II—Sarah K. Paul

What Should 'Impostor Syndrome' Be?

In her thought-provoking symposium contribution, 'What Is Impostor Syndrome?', Katherine Hawley (2019) fleshes out our everyday understanding of that concept. This response builds on Hawley's account to ask the ameliorative question of whether the everyday concept best serves the normative goals of promoting social justice and enhancing well-being. I raise some sceptical worries about the usefulness of the notion, in so far as it is centred on doxastic attitudes that include doubt about one's own talent or skill. I propose instead that a narrower conception emphasizing the debilitating emotional and behavioural consequences of such beliefs might be preferable, and that the causes of such consequences would be better thought of as unjustified rather than false beliefs about one's own competence.

Feeling like a fraud? Afraid of being found out? You might have impostor syndrome! Don't hesitate to self-diagnose, or to take an acquaintance's word for it; no licensed psychiatrist is needed. As Hawley (2019) points out in her thought-provoking symposium contribution, 'What is Impostor Syndrome?', the idea of impostor syndrome is far more a cultural phenomenon than it is a recognized psychiatric disorder.[1] References to the syndrome or phenomenon abound in self-help literature, business magazines and blogs, but it makes no appearance in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*. Although the phrase was introduced in a scientific context by psychologists Clance and Imes (1978), it seems to have spoken more directly to a widespread social experience in need of a label.

Given this, I agree with Hawley's observation that there is ample room here for philosophical work in clarifying our understanding of the concept. In particular, since it is not clear that the concept is beholden to science, it is ripe for ameliorative inquiry, in which our normative goals can play a role in shaping our conclusions about the

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[1] All further references to Hawley will be to this paper.

best understanding of the concept (Haslanger 2012). This kind of analysis begins by asking what the point or goal of having the concept is, and then gives an account of the concept that is influenced by considerations bearing on how best to serve that goal. Building on the groundwork Hawley laid in her paper, this is the project I will attempt to initiate here. Although my reflections will be far from conclusive, I aim to raise some sceptical doubts about the usefulness of a notion that focuses primarily on the subject's beliefs about her own competence or the quality of her performances. A better way of employing the notion of impostor syndrome will be significantly narrower than its current usage, and will focus principally on the negative emotional and behavioural consequences of impostor beliefs. Self-doubt as such is often not a bad thing.

I

What Is Impostor Syndrome? The chief task of Hawley's paper is to explicate what she calls the everyday concept of impostor syndrome. For my purposes here, I am happy to accept the descriptive aspects of her account without argument. In what follows, then, the focus of the discussion will be primarily on the concept of impostor syndrome as Hawley characterizes it (though I will venture to add to the account in some places).

   The context in which the label is normally applied is achievement-related, in which people are tasked with performing in accordance with a standard they take to be difficult to meet. On Hawley's account, the syndrome is centrally characterized in terms of the subject's doxastic attitudes: her beliefs, or lack thereof, concerning the adequacy of her talents, skills and competence, as well as the quality of her performances. Hawley's discussion ultimately identifies a persistent lack of belief in one's own adequacy as the 'central impostor attitude', where 'adequacy' is an umbrella term for a variety of more specific contents (2019, pp. 207–8). The state of lacking belief in one's adequacy should be understood to include the condition of flat-out believing that one is incompetent, but one need not actually have that belief in order to lack the belief that one is competent. And the subject's doubt may take several forms. She may lack the belief that her past performances were satisfactory, even if they were well-received, or she may lack the expectation that her future

performances will be successful even if she has pulled it off in the past. Or she might believe that she is performing successfully while lacking the belief that this success is attributable chiefly to her own talent, believing instead that some combination of hard work, help and good luck was responsible. And of course the 'diagnosis' of impostor syndrome is only appropriate if we take the sufferer to be mistaken in her impostor beliefs: we must think, according to some external criteria, that she is in fact talented and competent.

