

Imposter Syndrome, Anxiety, and Indian College Students

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ABSTRACT

Imposter syndrome is the feeling of incompetence despite existing evidence of competence. It is the failure of high achieving individuals to internalize their achievements and honors. The individuals, instead, attribute their achievements and success to external factors such as luck, hard work of others, or manipulation of others. The current study aims to find if the correlation between imposter syndrome and anxiety in Indian college students. The study also intends to understand a gender difference regarding the prevalence of imposter syndrome in the chosen population. The findings reveal that more than half (52%) of the sample exhibit high levels of imposter syndrome, while 59% of the sample reflected low levels of anxiety. The results also indicate a moderate positive correlation ($r=0.403$) between imposter syndrome and anxiety. Additionally, it also shows that women significantly experience imposter syndrome more than men. In sum, the research concludes that higher levels of imposter syndrome led to higher levels of anxiety, and women are more prone to experiencing imposter syndrome within the educational setting.

Keywords: *Imposter Syndrome, Anxiety, Social Psychology, College Students, Social Influence*

Imposter syndrome was first perceived by Clance and Imes (1978) during an empirical investigation. They used the term "Imposter Phenomenon" to characterize the characteristics and actions of a group of successful women who were failing to internalize their accomplishments. Despite many achievements and honours, these women experienced feelings of deception because they did not connect their success to their talents. Imposter syndrome is also known as imposter phenomenon (IP), impostorism, and neurotic imposture (Corkindale, 2014). "Imposters believe they are intellectual frauds who have attained success because they were at the right place at the right time, knew someone in power, or simply were hard workers—never because they were talented or intelligent or deserved their positions." (Clance, 1985, p. ii). While there is no formal diagnosis in the DSM for imposter syndrome, some of the most prevalent symptoms include generalized anxiety, loss of self-confidence, low self-esteem, and low impression of self-competence, autonomy, and feeling of connection with others (Maftai et al., 2021). Those struggling with imposter syndrome have also expressed emotions of second-guessing, perfectionism, and apprehension about voicing their thoughts or sticking up for themselves (Clark et al., 2014).

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Received: August 10, 2023; Revision Received: December 14, 2023; Accepted: December 18, 2023

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Thompson et al. (2000) suggest that imposters respond to fear in one of two ways: severe over-preparation or premature procrastination preceded by frenetic preparation. There is exhilaration and satisfaction following success. However, the comfort is fleeting. As fresh opportunities for accomplishment present themselves, fears and self-doubts resurface, and the cycle begins again. Due to their significant over-preparation, imposters attribute their achievement to either work (if they are over-prepared) or fate (if they procrastinated). Imposters' apparent inability to channel their worry into motivation implies that they are unlikely to receive joy from a challenge, viewing it as a danger. Their excessive straining, like their immobility and procrastination, is a result of their great worry.

Imposter Syndrome in Academics

Imposter syndrome develops when high-achieving individuals, despite external measurements of achievement, have a chronic sense of self-doubt paired with a dread of being revealed as a hoax. It endangers one's mental health and well-being (Bhama et al., 2021); it has been observed in people from all walks of life. Most commonly, it has been noted in medical students and healthcare professionals. Qureshi et al. (2017) explored the frequency of imposter syndrome in Pakistani medical students. They found that 47.5% of their sample exhibited imposter syndrome. Similarly, Bhama et al. (2021) investigated imposter syndrome in general surgery residents, where 76% of the sample showed severe levels of imposter syndrome. In 2018, LaDonna et al. found that even doctors at advanced stages in their careers suffer from imposter syndrome. Many other researchers have found evidence of the imposter phenomenon in medical students (Vilchez-Cornejo et al., 2021; Henning et al., 1998) and professionals (Rivera et al., 2021).

College students, especially postgraduate and doctoral students, have also experienced significant levels of imposter syndrome. Maftai et al. (2021) studied imposter syndrome in psychology students and found that out of 130 students, 56.15% showed signs of high and intense imposter syndrome. Additionally, these students also suffered from high levels of psychological stress and procrastination. Other researchers have also looked into the prevalence of imposter phenomena in college students (Chakraverty, 2019; Wang et al., 2019). In 2016, Neureiter and Traut-Mattausch studied university students and how the imposter phenomenon obstructs their career development. They found that IP significantly lowered career planning, professional ambition, and motivation to lead in their study.

