

[00:00:00] **John Moe:** I got a letter from Maria. It says, “I've been a social worker therapist for over 20 years now. I moved to a new city two years ago with a specific goal of working for a prestigious mental health provider located here. I was hired there for the second time. I turned down a previous offer six months ago. It's a great, if challenging, job. Every single day I feel like an impostor. I hope it will get better, but I'm not holding my breath.”

Larry writes, “I'm the poster boy for impostor syndrome, or I could be if I believed I'd look good on the poster. I started my semi adult life as a theatre student where I didn't audition for shows I wanted to be in, because I couldn't imagine why anyone would cast me. Then, I went to law school where I was convinced I was the least qualified, least capable student there, because everybody else seemed to have a passion for it while I was just trying not to starve. After graduation, I tried private practice with a boutique firm in Los Angeles briefly, but retreated to work as an appellate court clerk after finding that wearing a suit and tie made me feel like I was still a theatre student, playing dress up surrounded by real lawyers. But at least I was trained for that career. After a decade in law, I made a midlife shift to software engineering, which I've done more or less successfully for 25 years, despite waking up every morning believing that everyone around me with their computer science degrees knew more than I ever could or would. I'm almost at retirement age, and I've never held a job or been in a relationship where I felt like I wasn't constantly being judged a fraud.”

This week's episode is about impostor syndrome. It's *Depresh Mode*. I'm John Moe. I'm glad you're here.

[00:01:41] **Transition:** Jaunty, upbeat acoustic guitar.

[00:01:49] **John Moe:** In impostor syndrome, you can spell impostor with an O-R or an E-R; both ways are correct. It exists in kind of an in-between place. It's not a mental disorder, at least according to authorities on such things. But it is a mental phenomenon that can really screw with you, make life more difficult. It can make it harder, or it can make it impossible to enjoy where you are in life. It's your harshest critic, and the calls are coming from inside the house. So, it bears some examination. Dr. Valerie Young is the co-founder of the Impostor Syndrome Institute, and the author of the book, *The Secret Thoughts of Successful Women: Why Capable People Suffer From Impostor Syndrome, and How to Thrive in Spite of It*.

[00:02:31] **Transition:** Relaxed acoustic guitar.

[00:02:42] **John Moe:** Dr. Valerie Young, welcome to *Depresh Mode*.

[00:02:45] **Valerie Young:** I am thrilled to be here, John!

[00:02:47] **John Moe:** What is your definition of impostor syndrome?

[00:02:51] **Valerie Young:** Impostor syndrome is this belief that deep down we're really not as intelligent, capable, competent, qualified as other people seem to think we are. And what is so fascinating about that, John, is we have these beliefs despite concrete evidence of our accomplishments or our abilities. And as a result, there is this fear that we are going to be found out.

[00:03:13] **John Moe:** And how common is this? Because it seems to have struck most people I know and the ones who it hasn't struck, I get a little suspicious of.

[00:03:23] **Valerie Young:** Yeah. You know, it depends on the research that you look at. The statistic that's often tossed around is, you know, 70%, You know, I've seen some research in some fields and at certain levels in organizations as high as 82%. So, it is very common. The thing is, not everyone experiences it to the same degree. There really is considered kind of, you know, low grade, kind of moderate or intense feelings of impostor syndrome. So, in that regard, fewer people feel it intensely, but it's more problematic the more intense you do feel it.

[00:03:55] **John Moe:** Now impostor syndrome is not in the DSM, the Diagnostic and Statistical Manual. Should it be?

[00:04:03] **Valerie Young:** No. Not at all. It is not, nor has it ever been considered a diagnosable mental health condition of any sort. The original term, John, is impostor phenomenon.

Pauline Clance and Suzanne Imes, who are two clinical psychologists at the time working at Georgia State University, first coined the term “impostor phenomenon”. And really it's pretty clear in the world of psychology that it is not a quote/unquote “syndrome” in the way that is defined in the field of psychology. I will tell you that I continue to use the term impostor syndrome, much to the disappointment of many in psychology. And the reason I do is I make the point, John, that—I actually did a search with the Library of Congress. Their reference librarians went back and looked at when did it morph into being called impostor syndrome? Because that's really how—in the popular culture, that's how it's pretty much known.

Clance and Imes's coin “impostor phenomenon” 1978. As early as '83—it could have been earlier, 'cause not a lot of things are digitized back then—it began morphing into syndrome. And I think the disconnect is when you're in psychology or you're an academic, your source of reference is the DSM. For the rest of us, the majority of us, our source of reference is the dictionary. And the dictionary offers, as the second definition of syndrome, “a set of thoughts, feelings, and behaviors that constitute a pattern”. That's how I use syndrome, 'cause that aptly describes impostor syndrome, impostor phenomenon.

[00:05:39] **John Moe:** In recent years, it's become—more common is for people to describe impostor syndrome as not being a real thing and suggest that it's a way to place the burden on individuals who are dealing with systemic oppression. Like it's the system, and it's being treated as an individual phenomenon. What's your take on that stance?

[00:06:01] **Valerie Young:** Here's where I completely agree. I don't think we should be looking at impostor syndrome solely through this individual lens, right? We didn't grow up in a vacuum. We don't exist in a vacuum. So, I think we absolutely have to consider it in the context of whenever you belong to any group for whom there are stereotypes about competence or intelligence, that group is gonna be more susceptible. That could be women. That could be people of color. That could be folks with disabilities or who are doing business or going to school in a language that is not their own language. You know, people who are

so-called first gen. First generation professional students, more likely to have impostor feelings.

So, absolutely. If you're in a field or an environment where there's not a lot of people with disabilities, for example, or you're the first indigenous person to hold, you know, the senior role. So, the first, the few, or the only, they're absolutely right. You're gonna be more susceptible to impostor syndrome. But I reject this notion that “stop talking about individuals and only focus on systems”. 'Cause there's other sources of impostor syndrome that are maybe sometimes overlapping but separate from the societal ones. In other words, people in certain occupations are more vulnerable. People in creative fields—writing, acting, singing, where you're being judged by subjective standards, by people whose job title is professional critic.

