

Working with Core Beliefs of 'Never Good Enough'

How Social Prejudice Can Cultivate Imposter Syndrome

with Ruth Buczynski, PhD; Shelly Harrell, PhD;
Kelly McGonigal, PhD; and Ron Siegel, PsyD

National Institute for the Clinical
Application of Behavioral Medicine





Working with Core Beliefs of 'Never Good Enough': Shelly Harrell, PhD

How Social Prejudice Can Cultivate Imposter Syndrome

Dr. Buczynski: How do we deal with self-esteem issues when they stem from cultural messaging?

Dr. Shelly Harrell says that many clients carry these implicit beliefs about who they are and what they deserve. Here, Shelly focuses on how to get to the roots of these beliefs, and shares one practice that can change them.

Dr. Harrell: Sometimes for some folks, it's an internalization of negative attributions from family or from society. The extent to which one is believing what has been told to them about themselves.

Families where there isn't a lot of raising up of esteem but where there's a lot of criticism and harshness – though sometimes that's well-meaning – can still impact a person's sense of value and worth in the world.

From family members and sometimes society, we get messages of less value and less worth. Negative stereotypes about different racial ethnic groups or people with different sexual orientations. Stereotypes. Nobody is free from stereotypes. Right?

I think the extent to which those social stereotypes become internalized and people begin to believe, "Well, maybe I'm not as smart," or "Maybe I'm not as attractive" – when we use external standards beauty or, again, internalize negative stereotypes, that can play a role in that sense of not being good enough.

There are layers of social comparison – what we may internalize from family, but also what we may internalize from the world around us through negative stereotypes. All of that contributes.

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So, we've got to help clients tease that out. Where does this come from?

I teach at UCLA in the summertime, and I teach in a program that's for transfer students – students who are coming from community college and been accepted into UCLA as a four-year university. They come in as a junior. A lot of these students are students from historically underrepresented groups — Latino and African American students. And they come to UCLA sometimes feeling like, "I don't belong here. How did I get here?"

This is sort of 'impostor syndrome.' It is maybe a broader term that all of us can relate to.

Part of what I work with them on is, "Where do you get that message that you don't belong here?" And we try to deconstruct that. Where does that come from? Why do you believe that?

Sometimes it is a matter of raising consciousness that, "Oh, this *does* come from my believing the stereotypes that are out there about my group. And how much I've taken that in and think that it's true that I don't belong here."

So again, the process of understanding where some of those messages may come from, whether it be family or society, messages of deficit and negative attributions.

Some other things I think about in working with people who feel like they're not good enough, there's been a lot of research and the development of interventions around this notion of self-compassion, and I think that's powerful work and, I think, very important.

Being aware of the extent to which we judge ourselves and we actually believe those negative, harsh voices

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in our minds that say we're not good enough and being able to help clients access a sense of compassion and forgiveness and kindness directed to themselves . . . that is really, really important and powerful work.

Out of this CBT frame, I'll often say to clients, "Don't believe everything you think."

We can have thoughts and identify where those thoughts come from and recognize that they're there, *without believing them*. We can't always make them completely disappear, but we can alter our relationship to those harsh judgments and critical places that keep us,

perhaps, in that sense of not being worthy, not being valuable, not being good enough.

It's a notion of not believing everything we think, but having compassion for those thoughts being there in the first place: *It makes complete sense that you would have that thought. It makes complete sense that, given the family environment or given the sociocultural environment, that would somehow enter into your consciousness. It is understandable. But, we can work on how much you believe that and how much you believe that to be true.*

For issues related to gender around women's beauty and attractiveness, I think a lot of women have internalized a particular standard of beauty.

That isn't necessarily going to disappear completely but we can help women identify, "Where does that come from. Why are you seeking that particular way of looking and going to all kinds of lengths to try to emulate a single standard of what's considered beautiful? And why is that there?"

Deconstructing becomes important. And then, *compassion*.

Dr. Buczynski: As Shelly said, it's not always about eliminating these comparison standards.

It's more about acknowledging them and shifting the way we deal with them.

