Academic Paper

From hiding to sharing. A descriptive phenomenological study on the experience of being coached for impostor syndrome

Cristina Magro ✉

Abstract

Impostor syndrome has become the topic of many coaching conversations. However, research so far has offered scarce guidance on effective interventions. This research used descriptive phenomenology to describe the experience of being coached for impostor syndrome. The study found that the experience is an incidental, emotional process of trusting, learning, uncovering, managing, and sharing. Findings highlight how impostor feelings never subside completely and how the positive effects of coaching decrease after the coaching has ended. The study invites coaches to gain knowledge of impostor syndrome and co-create long-term tools with clients, so they can manage impostor feelings as they reoccur.

Introduction

Impostor syndrome has become a buzzword and the subject of several articles and posts on the Internet. The term was first created by Clance and Imes in 1978, and in recent years, academic attention to this phenomenon has increased (Bravata et al., 2019). Impostor syndrome has also become a popular topic also in my coaching conversations. When one of my clients stated that she was suffering from "chronic impostor syndrome" which was affecting her career, her choice of words surprised me. I have experienced impostor syndrome in the past but not with the same frequency and intensity that she reported. Therefore, I decided to examine impostor syndrome more closely and find a way to help her address it. To my surprise, I noticed that there are plenty of online resources that provide advice on dealing with impostor syndrome, but none of these are based on empirical studies. When looking at the academic literature, I realised that - since the 1970s - research has mainly been conducted on students and academics (Clance & Imes, 1978; Brenner & Tomkiewicz, 1982; Henning et al., 2002; Neureiter & Traut-Mattausch, 2016; Hutchins et al., 2018). Only a handful of studies have been produced on private sector professionals, like my

client. Academic literature identifies coaching as an appropriate intervention for impostor syndrome, however, it does not give any indication on why that is the case and how coaches should structure such intervention for it to be effective (Bravata et al., 2019). Impostor syndrome is a widespread phenomenon that can have serious consequences on an individual's mental health (Konig & Palma, 2020; Hutchins et al., 2018; Neureiter & Traut-Mattausch, 2016, 2017; Vergauwe et al., 2015; Harvey & Katz, 1985; Clance & Imes, 1975). Fellow coaches need evidence-based guidance on how to help their clients overcome it.

As coaches, we are likely to encounter impostor syndrome characteristics in our clients (Traut-Mattausch & Zanchetta, 2018). Recent research indicates that impostorism is one of the implicit reasons why executives seek coaching (Kuna, 2019). Research in this area is also made more urgent by the fact that neighbouring disciplines such as counselling, psychology, and psychotherapy are suffering from the same lack of evidence-based studies on the treatment of impostor syndrome (Bravata et al., 2019).

My study answers the question: 'What is the experience of being coached for impostor syndrome?'. This research aims to contribute to the existing literature by offering an insight into the experience of professionals who have been discussing impostor syndrome in a coaching setting. It describes how participants define impostor syndrome in their own words, and how they presented their impostor feelings to the coach. It also presents how participants experience the coaching engagement, and how they describe the impact coaching has on their 'impostorism'.

Impostor phenomenon - a definition

Impostor syndrome is also known in the literature as the impostor phenomenon. It is worth noting that, despite being called "syndrome" and impacting people's psychological wellbeing, it is not a recognised psychiatric disorder (Clance, 1985; Bravata et. al, 2019; Mak et al., 2019). For this reason, impostor phenomenon is a term that is preferred in academic studies (Bravata et al., 2019; Zanchetta et al., 2020), while non-peer-reviewed literature and mainstream media use almost exclusively the term impostor syndrome (Bravata et. al, 2019; Mak et al., 2019). I will use these two terms interchangeably throughout the article.

There is a debate in the literature surrounding the definition of the impostor phenomenon. Clance and Imes' (1978) definition is the most popular. The two psychologists created the term impostor phenomenon and defined it as "an internal experience of intellectual phoniness" (Clance & Imes, 1978, p.241). In this study, I have chosen not to place emphasis on the definition, and let the participants self-define and self-identify as impostor syndrome sufferers. I believe that taking a step back from the definitional debate allows the participants to describe their experience of the phenomenon in their own words (Christensen et al., 2017).

In the next section I provide a review of the existing literature on impostor syndrome and coaching. I then describe the methodology used in the research. This is followed by the presentation of the findings and a discussion on how these relate to the wider literature on impostor syndrome and coaching. Finally, I conclude the article by highlighting some implications for the coaching practice, clarifying the study's limitations and offering some recommendations for future research.

Literature review

Searching for resources on Google Scholar with "impostor OR imposter AND coaching" in the title provided only three results (20th February 2021). The first is an article by Kuna (2019) who identified impostor syndrome as one of the implicit reasons executives seek coaching. The second is an article in German by Traut-Mattausch and Zanchetta (2018) that explores impostor syndrome as a coaching topic, and the third is an unpublished Master's thesis on the effectiveness of

coaching as opposed to training in addressing impostor syndrome (Muck, 2015). When expanding the search of the same keywords to the body of the text, I found 4,820 results. This is because a large portion of studies mention coaching as a useful intervention for impostor syndrome sufferers. Within this group, Zanchetta et al. (2020) stands out as a particularly relevant study. The authors researched two kinds of impostor syndrome interventions, coaching and training. This is the only contribution to date on the effectiveness of coaching as an intervention for impostor syndrome.