People in highly information dense, rapidly changing fields like science, technology, medicine—also, more susceptible. And there's certain organizational cultures that fuel self-doubt. One of them is academia. And you know, impostor syndrome is rampant at universities. And I don't just mean just among students, but also faculty and staff. A lot having to do with being in a culture of critique. You're surrounded by very highly educated people. Similarly in medicine, you know, when you're going to medical school, when you're a resident, it is a culture of shaming where students are shamed for not understanding things. And so, you see a lot of it there as well. So, there's other factors. I believe that if all those other factors went away tomorrow—you know, we somehow magically ended systemic bias and all those other things went away but we kept our unrealistic, unsustainable expectations about what it means to be competent, which I think is the core driving source of impostor syndrome, then nothing would change. If we kept that, nothing would change.

[00:08:32] **John Moe:** What do people who really suffer on the more intense side of the scale from impostor syndrome have in common?

[00:08:42] **Valerie Young:** Eh you know—again, I don't know what the research would say, but I'm going to guess a very strong perfectionist tendency so that they're never satisfied with their work. They believe they always not only could but should have done better. I mean, we could all do better, right? But they're, I think, over-personalizing impostor syndrome. I'm an advocate of stepping back and recognizing that I think in many ways impostor syndrome has been over-psychologized, that we need to understand kind of the perfectly good reasons why someone might feel like an impostor. So, when we have a normal impostor moment, we can do less personalizing and more contextualizing. So, for example, I think—I've worked a lot of very major, huge, global law firms. You see a lot of impostor syndrome law firms, John, because it's highly competitive. Everyone's vying for these partnership positions, so impostor syndrome amongst associates is very, very high. You go to a big law firm, and you went to, you know, a small law school or a state university and everyone went to Yale or Harvard, you know, you could start comparing yourself and judging yourself.

I'd rather that that person step back—again, do more contextualizing. “Well, yeah, sure. I didn't go to one of these big schools.” And put that into a context. “Yep. I'm in a highly competitive environment.” And just really focus on not perfectionism but doing an excellent job. Recognizing that striving for excellence is different than perfectionism and that we're never gonna know everything, which is the equivalent of trying to get to the end of the internet.

[00:10:30] **John Moe:** (*Chuckles.*) What can organizations and places of work do to help lessen the effects of impostor syndrome for the people who work there?

[00:10:37] **Valerie Young:** That's a great question, because I think to that point you brought up earlier around this emphasis on looking at systems, there are things that organizations can do to—for example—step back and say, “Are there ways that our culture reinforces self-doubt and impostor feelings? Do we kind of pit people against each other in a competitive way that maybe is not as comfortable for some people as it is for other people?” There are three kind of core tools that we recommend, John, for individuals. But organizations can use them as well. So, one tool is, again, to normalize impostor syndrome. Bring it out of the closet. Have a conversation about it. You know, as a manager, as a leader to say, “Hey, has anybody heard of impostor syndrome? It's interesting, I'm learning about it.” And to openly talk about times when they have had these feelings, that could be tremendously helpful.

There was a company in their job postings, at the bottom of the job posting, it said, “We recognize the confidence gap,”—they're talking about between men and women— “We recognize the confidence gap and impostor syndrome are real. We want you to apply.” Great example of normalizing it, because somebody reading that who wasn't familiar with impostor would go look it up and maybe apply when they wouldn't have before, thinking they didn't know everything they needed to know. The second tool is to reframe. In other words, to understand that people who don't feel like impostors—and I'm not talking about that narcissistic, you know, the irrational self-confidence syndrome; you know, the person who really doesn't know what they're talking about—but people who are genuinely humble but have never experienced impostor syndrome, they are no more intelligent, capable, competent, qualified than the rest of us. It's just in the exact same situation where we might feel like an impostor, they're thinking different thoughts.

But it's not a pep talk. It's not like, “You got this, and you can do it and you deserve to be here!” Because if all it took was a pep talk, there'd be no such thing as impostor syndrome. They think differently about three things. They have a realistic understanding of what it means to be competent. So, they're much more self-forgiving of, you know, normal—again, off days, mispronouncing a word, forgetting their train of thought, not knowing 150%, realizing there's gonna be a learning curve, those kinds of things. They have a healthy response to failure, mistakes, setbacks, and constructive feedback. Which, let's face it, feels like criticism to us. And they understand that a certain amount of fear and self-doubt is part of the achievement journey. See, what I hear a lot is people think, “The fact that I even feel like an impostor must mean I am one. Because if I wasn't an impostor, you know, I'd be confident all the time.”

And my response is, “Yeah, good luck with that.” Right? Feeling confident 24/7. No, you wouldn't. A certain amount of anxiety and fear—that goes with the achievement journey of stepping into a new job, walking up to a podium.

[00:13:31] **John Moe:** So, we've talked a little bit about what organizations can do. What should an individual do? What's the most successful way that you've found of addressing this if you're feeling these symptoms of this syndrome?

[00:13:44] **Valerie Young:** Yeah, well, truly, whether it's an individual or organization, it's gonna come down to reframing. What is the messaging in the organization about what it means to be competent? Are people allowed to have an off day? How do people at a meeting process the fact that, yeah, this project didn't go very well. Helping individuals understand—I was just out in Denver the other day. I was speaking at the Federal Reserve of Kansas City, and one participant said—she was a leader, and she said, “How can we like, give people feedback in a way that they hear?” Right? Because often if you say, “That report was inadequate,” we hear, “I'm inadequate.”

