced delays or cancellations in appointments, while 4.9 million were unable to access the care they needed. These numbers are also powerful tools for raising public awareness, stigma-busting, and advocating for better health care (National Alliance on Mental Health, 2022). Because of the vital role they play in serving the mental health needs of the public, mental health therapists must be competent and confident in their practices. When therapists struggle with their own abilities, they are potentially disadvantaging their clients. Counselor educators, who are responsible for the training and supervision of future counselors, act as bulwarks for the quality of the mental health profession. The problem is that because counselor educators are human, many likely experience feelings of incompetence. This experience is commonly known as imposter phenomenon.

Although intuitively, imposter phenomenon seems like a problem highly relevant to emerging Counselor Education and Supervision (CES) students, it is difficult to make this conclusion given lack of empirical attention within the counseling field. The most pertinent existing research in this regard involves graduate students in nursing and business academic settings. Therefore, the existing research has limited applicability to emerging graduate-level

counseling students. CES students would benefit from a richer understanding of imposter phenomenon experiences as they transition through their academic programs.

This project explores a potential problem for CES students. While there have been decades of research verifying the existence of imposter phenomenon in other professions such as nursing, graduate school, and business (Clance & Imes, 1978; Clance & O'Toole, 1987; Ferrari & Thompson, 2006; Lane, 2015; Leung, 2006), little effort has been made to understand the presence of imposter phenomenon among CES doctoral candidates or how imposter phenomenon might be impacting their performance. Other studies have examined imposter phenomenon in more specific ways: gender, attributional style, comparative ability appraisal, negative feelings about evaluation, and the fear of failure have been assessed (Cozzarelli & Major, 1990; Fried-Buchalter, 1992, 1997; King & Cooley, 1995; Leary et al., 2000).

It is important to understand imposter phenomenon in counselor education and supervision (CES) programs. As CES students wrestle with their own perceived fraudulence and lack of confidence in roles, clients could be impacted as well. As the counseling students look to their CES supervisors for guidance in how to treat clients, imposter phenomenon among the CES supervisors may diminish efficacy. As these new counselors provide mental healthcare to clients, those same clients will potentially suffer due to the new counselor's sense of imposter phenomenon. This could potentially harm the community that relies on counselors' efficacy.

### **Theoretical or Conceptual Framework**

The baseline theoretical idea for this dissertation comes from grounded theory on imposter phenomenon as defined by Lane (2015), who categorized this concept into three basic

themes: (a) perceived fraudulence, (b) discrediting evidence of competence, and (c) self-doubt. I explore these themes within the context of schemas found in cognitive therapies, and the concept of the emerging internal role of a mental health counselor, as conceptualized in the context of internal family systems.

Cognitive theories maintain that our past experiences contribute to the formation of cognitive schemas. A schema is a cognitive framework or concept that helps us organize and interpret information (Jones-Smith, 2021). Cognitive schemas function as organizers of meaning about all aspects of our worldview, including relational views toward ourselves, others, and the world. It is reasonable to assume that counselor education students operate with more self-efficacy when they believe that they can make a positive difference and must therefore strive to shed themselves of imposter phenomenon.

In addition to cognitive schemas, internal family systems therapy describes the basic premise of this model, which is that in all of us, there exists a community of parts. Issues and maladaptive behaviors in our lives occur when these parts conflict with each other; the goal is to bring them into harmony (Schwartz, 2001). Moreover, van der Kolk (2014) noted that every major school of psychology recognizes that people have subpersonalities, and every major school of psychology gives them different names. Even more, Williams James (1980) asserted that consciousness could be split into parts that coexist but mutually ignore each other and share the objects of knowledge between them. Carl Jung also suggested that the psyche is a self-regulating system that maintains its equilibrium just as the body does (Jung & Hinkle, 2012).

Further, the natural state of the human psyche is a jostling together of its components and their contradictory behavior. Thus, the adversary the other in me (van der Kolk, 2014, p. 280). For the purpose of this research, cognitive schemas, participant selection, interviews, and survey design were informed by the theoretical perspective of internal family systems theory. To this end, participant imposter systems and their roles in counselor education students is viewed as a “part” of the internal family system. The theory-based assumption is that counselor education students may be working to develop a new internal role as a supervisor, educator, and doctoral student.

### **Statement of Purpose**

The purpose of this study was to examine the lived experience of imposter phenomenon among students enrolled in doctoral counselor education and supervision (CES) programs. According to Clance and Imes (1978), those experiencing the imposter phenomenon experience high levels of self-imposed pressure to succeed while simultaneously experiencing low levels of confidence in their abilities, resulting in intense feelings of anxiety related to work performance, including the education and supervision of future counselors. CES students enter supervisory and teaching roles they may never have assumed before. These roles bring new and significant responsibilities. As supervisors, CES students are responsible for the mental health of the clients their students are treating. As instructors, CES students are responsible for the education of their students. While a CES student may already be a competent clinician, the roles of educator and supervisor are beyond the typical responsibilities of a masters-level clinician. The assumption is that these roles may be new for most CES students, and they may be going into these experiences

with low levels of confidence in their abilities. These low levels of confidence may result in intense feelings of anxiety related to work performance. Imposter phenomenon may impact the career development of the CES student and, perhaps more importantly, their roles as clinicians, supervisors, and educators. It is reasonable to assume that CES students who lack confidence in their abilities could have diminished capacities to safeguard the mental health of their supervisees and students. Supervisees and students are counting on the competence and experience of CES students; therefore, the ability for CES students to effectively carry out their job is paramount.

### **Research Questions**

The research question of focus is: what is the lived experience of imposter phenomenon among students enrolled in doctoral counselor education and supervision programs?

### **Significance of the Study**

The experience termed *imposter phenomenon* (anecdotally, sometimes referred to as *imposter syndrome*) was initially identified in high-achieving women and termed by Clance and Imes (1978). Since that time, the definition has broadened to encapsulate more diverse populations than just women. Yet, despite its evolution over the decades, the criteria for imposter phenomenon have remained thematically similar. When Clance first identified imposter phenomenon in 1978, they described it as a phenomenological experience, in which a person has attributed their own achievements to external factors—even in the presence of evidence to the contrary—rather than their own internal accomplishments. It also includes feelings of being

unworthy of praise or advancement in the workplace. Moreover, it can include feeling like a fraud in the person's current position (Clance & Imes, 1978).

In 1981, Harvey widened the definition of imposter phenomenon to both genders after conducting a study among college students. This work seemed to be the first to question the belief that only females experienced imposter phenomenon. Following this groundbreaking work, research conducted since has supported evidence that people of both genders experience imposter phenomenon (Cromwell et al., 1990; Cowman & Ferrari, 2002). Moreover, Harvey and Katz (1985) updated the criteria for imposter phenomenon to include the belief that one has fooled others into overestimating one's own abilities. It also includes attributing personal success to factors other than one's ability or intelligence, such as luck, extra work, charisma, or an evaluator's misjudgment. Additionally, it includes fearing exposure as an imposter (Harvey & Katz, 1985).

