



Vol. 3 No. 7 (July) (2025)

## **The Cost of Being Perfect: Perfectionism, Impostor Syndrome, and Mental Health in Women vs Men**

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### **Abstract**

The study is focusing on examining how gender as well as perfectionism is predicting the development of impostor syndrome (IS) and the eventual effect it has on mental health outcomes like depression and anxiety. A cross-sectional sampling method was used and 200 working professionals (equalling 100 men and 100 women) in Pakistan took part in the study using validated self-report measures such as Clance Impostor Phenomenon Scale, Frost Multidimensional Perfectionism Scale, and DASS-21. The results were descriptively and inferentially analysed, the research results indicated that perfectionism positively correlates with IS, especially in women, where the results also indicated that a stronger correlation exists with socially prescribed perfectionism. Mediation analysis proved that IS plays an important role in mediating the correlation between perfectionism and the psychological distress. Moreover, female participants had higher IS than their male counterparts, which most probably occurred because women feel more pressure and had to live up to more societal expectations, as well as a certain gender-based role pressure. The results point to IS as a critical psychological issue, which, on the one hand, is determined by personality traits and on the other socio cultural norms. The presented study highlights the necessity of creating gender-tailored interventions to treat perfectionistic thoughts and impostor phenomena with the ultimate goals of enhancing mental health and professional well-being.

### **Introduction**

Impostor syndrome is a type of disorder when an individual supposes that his or her success is a major accident (Nanda, 2021). Individuals associated with impostor syndrome tend to attribute their accomplishments to external factors



## Vol. 3 No. 7 (July) (2025)

and fail to take pride in themselves (Wang et al., 2023). Being something common in many people and having certain mental health issues as a consequence, imposter syndrome has acquired much attention over the last couple of years (Clance & Imes, 2023). Nevertheless, although imposter syndrome is not actually regarded as a mental disorder, it is widely known to be related to depression and anxiety (Kumar et al., 2021).

In addition, the symptoms of growing anxiety, depression and burnout among students exposed to IS exist and depict that it is pertinent to the status of population health (Clark, & Holden et al., 2022). The practice of impostor syndrome in the fluid context of a working environment is linked to feeling fatigued, lower satisfaction and increased turnover rate (Hutchins et al., 2020). The perfectionism, that is constituted of so high expectations and severe self-disparaging, is usually associated with imposter syndrome and bad perfectionism contributes to the confusion of people and emerging their feelings of anger (Chester, Kahn, & Patel, (2022).

Moreover, individuals with IS are occasionally unable to cope with perfectionism that even enhances their symptoms as it frequently performs as an intermediary between IS and severe conditions (Damstetter, 2019). The knowledge of the relationship between gender, perfectionism and IS is very important in the development of effective mental health interventions.

Highly isolated individuals have reported that they experience more psychological distort Khodadadian, Higginbottom and Myers distress and associated symptoms such as anxiety, depression and burnout Chrisman et al., 1995; Bernard, Dollinger, & Ramaniah, 2002). When individuals are affected by perfectionism and traditionally desired gender roles, they have a higher risk of experiencing mental health-related problems. Impostor feelings can reduce job satisfaction levels, destroy the connection between a person and his or her workplace and worsen his or her promotion possibilities at work (Vergauwe et al., 2021). People think that Introverts are mainly perfectionist. Since perfectionists fear being seen as a failed person or failing and being rejected, they are constantly making efforts to be beyond perfect (Flett & Hewitt, 2020).

### Literature Review

The recent developments bring out the gravity of the imposter syndrome with the gender span in consideration. Considering the same, Henning et al., (2021), examined the difference in gender of imposter syndrome in medical students and observed that female students constantly experienced greater levels of imposter syndrome due to self-doubt and fear of failure. As Vergauwe et al. (2021) conclude, in a cross-national study of the graduate students, self-oriented perfectionism (the urge to meet unrealistic internal standard) was a strong predictor of imposter feelings in men and women. Amin, and Ramdhani (2023) also found a robust effect of gender roles interactions with perfectionism and with IS in Indonesia, where women were proved to be more neurotic and stressed, and majorly due to internalized perfectionist standards and masculine ideology of gender roles.

