Connecting Gender and Mental Health
to Imposter Phenomenon Feelings
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ABSTRACT. The impostor phenomenon (IP) occurs when high-achieving individuals attribute their successes to external factors and are unable to internalize success (Clance & Imes, 1978). Previous data show correlations between this phenomenon with gender and psychological disorders (Oriel, Plane, & Mundt, 2004). This study expanded on prior research in determining whether gender, mental health, perfectionism, test anxiety, and low self-esteem are significantly related to IP feelings. The sample was composed of 506 participants. Women were significantly more likely to report impostor beliefs than men, \( t(504) = 3.44, p < .001 \). Mental health, \( r(500) = -.48, p < .001 \), perfectionism, \( r(506) = .48, p < .001 \), and test anxiety, \( r(504) = .50, p < .001 \), were significantly related to impostor beliefs, whereas low self-esteem was not related to the IP, \( r(500) = -.47, p = .09 \). Research on this topic is important because the impostor phenomenon is pervasive in academic and numerous professional environments.

The impostor phenomenon (IP) is a psychological phenomenon of conflicting research. The term was first coined by Clance and Imes (1978) to describe a high-achieving individual that feels like a fraud and thus attributes success to external factors, such as hard work, luck, and charm. Research was ambiguous in regard to gender differences in IP beliefs. Although some authors reported that women experience IP feelings more than men (King & Cooley, 1995; Kumar & Jagacinski, 2006; McGregor, Gee, & Posey, 2008), other data showed no significant difference (Caselman, Self, & Self, 2006; Cromwell, Brown, Sanchez-Hucreles, & Adair, 1990; Sonnak & Towell, 2001). Additionally, other authors found relationships between cognitive distortions, such as perfectionism, and IP feelings (Henning, Ey, & Shaw, 1998; Thompson, Davis, & Davidson, 1998). In previous research, correlations existed between depression, anxiety, low self-esteem, and IP feelings (Cozzarrelli & Major, 1990; Cromwell et al., 1990; Sonnak & Towell, 2001). These maladaptive cognitive patterns related to IP have clinical implications because of the potentially elevated risk for other issues such as depression, anxiety, and low self-esteem. We designed this study to expand upon existing research to determine if gender is a significant factor in determining the IP and to determine other psychological variables that are related to IP beliefs.

Gender
There have been inconsistent findings about the association of gender and IP beliefs. Some researchers argued that there were gender differences and that women were more likely to experience the IP than men (Henning et al., 1998; King & Cooley, 1995; Kumar & Jagacinski, 2006). When Clance and Imes (1978) initially studied the IP, they only analyzed data for female participants because they believed IP predominantly occurred in women based on the attribution theory. The attribution theory, in relation to IP, suggests that women have lower expectations than men, so women attribute
their success to a temporary cause (Clance & Imes, 1978; Deaux, 1976). Additionally, Clance and Imes (1978) might have initially thought the IP affected women more than men because it became a new psychological phenomenon during the second wave of feminism (Jarrett, 2010). We believe this is important to note because the feminist wave may have brought women's standings to their attention and challenged their roles in society. Later, Clance and colleagues hypothesized that IP feelings are more present in women because the IP may stem from society's gender stereotypes with assertiveness and accomplishments more readily associated with men than women (Clance, Dingman, Reviere, & Strober, 1995).

Some researchers compared men and women and found women report greater impostor fears than men (Henning et al., 1998; King & Cooley, 1995; Kumar & Jagacinski, 2006). However, the finding that women suffer more than men from IP beliefs was not found universally. Although originally the IP was thought to be more present in women, other researchers found that IP feelings are experienced by men at the same rate (Langford & Clance, 1993). Still, data showed no significant difference between gender and IP beliefs (Bernard, Dollinger, & Ramaniah, 2002; Thompson et al., 1998). For example, when investigating the relationship between the IP and self-esteem, mental health, and parental rearing style, Sonnak and Towell (2000) found no significant sex differences. Furthermore, because most IP research was based on college, graduate, and professional samples, it is important to note that a few studies focusing on adolescent populations found no significant gender differences in IP scores (Caselman et al., 2006; Cromwell et al., 1990). Because there were contradictory findings, further research is necessary to clarify whether or not there is a relationship between gender and the IP.