Although Hawley places the subject's beliefs at the centre of her discussion, she does not mean to deny that the syndrome also typically involves certain distressing emotional aspects. These can include high levels of anxiety and fear of failure, or of being revealed to be a fraud (Sakulku and Alexander 2011). This pattern is often linked with experiencing depression. Further, it is worth adding to Hawley's discussion that there are also self-undermining behavioural patterns that can be part of the 'impostor cycle', such as wasteful over-preparation for tasks, sometimes preceded by procrastination and other methods of creating an excuse for not producing one's best work (Sakulku and Alexander 2011). At its extreme, it can lead to the avoidance of promotions or of certain demanding pursuits altogether, though it is worth noting that this appears to be rare; impostor syndrome is often thought of as manifested primarily by high achievers.[2]

Finally, as Hawley observes in passing, impostor syndrome is often thought of as an affliction that is especially prevalent among members of disadvantaged social groups, and especially women. Clance and Imes (1978) focused their seminal investigation solely on women after observing in their clinical practices that the impostor phenomenon appeared to be 'particularly prevalent and intense' among high-achieving women. Popular treatments like Valerie Young's book *The Secret Thoughts of Successful Women* (2011) and Sheryl Sandberg's *Lean In* (2013) perpetuate this idea. And a quick Google search will net a plentitude of popular articles hypothesizing that the syndrome helps to explain why women and minorities suffer from a pay gap compared to white men, and why they tend to occupy fewer positions at the upper echelon of leadership.

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[2] Of course, such claims are usually supported by pointing to examples of high achievers who suffer from self-doubt, rather than with hard evidence that other similarly talented people have not abandoned their aspirations because of the syndrome. It is possible that the latter group is larger than is generally realized.

II

The Normative Relevance of Impostor Syndrome. To assess whether the idea of a syndrome that picks out this cluster of beliefs, emotions and behaviours serves our normative purposes well, we must start by clarifying what the normative relevance of impostor syndrome is. In the service of what purpose(s) should our use of the concept be shaped?

There are surely a number of important purposes we might consider here, but I will limit the focus to two: improving individual well-being and promoting social justice. Let us take the latter goal first. One respect in which impostor syndrome might be important for social justice concerns the aim of levelling the playing field for disadvantaged social groups. If it is in fact the case that women and people of colour are more likely to suffer from impostor syndrome, or are more likely to be impeded by it in pursuit of their ends, then the concept turns out to identify a phenomenon that it is important to alleviate in the pursuit of equality.

The question of whether this is so is in large part an empirical matter. Thus far, it turns out that the available data do not clearly support the idea that the syndrome disproportionately afflicts women and minorities. Clance herself later retracted the hypothesis that it is more prevalent in women, after several major studies failed to find any gender differences in the experience of impostor feelings (Langford and Clance 1993). A recent study did find that women were more likely to report having impostor experiences, but that the impact on men tended to be greater: men showed more intense signs of anxiety and exhibited poorer performances in conditions where their confidence in their abilities was undermined, or when they believed that their performances would be viewed by an important authority figure (Badawy et al. 2018). One can also find studies that do suggest a substantial gender difference, but overall, the scientific consensus seems to be that the available evidence is either unclear or supports the claim that there is no significant gender gap. As for racial differences, there is little data available. One recent study compares impostor feelings among Asian Americans, Latinx Americans, and African Americans, but does not include Caucasian subjects for comparison (Lige, Peteet and Brown 2017). It does find that impostor feelings are a significant predictor of mental health—perhaps exacerbating the effects of minority status stress. It also finds that

Asian Americans reported impostor feelings at significantly higher rates than the other, more marginalized groups, however, and it finds no gender differences.