Similarly, Neureiter & Traut-Mattausch (2016) also studied the imposter phenomenon in working professionals and found that IP had detrimental effects on career development and leadership motivation. Other researchers, such as Ling et al. (2020), also found that IP leads to decreased job satisfaction among female facility managers. Imposter syndrome was also found to be highly prevalent among male and female marketing managers (Fried-Buchalter, 1997). Professors and faculty of higher education are another set of the population exhibiting imposter syndrome. In 2016, Woolston published an essay in *Nature* claiming that imposter syndrome is frequent among professors, particularly those working in elite research institutes. Previous literature perceived that heightened feelings of imposterism were associated with worse job performance ratings, lower student assessments of teaching performance, and higher levels of faculty anxiety in studies involving academic teachers (Hutchins & Rainbolt, 2016). In a study conducted by Jeledan (2019) to understand the prevalence of imposter syndrome among female faculty, 23.33% of the women seemed to have frequent thoughts of imposter syndrome, while the overall sample showed moderate levels of imposter syndrome. Additionally, they also identified that familial relationships and parental influence were key predictors of the imposter phenomenon in these women.

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Furthermore, imposter syndrome and authenticity are frequently associated with bad experiences and poor professional achievements for Black women in academia (Fields & Cunningham-Williams, 2021).

The functions of a modern librarian within an institution are flexible and frequently an amalgamation of varied positions such as educator, social worker, IT specialist, and printer trouble-shooter. Striving to be viewed as an authoritative person might lead to internal tension if the librarian does not believe they are competent or skilled in the subject at hand. Furthermore, college and university librarians sometimes function as liaisons to teachers with greater education and experience, which can accentuate feelings of the imposter phenomenon (Clark et al., 2014). In 2014, a study conducted by Clark and colleagues among librarians across the United States and Canada found that imposter syndrome was more prevalent among younger and newer librarians than among their more experienced peers. A general conclusion is that one in every eight academic librarians has imposter syndrome, with a score higher than 42 on the Harvey IP Scale. Barr-Walker et al. (2019), in their study on imposter syndrome in librarians, also reported that younger librarians experienced the imposter phenomenon more than those who were older and had more experience in the field. Furthermore, Matthews and Clance (1985) suggested that as many as 70 percent of the population experiences imposter syndrome at some level in some situations. In addition, to an abundance of research literature, the importance of understanding the imposter phenomenon has also been covered in mainstream media such as Harvard Business Review (2021), Forbes (D'Anzica, 2021), Times of India (Singh, 2022), and others.

Imposter Syndrome and Gender

The research outcomes on the prevalence of the imposter phenomenon (IP) in both genders have been varied. Most of the early work in this area (Clance & Imes, 1978; Harvey & Katz, 1985; Hayes & Davis, 1993; King & Cooley, 1995) chose to understand imposter syndrome in women. Contrary to this trend, a study by Topping (1983) found that men had a considerably higher mean IP score than women in a sample of male and female faculty members. Recent studies have found evidence of imposter syndrome in both men and women. Shill-Russell et al. (2022) investigated the prevalence of imposter syndrome among osteopathic medical students (n=600) in the United States of America, stratified by gender. Researchers made use of the Young Imposter Syndrome (YIS) Scale to collect relevant data. They found that female medical students experienced imposter syndrome significantly more than their male counterparts. Several pieces of research have found that females are more likely to experience imposter syndrome than their male peers (Jöstlf et al., 2012; Cusack et al., 2013; Villwock et al., 2016). On the contrary, some studies reported no significant gender difference in the imposter phenomenon (September et al., 2001; Austin, 2009; Chayer & Bouffard, 2010; Kamarzarin et al., 2013; Bravata et al., 2019).

Young (2011) in her book on successful women and imposter syndrome, discussed five types of imposter competencies: the perfectionist, the expert, the rugged individualists/soloist, the natural genius and the superwoman/man/student. The perfectionists has a myopic view of doing things, and these methods must meet their strictly established standards of 'perfection' and 'exemplary performance'. Individuals with a perfectionist view of competency tend to create unrealistic objectives for themselves; when they fail to meet them, they are filled with self-doubt and concern about not measuring up. Whether they realize it or not, this group may be control freaks, believing that if they want a task done perfectly, they must do it themselves. Perfectionism is not the same as a good desire to achieve success. Perfectionists aim for the 'A+' or the 'gold standard'; anything less than

that results in harsh inner self-criticism. As opposed to perfectionists, non-perfectionists are content with simply achieving the task regardless of the quality of their performance. Though they may be disappointed if they fail, they feel no shame as long as they give their best shot. Perfectionism is a hard-to-break habit since it is self-reinforcing. The second group, the expert, are preoccupied with how much information or talent they have. However, they can never get enough of it. This emphasis on knowledge, expertise, and credentials is the primary source of negative self-talk. Usually, this category includes more women than men—women grow up with messages that often assume a lack of ability or intellectual competence. The cultural bias against women is well documented in previous literature (Wennerås & Wold, 1997). The irony of aspiring to be the expert is that even if they are, they are likely to be uncomfortable identifying themselves as such. The rugged individualist, often known as the soloist, are under the false assumption that actual competence entails solitary, unaided achievement. In contrast to the perfectionist, the soloist is more concerned with being able to do things on their own than the quality of the job.