Widening the search to "impostor OR imposter AND syndrome OR phenomenon OR complex" yielded 62,000 results. As these numbers show, the wider literature on impostor syndrome is fairly large, however it presents some fundamental gaps. Bravata et al. (2019) have conducted the first systematic literature review on the impostor phenomenon. Their comprehensive view of the literature to date pointed out three main elements that helped me define the literature gap in which to situate the present study. First, the literature comprises several quantitative studies (Bravata et al. 2019) of which only a couple adopt mixed methods approaches, incorporating semi-structured participants interviews (Hutchings & Rainbolt, 2016; Hutchins et al. 2018) and just a handful of studies are qualitative (Matthews & Clance, 1985; Lane, 2015; Kuna, 2019). Second, the majority of the studies focused on students and academic faculty (Clance & Imes, 1978; Brenner & Tomkiewicz, 1982; Henning et al., 2002; Neureiter & Traut-Mattausch, 2016; Hutchins et al., 2018). Only a low number of studies has been conducted on professionals (Zanchetta et al., 2020; Barr-Walker et al., 2020; Rohrmann et al., 2016; Vergauwe et al., 2015; McDowell et al., 2015; Bechtoldt, 2015; Kuna, 2019 - see also Bravata et al., 2019). Third, there is a stark contrast between the high volume of grey literature and the paucity of academic studies on the treatment of the impostor phenomenon. This is consistent with the view of Mak et al. (2019) who recognise that mainstream media seem to suggest several solutions for impostor syndrome, with very few empirical studies to support any specific intervention (Bravata et al., 2019; Mak et al., 2019).

Coaching as an intervention for impostor syndrome

Within the literature, several authors (Pannhausen et al., 2020; Hutchins et al., 2018; Leonhardt et al., 2017; Vergauwe et al., 2015) list coaching as a suitable and helpful intervention to overcome impostor syndrome. Whenever such studies mention coaching, they do so as a suggestion, without empirical evidence. The reason why they consider it helpful, however, is that coaching offers a supportive relationship and the opportunity to "normalise" impostor feelings (Hutchins et al., 2018; Leonhardt et al., 2017; Vergauwe et al., 2015).

Klinkhammer and Saul-Soprun (2009) were the first to suggest that coaching could be helpful in treating impostor syndrome in the academic and scientific area. Two additional studies provided coaches with some information on how to help their clients who are experiencing impostor feelings. Traut-Mattausch and Zanchetta (2018) regard Muck's unpublished thesis (2015) as the first empirical evidence of the effectiveness of coaching for impostor syndrome. The authors recognise that the impostor phenomenon can be a recurring topic in coaching. They provide practical recommendations to coaches, voicing the views of the previous article by Klinkhammer and Saul-Soprun (2009). They highlight the importance of educating the coachees affected by impostor phenomenon, explaining to them the nature of the phenomenon and its related aspects. The authors also suggest the use of diagnostic tools and competence profiles to compare the coachees' views of themselves with an external view, as well as the use of imagery to help self-reflection. Finally, they recommend treating the subject of 'impostorism' with sensitivity and remind the reader that it is still up for debate which kind of coaching tools and exercises work best (Traut-Mattausch & Zanchetta, 2018).

In what seems to be the only article based on empirical results, Zanchetta et al. (2020) studied the relative effectiveness of a coaching intervention, a training intervention, or no intervention. They delivered the interventions and surveyed the participants before and after, then analysed the data adopting a randomised controlled outcome design. The authors used mindset theory as a basis for

their intervention. According to their view, impostors have a fixed mindset, therefore developing a growth mindset could be key to addressing their impostor feelings. Their research was conducted amongst "susceptible individuals" (p.3), young employees who are new to the work environment. Their study revealed that coaching was the most effective intervention in reducing participants' impostor phenomenon scores. In particular, they found that helping participants to be less afraid of being judged negatively provides the best results in decreasing impostor feelings (Zanchetta et al., 2020).

Kuna's (2019) is the first and the only qualitative study in this area. The author showed that impostor syndrome is one of the implicit reasons why executives seek coaching in the first place. Executives initially declare they need coaching to gather the managerial knowledge and skills they think they are lacking. Soon, however, the coaching conversation reveals impostor syndrome as an implicit catalyst (Kuna, 2019, p. 318). The participants found coaching to provide an exclusive outlet for their distress, an important emotional support intervention that helped them cope with their impostor feelings (Kuna, 2019, p. 316).

Psychotherapy and counselling as interventions for impostor syndrome

Given the limited number of studies within the coaching literature, I looked at the neighbouring psychotherapy and counselling literatures to seek ways to fill this gap. In these fields, there is a similar paucity of empirical studies. Generally, authors agree that it is important for impostors to understand that impostor syndrome is a shared, common phenomenon (Clance and Imes, 1978; Henning et al, 2002; Hutchins et al., 2018).

For this reason, group therapy is considered particularly powerful. Clance et.al (1995) identify feminist group psychotherapy as the most effective treatment for impostor syndrome. In the authors' view, group therapy should evolve in three stages: understanding the phenomenon, recognising the manifestations of the phenomenon in oneself and in others, and supporting each other in adopting new behaviours (Clance et al., 1995). Matthews and Clance (1985) add that whenever group therapy is not suitable, the therapy should start with the therapist teaching the patient about impostor syndrome, before proceeding to identifying and addressing the feelings. Clance and Imes (1978) also proposed Gestalt techniques and role-plays to create awareness around the sense of fraudulence and around the impostor's sense of self.

