

IMPOSTER SYNDROME AND CONTRIBUTING FACTORS AMONG THAI UNDERGRADUATE STUDENTS MAJORING IN ENGLISH AT A THAI UNIVERSITY

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ABSTRACT

This study investigated the prevalence and contributing factors of Imposter Syndrome (IS) among undergraduate Thai students majoring in English at a Thai university. The research focused on five IS dimensions—Perfectionist, Superhero, Natural Genius, Soloist and Expert—and examined the influence of six contributing factors: grade point average (GPAX), year of study, living status with parents, parental cohabitation, family monthly income, and monthly expenses. Data were purposively collected from 200 students across four academic years, and analyses were conducted using descriptive statistics and one-way analysis of variance (ANOVA).

The findings revealed that the Superhero and Soloist types were the most prevalent IS dimensions, with only minimal differences in their scores, suggesting similar levels of occurrence. The Superhero yielded the highest overall score, with 600.40 points with mean of 3.00 and SD at 0.84. Closely followed by the Soloist type, it obtained 599.80 points with mean of 3.00 and SD at 0.79. The Expert type followed with a moderate proportion, while the Perfectionist and Natural Genius types were the least represented. Furthermore, the ANOVA results indicated that none of the demographic factors—GPAX, living status with parents, parental cohabitation, or family income—contributed significantly to differences in IS tendencies. Similarly, year of study and monthly expenses did not produce meaningful variations across the 5 IS types.

Overall, the results suggested that Imposter Syndrome is present among Thai undergraduate students studying in English-related major in varying forms. Still, its expression is relatively consistent across the demographic and background factors. These findings highlighted the importance of raising awareness of IS among students, developing supportive strategies within academic contexts and emphasizing the need for institutional awareness and supported mechanisms for those at risk of Imposter Syndrome.

Keywords: Imposter Syndrome (IS) ; Prevalence ; Contributing Factors ; Psychological Challenges

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INTRODUCTION

Imposter Syndrome (IS) is a psychological phenomenon characterized by persistent self-doubt and the fear of being exposed as a fraud despite evident accomplishments (Booth, 2024, Chrisman, Pieper & Clance, 1995; Reid, 2025; Sakulku & Alexander, 2011; Dealing with imposter syndrome, (n.d.). Dealing with imposter syndrome, individuals experiencing IS frequently attribute their successes to external factors rather than their own abilities, which may result in missed opportunities, reduced performance, heightened anxiety, and an increased risk of mental health concerns such as depression (see Felman, 2024). Young (2022) identified five distinct types of imposter experiences: Perfectionist, Superhero, Natural Genius, Soloist, and Expert.

Although each type manifests differently, they share common traits of self-doubt and the minimization of achievements (Clance & Imes, 1978). Specifically, the Perfectionist sets unrealistically high standards and questions their performance even in the face of success; the Superhero overextends effort to mask insecurities and experiences diminished confidence when expectations are unmet; the Natural Genius assumes success should be effortless and feels inadequate when confronted with challenges; the Soloist resists seeking assistance, perceiving independence as a necessity; and the Expert requires extensive knowledge to feel competent, often undervaluing their own expertise.

The emergence of IS is influenced by multiple factors, including personality traits, upbringing, peer comparison, and social media exposure. It is particularly prevalent in competitive academic contexts, where students face rigorous expectations and social pressures (see Kumar & Jagacinski, 2006). This is especially relevant among undergraduate students studying

English as a second language, who often encounter both academic and professional demands. Particularly, Thai undergraduate students enrolled in an English-related major at a public university in the northeastern region of Thailand represent one of the noteworthy populations for the investigation. As part of their curriculum, these students are trained in linguistics, pragmatics, literature, sociocultural studies, and communication, which prepares them for global citizenship but simultaneously subjects them to heightened performance pressures. The interplay of these academic and societal expectations may contribute to feelings of inadequacy and self-doubt.

Consequently, exploring the prevalence and nature of IS among this group is essential for understanding their psychological well-being and for emphasizing the importance of mental health support in higher education (Lee, 2021).