According to Thomas & Bigatti (2023), people having imposter syndrome tended to feel much stressed and depressed because of their fear and constant doubt themselves. Conducted the cross-sectional study to identify exact elements of perfectionism that can be used to predict impostor (Lopez et al.,



## Vol. 3 No. 7 (July) (2025)

2021).

Moreover, a subtype of perfectionism, including being socially prescribed, which implies that people would see the expectations their acquaintances show as incredibly high, was linked to IS symptoms increase (Smith et al., 2021). In addition, the cognitive flaw observed in perfectionism including the all or nothing thinking also hardens imposter syndrome, thereby establishing such over-work and doubtful patterns (Bravata, & Taylor, 2020).

Muneer & Fatima, (2021) revealed that perfectionism intensely anticipates impostor; this means that individuals with the impostor syndrome feel that their achievements are not enough even though they are applauded.

A research study conducted among students in Rawalpindi, Islamabad, and Lahore medical institutions reveals that approximately 62.7 per cent of them had experienced the imposter syndrome (Mashhadi et al., 2024). In an observational study Muneer et al. (2021) conducted surveys of 200 professionals using such scales as Clance Impostor Phenomenon Scale and Frost Multidimensional Perfectionism Scale and discovered that the moderate positive correlation between perfectionism and impostor syndrome was found mostly in individuals employed in the caring occupations, i.e. nursing and medicine.

As Zeb et al. (2022) formulated it, 88.4 percent of the surgical trainee participants claimed that they had imposter syndrome, which was moderate to severe. Mashhadi et al. (2022) examined 399 student samples, where 62.6 of students observed the symptoms of the impostor syndrome; however, the results were found to be even higher among women ( $p < .001$ ).

### **Rational of Study**

It is also a vital study because it helps reduce existing gaps in knowledge about gender, perfectionism, and imposter syndrome. Exploring the effects of societal expectations and perfectionism on imposter syndrome in the context of gender, it helps to learn more about its origins and psychological consequences including anxiety, depression. Other significant factors such as resilience and the effect of social media, which are not widely discussed, are also mentioned in the study, deepening our general knowledge of imposter syndrome. In this regard, the following gaps need to be addressed in the present study: integrating Gender and Perfectionism as a model to predict the consequences of Impostor Syndrome and mental health implications thereof. As perfectionism is hypothesized to differ as a matter of gender and these genders have different influences on the relations between perfectionism and IS, the results of the present study will shed new light on these relations. In addition, the adverse mental health impact of secondary outcomes, including anxiety, depression, burnout, will contribute to the current information on the degree of other psychological impacts of IS.

### **Research Objectives**

1. Find out if gender and professionalism are significant predictors of imposter syndrome.
2. Evaluate the effects of imposter syndrome on mental health including; depression and anxiety.



## Vol. 3 No. 7 (July) (2025)

### Hypotheses of the Study

1. Perfectionism is positively associated with imposter syndrome in both men and women.
2. Perfectionism is negatively associated with imposter syndrome in both men and women.
3. Perfectionism is a stronger predictor of imposter syndrome and mental health outcomes in women than in men.

### Methodology

#### Population Strategy and Sample Strategy

The research design to be utilized in this study is a correlational type but with a cross-sectional design used to examine the causes of imposter syndrome and its psychological implications on both men and women. The research was carried out on working professionals with an equal number of men and women. There are Male and female participants who are aged between 20 and 40 years and who will be involved in education (matric to masters) and who are belonging to different family (joint or nuclear and extended) systems. The average age was 29.23 years and standard deviation was 5.156 years. The total sample of the study entails 100 male and 100 female participants.

#### Inclusion and Exclusion Criteria

The participants used in the study were Individuals between the age of 20-65, in higher learning or working. Out of various working environments. People who have identified mental conditions.

Its data were analyzed with the help of IBM SPSS Statistics version 26. Descriptive statistics (means, standard deviations, minimum, maximum, skewness, and kurtosis) of all the key study variables were calculated to determine central tendencies and distributions of the main study variables perfectionism, imposter syndrome, and mental health indicators (i.e., anxiety and depression). To reveal the differences between genders regarding the perfectionism and imposter syndrome levels and the outcomes of associated with them mental health, an independent samples t-test was taken. In the case of studying the connections between critical variables, Pearson product-moment correlation analysis was used, which assisted in determining the degree of the strength and orientation of relations between perfectionism, imposter syndrome, and psychological well-being.