I said I would step back first and on an organizational level have a conversation about the value of feedback. I think sports analogies are useful here. Do you want a tennis coach that's gonna say, “Well, John is holding his racket wrong, but I don't wanna hurt his feelings, so I'm not gonna say anything,” or do you want somebody who's gonna give you, you know, honest feedback? What's the messaging in the company? I spoke at Facebook, and they had all kinds of posters on the wall. Because the employees can go make a poster anytime; they have a poster shop out at a headquarters. One of them stood out to me. It was an Earnest Hemmingway quote, and it said, “The first draft of anything is shit.”

It's a very powerful cultural message that, you know, this is an organization who's looking at, “Let's just try it. It's not gonna be perfect.” The very successful entrepreneurs that I know, their mantra is half-assed is better than no-ass. Right? Which they don't mean do a bad job, but they mean, you know, in an organization you have to get version one out the door. And you can course correct as you go along. There's gonna be bugs. You know, the second time we do it, it's gonna be better than the first, and the third's gonna be better than the second. So, I think that kind of messaging and reframing in organizations is really powerful.

[00:15:36] **John Moe:** Are people who experience this kind of thing—can they make peace with it? Is it a kind of thing where you can say, “Yes, this is just something I manage?” Because that's true in mental health a lot, and I know that you're not a doctor in that category, but for people who deal with chronic anxiety, chronic depression, it can be like just an annoying passenger in the car that you learn how to put up with and you learn how to manage.

Is this the kind of thing that can be cured and wiped away or is this the kind of thing that people who deal with this will always be dealing with to some extent?

[00:16:14] **Valerie Young:** That's such a great question, John. And for many years my answer would've been, you know, it may never go away. But I'm meeting more and more people who said, “Yeah, I really felt this way,” but because they're changing how they think, their feelings changed. You know? In other words, I know what people want. They come and hear me talk, or they read my book or a book on impostor syndrome. They wanna start out feeling like an impostor and then walk out not feeling like an impostor. And that's not how it works, right? Feelings are the last to change.

So, for me, the only way to stop feeling like an impostor is to stop thinking like an impostor. To me, the quote/unquote “cure” is to kind of have insight tools, information. So, when you have—what I want them to understand is a normal impostor moment, to be able to talk themselves down off that impostor ledge more quickly. So, instead of having this impostor

life that they feel like I have to manage this, they can have an impostor moment. Or maybe a 24-hour news cycle. But at that point—here's the key is to, at that point, don't even name it as impostor syndrome anymore. Name it as, “Yeah, I just walked into a new job. I'm learning new systems, new acronyms, new history on top of my job. Of course, I feel off base.” And just rename it and give myself permission to feel off base for the first three weeks, three months, depending on how big of a job and big of a change it is.

[00:17:40] **John Moe:** So, you talked about talking yourself off the ledge. Is that what you're talking about? Kind of applying a rubric of logic to the whole thing that you can get rid of the irrationality through?

[00:17:52] **Valerie Young:** Yeah. Well, I think it's—again, it goes back to reframing. To kind of hit the pause button. So, you're in this meeting. You have people who are more senior than you, for example, or you're going into a job interview or like—what's that moment where you're most likely to feel like an impostor? And then, take a moment and kind of become consciously aware of like what is the conversation going on in my head right now? And how would somebody who is humble but doesn't feel like an impostor—I call them a humble realist—what would they be thinking in this exact same situation? They will be thinking. “Well, of course this is intimidating. Other people who have control over my job—so yeah, I'm gonna feel a little off base at this meeting with all these senior VPs, right? And I'm new in the company, or I'm four levels lower.” And to normalize that, you know?

Or you know, people sometimes walk into a new situation, and they think like, “Oh my god, everyone here is brilliant.” Meaning: and I'm not. I'd rather they say, “Wow, what a lot of smart people. I'm really gonna learn a lot. Or I don't know how to do this. I've never done it before, but I can figure it out. Or, well, John—he has a podcast. I'll ask John how to do a podcast.” You know, and to not think that you're lacking 'cause you don't know something, but how can you figure it out?

[00:19:02] **John Moe:** I've worked a lot of places over the years, and I've been in a lot of situations. And once in a while—and I'm not gonna name any names or locations. Once in a while, I've run across people who really are in over their heads, who really don't know what they're doing. Are those people likely to have impostor syndrome or are they likely to just not be the ones who ever get it?

[00:19:25] **Valerie Young:** You know, that's so hard to say. 'Cause some people are, you know, kind of set up to fail in a way, right? Put in positions where they, you know, they just don't have the experience or they're—you know, you're 21 years old, and you've now been made the manager of a bunch of 50-year-old guys who—engineers who've been there forever, right? So, that's kind of a recipe for yikes. Somebody who is truly like that narcissistic person who has kind of irrational self-confidence syndrome, whose belief in their knowledge and skills far exceeds their actual knowledge and skills, they probably do not have impostor syndrome. They don't understand that they really don't know what the hell they're doing, but they think they are. And I think that's the most dangerous person.

[00:20:13] **John Moe:** How do you evaluate like in a logical, rational way whether you might actually be in a situation where you can't succeed? I mean, you talk about reframing it, but a lot of the reframing is a reassurance kind of thing of, “No, I'm actually fine. I do belong here.

I am smart.” How can you apply that to, “Oh god, what if I really—(*chuckles*) what if I am in the wrong place?”

[00:20:41] **Valerie Young:** Yeah, I mean, I think give yourself some room to grow into something, right? Because you—again, especially if it's a whole new situation or huge project, you're not gonna know everything in the beginning, right? You are gonna have to be learning seat-of-your-pants. You are gonna be—have to be putting in extra hours and working really, really hard to kind of get up to speed. But that's different than believing I don't have within me the capacity to achieve the majority of the goals that I set for myself in life.

I'd love to give you a quick example, and this actually was an example that came up in my doctoral research. I interviewed a woman who is senior in HR at a big insurance company in Hartford, and she told me this story I never forgot. There was a woman who was put in charge of what was then called data processing. You know, now what we call it IT. As you can imagine, the '80s, this was like a huge, unprecedented promotion for a woman to head up IT, essentially. Her first assignment was to set up a new facility a couple hours away from Hartford. She's getting up at three, she's getting home at midnight. She's burning out, but she's not gonna ask for help. Social context is I'm sure she felt the weight of the world on her to prove that she could do it. But I think she probably also had this mindset of impostor thinking, which is, “I have to figure it out all by myself.”