Other authors suggest that Cognitive Behavioural Therapy can address the distorted thinking of impostor syndrome sufferers (König and Palma, 2020; Harvey and Katz, 1985). Also advised are Rational Emotive Techniques and desensitisation therapy (Matthews and Clance, 1985). Most of these considerations have been employed in a recent empirical study by Cisco et al. (2020). The authors created an intervention for postgraduate students that included both psychological principles and training sessions on academic skills. Utilising the suggestions from the literature, they created group interventions where students could discuss openly and be taken seriously, providing a supportive environment. The study showed a marked reduction in students' impostor feelings (Cisco et al., 2020).

The literature review has shown that when it comes to addressing impostor syndrome, both the coaching and the psychotherapy literature are scarce. Although some information on how coaches and psychotherapists could help clients is presented, more empirical research on treatment effectiveness is needed. This gap, together with a lack of qualitative studies and of studies that focus on professionals, led me to believe there was an opportunity to investigate further. The present study aims to give impostors a voice and to understand more of the experience of being coached for impostor syndrome.

Methodology

Descriptive phenomenology

The approach I selected for the present study is descriptive phenomenology (Giorgi, 2009). This methodology derives from Husserl's (1969) philosophy. According to Husserl (1969), even though humans experience the world differently, certain common elements can be identified within their individual experiences. Identifying these common elements means uncovering - with a certain scientific rigour - the true nature of the phenomenon being studied (Lopez and Willis, 2004). This methodology allows not only to recognise the richness and diversity of the participants' experiences of coaching for impostor syndrome, but also to distil the essential description of their experience of it (Giorgi, 1992).

Data Collection

The study is focused on the perspective of the clients as the gap in the literature on impostor syndrome was calling for the views of impostor syndrome sufferers. I have set the following sampling criteria for the participants to this study, i.e. mid-career/senior professionals who self-identify as impostor syndrome sufferers, who have had professional coaching in the past, specifically discussing impostor syndrome with their coach. To identify participants, I posted my research question and the selection criteria on LinkedIn and let participants self-select. The post was shared multiple times, leading to a snowballing sampling approach (Clark et al., 2019). I identified six suitable participants in total (see Table 1) and conducted online semi-structured interviews.

Table 1: RESEARCH PARTICIPANTS

Participant's Pseudonym (gender)	Age	Experience level	N.of coaching sessions	Type of coaching
Pilot - Grace (f)	45-50	CEO	4	One-to-one
Olivia (f)	30 - 35	Manager	1 + 6 (group sessions)	One-to-one and group coaching
Fran (f)	45 - 50	Director	8	One-to-one plus webinars
Vera (f)	45-50	Director	10 + ongoing	One-to-one
Eva (f)	25 – 30	Mid-level professional	16	One-to-one
Mila (f)	50 – 55	Director	10	One-to-one

"Bracketing" pre-existing knowledge and assumptions

Descriptive phenomenology requires the researcher to bracket existing knowledge and assumptions regarding the phenomenon before conducting any research (Giorgi, 2009). This process is essential in order for the researcher to be fully present in the here and now with the participants, and open to receive the information related to the phenomenon as they describe it (Giorgi, 2009; Finlay, 2011). To prepare myself for "bracketing", I performed a sensitizing exercise inspired by Fischer and Wertz (1979, as cited in Finlay, 2011, p. 184). I wrote down my own personal experience of impostor syndrome and any expectations that I have about the outcomes of this study. Then, I discussed these with a colleague who helped me point out fundamental assumptions and biases (Finlay, 2011). In order to keep bracketing my own knowledge and assumptions throughout the study, I kept a self-reflection journal and revised it periodically during the data analysis.

Data analysis

After transcribing the data from the six semi-structured interviews, I analysed them following Giorgi's (2009) rigorous three-steps method. Step one required me to read each participant's

transcription "for a sense of the whole" (Giorgi, 2009, p. 128). In step two, I read the transcription once again and separated the sentences every time I identified a new change in meaning. These "meaning units" (Giorgi, 2009, p. 129) were copied into an excel spreadsheet and rewritten in third person. The third step required reflecting on each meaning unit and rewriting each one by clarifying and summarising what the participant is communicating.

Once the three steps are completed, Giorgi encourages the researcher to "dwell with the data" (Giorgi, 2009, p.132) and to apply a process of free imaginative variations (Giorgi, 2009). Free imaginative variation requires the researcher to use their imagination to convert, replace aspects of the phenomenon, in order to identify the common elements that make it what it is (Giorgi, 2009 & 2012; Finlay, 2011; Sousa, 2014). The researcher then creates a narrative description of the phenomenon based on the common elements they have identified. The resulting description reflects the true essence of the phenomenon. It does not try to explain or interpret it, and it does not try to fill the gaps or rationalise contradictions. In the case of the present study, the data presented several essential elements that were common amongst participants. I was therefore able to create a narrative description of the experience which encapsulated all the single participants' interviews (see table 3). In addition, I also decided to summarise the common elements of the participants' experiences in a table to give the reader a visual representation of the overall structure of the collective experience (see table 2).