Objectives

The primary objective of this study was to examine the presence of Imposter Syndrome (IS) among undergraduate students and investigate the prevalence of the five types of IS—Perfectionist, Superhero, Natural Genius, Soloist, and Expert. Furthermore, the study sought to explore and specifically identify the 5 factors contributing to its occurrence, Grade Point Average (GPAX), year of study, living status with parents, parental cohabitation status, family monthly income, and monthly expenses, which are mainly based on the traits of upbringing and peer comparison (Kumar & Jagacinski, 2006). Ultimately, the study aimed to provide a deeper understanding of the prevalence of IS within this student population and the contextual factors associated with the phenomenon, with the following research questions:

1. What types of Imposter Syndrome are prevalent among the undergraduate students studying English in a Thai university, and how?

2. In what ways do the factors influencing Imposter Syndrome contribute to its occurrence among students?

RESEARCH METHODOLOGY

Participants

The participants of this study comprised 200 undergraduate students enrolled in the English for International Communication (EIC) programme at the Faculty of Humanities and Social Sciences in the northeastern region of Thailand during the 2024 academic year. There were students across all four academic years, thereby representing a diverse range of academic experiences and developmental stages within the programme. This composition allowed for a comprehensive examination of Imposter Syndrome (IS).

Research Instruments

The research instrument, a questionnaire, employed in this study was adapted from two established measures of Imposter Syndrome: the *Clance Impostor Phenomenon Scale* (CIPS) developed by Clance (1985) and the *Institutional Accountability Scale – Imposter Syndrome Test* (IAS-IST) by Andrews (2020). The final questionnaire was systematically structured into two main sections to ensure that both contextual and psychological dimensions were adequately captured.

1. Sociodemographic Data: This section collected background information from participants, including Grade Point Average (GPAX), year of study, living status with parents, parental cohabitation status, family monthly income, and monthly expenses. These

variables were included to identify potential factors influencing the occurrence of Imposter Syndrome.

2. Imposter Syndrome Inventory: This section assessed the prevalence of the five distinct types: Perfectionist, Superhero, Natural Genius, Soloist, and Expert. A 25-item inventory was constructed, with five items corresponding to each of the subtypes. The items were randomly ordered to minimize response bias and enhance the reliability of measurement. Each item was rated on a five-point Likert scale ranging from 1 (*Not at all true*) to 5 (*Very true*), thereby allowing for a nuanced assessment of participants' experiences with Imposter Syndrome.

Data Collection

Data were collected from 200 undergraduate students across all four academic years. To facilitate the process, the researchers first sought permission from course instructors, ensuring that data collection occurred at the end of classes so as to minimize disruption to the teaching schedule. Student representatives from each year level were then contacted to coordinate appropriate meeting times. Prior to participation, all participants were provided with a detailed overview of the study, and informed consent was obtained with explicit emphasis on confidentiality and voluntary participation.

The questionnaires were administered online under the supervision of the researchers, who were initially present to address questions and provide clarification. After approximately 15 minutes, the researchers exited the room to allow participants to complete the questionnaires independently and in a more comfortable setting. This structured procedure not only ensured the systematic administration of the instrument but also fostered participant engagement and accuracy in responses.

Data Analysis

The data were analyzed by using both descriptive and inferential statistical techniques. Descriptive statistics, including percentages, were used to summarize and present the distribution of quantitative variables, offering an overview of participant characteristics across six sociodemographic factors: Grade Point Average (GPAX), year of study, living status with parents, parental cohabitation status, family monthly income, and monthly expenses. To further examine the relationships between these factors and Imposter Syndrome, a one-way Analysis of Variance (ANOVA) was conducted. This allowed for the identification of statistically significant differences across groups, thereby providing deeper insights into the contextual factors associated with Imposter Syndrome.

