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Do I Belong? Imposter Syndrome in Times of Crisis

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Abstract
While not a new phenomenon, impostor syndrome is still a relatively new topic among library professionals. Though prior studies for other professions exist, impostor syndrome in the library profession was not extensively researched until 2014. As the world fights the current global pandemic, new questions about impostor syndrome and work-from-home strategies arise. This article reviews the early history of impostor syndrome research, explores impostor syndrome research related to library professionals and work during an ongoing public health emergency, considers ways to combat the phenomenon, and suggests next steps.

Introduction

Have you ever received a reference request you could not answer? Had a negative donor experience? Perhaps you have encountered bullying in your workplace, experienced a lack of administrative leadership, or suffered through racial microaggressions? For some, these moments of distress can lead to self-doubt, in which they question their ability to perform their chosen professional duties, and perhaps feel that they have fooled those around them that they belong. Librarians of all experience levels have likely encountered these feelings, often referred to as impostor syndrome. However, only a few studies have examined the prevalence of impostor syndrome in the information science field and its effects on the profession.

This article explores the history of impostor syndrome, an emerging phenomenon, and its prevalence in the information science field. It is divided into three sections: the first reviews relevant literature on impostor syndrome and the study of the phenomenon "in times of crisis and in library science professionals, the second offers suggestions for combating episodes of impostor syndrome, and the third recommends next steps for combating the phenomenon in the profession.

Literature Review

First identified as a phenomenon in 1978 by psychotherapists Pauline R. Clance and Suzanne Imes, impostor syndrome is a person's internalized belief that they do not belong among their professional and intellectual peers, despite their successes. The person lives in a constant state of fear that some-one will discover they are a fraud. Over a five-year period, Clance and Imes studied over 150 high-achieving women and discovered, "Women who experience the imposter phenomenon maintain a strong belief that they are not intelligent; in fact they are convinced that they have fooled anyone who thinks otherwise."[1] Clance and Imes found that women raised in households with high expectations for their successes tended to exhibit impostor phenomenon traits. The researchers also "believe that the societal

stereotype of women being less able intellectually than men begins to exacerbate and confirm at an early age the self-doubts that have already begun to develop in the context of the family dynamics."[2] Two years later, psychologist Joan C. Harvey developed an impostor syndrome study designed to measure the phenomenon in undergraduate and graduate students. The students "were given seven situations relevant to academic success and asked how much ability, effort, and interpersonal assets contributed to each success."[3] Harvey found that impostor syndrome was identified through interpersonal characteristics rather than ability or effort – correlating to Clance and Imes's earlier work. In 1981, based on her earlier work with college students, Harvey created a fourteen-item scale to measure impostor syndrome. Clance created her own twenty-item scale in 1983 that accounted "for clinically observed attributes or feelings not addressed by the Harvey Impostor Scale."[4] Clance's scale also addresses the fear of evaluation and uses positive words to "minimize social desirability effects." Two other scales were developed to measure impostor syndrome: the Perceived Fraudulence Scale (1991) and the Leary Impostor Scale (2000). All four of these scales were recently studied to determine the most reliable at detecting impostor syndrome. While the study's authors acknowledged Clance's scale as the most used, they could not identify a "gold standard" study among the four.

Psychologist Matina Souretis Horner explored gender differences in achievement motivation, otherwise known as "fear of success," in her 1969 dissertation Sex Difference in Achievement Motivation and Performance in Competitive and Noncompetitive Situations. In her research, Horner found that women more often than men tended to avoid competitive situations.[5] In later studies, Horner investigated this phenomenon in workplace settings and found that professional women, particularly those in male-dominated fields, tended to shy away from competitive situations. They did not want to be deemed "aggressive," a characteristic not considered a societal norm for women.[6] This led Horner to study the "fear of success" in women, a notion that someone who may appear overly ambitious would face societal backlash in their field.[7]