Table 2: STRUCTURE OF THE EXPERIENCE

Experience stage	Essential components
State before coaching	Hiding intense feelings Researching "symptoms" Reasons and expectations for coaching
The coaching engagement	The coaching relationship Trust and openness Tools and techniques learnt in coaching
Impact of coaching	Awareness Triggers and managing the feelings Uncovering and sharing

Table 3: ESSENCE OF THE EXPERIENCE

Participants believe they are different. They feel inadequate, not good enough. Others are better than them, others "fit the profile". Participants believe they have to maintain a confident image of themselves in their work environment, or their studies. They are hiding their true thoughts and feelings and they are afraid others will find out that they do not belong. This causes anxiety, it feels like "having a disability", or "practising self-harm". Participants accumulate credentials to prove their worth and get closer to the ideal self who is deemed worthy of what they have. Sometimes, they settle for less than they deserve. They research their "symptoms" in an attempt to find answers for the way they are feeling. When they come across impostor syndrome, the concept resonates with them. They are relieved to find a label for it that allows them to explain themselves and recognise they are not alone.

Traumatic experiences push the participants to seek coaching. They have no clear idea of what coaching entails, and primarily they seek coaching to address other issues, often of practical nature. They develop a trustworthy relationship with their coach, they feel safe and open up more than they anticipated. Either the participants or the coach talks about impostor syndrome. Usually, the participants have already come across it, through researching and reading. When they talk about it with their coach, participants feel self-conscious, vulnerable, nervous or they refuse to admit they fit the impostor profile. Participants are relieved to know that there is a name for what they are feeling but having the opportunity to talk about themselves to a professional is what makes a difference. They address impostor syndrome in coaching as part of a wider set of issues. Sometimes these issues stem from their childhood, sometimes from their adult life. The coach gives them tools to challenge their thinking, reframe their beliefs or manage their feelings.

After coaching, participants feel energised, more confident, or they feel the pressure to take action. Sometimes they feel alone, as they are missing the support relationship that coaching provides. The "power of coaching" diminishes over time. They know impostor syndrome will not go away as it is triggered by events and circumstances. After coaching, impostor feelings do not feel as intense as before. The occasional feelings of inadequacy become part of the ups and downs of life. Participants now have the tools to manage them. They find comfort in talking to others about impostor syndrome and - when they share their experience - others show surprise and appreciation. Participants' hidden thoughts are now exposed and welcomed by others, who recognise themselves in return. Participants understand they are not alone, and they do not feel different anymore. They are inspired to share what they have learnt from coaching to help others overcome impostor syndrome.

Findings

The participants' narrations progressed along three main phases: their state before coaching, the coaching engagement, and the impact of coaching. Each phase presents three essential

components of the experience. Table 2 summarises these components, mapping them across each phase of the experience.

In Table 3, I present the essence description, which is the main output of the descriptive phenomenology methodology. The essence description articulates the experience of being coached for impostor syndrome in a narrative form, to "evoke the experience for the reader" (Finlay, 2011, p.98). The description integrates data from all participants and utilises some of the participants' own words, where appropriate.

The state before coaching

The first element that was noticeable across all the participants' accounts was the fact that, prior to coaching, they all hid their real thoughts and feelings from others. They hid the fact that they felt inadequate, they strived to maintain a confident front and they were afraid of being "found out". Olivia thought of herself as "a dorky person, or a geeky person...a little bit of an outsider...a weird looking kid". Mila talked about growing up in a council house and feeling inferior to her wealthier neighbours. Fran felt she did not fit the profile of the person who is typically hired for her job:

> I've got an unconscious bias about the type of person I think should be doing my job, and when I see myself, that's not the picture I've got...I went into a team that was all ex military, all ex forces. The stereotype was around me and I was the odd one out.

The participants hid their discomfort and strived to maintain a confident front. To convey this message, Olivia and Vera used the same image of a swan. In Olivia's words:

> It'll always be a secret panic. I do not like people knowing that I'm feeling the way I am. I hide it, definitely, you just gotta remain confident. It's like this swan effect: you look great at the top but your feet are flapping at the bottom.

Hiding became the norm for the participants. Mila recalled how from her young age she used to hide her own pain from her mother, to protect her. Olivia hid behind her humour and charm and, even in group coaching sessions, she tended to "turn into the class clown". Fran reported how she became "quite good at hiding", and she was not only hiding her feelings, but also avoiding any work-related events in which she would need to be herself: "I hated where I had to be myself in a professional environment. So, I would purposely separate". Vera talked about becoming overweight so that people would not pay attention to her: "It just was another way of trying to hide, trying not to be found out I guess".

Participants carried out research and came across the concept of impostor syndrome. They then sought coaching for reasons unrelated to impostor syndrome. The participants had no knowledge of what coaching entailed and they had no particular expectations. Olivia felt nervous about not knowing what outcome she could expect from coaching. Vera expected to "talk to someone and receive advice and tips". Fran thought about coaching as a "training course" and a "less emotional" alternative to therapy. Mila and Eva were all looking for someone - an "expert" - to talk to. Interestingly, dealing with impostor feelings was not the initial objective of the coaching. It became an element of discussion later in the coaching process. Fran mentioned how she picked an objective for coaching that could be an 'easy fix', as she did not want to deal with her emotions:

> I went with something that seemed like a bit of a quick fix so that's why I picked the topic that I thought somebody could just say: that's what you need to do, do that when you're in that situation, it will be sorted.

The coaching engagement

During the coaching engagement, participants developed strong, positive relationships with their coaches. The relationship with the coach was an important element of the participants' experiences. This is confirmed by Olivia and Fran, who are the only participants who initially attended blended coaching programmes that included group coaching and webinars. Both participants agreed that the real value of coaching resided in the one-to-one time with their coach. All participants described a positive relationship with their coach. Olivia and Mila described their coaches as empathetic and kind professionals. Olivia saw her coach as a role model:

> She had started her own business and she had empathy for me because she was kind of saying: I've done this, I've started my own business...and she's quite severely dyslexic.