When compared to the original definition laid out by Clance (1978), there are interesting and subtle differences with the Harvey and Katz (1985) definition. The second criterion of the Katz (1985) definition is that a person is "attributing personal success to factors other than one's ability or intelligence, such as luck, extra work, charisma, or evaluator's misjudgment." (p.47). That second criterion is thematically similar to the first criterion in Clance's definition, where a person is "found to have attributed their own achievements to external factors even in the presence of evidence to the contrary, rather than their own internal accomplishments." The common theme derived from these two definitions is a person with imposter phenomenon's

tendency to discredit themselves and then to attribute their accomplishments to a variety of external factors.

The third criterion in Clance's (1978) definition is "feeling like a fraud in the person's current position," is thematically similar to Harvey and Katz's (1985) third criterion of a person "fearing exposure as an imposter." Notably, the difference is seen in the change from Clance's word choice of a person feeling like a *fraud* to Harvey and Katz's description of it as the person feeling like an *imposter*. Harvey and Katz slightly augmented the idea, adding that the person does not just feel like an imposter but also fears being *exposed* as an imposter.

Throughout the 1990s, additional amendments were made to the overall definition of imposter phenomenon. Cromwell et al. (1990) noted that the person experiencing imposter phenomenon also internalizes irrational beliefs that they need to feel the same and act the same as they have in the past in order to succeed. Throughout the 1990s, researchers broadened the understanding of imposter phenomenon into a dynamic concept that included ideas like pressure for high achievement, fear of being discovered as a fraud, difficulty internalizing success, and an overall sense of distress and internalized anxiety (Chrisman et al., 1995; Edwards et al., 1987; Holmes et al., 1993; Kolligian & Sternberg, 1991).

At the start of the 21st century, research shifted, focusing on the relational aspects of interpersonal phenomenon instead. Ross and Krukowski (2003) defined imposter phenomenon as a maladaptive, pervasive style of interacting with the world. This contribution solidified the understanding that a person with imposter phenomenon likely has these symptoms in multiple aspects of their lives, shaped by their self-concept versus their worldview.

A more recent definition of imposter phenomenon was given by Lane (2015), who developed a grounded theory on imposter phenomenon by categorizing it into themes of perceived fraudulence, discredited evidence of competence, and self-doubt. Lane found that the concept of self-doubt was often described in anticipation, such as when individuals had applied for jobs or graduate school and were awaiting responses. Often, participants expressed an awareness that they possessed impressive qualifications but were nevertheless susceptible to self-doubt. Repeatedly, Lane (2015) observed participants conveying disbelief that their skills or abilities contributed to being hired at a job, promotions, grades, and even undergraduate degrees. Rather, they attributed such accomplishments to luck, good fortune, or some other external cause.

With respect to Clance's (1978) third criterion, Lane (2015) found that many participants expressed a sense of phoniness related to their abilities or accomplishments. These perceptions were most common when acclimating to new levels of academic or professional responsibility, but they also occurred in other situations. Often, participants talked of believing that others would eventually discover their phoniness (Lane, 2015). Again, it is worth noting the similarities between this 2015 definition compared to the original 1978 definition. Though subtle changes have occurred in the semantics, the basic themes of imposter phenomenon have remained the same. Therefore, it is important to continue to examine imposter phenomenon by targeting specific populations. The population for this study consisted of students enrolled in doctoral counselor education and supervision (CES) programs. It is essential to understand the experience of imposter phenomenon so that programs can better address this issue.

### **Definition of Terms and Operationalized Constructs**

Doctoral counselor education and supervision programs are defined as being accredited by CACREP.. As previously discussed, Clance (1978) first described the imposter phenomenon as the experience in which an individual attributes their own achievements to external factors—even in the presence of evidence to the contrary—rather than their own internal accomplishments. In addition, feelings of being unworthy of praise or advancement in their workplace are present. Moreover, imposter phenomenon exists if one feels like a fraud in their current position (Clance, 1978). In another definition, Harvey and Katz (1985) defined imposter phenomenon as believing that one has fooled others into overestimating one's own abilities. It also includes attributing personal success to factors other than one's ability or intelligence, such as luck, extra work, charisma, or evaluator's misjudgment. Furthermore, it also includes fearing exposure as an imposter. A third and more recent definition is the one chosen for this dissertation, which defined imposter phenomenon by categorizing it into themes of perceived fraudulence, discrediting evidence of competence, and self-doubt (Lane, 2015).

## **CHAPTER II: REVIEW OF LITERATURE**

### **Introduction to the Literature Review**

The purpose of this chapter is to review literature on imposter phenomenon. First, I explore imposter phenomenon through the theoretical lenses of Internal Family Systems and Cognitive Theory. I will also review the etiology, with emphasis on research postulating developmental explanations. In addition, I will examine known treatment strategies, including cognitive and behavioral treatment strategies. The next section discusses known measurement scales to identify imposter phenomenon among individuals, including the identification of specific symptoms and the severity of the problem. Finally, in this chapter, I explore research about the impact on mental health professionals and other populations.

### **Theoretical Orientation**

The goal of internal family systems, now an evidence-based treatment, is to embody the self and heal our injured parts so that we can live with confidence, guided by curiosity and compassion (Anderson et al., 2017). Internal family systems provide an intuitive way to help clients conceptualize and differentiate from their problems. Richard Schwartz developed internal family systems in response to client descriptions of experiencing various parts within themselves, many of them extreme. Schwartz (2001) described several key concepts that are important to understanding the basic mechanics of internal family systems. First, there is the self, or the core of a person, which contains leadership qualities such as compassion, perspective, curiosity, and confidence. The self is best equipped to lead the internal family. Second, there are the managers, or those parts of the mind that attempt to run the internal system in ways that

minimize the activation of exiles. Third, there are the exiles, or injured parts of the mind, that hold past trauma. Accessing these exiled parts and integrating them back into the system is the key to internal family systems. Fourth, there is the multiplicity paradigm, or the recognition that the human mind is not unitary but is instead naturally subdivided into multiple subpersonalities. Fifth, there is problematic leadership, or a state in which leaders of an internal family system have either abdicated, become biased, become polarized with each other, or have been discredited (Schwartz, 2001).

Due to the inherent nature of working with different “parts” of the self, internal family systems can be adapted easily to imposter phenomenon. By helping a person with imposter phenomenon understand that their feelings are only a part of them, they are able to differentiate from these different feelings and learn how to access more confident and healing parts of the self. One of the most relevant studies related to imposter phenomenon in counselor education and supervision (CES) utilized a phenomenological approach to understand how the internal family systems model helped beginning therapists gain awareness of internal processes (Mojta et al., 2013). In addition, this study sought to understand whether and how such awareness influences clinical work. Semi-structured interviews were conducted with seven beginning therapists, and data were analyzed using thematic coding. The findings suggested that internal family systems helped therapists identify, understand, and manage internal processes. In turn, this provided a benefit to the therapeutic relationship, which helped the therapists identify personal agendas, model work with the internal system, and foster a better understanding of the client’s internal system (Mojta et al., 2013). Interestingly, little research has explored the

treatment of imposter phenomenon using internal family systems. However, a closer examination of the way internal family systems help people heal wounded parts of the self may illustrate how this approach can be adapted to treat imposter phenomenon.