She had what, you know, back in the day we'd have called a nervous breakdown. You know, physically, she couldn't go on. She took a leave of absence. They replaced her with this man. This man took one look at this job. He said, “This job will kill somebody. You know, I want an apartment in the other city. I'll stay there during the week. I need four more staff members. I need complete access to all the division heads and home office, and I want more money.” Right? And they said sure. I don't think he got what he wanted 'cause he was a man. I mean, some of that was in the mix, but I think there's a larger lesson here is that he understood that competence isn't knowing how to do everything yourself or perfectly or easily. Competence is knowing how to identify the resources it takes to get the job done: time, money, budget, authority, training, right? So, what do I need to achieve this goal and what am I not getting in this job right now that I need to go and ask for? And say, “If you want this deliverable by this date, here's what's required.”

[00:23:07] **John Moe:** Imposter E-R or impostor O-R? What's your stance?

[00:23:13] **Valerie Young:** (*Chuckles.*) The eternal debate. In my book I used O-R, 'cause that's what Clance and Imes used.

[00:23:19] **John Moe:** Okay.

[00:23:20] **Valerie Young:** I think the *New York Times* uses one differently than the *LA Times* and the *Chicago Tribune*. They're both—and according to the dictionary, which is just so bizarre, either one is accurate. E-R is more searched on the internet than O-R, but they're both correct.

[00:23:36] **John Moe:** Okay. Alright. No need to create a divide or psychological anxiety around that spelling. Dr. Valerie Young, thank you so much.

[00:23:46] **Valerie Young:** Thank you. I really enjoyed being here.

[00:23:49] **Transition:** Upbeat acoustic guitar.

[00:23:51] **John Moe:** Just ahead, Dr. Ken Duckworth from the National Alliance on Mental Illness. We'll talk about impostor syndrome in the context of mental health, mental disorders, and what might be behind this feeling that you're a massive fraud who will soon be exposed as the fraud that you are. As we go to break, we ask our listeners about your experiences with impostor syndrome. Here's one of the answers.

(Music fades out.)

[00:24:15] **Kelsey:** Hi, this is Kelsey from Detroit, Michigan. I gotta say, I am an artist. So, impostor syndrome seems to happen pretty often. I think the most important thing about impostor syndrome is to remember that when you feel like you are somewhere and you're like, "Oh my god, I tricked everybody into being here for me to be here, and I don't belong with them," it's a little easier to not believe that when you actually get to know those people a little bit better.

Because am I gonna say that about my friends, my mentors, my teachers? I might say that about a bunch—a group of strangers, but I'm not gonna say that about them. 'Cause they believe in me for some reason, and I believe them. Because you know, I like them. So yeah, I think that's always important to remember is believe in everybody else who believes in you.

[00:25:15] **Promo:**

Music: Fast-paced synth.

Yucky Jessica: *(Rachel McElroy doing a rasping, whiny voice.)* I am Yucky Jessica.

Chuck Crudsworth: *(Griffin McElroy doing a gravelly, nasal voice.)* I'm Chuck Crudsworth.

Yucky Jessica: And this is—

Jessica & Chuck: *Terrible!*

Chuck Crudsworth: A podcast where we talk about things we hate that are awful!

Yucky Jessica: Today, we're discussing *Wonderful!*, a podcast on the Maximum Fun network?

Chuck Crudsworth: Hosts Rachel and Griffin McElroy, a real-life married couple—

Yucky Jessica: Yuuuck!

Chuck Crudsworth: —discuss a wide range of topics: music, video games, poetry, snacks!

Yucky Jessica: But I hate all that stuff!

Chuck Crudsworth: I know you do, Yucky Jessica!

Yucky Jessica: It comes out every Wednesday, the worst day of the week, wherever you download your podcasts.

Chuck Crudsworth: For our next topic, we're talking Fiona, the baby hippo from the Cincinnati Zoo.

(Music ends.)

Yucky Jessica: I hate this little hippo!

[00:25:58] **Transition:** Gentle, relaxed guitar.

[00:26:02] **John Moe:** Dr. Ken Duckworth is the Chief Medical Officer for the National Alliance on Mental Illness, and the author of *You Are Not Alone: The NAMI Guide to Navigating Mental Health—With Advice from Experts and Wisdom from Real People and Families*. Dr. Ken Duckworth, welcome back to *Depress Mode*.

(Music ends.)

[00:26:18] **Ken Duckworth:** Hey, John. It's so nice to be with you again.

[00:26:21] **John Moe:** Nice to be with you. Okay, so impostor syndrome is sort of based on “am I a real achiever in this arena or am I not real?” Is impostor syndrome real, or is the syndrome itself the real impostor all along?

[00:26:38] **Ken Duckworth:** *(Laughs.)* Well, let's put it this way: it doesn't exist in the Diagnostic and Statistical Manual, like some of the classic conditions like post-traumatic stress disorder or bipolar disorder or generalized anxiety disorder. So, those are phenomena that people have observed—a series of symptoms that are reproducible. A psychologist in Ann Arbor, you know, and a social worker on Cape Cod would interview people and come up with the same set of symptoms to describe a condition. That doesn't mean we understand the underlying biology. It just means that these constructs are reliable, so that you can say, “Okay, here's what this is,” so that you can research it, try to make sense of it, try to write bestselling books about it, that sort of thing. So, those are kind of the principles.

So, impostor syndrome doesn't exist as one of those phenomena. But I have heard people bandy it about over time. “Could I be an impostor? You know, do I really deserve the accolades that I have created for myself?”

[00:27:46] **John Moe:** “Will I be exposed as the fraud that I am and paraded through the public square?”