The focus on gender in early impostor syndrome studies is not uncommon. Most researchers believed that women, not men, largely suffered from these phenomena because of societal norms. Horner's research focused not just on gender but also on class and race in ways that are now considered racially demeaning. Horner surmised that nonwhite women were less likely than white women to experience these phenomena due to their inability to attain success because of societal constraints. In her research on the evolution of the impostor syndrome phenomenon, historian Dana Simmons found that, like Horner, most researchers of the time fell into two categories: those that studied "achievement motivation" in individuals and those that only focused on high-achieving women. And thus, sufferers of impostor syndrome and fear of success were either victims of "low minority achievement" or people who had a "false problem of self-perception" that could be corrected.[8]

Current research suggests that impostor syndrome might branch into subcategories of the phenomenon. In their research of professionals in leadership roles, authors Mona Leonhard, Myriam N. Bechtolt, and Sonja Rohrmann found two types of imposterism: true impostors and strategic impostors. The first group exhibited typical impostor syndrome traits such as high anxiety, negative emotions, perfectionism, and work-related stress. The second group, while similar to the first, reported that they did not have high anxiety, negative emotions, or were prone to perfectionism: "In all they described themselves as feeling neither particularly stressed nor strained by their work, in other words as not being under stress."[9] While not exhibiting classic traits of impostor syndrome, this second group identified as impostors in their professional field. The authors found that strategic impostors "downplay their achievements and abilities to keep others' expectations low and to turn out successful despite

their assumed incompetence."[10] The authors suggest further studies to consider this second group of impostor syndrome sufferers and find avenues for effective therapy.

In their 2020 perspectives piece, authors Sanne Feenstra, Christopher T. Begeny, Michelle K. Ryan, Floor A. Rink, Janka I. Stoker, and Jennifer Jordan argue that researchers should consider environmental factors when addressing impostor syndrome in marginalized groups. The authors point to the recent awareness of impostor syndrome in the last decade and the increase of awareness to the syndrome that has made it a popular topic. In this awareness, the authors found that most researchers focused on "the individual level of analysis," primarily in women and ethnic minority groups.[11] Along with using the phrase "impostor phenomenon" versus the current, popular phrase "imposter syndrome," the authors advocate for researchers to "examine contextual variables at the societal, institutional, and interpersonal levels, which may shape an individual's impostor feelings." The authors argue that this work, along with interventions at an organizational level, can not only treat impostor phenomenon, but it can also prevent it.

Imposter syndrome in times of crisis
What we know now is that everyone can experience impostor syndrome. Studies in professional fields, particularly STEM, show that anyone, regardless of race, gender, or class, can experience impostor syndrome. Dana Simmons believes that modern society is obsessed with "achievement and modernization" and suggests that, when coupled with twentieth-century psychology, impostor syndrome is nothing more than a "pop-psychological diagnostic."[12] Simmons's research found that most early psychologists who studied the phenomenon were themselves researching at a time when feminism and postwar ideals were taking shape. The idea of what was considered idyllic life centered on a white American civilization, a dream that most could not achieve, thus imparting feelings of impostorism: "The Imposter Syndrome is a symptom of discomfort with the Dream."[13] This struggle to achieve our version of an idyllic dream is what Simmons believes is the core of modern impostor syndrome.

If Simmons's hypothesis is correct, then the start of the worldwide pan-demic in early 2020 triggered countless episodes of impostor syndrome. As the world shut down, necessary quarantines forced people to pause busy lifestyles. Forced to remain at home (or for some, unable to get home), the idyllic dream suddenly came into sharp focus. Librarians struggled to understand their roles in an online environment while entirely at home. Some cared for family members in their households while simultaneously performing their duties. However, others in our profession suffered job loss and financial insecurities while new graduates struggled to find work. Some in the library profession who were already experiencing impostor syndrome found that their struggles were amplified. While researchers are still understanding the effects of what working and learning from home have had on the workforce during the COVID-19 pandemic, early research into virtual learning for students in higher education has already yielded important clues.

