

I DO NOT. BELONG HERE

Impostor Syndrome: NOT EXCLUSIVE TO WOMEN

BY ROSHINI PINTO-POWELL, MD

In July and August (2018), according to the American Association of Medical Colleges, more than 20,000 students matriculated into medical schools all across the United States. This fall, a similarly large number entered elite undergraduate colleges, as well as nursing, law, engineering, and other professional schools in America and across the globe.

These eager, excited students attended orientation sessions wide-eyed and brimming with enthusiasm. They sat in large auditoriums and were welcomed into the ranks. Especially at professional schools, they heard how the process was “selective” and they were the “best of the best.” They were told that they were Olympians, Rhodes scholars, TEDx speakers, winners of Jeopardy! and Ironman competitions. And within each of these same auditoriums were seated more than a handful of students suddenly wondering, “Is this a mistake? Did they really mean to admit me? I am none of these things. I don’t belong here!”

The first semester is now drawing to a close, and students are beginning to look forward to the holiday break. As I await a brief respite myself, I reflect on how the first few months of college have unfolded. Not surprisingly, a predictable handful of students have made their way to trusted mentors. While I myself remember the feeling all too well and regularly mentor women trainees and faculty members who suffer from impostor syndrome, I am taken aback by the increasing number of male students who express this feeling of being an impostor. In the past few years, I have worked with several young men who feel that they are not good enough

for certain specialty careers in medicine, despite being fully capable and having the credentials to excel. This year has been no exception.

Impostor syndrome is a psychological pattern whereby an individual doubts their accomplishments and harbors a persistent internalized fear of being exposed as a fraud. The laundry list of famous people who have a similar mindset might be astonishing on the surface—Maya Angelou and Michelle Obama, to name two. But truth be told, it is a more universal phenomenon, and most people feel this way at some point and in some facet of their lives. Albert Einstein himself at times apparently felt he was an impostor, if you can believe that. No wonder we talk a lot about the phenomenon.

A brief history lesson takes us back to the research of two psychologists, Suzanne Imes and Pauline Rose Clance, in 1978 describing this phenomenon in high-achieving women. Later Clance acknowledged that such feelings were not unique to women. And, indeed, as an educator in medicine, I find not only this to be true but also that these sentiments are increasing among the talented pool of trainees in medicine.

Trainees suffering from impostor syndrome not only often struggle in their academic classes but can become socially isolated. As a result of poor academic scores and failure to access the mentoring they need, they are prone to make career choices that do not best suit them. The trend is worrisome and insidious and has significant consequences with links to burnout.

As an advising dean, I have seen too many students struggle with a pervasive sense of self-doubt. And while more women than men admit to these feelings, research studies and the conversations I have had with students make me certain that these feelings have no particular gender proclivity. A recent study even claims that, under pressure, impostor syndrome hits men harder than women.

It is also my observation, corroborated by others in academe and public life in general, that millennials' reliance on and massive consumption of social media contributes to their sense of being impostors. Whether it involves being prepared for tests or deciding on a career, students come in feeling crushed about their own inadequacy based on posts they see on social media touting perfect test scores and perfect lives.

With the incidence of depression, anxiety, and burnout in medical students and physicians rising, it is time to unmask and demystify impostor syndrome and to strip it of its ability to paralyze. While a syndrome might conjure up the idea that it is hard to treat, feelings can be tended to, normalized, and made whole.

That begins with the acknowledgment that physicians are mere mortals, subject to the same faults, failings, and idiosyncrasies as any other person. The myth of being someone very special can be damaging, and the weight of having to live up to an ideal can be overwhelming. This trend in undergraduate or graduate institutions to market selectivity has its price. While each institution wants their students to feel remarkable, the negative effect on an

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increasing subset of students is too important to ignore.

So, what can teachers and mentors do to help? It is OK to tell a class how special they are. But we must be clear that it is the traits that caused them to achieve their success that make them special—not simply the achievements themselves—and that those who do not see themselves in those stories also have similar traits that admissions committees recognized.

Sharing our own stories of self-doubt and strategies we use to mitigate those thoughts can be helpful, too. Breaking the silence helps to destigmatize these feelings. It is also more likely that students hearing these stories will recognize such symptoms in themselves for what they are and seek guidance early. That may in turn help prevent burnout, improve performance on tests, and lead to a more fulfilled career. There are other concrete personal strategies suggested by academic articles and social media alike. They are also useful and worth sharing.

And come next year, at orientation it would be progress to say, “Welcome, Class of 2023. Whether you received your acceptance letter a year ago, six months ago, or six days ago, you are here because you belong. We do not need you to be special; we need you to be you. You are enough.”

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