[00:27:50] **Ken Duckworth:** Right. Well, let's talk about that for a minute! 'Cause I wanna emphasize, there are a few people that are actually impostors, and you are probably not one of them.

[00:27:58] **John Moe:** (*Under his breath.*) I hope.

[00:27:59] **Ken Duckworth:** So, periodically you have the president of a university who's found that his research was, you know, inappropriately doctored. Or you know, a physician who's practicing medicine who never went to medical school. There are actually impostors. So, I want to emphasize that. That you, in the audience, if you're not fabricating your research or making up a degree, are not the true meaning of an impostor.

[00:28:25] **John Moe:** Here's what I trip up on. It seems like this feeling that, “Hey, I'm a fake. I'm a fraud. You know, somebody took a gamble on me, and it really didn't pay off. I don't belong here. I shouldn't have this title affixed to my name.” That seems to me like that can create behavior consistent with a disorder. It can make somebody dread going to work, therefore not show up for work. It can have an effect on their health. It could be disruptive to the routine of their life and the best functioning that they can have in their life, which is what I understand a disorder to be.

[00:29:04] **Ken Duckworth:** So, if you were to say, you know—this is a distortion of thinking, not based in reality, but in fact it's an automatic negative thought. “I don't deserve to be here. I don't belong in this elite club.” That's a cognitive behavior therapy problem. That is to say, to understand how your thoughts are impacting your experience and behavior. So, to me, these are good psychotherapy questions.

Let me give you an example. And some of this I think is a choice. John, I go out to dinner with four psychiatrists once a month. They are all smarter than I am. They all went to more prestigious schools than I do. I arrive one evening, a few minutes late, and they're discussing whether negative numbers really exist. No topic could be of less interest to me. I've never given this a thought, and in fact, I only went to one of the medical schools that did not require calculus. Not an area of strength of mine. Right? But I do pay my 1/5th of the bill, so I'm able to do enough math to participate and enjoy my friends. And some of it's a choice. I could choose to say, “I am, in fact, objectively dumber. That means if I'm not careful about my cognition, maybe I don't deserve to be a doctor. Maybe I don't belong with these guys. Maybe I'm the worst doctor ever. I don't have a big job at a fancy Harvard hospital.” Etc., etc., etc., and you could travel down a road.

Another choice is to say, “Geez, these guys are geeks! Really into negative numbers! What's up with that? When's the last time that ever helped a person that you're taking care of?” So, it's a cognition, right? I could go down a road of, “I don't have the math skills that these lads

have,”—which I don't. Or I could go down the, “Gee, I guess there's a lot of different kinds of psychiatrists.” Right? Like that's a cognitive choice. So, I don't choose to go impostor. I do notice it. I do notice the fact that they have a skillset or a dimension that I can't imagine. But some might say I'm as much fun or more fun than they are. So, we're all differently abled, right? In some ways.

So, I would say to people, if you feel like you're an impostor, that's an opportunity to look critically at your thinking about yourself. And if you have chronic anxiety—you're worried that you really didn't do well enough on the exam, or you really don't belong to have gotten into the prestigious university, program, job, or relationship that you're in, I would encourage you to look at your thoughts. 'Cause based on the outcomes in the world, you are at that job, at that university, in that happy relationship. So, to me, this could become a psychotherapy challenge. And if you look at a book like *Feeling Good* by David Burns, which is kind of the everyman's CBT manual. Examine your automatic negative thoughts. What's the—what are the evidence that I'm really an impostor?

Well, I went to a scruffy high school. I didn't really take a PSAT prep class. “Uh, yeah, but you got into the University of Michigan anyway.” My alma mater. Yeah. Well, you know, maybe I don't really deserve it. My grandfather went there. Okay. Duly noted. You know, like, okay, that's a possibility. But somehow some objective person did admit you. Right? To this construct. And what do you know? I'm doing pretty well there, right? And so, objectively it'd be hard to make a case that you are in fact an impostor. And when you read about people who get kicked out of their prestigious jobs 'cause they faked everything—read those stories! 'Cause they're not you. You are struggling with this cognitive problem of am I really capable of being where I'm at? And I would encourage you to consider celebrating where you're at.

[00:33:07] **John Moe:** That's good advice. If you have these cognitive distortions that lead to something like this, that lead to this thinking pattern that is—that doesn't jive with kind of a logical, rational reality, is that a sign that you have—or probably have—an anxiety disorder, a depressive disorder, like a thing that has a name? Like, even if impostor syndrome isn't in the DSM, is it a sign that you have something that is?

[00:33:39] **Ken Duckworth:** Well, it could be a question to ask people with trauma histories. People are told they're no good their whole life—right?—by abusive parents or parents who have, you know, big vulnerabilities on the mental health side and did not attend to them. “You're no good. You can't accomplish anything. I don't believe in you. You're no good.” You know, that kind of thing. That's one way to get to a person who's like, “Jesus, am I really okay? How did I get to this good school?” So, I think there's a lot of possible pathways, and it could correlate with mental health challenges. Like, if you're so overwhelmed by this and you can't work, you can't go to school, you can't function in a relationship, it'd be probably a good idea to get a therapist.

But it's interesting. This is different than the traditional definition of a mental health vulnerability where you're functioning poorly. “I can't go to work. I can't maintain relationships. I can't be with my kids on the weekends. I'm just too overwhelmed.” So, this is interesting, 'cause people are functioning higher than they think they might be able to do. It does represent an interesting challenge, John.

[00:34:45] **John Moe:** Yeah. So, then is it something that can be overcome with just recognizing the rational reality, or is it something that you really are better off going to a therapist? Like, if someone's listening to this and saying, "Okay, I understand all the data is in that I do belong in this job, in this relationship, in this reality—"

[00:35:09] **Ken Duckworth:** And I didn't fabricate my research or pretend to be a physician.

