
Invited Editorial

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Who Me? A Hermeneutic Dip into Impostor Phenomenon

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I have found myself studying in a philosophical Doctor of Nursing program. It might sound like I stumbled into a room, slipping in unnoticed upon finding the door unlocked, and that is what it feels like at times. The reality is that I have spent my life working towards this opportunity. My brain does not always seem to know that though.

Impostor phenomenon (IP) was first described by Clance and Imes (1978) as an internal experience, linked to early family dynamics and sex-role stereotyping, whereby high achieving women are unable to internalize the external evidence of intelligence and success. I am in the midst of my program and IP is present. It is not quite the heavy and looming presence it was once, but it lurks in the shadows even after a quarter of a century in nursing. IP sits in wait until the ground under my feet is shaken by stress, caregiving, work, fatigue, or just life. As I seek to regain my balance, it stands over me dark and heavy, whispering doubt in my ear and breathing history down my neck. Sometimes I can use logic and name it, and turn to face it, and sometimes it slowly retreats, but not always.

I have had an uneasy sense of belonging in this next level of the academia. Someone referred to me as a “breath of fresh air” and I felt embraced. I have also felt rejected, left out, and then included, and welcomed at other times. I seem to bring forth a perspective that is often otherwise unsaid, and I do not believe that my perspective is particularly brilliant; it is just that I join in. I raise my hand, unmute my microphone, and step forward to join the conversation. This joining of the academic conversation is where the idea for this article was borne. Dr. Nancy Moules, in the

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way that she does, with thoughtfulness, created space, and an invitation that is crafted for all, asked what might prevent one from feeling confident in the critique of published work. After waiting for what was likely three seconds, I unmuted and exclaimed “looking stupid!” After I talked about this for what I felt was too long, she suggested that I write an article and even offered a title. “Who me?”

My early life includes some factors that predispose me to IP, and I will share a little of that story. My father worked in the oilfield industry and although lacking in formal education, he was an intelligent and capable man. He was also funny, helpful, and compassionate, with the added complexity of dealing with problematic alcohol use. My mother was a steadfast caregiver, providing much needed stability. She was a role model for education, completing her GED as well as library systems course work while caring for our family. I remember watching her diligently work away at each course with a quiet and steady sense of purpose. Growing up in an alcohol-affected household left me with a tense combination of self-doubt and strength. My parents’ message that I was smart and capable came with the organized and shared messaging from my parents on post-secondary education; “you will go.”

I was successful in classes, with friends, and in clinical practice, but the undercurrent of IP was present. I recall worrying that I would be “found out” as not belonging, not worthy, as out of place so many times over the years. In nursing school, I joined a room full of people who I was sure were smarter and better than me. I had a year of courses completed and had met a friend who was in my class, and both of these helped. I worked hard to prove myself and four years later when my degree arrived it said, “with distinction.” With distinction? It sounded good, but what did it mean? These were questions that my parents nor I knew the answer to. I was one of the first people in my family to have the opportunity to attend post-secondary education, and this was a whole new world. My Dad’s sister, Marjorie, had multiple degrees, so she was called. She shared exactly what distinction was, and then she screamed in delight that I had achieved such a thing. This built up the external evidence of my abilities. Her celebratory scream was also a ray of sunshine and, in that moment, the dark cloud of IP did not stand a chance. The cloud can not survive long in the heat of the sun.

After graduating from nursing school, I worked in hospitals for six years and I thought I would do that until retirement. I absolutely loved working with people in such a meaningful way and often thought it was amazing that I got to be a part of it. In rural hospitals I cared for all sorts of people from pediatrics to palliative care. After only three years of practice, I took a travel nursing position and when my contract was done, the manager of the unit told me I was the best traveller she had ever had, and she asked me if I would stay. I remember her words to this day, and more than that, I remember the sense of pride and accompanying disbelief that she was talking about me. Who, me? As I write this, my tears display my grief for how unfortunate it is that the words were such a surprise to the younger me. I always knew I was a good nurse, but early divisions in the landscape of nursing had me wondering if I was good enough for some people and some places. Proving my value as a nurse somehow had to happen far from home. I have always been a hard worker, or from the perspective of some colleagues I have been a task master, perfectionist, or anal retentive. Can I say that in an article? The point is that I gave my best each day to my patients, my clients, persons as we say now; and would be there to help colleagues if

needed. It took time to start to internalize evidence that my nursing care was excellent, and her words are part of my external evidence that still echo 20 years later.

