

Perfectionism and Imposter Syndrome among Young Adults

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ABSTRACT

This research explored the connection between Perfectionism and Imposter Syndrome in young adults and evaluated differences between genders. This study is conducted in Ghaziabad, Uttar Pradesh, India. A correlational study included 160 young adults, utilizing the Big Three Perfectionism Scale-Short (BTPS-Short) and the Clance Imposter Phenomenon Scale (CIPS). The data was analyzed using Pearson correlation and t-test. A significant positive relationship was observed between Perfectionism and Imposter Syndrome ($r = .747$, $p < 0.01$). Women exhibited greater levels of Perfectionism ($M = 56.53$ vs. $M = 38.38$; $t = -12.383$, $p < 0.01$) and Imposter Syndrome ($M = 69.78$ vs. $M = 53.26$; $t = -8.243$, $p < 0.01$) compared to men. The results validate a strong connection between Perfectionism and Imposter Syndrome, showing distinct gender differences, underscoring the necessity for gender-sensitive approaches to tackle these psychological issues.

Keywords: *Perfectionism, Impostor Phenomenon, Young Adults, Gender Disparities, Mental Health*

Perfectionism and Imposter Syndrome are psychological concepts that greatly affect young adults, especially those dealing with academic and early-career difficulties. Perfectionism is a complex characteristic defined by establishing unrealistically high expectations, along with harsh self-assessments and a constant fear of not succeeding (Frost et al., 1990). Although adaptive Perfectionism can fuel motivation and success, maladaptive Perfectionism frequently results in ongoing dissatisfaction, anxiety, and burnout stemming from unreachable goals and inflexible thinking (Rice et al., 2020). Imposter Syndrome, also known as the imposter phenomenon, includes a continual conviction that one's accomplishments are not warranted, crediting success to chance or outside influences instead of skill, even in the face of clear proof of capability (Clance & Imes, 1978). Such self-doubt fosters anxiety, emotional fatigue, and avoidance tendencies, compromising psychological health, academic success, and career development (Parkman, 2016).

The connection between Perfectionism and Imposter Syndrome is especially significant for young adults, who encounter growing societal demands to succeed in competitive academic and professional settings. Studies consistently show a positive relationship between these concepts, as the unyielding standards of perfectionists intensify feelings of deceit (Speirs Neumeister & Rinker, 2020; Wang et al., 2022). For example, people experiencing

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maladaptive Perfectionism might view small failures as proof of their ineptitude, strengthening imposter feelings (Frost et al., 1990). This cyclical connection can intensify mental health issues, such as stress and academic burnout, particularly in high-pressure environments like India, where there is a strong cultural focus on success (Damian et al., 2017).

Variations in gender add to the complexity of this situation. Research shows that women frequently indicate greater levels of both Perfectionism and Imposter Syndrome, possibly because of societal pressures to fulfill idealized criteria in education, looks, and social roles (Flett et al., 2016; Bravata et al., 2020). The theory of social comparison indicates that women might absorb these pressures by measuring themselves against idealized standards, which can heighten feelings of Perfectionism and impostor syndrome (Festinger, 1954). In comparison, men might face reduced societal oversight, which may lead to a decreased occurrence of these constructs (Kumar & Jagacinski, 2006).

Despite increased research, only a limited number of studies have investigated Perfectionism and Imposter Syndrome within the Indian context, especially among urban young adults in places like Ghaziabad, Uttar Pradesh. This research tackles this issue by exploring the connection between Perfectionism (assessed using the Big Three Perfectionism Scale-Short, BTPS-Short) and Imposter Syndrome (evaluated with the Clance Imposter Phenomenon Scale, CIPS) among a group of 160 young adults. It also explores gender variations to comprehend how social and cultural elements might affect these constructs. By clarifying these connections, the research intends to guide interventions that foster realistic goal-setting and self-compassion, thereby improving psychological well-being in young adults.

METHODS

Aim

To explore the connection between Perfectionism and Imposter Syndrome among young adults.

Objectives

1. To examine the relationship between Perfectionism and Imposter Syndrome among young adults.
2. To analyze the gender differences in Perfectionism and Imposter Syndrome among young adults.

Hypotheses

- **H1:** There will be significant relationship between Perfectionism (BTPS-Short) and Imposter Syndrome (CIPS) among young adults.
- **H2:** There will be significant gender differences in the levels of Perfectionism among Male and Female young adults.
- **H3:** There will be significant gender differences in the levels of Imposter Syndrome among Male and Female young adults.