[00:35:11] **John Moe:** (*Chuckling.*) And I didn't fabricate my—

[00:35:14] **Ken Duckworth:** Right? I mean, like seriously, there are actual impostors, and you are not one of them. So, you're asking in the question—so, I was never taught about impostor syndrome. I would consider this a kind of bread-and-butter psychotherapy challenge. Right? So, how do you understand yourself vis-a-vis how you're doing? Right? And I would say many therapists would take this on very happily and say, "Oh, we can work with this."

And typically, what you do in cognitive behavior work is you assemble the things that are true. "Well, I didn't prepare for the PSAT. And I, you know, didn't really do well in school, but I smoked the SAT,"—back when they took them—"And you know, I did write a great essay. And the University of Michigan took me. Maybe I squeaked in."

So, one interpretation of this is that, "Aren't I lucky?" Another possible interpretation would be, "Oh god, I'm gonna get smoked, 'cause I'm the dumbest kid in the class." Another possibility is I don't really belong here. But I encourage people to stay with the possibility, "I seem to have pulled this off. Let's keep it going!"

(*John chuckles.*)

Right?! Like, that's kind of where I think you'd like to get to.

[00:36:20] **John Moe:** Yeah. Yeah. No, I always say somewhat in jest, but not entirely in jest: if they haven't caught me by now, it's not likely they're ever gonna catch up with me.

[00:36:30] **Ken Duckworth:** And they are not that good!

(*They chuckle.*)

Let's face facts!

[00:36:32] **John Moe:** Right, right. Yeah. They've got a lot on their plate. They're not checking up on—

[00:36:38] **Ken Duckworth:** They've got a lot on their plate, hunting down you overachieving, vis-a-vis your sense of what you're capable of. It's probably not on their problem list.

[00:36:47] **John Moe:** Is this something that can be—that can be addressed? If people are going through this and if people are suffering, you know, it's—even if it's not in the DSM, you don't want people to be suffering when they needn't be. Is it something that they can tackle on their own with just rational thinking and just sort of some of these reminders that we're giving them?

[00:37:07] **Ken Duckworth:** I think a lot of people can do this. This would be a variation on if you can't accept compliments 'cause you don't feel that you deserve them. Right? You know, really take it in!

“That's a nice haircut, John.”

“Thank you, Ken!”

That's it. That's the whole thing. “No, it's not a good haircut. I got on—I got it on sale.”

You know, the guy (*inaudible*)—“Don't—John, you look nice today. You have a nice haircut.” Right? “Thank you.” So, this is the same idea. You have to kind of correct your thinking. A person's giving me a compliment, accept the compliment. Don't argue with them. A person's saying, “Isn't it cool you got into the University of Michigan?”—shamelessly my alma mater, this is why I'm bringing this up. “Isn't it amazing that you got into the University of Michigan?”

Well, I'm a little surprised, frankly, that I got in, but I seem to be stumbling along and I'm going to graduate in two years. Right? So, there's like how you approach it cognitively. So, I want to emphasize, I was never taught one thing about impostor syndrome, but I have been taught a lot about how people organize their thinking to understand the narrative of their life. And what I—how I would interpret this is that your success is greater than the narrative that you had allowed for yourself, right? “Nobody expected that I would be, you know, a bestselling author,” for example, or running a fabulous podcast in your case, or being in the honors program at the university. How could that have happened?! I didn't expect that for myself.

So, I think it's an interesting problem, but I think most therapists—I'm gonna say a vast majority of therapists—would be happy to help people with this. If something like *Feeling Good*, like looking at cognitive behavior therapy, or the Beck Institute—Judith Beck has written a number of books about how your feelings follow your thoughts. The basic principle of CBT is if you have automatic negative thoughts: “I'm the worst guest John has ever had on this podcast. I'm the dumbest of the psychiatrists when we go out to dinner. I don't even know what negative numbers are, much less having a debate about them.” This was a very spirited debate. You could choose to think—

[00:39:13] **John Moe:** Sounds like a great dinner.

[00:39:14] **Ken Duckworth:** Oh my god! Well, as soon as I go, I rain on the whole party. “Hey, what do you think—what do you think of the Patriots?” I'm like, that's a language they kind of speak, but you know, we're different! And the point is, you know, they're different

than I am, but I could have chosen to, you know, go into a very dark place. And the idea is not everything you do is gonna be great. Not everything is gonna be a success. Some ideas will fail. That's a more common cognitive behavioral construct. "I've lost two relationships and I was fired from a job. I must be a terrible human being. I'm not worthy of anything. I think maybe I should end this." People go on to fairly dark, automatic thoughts. It kind of spirals down a hill.

The idea of CBT is to say, "Wait a second. You lost a relationship. Well, you know—you lost a job. You lost another relationship. That sounds a lot like life to me." Is what the clinician would say. Right? And let's talk about some successes.

"Well, I'm a fabulous dad and I coach the local softball team, and I run *Dungeons and Dragons* for my oldest kid, and they think I'm the cool dad." Again, the idea is you assemble what's positive—right?—in addition dealing with your failures. And the idea is you come to a relatively balanced sense of self where, "Alright, I'm kind of a mixed bag. I got into the University of Michigan, maybe I squeaked in. Turns out, you know, I'm hanging right in there. I'm probably gonna graduate, right? They're not gonna name any awards after me, nor am I gonna win any. But I did get in, and maybe I got in 'cause I'm from a geographically remote area or maybe because somebody, you know, liked my essay." Like, it's kind of unknowable. It's a little opaque. So, I encourage people not to spend a lot of time thinking that they're not worthy of what they've accomplished. Because life is full of heartache too, and there will be times when you're not accomplishing what you want. Again, this is my perspective, having never attended a lecture on impostor syndrome.

[00:41:18] **John Moe:** You wrote this book; *You Are Not Alone*. It's done really well. A lot of people are reading it. A lot of people are really excited about it. First book you've ever written. When you had the success with it, did you ever have a thought of, "Oh geez, I'm in foreign waters here. I'm in over my head with this book stuff."