One might intuitively view imposter phenomenon as having come from developmental trauma (experiences that wound parts of the self), which if true, arguably makes internal family systems a suitable model for conceptualizing and treating imposter phenomenon. However, internal family systems already have demonstrated efficacy in treating more severe forms of trauma, such as Post-Traumatic Stress Disorder in combat veterans. In a recent study, Lucero et al. (2018) proposed that the internal family systems collaborative approach, less-pathologizing stance, and simple language resonated particularly with members of the military population.

Another approach that adds depth and perspective is cognitive behavioral therapy. The beginnings of cognitive behavior therapy can be traced from the development of behavior therapy in the early half of the 20th century to the creation of cognitive therapy in the 1950s and 1960s. Cognitive therapy involves first teaching clients how to detect their irrational beliefs, particularly absolutist “should” and “must,” their “awfulizing,” and their “self-downing” (Jones-Smith, 2021). Next, clients debate their dysfunctional beliefs by learning how to challenge their irrational thoughts.

In cognitive theory, there are five components to any problem: (a) environment, (b) physical, (c) moods, (d) behaviors, and (e) thoughts (Greenberger & Padesky, 1995). Another key concept to understanding cognitive theory, especially as it relates to imposter phenomenon, is the role of cognitive schemas. As we grow from infancy to adulthood, our concepts of

ourselves, the world, and those around us become more elaborate and sophisticated as we gain experience and intellectual abilities. Cognitive schemas are cognitive frameworks that function to organize and interpret all information in our lives. Schemas permit us to take shortcuts in interpreting a vast amount of information. They also determine what we notice, attend to, and remember from our experiences. In this way, they can contribute to stereotypes and make it difficult to acquire and retain new information that does not conform to our previously established cognitive schemas (Jones-Smith, 2021). Thus, the goal of cognitive theory is to take a realistic and rational look at one's cognitive schemas to see which may be harmful and which should be revised with a new perspective.

Unlike internal family systems, which has little research in the treatment of imposter phenomenon, cognitive theories have long been a model for conceptualizing imposter phenomenon. To this end, several studies have suggested cognitive strategies in helping a person experiencing imposter phenomenon. Notably, Arnkoff (2000) suggested the cognitive strategy of comparing expectations with likely outcomes. Castro et al. (2004) affirmed this idea by stressing the importance of maintaining realistically attainable standards for oneself. Hunsley and Lee (2007) suggested helping a client identify distorted thoughts and replace them with more balanced ones. Cromwell et al. (1990) noted that the person experiencing imposter phenomenon also tends to internalize irrational beliefs about needing to feel and act the same as he or she has in the past in order to succeed. Even more, cognitive strategies proposed by Goud (1994) help to counter the tendency to overprepare, which is a typical behavior found in imposter phenomenon. Goud suggested using cognitive strategies, like raising awareness around a person's fear of

change and development in a new role, and identifying examples from when the client successfully managed similar situations in the past. Goud (1994) also suggested exploring the client's self-schemas of failure and inadequacy to manage symptoms of imposter phenomenon.

Interestingly, Harvey and Katz (1985) identified that family labels play a significant role in imposter phenomenon; both positive and negative roles found in the family system have implications for a child's abilities. By focusing on one label, albeit positive or negative, the importance is emphasized, thereby decreasing imposter feelings and increasing self-efficacy (or the importance of other personality dimensions). In essence, the child becomes one-dimensional, putting an emphasis on fulfilling that one role in order to gain approval. Any struggles or conflicts experienced in performing the functions of that role may be perceived by the imposter as weakness or failure.

### **Review of Research Literature and Synthesis of the Research Findings**

Now that we have a sense of how to define and recognize imposter phenomenon, it seems logical to inquire: Where does imposter phenomenon come from and how does imposter phenomenon develop in a person in the first place? This researcher conducted a review of literature relating to the etiology of imposter phenomenon has focused on developmental explanations, attributing imposter phenomenon in adults to experiences they had early in life as children (Castro et al., 2004; Clance & Imes, 1978; Harvey & Katz, 1985; Phillips, 1987; Sonnak & Towell, 2001; Topping & Kimmel, 1985).

## **Etiology of Imposter Phenomenon**

Clance and Imes (1978) were the first to explore the imposter phenomenon. They postulated that it only occurred in women and that it was caused by parenting and sibling dynamics within a person's family system. However, Harvey and Katz (1985) proposed that imposter phenomenon may occur when the family system compares a child to a sibling(s) who is perceived as more intelligent than they are. In response to this rejection, the child may strive to prove themselves worthy to the family system, only to have any accomplishments the child makes be dismissed or downplayed. This rejection creates a sense of inferiority in the child's early life that may show up later as an adult. The child may also grow up to question their own self-efficacy and intelligence, which can cause the child to hide these unacceptable feelings from others. Overall, Harvey and Katz (1985) seemed to suggest that the origin of imposter phenomenon may be related to a person's inability to recognize their successes early in life, which manifests as imposter phenomenon later on.

Stein et al. (2012) echoed this developmental explanation for imposter phenomenon when they suggested children who experience this type of messaging may over-compensate by leaning on other personality traits, rather than their intelligence or self-efficacy. Another possibility, as in previous theories, may be that a child who receives messages of inferiority to siblings and has accomplishments diminished by family will be susceptible to imposter phenomenon. However, rather than feeling defeated by these messages to the point of feeling inferior as in previous theories, the child instead internalizes the high standards parents had for them and keeps those same high standards for themselves into adulthood. In this scenario, the

child grows into an adult who has unrealistically high standards for themselves, causing them to downplay accomplishments and generate a sense of imposter phenomenon (Stein, Bloom, & Sabiston, 2012).

Evidence for a developmental model of imposter phenomenon was echoed in a study conducted on third graders by Phillips (1987). Results indicated that 20% of children who had distorted perceptions of their own competence attributed it to parental opinion of their abilities. As such, Royse Roskowski (2010) cautioned that, although these concepts are found in other theories such as Adlerian Psychology, the causal relationship between childhood experiences and the development of the imposter phenomenon was not experimentally validated and should be interpreted with caution.

Research by Lane (2015) demonstrated the prolific nature of imposter phenomenon. Out of the 29 participants, an unexpectedly high number ( $n = 23, 79.3\%$ ) in the qualitative study indicated the experience of imposter feelings; most offered specific examples of experiences consistent with imposter phenomenon. All nine of the male participants, and 14 of the female participants (70.0%), identified with imposter phenomenon specifically (Lane, 2015).

Another developmental explanation was found by Castro et al. (2004), who identified that parentified children may be likely to develop imposter phenomenon later in life. Because parentified children have high expectations placed on them early in life that they are not developmentally ready for (such as assuming responsibility for raising siblings, securing income to support the family, and other adult-level tasks), parentified children may be particularly susceptible to developing imposter phenomenon later in life. In this way, parentified children are

already primed to experience imposter phenomenon even in childhood, since they are expected to assume roles and tasks beyond their developmental level. The parentified child develops feelings of inadequacy as they struggle to meet the developmentally inappropriate expectations of their parent(s). This in turn may lead to an underdeveloped or false sense of self (Castro et al., 2004).

Sonnak and Towell (2001) suggested another parental dynamic that may contribute to imposter phenomenon, which involves overprotective parenting. They found that children with overprotective parents can experience diminished self-efficacy and lower self-esteem, and they can be more likely to have imposter phenomenon later in life. This research shows that even parents with good intentions for their children may be unintentionally fostering the potential for imposter phenomenon to occur (Sonnak & Towell, 2001).