Individualists believe that the only accomplishments that matter are those that people achieve independently. They tend to minimize accomplishments earned via teamwork or collaboration with others. Because of the notion that asking for directions is a show of weakness, this category consists of more males than women. The fourth type of imposter syndrome, named the natural genius, includes those who feel they must be born with the ability to be a "genius." As a result, they base their evaluations of their abilities mostly on ease and quickness rather than effort. In other words, they are embarrassed if they take their time understanding anything. Natural geniuses expect to be taught nothing, prosper without effort, and accomplish everything correctly the first time. This group, like perfectionists, has exceptionally high standards for themselves. However, their self-evaluation is based on how quickly they accomplish their goals instead of performing each task flawlessly. It is not because natural geniuses are lazy that they wish to be an expert from a novice without having to go through the intermediate levels. It is because they are unaware of the existence of a transitional stage. Finally, the last form of imposter syndrome called the superwoman/man/student is a cross between the perfectionist, the natural talent, and the soloist. The main difference between being a perfectionist and a superwoman is that the perfectionist might be satisfied to perform impeccably in school or on the job. The Super Woman's competency, however, is based on her ability to effectively balance several jobs. Their inability to multitask successfully leads to negative self-talk.

Imposter Syndrome and Anxiety

Anxiety involves a negative mood, worry about possible future threats or danger, self-preoccupation, and a sense of being unable to predict the future threat or control it if it occurs (Grupe & Nitschke, 2013). Hooley (2021) suggests that anxiety often creates a state of tension and chronic overarousal, which may reflect risk assessment and readiness for dealing with danger should it occur. Although there is no activation of the fight-or-flight response as there is with fear, anxiety does prepare or prime a person for the fight-or-flight response should the anticipated danger occur. Additionally, he also suggests that at a behavioural level, anxiety may create a strong tendency to avoid situations where danger might be encountered. However, there is no immediate behavioural urge to flee with anxiety as with fear. Anxiety should not be confused with fear or worry as they are both different in terms of why they happen and their intensities, but it should be kept in mind that they are on a continuum.

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Furthermore, it is when this anxiety, worry, or fear becomes overbearing or severe, it is treated as a disorder and is known as an anxiety disorder (Hooley, 2021). These disorders encompass unrealistic, irrational fears or anxieties of disabling intensity as their principal and most obvious manifestation. Some of them are – specific phobias, social phobia, panic disorder, agoraphobia, and generalized anxiety disorder (GAD).

According to the American College Health Association (2019), anxiety and depression are the most often reported mental health disorders among university students; they can have a significant influence on academic performance. In 2018, Lun et al. conducted a study to understand the anxiety and depression levels among undergraduate students (n=1119) across multiple universities in Hong Kong. Researchers screened the population for depression and anxiety. The results indicated that 54.4% of the sample reflected mild to severe symptoms of anxiety, and 68.5% of the sample reflected mild to severe symptoms of depression.

COVID 19 has been a major contributing factor to the rising rates of anxiety and other mental health issues. In 2020, Husky et al. undertook a study to better understand the influence of COVID 19 on the anxiety and stress levels of university students in France (n=291). According to the findings, 60.2 % experienced significant rises in their anxiety levels since the start of the COVID 19 pandemic. Similarly, Liyanage et al. (2021) conducted a quantitative systematic study to evaluate the worldwide prevalence of anxiety among university students during the COVID-19 outbreak. The study reported a 41% prevalence of anxiety across the accumulated pool of research. Furthermore, a gender-based analysis showed that women (56%) experienced anxiety more than men (39%).