For more on the internalized negative stereotypes that Shelly talked about, I asked Dr. Kelly McGonigal and Dr. Ron Siegel how we can help people counter these harmful messages. Here's what they had to say—

Dr. McGonigal: This is something I'm actually quite interested in because a lot of really good interventions have come out of Stanford looking specifically at this issue – students who are entering a context where they're aware of negative stereotypes about the community they belong to or their race or something other aspect of their identity.

"It's a mistake to assume that people who are affected by negative stereotypes have internalized them; there can be an understanding that it's a barrier but not necessarily my own belief."

And I do want to distinguish a little bit from Shelly from this assumption that those stereotypes would be internalized in a way that they might actually believe them. And actually, what you see is that there isn't always the internalization of the stereotypes.

So, I might be aware that, as a woman, people expect me to be worse at STEM fields. That doesn't mean I believe it, but the stereotype has a negative effect anyway.

I think I've mentioned this probably before – it's a mistake to assume that people who are affected by negative stereotypes have internalized them;

there can be an understanding that it's a barrier but not necessarily my own belief.

Some of the most effective interventions that have looked about people who are entering academic contexts where they are a minority in some way have focused on sort of redefining how one comes to belong in an

*"Deconstructing is important—and then, **compassion.**"*

environment.

The classic one that was led by Greg Walton, which we've talked about, encouraged new freshmen who were racial minorities in that setting to know that everyone feels like they don't fit in in the beginning.¹ Most people question whether they belong at this university, that that's normal, and that it changes over time. And how does it change over time?

I think we haven't talked about this enough – when we talk about the value of belonging interventions, the way it changes is that people become engaged. And so I think really that the most effective interventions when you're trying to help people feel like they belong is to focus on belonging not being sort of a fixed quality that is defined by your group membership — like I'm the right race or gender or age — but belonging is defined by what you contribute to an environment and to your focus quickly on participating, contributing, showing up, being responsive — *what do you bring to the environment?* — and to trust your own strengths and your own abilities that when you put yourself in that process, that's how belonging gets constructed.

Dr. Buczynski: I would just wonder if kids that are going to Stanford might say, "I don't have anything to contribute. Everybody is smarter than I am. They somehow made a mistake when they took me."

Dr. McGonigal: Well, so it's interesting.

A lot of people feel that and what's interesting, again, is even that sort of response, that "I don't have anything to contribute," in a way, it's defining "contribute" wrong.

It's not waiting in class for the most brilliant thing to say, but waiting in class for the opportunity to say *something*. That contribution, people have too high a standard of what it means to contribute.

Sometimes what it means to contribute is there's an event happening, a meet-and-greet, and you go and you meet someone and you greet someone.

It's sort of like this: When we were talking about with the romantic relationships, people think that they're evaluated based on being the best where, actually, in social environments, you are more likely to be evaluated based on your contribution to the whole environment, which does not necessarily mean you have to be the smartest person in the room or somehow make yourself stand out.

I was going to say, Jennifer Crocker –whose work I mentioned with romantic relationships – has also written a paper about this from the perspective of minorities by race or by gender in academic environment.

She says that the key to actually increasing belonging is to *stop* feeling like your belonging is at the mercy of other people, and to *start* looking for how you can make other people feel like they belong.

So, what do you say to the other person that makes them feel valued or that they contributed something?

It's just a flat out mistake to think that people are determining your belongingness when belongingness is something that emerges out of the quality of your participation in other people's experiences. Again, it's that

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whole ego-system versus mindset.

The reason I'm talking about all of this is when it comes to overcoming some of these negative stereotypes, the research seems clear, and my perspective is that you don't go in and argue with them about the stereotypes.

And in fact, in many ways, it's the wrong message.

If you are the victim of a negative stereotype and now I make it your job to overcome that stereotype in your own mind and heart and other people, it's almost a denial of the fact that that's out there. It really is about shifting in focus.

Like, yeah, we know those beliefs are out there and that's going to be part of your experience, and we're going to shift our attention to this thing that you actually can control.

Dr. Siegel: Yeah. I was thinking of some clinical moments with this and realizing . . . I'm a big fan clinically of liberation movement. They certainly have their role politically and in the larger social context.

Most people who are part of whatever the group is, where there's negative judgments floating around about them, with a little bit of investigation, they realize that while sometimes there's some basis for the stereotype that generalizing it is a very flawed idea and that they don't personal fit, necessarily.