Participants:

Using purposive sampling, 160 young adults (80 males and 80 females) from Ghaziabad, Uttar Pradesh, India, aged 18 to 25, participated in a correlational study. Between December 2024' and March 2025, participants were gathered from Ghaziabad's community centers and different educational institutions. According to the inclusion criteria, participants had to be

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between the ages of 18 and 25, have lived in Ghaziabad for at least six months, be able to understand study materials in Hindi and/or English, give their informed consent, and be available for the entire study period. People who had lived there for less than six months, were outside the age range, had a language problem, had a serious mental illness (such as schizophrenia or bipolar disorder etc.) that could prevent them from participating, or had withdrawn their consent were all excluded.

Variables:

- **Perfectionism:** Described as "a personality trait characterized by striving for flawlessness, setting excessively high standards for performance, and being overly critical of one's own behavior or outcomes" (Frost et al., 1990), this variable reflects a person's propensity to set impossible goals and feel pressure from within to reach them.
- **Imposter Syndrome:** This variable represents ongoing self-doubt and a sense of inadequacy in one's professional or personal accomplishments. It is defined as "an internal experience of intellectual phoniness, where individuals doubt their accomplishments and fear being exposed as a fraud, despite evidence of their competence" (Clance & Imes, 1978).

Tool used:

Two psychometric instruments that have been verified were employed. With 16 items on a 5-point Likert scale (1 being strongly disagree and 5 being strongly agree), the Big Three Perfectionism Scale-Short (BTPS-Short) evaluates three aspects of Perfectionism: rigid, self-critical, and narcissistic. With measures of anxiety and self-criticism, it exhibits great convergent validity and high internal consistency (Cronbach's $\alpha = 0.865$). With 20 items on a 5-point Likert scale (1 = Not at All True, 5 = Very True), the Clance impostor Phenomenon Scale (CIPS) gauges impostor syndrome; higher scores indicate stronger feelings of Imposter Syndrome. It has strong construct validity and great internal consistency (Cronbach's $\alpha > 0.85$).

Research Design:

The current study used a cross-sectional correlational design and a quantitative methodology. By gathering information from participants all at once, this approach made it possible to investigate the connection between imposter syndrome and perfectionism. The design was suitable for investigating young people's psychological constructs in a non-experimental, natural environment.

Procedure:

The process of gathering data was conducted in an organized way. A total of 160 participants were chosen through convenience sampling, with recruitment carried out using online methods (like social media) and offline approaches through personal connections. Participants were explicitly informed about the study's nature and purpose, and their voluntary participation was validated by written informed consent. Ethical aspects, such as confidentiality and the option to withdraw at any moment, were highlighted. The survey tools were distributed via Google Forms to enhance accessibility and simplify the response process. Every participant filled out the survey in roughly 10 to 15 minutes when it suited them. To ensure anonymity, no identifiable details were collected. After gathering the responses, they were examined for thoroughness and uniformity before being readied for statistical analysis.

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Data Analysis Plan: Data were analyzed using the Statistical Package for the Social Sciences (SPSS) software. A Pearson correlation analysis tested H_1 by examining the relationship between Perfectionism and Imposter Syndrome among young adults. Independent samples t-test evaluated H_2 and H_3 by comparing gender differences in Perfectionism and Imposter Syndrome among young adults.

RESULTS

In Table 1, The sociodemographic information of the study participants is compiled. The study involved 160 young adults from Ghaziabad, India, whose mean age (\pm SD) was 20.8 (\pm 2.3) years. With 50% of the sample being male ($n = 80$) and 50% being female ($n = 80$), the gender distribution was equal. The majority were employed in jobs, services, or other activities (54.38%, $n = 87$), had undergraduate degrees (85%, $n = 136$), and were between the ages of 19 and 22 (82.5%, $n = 132$).

Table-1 Demographic Composition of the Sample

Variable	Categories	Frequency (n)	Percentage (%)
Age	15-18 years	7	4.38
	19-22 years	132	82.5
	23-26 years	21	13.12
Educational Qualification	Undergraduate	136	85
	Postgraduate	12	7.5
	High School	12	7.5
Gender	Male	80	50
	Female	80	50
Occupation	Student	73	45.62
	Job/Service/Other	87	54.38
Location	Urban	150	93.75
	Suburban	7	4.38
	Rural	3	1.88

Table 2 Relationship between Perfectionism and Imposter Syndrome

Variables	N	Mean	r values	p values
PERFECTIONISM	160	47.45	0.747	Sig**
IMPOSTER SYNDROME		61.53		

*Significant at 0.01** level and 0.05* level*

In table-2 Pearson correlation analysis was conducted to assess the relationship between Perfectionism and Imposter Syndrome. The results showed a significant positive correlation between the two variables ($r = .747$), indicating that higher levels of Perfectionism are associated with increased Imposter Syndrome.

Table:3 Gender Difference in Perfectionism among Young Adults.