Similarly, Deng et al. (2021) did a comprehensive review of the literature to better understand the prevalence of anxiety, depression, and stress among higher education students (n=1,441,828) by examining 89 research studies. According to the collected data, 14% of graduate students and 24% of undergraduate students had anxiety symptoms. Overall, the prevalence of depressed and anxious symptoms was greater in this research compared to pre- pandemic prevalence in similar groups. Faisal et al. (2021) investigated the anxiety, depressive symptoms, and mental health condition of 874 university students in Bangladesh. The generalized anxiety disorder-7, depression revised scale from the Centre for Epidemiologic Studies, and mental health inventory-5 were all used in the study. According to researchers, 40% of the sample experienced moderate to severe anxiety, 72% showed depressive symptoms, and 53% reported poor mental health. Lee et al. (2021) investigated the levels of anxiety, sadness, and stress among students (n=2059) in Kentucky. The Generalized Anxiety Disorder 7-item scale was used to measure anxiety; the Perceived Stress Scale was used to assess stress; the Patient-Reported Outcomes Measurement Information System (PROMIS) Depression Short Form was used to assess depression. The results found that 45% of the sample experienced moderate to severe anxiety symptoms, 88% experienced moderate to severe stress, and 36% displayed indications of moderate to severe depression. Thompson et al. (2000) found in their study that participants exhibiting imposter syndrome also showed higher levels of anxiety than their non-imposter counterparts. Wang et al. (2019) also found imposter syndrome to be fully mediating the link between anxiety and perfectionism (an essential component of imposter syndrome). Similarly, Kananifar et al. (2015) found positive correlations between imposter syndrome and mental health, especially anxiety. Additionally, the study conducted by Oriel et al. (2004) revealed that imposter syndrome is highly correlated with anxiety and depression. Overall, the proclivity of imposters to express negative emotions (anxiety, discontent, shame, and humiliation), along with their propensity to internalize failure, suggests a

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relationship between imposter fear, anxiety, and depression (McGregor et al., 2008). Furthermore, the COVID-19 pandemic has also exacerbated feelings of imposter syndrome (Kang, 2021) and anxiety (Grover et al., 2020).

At present, there is no specific therapy for imposter syndrome; Matthew and Clance evaluated their own experiences caring for 41 people with imposter syndrome in 1985. They recommended validating patients' doubts and fears, directly addressing the fear of failure, and providing group therapy because when they frequently feel isolated and alone, they experience imposter feelings. However, no data on treatment intensity, duration, or improvements in any diagnostic tool were presented.

Mak et al. (2019) suggests that there is no “gold standard” for measuring imposter syndrome. Two main measures are most used in studies – Clance Imposter Phenomenon Scale (CIPS) (Clance & Imes, 1978) and Harvey Imposter Scale (HIPS) (Harvey, 1981). Holmes et al. (1993) compared CIPS and HIPS and found that in the non-clinical population, CIPS was found to be more sensitive in distinguishing between strong and weak imposterism. The CIPS was also said to have reduced the number of false positives and false negatives when generating cut-off scores. Even though participants were not assigned to groups at random, researchers indicated that the CIPS is the ideal instrument for usage with the general population due to its sensitivity and reliability.

Present Study

While imposter syndrome and anxiety have been studied for over a decade, most of these studies are based in the western world and do not investigate the experiences of Asians, specifically Indian college students. There is a dearth of literature looking into the experiences of the Indian student population. Therefore, the primary aim of this research is to explore the prevalence of imposter syndrome and its relationship with anxiety in Indian college students. Additionally, this study also aims to understand a possible gender difference between men and women when it comes to the prevalence of imposter syndrome. The research was conducted after receiving informed consent from the participants and anonymity was assured.

METHODS

Aim

The present study aim to understand if there is a statistically significant relationship between Imposter Syndrome and Anxiety in 18 - 25-year-old Indian college students, and if women exhibit imposter syndrome more than men.

Research Design

The current study makes use of a quantitative cross-sectional research design. In the first hypothesis, a correlation analysis was performed between two variables, imposter phenomenon scores from the Clance Imposter Phenomenon Scale and levels of anxiety on the Beck Anxiety Indicator. While in the second hypothesis, an independent t-test was performed to understand the relationship between gender and imposter syndrome. The independent variable was the participant's gender, and the dependent variables included their respective scores from the CIPS inventory.

Participants

The participants of this study comprised students enrolled in an undergraduate or postgraduate degree in India. Of the 150 participants, 75 were males (50%), 75 were females

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(50%). Since the study aims to understand the difference among the binary genders, all data related to non-binary participants was excluded from the analysis. The participants were between the ages of 18 and 25 ($M = 20.39$, $SD = 1.45$). Participants were recruited online using a convenience sampling method via several social media platforms. Participants were required to ensure informed consent before beginning the survey.

Measure

The present study's survey contained various demographic questions as well as two separate scales. Google Forms, an online survey tool, was used to create the survey.

Demographics: Participants were asked to provide demographic information such as a pseudonym, their age if they were above the age of 18, their gender, and whether they were presently enrolled in an undergraduate or postgraduate degree program (Appendix C).