Finally, research suggests that another developmental origin for imposter phenomenon may come from families with a culture of valuing high achievement (King & Cooley, 1995). A sample of college students suggested that those whose families highly valued achievement were more likely to have imposter phenomenon. This study also speaks to the trans-generational perils of imposter phenomenon potentially being passed down through generations of a family system (King & Cooley, 1995).

### **Treatment Strategies**

When considering successful treatment strategies to manage imposter phenomenon, it is important to understand the symptoms that occur. Understanding symptoms of imposter phenomenon helps one know how to recognize and treat those symptoms. As with mental health

diagnoses, the assessment of symptoms is the first step to any good treatment plan. For example, Caselman et al. (2006) found that imposter feelings can lead some to work harder and overprepare, behaviors that can create their own set of problems. In addition to cognitive/behavioral strategies, a review of existing research also shows psychoeducation and social support to be efficacious in treating imposter phenomenon (Caselman et al., 2006).

Cognitive strategies to treat imposter phenomenon were proposed by Goud (1994) to help students that tend to overprepare. Goud advocates using cognitive strategies to reduce symptoms of imposter phenomenon, such as raising awareness around a person's fear of change and development in a new role, and identifying examples when the person has successfully managed similar situations in the past. Goud also suggested exploring the client's self-schemas of failure and inadequacy (Goud, 1994). In addition to maladaptive cognitions arising in a person experiencing imposter phenomenon, the person suffering must also combat maladaptive behavioral tendencies, like experiencing anxiety, panic, procrastination, and avoiding the situation entirely (Cowman & Ferrari, 2002; Want & Kleitman, 2006). To manage the visceral anxiety related to the maladaptive behaviors, Goud (1994) suggested the use of behavioral strategies, primarily systematic desensitization. Other potential solutions to feeling overwhelmed and falling into avoidance were suggested by Harvey and Katz (1985). First, the person with imposter phenomenon should become aware of the times imposter feelings are likely to arise. Second, it could be useful to break up tasks that increase anxiety into more manageable steps. Third, it might be beneficial to practice relaxation exercises when feeling anxiety (Harvey & Katz, 1985).

Since the identification of imposter phenomenon in the late 1970s, it has been widely believed that social support from others can be a powerful agent in countering feelings of imposter phenomenon. The assumption is that if a person with imposter phenomenon realizes that peers also have these feelings, it will help to normalize the imposter phenomenon experience. For instance, Clance and Imes (1978) found that therapeutic groups may offer a safe space for a person to vent feelings of imposter phenomenon, while also helping them realize that they are not alone in the experience. Studdard (2002) implied that the therapeutic relationship itself can be healing for a person with imposter phenomenon. Through a strong therapeutic relationship, the therapist is in a position to encourage, support, and guide a person with imposter phenomenon. Langford and Clance (1993) also pointed to the therapeutic alliance itself as an important intervention to manage imposter phenomenon, in providing corrective experiences in therapy that are meant to replace damaging ones that occurred earlier in life. Through an empathetic and accepting relationship, the therapist can help a client individuate from the opinions of others and grow a stronger sense of self-individuation. As helpful as social support may be, it may also have its limitations as a treatment intervention. Lane (2015) found that their validation seemed to provide only temporary relief, perpetuating the cycle of seeking additional validation. Another treatment strategy for imposter phenomenon is psychoeducation. A case study by Arnkoff (2000) offered psychoeducation as a treatment intervention by explaining the psychological mechanisms behind imposter phenomenon. The research suggests that psychoeducation may have a normalizing effect for a person suffering from it. It may be that

knowing how common imposter phenomenon actually is and how it works, the imposter can differentiate themselves from the experience (Arnkoff, 2000).

### **Scales and Measurements for Imposter Phenomenon**

In addition to understanding what imposter phenomenon is and how to alleviate symptoms, it may also be useful to understand how to quantify it in terms of severity and duration. Measurement tools for imposter phenomenon have long been used across multiple theoretical orientations. These tools help clinicians and clients alike to better understand the nature and severity of a wide range of psychological conditions. Measurement tools are also a great way to understand how effective treatment interventions are for a client, and they can help track the progress of gains made in treatment. We have already explored definitional criteria for imposter phenomenon as described by various researchers through the decades (Chrisman et al., 1995; Clance, 1978; Cromwell et al., 1990; Edwards et al., 1987; Harvey & Katz, 1985; Holmes et al., 1993; Kolligian & Sternberg, 1991; Ross & Krukowski, 2003; Lane, 2015). In a sense, these criteria serve as diagnostic tools. By having operational criteria for imposter phenomenon, a clinician can better identify and label the imposter phenomenon experience, providing a compass for how to alleviate symptoms. In regard to measurement tools for imposter phenomenon, there are a few tools that are commonly used.

The Harvey Imposter Phenomenon Scale or “HIPS Scale” was the first of its kind, developed by Harvey (1981). It was reportedly the first scale to measure imposter feelings, on a 14-point scale. The validity of the HIPS was later tested for construct validity by Edwards et al. (1987). In that study, researchers analyzed the 14 scale items of the HIPS by asking 104

postgraduates to complete the HIPS and a brief demographic survey. Three factors accounted for 54.7% of the variance. These factors reflected feelings of being an impostor, unworthiness, and inadequacy. Findings point to the general construct validity of the impostor phenomenon as measured by the HIPS. Research found a Cronbach's alpha of 0.70 for the total scale score (Edwards et al., 1987; Hellman & Caselman, 2004). Furthermore, another study found the HIPS to have high internal consistency with an alpha of 0.91 for the total scale (Holmes et al., 1993).

The Clance Impostor Phenomenon Scale (CIPS), developed by Clance (1985), is another common measurement scale for imposter phenomenon. Using this scale, Clance and O'Toole (1987) were able to identify that people reporting feelings of imposter phenomenon also experienced an impact on their careers. This is important information, when one considers that imposter phenomenon may have a lasting impact on professional endeavors. Simon and Choi (2018) used factor analysis to validate the CIPS in a sample of science, technology, engineering, and mathematics doctoral students. The CIPS scale is used globally and has also been validated in non-English speaking versions, such as Hebrew (Brauer & Wolf, 2016; Yaffe, 2020).

The Perceived Fraudulence (PFS) scale, developed by Kolligian and Sternberg (1991), differs somewhat in the way it defines imposter phenomenon. Whereas other researchers used the term "perceived fraudulence" as a criterion for imposter phenomenon (Chrisman et al., 1995; Clance, 1978; Edwards et al., 1987; Holmes et al., 1993; Kolligian & Sternberg, 1991; Lane, 2015), the PFS scale uses the term "imposter phenomenon" interchangeably. In the PFS scale, either term is used to simply name the phenomenon. The PFS is a two-factor scale, measuring the imposter phenomenon experience across the domains of inauthenticity and self-depreciation.

As with any scale, there are limitations to its efficacy. For the PFS scale, the authors noted the scale needs further validation, and the population the scale was measured on (college students) may not represent the typical college student.