And yet you think of just how freeing it has been to groups of people — how powerful the women's movement has been, how powerful LGBT movements have been. Particularly, I'm a big fan of the It Gets Better program where people share their stories and younger people would hear these stories and say, "Wow. This could be okay." And all of the African American liberation movements, the Black is Beautiful movements from long ago and more recent ones.

It's easy for people to see how these have been hopeful, I think.

What's interesting is so often, whatever the personal thing is that somebody is struggling with at the moment, they think, "Well that's outside of that."

It's somehow, "Yeah, well, that worked for them, but not for me."

A couple of examples come to mind.

One of them is a woman who I have been working with who grew up in a very working-class environment. She's in her 60s and she has a lot of gender stereotype ideas about what women should do or what men should do in ways that are actually quite oppressive to her and quite difficult for her — everything from, "I can't call the guy about going out because he's supposed to initiate the call," and that kind of thing. It was interesting.

I had a conversation I've never had with her — and I've worked with her a long time — saying, it's funny. I grew up in a somewhat different socioeconomic and education [*missing word?] than you did where the counterculture had a big role.

And a big part of the counterculture was the women's movement, and there, the idea that the guy should initiate the call — I'd never get a date if I put forth some of those more traditional, social values.

In fact, I was just kidding with some friends the other day who are peers of mine, how we all got it pretty quickly, adopted various feminist points of view because it was the only way to get a date. You had to. So it was on-the-job training, even though perhaps not coming out of wisdom or compassion.

I started talking to her about that, and it was very interesting.

She starting working with it and started finding it freeing. And she told me that she told this guy, "I don't want to be hanging around waiting for you to call and stuff." And she felt much better having spoken up about it.

Or another case — a woman I just started working with who has hyperhidrosis. It's when you sweat a lot, but you can get it on your hands or feet so that it's actually kind of dripping from your hands in a way which wets the paper or the keyboard and can be all embarrassing and stuff.

And she's hidden this throughout all of her high school, all of her college. She's now poised to go to graduate school, and she's terrified that it's going to show up in graduate school.

We started talking about what would it be to have a hyperhidrosis liberation movement like the other ones. "Yeah, some people have this. When they get anxious, this happens," and to declare it at the outset and this kind of thing. She's not there yet, but you could just see even playing with that, suddenly shifting this whole experience of assumptions of repression or rejection.

Dr. McGonigal: I want to just jump in and share a little research fact that some people listening might be interesting in. Ron, you mentioned the It Gets Better movement. And one of my former T.A.'s actually did some work looking at what makes an It-Gets-Better message effective.²

It's not, "It gets better because you have efficacy in your life and you can get the heck away from these prejudiced people, and you can make your own life different."

The only thing that made an It-Gets-Better message effective was when it was a message that suggested people can change and culture can change, that it really was this growth mindset towards not just it gets better but people get better.

And I think that's really important for those who might be in a position to share an It-Gets-Better message is to make sure that your narrative talks about how maybe your parent rejected you for this part of your identity, and they changed their mind and came to accept it.

That was the core part of the message that increased hope and reduced depression and all those outcomes that we're hoping for with the It-Gets-Better messaging.

Dr. Siegel: Yeah. I imagine that's a little hard when people are facing cultural shifts that feel like they're moving in the opposite direction.

Dr. McGonigal: It's very relevant. But still, if that's what the case is, it's very important not to oversell the It Gets Better because you'll just make your life better. It's important to know that people are relying on this social improvement, that that's what gives people hope.

So, we have to counter the prevailing winds if it's going the other way.

Dr. Buczynski: As Kelly and Ron discussed, it is often connection and contribution that break down harmful messages.

In the next bonus video, we'll consider the impact of feeling inadequate on a relationship. I'll see you then.

1. Walton, G. M., & Cohen, G. L. (2011). A brief social-belonging intervention improves academic and health outcomes of minority students. *Science*, 331(6023), 1447-1451. <https://doi.org/10.1126/science.1198364>
2. Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology*, 12, 465-487. <https://doi.org/10.1146/annurev-clinpsy-021815-093153>