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Research Paper

Exploring the Relationship between Impostor Syndrome and Societal Norms among Working Women in India

Dr. Jyoti[1]*, Ms. Vatsala Sharma[2]

ABSTRACT

Indian working women are divided between working and gender expectations and between socio-cultural family concerns. It is against this background that the Impostor Syndrome develops in many of us whereby we constantly worry about ourselves and fear being found out as incompetent even when we perform well. The current study was a review of the relationship between the social norms and the Impostor Syndrome among working women in India. A sample of 280 women (25 years 40 years) was sampled using random sampling and standardized scales were used. Pearson correlation indicated that the association between the norms in society and the Impostor Syndrome was significant moderate positive correlation ($r = 0.52$, $p < 0.01$). The findings have revealed that the more conservative standards are internalized the greater the self-doubt and the sense of inadequacy. The study acknowledges the relevance of socio-cultural expectations as psychological determinants of the psychological wellbeing of women and their professional identity and the need to implement gender-sensitive interventions and working conditions.

Keywords: *Impostor Syndrome, societal norms, working women in India, gender roles, psychological well-being*

The labour force participation in India is growing among the women in the last few decades, though, it is nevertheless not a high one as compared to other countries of the world, and the Female Labour Force Participation Rate (FLFPR) is estimated to be 2530 percent (World Bank, 2023). Despite the improved opportunities in accessing education and employment, it is true that women still have structural and psychological barriers to their career maintenance and advancement.

The Indian women in the workforce are not just working in the paid sector, but they are also haggling over socio-cultural needs of family, motherhood and gender roles. They are less or twice the pressure to handle work and stress of being the main caregivers as compared to most cases in the west. That forms a complicated psychosocial setting that affects mental health and self-image.

[1]Assistant Professor, Department of Psychology, University of Rajasthan, Jaipur, Rajasthan, India
[2]Assistant Professor, Department of Psychology, St. Xavier's College Jaipur, Rajasthan, India
*Corresponding Author

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One of the psychological concepts in this regard is the so-called Impostor Syndrome (Clance and Imes, 1978) which is a kind of self-doubt, the fear that he is a fraud, and inability to internalize success. Human beings tend to believe that it is the external conditions that made it successful and not the individual competence. The other construct that can be used is the social norms which are defined as mutual beliefs and expectations that govern behavior. These insider norms in India are rather inclined to modesty, self-sacrifice and prioritizing family functions over professional goals.

There is an interaction between societal norms and Impostor Syndrome. Internalization can cause cognitive dissonance and self-doubt in situations where women are active in professional behaviors that are not traditionally expected like being assertive and independent. These experiences could be further upheld by work-related aspects, such as gender bias, an absence of leadership representation, and continuous evaluation.

Although the literature on the Impostor Syndrome is on the increase, little has been done to determine the role of internalized societal norms and especially in the Indian context. Thus, the modern research will be dedicated to the examination of the connection between the social conventions and the Impostor Syndrome in Indian working women, as well as provide a culturally specific vision of the psychological mechanism of working women.

REVIEW OF LITERATURE

Clance and Imes (1978) first described the impostor phenomenon, which is defined as the skepticism about his or her success despite positive external outcomes particularly among women high achievers. Later studies have focused on its socio-cultural and organizational origins. As part of a PRISMA-based review, Yuceol (2025) found that the experiences of impostors are tightly related to structural gender inequality, and women internalize social expectations and attribute success to an external force.

There are significant mental health issues indicated by empirical research. Kirthiga et al. (2024) in a study of 250 working women discovered that impostor feelings have a positive correlation with anxiety, burnout, and low self-esteem with 38% of participants attributing societal expectations to be a main cause. Similarly, Al Lawati et al. (2025) and Salari et al. (2025) have found that there are strong associations between impostor syndrome, stress and maladaptive coping in women in high-pressure professions. Impostor experiences were also related with burnout and compassion fatigue according to Turkel et al. (2025) and Vidanapathirana et al. (2024).