Researchers have worked to compare the efficacy of these scales. Chrisman et al. (1995) compared the CIPS scale developed by Clance (1985) to the newer PFS scale developed by Kolligian and Sternberg (1991) and found the two scales have high internal consistency and correlate in a similar manner with other measures. Further, discriminant validity evidence for the impostor phenomenon was provided by comparing the CIPS to measures of depression, self-esteem, social anxiety, and self-monitoring. The impostor phenomenon was related to, but substantially discriminable from these constructs. Finally, construct validity evidence for the CIPS was provided through principal component analysis that yielded three stable factors: fake, discount, and luck (Royse Roskowski, 2010).

One of the more recent measurement tools for identifying impostor phenomenon (and the tool used for this project) was developed by Lane (2015). Lane developed a grounded theory that categorized impostor phenomenon into three basic themes: perceived fraudulence, discrediting evidence of competence, and self-doubt. Lane's qualitative research explored the impostor phenomenon among 29 emerging adults who were transitioning into professional life. This grounded theory described impostor phenomenon, internal and external contributing factors, and impostor phenomenon's impact in terms of performance and affective reactions. Of the 29 participants, an unexpectedly high number ( $N = 23$ , 79.3%) indicated that they experienced impostor feelings, and most offered specific examples of experiences consistent with impostor

phenomenon. All nine of the male participants, and 14 of the female participants (70.0%), identified with imposter phenomenon. In examining questionnaire and interview responses using the aforementioned analytic procedures, clear categories and concepts emerged (Lane, 2015).

### **Mental Health Professionals and other Populations**

In order to thoroughly explore imposter phenomenon as we currently understand it, it is reasonable to review imposter phenomenon in terms of the various populations that it impacts. Indeed, researchers throughout the decades have already explored imposter phenomenon across these lines. Moreover, it is interesting to note that the original discoverers of imposter phenomenon, Clance and Imes (1978) began research on the premise that only females are affected by the phenomenon. At the time, imposter phenomenon research focused on high achieving women. This occurred at a time when there was a more male-dominated workplace, presumably impacting women in a significant way. It was not until the 1980s and 1990s that imposter phenomenon started to be conceptualized as impacting all genders.

While studying the experiences of university faculty members, Topping and Kimmel (1985) found that more men were experiencing imposter phenomenon than women. Other research, such as Harvey (1981), found that gender had no impact on the imposter phenomenon. Subsequent research (Ewing et al., 1996; Fried-Buchalter, 1997; Leary et al., 2000) also found no significance between gender and the imposter phenomenon experience. The overall research suggested that anyone can experience imposter phenomenon. Regardless of gender, imposter phenomenon seems to be a universally human experience, although women may experience systemic factors impacting imposter phenomenon that were not accounted for.

Another fascinating area that researchers have explored is a look at how imposter phenomenon impacts those who are already considered to be gifted (Royse Roskowski, 2010). Intuitively, one may surmise that someone from a gifted population may be naturally inoculated to the imposter phenomenon experience, given their natural intelligence and ability. However, this has not been shown to be definitively true. Over the decades, the occurrence of the imposter phenomenon in the gifted population has been examined conceptually, qualitatively, and quantitatively (Royse Roskowski, 2010). Despite the intellectual advantages that gifted populations inherently possess, decades of research actually show that high achieving or gifted people are more susceptible to the imposter phenomenon experience (Clance & Imes, 1978; Fried-Buchalter, 1997; Gibson-Beverly & Schwartz, 2008). Harvey (1981) found that others' high expectations of the gifted students' successful performance contributed to depression, one feature of the imposter phenomenon. Research by Reis (1991) affirmed this idea by stating that the imposter phenomenon experience may be a barrier for gifted people, especially for women. Subsequent research by Reis (2002) explored the intersection of gender and gifted populations and found that while women were more likely to explain successes as the result of luck, men were more likely to attribute successes to their own abilities.

In the previous section, we reviewed research into the cross section between imposter phenomenon and gifted populations. A basic conclusion that could be derived from that research might be that gifted people do indeed experience levels of imposter phenomenon that may impact their level of functioning. Somewhat in contrast to this conclusion, research exploring giftedness and race had more mixed findings related to imposter phenomenon. In a quantitative

study looking at Chinese adolescent students, Kwan (1992) found that, despite being considered gifted, those students actually felt inferior to their other cohorts. These students also reported feeling their placement into gifted programs was a mistake, as it made them feel separated from the other students. These findings would support other research that gifted students may have a negative impact on their imposter phenomenon experience. The implication of this research seems to be that imposter phenomenon may be partially generated from a feeling of being socially outcasted by peers.

This research by Kwan seems to suggest that minority racial groups are more susceptible to being hindered by the imposter phenomenon experience, but not all research supports this idea. When Grant et al. (1999) conducted a quantitative study with African American gifted students, they found that those students felt more stable and had more feelings of confidence. Their self-perceptions were good, and they reported determination to disprove low expectations they perceived from others. Thus, the African American student perceptions of low expectations may have protected them from developing imposter feelings or encouraged a “beat the system” attitude (Rowkowski, 2010).

### **Rationale**

While there have been decades of research verifying the existence of imposter phenomenon in other professions such as nursing, graduate school, and business (Clance, 1978; Clance & OToole, 1985; Ferrari & Thompson, 2006; Lane, 2015; Leung, 2006), little effort has been made to understand the presence of imposter phenomenon among CES doctoral candidates or how imposter phenomenon might be impacting their performance. In a country where over 12

million people had serious thoughts of suicide in 2020 (National Alliance on Mental Health, 2022), the training and supervision of competent therapists is a matter of public safety. To this end, it is imperative to understand the lived experience of the CES student as they struggle with IP.

## **CHAPTER III: METHOD**

### **Research Question**

The research question utilized to guide this phenomenological study is: What is the lived experience of imposter phenomenon among students enrolled in doctoral counselor education and supervision programs?

### **Study Design**

Phenomenology is a philosophical approach to the study of experience. There are many different emphases and interests among phenomenologists, but they have all tended to share a particular interest in thinking about what the experience of being human is like. This looks not just at various aspects, but especially the things that matter to us and constitute our lived world. Many phenomenologists have also been committed to thinking about how we might come to understand what our experiences of the world are like (Smith et al., 2009).

### **Study Context**

The systems used to collect data for this project were entirely digital in nature. In order to find candidates, a screening questionnaire was sent to prospective participants via email.

Candidates who rated themselves as having some level of imposter phenomenon were selected for this study. Once selected, candidates participated in a semi-structured interview via Zoom.

### **Participants**

Participants were contacted from an aggregated list that included counselor education programs throughout the United States. Prospective participants were sent a preliminary survey and asked to complete and send it back (Appendix C). Those who rated themselves as greater

than “neutral” on Lane’s (2015) three criteria for imposter phenomenon were asked to schedule an interview.

### **Data Sources**

Candidates who expressed interest in participating in this study were sent a brief survey (Appendix C) via email. The intention of this survey was to screen for participants who reported experiencing the three criteria for imposter phenomenon as described by Lane (2015). Students who reported “yes” to currently being enrolled in a counselor education and supervision program in the United States were invited to continue to the next stage of the screening process. Students who reported being enrolled in the first year of the program were also continued to the next phase of the screening process. Students were also asked to rate their experience as very true, neutral, or very false on the criteria of perceived fraudulence, discrediting evidence of competence, and self-doubt. Prior to the interview, this survey was reviewed with each participant, and they were given a chance to clarify any of these answers.