[00:41:37] **Ken Duckworth:** Well, that's a great question! So, you know, when you're a first-time author—you know, I think I experienced it more as a dream come true. And I couldn't have done it without assembling a whole group of people that I continuously thank and celebrate. Right? So, to me, I'm not sure I could have done it on my own. I wasn't trained as a writer. I'm just a plain old psychiatrist. But I had a cool idea, and I did know it was a cool idea. That real people would share what they had learned. And, you know, families like my own—you know, with a dad who was loving but very sick—could maybe get inspiration from each other. So, at the end of the day, I did have a moment of thinking, "Oh my gosh, who am I kidding?"

And then, I'm like, "Oh my god, I have a deadline. Let's get to work." And then, by the time the book is out—well, I did actually write it! I mean, you know, I didn't fake write it. No, I think I would have more impostor stuff if I had a ghost writer that I didn't acknowledge. I had people who helped me, and I thanked them at all times. I think of that more as a role transition. Like, you know, that's a different gear. But I don't think it's an impostor phenomenon to say that I don't have any intention of writing another. I just had one good idea. So, I haven't switched my identity to "now I'm really a writer". But it's a good question, because I think when you travel in waters that you haven't swam in—you know, you have to ask yourself the question, "Is this gonna work?"

And I do want to emphasize that I went to the How to Write a Book for Doctors class at Harvard four years in a row.

[00:43:10] **John Moe:** Oh, nice.

[00:43:11] **Ken Duckworth:** And literally, I—you know, I said—first year, I thought, “There's no way I could do this.” Second year, I thought, “I doubt I could do this.” Third year, I thought, “This ain't gonna work.” And then, I'd watch these other doctors give talks about their successful books on zits or how to eat avocados. And I'm like, “Wait a minute! Mental health's more important than that!” But it took the cognitive realization that there was nothing different about me, right? I didn't have to know negative numbers to write a book listening to real people. But I guess one way that I know I'm not an impostor is I had to work on this idea for a decade before I pulled it off. So, you know, when you put in that kind of effort, I think it might help.

It wasn't a flash in the pan idea. I didn't become famous overnight. I'd be interested to talk to people who've had, you know, experiences that are different. But I think a lot of it is paying attention to how you think about yourself and working to integrate your success into your life narrative. Even if you were told as a child that you couldn't do things or if you exceeded your expectations.

[00:44:13] **John Moe:** *The book is You Are Not Alone: The NAMI Guide to Navigating Mental Health—With Advice from Experts and Wisdom from Real People and Families.* Full disclosure, I'm one of the said real people that is mentioned in this book.

Dr. Ken Duckworth, thank you as always.

[00:44:28] **Ken Duckworth:** Thank you, John. Have a great day.

[00:44:32] **Transition:** Relaxed acoustic guitar.

[00:44:34] **John Moe:** Here's another impostor syndrome clip from one of our non-impostor listeners.

[00:44:39] **Christina Santiago:** My name is Christina Santiago, and I feel impostor syndrome about being a poet, even though I write poetry and perform poetry and even published a book of poetry. Whenever I feel that sense of self-doubt, I go to my other poetry friends, and they remind me: if it is fact, if it is true that you did a thing, then you did that thing. So, whenever I doubt myself, I go back and say, “Is this real?” If it is, then I am not faking it. It's legit. I'm legit. I'm not an impostor.

[00:45:18] **Transition:** Spirited acoustic guitar.

[00:45:21] **John Moe:** Laura House with a meditation moment after the break.

(Music ends.)

[00:45:31] **Promo:**

Music: Fun, percussive music.

Manolo Moreno: Hey, when you listen to podcasts, it really just comes down to whether or not you like the sound of everyone's voices. My voice is one of the sounds you'll hear on the podcast *Dr. Gameshow*. And this is the voice of co-host and fearless leader, Jo Firestone.

Jo Firestone: This is a podcast where we play games submitted by listeners, and we play them with callers over Zoom we've never spoken to in our lives.

(Manolo laughs.)

So, that is basically the concept of this show. Pretty chill.

Manolo Moreno: So, take it or leave it, bucko. And here's what some of the listeners have to say.

Speaker 1: It's funny, wholesome, and it never fails to make me smile.

Speaker 2: I just started listening, and I'm already binging it. I haven't laughed as hard in ages. I wish I discovered it sooner.

Manolo Moreno: You can find *Dr. Gameshow* on MaximumFun.org.

(Music ends.)

[00:46:17] **Transition:** Spirited acoustic guitar.

[00:46:20] **John Moe:** And it's time once again for a meditation moment with our friend Laura House from the *Tiny Victories* podcast. Hi, Laura.

[00:46:27] **Laura House:** Hi, John.

[00:46:28] **John Moe:** And we're clear that meditation doesn't have to involve like saffron robes and multiple candles and gongs.

(Laura laughs.)

It doesn't need to be a mystical experience.

[00:46:42] **Laura House:** Yeah, that's been my experience with it, is I feel like people can be offput by it or feel like they're not doing it right, because it doesn't feel like an acid trip. But I just—I sort of—if I can say anything to anyone is: it's just rest. It's taking time from—it's

interrupting your schedule of your brain screaming expletives at you to go, “Oh, that's right. I can just feel calm. I can just drop down and notice my breath and let everything go.” And it's no more magical than, you know, when your kindergarten teacher makes you take a nap at school. Did you do that? Now, it seems weird, but we did that I think.

[00:47:28] **John Moe:** I think—yeah. I think kindergarten or preschool. I remember at least some time where we would put our heads down on our desks and they would turn the lights out for a while. Yeah.

[00:47:37] **Laura House:** Heads on your desk. Yeah, it seems—now, it seems like that might be weird, but I think we did it. (*Chuckles.*)

[00:47:43] **John Moe:** I think we were meditating!

[00:47:45] **Laura House:** Yeah, maybe! Yeah. We had a little mat at the back, so—

[00:47:47] **John Moe:** Just didn't realize. Yeah.

