

Imposter Syndrome in Higher Education: A Hidden Crisis-threatening Student Mental Health and Success

Imposter syndrome, initially identified by Clance and Imes, emerged from an empirical study focused on high-achieving women who struggled to internalize their accomplishments.^[1] They used the phrase “*imposter phenomenon*” to refer to the thoughts and behaviors of such individuals, who though having been showered with praise and shown continuous success felt they were going through life as imposters, crediting their successes on the outside instead of on the inside. Other descriptions of this phenomenon are the impostor phenomenon (IP), imposterism, and neurotic imposture.^[2] Since Clance described, such people feel themselves as intellectual phonies whose accomplishment is due to luck or effort and not ability, talent, or intelligence.^[3] Imposter syndrome is defined by one’s inner belief that their success is due to chance, external circumstances, or hard work as opposed to their talent. Individuals afflicted by this syndrome believe that others will sooner or later realize they are impostors.^[4]

The impostor phenomenon (IP) is widely regarded as a widespread problem affecting medical student populations worldwide, with very serious implications for the mental health and well-being of future healthcare providers. Even high-achieving students may experience profound feelings of inauthenticity, inadequacy, self-doubt, and constant fear of being discovered as fakes. This psychological load also known as impostor syndrome (IS) is not just an isolated personal problem but a structural issue intrinsic to the nature of medical education. Recent literature, globally and within India, indicates alarming levels of IP among medical students. Qureshi *et al.*, identified 47.5% of Pakistani medical students experiencing impostor feelings, and Bhama *et al.* reported 76% of general surgery residents being significantly impacted by IP.^[5,6] Not even the most senior medical professionals are spared, as LaDonna *et al.*, illustrated, proving that the threat of being discovered as a fake is an ongoing concern throughout one’s medical career. In India, research has proved equally alarming trends.^[7] Alok *et al.* found in a study that more than 40% of Manipal’s medical undergraduates suffered from regular impostorism, and 15% felt strongly so.^[8] Research by De *et al.* also cautioned that the continuity of IP has serious psychiatric repercussions if not dealt with, to which female students are especially susceptible.^[9]

The relationship between IP and mental health problems such as depression, anxiety, and stress is evident. This connection highlights the need for a cultural change in medical education a change that values emotional well-being as much as academic success. The competitive, high-stakes environment of medical training coupled with

institutionalized failure to promote good mental health leaves a fertile ground where IS can flourish. As per the Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases, imposter syndrome is not a mental illness. The most commonly reported clinical symptoms of imposter syndrome are low self-esteem, lack of confidence, and generalized anxiety.^[10] Individuals with this syndrome could feel less competent, independent, and connected to others. These clues clarify why imposters are concerned about the new activities and challenges.^[11] When given new jobs and responsibilities, they frequently experience dread of either success or failure. College and university students are in danger due to imposter syndrome, which is greatly influenced by social and environmental pressure. The intense academic competition at universities, where achievements are evaluated by grades and honors, frequently makes students feel worse about themselves.^[12] Social media, where carefully crafted online personas fuel feelings of inadequacy, makes this issue worse.

Many students, particularly those from marginalized or immigrant backgrounds, experience added stress due to family expectations, which can intensify feelings of failure even in cases where they perform exceptionally well.^[13] IS is also more common in people with personality traits such as high neuroticism and perfectionism, which are exacerbated by common mental health issues such as anxiety and depression.^[14] Minority students have “*double imposter syndrome*,” in which they battle to overcome societal preconceptions in addition to feeling incompetent. Together, these elements affect students’ academic achievement, sense of belonging, and self-confidence.^[15] Imposter syndrome is a well-documented problem in higher education for a number of student populations, including first-generation students, ethnic minority students, and nontraditional students.^[16] IS has been linked to mental health issues such as anxiety, sadness, psychological distress, and a decline in self-confidence in one’s own intelligence, according to a study on college students.^[17] Imposter syndrome sufferers frequently have a lower quality of life and battle anxiety, self-doubt, and worry.^[18] A person’s fear of failing weakens their academic self-concept, causes conflicts, and limits their ability to grow in their career and find happiness.^[19] In leadership roles, people with imposter syndrome may also have trouble with task delegation, workaholism, and perfectionism. In addition to engaging in maladaptive behaviors such as procrastination, overworking, and self-sabotage, which can prolong the cycle of self-doubt, students who suffer from imposter syndrome are less likely to ask for assistance when necessary.

To address this issue, colleges and universities can adopt several strategies to support students in overcoming IP. Establishing mentorship programs is one effective approach, as mentors can share their own experiences with self-doubt, normalizing these feelings and helping students navigate academic pressures.^[20] Creating a nurturing academic culture that prioritizes learning over achievement can redirect students' attention from outside approval to individual development, making them less prone to IP.^[5] Cognitive Behavioral Therapy workshops have also been found to be helpful, as they equip students with the means to challenge negative thoughts and shift their self-perceptions, ensuring a healthier mental state.^[21] Another useful resource is peer support groups, in which students can share their experiences and reduce feelings of loneliness.^[22] In addition, resilience-enhancing interventions like mindfulness-based stress reduction courses may enable students to cope better with academic stress, minimizing susceptibility to impostor feelings. It is also important to train the faculty to identify IP signs and offer positive reinforcement since faculty members are responsible for enhancing students' self-efficacy and creating a supportive culture.^[7] Using technology via web-based psychoeducation and mental health screening can also offer students discreet and convenient support and reduce the stigma associated with seeking help.^[23] Through these measures, educational institutions can establish a better atmosphere wherein students can overcome IS, hence leading to improved well-being and academic performance.