Prior to the interview, participants were asked to complete a demographic survey, where they stated their age and generation, developmental disability, acquired disability, religion, ethnicity and race, socioeconomic status, sexual orientation, national origin and language, and gender identity. Before the interview, the demographic survey was reviewed with each participant, and they were given a chance to clarify any points they wished to.

Interviews were scheduled and conducted via Zoom. Specific prompts were utilized to explore imposter phenomenon from the theoretical orientations of internal family systems and cognitive theory:

1. What do you imagine your instructors think about your performance in the CES program?
2. Describe your identity as a CES student and how you feel about it.
3. Describe the role of the CES Student.
4. How well do you believe you are capable of fulfilling the role of a CES professional?

The second part of the interviews included the following prompts that specifically looked at criteria for imposter phenomenon:

1. Perceived Fraudulence: I perceive myself to be a fraud in my CES Doctoral Program.
2. Discrediting Evidence of Competence: I discredit evidence that I am competent in my CES Doctoral Program.
3. Self-Doubt: I experience self-doubt in my CES Doctoral Program.

### **Data Collection**

The following is an overview of the steps taken when using this study design. First, department chairs who facilitate counselor education programs at the graduate level were contacted. Next, emails and phone calls were used to contact these department chairs, soliciting any interested students who wished to participate in this study. Next, a survey was issued to prospective participants. This survey assessed that the participants were indeed currently enrolled in a counselor education program and the year of the program of study. It also included a scale that asked them to rate perceived fraudulence, tendency to discredit evidence of competence, and sense of self-doubt as related to involvement in counselor education specifically. To have as diverse a sample size as possible, eight students were selected from across the United States.

Participant interviews began by referring to the original questionnaire, in which they reported having symptoms of imposter phenomenon as defined by Lane (2015). Prompts and questions were designed to facilitate a semi-structured interview about the participants' imposter phenomenon experience. Open-ended questions were asked, specifically designed to probe the participants' senses of imposter phenomenon as defined by Lane (2015). Additional open-ended questions were asked from the theoretical perspectives. Once completed, each interview was transcribed.

### **Data Analysis**

The type of phenomenological analysis used in this study, called Interpretative Phenomenological Analysis (IPA), is concerned with understanding personal lived experience and thus with exploring relatedness to, or involvement in, a particular event or process (phenomenon). Choosing IPA for a research project means a commitment to exploring, describing, interpreting, and situating the means by which CES students make sense of experiences. In order to accomplish this, it was important to have rich and detailed personal accounts (Smith, 2009). The goal of an IPA researcher is to answer either the phenomenological or psychological question (Larsen & Adu, 2021): What is it like to experience something? Thus, the aim of the study is to explore the experience of doctoral counselor education and supervision students with imposter phenomenon. The transcripts were verbatim from the interviews. A research team was assembled and bracketing for biases was one of the first steps. Next, the team read through the transcripts entirely. Then the team worked individually to identify key

words, line numbers, and themes. The team assembled to identify and discuss any common themes. Themes will be substantiated with quotes.

### **Assumptions and Limitations**

An assumption is that the participants are going to describe imposter phenomenon and experiences of self-doubt. This could be helpful for students in counselor education, counselor educators, and supervisors. This study is limited by the sample size and generalizability. The sample was also pre-screened for imposter phenomenon. Therefore, the focus is on the lived experience rather than the prevalence.

### **Ethical Considerations**

It is essential to adhere to guidelines regarding confidentiality (ACA, 2014, G.1.b). Therefore, a statement on confidentiality was included on the informed consent. In addition, this was reiterated during the interview process. Additionally, a sample of convenience at the primary researcher's institution was not utilized in order to maintain researcher-participant boundaries (ACA, 2014, G.3.a.). Moreover, the quality of the work is important to maintain the integrity of this project. Therefore, it is important to ensure there is no plagiarism (ACA, 2014, G.5.b.). In addition to these three guidelines, the entirety of the American Counseling Association Code of Ethics (ACA, 2014) was be examined during this process.

## **CHAPTER IV: RESULTS**

### **Research Analyst Demographics**

The three research analysts who worked on this study ranged in age from 38 to 59. Gender identity indicated two females and one male. All analyst identified Race as White. As part of the bracketing process, all analysts indicated experience with the imposter phenomenon. All three researchers indicated bias with IP based on their own past experience. One researcher reported expertise with the methodological approach.

### **Participant Demographics**

Participant ages ranged from 33–47 years old. One participant reported being a first generation college student. One participant reported a developmental disability of ADHD. Another participant reported an acquired disability of anxiety. Two of the four participants identified with a Christian religion or Christian upbringing. One participant reported an identified race of African American, the second identified as white, the third identified as Latina, and the fourth preferred not to answer. While two participants preferred not to answer in regard to their socioeconomic status, the other two participants reported being employed. One employee reported an income of \$80,000 annually. Regarding sexual orientation, one participant identified as straight, while the other three preferred not to answer. With regard to nation and language of origin, one participant reported being from the United States and English, another identified English as their primary language, the third participant reported Mexico as their nation of origin with English being their second language, and the fourth participant declined to answer. Three of

the participants identified as female, with the fourth identifying as male. Table 4.1 below describes these demographics in detail:

**Table 4.1**

*Participant Demographics*

	<b>Participant #1</b>	<b>Participant #2</b>	<b>Participant #3</b>	<b>Participant #4</b>
<b>Age and Generation</b>	35 years old, 1 <sup>st</sup> generation college student	41	33	47
<b>Developmental Disability</b>	None	n/a	ADHD	None
<b>Acquired Disability</b>	None	n/a	Anxiety	None
<b>Religion</b>	None	Christian	None	Christian Upbringing
<b>Ethnicity and Race</b>	African American	White	Latina	Prefer not to answer
<b>Socioeconomic Status</b>	Employed 80,000 Annually	Prefer not to answer	Employed	Prefer not to answer
<b>Sexual Orientation</b>	Prefer not to answer	Prefer not to answer	Straight	Prefer not to answer
<b>National Origin and Language</b>	English United States	English	Mexico Spanish English is my second language	Prefer not to answer
<b>Gender Identity</b>	Female	Female	Female	Male

## **Factual Reporting of Project Results**

### **Theme 1: Counselor Education Students Express Self-Doubt, Lack of Confidence and Concern About Competence**

The definition of IP as described by Lane (2015), in which a person with IP is identified to have feelings of self-doubt, discrediting evidence of one's own competence, and perceiving oneself as a fraud. A major theme derived from this study closely resembles this criterion. In this study, counselor education students' expressed self-doubt, a lack of confidence, and concern about their own competence in the program.

One participant discussed how experiencing self-doubt leads to anxiety:

My level of doubt causes me lots of anxiety, but I'm hoping it is getting better ... I doubt not only my ability to do the program but also my ability to carry this stress while I'm carrying everything else.

This participant went on to describe specific thoughts that represent their internalized self-doubt: "Do I have time to complete this program? Can I really handle this with everything else I've got going on, being married and having family? Am I cut out for this?"