**Mental Health**

In addition to gender, another aspect to investigate with the IP is mental health. When the IP is identified in a client, it is generally accompanied by other psychological problems, such as depression (McGregor et al., 2008; Oriel et al., 2004; Ross & Krukowski, 2003; Ross, Stewart, Mugge, & Fultz, 2001) and anxiety (Clance & O’Toole, 1987; Thompson et al., 1998). When Bernard et al., (2002) studied the IP and the Big Five personality factors, they also found that neuroticism was positively related to the IP. This finding is not surprising, because depression and low self-esteem are facets of neuroticism. Further studies connected neuroticism with the IP, indicating that of the Big Five personality traits, for neuroticism, depression was especially a significant predictor of the IP (Ross & Krukowski, 2003; Ross et al., 2001). Additionally, there are links between the IP and negative affectivity, which is another characteristic of depression (Oleson, Poehlmann, Yost, Lynch, & Arkin, 2000). Thus, the IP and depression may often coexist in a person because of similarities between the two psychological constructs, such as pressure to live up to a successful image, negative thoughts, and self-doubt.

**Perfectionism and anxiety.** People with IP feelings are often notorious for having high standards, and thus they may overwork to try to meet their idea of perfection (Clance, 1985a). However, ultimately, they credit their success to hard work, which they feel they have to put do, because they do not feel as smart or skilled in comparison to their peers (Parkman & Beard, 2008). Clance (1985b) stated that men and women who have multiple roles in their lives and hold perfectionist standards may be likely to hold IP beliefs. This could be because the tendency to overwork and the need to feel special is characteristic of the IP, which is also related to perfectionism. Perfectionism was the strongest predictor of the IP in a study of medical, dental, nursing, and pharmacy students (Henning et al., 1998). An individual who balances numerous roles could have the IP because the person may feel the need to be perfect in all aspects of life (Clance, 1985a). Authors of one study examined how people with the IP reacted to both failure and success (Thompson et al., 1998). The authors discovered that regardless of the outcome, be it failure or success, people who endorse IP reported higher levels of anxiety than people who do not endorse IP (Thompson et al., 1998). The higher anxiety levels that people with the IP reported could be a product of self-criticism and high standards, as these are elements of perfectionism that are more pronounced in individuals with the IP than in people who do not endorse IP (Thompson et al., 1998). Several data indicated that the IP is related to higher levels of anxiety (Clance & O’Toole, 1987; Cromwell et al., 1990; Oriel et al., 2004; Sonnak & Towell, 2001). Because anxiety is also a facet of neuroticism, the relationships between anxiety and neuroticism and the IP could explain why the IP and anxiety are correlated (Ross & Krukowski, 2003).
Self-Esteem. As previously mentioned, the IP is often presented with other psychological ailments, such as low self-esteem. Low self-esteem has been strongly, negatively correlated with IP feelings and positively related to depression (Kolligan & Sternberg, 1991). Some researchers argued that self-esteem and the IP are too closely related (Cozzarrelli & Major, 1990; Fried-Buchalter, 1992). Fried-Buchalter (1992) argued that the IP may be overly similar to fear of success and fear of failure, which evokes low self-esteem and lack of confidence; therefore, she believed that caution is necessary when examining data and developing new psychological constructs. Cozzarrelli and Major (1990) conducted a study to determine if the IP was a separate measure of low self-esteem. As predicted, the IP was significantly related to low self-esteem, but the authors believed the relationship between the IP and low self-esteem may have been a result of initial differences in self-esteem rather than self-esteem being a uniquely contributing predictive factor; however, Langford and Clance (1993) argued that self-esteem is a separate psychological construct than the IP because self-esteem measures a broader area of attitudes and feelings about the self than the IP. Statistical analyses yielded a negative correlation between the IP and self-worth in adolescents, but that self-concept was more predictive of IP beliefs in women than in men (Caselman et al., 2006). The relationship between low self-esteem and IP scores was found in adult samples as well (Ross & Krukowski, 2003; Sonnack & Towell, 2001). Because of the uncertainty of whether the IP and self-esteem are separate constructs, further research is essential. A greater comprehension of this phenomenon is necessary to better treat the IP in order to help individuals establish a higher self-esteem and sense of self-worth (Langford & Clance, 1993). The goal of the current study was to expand on previous research to increase understanding of the IP by analyzing these related variables together in order to advance treatment.