[00:47:49] **Laura House:** Yeah. Absolutely. So, I want people to not be afraid of it or feel like it's some, you know, next level human experience. It's—

[00:47:58] **John Moe:** You don't need to have epiphanies while you do this.

[00:48:01] **Laura House:** Yeah! I'm not gonna stop you from having them, but it's just regular, regular, regular. So, it's this—right, we'll do it now. If you can be in a safe place where you can close your eyes—so, be at home or at least a parked car. Sitting, head up, back supported. And close your eyes. Just breathe. And you're already breathing, so you're already doing it, but essentially stop most other things. (*Getting quieter.*) Just breathe how you're doing it. You don't have to change and make it an awesome breath.

(*Beat.*) And you're going to have thoughts. And when you notice that you have thoughts, that's totally fine, but just notice your breath. You're just slightly internally putting some attention on your breath.

(*Beat.*) And you can go ahead and open your eyes. But just some moments of letting everything go. It's healthy.

[00:49:37] **John Moe:** Yeah. I always find that when I open my eyes again, it's like, “Oh yeah, this is the same place I left. But now it's a calmer place.” Now it's—I'm like more here than I was.

[00:49:50] **Laura House:** Exactly. It's like things kind of settle to the bottom a little. And you're like, “Oh! That's—I didn't—” And you don't notice you're—that you have like a tornado of thoughts until you don't.

[00:50:02] **John Moe:** Right, right.

[00:50:03] **Laura House:** (*Chuckling.*) Like, it just feels normal. Oh, this is just my normal tornado of thoughts that I'm in all the time. No big deal.

(*John chuckles.*)

Until you like notice something different.

[00:50:12] **John Moe:** And I didn't achieve complete enlightenment, and that's okay too.

[00:50:16] **Laura House:** Yeah. Not—maybe next time.

[00:50:18] **John Moe:** Maybe next time! Maybe not.

(*Laura laughs.*)

Who knows? Laura House can be found on internet, at LauraHouse.com and also on the *Tiny Victories* podcast. Laura, thank you.

[00:50:28] **Laura House:** Thank you.

[00:50:31] **Music:** “Building Wings” by Rhett Miller, an up-tempo acoustic guitar song. The music continues quietly under the dialogue.

[00:50:38] **John Moe:** On the next *Depresh Mode*: imagine trying to take care of your own mental health while also playing *King Lear* eight shows a week.

[00:50:46] **Patrick Page:** Your body doesn't know the difference between the imagined circumstance and the real circumstance. Now, you can pretend to do it, of course. You can put your hand over your face. You can do false sobs just as you can do a false laugh, but a real laugh or a real grief is going to take its toll. And there's always a time for me after I've played one of these parts of disentangling from that process. When we came out of *Lear*, for example, over the next month or six weeks, I realized that I needed a more conscious way of leaving that behind me.

[00:51:26] **John Moe:** Broadway and screen actor Patrick Page is with us. *Depresh Mode* exists because of the donations of our listeners, because people have become members of the show. If you haven't become a member yet, that's okay. It's easy to do. You just go to MaximumFun.org/join. That's MaximumFun.org/join. Find a level that works for you and select *Depresh Mode* from the list of shows. If you've already done this, we thank you, because now we can exist. If you want to check out some cool merchandise, we've got t-shirts, we've got mugs, we've got sweatpants, all at our merchandise store. And that is at MaxFunStore.com. MaxFunStore.com. You can check it out. We've got a lot of “I'm glad you're here” merchandise there, and I'm glad that the merchandise is there. I'm glad that you'll be there to go look at the merchandise. Be sure to hit subscribe. Give us five stars, write rave reviews. All of that helps get the show out into the world where it can help people.

Speaking of helping people, the Suicide and Crisis Lifeline is available in the United States 24/7 for free by calling 988. Three simple digits, 988. The Crisis Text Line, also free and always available. Text the word “home” to 741741. Our Instagram is [@DepreshPod](#), so is our Twitter [@DepreshPod](#). If you're on Facebook, look up our mental health discussion group, Preshies. A lot of good conversation happening over there, people helping each other out. Our *Depresh Mode* newsletter is on Substack. You can search that up. I'm on Twitter and Instagram [@JohnMoe](#). Our electric mail address is depresshmode@maximumfun.org.

Hi, credits listeners. I'm back from vacation, and we went on vacation to Quebec, which is a lot like going to France except you can drive there and you can see whales in a fjord! We went to a fjord and saw whales, including mother and baby beluga whales. It was cool. Quebec! *Depresh Mode* is made possible by your contributions. The show is produced by Gabe Mara. Our senior producer is Kevin Ferguson. Our production intern is and has been Clara Flesher, and she took the lead in putting this episode together as the finale to her internship. Thank you, Clara. We will miss you. Good work. We get booking help from Mara Davis. Rhett Miller wrote and performed our theme song, “Building Wings”.

[00:53:47] **Music:** “Building Wings” by Rhett Miller.

I'm always falling off of cliffs, now

Building wings on the way down

I am figuring things out

Building wings, building wings, building wings

No one knows the reason

Maybe there's no reason

I just keep believing

No one knows the answer

Maybe there's no answer

I just keep on dancing

[00:54:23] **Christian:** Hi, I'm Christian from Los Angeles, and we're getting better every day.

[00:54:31] **John Moe:** *Depresh Mode* is a production of Maximum Fun and Poputchik. I'm John Moe. Bye now.

(Music ends.)

[00:54:44] **Sound Effect:** Cheerful ukulele chord.

[00:54:45] **Speaker 1:** Maximum Fun.

[00:54:46] **Speaker 2:** A worker-owned network.

[00:54:48] **Speaker 3:** Of artist owned shows.

[00:54:49] **Speaker 4:** Supported—

[00:54:50] **Speaker 5:** —directly—

[00:54:51] **Speaker 6:** —by you!