Another participant expressed similar anxiety around doubting their ability to perform well in the program: "My anxiety gets pretty bad about it sometimes especially lately. Overall, I feel like I'm illegitimate and don't deserve to be here. I try to justify my place here by working as hard as I can."

The third participant also expressed doubt in their abilities and explained it like this: "I would say that I doubt my abilities to do this (doctoral program) sometimes, and I even sometimes doubt my ability to form an Identity or figure out who I am in this program."

The fourth participant described how their confidence was negatively impacted by enrollment in the program:

When I first started the program, I had a lot of confidence and because I was always a good student, I felt pretty confident about going into the program. But overtime I started to get this really bad feeling this really bad anxiety.

This participant expressed surprise at how frequent their self-doubt was: “I’m kind of surprised by how much I’ve been doubting myself in this program, because I’m normally a pretty confident person, but I’ve been doing that here and there especially in the first couple quarters of this program.”

## **Theme 2: Students Rate Different Levels of Competence in Counselor Education and Supervision Roles**

Another major theme derived from this study was regarding the nuance between the three major roles a CES student takes on in the program: the roles of counselor, educator, and supervisor.

One participant described the role of supervisor as being the one that was the greatest worry for them:

I worry if I have what it takes to be a good supervisor, especially because it’s something I’ve never done before and so I worry that I will make a mistake and that I will not only hurt my supervisee but I’ll hurt my client that supervisee is serving you know.

Another participant echoed the sentiment that the role of supervisor is the one they are the least comfortable with, with the role of educator being the next uncomfortable:

The supervisor role would be the one I’m the least comfortable with and then followed by a teacher role you know my role as a teacher like I don’t know you know I am I hope my kids and stuff but I’ve never been a teacher before you know so I worry about being a

good educator and if I have those skills but counseling is probably the easiest cause it's something I've already done and I've done it for a long time now.

A third participant expressed that they may do harm to their students in the supervisor and educator roles:

Sometimes I worry that I will give my students you know illegitimate information without meaning to. Maybe I say something to my supervisee that is wrong and maybe that caused them harm or maybe that harms their clients and maybe that's on me.

Of the three roles in a CES program (educator, supervisor, and counselor), participants seemed most comfortable in the role of counselor. One participant stated:

I think I'm more comfortable as a therapist than I am as an educator you know because I've been doing therapy for a long time but I've never been a teacher before I've had a lot of teachers but never been one myself.

Another participant stated:

I think it's just a matter of being comfortable in your own skin and not feeling like you're a fake. I don't really feel like a fake as a therapist because I've had practice at it you know and I feel more confident but I definitely feel like a fake when I'm teaching and it was probably one of the most nervous experiences of my life is standing up in front of a class acting like I'm the expert.

### **Theme 3: Instructor Feedback Impacts Student Perceptions of Competence**

A third major theme derived from this study involves how instructor feedback seems to impact students' perceptions of their competence in the program.

One participant noted that some instructors have given me good feedback. With other instructors, I don't know if they realize how much I'm struggling."

Two participants expressed that they would prefer evaluations from instructors that involved more direct communication. One participant said "My evaluations so far have been

kind of a generic you know that they'll check the box to say I have a good competency but I'm kind of looking for more feedback."

While a second participant said:

I guess I'd wanna get a sense of how I'm doing not just like if I passed the class or if I did good in a grade but what is their impression of me as a professional you know what do they think of me in this program how do they feel I'm performing do I seem like I am doing OK or do I seem like a fish out of water.

Another participant expressed uncertainty around not knowing how their instructors feel about their performance professionally and also how the instructor feels about them personally:

I have no reason to think that they don't like me as a person I think they're all very nice and professional so it's not like anything like I know I guess sometimes I feel like it's hard not to take it personally you know like I worry that there that they don't think I'm good enough for what I'm doing or that I'm like failing really badly and they're not telling me about it and maybe if they think I'm failing really badly then maybe they also don't like me as a person or maybe at the very least maybe they don't maybe really.

#### **Theme 4: Counselor Education Students Report Hope or Observation that Imposter**

##### **Phenomenon can get Better**

The fourth and final theme derived from this study is about counselor education students reporting hope or observation that IP can get better.

One participant stated "my confidence wanes, but it's getting better."

Another participant stated that their IP experience is improving over time, and is helped by talking with other students:

My anxiety is improving over time and just with talking to people going through it too." Another participant expressed surprise to learn that other students were also struggling with IP: "I have talked to some people and surprised that they feel that way too. Not like 100% of the time but yes I've felt that way.

One participant acknowledged that the IP experience may improve over time as they get further into the program: “Sometimes I think it’s getting better and I hope it’s getting better and I think because I’m still pretty new in the program you know I’m optimistic that it will get better but right now it doesn’t feel better.”

## CHAPTER V: CONCLUSIONS

### Interpretation of Data

Through an interoperative phenomenological analysis, four major themes were derived from this study:

1. Counselor education students express self-doubt, lack of confidence and concern about competence.
2. Students rate different levels of competence in counselor education and supervision roles.
3. Instructor feedback impacts student perceptions of competence.
4. Counselor education students report hope or observation that imposter phenomenon can get better.

The first major theme is *counselor education students express self-doubt, lack of confidence, and concern about competence*. This theme very closely mirrors Lane's (2015) criterion for IP, in which a person with IP is identified as having feelings of self-doubt, discrediting evidence of one's own competence, and perceiving oneself as a fraud. Just as in Lane's research, this study also found that CES students reported self-doubt and concern about their own competence. Importantly, this first derived theme shows evidence that CES students, like many other professions, also struggle with IP. This has implications on their performance and ability to instruct and supervise the next generation of mental health therapists. If a CES student is trying to learn how to grow as a professional while wrestling with their own IP, they may be impaired in their ability to train future counselors. In turn, future counselors are not getting the best

training because their supervisors/teachers are wrestling with their own sense of confidence and competence. CES students may be impaired in their ability to foster student development when they themselves are struggling with a sense of self-doubt.

The second major theme, *students rate different levels of competence in counselor education and supervision roles*, speaks to a potential imbalance in the CES student's confidence across the three major areas of the program: a counselor, an educator, and a supervisor. In this study, all four participants identified their role of "counselor" as the role they are the most confident in. Presumably, this is because the role of "counselor" is the one they had the most experience with before coming into the CES program. The implication for CES programs may be that instructors should steer their programs to be more supportive of students trying on the "educator" and "supervisor" roles. Another implication may be that, because CES students' past experiences as a counselor led to less IP, more experience in the other roles may help reduce IP.

The third major theme, *instructor feedback impacts student perceptions of competence*, speaks to the importance of the instructor-student relationship in a CES program. It appears that more frequent and transparent communication to students will help them have a better sense of how they are performing, thereby reducing IP symptoms. To this end, CES programs may consider reviewing and revising their grading systems to include a face-to-face conversation with each student, where IP concerns can be openly addressed.