Hypotheses

First, we hypothesized that women would report higher levels of the IP than men. Secondly, we believed participants who had low levels of mental health would have higher levels of the IP than participants who had high levels of mental health as defined by the Global Health Questionnaire. Thirdly, we hypothesized that participants who endorsed higher perfectionist ideals would also endorse more IP beliefs. Fourth, we predicted that participants who had high levels of test anxiety would have higher levels of the IP than participants who had low levels of test anxiety. Fifth, we believed participants with low levels of self-esteem would have higher levels of the IP than participants who had high self-esteem. Sixth, we hypothesized that gender, mental health, perfectionism, test anxiety, and self-esteem would predict IP scores.

Method

Participants

The sample consisted of 506 participants, 105 men (20.8%) and 401 women (79.2%). The average age of participants was 21.02 years. Participants reported their racial backgrounds as White American (64.6%), African American (17.2%), Hispanic (3.4%), Asian American (6.9%), multi-racial (7.7%), and American Indian (0.2%). All students were enrolled in a U.S. institution of higher education with 13.3% in their first year, 19.5% in their sophomore year, 26.8% in their junior year, 25.4% in their senior year, and 15% were graduate students. See Table 1 for more demographic data.

Procedure

After obtaining Institutional Review Board approval, participants were recruited by 11 undergraduate research assistants. Convenience sampling and snowball sampling technique were used for this study. The research assistants used e-mail and paper flyers on campus to recruit participants, both of which included the survey link. To be eligible to participate in this study, individuals had to be an undergraduate or graduate student. There was no time limit on the survey, and the survey respondent could start, stop, and restart the survey at his or her convenience. The online survey took about 20 min to complete and included questions covering demographic, school, and health information. Participation was voluntary; those who agreed to participate were automatically entered into a random drawing for one of four $50 Target gift cards.

Measures

Imposter phenomenon. The Clance Imposter Phenomenon Scale (CIPS; Clance, 1985a) evaluated imposter beliefs, characterized by a high-achieving individual who firmly believes he or she is a fraud. The 20-item scale used a rating scale ranging from 1 (not at all true) to 5 (very true). Higher scores indicated greater IP beliefs. An example item was “I can
give the impression that I’m more competent than I really am.” Holmes, Kertay, Adamson, Holland, and Clance (1993) used both a clinical and nonclinical sample in their study to evaluate the CIPS. Holmes et al. (1993) found an alpha coefficient for the scale of .96, indicating strong internal consistency. For the present study, an alpha coefficient of .91 was found for the CIPS scale.

**Mental health.** The abbreviated version of the General Health Questionnaire (GHQ-12; Goldberg, 1972) was used to assess general wellbeing. It is a screening instrument to detect psychiatric disorders in community settings and nonpsychiatric clinical settings. The questionnaire consists of 12 items. A typical question is “Have you recently been feeling unhappy and depressed.” The scale ranged from 1 (not at all) to 4 (much more than usual). Higher scores indicates better mental health. Hardy, Shapiro, Haynes, and Rick (1999) reported an alpha coefficient of .89 for the scale and established both convergent and discriminant validity evidence for the GHQ by finding strong correlations with other measures of mental and physical health. For the current study, an alpha coefficient of .88 was found for the GHQ, which establishes further evidence for reliability.