There is undeniably room for more investigation of this topic, and one might object to the methods of the studies that do exist. As things stand, however, it is not clear that the concept does pick out a phenomenon which is contributing significantly to the marginalization of systematically disadvantaged demographics. If this is right, then the normative importance of impostor syndrome does not lie in being a priority from the point of view of alleviating the causes of systematic social inequality. If our goal is to target those forces that are impeding women and people of colour from reaching the highest rungs of professional achievement, it does not seem as though focusing on the everyday concept of impostor syndrome will be a particularly effective strategy.[3]

That said, there might be other ways in which the concept is important from the perspective of social justice. For instance, the enthusiasm with which the concept has been taken up and used by people in describing their own experiences suggests that there had previously been an important gap in our shared conceptual resources. Whether or not it was a case of what Miranda Fricker (2007) has called 'hermeneutical injustice', this collective gap may have constituted a communicative obstacle, preventing people from fully understanding or effectively communicating the normatively relevant properties of their experiences. As other examples of concepts that have filled this kind of hermeneutical gap, Fricker offers the cases of 'post partum depression' and 'sexual harassment'. If women and members of other marginalized groups find in higher numbers that their hermeneutical resources are significantly enhanced by the concept 'impostor syndrome', and are more inclined to use this concept in describing their own experiences than dominant social groups, then the data on prevalence and impact are not to the point. Even if everyone has these experiences at similar rates, the communicative power of the concept might play a more important role for certain

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[3] This conclusion is consistent with thinking that impostor syndrome might have different causes in different demographic groups, and that these causes are relevant for alleviating social injustice. It might be that prejudice, microaggressions, stereotype threat, and so forth are more likely to cause impostor syndrome in women and people of colour, whereas it tends to have different causes in other demographic groups. If that's right, then addressing those underlying causes will indeed be important for promoting social justice. Thanks to Jen Morton for pressing me to clarify this point.

communities, both in enabling them to understand and articulate their own experiences and to recognize how widespread such experiences are.

On the other hand, as Ishani Maitra (2018) has pointed out, concepts that are useful in filling hermeneutical gaps can also introduce significant distortions. Their expressive power may draw on an analogy that encourages faulty inferences or obscures important normative differences. This means that the usefulness of a concept for rectifying hermeneutical injustice should be weighed against the negative impact it may have. And I suggest that the concept 'impostor syndrome' is an especially powerful example of the kind of negative distortions Maitra has in mind, both in its reference to *impostors* and in its reference to *syndromes*. The traditional definition of an impostor, according to the Oxford English Dictionary, is 'One who imposes on others; a deceiver, swindler, cheat; now chiefly, one who assumes a false character, or passes himself off as someone other than he really is'. Referring to someone—including oneself—as an impostor is not only deeply pejorative, but also imputes a significant moral violation. To be an impostor, on the standard usage, is to intentionally deceive and defraud. A person who thinks of him- or herself as an impostor ought to feel moral shame as a result. This is a significant distortion of what is going on in most cases of impostor syndrome, since almost no one who self-applies the label or fits the criteria is intentionally swindling or cheating others. They may feel as though they are pretending to be more capable than they really are, but they are generally 'pretending' by labouring strenuously to produce good work. The moral implications normally associated with the term are not appropriate here.

The notion of a syndrome is also fraught. Recall that the impostor phenomenon is not considered a genuine psychiatric syndrome, and so the popular use of the term is at best an analogy. Although usage is not entirely consistent, the term 'syndrome' in clinical contexts is generally employed to refer to a cluster of symptoms when the underlying cause is unknown or varied. For that reason, the category tends to include conditions that are viewed with some scepticism, such as chronic fatigue syndrome and fibromyalgia. Many well-known such cases, like these two examples, are more commonly experienced by women than men, and women with these diagnoses report feeling stigmatized as malingerers (Åsbring and Närvänen 2002). The category also includes a number of psychiatric conditions

that involve severe delusions, such as Capgras syndrome—the delusion that a loved one has been replaced by an impostor—and Cotard syndrome—the delusion that one is dead. Similarly, Munchhausen's syndrome involves the disposition to act as if one is severely ill, even though one caused the symptoms oneself. And finally, history is rife with examples of phony disorders like hysteria or witchcraft that were thought to apply only or mainly to women. Of course, there are also plenty of examples of medically legitimate syndromes that are not stigmatized, do not involve severe delusions, and are demographically neutral. Still, there are enough prominent examples associated with the pejorative stereotype that 'women are hysterical and dishonest' to make us wary of embracing the term in the context at issue. Characterizing the impostor phenomenon as a syndrome can imply, often falsely, that something is seriously psychologically wrong with the subject.[4]