The fourth major theme, *counselor education students report hope or observation that imposter phenomenon can get better*, speaks to potential resiliency factors that may be inherent to CES students. It is important to remember that CES students have already succeeded as

professionals. They have already earned a graduate degree, they are already (at least partially) embodying the roles of counselor, educator, and supervisor in their current work. It may be that students who are experiencing IP in the CES program can draw from their experience in their masters program, where they also likely experienced IP. The assumption is that, because students have overcome their IP experience in a graduate program before, they may draw on this experience to inoculate them from it now.

### **Theory and Research**

This study endeavored to examine IP in CES students through the theoretical lenses of cognitive theory (CT) and internal family systems (IFS) theory. One can look at how a person comes to have IP by using cognitive theory to understand how a person's past experiences contribute to the formation of their self-concept. A schema is a cognitive framework or concept that helps us organize and interpret information (Jones-Smith, 2016). Chapter I discussed how cognitive schemas function as organizers of meaning about all aspects of our worldview, including relational views toward ourselves, others, and the world. We can use the idea of cognitive schema to explore how a student's past experiences shape ideas of themselves as a counselor, of the counseling profession, and even the expectations they place on themselves.

It is reasonable to assume that counselor education students operate with more self-efficacy when they have healthier schema about themselves and believe that they can make a positive difference.

In addition to cognitive schemas, one can also view IP through internal family systems theory, which describes how in all of us, there exists a community of parts orbiting around a core

self. Issues and maladaptive behaviors in our lives occur when these parts are in conflict with one another (Schwartz, 2001). Through the IFS lens, one could describe IP as a part of the CES student's greater self. In this case, the IP part is causing the greater self to have issues and maladaptive behaviors, which could be described as IP. One can also use CT and IFS theoretical frameworks to better understand the four major themes found in this study.

The first major theme, *counselor education students express self-doubt, lack of confidence and concern about competence*, essentially speaks to evidence that IP exists among the CES population. Through a cognitive theory lens, one can describe the maladaptive beliefs that a CES student may have about their performance in the program. These negative beliefs form maladaptive self-schema that may be impairing the CES student's ability to perform well in the program. The implication is that, because cognitive and IFS theory can be used to describe IP, they may also be used as a treatment intervention to alleviate IP. In Chapter II, I reviewed literature in which similar treatment interventions have been used to reduce IP symptoms.

The second major theme, *students rate different levels of competence in counselor education and supervision roles*, can also be described easily through a CT and IFS lens. Using CT, one can examine how a person with IP has parts of their self-schema that are stronger in some areas and weaker in others. Because schema is shaped from past related experience, we can use this concept to understand how a student's past experience with IP will shape their perception of it while in the CES program. Therefore, it may be useful for faculty to facilitate a conversation with students about IP and their experiences with it. Presumably, this would help to normalize the IP experience and reduce IP symptoms.

The third major theme, *instructor feedback impacts student perceptions of competence*, can also be viewed through a CT and IFS lens. Because our self-schema is shaped by past experiences, CES faculty may help improve a student's self-schema by providing frequent and transparent feedback with students. To put it through an IFS lens, instructors can acknowledge and work with the part of the student that is feeling IP, while fostering the student's core self.

The fourth major theme, *counselor education students report hope or observation that imposter phenomenon can get better, leave space for optimism*. This theme suggests that students may already have access to a more hopeful part of themselves, which may be fostered and supported.

## **Limitations and Recommendations**

### **Limitations**

As is the case with any ethical research, limitations of this study must be acknowledged and addressed. First, this study had limitations around the bias of the research team. The entire research analysis team had personal experience with imposter phenomenon, and this team spent time discussing their bias and how it may impact the analysis of this research. Another limitation that impacts researcher bias may be that two of three research analysts have been through the CES program. This researcher team acknowledged the bias it brings us, as our own personal struggles with IP as well as our own subjective experiences as CES students, may influence a level of bias. One researcher noted that their experience with IP in the CES program gave them a degree of empathy for the participants who were interviewed. This may have had unintentional and unconscious influences on the interviews themselves.

A final limitation has to do with the participant selection process. In the selection of participants for this study, all four participants selected had already self-identified as having IP based on a preliminary survey given before the interview. The survey given to them screened for IP as defined by Lane (2015), and each identified already having feelings of self-doubt, perceived self-fraudulence, and tended to discredit evidence of their successes. The implication of this may be that, because this study only interviewed participants who were already reporting IP, this study did not capture the perspective of anyone in a CES program who was not reporting IP. I acknowledge this limitation and focused thematic analysis around the lived experience of students reporting IP.

### **Recommendations**

After this research was gathered, analyzed, and considered, I have recommendations for future research.

First, future research could include at least one person on the research team that does not have experience with imposter phenomenon. This may reduce bias among future research, as it would include a researcher who has a different perspective on IP than the researchers in this study

Second, it is recommended that future research include a review of the prevalence of imposter phenomenon in counselor education and supervision. While this study may have reviewed the lived experience of four CES students with IP, future research could attempt to get a quantitative understanding of how prevalent IP is among the CES population as a whole.

Third, based on the feedback from the participants in this study, CES faculty should switch from written feedback only, to include frequent face-to-face meetings with each student and provide compassionate and accurate feedback on their performances. This direct communication may help the CES student to more accurately evaluate their performance in the program, and may reduce their sense of perceiving themselves as fraudulent.

Also, CES programs should include an orientation for new students in which faculty and students alike can openly discuss their own experiences with IP, potentially reducing symptoms of IP in the beginning of the program when it is potentially at its most severe.

Finally, students could be paired with a peer who is further along in the program and can serve as a mentor. Having a peer who may have been through and overcome IP in the program may serve to further normalize IP among new students and offer direct peer support for them.

### **Importance of the Findings and Implications**

This research has findings and implications that may serve future research. First, the findings in this study imply that CES students, like other populations studied, also wrestle with IP. Given the lack of research into IP among CES students as a specific population, this research may help to establish its existence. This research may be important in bringing awareness to this issue, paving the way for more in-depth research into this topic.

When we consider that CES professionals have a direct impact on mental healthcare in our society, we can see the importance of having confident and competent students. An important implication derived from this study is that student performance may be negatively impacted by IP, and that there may be a need for deliberate interventions designed to reduce IP

symptoms. This research seems to imply that CES students with a strong counselor, supervisor, and teacher identity may help to reduce IP. Thus, interventions in general should be aimed at strengthening these specific identities. CES students are the future leaders of the mental health field, serving the public by training competent therapists. It appears that IP hinders that ability. The implications for leaving this issue unaddressed is that CES students will not reach their potential, which may negatively impact the therapists and clients they serve.

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## **Appendix: Resources**

Appendix A: Participant Semi-structured Interview Questions in the IPA Tradition

Appendix B: Preliminary Participant Selection Survey

## **Appendix A: Participant Semi-Structured Interview Questions in the IPA Tradition**

*By completing and returning this survey I am providing implied consent to participate in this study*

### **Participant Semi-Structured Interview Questions in the IPA Tradition**

Larkin (2009) lays out several types of questions that can be asked during the semi-structured interviews. Those questions have been formatted below to reflect Imposter Phenomenon specifically:

1. *Circular* – What do you imagine your instructors think about your performance in the CES program?
2. *IFS*- Describe your identity as a CES student and how you feel about it
3. *Schemas*- Describe the role of the CES Student
4. *Core Beliefs*- How well do you believe you are capable of fulfilling the role of a CES professional?