Work-related and social-cultural are quite essential. Ranautta et al. (2024) and Gilbert (2024) found out that discrimination, gender inequality, and representation make impostor feelings worse. Kumar and Jagacinski (2006) established that traditional gender roles are the foretellers of higher impostor propensities. The theoretical frameworks that describe the causes of self-doubt are role incongruity and evaluative pressure (Social Role Theory, Eagly, 1987; stereotype threat, Kark et al., 2018).

The aggravation of the impostor experiences is also caused by personal factors such as perfectionism (Alderton et al., 2024), low self-esteem, and emotional impulsiveness (LaPalme et al., 2022). It is also confirmed by studies in other areas, including healthcare and academia (Marin et al., 2025; El Boghdady and Ewalds-Kvist, 2025). Even though there has been a comprehensive research, there are gaps. Most of the studies are western oriented and there is

minimal focus on the Indian setting. In addition, most of the studies on impostor syndrome have been linked with burnout and self-esteem; however the direct role of internalized societal norms is not well researched. It also does not have integrative approaches that examine socio-cultural, psychological and workplace problems together.

General Conclusion:

The available literature indicates that the condition of the interaction between the societal norms, gender roles, working conditions, and individual traits defines the presence of the Impostor Syndrome. There is however little literature on internalized societal norms as a significant predictor particularly in working women in India which is the study subject of the current paper.

METHODOLOGY

Objectives of the Study

1. To test the connection between traditional societal norms adherence and the Impostor Syndrome among working women.

Hypothesis

H1: A significant positive correlation will exist between performance of traditional societal norms and Impostor Syndrome among working women.

Research Design

The current research design was a quantitative correlational study design because it was designed to investigate the existence of relationship between societal norms and Impostor Syndrome in working women.

Sample

The sample size was 280 working women aged 25-40 years and they were represented across various professional fields such as education, healthcare, corporate services and entrepreneurship. A random sampling method was used to select the participants in order to improve their representativeness and reduce the selection bias.

Tools Used

1. **Clance Impostor Phenomenon Scale (CIPS):** This scale was created by Clance (1985) and it was utilized to determine the extent of the Impostor Syndrome among the subjects. CIPS comprises 20 items which assess general impostor emotionality, such as personal doubt, apprehension of being caught as a fraud, and internalization of success. Answers are noted on 5-point Likert-scale with the range of responses being Not at all true to Very true. The larger the scores, the more impostor experiences. The internal consistency of the scale is high (Cronbachs 0.85 to 0.96). In the current research, the sum of the score was analyzed.
2. **Social-Norm Espousal Scale:** This scale was employed to determine how much people promote the traditional societal norms and gender roles. It has elements pertaining to beliefs on social expectations, rule-following, and the role of women in society. The answers were gathered using a Likert scale with the results of high scores representing a stronger commitment to societal norms. The scale has presented desirable reliability (Cronbach 0.80-0.88). In the current research, the overall score was analyzed.

Procedure

The study members were recruited via online and work contacts. Prior to participation, informed consent was taken. Digital administration of questionnaires was done and the participants were assured of confidentiality and anonymity. It was voluntary, and the respondents could leave at any point of the research.

Statistical Analysis

The descriptive statistics and Pearson correlation coefficient were used to analyze data to identify the relationship between societal norms and Impostor Syndrome.

RESULTS

Correlation Analysis

Table 1 Correlation between Societal Norms and Impostor Syndrome among Working Women

Variables	Correlation (r)
Societal Norms & Impostor Syndrome	0.52**

Note: $p < 0.01$; $df = 278$

The results are that a positive relationship exists between the societal norms and the Impostor Syndrome as intermediate ($r = 0.52$, $p < 0.01$, $df = 278$). This implies that the more the working woman would feel impostored the more the adherence of the traditional norms of the society. These results confirm the given hypothesis: The relationship between the commitment to the traditional norms and the Impostor Syndrome in working women will be significant and positive. The hypothesis is therefore accepted. According to the findings, it is also possible to assume that the causes of self-doubt are internalized social expectations, which were perceived as incompetence and the impossibility to internalize the success. Therefore, the topic of Impostor Syndrome can be affected by not only personal factors but also by the larger socio-cultural backgrounds. The findings can be compared to the existing literature (Kirthiga et al., 2024; Yuceol, 2025) because it emphasizes the role of societal norms in contributing to the impostor experiences.