Marginalized students were hit especially hard in the early months of the pandemic. For many, being sent home meant a lack of access to technology, educational programs, and other forms of assistance they would have other-wise received on-campus. Authors Ann C. Kimble-Hill, Armando Rivera- Figueroa, Benny C. Chan, Wasiu A. Lawal, Sheryl Gonzalez, Michael R. Adams, George L. Heard, J. Lynn Gazley, and Benjamin Fiore-Walker wanted to know how the academic community's response to providing education during COVID-19 affected minority students enrolled in chemistry courses. The authors examined programs, and administrative policies at Indiana University, Purdue University Indianapolis (IUPUI), The College of New Jersey (TCNJ), and Los Angeles Community College District (LACCD) and

found that despite efforts to increase student connectivity through wi-fi hotspots and computer equipment, many still had difficulty accessing virtual courses. At IUPUI, the researchers "received comments where students had to sit in a campus parking lot or a friend's house to access the internet for assignment and synchronous course content."[14] Researchers also noted housing difficulties, job insecurities, the inability to find a quiet or private space to work, juggling childcare/adult care responsibilities, and dealing with COVID-19 infections in the household. The researchers identified "access to technology, home responsibility and imposter syndrome" as factors that academic institutions should consider "access to technology, home responsibility, and impostor syndrome" as factors that academic institutions "should consider to increase virtual learning success."[15]

Graduate students are struggling with virtual learning during the pandemic, and their mental health is taking a toll. In a 2020 survey of mental health in undergraduate and graduate students, authors Igor Chirikov, Krista M. Soria, Bonnie Horgos, and Daniel Jones-White found that 35% of 30,725 under-graduate students and 32% of 15,346 graduate students had major depressive disorder while 39% of all groups had generalized anxiety disorder. The researchers also found "the prevalence of major depressive disorder among graduate and professional students is two times higher in 2020 compared to 2019 and the prevalence of generalized anxiety disorder is 1.5 times higher than in 2019."[16] Though the authors did not look specifically at LIS students, they noted "Arts, humanities, communication, and design fields have more graduate and professional students with major depressive disorder or generalized anxiety disorder than other fields of study."[17] As the pandemic forced students into remote instruction, those with depression and anxiety reported not adapting well to virtual learning. The authors suggest academic institutions include increased telehealth counseling and virtual mental health ser-vices for their student populations.

Imposter Syndrome in library and information science
In her 2003 examination of impostor syndrome among Systems Librarians, Rachel Singer Gordon surmises that these professionals experience high levels of the phenomenon due to the rapidly changing nature of technological services. Many enter librarianship through other avenues and lack formal network administration and technology management training. They fear exposure, and "When those with an official IT background proclaim that there is but one true standard of expertise and education that defines systems librarianship, this only exacerbates the feeling that they fail to measure up."[18] Seventeen years later, entire library staffs are hurriedly given laptops to take home with the expectation that they know how to use web cameras and log into virtual private networks to perform their duties at home – all while they worry for the well-being of themselves, their family, and friends.

Large-scale studies on impostor syndrome in academic libraries are relatively new. Librarians Melanie Clark, Kimberly Vardeman, and Shelley Barba conducted an extensive survey in 2014 that explored impostor syndrome in academic librarians in Canada and the United States. The team identified 352 recipients who held library degrees (or equivalent) and worked in an academic librarian position. Using Joan Harvey's scale, the team discovered that one in eight academic librarians could be experiencing impostor syndrome "to a significant degree."[19] Though the respondents skewed female, the team did not find a gender difference. Still, it noted higher impostor syndrome instances among new professionals. Both tenure-track and non-tenure-track librarians who were early career professionals also tended to show impostor syndrome. One respondent commented on their lack of guidance in a new position, noting "Sometimes it seems as though our field is changing so fast that it is difficult to feel truly competent at everything needed to do the job well."[20]