**Perfectionism.** The 14-item Child and Adolescent Perfectionism Scale (CAPS; Flett, Hewitt, Boucher, Davidson, & Munro, 1997) was used to measure perfectionism. An example item is “I try to be perfect in everything I do.” A Likert-type scale was used ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores imply greater perfectionism. To establish validity evidence, CAPS significantly correlates with depression and anxiety (Hewitt et al., 2002). Castro et al. (2004) found the scale to be reliable over a 1 week period. For this study, an alpha coefficient of .89 was found.

**Self-esteem.** The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) consists of 10 items that measures self-esteem. An example item includes “I feel that I’m a person of worth, at least on an equal basis with others.” A Likert-type scale was used ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate higher self-esteem. Convergent, discriminant, and predictive validity have been supported in numerous studies, such as the following. Hagborg (1996) found the RSE correlated with similar self-esteem measures in adults and children. Rosenberg (1965) evaluated predictive validity and found self-esteem related to many social and interpersonal consequences. Reliability estimates are strong across ethnic groups (Hatcher & Hall, 2009). An alpha coefficient of .72 was found in this study.

**Test anxiety.** Instead of the TAI-20 (Spielberger, Gonzalez, Taylor, Algaze, & Anton, 1978), we used Taylor and Deane’s (2002) shortened, five item version, the TAI-5. An example item is “I wish examinations did not bother me so much.” The TAI asks participants to rate their level of test anxiety on a 1 (almost never) to 4 (almost always). To establish validity evidence, Marszalek (2009) found that the TAI-5 correlated with other measures of anxiety. Taylor and Deane (2002) reported an alpha coefficient of .86 for the short version of the scale. Test anxiety had an alpha coefficient of .93 for this study.

### Results

A t test was used to determine if there was a significant difference between gender and IP scores. We found there was a significant difference with women more likely to report IP feelings than men, \( t(504) = 3.44, p < .001, d = 0.42 \). Correlations were used to analyze the hypotheses regarding IP, mental health, test anxiety, perfectionism, and self-esteem. The first hypothesis of IP and mental health being correlated was supported. Mental health was positively correlated with IP. The second hypothesis of IP and perfectionism being related was also supported. Perfectionism was significantly

| TABLE 1 |
|---|---|---|
| Participant Characteristics \((N = 506)\) | | |
| | \(n\) | % |
| **Age** | | |
| 17–20 | 255 | 51.5 |
| 21–28 | 228 | 46.1 |
| 29–44 | 12 | 2.4 |
| **Race** | | |
| White | 326 | 64.6 |
| Black | 87 | 17.2 |
| Asian | 35 | 6.9 |
| Hispanic | 17 | 3.4 |
| Multiracial | 39 | 7.7 |
| **Year in School** | | |
| First Year | 67 | 13.3 |
| Sophomore | 98 | 19.5 |
| Junior | 135 | 26.6 |
| Senior | 128 | 25.4 |
| Graduate Student–MS | 41 | 8.2 |
| Graduate Student–Doctoral | 34 | 6.8 |
related to IP. Additionally, test anxiety was significantly related to IP. The hypothesis of a correlation between IP and self-esteem was not supported. IP and self-esteem were not significantly related. See Table 2 for descriptive variables and Table 3 for a correlation matrix.

We also hypothesized that mental health, perfectionism, test anxiety, and self-esteem would predict IP scores. To evaluate this hypothesis, we used linear regression. The overall model was significant, $R^2 = .43$, $F(5, 486) = 73.16$, $p < .001$. Gender, mental health, perfectionism, and test anxiety were the variables that were significant predictors of the IP, whereas self-esteem was not a predictor of the IP ($p = .43$). See Table 4 for this model.

**Discussion**

In this study, we examined if there were gender differences in IP beliefs. Beyond this, correlations between IP with mental health, perfectionism, test anxiety, and self-esteem were assessed. We found that greater impostor beliefs were endorsed more so by women than by men. Significant results were found between IP and mental health, perfectionism, and test anxiety, but self-esteem was not significantly related to IP.