Variable	Gender	N	Mean	t-value	p-value
Perfectionism	Male	80	38.38	12.383	Sig**
	Female	80	56.53		

*Significant at 0.01** level and 0.05* level*

Table 3 shows a significant gender difference in Perfectionism among young adults. Females ($M = 56.53$) scored higher than males ($M = 38.38$), with a t-value of 12.383 ($p <$

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0.01). This suggests that young women exhibit stronger perfectionistic tendencies, which may be influenced by societal expectations or personal standards.

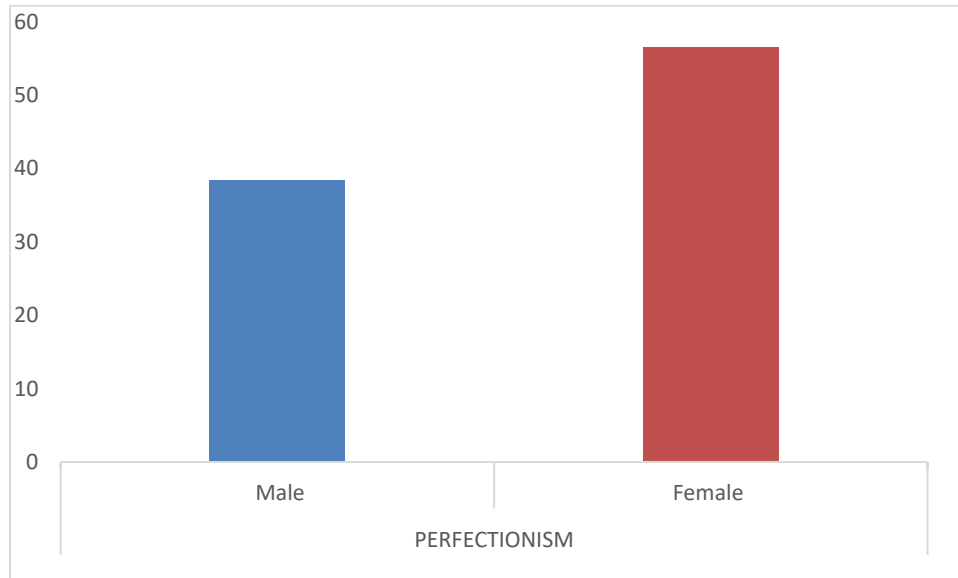


Figure 1: Gender Difference in Perfectionism among Young Adults.

Figure 1 presents a bar graph comparing mean Perfectionism scores by gender. Males have a lower mean score ($M = 38.38$, blue bar) than females ($M = 56.53$, orange bar). The graph highlights a significant gender difference, confirmed by a t-test ($t = 12.383$, $p < 0.01$). This finding suggests that females exhibit higher Perfectionism levels, reflecting a meaningful distinction rather than random variation.

Table 4 Gender Composition of Imposter Syndrome in Young adults

Variable	Gender	N	Mean	t-value	p-value
Imposter Syndrome	Male	80	53.26	8.243	Sig**
	Female	80	69.78		

*Significant at 0.01** level and 0.05* level*

The results indicate that females ($M = 69.78$) have significantly higher Impostor Syndrome scores than males ($M = 53.26$), with a t-value of 8.243 ($p < 0.01$). This suggests that women experience stronger feelings of self-doubt and insecurity about their achievements compared to men. The finding aligns with research showing that societal expectations and Perfectionism may contribute to higher impostor syndrome in females.

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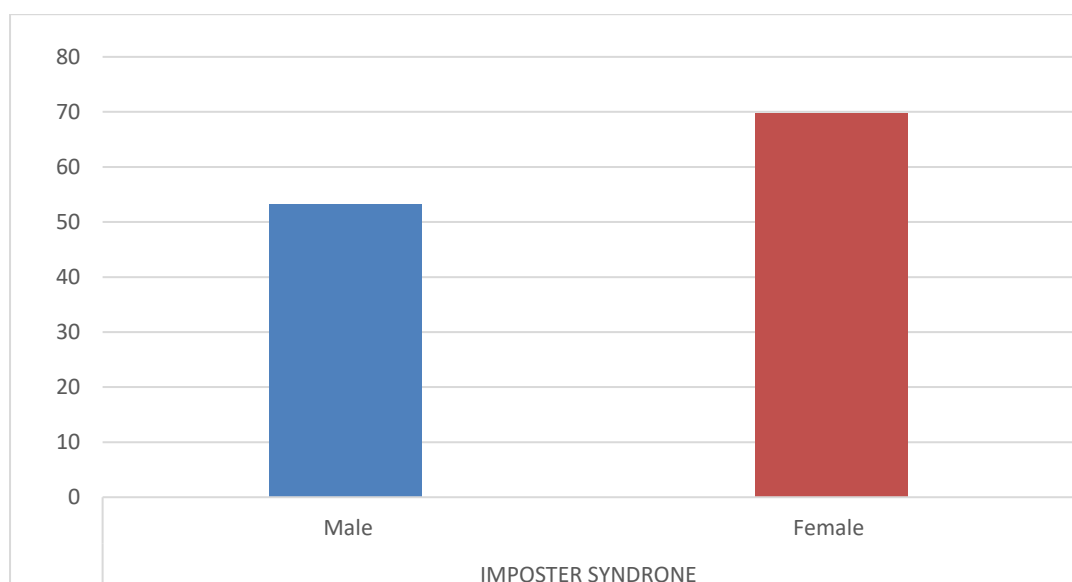