A link has been found between IP and perfectionism, and most people experience IP at some point in their life (Grubb et al., 2021). There are environmental factors as well and people who grew up in an alcohol affected home were found to be more likely to have IP in adulthood (Robinson & Goodpaster, 1991). The relationship between IP and gender is unclear and although many studies have found women affected more often, further research is needed (Clark et al., 2022). I check many of the boxes for IP, but I have had some of the buffers as well. Clark et al. (2022) identified that self-compassion, friends, parental support, teacher support, a sense of belonging, environmental mastery, and active coping skills were protective factors from IP. I have shifted my work several times so environmental mastery builds, and then crumbles like a sandcastle as I disrupt the architecture in my pivot to the next nursing role. The foundation is still there, but it needs rebuilt with each move.

After 14 years of nursing, I took a position as a nursing instructor. The moment I had my own students, the work resonated deeply. The fact that someone was allowing me to partner with students to craft their nursing practice was deeply valued, and a source of intimidation. Who me? The sense of pride that I had in leading my students onto units or in their learning was counterpoised by my inner worry that I did not know enough. I had some of the buffers that Clark et al. (2022) described in the form of support from colleagues and the reminder that I knew more than the students. The sage advice that teaching was not about what you know, but more about who you are and how you engage with students struck a chord. I took the supportive advice to heart and allowed it to buoy me, to float me up above the dark waters where IP lurks.

I have described IP as lurking, whispering, dark, and overhanging. It is borne out of a diversity of circumstances both at an individual and societal level. As an aspiring hermeneutic researcher, I have made use of metaphor and I am also drawn to explore the phenomenon linguistically. The etymology of the word impostor includes an origin meaning swindler, or cheat, and is linked to the French word, “imposteur” (Online Etymology Dictionary (OED), nd). It can also mean: place upon, impose upon, a deceiver, one who passes himself off as another, and finally, to tax or a pay a duty (OED, nd). I am imagining IP as a duty paid to occupy one’s profession. In this use of the word occupy, I include the physical places that the profession has taken me, including to different countries, towns, cities, hospitals, and health care settings. It also includes the rooms, theaters, and other curtained-off spaces where care is provided to people. Perhaps occupation of these private spaces requires a duty paid, and the care might be enhanced by a certain amount of questioning of position that invites a service mindset.

McCaffrey’s (2014) hermeneutic study of mental health nurses facilitated a consideration of host and guest as concepts in healthcare for me. It allowed me to reflect and consider that each time I am engaged with a patient, I am a guest in their lives rather than they a guest in the care setting. The experience of IP may facilitate alignment with this way of thinking and prevent a sort of ownership of the health care space. I have heard many health care providers talk about units, hospitals, offices, budgets, and work hours with a very personal ownership over them. The reality is that for most of the Canadian context, these places, spaces, processes, and even defined hours are not ours; they belong to the public.

It is hard to hear even a whisper of IP when I recollect conversations with former clients who express gratitude to me for being there, taking time, and being real. I would like to quote a former client, but first I will give a description of the scene. He was receiving detox services and seemed to present as unengaged and annoyed, he gave minimal responses to questions. He was in the setting for the first time but had been in hospitals, jail, and prison. Over several days, I took care of him. He was in acute alcohol withdrawal and required numerous assessments, treatments, and reassessments through the days. During the course of a weekend, I spent time talking and uncovered grief where anger first seemed to be. He shared about the loss of a parent and, at the end of my first shift, I created a grief journal for him and told him he could use it today, tomorrow, next week, in a few months or even just discard it, but it was an invitation to explore his loss. He presented as ready and the discussions we had were meaningful. The next day I took report and when I went to see him, he was ready for me. He asked who the hell I thought was coming in and making him feel things. I froze a little bit, but then I noticed the tears. He described me as “another auntie” and that it was like we had known each other for a long time. We wondered together if our paths were meant to cross so that we could have the important conversations about family, love, and loss together. IP was not in that room, I was free.

IP crept in when a colleague asked what I did with the patient. He talked about how helpful it was and she wanted to learn. I was hesitant to share that I had a special interest in grief, that I had completed an initial certificate on grief counselling, and that I had an amazing experience with him. IP whispered to me then, even in the face of an incredibly positive patient experience. IP whispered that I should hide from colleagues, but not clients. The education, experience, and skills that I have can not serve others effectively if I am preoccupied by IP. Perhaps it is IP, gender, culture, or something else, but I am ready to shed that which covers up my education, skill, knowledge, and what is wonderful about my nursing practice.

The phenomenon at hand is just that, a phenomenon. It is not a syndrome, or a disease. It also might have a sliver lining. Tewfik (2022) found that imposter thoughts can make people more adept at relationships, be more attuned to the feelings and perceptions of others, and they perform just as well at work. When I think of nurses with a keen sense of the other, who are more adept at relationships, and who perform just as well at work; maybe the duty paid was worth it.

In my doctoral classes I am surrounded by yet another group of buffering agents. There are encouraging new friends, group texts, reminders to write, and acknowledgement of expertise. There is hesitation to engage at times, but there is also an overwhelmingly impressive group of people who want to do good in the world. And there, among the impressiveness, is me.

Yes, me.

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