PRACTICE BRIEFS

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The Hidden Cost of Complex Trauma and Imposter Phenomenon in Academic Settings

Contributors: Pilar Tucker Fagbote, Lynne-Marie Shea

Introduction

The imposter phenomenon (IP) is defined as a sense of intellectual fraudulence and an inability to internalize success (Bravata et al., 2020). It is a behavioral phenomenon coined by psychologists Clance and Imes (1978) to describe how women and other underrepresented groups, despite evidence of their success, experience pervasive feelings of self-doubt, worry, and fraudulence (Huecker et al., 2023). Since the origin of IP, the term has since broadened to include various groups. While IP is common and can occur across various populations and demographics, historically, groups with underrepresented identities (e.g., women, groups with lower socioeconomic resources) have been significantly impacted (Bravata et al., 2020). The impacts of IP affect internal schemas, individual perceptions of competence, self-esteem, belonging, interpersonal connectedness, and self-efficacy (Pákozdy et al., 2024).

Prevalence

Studies suggest that 70% of individuals experience impostor feelings at some point in their lives, particularly in academia, medicine, and other high achieving professions (Bravata et al., 2020). Although the impostor phenomenon has been widely recognized in various fields and across disciplines, there is minimal research that focuses on the intersections of IP and identity-related or complex traumas. Furthermore, little is known about the relationship between the IP and identity-related traumas, specifically its impacts on people working in academic settings.

There is an association between IP and identity-related harm, which is targeted at one's identities, such as race or gender. This harm typically occurs in an environment in which the individual holds less power (Muldoon et al., 2021). These events can include emotional abuse, physical abuse, war-time experiences, or neglect (Lilly & Valdez, 2012). Like IP, traumatic experiences can disrupt and impair personal, internal schemas that an individual may utilize to assure safety, power, trust, and intimacy (Resick et al., 2014). The feelings of otherness that are evoked typically contribute to students having difficulty internalizing success, which in turn causes feelings of intellectual fraudulence wherein students question their capabilities.

Interpersonal traumas can significantly impact an individual's self-esteem, leading to feelings of inadequacy or even fraudulence, both of which are core components of IP (Kouvelis & Kangas, 2021). IP impacts how students perceive themselves, interact with others, and fulfill academic tasks (Perkins and Durkee, 2025). Furthermore, identity-related harm can exacerbate feelings of IP due to acts of discrimination, feelings of isolation, and unbelonging. Because these acts of harm are directly related to an individual's identity, it is difficult for individuals to disconnect from various inciting events and experiences, including feeling like a fraud or impostor (Bernard et al., 2018). This association between IP and interpersonal trauma derives from how traumas can negatively impact a person's perception of their abilities and accomplishments, making it difficult to internalize success. To effectively reduce the potential harm, it is crucial to address and understand the relationship between interpersonal trauma and IP on both an individual and systemic level.

When systems perpetuate oppressive practices such as structural discrimination, biases, and other forms of identity-related harm, individuals' loss of agency, victimization, exclusion, and subordination

occur (Nadal et al., 2021). These systemic harms impact individuals' external experiences and also influence their internal world, often shaping how they view themselves, their worth, and their place within society. Therefore, it is imperative that institutions and providers implement trauma-informed and identity-affirming interventions and approaches into treatment practices, institutional policies, and individual interactions. This will foster spaces that acknowledge systemic harm and actively work to restore agency, validate lived experiences, and create psychological safety for those impacted (Nadal, 2018).

Intervention Strategies

Most evidence-based treatment approaches for trauma center around the beliefs individuals have formed as they adjust to new and confusing life experiences. For instance, cognitive processing therapy (CPT) asks individuals to consider whether their thoughts are accurate and helpful (Asmundson et al., 2019). Although these questions can highlight important cognitive distortions or consequences of intended self-protection behavior, they may fail to consider the impact of lived experience on beliefs that are considered "maladaptive" or "distorted." For example, negative beliefs about one's likelihood of succeeding at work may be informed by lived experiences of being othered or having one's competence questioned. In these contexts, negative beliefs are understandable and often adaptive responses to experiences of oppression. Although IP is often referred to as a "syndrome," this puts the onus of questioning one's competence and belonging on the individual. Exploring this experience as a phenomenon can help individuals understand their trauma from a more unbiased perspective. The focus should be on conceptualizing the systemic harm of being in spaces that define success in limited ways (Cokley et al., 2024).