Fran took some time to warm up to her coach, as she was "sussing her out for the first couple of sessions". After that, however, coaching felt like "a partnership, an intimate relationship with complete trust". Trust was necessary for participants to open up and talk about impostor syndrome.

Coaching was the first opportunity to uncover thoughts and feelings that participants had been hiding from other people. The participants opened up to their coaches more than they anticipated. Fran chose coaching over counselling because she did not want the process to be too emotional, however she recalls crying during the session as an essential component of the process: "I was an emotional wreck most of the time. Not intentionally, just because I had decided I needed to be authentic". With her external coach, Vera talked about the "darker personal issues" that she had been keeping from internal coaches: "You knew, you were safe that they weren't going to use it against you, that they are seeking solely to help you to be the best that you could be". Mila allowed her coach to take her "back to my childhood, in a way it's a very close line between coaching and counselling, very, very close". She recalled being "drained" by the sessions.

All participants learnt tools and techniques in coaching that eased their impostor feelings. They all recalled specific things that the coach "said" or "taught" them, that were particularly helpful in helping them address their impostor feelings. Eva's coach asked her to talk to herself with the same kindness that she reserves to her friends. Olivia recalled a story that her coach told her about self-worth. Fran mentioned how the havening technique her coach taught her was instrumental in managing her anxiety. Vera's coach challenged her to look for evidence for her own negative thoughts. Mila's coach asked her to list her achievements, as well as looking at her values and beliefs.

Impact of coaching

Coaching had a positive impact, participants realised that coaching was instrumental in generating a deeper awareness of their impostor feelings. The participants agreed that without the coaching they wouldn't have understood their own impostor syndrome fully. In Eva's words: "it's not the same as going on the Internet and trying to search 'how to deal with…'. It's not the same impact". Vera had similar views:

> I'm not sure I would have explored it to the depth that I did. I think I might have left it as an academic study had it not been for the coaching, having that person with me that gave me that safe space.

The participants realised that coaching was instrumental in generating deeper awareness of their impostor feelings. Knowing about impostor syndrome only through their own research would not have changed them as radically as they have through coaching.

A common realisation after coaching was that "the power of coaching lasts for so long" (Olivia) and that impostor feelings "will never go away" (Fran). In Fran's words: "It comes back after time, the

drugs wear off and you need a new set of drugs or whatever it is, it needs to keep going". After the coaching, impostor feelings were still present, and they needed to be managed. Such realisation was frustrating for Olivia, who wished she had discussed it with her coach: "it's not like, oh you have these sessions, and I was all pumped up and now that's it, I'm cured". Fran, Vera and Mila accepted that impostor feelings are common and normal and that they can reoccur. Vera referred to impostor feelings as "moments of doubt".

Participants after coaching were still describing themselves as "impostor syndrome sufferers." However, they were able to manage impostor feelings more effectively and experienced them with lower intensity. Participants learnt to manage their impostor feelings in different ways. Olivia repeated to herself the affirmation "reach for the top shelf", crafted from a story that the coach told her. Fran and Eva used the tools they learnt from her coach, and Eva practised kindness towards herself. Mila created a support system of colleagues to talk to that provided a sounding board for her feelings. Vera reframed her feelings. She realised that her impostor feelings were "her inner child" that is trying to protect her from getting hurt, and that "needs the adult in me to hold his hand and say...we will be ok".

One unexpected finding that was common amongst all participants was their desire to engage with others and share their impostor syndrome stories, after the coaching. Some participants felt compelled to share what they learnt from coaching. Eva for example said:

> I used all the tools that my coach gave me, and I also learnt from others sharing experiences. It was also useful to see what other people were going through but also sharing ideas, tips and tools.

Mila shared her tools but also her story and she commented on people's reaction to her real thoughts and feelings:

> You can share those tools. It's not about just keeping it to yourself, it is about sharing it. And it's really funny when you start sharing those stories, people say: but you always come across as so confident.

Analysing her own impostor syndrome through coaching was a pivotal moment for Vera, who now talks about impostor syndrome in public on a regular basis: "If I hadn't had the coaching, I certainly wouldn't be here talking today about impostor syndrome...I wouldn't have been doing keynote speeches about it". Fran and Olivia mentioned sharing what they learnt in coaching with friends and family, in order to help them. In Fran's words: "because that's the journey I came through and I do not want other people to have to go through it. I want other people to learn". Participants found comfort in sharing their stories and in helping others who are experiencing similar feelings. Coaching has taught them that it is safe to disclose impostor feelings. Experience has taught them that whenever they open up about them, they are met with understanding and appreciation. Knowing about impostor syndrome, talking to someone about it and utilising tools learnt in coaching helped lowering the intensity of the participants' feelings.

Discussion

Several of the components of the experience of being coached for impostor syndrome identified in this study find resonance in the existing literature. For instance, this study echoes those authors (Clance and Imes, 1978; Cokley, 2015; Feenstra et al., 2020) who have pointed out the role of social comparison and stereotyping in generating impostor feelings. It agrees with those studies (Clance and Imes, 1978; Kuna, 2019) that have found that impostor syndrome is rarely the main issue that clients present in coaching or in therapy. It has confirmed the positive impact of

developing awareness in reducing impostor feelings, which is advocated by both the coaching and the psychology literatures (Kuna, 2019; Matthew and Clance, 1985; Clance and Imes, 1975).