The Clance Imposter Scale (CIPS): The Clance Imposter Phenomenon Scale (CIPS) is a frequently used instrument for assessing individuals' self-perceptions of intellectual and professional fraudulence (Yaffe, 2020) (Appendix A). CIPS involves 20 self-report questions answered using a 5-point Likert scale. The scale suggests that if an individual obtains a score of 40 or below, they show minimal signs of imposter syndrome; a score between 41 and 60 indicates that the respondent has moderate IP experiences; a score between 61 and 80 indicates that the respondent regularly has Imposter sentiments; a score more than 80 indicates that the respondent frequently has intense IP experiences. The greater the person's score, the more often and severely the Imposter Phenomenon impacts their lives. Researchers and practitioners mostly utilize the Clance Imposter Phenomenon Scale (Mak et al., 2019). For this particular sample, the Cronbach's alpha obtained was ($\alpha=.88$), reflecting a good level of reliability.

Beck Anxiety Inventory: The Beck Anxiety Inventory (BAI) has 21 questions with a Likert scale of 0 to 3 and raw values ranging from 0 to 63 (Appendix B). It was created in 1988, and a new manual with minor scoring adjustments was issued in 1993. The BAI scores are divided into four categories: minimal anxiety (0–7), mild anxiety (8–15), moderate anxiety (16– 25), and severe anxiety (30 to 63) (Halfaker et al., 2011). The test has high internal consistency ($\alpha = .92$) and good reliability ($\alpha =.75$) (Beck et al., 1988). The BAI also has strong concurrent validity, with correlations ranging from 0.78 to 0.81 with the SCL-90 Anxiety Subscale, Hamilton Anxiety Scale, and Spielberger's STAI (Toledano-Toledano et al., 2020). For this sample, the Cronbach's alpha obtained was ($\alpha=.93$), reflecting an excellent level of reliability.

Procedure

The data collection for this research was facilitated using an online survey made on Google forms. The participants were recruited online via multiple social media outlets to fill out the survey. The participants were informed about their rights as well as informed consent was obtained before they began the survey. Additionally, they were informed that all information provided by them would only be used for purely academic purposes and would be kept confidential. In the current survey, no identifying information was collected, such as emails, and the participants were asked to use a pseudonym. Furthermore, the participants are informed that once their survey is submitted, it will not be possible for them to un-submit their data, though they are free to email the researcher to request data removal.

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The survey was divided into four sections: the first was about informed consent, the second was about demographic questions such as the participant's name (pseudonym), age, gender, and educational qualification, and the third portion was about the results of the survey.

The Clance Imposter Phenomenon Scale was used in the third segment, which contained 20 items answered on a five-point Likert scale. The final section included items from the Beck Anxiety Inventory consisting of 21 questions answered on a four-point Likert scale. Overall, the survey took less than 15 minutes to complete.

RESULTS

Table 1: Descriptive statistics for Age, Imposter Syndrome, and Anxiety

Variable	n	Mean	SD	Range
Age	150	20.360	1.457	18-30
Imposter Syndrome	150	70.260	13.856	27-100
Anxiety	150	20.473	13.352	0-63

The sample consisted of 150 college students in India, of which 75 were men (50%), and 75 were women (50%). The results are given in Table 1.