These lived experiences of oppression can be experienced across race, class, and gender and at the intersection of these identities. Research has shown that students of color in advanced degree programs can feel differential pressure to perform due to experiences of low racial representation or experiences of having their intelligence questioned (Stone et al., 2018). Adaptive responses to oppression can have costly consequences. Feelings of IP have been shown to mediate the relationship between perfectionism and suicidal ideation in graduate students of color (Brennan-Wydra et al., 2021; Torsney et al., 2022). Working-class individuals navigating spaces that are traditionally defined by middle-class norms and values (e.g., academia), often struggle to make sense of unspoken norms that have significant impact on performance and success (Brennan-Wydra et al., 2021). Women and gender non-conforming people often hold differential responsibilities for external work responsibilities (e.g., childcare, housework) and may experience criticism for leadership qualities (e.g., directness, confidence) that are celebrated in men (Ervin et al., 2023; Tulshyan & Burey, 2021).

French et al. (2020) proposed a model of radical healing as a framework for the process of becoming whole in the face of identity-based wounds. When treatment approaches to perceived deficits within the individual (e.g., cognitive distortions, unhelpful beliefs, ineffective strategies) are limited, the burden of healing is placed on the individual and their willingness and ability to change their own internal processes without considering what it would mean to be fully restored.

Hays' ADDRESSING model (2013) provides a framework through which the impact of identity can be made explicit and discussed as an important component of the experience of trauma and subsequent beliefs. She detailed aspects of identity (age, disability and diagnosis status, religion and spirituality, ethnicity and race, socioeconomic status, sexual orientation, Indigenous heritage, national origin, and gender identity) that tend to be salient for individuals and impact their experience of wellness and mental health. Hays asserted that this framework can and should be used not only to consider the lived experiences of those who hold underrepresented identities in academia but also to consider the impact of intersectional identities on provider and mentorship relationships, the context of academia, and the mental health system (Hays, 2024).

When counselors intentionally reflect on their own identities and the dominant norms and assumptions shaped by their training, they can better recognize the biases they may bring to clients' experiences. This is especially important when counselors are conditioned to focus on specific symptoms to align them with standardized treatments that, although evidence-based, often overlook the role of identity in shaping lived experiences. The following steps can help counselors to integrate these frameworks into clinical practice in academic spaces:

Step 1. Self-Reflection

Providers and mentors in academia should begin by considering their own identities, their experience with feelings of impostorism, and any connections between the two. Importantly, providers holding more privileged identities should reflect on how their feelings of impostorism may be different from those of individuals with identities that are underrepresented in academia (Meadhbh Murray et al., 2022).

Step 2: Reflection on the Experience of the Client or Mentee

Providers and mentors should think critically about the identities and potential identity-related challenges the other person may have experienced and how this could be related to feelings of impostorism and other subsequent concerns (Torres Acosta et al., 2023).

Step 3: Critical Humility

Providers and mentors should bring their consideration of their own experience and that of their client into the space intentionally and use it to inform the process (Sánchez et al., 2025; Tervalon & Murray-García, 1998).

Step 4. Educate and Repair

Institutions, providers, and mentors should prepare to be responsive to the lived experiences of clients and mentees. Systems must create opportunities for faculty and providers to engage in training and educational resources to learn about lived experiences with which they are not familiar—particularly as they relate to personal biases—so that this learning can be integrated throughout the work (Black et al., 2022).

Cultural and Ethical Considerations

Rather than concentrating solely on fixing individual deficits, it is crucial to consider the client or mentee and their experience. Considering the role of shame in understanding a person's experience with feelings of IP is crucial for those who hold underrepresented identities. Shame plays a role in both shaping and reinforcing cultural identity. Importantly, shame acts as a regulator of social behavior, as perceived failures to meet social norms can lead to social isolation (Scheff, 2000). For those with underrepresented identities in contexts like academia, shame can become particularly salient as self-perception can be impacted by the perception of those who hold identities that are overrepresented in these spaces and are motivated to maintain the status quo (Ahmed, 2004). In contexts like academia, shame is situated not only within social relationships but also within structural power (Mereish & Poteat, 2015).