Some respondents in the survey noted their feelings of inadequacy concerning professional interactions, "lack of feedback or support from super-visor, negative feedback from supervisor or colleagues, toxic employee relations, lack of training or clear instructions, technological change, and undesired job reassignment or duties."[21] Though conducted in 2014, this survey feedback reflects many of the challenges faced by online pandemic workers. When the team asked how their feelings of inadequacy affected their job performance, respondents answered with notions of second-guessing their work, obsessive perfectionism, and hesitancy to state opinions or to make a stand for themselves.[22]

Solo librarians with many hats
Subject librarians can sometimes find themselves working away from their professional peers. A subject specialty, such as music, engineering, or health sciences, or specialized setting, such as an archival or orchestra library setting, might place a librarian among faculty in their school or department, or in an off-site library or specialized facility. An entire discipline is then reliant on this lone librarian, who often must quickly become an expert in a related (or unrelated) area of subject expertise. Are subject librarians more susceptible to impostor syndrome than academic and college research librarians? Using the Clark et al. 2014 study, librarians Jill Barr-Walker, Michelle B. Bass, Debra A. Werner, and Liz Kellermeyer created their own study on health science librarians. The authors originally surmised health science librarians would have higher instances of impostor syndrome as compared to the subjects of academic college and research librarians. When they compared their data to the Clark et al. study, they found the scores almost identical. Out of 703 health science librarians surveyed, one in seven reported feelings of impostor syn-drome, with those respondents identifying mainly as an early career.[23] Ultimately, the authors found impostor syndrome to be most prevalent in early-career librarians as opposed to those who did not have a health sciences background, "As our results show, the more years of experience librarians have, the lower their impostor score."[24]

Researchers Bridget Farrell, Jaena Alabi, Pambanisha Whaley, and Claudine Jenda found that when early-career librarians experience impostor syndrome and racial microaggressions, they can suffer burnout. For those who experience racial microaggressions, "they may seek support from others, withdraw from or avoid situations or people where microaggressions will likely occur, attempt to disprove racial stereotypes, or engage in meaningful service opportunities."[25] The authors point out that in libraries where impostor syndrome and racial microaggressions exist, there can also be high employee turnover which is costly to the institution.

Ways to combat imposter syndrome in library and information science
Clance and Imes advocate for multi-modal therapy where their clients participate in a combination of group exercise and personal reflection. In group exercises, individuals tell others of their impostor syndrome feelings. Often, when everyone realizes they feel the same way, "they are relieved to find they are not alone."[26] Other exercises include role-playing, keeping a record of positive feedback, and creating weekly schedules to encourage an individual to "decrease compulsive work habits." However, the latter must be done slowly, "Since the old phoniness feelings and hard-work habits are so powerfully associated with at least overt success, trying to give them up too quickly, before other attitudes and habits have been experienced as personally more satisfying, can result in acute anxiety and/or reversion to the relative security of old ways."[27]

When asked about their feeling of inadequacy, one respondent in Clark, Vardeman, and Barba's survey stated, "I'm in a new position having to learn a lot of new things with little guidance. I definitely feel inadequate on a regular basis – I'm hoping this situation will improve as time passes."[28] Then Library and Information Science graduate students Emily Carlisle and Jordan Bulbrook felt that to combat impostor

syndrome in the library profession, it should be addressed before it even enters the workforce. Carlisle and Bulbrook developed a one-hour workshop that encouraged understanding of impostor syndrome and included open, anonymous dialogue among participants. Allowing for anonymity helped spur participation and resulted in the candid sharing of experiences. Carlisle and Bulbrook then asked participants to reflect on their graduate school training and potential employment, such as skills acquired in classes, qualities that set them apart during interviews, and successful past projects. Along with helpful tips and tricks, workshop participants found the event to be a beneficial experience, "Participants shared their relief at not being the only one to feel like an imposter in the program, and many reported that they would continue to use the suggested tools to work through feeling of IS in the future."[29]