Given these negative connotations, I suggest that 'impostor syndrome' clearly falls into Maitra's category of labels that can introduce serious normative distortions. The expressive power of the label comes at a significant cost, and this is something we must factor into our calculations about whether to embrace its widespread use. There is much more to be said here, but these initial reflections suggest that if our purpose is to promote social justice, the popular, everyday notion of impostor syndrome does not serve us particularly well. If we were to revise or abandon the concept, we would likely not be missing out on one of the major causes of social inequality, and the benefits of avoiding the stigmatizing connotations may well outweigh the cost to communicative power.

Let us therefore turn our attention to a second important goal, which is to improve the well-being of those who are functioning significantly below some baseline. We want to alleviate suffering that is significantly interfering with people's ability to flourish, and we want to promote their basic capacities to achieve the goals they set for themselves. To this end, we want a concept that picks out only or primarily those cases that are well beyond the bounds of normal, and which call for some kind of therapeutic intervention (other things equal). In the next section, I will argue that a concept of impostor syndrome that places self-doubt at the heart does not well

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[4] In more scientific contexts, it is commonly labelled the impostor *phenomenon* for something like this reason. However, this more neutral term has not proved as catchy in the broader cultural imagination.

suit this purpose. In a nutshell, there is often nothing seriously wrong with lacking belief in one's own talent, even when one is actually a high achiever.

<div align="center">III</div>

Aspiration, Self-Doubt, and Self-Satisfaction. As mentioned in §1, Hawley's discussion primarily characterizes the phenomenon in doxastic terms. And for ameliorative purposes, she emphasizes the shared goal of 'minimizing the prevalence of factually inaccurate impostor attitudes' (2019, p. 219). Again, she does not claim that these aspects capture the full picture of what the syndrome is and why it is important. Even so, I think it is worth probing whether a primarily doxastic conception of impostor syndrome best serves the aim of improving individual well-being.

Let us frame the question in remedial terms. Should we seek to minimize the prevalence of factually inaccurate impostor beliefs, including self-doubt? In answering, we must be careful to distinguish the beliefs themselves from their possible effects. The lack of belief in the adequacy of one's talents may or may not cause a destructive pattern of negative emotions and self-undermining behaviours. Severe anxiety, depression, and injurious work habits are clearly an impediment to flourishing, and ought to be treated if we can do so without unacceptable costs. But if they can be treated *without* eradicating the associated impostor beliefs, is there additional reason to take aim at such beliefs?

We might think we should strive to minimize their prevalence because we have stipulated that genuine impostor attitudes are factually inaccurate, and being false is an inherent defect in a belief. But while this kind of stipulation is fine for the purpose of philosophical analysis, we cannot simply stipulate that all the socially legitimate applications of the impostor label actually succeed in picking out false beliefs. Rather, we must ask whether the accepted diagnostic procedures are in fact reliable ones that will tend to identify only false beliefs. The problem is that it is generally considered perfectly acceptable to diagnose oneself and others with the syndrome, and the procedure does not call for a meticulous investigation into the fact of the matter. The most rigorous standard for assessment

available is a twenty-question quiz used to place people along the Clance Impostor Phenomenon Scale (Clance 1985), and this quiz makes no attempt to determine whether the attitudes it is eliciting are in fact false. Instead, it focuses on capturing the subject's own experience. The questions that explicitly address the subject's beliefs include 'I sometimes think I obtained my present position or gained my present success because I happened to be in the right place at the right time or knew the right people' and 'I rarely do a project or task as well as I'd like to do it' (assessed on a scale of 'Not at all true' to 'Very true'). The quiz has no way to assess whether the subject's suspicions about their success or performances are in fact accurate.

When an attempt is made to establish that they must be inaccurate, it is generally considered sufficient if the person in question has achieved some formal marker of success: good grades, admission to a selective programme, a sought-after job. Implicitly, then, the criteria for the affliction include the endorsement of a specific inference: if such formal markers of success are in evidence, then the subject is sufficiently talented and performing well. If that person nevertheless believes that luck played a significant role in her success, or that others helped a great deal in getting to this point, or that it was the result of hard work rather than talent, she must be mistaken.