RESEARCH RESULTS

Table 1 Prevalence of Imposter Syndrome Categorized by All Participants

	Perfecti onist	Super hero	Natural Genius	Soloist	Expert	ALL
N						
Valid	200	200	200	200	200	200
Missing	0	0	0	0	0	0
Mean	2.7960	3.0020	2.7400	2.9990	2.9370	2.8948
Std. Deviation	.85206	.83804	.74967	.79103	.83602	.69605
Variance	.726	.702	.562	.626	.699	.484
Minimum	1.00	1.20	1.00	1.00	1.00	1.32
Maximum	5.00	5.00	4.80	4.80	5.00	4.72
Sum	559.20	600.40	548.00	599.80	587.40	578.96

Based on the data shown in Table 1, the distribution of Imposter Syndrome (IS) types indicated that the Superhero yielded the highest overall score, with 600.40 points with mean of 3.00 and SD at 0.84. This was closely followed by the Soloist type, which obtained 599.80 points with mean of 3.00 and SD at

0.79. The Expert type ranked in the middle range with 587.40 points with mean of 2.94 and SD at 0.84. In addition, the Perfectionist type and the Natural Genius type received comparatively lower scores, with 559.20 points with mean 2.80 and SD at 0.85 and 548.00 points with mean of 2.74 and SD at 0.75, respectively.

Although the Superhero and Soloist types demonstrated the two highest scores, the difference between them was minimal, suggesting that both types were similarly prevalent among the participants. The Expert type followed with a moderate proportion, while the Perfectionist and Natural Genius types were the two least represented.

Tables 2- 7 present the analysis of the five dimensions of Imposter Syndrome (IS) from A one-way analysis of variance (ANOVA), namely the Perfectionist, Superhero, Natural Genius, Soloist, and Expert types, among undergraduate Thai students majoring in English, based on their year of study, monthly expenses, GPAX, Living status with parents, Parental Cohabitation status and Family monthly income. The data were from A one-way analysis of variance (ANOVA).

Table 2 ‘Year of Study’ Factor Contributing to Imposter Syndrome Occurrence

		Sum of Squares	df	Mean Square	F	Sig.
Perfectionist	BtwGroups	.445	3	.148	.202	.895
	W/ Groups	144.032	196	.735		
	Total	144.477	199			
Superhero	BtwGroups	3.440	3	1.147	1.649	.180
	W/ Groups	136.319	196	.696		
	Total	139.759	199			
Natural Genius	BtwGroups	.625	3	.208	.367	.777
	W/ Groups	111.215	196	.567		
	Total	111.840	199			
Soloist	BtwGroups	1.947	3	.649	1.038	.377
	W/ Groups	122.573	196	.625		
	Total	124.520	199			
Expert	BtwGroups	1.152	3	.384	.546	.652
	W/ Groups	137.934	196	.704		
	Total	139.086	199			

The results based on Table 2 revealed that none of the IS types showed statistically significant differences among the year of study groups. For the Perfectionist type, the analysis yielded $F = 0.202$, $p = .895$, indicating no significant variation across years. Similarly, the Superhero type produced $F = 1.649$, $p = .180$, which was also not significant. For the Natural Genius type, the result was $F = 0.367$, $p = .777$, suggesting no meaningful year-group differences. The Soloist type showed $F = 1.038$, $p = .377$, while the Expert type indicated $F = 0.546$, $p = .652$. Both were statistically non-significant.

Overall, the findings suggested that the five types of Imposter Syndrome did not differ significantly according to the students' year of study. This indicated that the occurrence of IS patterns was relatively consistent across all academic years of study.

Table 3 'Monthly Expenses' Factor Contributing to Imposter Syndrome Occurrence

		Sum of Squares	df	Mean Square	F	Sig.
Perfectionist	Btw Groups	1.809	3	.603	.828	.480
	W/ Groups	142.668	196	.728		
	Total	144.477	199			
Superhero	Btw Groups	1.796	3	.599	.850	.468
	W/ Groups	137.963	196	.704		
	Total	139.759	199			
Natural Genius	Btw Groups	1.131	3	.377	.667	.573
	W/ Groups	110.709	196	.565		
	Total	111.840	199			
Soloist	Btw Groups	2.843	3	.948	1.527	.209
	W/ Groups	121.677	196	.621		
	Total	124.520	199			
Expert	Btw Groups	2.551	3	.850	1.221	.303
	W/ Groups	136.535	196	.697		
	Total	139.086	199			