Mentorship is another way to address impostor syndrome. Farrell, Alabi, Whaley, and Jenda advocate for mentorship programs, especially for professionals of color. The authors suggest that mentors should be aware of issues like impostor syndrome, burnout, and racial microaggressions. Mentors in positions of power should be advocates for their mentees and share their own experiences with these issues. The authors also advocate for organizational support for mentorship programs and identity and support groups to provide their employees with safe and supportive environments. Library Administrator Jose Diaz agrees and argues that an organization cannot ignore its employee's wellness needs. To create a stronger, more engaged library, the organization must build up its workforce, "The best antidote against a lack of confidence or feelings of self-doubt, and the paralysis they could trigger, is to build the team's skill set and to emphasize what its members do well."[30]

Authors Jennifer Brown, Jennifer A. Ferretti, Sofia Leung, and Marisa Méndez-Brady also advocate for mentorships as mentees and mentors. After experiencing their own racial microaggressions in the profession, the authors found that speaking at persons of color (POC) mentoring groups to be helpful to their well-being, "When we've been selected to participate, we have relished the opportunity to discuss whiteness in librarianship in a supportive space."[31] The authors call on the profession to critically examine its spaces and hold "themselves accountable for the ways in which they are complicit within systems of oppression and inequality."[32]

In addition to mentorship and workshops, authors George P. Chrousos and Alexios-Fotios A. Mentis stress the importance of addressing impostor syndrome at an institutional level. By providing open dialog among peers, the phenomenon is demystified and helps those suffering to build self-confidence: "Open discussions about imposter syndrome at the institutional level should put a name to these feelings and normalize them as common experiences rather than pathologizing them."[33] The authors suggest group peer mentoring as it "can allow mentees to gradually transition into mentors, building their self-confidence as they become independent scientists."[34] And, like Carlisle and Bulbrook's graduate school graduate student workshop, Churousos and Mentis recommend outreach to high schools to make students aware of the phenomenon before they enter the next stage of their academic and professional lives.

Next Steps
Library and information science professionals need to critically examine its workforce to understand its mental health and well-being needs in a post-pandemic world. While studies before the pandemic give us an idea of how prevalent impostor syndrome is in the field, we can only guess how pervasive it has become for the profession during this crisis. Most studies on impostor syndrome in librarianship focused on academic librarians – what about school librarians, public librarians, and information professionals in specialized settings such as archives and music libraries? How have they fared during the pandemic

when many public spaces were closed for several months or a year? Where are our LIS graduate students who were forced to change their way of learning during the pandemic? How have we supported our Black and Indigenous people of color (BIPOC) during a critical moment in this country's legacy of racial inequality? Once we have answers to these questions, we can better help our colleague's specific needs.

Like the Barr-Walker et al. study of impostor syndrome and health science librarians, music librarians can survey their colleagues to identify professional needs. Will disparities be found in impostor syndrome scores for new versus experienced music librarians? Do off-site facilities or multiple subject special-ties contribute to instances of burnout in the profession? Are there specific educational or mental health programs that library schools or professional organizations can provide to their members?

Beyond surveys, we can offer help to librarians now. Even in a virtual world, mentorship programs are proven ways to build community within an institution and help individuals with feelings of impostor syndrome. Library administrators can support staff affinity groups dedicated to serving the needs of its members. Organizations can commit funds to staff training, workshops, and retreats that educate and supports professional and community growth. As other researchers have already suggested, institutions should provide mental health awareness and offer easy access to virtual mental health services for their communities.

Conclusion

Though not a new phenomenon, the effects of impostor syndrome on the profession are still unclear. With only a few research studies conducted within the last decade, many questions remain about the pervasiveness of impostor syndrome and its effects on mental health among librarians. These questions are even more important in light of the ongoing and deadly pandemic. By understanding impostor syndrome in librarianship, the field can find sustain-able and supportive ways to combat the phenomenon for current and incoming professionals. Facilitating mentorship programs, creating institutional support systems, and offering training for current librarians and graduate students are just a few steps the professional can take now to help fellow librarians in a time of crisis.

Notes

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