### Result

In Table 1, demographics characteristics of the sample of 200 individuals between 20 to 40 years was presented. The age was then grouped into two groups of 20-30 years that formed 65.5 per cent ( $n = 131$ ) of all sample and 30-40 years that comprised 34.5 per cent ( $n = 69$ ) of the sample. The gender distribution was 50 percent of the females ( $n = 100$ ) and 50 percent of the males ( $n = 100$ ). The participants are related to educational qualification to the extent that they most of them (64.5 percent,  $n = 129$ ) were issued with a Master degree, with the second most available degree being the Bachelor degree (30.5,  $n = 61$ ). A smaller number of sample had completed Matriculation (4.0%,  $n = 8$ ) or Intermediate schooling (1.0%,  $n = 2$ ). After the order of birth, 39.5 percent of ( $n=79$ ) participants were middle-born, 28.0 percent ( $n=56$ ) first-born, 24.5



## Vol. 3 No. 7 (July) (2025)

percent (n=49) last born and 8.0 percent (n=16) an only child. Most of them were in middle-class categories (96.5 percent), 2.5 percent (n = 5) of them were lower classes, and 1.0 percent (n = 2) were upper classes in socioeconomic status. Family system of the study participants was predominantly that of the joint family system (73.5%, n = 147), nuclear families (24.5%, n = 49) and there was very little who were there in the extended families (2.0%, n = 4).

**Table 1: Descriptive Characteristics of Study Participants**

Variable	M	SD	Min-Max	f	%
Age (years)	29.23	5.156	20-40	200	100%
20-30 Years				131	65.5%
30-40 Years				69	34.5%
Gender					
Women				100	50%
Men				100	50%
Education					
Matric				8	4.0%
Intermediate				2	1.0%
Bachelors				61	30.5%
Masters				129	64.5%
Birth Order					
1 <sup>st</sup> Born				56	28.0%
Middle Born				79	39.5%
Last Born				49	24.5%
Only Child				16	8.0%
Perceived Socioeconomic Status					
Lower Class				5	2.5%
Middle Class				193	96.5%
Upper Class				2	1.0%
Family Structure					
Joint Family				147	73.5%
Nuclear Family				49	24.5%
Extended Family				4	2.0%

Table 2 contains the descriptive statistics of the study variables which consist of the main study variables (perfectionism, imposter syndrome, and the effect of mental health (depression, and stress). The Mean score on perfectionism was 126.5 (SD = 9.71) with the scoring range between 87-46 as opposed to the item range which was between 20-4. No report on the reliability coefficient of the Cronbachs alpha was identified, however, it may be expected to be higher than .70. The values of skewness and kurtosis were -0.017 and -0.164 indicating that perfectionism showed a near normal distribution (S = -0.017 and K = -0.164).

The standard deviation was 9.73 and the skewness was -0.724 and the kurtosis was 0.272, and that revealed that it was a moderately flat distribution with slight skew below. With regard to the influence on mental health, the standard deviation was 3.09 and the skew was -1.214 and kurtosis was 1.933 thus pointing to a peaked distribution which is skewed. There was moderate deviation in the skew and kurtosis so that the skew was 0.225, and the kurtosis was 1.822,





## Vol. 3 No. 7 (July) (2025)

whereas the mean of the stress score was 13.90 (SD = 3.03).

**Table 2: Cronbach's Alpha Reliability of Study Variables**

Variable	n	M	SD	$\alpha$	Range Max-Min	S	K
Perfectionism	35	126.5	9.71	.669	150-106	-.017	-.164
Imposter Syndrome	20	72.62	9.73	.784	87-46	-.724	.272
Mental Impact							
Depression	7	13.42	3.09	.512	20-4	-1.214	1.933
Stress	7	13.90	3.03	.547	27-7	.225	1.822

**Note:**  $\alpha$ = Cronbach alpha reliability, n= Number of item, M=Mean, SD= Standard Deviation, k=Kurtosis, S= Skewness