Table 3 showed no statistically significant differences in IS types across groups categorized by monthly expenses. For the Perfectionist type, the analysis yielded $F = 0.828$, $p = .480$, indicating no

meaningful variation among expense groups. Similarly, the Superhero type resulted in $F = 0.850$, $p = .468$, while the Natural Genius type produced $F = 0.667$, $p = .573$. Both values indicate nonsignificant results. The Soloist type showed $F = 1.527$, $p = .209$, and the Expert type produced $F = 1.221$, $p = .303$. Neither reached statistical significance.

Overall, these findings suggested that the five IS types did not differ significantly based on the participants' reported monthly expenses. This indicated that financial spending patterns among students did not appear to be a contributing factor to variations in the occurrence of IS in this context.

Table 4 'GPAX' Factor Contributing to Imposter Syndrome Occurrence

		Sum of Squares	df	Mean Square	F	Sig.
Perfectionist	Btw Groups	.424	2	.212	.290	.749
	W/ Groups	144.053	197	.731		
	Total	144.477	199			
Superhero	Btw Groups	.375	2	.188	.265	.767
	W/ Groups	139.384	197	.708		
	Total	139.759	199			
Natural Genius	Btw Groups	1.657	2	.828	1.481	.230
	W/ Groups	110.183	197	.559		
	Total	111.840	199			
Soloist	Btw Groups	.699	2	.349	.556	.574
	W/ Groups	123.821	197	.629		
	Total	124.520	199			
Expert	Btw Groups	2.363	2	1.181	1.702	.185
	W/ Groups	136.723	197	.694		
	Total	139.086	199			

Table 4 indicated that none of the IS types showed statistically significant differences among different groups of GPAX. For the Perfectionist type, the analysis yielded $F = 0.290$, $p = .749$, indicating no significant variation among the GPAX. Similarly, the Superhero type produced $F = 0.265$, $p = .767$, which was also not significant. For the Natural Genius type, the result was $F = 1.481$, $p = .230$, suggesting no meaningful

differences. The Soloist type showed $F = 0.556, p = .574$, while the Expert type indicated $F = 1.702, p = .185$. Both were statistically non-significant.

Therefore, there were no statistically significant differences in Imposter Syndrome scores across different GPAX groups for any of the five IS types among the participants.

Table 5 ‘Living Status with Parents’ Factor Contributing to Imposter Syndrome Occurrence

		Sum of Squares	df	Mean Square	F	Sig.
Perfectionist	Btw Groups	.385	2	.192	.263	.769
	W/ Groups	144.092	197	.731		
	Total	144.477	199			
Superhero	Btw Groups	.803	2	.401	.569	.567
	W/ Groups	138.956	197	.705		
	Total	139.759	199			
Natural Genius	Btw Groups	.295	2	.148	.261	.771
	W/ Groups	111.545	197	.566		
	Total	111.840	199			
Soloist	Btw Groups	.044	2	.022	.035	.966
	WithGroups	124.476	197	.632		
	Total	124.520	199			
Expert	Btw Groups	.302	2	.151	.214	.807
	W/ Groups	138.784	197	.704		
	Total	139.086	199			

Table 5 showed no statistically significant differences in IS types across groups categorized by the factor of Living Status with Parents. For the Perfectionist type, the analysis yielded $F = 0.192, p = .769$, indicating no meaningful variation among the groups of Living Status with Parents. Similarly, the Superhero type resulted in $F = 0.569, p = .567$, while the Natural Genius type produced $F = 0.261, p = .771$. Both values indicate nonsignificant results. The Soloist type showed $F = 0.035, p = .966$, and the Expert type produced $F = 0.214, p = .807$. Neither reached statistical significance.

Consequently, these findings suggested that the five IS types did not differ significantly based on the

participants’ Living Status with Parents. This indicated that social statuses among students did not appear to be a contributing factor to variations in the occurrence of IS in this context.