Some of the findings, however, diverge from the existing literature and highlight different perspectives. Participants regard one-to-one coaching as the preferred setting to disclose impostor feelings, while research (Clance and Imes, 1978; Clance et al., 1995) so far has indicated group therapy as the most suitable intervention. Moreover, coaching research in this area recommends providing clients with additional knowledge around impostor syndrome and advocates the use of impostor syndrome scales (Klinkhammer and Saul-Soprun, 2009; Traut-Mattausch and Zanchetta, 2018; Zanchetta et al., 2020). The present study instead suggests that these elements do not form part of the coachees' experience.

Despite this divergence, however, coaches provide coachees with tools that are in line with what the literature recommends. For example, listing achievements (Klinkhammer and Saul-Soprun, 2009), relaxation techniques and challenging negative thoughts (Harvey and Katz, 1985; König and Palma, 2020) are mentioned in the literature as valuable interventions. Finally, while authors (Clance and Imes, 1978; Henning et al, 2002; Hutchins et al., 2018) highlight the benefit of understanding impostor syndrome as a common phenomenon, the present study showed how this understanding only manifests when participants actively start sharing their story, inspired by what they learnt in coaching. Participants felt good about helping others by sharing the knowledge acquired in their coaching journey. The experience of coaching generated a ripple effect where others possibly benefitted from the coachee's learning. This reminds of O'Connor and Cavanagh's (2013) ripple effect of coaching. The authors found that the coaching process encourages the coachee to help the people around them with their own challenges, generating an increase in others' wellbeing. However, while their study was focused on the impact of coaching within organisations, my study suggests further elements to investigate the impact of coaching on society.

Conclusion

The present study has found that the experience of being coached for impostor syndrome is an incidental, emotional process of trusting, learning, uncovering, managing, and sharing. This research has found that coaching facilitates the impostor syndrome sufferers' journey from hiding to sharing by reducing the intensity of impostor feelings. This however is true only up to a point. In fact, when coaching is over, its positive effects diminish over time.

Implications for practice

The first clear implication is the need for coaches to educate themselves on the impostor phenomenon. The study showed that the impostor phenomenon can occur in senior professionals, with many years of experience in their roles and many qualifications to their name. For this reason, coaches operating in a career or business environment will be very likely to encounter clients who are secretly suffering from impostor syndrome. Coaches should not underestimate the intensity of the impostor feelings that clients might be experiencing. Participants in this study described their feelings as being "at war with oneself", as "having a disability" or "practising self-harm". These clients will show up to coaching with no expectations or with career goals that do not reflect their real emotional needs. Coaches need to consider the boundaries of their practice and contract accordingly. They should be ready to refer clients for therapy or other forms of support if they do not feel equipped to deal with the client's intense impostor feelings.

The study shows that, even when high levels of trust have been established, it is still uncomfortable for clients to discuss impostor feelings. In this case, it can be helpful to normalise impostor feelings and consider the use of impostor syndrome scales. These should not be used as an assessment

tool but as a method to guide the conversation and to provide additional knowledge around the phenomenon, especially if someone is expressing resistance to the label or is seeking confirmation of it from the coach.

While coaching will not eliminate impostor feelings, it reduces them and provides clients with the knowledge, awareness, and tools to manage them effectively when they return. As the study has revealed, clients would have likely already researched the phenomenon themselves and felt relief in having a label for their feelings. Coaches could therefore help clients add to this knowledge by exploring impostor feelings with the aim to develop awareness. As discussed in previous chapters, awareness gained from coaching has the potential to increase the effectiveness of individual coping strategies. Since so little research exists on coaching tools and techniques for impostor syndrome, coaches and clients could therefore co-create tools and techniques that are suitable for the client's specific issue. These will help clients manage their feelings long after the coaching has ended.

So far, research has mainly recommended group interventions for impostor syndrome. The present study provided a different perspective. It advocated the value of one-to-one coaching over group coaching for impostor syndrome. Participants have expressed the value of having dyadic conversations with their coach and building a trustworthy relationship with them. It has also highlighted the fact that impostor syndrome is rarely the reason why people seek coaching. Impostor syndrome is addressed in coaching as part of a wider set of issues. Additionally, clients generally do not know what coaching is and how it could be helpful to them. All these elements could be useful to coaches who are considering designing and positioning intervention programmes specific to the impostor phenomenon.

As coaches, we want coaching to be effective. As this study shows, coaching for impostor syndrome is effective, however, as the coaching relationship ends, its "power" diminishes over time. This is important to acknowledge as it allows both coach and client to accept the fact that impostor feelings might come back, and to prepare for their return. Coach and client could discuss possible triggers that might ignite the impostor feelings in the future and devise together a plan of action to manage them and create longer-lasting positive impact.

Study limitations

The present study presents limitations related to participants' selection and the generalisability of the findings. Since participants self-selected, it is possible that they volunteered to participate in the study because they had a positive view of coaching. The interviews with the participants relied on their recollections of facts, feelings, behaviours and events. A limitation, therefore, lies in the fact that such recollection might have been filtered by their research on the topic before and after coaching, by the process of self-reflection, and by further insight acquired after the coaching had taken place. It is not possible to ascertain whether the experience that clients reported is exactly what was lived at the time of coaching. An important limitation is the fact that only women participated in the study. The literature shows that impostor syndrome is experienced by men and women in equal measure (Brenner and Tomkiewicz, 1982; Fried-Buchalter, 1997). For this reason, the present study is excluding the views of a relevant part of the population, which would have made the results more generalisable.