We found a significant difference between gender and IP scores, which supports previous research (Henning et al., 1998; King & Cooley, 1995; Kumar & Jagacinski, 2006). Women are more likely to have IP beliefs than men. Whereas previous researchers were undecided on gender differences, we were not surprised to find that women reported greater IP beliefs than men. Women have more roles than men and are expected to excel at all of their roles equally, which can lead to impostor feelings (Clance, 1985b; Clance et al., 1995). Harvey and Katz (1985) asserted that people with the IP believe their new roles should be done perfectly. Because women are more likely to have overwhelming demands from multiple roles in their lives than men, a *superwoman attitude*, where a woman feels she must excel across all areas, may trigger IP beliefs (Clance, 1985b). This idea originates from stereotypic gender roles. Thus, if women internalize these gender roles, they may endorse society’s belief that they are not as successful as men (Langford & Clance, 1993). A theoretical application for these results may be further explained by the attribution theory previously presented by Clance and Imes (1978).

Mental health was significantly correlated with IP, with lower scores of mental health being related to higher scores of the IP. This may indicate that someone with the IP is also likely to have lower mental health than someone without the IP; however, it is necessary to interpret these results with caution, as these findings are correlations based on participants who were recruited with convenience and snowball sampling. Prior researchers revealed IP beliefs were correlated with depression (McGregor et al., 2008; Oleson et al., 2000; Oriel et al., 2004; Ross et al., 2001). This is an important implication when treating an individual with the IP. Although depressive symptoms may be initially more pronounced than IP beliefs, it is imperative to address all symptoms and recognize that cognitive distortions, such as guilt and shame, are characteristic of both depression and the IP (Clance & O’Toole, 1987).

Perfectionism was strongly related to IP scores with higher scores of perfectionism being linked with higher scores of the IP. Test anxiety was also significantly correlated to IP scores with higher scores of test anxiety being related to higher IP scores. These results were expected because prior studies show perfectionistic beliefs to be one of the most commonly endorsed irrational beliefs for people with the IP (Cromwell et al., 1990). Anxiety tends to be an underlying problem in both perfectionism and the IP (Cromwell et al., 1990); thus, this correlation was anticipated. People who endorse IP are notorious for striving for perfectionism, and when individuals with the IP invest excessive effort to meet perfection, it can cause additional anxiety (Parkman & Beard, 2008). Elements of perfectionism are more pronounced and common in people with IP feelings than people who do not endorse IP, such as high standards and self-critical thoughts (Thompson et al., 1998).

Test anxiety was also related to the IP (Kumar

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**TABLE 2**

<table>
<thead>
<tr>
<th>Descriptive Variables for IP, GHQ, CAPS, TAI, and RSE</th>
<th>M</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP</td>
<td>58.68</td>
<td>13.87</td>
<td>26–98</td>
</tr>
<tr>
<td>GHQ</td>
<td>33.25</td>
<td>6.52</td>
<td>13–47</td>
</tr>
<tr>
<td>CAPS</td>
<td>42.34</td>
<td>10.09</td>
<td>15–69</td>
</tr>
<tr>
<td>TAI</td>
<td>10.92</td>
<td>4.59</td>
<td>5–20</td>
</tr>
<tr>
<td>RSE</td>
<td>30.26</td>
<td>6.19</td>
<td>20–46</td>
</tr>
</tbody>
</table>

Note: Correlations for participants ($N = 506$) are presented above. Higher scores indicate greater magnitude. GHQ = General Health Questionnaire; CIPS = Clance Imposter Phenomenon Scale; CAPS = Child and Adolescent Perfectionism Scale; TAI = Test Anxiety Inventory; RSE = Rosenberg Self-Esteem Scale.
to determine whether mental health, perfectionism, test anxiety, and self-esteem were significant predictors of impostor beliefs. Although the overall model was significant, only mental health, perfectionism, and test anxiety significantly predicted the IP. This is not surprising, as IP scores have been linked to more mental health problems in previous research (Oriel et al., 2004; Ross & Krukowski, 2003; Ross et al., 2000). Specifically, depression was a strong predictor of the IP (Oleson et al., 2000).