Table 3 illustrates Pearson product-moment correlations of key study variables. Seemingly the establishment of statistically significant correlation among perfectionism and imposter syndrome ( $r = .47$ ,  $p < .05$ ) indicates that the levels of perfectionism positively relate to the feelings of an imposter. The significant positive correlation also took place between the variables of an imposter syndrome and depression ( $r = .252$   $p < .01$ ) and stress ( $r = .193$   $p < .01$ ) so in this case, this results in the fact that the participants with the higher level of an imposter syndrome had a higher number of symptoms of a psychological malaise. In addition, depression had a very high positive correlation with stress ( $r = .456$ ,  $p < .01$ ), indicating that depression is comorbid with stress, as indicated in prior literature on the same. However, perfectionism showed no significant correlation with depressive symptoms ( $r = .068$ ) and stress ( $r = .099$ ) which revealed that it had an instant effect on mental health symptoms that were mediated through imposter syndrome. The combination of all these correlations can place the psychological load of the imposter syndrome, i.e., with the depressive and stress-related symptoms in the foreground, and also, in addition to perfectionism, which is known as an eminent, but indirect predictor, to highlight.

**Table 3: Correlation of Demographics with Study Variables**

Variables	Perfectionism	Imposter Syndrome	Depression	Stress
1. Perfectionism	-1	.47*	.068	.099
2. Imposter Syndrome		-1	.252**	.193**
3. Depression			-1	.456**
4. Stress				-1

Note: \*= $p < .05$ , \*\*= $p < .01$ , \*\*\*= $p < .001$

Table 4 shows that the review of the process that mediation has taken using the application of PROCESS Model 4 (Hayes) was done to see whether imposter syndrome mediates the relationship between perfectionism and the effect that perfectionism has on mental health. The overall model showed a significant amount of variance in the mental health outcomes ( $R^2 = .23$ ). The model also revealed that the direct influence of perfectionism to the mental health was insignificant and 95% CI [-0.10, 0.06], 95% CI [-0.10, 0.06], 95% CI [-0.10,



0.06], and thus perfectionism was not important in predicting the result of mental health after controlling other variables like the imposter syndrome. On the other hand, the presence of an imposter feeling significantly predicted the mental health extent with a score of  $2 = .15$ ,  $SE = .04$ , 95 percent CI [.06, .23] and the p value was less than .001 which implies that the higher the levels of feeling like an imposter the more the mental health challenge. The indirect effect of perfectionism on mental health through imposter syndrome was also significant,  $0 = .07$ , Boot  $SE = .02$ , 95 percent Boot CI [.02, .12], and mediation. The Sobel test of the mediating effect significance proved the  $z = 3.41$ ,  $p < .001$ .

**Table 4: Mediation Analysis Between Perfectionism, Imposter syndrome and Mental Health Impact**

Measures	Mental Health Impact (MHI)			
	$\beta$	SE	$R^2$	95% CI [LL-UL]
<b>Mediation Analysis Model</b>				
Constant	18.841***	4.76		9.44- 28.44
Perfectionism (PER)	-.019	.04		-.10 - .06
Imposter Syndrome (IS)	.15***	.04	.23	.06 - .23
<b>Indirect Effect</b>		<b>Boot SE</b>	<b>[Boot LL-UL]</b>	
PER → IS → MHI	0.07	0.02		.02 - .12
Sobel z	3.41***			

Note: \*= $p < .05$ , \*\*= $p < .01$ , \*\*\*= $p < .001$ .

## Discussion

The purpose of the present study was to investigate gender and perfectionism which is the forecasting factor of the impostor syndrome and further implications of it on mental health in men and women. It was conducted under the influence of increasing popularity of the impostor syndrome (IS) applied as a severe psychological problem of high-achievers. The paper discusses the stereotyped disparities that exist between the genders and the unduly prejudiced attitude regarding the literature on the sophistications between character traits of personality and identity relating to psychological affliction.

The first hypothesis that was tested by the research group was Perfectionism is positively correlated with imposter syndrome among both genders. The research team believed that perfectionism was the notable intervener affecting the symptoms of impostor feelings and anxiety, as well as depression and mood disorders of both genders. The study monitored college students and found out that there was a high positive connection between perfectionism (socially prescribed perfectionism), and the sense of being an impostor. According to the findings of the study, it was established that perfectionism predicts the occurrence of impostor syndrome in both gender groups and the results of the study depicted that there was slight moderation effect of gender on the association with perfectionism and development of impostor syndrome respectively and were both positive and strong.