Recommendations for future research

Given the very few studies available in this area, there are plenty of opportunities for further research. Generally, coaching research could seek to close the gap between grey literature and academic literature by providing evidence-based advice and disseminating it appropriately. As the study shows, participants first learn about the concept of impostor syndrome through individual research, mainly conducted online. This research does not seem to provide evidence-based

information, nor inspire people to seek coaching as a helpful intervention. More academic research in this area could produce reliable and evidence-based advice to inform online articles.

References

Barr-Walker, J., Werner, D. A., Kellermeyer, L. & Bass, M. B. (2020). Coping with Impostor Feelings: Evidence Based Recommendations from a Mixed Methods Study. *Evidence Based Library and Information Practice*, 15(2), pp. 24-41. DOI: 10.18438/eblip29706.

Bechtoldt, M. N. (2015). Wanted: Self-doubting employees—Managers scoring positively on impostorism favor insecure employees in task delegation. *Personality and Individual Differences*, 86, pp. 482-486. DOI: 10.1016/j.paid.2015.07.002.

Bravata, D. M., Watts, S. A., Keefer, A. L., Madhusudhan, D. K., Taylor, K. T., Clark, D. M., Nelson, R. S., Cokley, K. O. & Hagg, H. K. (2020). Prevalence, Predictors, and Treatment of Impostor Syndrome: a Systematic Review. *Journal of general internal medicine*, 35(4), pp. 1252-1275. DOI: 10.1007/s11606-019-05364-1.

Brenner, O. C. & Tomkiewicz, J. (1982). Sex Differences among Business Graduates on Fear of Success and Fear of Appearing Incompetent as Measured by Objective Instruments. *Psychological Reports*, 51(1), pp. 179-182. DOI: 10.2466/pr0.1982.51.1.179.

Christensen, M., Welch, A. & Barr, J. (2017). Husserlian Descriptive Phenomenology: A review of intentionality, reduction and the natural attitude. *Journal of Nursing Education and Practice*. 7(8), 113-118. DOI: 10.5430/jnep.v7n8p113.

Clance, P. R. (1985). *The Imposter Phenomenon: Overcoming the Fear That Haunts Your Success*. Atlanta: Peachtree Publishers.

Clance, P. R., Dingman, D., Reviere, S. L. & Stober, D. R. (1995). Impostor Phenomenon in an Interpersonal/Social Context: Origins and Treatment. *Women & therapy*, 16(4), pp. 79. DOI: 10.1300/J015v16n04_07.

Clance, P. R. & Imes, S. A. (1978). The imposter phenomenon in high achieving women: Dynamics and therapeutic intervention. *Psychotherapy: Theory, Research & Practice*, 15(3), pp. 241-247. DOI: 10.1037/h0086006.

Clark, T. & Bryman, A. (2019). *How to Do Your Social Research Project Or Dissertation*. Oxford University Press.

Cokley, K., Awad, G., Smith, L., Jackson, S., Awosogba, O., Hurst, A., Stone, S., Blondeau, L. & Roberts, D. (2015). The Roles of Gender Stigma Consciousness, Impostor Phenomenon and Academic Self-Concept in the Academic Outcomes of Women and Men. *Sex Roles: A Journal of Research*, 73(9-10), pp. 414-426. DOI: 10.1007/s11199-015-0516-7.

Cozzarelli, C. & Major, B. (1990). Exploring the Validity of the Impostor Phenomenon. *Journal of Social and Clinical Psychology*, 9(4), pp. 401-417. DOI: 10.1521/jscp.1990.9.4.401.

Feenstra, S., Begeny, C. T., Ryan, M. K., Rink, F. A., Stoker, J. I. & Jordan, J. (2020). Contextualizing the Impostor "Syndrome". *Frontiers in Psychology*, 11(3206). DOI: 10.3389/fpsyg.2020.575024.

Finlay, L. (2011). *Phenomenology for therapists: researching the lived world*. Hoboken, N.J.: J. Wiley.

Fried-Buchalter, S. (1997). Fear of success, fear of failure, and the imposter phenomenon among male and female marketing managers. *Sex Roles : A Journal of Research*, 37(11-12), pp. 847-859. DOI: 10.1007/BF02936343.

Giorgi, A. (1992). Description versus Interpretation: Competing Alternative Strategies for Qualitative Research. *Journal of Phenomenological Psychology*, 23(2), pp. 119-135. DOI: 10.1163/156916292X00090.

Giorgi, A. (2009). *The descriptive phenomenological method in psychology: a modified husserlian approach*. Pittsburgh, Pa.: Duquesne University Press.

Giorgi, A. (2012). The Descriptive Phenomenological Psychological Method', *Journal Of Phenomenological Psychology*, 43(1), pp. 3–12. DOI: 10.1163/156916212X632934.

Harvey, J. C. & Katz, C. (1985). *If I'm So Successful Why Do I Feel Like a Fake: The Impostor Phenomenon*. New York: St Martin's Press.

Hawley, K. (2019). What Is Impostor Syndrome?. *Aristotelian Society Supplementary Volume*, 93(1), pp. 203-226. DOI: 10.1093/arisup/akz003.

Henning, K., Ey, S. & Shaw, D. (1998). Perfectionism, the impostor phenomenon and psychological adjustment in medical, dental, nursing and pharmacy students. *Medical Education*, 32(5), pp. 456-464. DOI: 10.1046/j.1365-2923.1998.00234.x.