Imposter syndrome continues to plague university students who, in most cases, battle academic, social, and domestic pressures. The research notwithstanding, we must engage in more research to determine impactful intervention strategies that are especially vital for diverse groups of students. Colleges and universities need to step up efforts to support themselves by investing in mentorship programmes, counseling services, and resiliency education programs that reinforce healthier self-understanding and more robust feelings of belonging. By applying evidence-based interventions and fostering an environment of acceptance and growth on campus, institutions can address the root causes of imposter syndrome. This is not only beneficial for the well-being of students but also enables them to become confident, competent contributors to society.

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References

1. Clance PR, Imes SA. The imposter phenomenon in high achieving women: Dynamics and therapeutic intervention. *Psychother Theory Res Pract* 1978;15:241.
2. Corkindale G. Overcoming imposter syndrome. *Harvard Business Review*; 2008. Available from: <https://hbr.org/2008/05/overcoming-imposter-syndrome>. [lat accessed on 2025 Jun 21].
3. Clance PR. The impostor phenomenon. *New Woman* 1985;15:40-3.
4. Mann S. Why do I feel like an imposter? How to understand and cope with imposter syndrome. London: Watkins Publishing; 2019.
5. Qureshi MA, Taj J, Latif MZ, Zia S, Rafique M, Chaudhry MA. Imposter syndrome among Pakistani medical students. *Annals of King Edward Medical University*. 2017;23:107-11.
6. Bhama AR, Ritz EM, Anand RJ, Auyang ED, Lipman J, Greenberg JA, *et al*. Imposter syndrome in surgical trainees: Clance imposter phenomenon scale assessment in general surgery residents. *J Am Coll Surg* 2021;233:633-8.
7. LaDonna KA, Ginsburg S, Watling C. "Rising to the level of your incompetence": What Physicians' self-assessment of their performance reveals about the imposter syndrome in medicine. *Acad Med* 2018;93:763-8.
8. Alok Y, Kenguva NK, Sufyan M, Udupa ST. IJCM_329A: Prevalence of impostor phenomenon and its association with depression, anxiety and stress in undergraduate medical students. *Indian J Community Med* 2024;49 Suppl 1:S95.
9. De M, Bhattacharya S, Mukherjee D, Acharya R, Mondal S. Prevalence of imposter phenomenon and its correlates among undergraduate medical students of a government medical college, West Bengal, India. *Asian J Med Sci* 2024;15:99-106.
10. Schubert N, Bowker A. Examining the impostor phenomenon in relation to self-esteem level and self-esteem instability. *Curr Psychol* 2019;38:749-55.
11. Vaughn AR, Taasobshirazi G, Johnson ML. Impostor phenomenon and motivation: Women in higher education. *Stud High Educ* 2020;45:780-95.
12. Campbell C. The Struggle is Real: The Imposter Syndrome [dissertation]. Chico (CA): California State University, Chico; 2021.
13. Barari N, Singh T, Thakur N, Nayak S. Imposter syndrome: A threat to mental health. *Educ Adm Theory Pract* 2024;30:925-32.
14. Sakulku J. Imposter Fears: Some Hypothesised Antecedents and Consequences [dissertation]. Tasmania: University of Tasmania;

- 2009.
15. Peteet BJ, Montgomery L, Weekes JC. Predictors of imposter phenomenon among talented ethnic minority undergraduate students. *J Negro Educ* 2015;84:175-86.
 16. Ramsey E, Brown D. Feeling like a fraud: Helping students renegotiate their academic identities. *Coll Undergrad Libr* 2018;25:86-90.
 17. Parkman A. The imposter phenomenon in higher education: incidence and impact. *Journal of Higher Education Theory & Practice*. 2016;16:51-60.
 18. Thompson T, Foreman P, Martin F. Impostor fears and perfectionistic concern over mistakes. *Pers Individ Dif* 2000;29:629-47.
 19. Cokley K, Awad G, Smith L, Jackson S, Awosogba O, Hurst A, *et al.* The roles of gender stigma consciousness, impostor phenomenon and academic self-concept in the academic outcomes of women and men. *Sex Roles* 2015;73:414-26.
 20. CopeWatson G, Betts AS. Confronting otherness: an econversation between doctoral students living with the Imposter Syndrome. *Canadian Journal for New Scholars in Education/ Revue canadienne des jeunes chercheurs et chercheurs en éducation*. 2010;3:1-13.
 21. Stallard P. Think good, feel good: A cognitive behavioural therapy workbook for children and young people. Chichester: John Wiley and Sons; 2019.
 22. Chirkov VI, Ryan RM. Parent and teacher autonomy-support in Russian and US adolescents: Common effects on well-being and academic motivation. *J Cross Cult Psychol* 2001;32:618-35.
 23. Youn SJ, Trinh NH, Shyu I, Chang T, Fava M, Kvedar J, *et al.* Using online social media, Facebook, in screening for major depressive disorder among college students. *Int J Clin Health Psychol* 2013;13:74-80.

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