The problem with this assumption, rather obviously, is that hard work, a good deal of help, and a good deal of luck normally *do* play a significant role in a person's external achievements. It is not necessarily a mistake to accord all of these factors a substantial role in understanding why one is where one is.[5] Indeed, I suggest that it is often those who are willing to make this inference, attributing their place in life entirely to their own talent and desert, who are making a serious mistake. Such reasoning is, if anything, more likely to lead to what we might think of as the counterpart to impostor syndrome, namely, the Emperor-has-no-clothes-on syndrome. It is not uncommon for those who occupy high-status positions to perform much less well than they think they do, because they falsely believe that their talent will suffice and because those around them offer only obsequious feedback.[6] Having an exalted position is no guarantee of doing good work, precisely because this almost always requires

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[5] Hawley also acknowledges this point (2019, p. 219).

[6] Olberding (2018) makes a related point that draws a contrast between impostor syndrome and *belonging* to a community like academia. She argues that assimilation can lead to the erasure of complexity, and is to that extent an 'epistemic sacrifice'.

preparation and labour at least as much as talent. Aiming to eradicate or minimize doubt in one's own talent whenever one is externally successful, and encouraging people to attribute their success chiefly to their own skill, would result in harmful false beliefs in many instances.

Thus those who are cautious in making this kind of inference are arguably being quite reasonable. Of course, this caution might result in false beliefs in some cases, or the lack of potentially true beliefs. Most sufferers of impostor syndrome are in fact competent enough not to get fired from their jobs or summarily dismissed from their programmes, as they sometimes fear. To the extent that they believe that they do not meet this minimal standard, their beliefs are mismatched with reality. The needed fix is not simply to be less cautious in inferring from one's position in life that one is talented and doing great work, however. After all, not getting fired or dismissed is not the only standard that most of us care about. Those who are especially vulnerable to the syndrome often aspire to do things not only adequately, but excellently. They hold themselves to internal standards that may be higher than the external standards they are actually required to meet—they 'rarely do a project as well as they would like to do it'. And in so far as they recognize that they are not yet as good as they aspire to be, this can be salutary. To be fully confident in our current abilities is often an obstacle to growth, or indicates an unwillingness to push oneself into new, more challenging territory. Aspiration often goes hand in hand with some degree of dissatisfaction with one's current state.

Impostor beliefs are a serious problem to the extent that they actually cause people to give up on their pursuits or to hold themselves back from advancing as far as they could have. It is difficult to ascertain whether and to what extent this is so. The syndrome is often characterized as particular to high achievers, but that perception might be the result of using formal markers of success to diagnose the impostor attitudes as false. It may be that impostor beliefs cause large numbers of people to decide not even to try for difficult achievements, but the difficulty is to ascertain whether they could have succeeded in such cases. We do know, however, that among those who are successfully engaged in ambitious pursuits, around 70 per cent consistently report experiencing the impostor phenomenon. Thus it is often the case that people persevere in spite of doubting their own abilities.

Jennifer Morton and I have argued elsewhere that an agent's beliefs about her own abilities do matter greatly for whether she is disposed to persevere at a difficult goal (Paul and Morton 2018; Morton and Paul 2019). What is crucial, however, is not the belief that one's abilities are *currently* enough for achieving one's goals. Rather, it is one's attitude toward the question 'Will I *eventually* achieve my goal if I continue to try?' If one believes that the probability of eventually pulling it off is low, and one has other decent alternatives available, then it can seem perfectly reasonable to give up on one's goal and try something else instead. This is not to say that in order for perseverance to seem reasonable, one must all-out believe that one will ultimately triumph. One simply has to consider one's prospects to be good enough to merit the risks and opportunity costs of continuing to try. Importantly, though, this is consistent with thinking that as things currently stand, your skills are not up to snuff and your performances are not good enough—as long as you are optimistic about getting there eventually.