DISCUSSION

The present study was aimed at the relationship between the social norms and the Impostor Syndrome of working women in India. The findings indicated that there is a moderate positive relationship between the internalization of traditional societal norms and impostor ($r = 0.52$, $p < 0.01$) and therefore, the more an individual internalizes it, the more impostor will it be. This states the value of the socio-cultural expectations in the formation of self-perception and professional identity by women. The results are also consistent with the existing literature (Kirthiga et al., 2024; Yuceol, 2025), which means that females are more likely to internalize the pressure in relation to external demands and define success in terms of external factors, which justifies self-doubt. The study builds upon the past literature, indicating that this is so, in the Indian context. The relationship can be explained by the cognitive dissonance since women who uphold the traditional values (e.g., modesty, self-sacrifice) are able to experience the conflict in the workplace where they are forced to be assertive and independent.

The outcome of this incongruence is self-doubt and it becomes difficult to internalize success. Another theory that supports self-doubt is the Social Role Theory (Eagly, 1987) which assumes that role incongruence between traditional and professional demands augments self-

doubt. In addition, the anxiety of the evaluative or male-controlled setting can be added by the stereotype threat (Kark et al., 2018). Gender bias, the lack of leadership representation, and continuous evaluation are other factors at the workplace that further strengthen feeling of impostor. Such experiences are enhanced by the fact that Indian context is characterized by dualism of professional and family roles that lead to cognitive-emotional fatigue and reduced self-efficacy.

In general, the results show that an individual, organizational, and cultural combination of factors causes impostor experiences, and the interventions should be multi-level.

Implications

- **Personal Implications:** The feeling of impostor may be reduced with the help of cognitive restructuring, self-compassion and confidence-building, which will also improve self-efficacy.
- **Implication on organizations:** Have gender sensitive policies, mentorship, inclusive leadership and promote women to be in leadership positions.
- **Social Impact:** Break the social norms of gender expectations through awareness and education; spread positive narratives in the feminine growth.
- **General Implication:** The impostor syndrome needs to be addressed on a multi-level (individual, organizational, societal) level.

Limitations

- The study design was a cross-sectional research and does not give any causal correlation between societal norms and Impostor Syndrome. The self-report measures can have response biases including social desirability.
- The size of the sample (N = 280) is statistically powerful, but not likely to be representative of all regions, occupations, and socio-economic strata in India. The possible confounding factors (e.g. personality traits, organizational support, family structure) were not manipulated.

Future Implications and Directions

- Carry out longitudinal study to determine the cause-effect relationships and change in effects of impostor feelings with time. Integrate mixed method designs (qualitative interviews and quantitative scales) to understand the fine-tuning of the socio-cultural experiences. The items that will be moderated to be examined are the organizational climate, mentorship availability, leadership representation and work-family conflict.
- Create culturally competent interventions (e.g. mentorship, cognitive-behavioral workshops, psychoeducation) which are Indian-specific workplace. Increase sample size in terms of sectors and areas to increase generalizability and policy implications.

CONCLUSION

The research finds that the internalized societal norms are closely related to the Impostor Syndrome among working women in India. Conventional gender norms, as internalized, may serve as silent psychological impediments, which depress confidence, heighten self-doubt, and hindrances to professional development. Treatment of Impostor Syndrome thus has to be a two-fold approach, to empower individuals by means of confidence-building and cognitive restructuring, and changing the workplace cultures by means of inclusive policies, equal representation, and accommodating leadership. These combined initiatives can improve the psychological health and enable more equal career progression in women.