Husserl, E. (1969). *Ideas : general introduction to pure phenomenology*. New York: Collier Books.

Hutchins, H. M., Penney, L. M. & Sublett, L. W. (2018). What imposters risk at work: Exploring imposter phenomenon, stress coping, and job outcomes. *Human Resource Development Quarterly*, 29(1), pp. 31-48. DOI: 10.1002/hrdq.21304.

Klinkhammer, M. & Saul-Soprun, G. (2009). The Impostor Syndrome in the academic and scientific area. *Organisationsberatung, Supervision, Coaching*, 16(2), pp. 165-182.

Kuna, S. (2019). All by Myself? Executives' Impostor Phenomenon and Loneliness as Catalysts for Executive Coaching With Management Consultants. *Journal of Applied Behavioral Science*, 55(3), pp. 306-326. DOI: 10.1177/0021886319832009.

König, L. & Palma, P. (2020). Impostorismo e perfeccionismo desadaptativo na formação médica: uma revisão à luz da Terapia Cognitivo-Comportamental. *Psicologia Argumento*, 39, pp. 158-176. DOI: 10.7213/psicolargum.39.103.AO08.

Lane, J. A. (2015). The Imposter Phenomenon Among Emerging Adults Transitioning Into Professional Life: Developing a Grounded Theory. *Adultspan Journal*, 14(2), pp. 114-128. DOI: 10.1002/adsp.12009.

Leonhardt, M., Bechtoldt, M. N. & Rohrmann, S. (2017). All Impostors Aren't Alike - Differentiating the Impostor Phenomenon. *Frontiers in psychology*, 8, pp. 1505. DOI: 10.3389/fpsyg.2017.01505.

Lopez, K. A. & Willis, D. G. (2004). Descriptive Versus Interpretive Phenomenology: Their Contributions to Nursing Knowledge. *Qualitative Health Research*, 14(5), pp. 726-735. DOI: 10.1177/1049732304263638.

Mak, K. K. L., Kleitman, S. & Abbott, M. J. (2019). Impostor Phenomenon Measurement Scales: A Systematic Review. *Frontiers in psychology*, 10, pp. 671. DOI: 10.3389/fpsyg.2019.00671.

Matthews, G. & Clance, P. R. (1985). Treatment of the impostor phenomenon in psychotherapy clients. *Psychotherapy in Private Practice*, 3(1), pp. 71-81. DOI: 10.1300/J294v03n01_09.

McDowell, W., Grubb Iii, W. & Geho, P. (2015). The Impact of Self - Efficacy and Perceived Organizational Support on the Impostor Phenomenon. *American Journal of Management*, 15, pp. 23-29. Available at: http://t.www.na-businesspress.com/AJM/McDowellWC_Web15_3_.pdf.

Muck, A. (2015). *No faking anymore! The effectiveness of coaching in the reduction of impostor feelings in comparison to training and waiting-list control group*. Unpublished master's thesis, University of Salzburg, Austria.

Neureiter, M. & Traut-Mattausch, E. (2016). An Inner Barrier to Career Development: Preconditions of the Impostor Phenomenon and Consequences for Career Development. *Frontiers in psychology*, 7, pp. 48. DOI: 10.3389/fpsyg.2016.00048.

O'Connor, S. & Cavanagh, M. (2013). The coaching ripple effect: The effects of developmental coaching on wellbeing across organisational networks. *Psychology of Well-Being: Theory, Research and Practice*, 3(1), pp. 1-23. DOI: 10.1186/2211-1522-3-2.

Pannhausen, S., Klug, K. & Rohrmann, S. (2020). Never good enough: The relation between the impostor phenomenon and multidimensional perfectionism. *Current Psychology*, pp. 1-14. DOI: 10.1007/s12144-020-00613-7.

Rohrmann, S., Bechtoldt, M. N. & Leonhardt, M. (2016) 'Validation of the Impostor Phenomenon among Managers', *Frontiers in psychology*, 7, pp. 821. DOI: 10.3389/fpsyg.2016.00821.

Sousa, D. (2014). Validation in Qualitative Research: General Aspects and Specificities of the Descriptive Phenomenological Method. *Qualitative Research in Psychology*, 11(2), pp. 211-227. DOI: 10.1080/14780887.2013.853855.

Traut-Mattausch, E. & Zanchetta, M. (2018). Das Impostor-Phänomen–ein Thema im Coaching?. *Wirkung im Coaching*, pp. 140-147. DOI: 10.13109/9783666402975.140.

Vergauwe, J., Wille, B., Feys, M., De Fruyt, F. & Anseel, F. (2015). Fear of Being Exposed: The Trait-Relatedness of the Impostor Phenomenon and its Relevance in the Work Context. *Journal of Business and Psychology*, 30(3), pp. 565-581. DOI: 10.1007/s10869-014-9382-5.

Zanchetta, M., Junker, S., Wolf, A. M. & Traut-Mattausch, E. (2020). "Overcoming the Fear That Haunts Your Success" - The Effectiveness of Interventions for Reducing the Impostor Phenomenon. *Frontiers in psychology*, 11, pp. 1-15. DOI: 10.3389/fpsyg.2020.00405.

About the authors

Cristina Magro is an executive and career coach who works almost exclusively with cybersecurity professionals, leveraging her background in technology, education, business, and leadership development. Her practice is rooted in person-centred values and inspired by existentialist and cognitive-behavioural coaching.