If all of this is right, then from a therapeutic standpoint, what is most needed is often not a correction to the sufferers' beliefs themselves. While their self-assessment might be overly negative, it is generally proper for an aspirant to lack the belief that their abilities and performances are currently good enough. Rather, what is needed is to sever the connection between such doubt and its debilitating consequences: severe anxiety, depression, self-undermining behaviour, and giving up. The most beneficial condition in many cases, I hypothesize, is a combination of believing that there is still significant room for improvement, being emotionally comfortable with imperfection, and developing behavioural patterns that are improvement-oriented rather than self-undermining. Targeting the doxastic attitudes themselves as the heart of the 'syndrome' might be useful for alleviating the associated emotional and behavioural problems, but there might also be other, better ways of accomplishing the same thing. Encouraging what Carol Dweck has labelled the 'growth mindset', which downplays the importance of innate talent and emphasizes the link between hard work and improvement, may be more effective for promoting perseverance than targeting the impostor beliefs themselves (Dweck 2006). Similarly, discouraging the perfectionism that often accompanies impostor beliefs might be a way to facilitate greater emotional comfort with imperfection and aspiration. These are ultimately empirical questions.

This section set out to question whether a notion of impostor syndrome that best serves the purpose of enhancing well-being will place a lack of belief in one's own competence at the centre, when the circumstances would indicate otherwise. I have suggested that the answer is 'no'. This understanding of the affliction implies that the cure would be to acquire the belief that one is sufficiently competent, on the grounds that one has achieved external markers of success. But the belief that one's external success is primarily due to one's own talent and desert, rather than a good deal of luck, help and hard work is not only often false but pernicious. It might ease one's anxiety, but it might also lead to over-confidence, a lack of growth, and a lack of compassion for others who were less lucky. On the other hand, lacking this belief can be appropriate and beneficial even when one has been admitted to the selective programme or got the desirable job. Aspiring to meet high standards, and believing that one hasn't done so yet, is not necessarily a bad thing. That said, it is clearly problematic to feel crippling anxiety or fear and to behave in seriously self-undermining ways. Thus I suggest that a more useful notion of impostor syndrome will place these emotional and behavioural patterns at the centre of the affliction, and target them directly for therapeutic purposes, rather than focusing on the agent's beliefs.

IV

Internal and External Intervention. A further conclusion we might draw from these observations is that a better conception of impostor syndrome will be conditioned on the presence of *unjustified* impostor beliefs, rather than taking a stance on whether they are actually false. The advantage of this shift is that on a plausible understanding of rational belief, one can be justified in lacking true beliefs that one has good evidence for. By targeting unjustified rather than false beliefs, we may therefore be able to avoid classifying the beliefs of aspirants as problematic, since they might not be unjustified in their reluctance to attribute their erstwhile success to their own capacious talents.

One can arrive at this conclusion in at least two different ways. First, some have held that practical considerations can play a role in determining whether one rationally ought, all things considered, to believe some proposition (Pascal 1670; James 1897; Nozick 1974; Foley 1987). And not all true beliefs are worth having. In so far as a

true belief will just clutter up one's mind, or will have no bearing on any of one's interests or practical goals, or will be a significant impediment to achieving one's practical goals, one may have sufficient reason not to form that belief. I have suggested that it is at least sometimes the case that ample confidence in one's abilities can prevent growth and improvement, and if this is right, then it might be that we are better off lacking it (again, as long as this lack does not cause significant suffering).

The claim that practical considerations can figure directly in the justification of belief is admittedly controversial. A second way to reach the conclusion that we can rationally lack beliefs we have good evidence for involves practical considerations indirectly, at the level of the standards which guide our reasoning about what to believe. Gilbert Harman, for instance, denied that 'clutter avoidance' can serve as a reason not to believe something, but he affirmed it as a 'metaprinciple' that constrains the first-order principles of belief revision, leading them to discourage a rational thinker from forming useless beliefs (Harman 1986). In a similar vein, Morton and I have argued that practical considerations can legitimately affect a thinker's 'evidential threshold' for belief formation (Paul and Morton 2018; Morton and Paul 2019). A thinker might be rational in requiring relatively little evidence before coming to a conclusion in some circumstances, while in other cases she might rationally require a great deal of evidence before she commits to an answer to the very same question. Thus it can be the case that an outside observer might be rational in thinking that there is enough evidence to conclude that the subject is perfectly competent, while the subject herself is rational in thinking that she does not yet have enough evidence to form that belief.[7] After all, the practical implications of getting the answer right might be weighty enough that one is rational to want more information than usual.