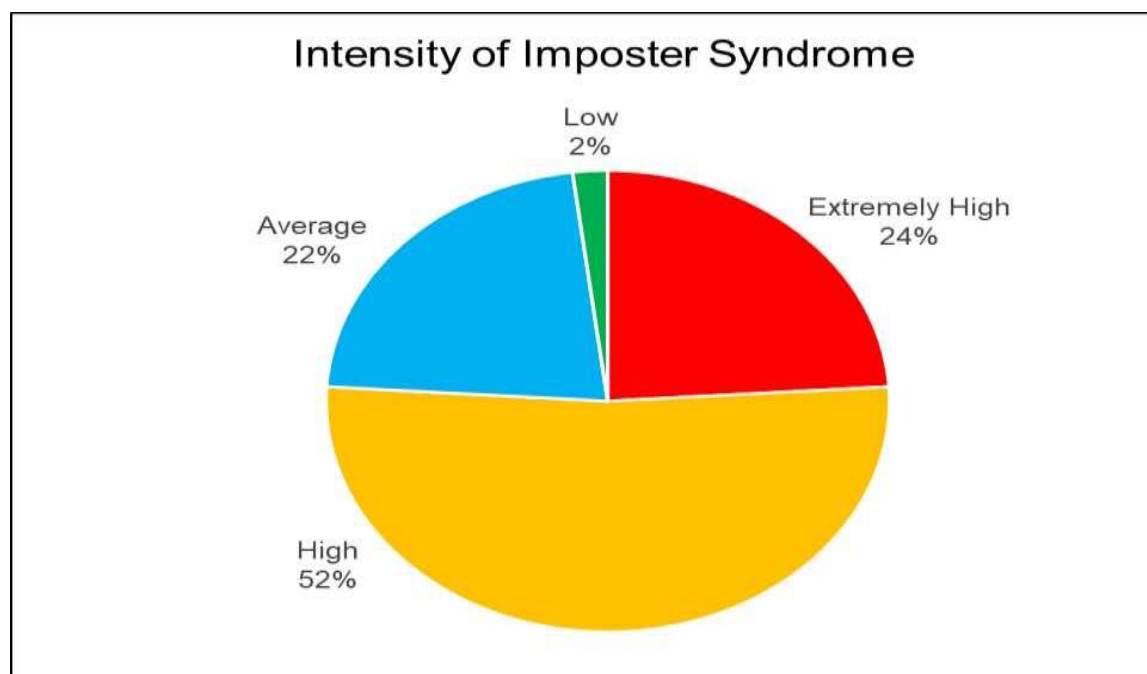


Figure 1: Intensity of Imposter Syndrome

Table 2: Correlation between Imposter Syndrome and Anxiety

Variable	Anxiety	Imposter Syndrome
Anxiety	1.000	0.403*
Imposter Syndrome	0.403*	1.000

The relationship between the imposter phenomenon and anxiety was investigated using the Pearson's Correlation Coefficient. The analysis revealed a moderate positive ($r=0.403$) correlation between the two variables. The findings imply that higher levels of imposter syndrome are associated with higher levels of anxiety (Table 2).

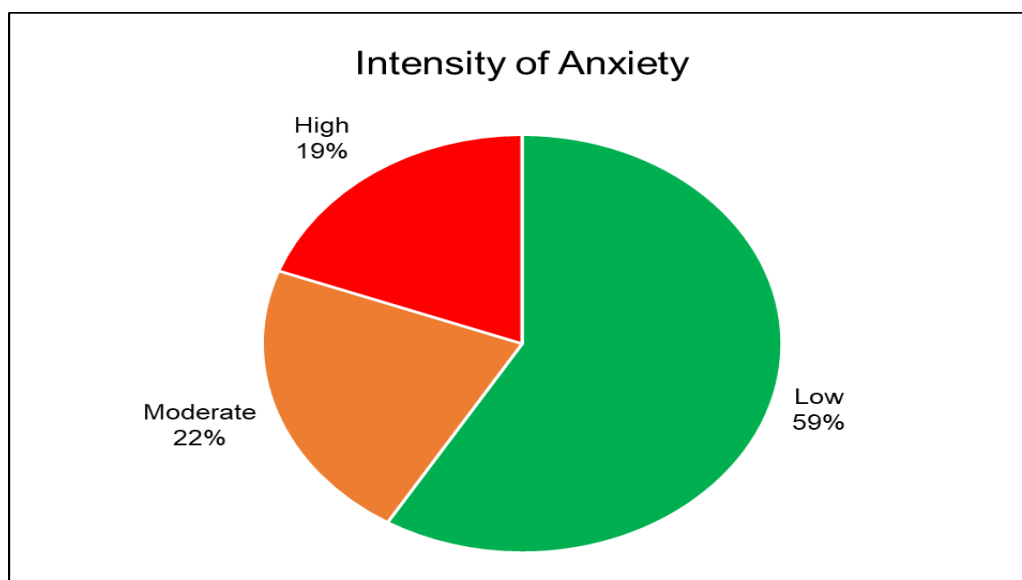


Figure 2: Intensity of Anxiety

Table 3: Mean, Std. Deviation, and t-Value on CIPS

Variable	n	Mean	Standard Deviation	t value	Sig. (2-tailed)
Male	75	67.253	12.215	2.875	0.005*
Female	75	73.613	14.760		

An independent sample t-test was conducted to make a comparison of the levels of imposter syndrome between men and women. The analysis revealed a significant difference in the levels of imposter syndrome for men (n=50; M=67.253; SD=12.215) and women (n=50; M=73.613; SD=14.760). The t-test obtained a p-value of 0.005 and was found to be significant at α 0.01. Based on the means obtained for both the genders, women experience imposter syndrome significantly more than men (Table 3).

Table 4: Mean, Std. Deviation, and t-Value on BAI

Variable	n	Mean	Standard Deviation	t value	Sig. (2-tailed)
Male	75	17.360	11.630	3.129	0.002
Female	75	24.120	14.653		

Based on the findings it can also be inferred that women exhibit higher levels of anxiety as compared to men. This can be corroborated by an independent sample t-test significant at α 0.01. The findings (table 4) reveal that females (M=24.120) exhibited anxiety more than men (M=17.360).