In treatment relationships, shame can be deeply tied to experiences of invalidation from providers and inequitable access to care (Smylie et al., 2022). Understanding that the shame experienced by individuals holding marginalized identities often stems from social barriers and experiences of prejudice allows counselors to extend their case conceptualizations beyond basic goals of symptom reduction and toward restoration. (Cabral & Pinto, 2023). The utility of including cultural considerations in clinical interviews has been demonstrated through use of the Cultural Information Formulation (CFI), a16-item semi-structured assessment,created by the *DSM-5*'s Cross-Cultural Issues Subgroup (Lewis-Fernández et al., 2014). The CFI not only increased rapport between clinicians and clients, but also aided in diagnostic and treatment planning and had a positive impact on medical communication (Jones-Lavallée et al., 2023). Jones (2009) proposed the Jones Intentional Multicultural Interview Schedule (JIMIS) as a framework to ask clients about their lived experience as it pertains to their identity. A study by Zigarelli et al. (2016) found that use of the JIMIS at the beginning of a manualized treatment allows clinicians to meaningfully guide the direction of the course of treatment in a way that makes it more accessible to the client without compromising the fidelity of the evidence-based care.

In addition to increasing rapport and aiding treatment planning, the CFI was found to increase subjective exploration of the illness narrative of clients. This is in line with DasGupta's (2008) call for a practice of narrative humility as a response to calls for clinicians to develop "competence" or even humility around responding to various and complex identities. She suggested that rather than considering client experience as something to study and master, providers must consider that clients come into care with unique stories that interact with the unique stories of the provider in ways that impact both members of the treatment dyad (DasGupta, 2008). When clinicians add a critical lens to this model, they must also consider the sociopolitical context (e.g., institutional norms, current events, training biases) within which these stories interact (Shea, 2023).

Hays (2024) proposed that her ADDRESSING framework could be used to support therapists in their ongoing self-assessment and formulation of their orientation and therapeutic approach while also paying attention to the impact of systemic oppression and the structural inequities embedded within the mental health system. For instance, providers should consider their own relationship to, and potential benefits received from, the systemic norms and practices that may be creating and maintaining the feelings of impostorism and subsequent distress in clients with identities that are underrepresented in academia. Moreover, providers must consider how the intersection of their own identities could impact the kinds of questions they ask clients, how they hear the answers to these questions, and the assumptions that they make in their conceptualizations and ongoing work.

Hays (2024) also proposed the use of the ADDRESSING model to consider the resilience, strength, and support in the lived experiences of individuals with diverse and intersectional identities. Incorporating a strengths-based approach to the treatment of trauma and experiencing an impostor phenomenon also challenges clinicians' traditional strategies by zooming out from a focus on what has gone wrong in an individual's thinking and responses to include a recognition of the effective strategies, responses, and supports they have leveraged and implemented to content with chronic invalidation and othering.

Conclusion

Understanding the complex relationship between IP and identity-related trauma is crucial to fostering healthier academic environments. By recognizing the impact of systems-level and interpersonal harm that contribute to persistent feelings of fraudulence and self-doubt, institutions and individuals can begin to implement trauma-informed, culturally responsive strategies. Addressing these dynamics not only validates and empowers the lived experiences of individuals in academia, but it also creates an opportunity for more inclusive and supportive academic and professional environments. Through strategic action, rooted in both theory and evidence-based practices, academic settings can shift toward a professional space that prioritizes individual and collective belonging and success for all.

Resources

- American Counseling Association Competencies: https://www.counseling.org/docs/default-source/competencies/aca-advocacy-competencies.pdf
- Hays' ADDRESSING Model: https://www.ohio.edu/cas/psychology/addressing-model
- IP Poster: https://ctl.stanford.edu/students/imposter-syndrome

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