Targeting the unjustified presence or absence of beliefs about competence might therefore deal with some of the concerns raised thus far. However, we may worry that this conception leaves out important cases in which problematic impostor attitudes are nevertheless justified. Hawley persuasively makes the case that this can happen for a variety of reasons.[8] As noted in the previous section,

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[7] This claim assumes that the Uniqueness thesis is false, such that equally rational people with the same evidence can have different doxastic responses to that evidence.

[8] See also Slank (2019).

the mere fact that one has attained certain formal markers of success is not by itself conclusive evidence of proficiency. This leaves the door open for misleading evidence to shift the balance toward justifying what are in fact false beliefs. Hawley canvasses a number of sources of misleading evidence people can have concerning their abilities, including bias and cultural differences in the feedback one receives, the existence of alternative explanations for advancement, such as affirmative action, the experience of stereotype threat, which can present as evidence that 'people like me do not succeed at activities like this', and the possibility of individual variation in the standards for justified belief (Hawley 2019, §v).

To this convincing list, I would only add. Another source of misleading evidence that can justify self-doubt is the apparent confidence and posturing of others. When those around you are extremely confident in their talents, or act as though everything comes easily to them, this can contrast with one's own experience of struggle. Posturing is pervasive in our social and professional lives, and it contributes to the difficulty of comparing oneself accurately to others. The behaviour of third parties can also play an important role in this dynamic. If one's peers are accorded an inordinate amount of respect or credibility because of their confident presentation, or because they are members of a privileged class, this can help to justify the conclusion that you compare unfavourably. We might think of this phenomenon as a more general instance of what some have called 'credibility excess' in the context of discussing forms of testimonial injustice (Fricker 2007; Medina 2011).[9]

Second, certain kinds of pretence or 'code-switching' in professional settings may be even more necessary for those who do not match the dominant stereotype in a profession or discipline, and who are pressured to fit in with the culture of the majority. For those who must already engage in this kind of pretence on a daily basis, and experience feelings of inauthenticity as a result, it can seem like a short step to conclude that one is also pretending to be competent. In other words, the resulting feelings of inauthenticity might (mistakenly) be taken by the subject as evidence that she does not deserve to be where she is.

Third, in some professions or disciplines, the belief is pervasive that certain innate talents or gifts are required—'brilliance', or

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[9] Thanks to Jennifer Morton for bringing this connection to my attention.

'perfect pitch', or 'mathematical genius'. Even if these convictions are false, as is likely, it may not be unreasonable to accept them if everyone in your surroundings does. And this kind of background theory can greatly exacerbate impostor beliefs, since it is much harder to have evidence that one is indeed 'brilliant' in the required way than it is to have evidence that one is, say, a hard worker with efficient habits (see also Leslie et al. 2015). Moreover, as Murphy and Dweck (2010) observe, 'cultures of genius' tend to view effort as being opposed to innate brilliance, or as unneeded by those who are brilliant. In this context, then, expending effort to succeed is evidence that one is not in fact innately talented in the way prized by the relevant culture.[10] Fourth, it is often the case that women and minorities *really do* need to perform more flawlessly to succeed at the same level as others. Thus, even if they really are as competent and deserving as everyone else, they can be responding to good evidence in believing that they are falling short of what is demanded from them.