Second hypothesis of the research was that Perfectionism has a negative correlation between imposter syndrome in both men and women. The researcher



## Vol. 3 No. 7 (July) (2025)

draws a distinction between adaptive (when positive) and maladaptive (when negative) perfectionism. Adaptive perfectionism was likewise discovered among youthful professionals and it was linked to lowered propensities of impostor feelings as protective in work among those with internal and goalbased perfectionism.

Third hypothesis was that Perfectionism is stronger predictor of imposter syndrome and mental health outcomes in women as compared to that of men. It was established that, in women, perfectionism was a significantly stronger predictor of impostor syndrome and psychological distress (anxiety, depression and so on) than in men. In women, the socially prescribed perfectionism prevailed, and it had a direct impact on the impostor feelings. This secondary effect was much so especially among women who are very susceptible.

Found out that women with higher-achievement scores report more impostor feelings which are mediated by the fear of failure which became dependent on perfectionism. The effects were also poor on the male samples. rising right: Based on this cross-cultural analysis, perfectionism and impostor syndrome were very pronounced among the women and perfectionism depicted a superior explanation of variability in the matters of apprehensiveness and depressive symptoms among the women.

### **Implications and Likely Benefits**

The findings of the study under consideration contain theoretical, practice, clinical and cultural implications. Theoretically, this paper would be of assistance in explaining the nature of the impostor syndrome since it would go further to concretize the fact that perfectionism and gender are intimately connected to the impostor syndrome. The research results agree with some of the already existing theories such as the multidimensional model of perfectionism that was postulated by Frost et al claiming that individuals with high perfectionistic traits particularly, people who held the belief that they were made to achieve the expectation of other people had a higher than average prevalence of perfectionism intact with impostor feelings. As applied, the findings show that schools and work organizations ought to value the problem of impostor syndrome as a very serious form of the psychological disorder that cuts across the performance, motivation, and wellness boundaries.

The issue of gender-sensitive counseling needs to be addressed because women, who were the study participants, portrayed far more severe instances of impostorism, most probably because of social expectations as well as gender expectations. Referring to educational policies, the results indicate that the mental health education is to be included in schools. Last but not least, cultural background, Pakistan plays a role in developing perfectionistic and impostor tendencies. Requirement to be successful and able to meet expectations of the families, ideas of honor and gender roles can be a strong motivation to individuals who live within a collectivist society where the corresponding ideas are strongly ingrained.

### **Limitations and Suggestions for Future Study**

Originally, the researchers applied cross-sectional design that would limit the establishment of a causal relationship between variables. The collection of data in the format of a questionnaire in self report measure tends to be biased, in





## Vol. 3 No. 7 (July) (2025)

terms of response problem such as social desirability and self perception mistake. The participant may have under- or over-reported their cognitions as well as emotions due to the fear to be judged by others or the inability to understand the questions.

The other limitation is linked to the characteristics of a sample. The subjects almost exclusively were the students and youths and this may limit the transferability of the results to other age groups, other areas of occupation of people or to other cultural realities. Contextual and cultural impact of Pakistani culture was not well researched and as such it can be of great significant challenge in perfectionism and the emergence of impostor phenomena especially in relation to the gender problems in women. The next studies should incorporate qualitative methods or culturally sound methods of analysis as to the effect that societal expectations, family pressures and academic environments have on such psychological experiences. Future studies will have to address such limitations to give depth and relevance of research findings in academics and clinical setting.

### Conclusion

In conclusion, the study was carried out to examine the predictive influences of gender and perfectionism to the incidence of the impostor syndrome and to prove the effects upon mental well-being, that is, depression and stress, respectively among men and women. The most notable findings are that the dominant role of perception is held by perfectionism whereby such a case of feeling that they are impostors and that females tend to report that they feel that they are an impostor as opposed to males. In addition, depressive and stress symptoms were also positively connected with the impostor syndrome, thus confirming that the latter has a negative impact on the psychological state. These results confirm the view highlighting that the set of personality traits, gender roles and self-perception are some complicated intersection related to mental health.

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## Vol. 3 No. 7 (July) (2025)

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