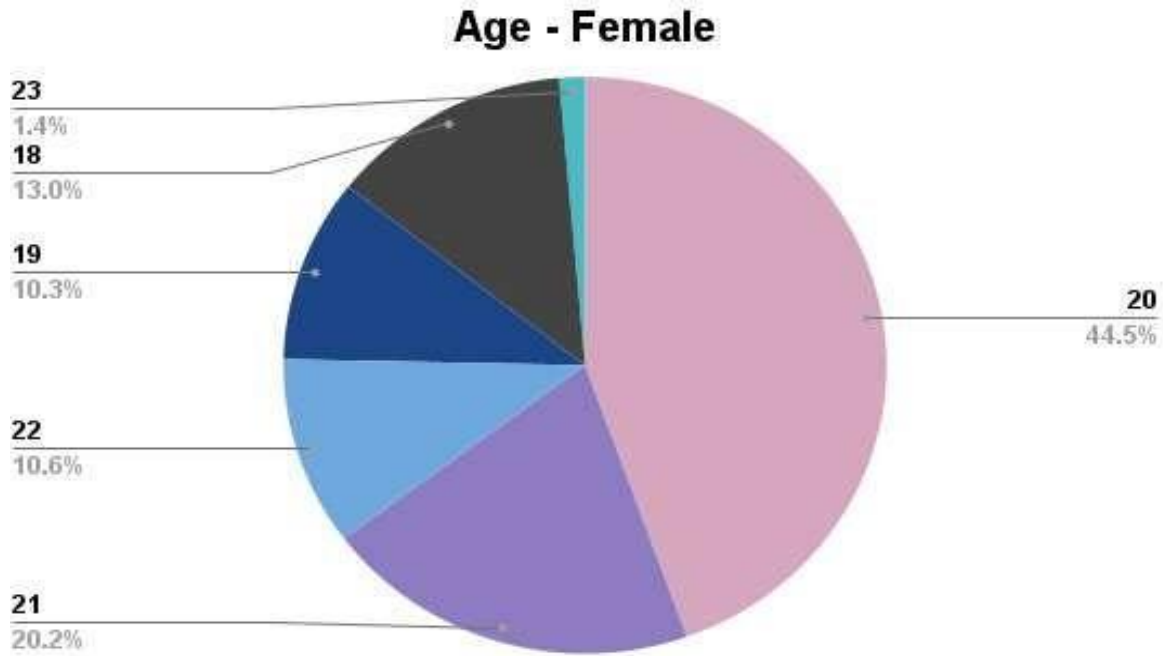


Figure 3: Age Distribution of Women

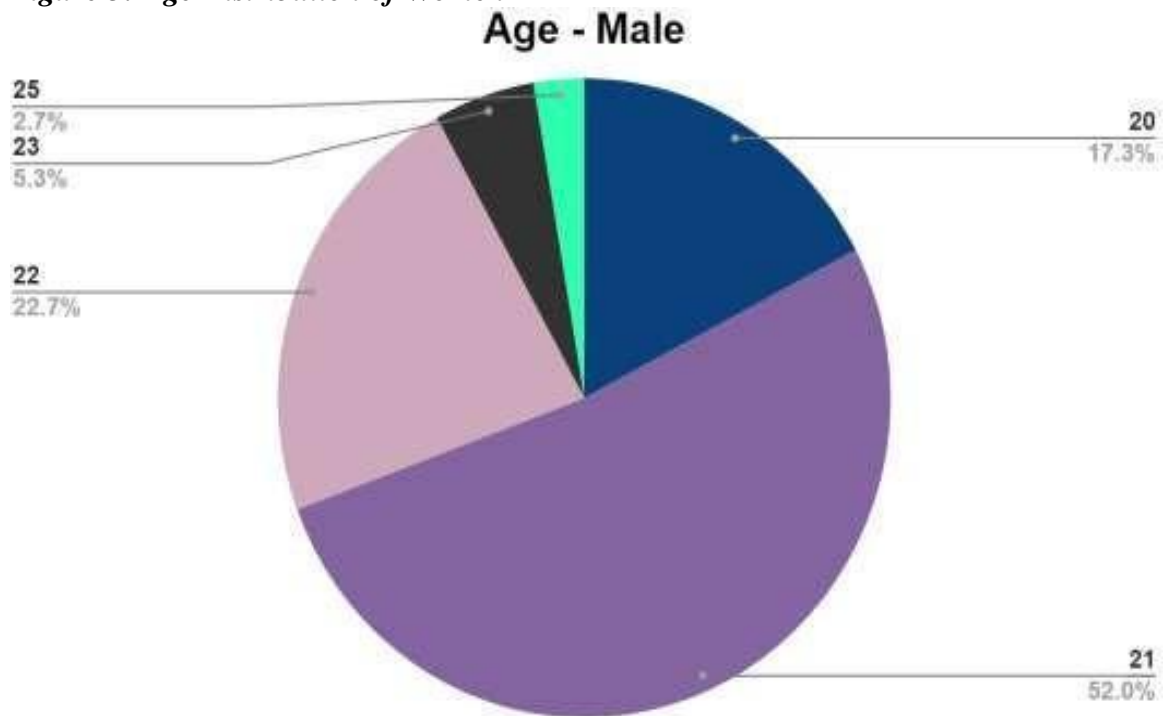


Figure 4: Age Distribution of Men

DISCUSSION

This study aimed to assess the relationship between imposter syndrome and anxiety, as manifested in college students of India. For most, the transition from school to college for higher education is a stressful phase, and it is bound to come with certain types of challenges. During this period in their lives, students show signs of mild to severe levels of anxiety (Naser et al., 2021). The present findings indicate that the current sample of undergraduate students shows moderate-to-strong feelings of imposter syndrome. In contrast, the sample reported low-to-moderate signs of anxiety.

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A correlation study was performed on the first hypothesis to determine if there was a link between imposter syndrome and anxiety. The findings show a moderately positive correlation ($r=0.403$), indicating a link between the two and supporting the hypothesis. This finding also implies that if a person has greater levels of imposter syndrome, they are more likely to suffer anxiety. Anxiety has long been recognized as a prevalent symptom of imposter syndrome (Clance & Imes, 1978), and studies have identified a correlation between the two (Thompson et al., 2000; Oriel, 2004; Kananifar et al., 2015). One reason for the modest connection might be due to the current study's limited sample size. A larger sample size would allow for a more in-depth investigation of this connection. In addition, the study also found that women obtained much higher scores on the imposter syndrome scale and showed higher levels of the imposter phenomenon than men.

This finding is consistent with previous literature demonstrating gender differences among men and women in imposter syndrome. Villwock et al. (2016) found that imposter syndrome impacted 49.4% of women as opposed to only 23.7% of males among American medical students. Similarly, Nanda (2021) also found in their study that levels of imposter syndrome were significantly higher in females studying in an Indian university. This conclusion might be explained by several factors, including the fact that women have been systemically repressed for many years and have been informed, either directly or indirectly, that they are not good enough or that they are undeserving of success.