If we were to shift our conception of impostor syndrome away from false beliefs and toward unjustified beliefs about our own competence, all of these kinds of cases may end up excluded. Hawley takes up the question of whether we should prefer a broad conception that includes cases of justified impostor beliefs, or whether we ought to restrict the concept to cases in which the attitudes are both false and unjustified. She draws no firm conclusion, pointing out that the answer will depend on complex empirical questions that we are not yet in a position to resolve. She suggests, however, that the narrower use of the concept will not fully track another distinction we might be interested in: the distinction between internal and external causes of impostor syndrome. We might have hoped that the unjustified cases would all have 'internal' causes—that is, some kind of rational breakdown—while the justified cases would all have 'external' causes—the victim's environment is providing her with misleading information that she is processing correctly. But Hawley observes that internal defects in processing one's evidence can also have environmental causes, and specifically ones that stem from social injustice. Negative stereotypes associated with one's identity not only provide (usually misleading) evidence about one's abilities; they can also interfere internally with one's capacity to process the relevant evidence correctly. Thus the aim of distinguishing between

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[10] I borrow this last point from Slank (2019).

types of causes will not be served neatly by using the narrow version of the concept.

This is a legitimate objection. However, in addition to tracking the causes of impostor beliefs, we also have an—arguably stronger—interest in tracking the needed *remedies*.[11] And the remedy need not always correlate with the cause of the problem. For instance, even though the person in Hawley's example is caused to process his evidence incorrectly by his unjust environment, it might well be that an internal intervention is needed in order to improve his well-being and rational functioning (which is not to say that we should have no interest in improving his environment as well). He may be in no way to blame for his rational defects, but they might still require therapeutic remediation. In contrast, in the cases in which the subject is responding rationally to her evidence, but where the evidence is systematically misleading, it is only her environment that demands change. It is the overconfidence of others, the lack of diversity, the existence of negative stereotypes, and so forth that are the problem we must address.

A more thorough investigation would be needed to make the case conclusively, but I venture that the distinction between justified and unjustified impostor attitudes will help, if imperfectly, to demarcate between cases that call for an intervention on the subject and those that indicate the need for social change. And the aim of employing a version of the concept that makes clear what the needed remedy is strikes me as deeply important. A broad use of the concept that includes both justified and unjustified attitudes will be ambiguous about where the burden of change lies, but in light of the connotations of the label discussed earlier, I suspect that the default will skew toward implying that the problem is in the syndrome sufferer's head. In so far as the syndrome is generally thought to be more prevalent among women and minorities, this places an extra and unfair burden on those groups to seek a fix for themselves.[12] At the same time, it shifts the burden away from institutions like employers, enabling them simply to point to the syndrome as an explanation for why these groups are under-represented at the highest levels. If we

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[11] In correspondence, Hawley quite rightly pointed out to me that we need not be disagreeing here; different concepts may be best suited for different purposes or goals. Exploring the extent to which it would be practically feasible to use several slightly different concepts to get at this cluster of phenomena is a task for further work on this topic.

[12] For experimental evidence supporting this worry, see Kim, Fitzsimons and Kay (2019).

can revise our use of the concept in a way that clearly distinguishes between cases in which the person needs to adjust and cases in which it is her environment (if anything) that needs alteration, this would constitute progress.

V

Conclusion. There is no doubt that many people have benefited from having a label for the experience of feeling like an undeserving fraud, and from finding out how widespread that feeling in fact is. However, the worries I have raised here amount to some degree of scepticism about the enthusiasm with which the idea of impostor syndrome has been taken up as a focus for self-help. First, the label has serious negative connotations and distorting implications, and its expressive power therefore comes at a cost. Second, in so far as Hawley is correct in characterizing the common conception chiefly in terms of having false beliefs or lacking true beliefs, this problematically implies that the remedy needed in all cases is more confidence in one's own abilities. Instead, I have suggested that a better conception will emphasize the presence of certain sustained and severely self-undermining emotional and behavioural patterns. Third, we should require that these patterns be caused by beliefs or doubts in one's own competence that are unjustified, rather than building into our diagnostic criterion that they are simply false. According to this far narrower conception of the affliction, there is nothing intrinsically wrong with self-doubt born of aspirational humility, or with attributing one's success in substantial measure to hard work, good luck and lots of help. And if your environment is giving you misleading evidence about how qualified you are, then what is needed is a change in environment.[13]

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