Self-esteem was not a predictor of the IP. This could be because IP and self-esteem are not independent constructs, as Fried-Buchalter (1992) and Cozzarelli and Major (1990) suggested. These results are interesting for treating individuals with impostor beliefs because clinicians should be aware that mental health, perfectionism, and anxiety contribute to more IP feelings. Treatment outcomes may be more successful if the therapist is cognizant that these variables are closely related to each other and predictors of the IP so that the individual receives care for all of the potential comorbid effects. Because self-esteem and the IP may not be exclusive constructs, treatment considering

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CIPS</td>
<td></td>
<td>-.48**</td>
<td>.48**</td>
<td>.50**</td>
<td>-.47</td>
</tr>
<tr>
<td>2. GHQ</td>
<td></td>
<td></td>
<td>-.30**</td>
<td>.32**</td>
<td>.03</td>
</tr>
<tr>
<td>3. CAPS</td>
<td></td>
<td></td>
<td></td>
<td>.35**</td>
<td>-.03</td>
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<tr>
<td>4. TAI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-.01</td>
</tr>
<tr>
<td>5. RSE</td>
<td></td>
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</tr>
<tr>
<td>M</td>
<td>58.68</td>
<td>33.25</td>
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Note: Correlations for participants (N = 506) are presented above. Higher scores indicate greater magnitude. GHQ = General Health Questionnaire; CIPS = Clance Imposter Phenomenon Scale; CAPS = Child and Adolescent Perfectionism Scale; TAI = Test Anxiety Inventory; RSE = Rosenberg Self-Esteem Scale. All analyses were two-tailed.

*p < .05, **p < .01, ***p < .001.
all the factors (the IP, mental health, perfectionism, and anxiety) could result in improvement of an individual’s self-esteem as well.

One of the positive outcomes of this study is that it furthers research on the IP, which is a relatively new psychological construct with just over 30 years of research. It is valuable to gather information on psychological constructs that are correlated with the IP because it gives a more comprehensive understanding of the phenomenon. Additionally, this study had good ethnic diversity. Although the majority of the sample was composed of White American participants (64.4%), this percentage is just over half of the sample, which was of an adequate size (506 participants). Therefore, these numbers show that our sample was ethnically diverse.

Whereas the sample size and various racial groups represented are positive aspects of this study, the limitations should be kept in mind when interpreting the data. Ninety-two percent of participants were between the ages of 17–24, so these results may not be generalized to other age groups. Also, most of the participants in this study were women (79.2%). It would be interesting to see if the results would replicate with a more gender balanced sample. Lastly, as always with self-report data, it is critical to read results cautiously, as people may not respond accurately.

Because the IP is a recent phenomenon, results have remained inconsistent in what predicts the IP and which factors are associated with the IP. Thus, further research is necessary. A future study might consider using physiological measurements in conjunction with self-report measures of stress and test-anxiety and contrast these differences between people who endorse IP and people who do not endorse IP. If there were significant differences in the physiological measurements, such as heart rate and blood pressure, between people who endorse IP and people who do not endorse IP, this would strengthen self-report data and offer less disputable results. Additionally, as some researchers believe that the IP originates from gender stereotypes (Clance et al., 1995), it might be worthwhile for future research to determine if there are differences between impostor feelings for women who identify themselves as feminists and those who do not identify as feminists. Along similar lines of gender, it would be interesting to study IP beliefs in a sample that consists of both lesbian and heterosexual women. We predict that lesbian women would report lower IP scores than heterosexual women because there is more fluidity in gender roles in the lesbian, gay, bisexual, and transgender (LGBT) community (Blashill & Powlishta, 2009).

In conclusion, there is valuable information to be taken from this study. Gender, mental health, perfectionism, and test anxiety were all significantly related to IP beliefs. Although self-esteem was not significantly correlated with the IP, this contradicts prior research, so further research should be conducted for clarification. The IP is a relevant topic to research because it is pervasive to many women in academic and professional settings, and associated with other serious psychological problems.

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