REFERENCES

Alderton, D. K., Boyd, L. D., Adams, J., & Vineyard, J. (2024). Associations between stress, perfectionism, and imposter phenomenon among dental hygiene students. *Journal of Dental Education*. https://doi.org/10.1002/jdd.13669

Clance, P. (1985). *Clance IP Scale*. https://paulineroseclance.com/pdf/IPTestandscoring.pdf

Clance, P. R., & Imes, S. A. (1978). The Imposter Phenomenon in High Achieving women: Dynamics and Therapeutic intervention. *Psychotherapy: Theory, Research & Practice*, *15*(3), 241–247. https://doi.org/10.1037/h0086006

de Vries, M. F. R. K. (1990). The Impostor Syndrome: Developmental and Societal Issues. *Human Relations*, *43*(7), 667–686. https://doi.org/10.1177/001872679004300704

Eagly, A. H., & Wood, W. (1991). Explaining Sex Differences in Social Behavior: A Meta-Analytic Perspective. *Personality and Social Psychology Bulletin*, *17*(3), 306–315. https://doi.org/10.1177/0146167291173011

El Boghdady, M., & Ewalds-Kvist, B. (2025). Surgeon's imposter syndrome: a systematic review. *Langenbeck's Archives of Surgery*, *410*(1). https://doi.org/10.1007/s00423-024-03582-8

Kirthiga B, Nithya A & Thanussri R. (2024). Breaking The Silence: The Impact of Imposter Syndrome on Women's Mental Health and Well-Being in the Workplace – A Study Aligned with SDG 3. *Cuestiones de Fisioterapia*, *53*(03), 1972–1983. https://doi.org /10.48047/8s8pnx87

Kumar, S., & Jagacinski, C. M. (2006). Imposters have goals too: The imposter phenomenon and its relationship to achievement goal theory. *Personality and Individual Differences*, *40*(1), 147–157. https://doi.org/10.1016/j.paid.2005.05.014

LaPalme, M., Luo, P., Cipriano, C., & Brackett, M. (2022). Imposter syndrome among pre-service educators and the importance of emotion regulation. *Frontiers in Psychology*, *13*. https://doi.org/10.3389/fpsyg.2022.838575

Manudi Vidanapathirana, Gomez, D., & Inoshi Atukorala. (2024). Impostor phenomenon and self- reported satisfaction among medical and surgical postgraduate trainees in Sri Lanka. *BMC Medical Education*, *24*(1). https://doi.org/10.1186/s12909-024-06290-5

Marin, C., Byrne, M. M., Choi, P. M., Flynn O'Brien, K. T., Zagory, J., Henry, M. C., & Wilson, N. A. (2025). Understanding Impostorism in the Pediatric Surgeon. *Journal of Surgical Education*, *82*(1), 103347. https://doi.org/10.1016/j.jsurg.2024.103347

Ranautta, Harkierat Kaur. (2024). Birkbeck Institutional Research Online. *Bbk.ac.uk*. https:// eprints.bbk.ac.uk/id/eprint/53873/1/Ranautta%20H%2C%20thesis%20for%20library .pdf

Salari, N., Hashemian, S. H., Hosseinian-Far, A., Fallahi, A., Heidarian, P., Rasoulpoor, S., & Mohammadi, M. (2025). Global prevalence of imposter syndrome in health service providers: a systematic review and meta-analysis. *BMC Psychology*, *13*(1). https:// doi.org/10.1186/s40359-025-02898-4

Türkel, N. N., Başaran, A. S., Gazey, H., & Ertek, İ. E. (2025). The imposter phenomenon in psychiatrists: relationships among compassion fatigue, burnout, and maladaptive perfectionism. *BMC Psychiatry*, *25*(1). https://doi.org/10.1186/s12888-025-06470-7

Yuceol, N. (2025). Understanding the imposter phenomenon through a gender equality lens: Abdullah Al Lawati, Nouf Al Rawahi, Tahlil Waladwadi, Reem Almadailwi, Ayman Alhabsi, Hanan Al Lawati, Tamadhir Al-Mahrouqi, & Hamed Al Sinawi. (2025). Impostor phenomenon: a narrative review of manifestations, diagnosis, and treatment. *Middle East Current Psychiatry*, *32*(1). https://doi.org/10.1186/s43045-025-00512-2

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Conflict of Interest
The author states that he has no conflict of interest as far as the publication of this paper is concerned.

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