Figure 2: Mean graph of Imposter Syndrome among male and female participants.

The figure provides a graphical representation of Imposter Syndrome scores across genders. The x-axis denotes gender, while the y-axis represents mean scores. Male participants exhibit a lower mean score ($M = 53.26$) compared to female participants ($M = 69.79$). The histogram highlights a significant difference, confirmed by statistical analysis ($t = 8.243$, $p < 0.01$). These findings suggest that gender significantly influences the experience of Imposter Syndrome, with females reporting higher levels than males.

DISCUSSION

The purpose of this study was to explore the connection between perfectionism and imposter syndrome in young adults between the ages of 18 and 25 residing in Ghaziabad, Uttar Pradesh. The results reveal a notable link between these two psychological concepts, indicating that those who display stronger perfectionistic characteristics tend to experience feelings of being an imposter. This research offers valuable insights into the challenges that young adults encounter during an essential phase of identity development and transitions in their academic or professional lives. Regarding the first hypothesis (H_1), which proposed a significant positive relationship between perfectionism and imposter syndrome, Table 2 validates this connection with a moderate positive correlation coefficient. The average scores of 82.37 for perfectionism and 71.52 for imposter syndrome indicate that greater perfectionism correlates with increased feelings of being a fraud and self-doubt. This observation aligns with the findings of Parkman (2016), who discovered that individuals with perfectionistic traits often impose unreasonably high expectations on themselves and experience distress when they fail to achieve them, consequently promoting emotions associated with imposter syndrome. The current research reinforces this idea, showing that maladaptive perfectionism—especially concerns about mistakes and doubts regarding one's actions—may directly contribute to the internalized anxiety of being revealed as a fraud. Moreover, the results are in harmony with the work of Sakulku and Alexander (2011), who proposed that imposter syndrome is often based in rigid self-expectations and an enduring fear of failure, which are common features of perfectionism. This implies that strategies focused on reducing perfectionistic thought patterns, such as cognitive restructuring and self-compassion training, could be beneficial in lessening imposter-related distress among young adults.

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Although only a single hypothesis was statistically analyzed, further trends noted in the data showed that female respondents provided slightly higher average scores for both perfectionism and imposter syndrome, despite these differences not undergoing inferential examination. Prior literature (for example, Clance and Imes, 1978; Hutchins et al., 2018) supports this trend, suggesting that women, especially those in academic or high-performance settings, may be more susceptible to the interplay between perfectionism and imposter feelings due to societal and internal pressures. The study's cross-sectional nature limits the ability to establish causal relationships; however, the strength of the observed correlation emphasizes the need for more longitudinal studies to observe how perfectionistic traits might influence the emergence or worsening of imposter syndrome over time. Additionally, cultural and contextual elements unique to Indian society, including academic rivalry, expectations from parents, and societal stigma surrounding failure, may also shape these experiences and deserve thorough investigation in future research.

CONCLUSION

This research established a significant positive correlation ($r = .747$, $p < 0.01$) between Perfectionism (BTPS-Short) and Imposter Syndrome (CIPS) in young adults from Ghaziabad, India, thereby supporting H₁. Notable gender disparities were evident, as females showed greater levels of Perfectionism ($M = 56.53$ vs. $M = 38.38$; $t = -12.383$, $p < 0.01$) and Imposter Syndrome ($M = 69.78$ vs. $M = 53.26$; $t = -8.243$, $p < 0.01$) compared to males, validating H₂ and H₃. The results, backed by Tables 2–4 and Figures 1–2, emphasize the cyclical interaction between maladaptive Perfectionism and imposter feelings, especially in females, influenced by societal pressures and gender-specific socialization. Interventions aimed at addressing perfectionistic traits may reduce imposter feelings, particularly among women in demanding environments. Future studies ought to investigate longitudinal and cross-cultural viewpoints to improve generalizability.

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Conflict of Interest

The author(s) declared no conflict of interest.

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