Furthermore, because of a lack of role models, women may believe that they do not deserve to be there or do not fit in that high-achieving setting. Additionally, research also suggests that women are more likely to exhibit feelings of imposter phenomenon due to the parental overprotection they experience during their formative years (Yaffe, 2020). Similarly, prior research indicates that poor self-esteem in women is a key contributor to greater experiences of imposter syndrome (Alsalem et al., 2021). Lastly, gender stereotypes at the workplace also play an essential role in inducing imposter syndrome. While men and women may have identical job outcomes, women tend to understate their productivity since their perspective is faulty due to a higher frequency of imposter syndrome (Ling et al., 2020).

As a result, the present study's findings shed light on a probable link between imposter syndrome and anxiety in the Indian student population while also validating earlier research on the gender differences that govern the experience of imposter syndrome.

CONCLUSION

Imposter syndrome remains a significant study issue that affects different demographics of students, employees, and other members of society. As work on this topic continues to evolve and improve, individuals who are provided with it will be able to use it as a resource and help others who are harmed by it.

Although this study provides more information on the subject of imposter syndrome and its relationship with anxiety in Indian college students, it is not without limitations. Firstly, due to the cross-sectional design of the current study, no causal inferences can be made about the relationship between the imposter phenomenon and anxiety. Additionally, it only provides an initial observation of this relationship. Future research in this area might concentrate on doing a longitudinal study not only to assist causal inference between the two variables but also provide a detailed explanation. Second, the Clance Imposter Phenomenon Scale (CIPS) and the Beck Anxiety Inventory (BAI) were used in the study to collect, both of which are

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self-report measures. It is likely that the participants offered socially desired replies rather than accurate ones.

Finally, the study did not include enough data from the postgraduate level students; hence, the overall level of imposter syndrome is not equally divided among both groups (UG and PG). This restriction can pave the way for future studies to focus on the difference in the severity of the imposter phenomenon experienced by the Indian students at two levels of higher education. It might potentially be extended to the PhD group.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Nighat & Thangbiakching (2023). Imposter Syndrome, Anxiety, and Indian College Students. *International Journal of Indian Psychology, 11*(4), 2128-2144. DIP:18.01.198.20231104, DOI:10.25215/1104.198