Table 6 ‘Parental Cohabitation Status’ Factor Contributing to Imposter Syndrome Occurrence

		Sum of Squares	df	Mean Square	F	Sig.
Perfectionist	Btw Groups	1.344	2	.672	.925	.398
	W/ Groups	143.133	197	.727		
	Total	144.477	199			
Superhero	Btw Groups	1.965	2	.983	1.405	.248
	W/ Groups	137.794	197	.699		
	Total	139.759	199			
Natural Genius	Btw Groups	.307	2	.153	.271	.763
	W/ Groups	111.533	197	.566		
	Total	111.840	199			
Soloist	Btw Groups	.811	2	.406	.646	.525
	WithGroups	123.709	197	.628		
	Total	124.520	199			
Expert	Btw Groups	.318	2	.159	.226	.798
	W/ Groups	138.768	197	.704		
	Total	139.086	199			

Table 6 indicated that none of the IS types showed statistically significant differences among different groups of Parental Cohabitation Status. For the Perfectionist type, the analysis yielded $F = 0.925, p = .398$, indicating no significant variation among the Parental Statuses. Similarly, the Superhero type produced $F = 1.405, p = .248$, which was also not significant. For the Natural Genius type, the result was $F = 0.271, p = .763$, suggesting no meaningful differences. The Soloist type showed $F = 0.646, p = .525$, while the Expert type indicated $F = 0.226, p = .798$. Both were statistically non-significant.

Thus, there were no statistically significant differences in Imposter Syndrome scores across different cohabitation statuses of their parents for any of the five IS types among the participants.

Table 7 ‘Family Monthly Income’ Factor Contributing to Imposter Syndrome Occurrence

		Sum of Squares	df	Mean Square	F	Sig.
Perfectionist	Btw Groups	1.069	3	.356	.487	.692
	W/ Groups	143.408	196	.732		
	Total	144.477	199			
Superhero	Btw Groups	.793	3	.264	.373	.773
	W/ Groups	138.966	196	.709		
	Total	139.759	199			
Natural Genius	Btw Groups	1.453	3	.484	.860	.463
	W/ Groups	110.387	196	.563		
	Total	111.840	199			
Soloist	Btw Groups	2.041	3	.680	1.088	.355
	With Groups	122.479	196	.625		
	Total	124.520	199			
Expert	Btw Groups	4.874	3	1.625	2.373	.072
	W/ Groups	134.212	196	.685		
	Total	139.086	199			

Table 7 showed no statistically significant differences in IS types across groups categorized by the factor of Family Monthly Income. For the Perfectionist type, the analysis yielded $F = 0.487$, $p = .692$, indicating no meaningful variation among Family Monthly Income. Similarly, the Superhero type resulted in $F = 0.373$, $p = .773$, while the Natural Genius type produced $F = 0.860$, $p = .463$. Both values indicate nonsignificant results. The Soloist type showed $F = 1.088$, $p = .355$, and the Expert type produced $F = 2.373$, $p = .072$. Neither reached statistical significance.

Overall, these findings suggested that the five IS types did not differ significantly based on the participants’ Family Monthly Income. This indicated that financial statuses among students’ parents did not appear to be a contributing factor to variations in the occurrence of IS in this context.

The analysis from Tables 4-7 examined the influence of four demographic factors—GPAX, living status with parents, parental cohabitation status, and family monthly income—on students’ Imposter Syndrome scores across five dimensions-

Perfectionists, Superhero, NatureGenius, Soloist, and Expert.

For the factor of GPAX in Table 4, mean scores across the four grade categories showed only slight variation. For example, students with GPAX less than 2.00 reported somewhat lower Perfectionist ($M = 2.90$) and Superhero ($M = 2.90$) scores compared with students in higher GPAX groups, while those in the 3.01–4.00 range tended to score marginally higher on Soloist ($M = 3.28$) and Expert ($M = 2.99$). However, across all five dimensions, the differences were small and confidence intervals overlapped, suggesting GPAX did not meaningfully differentiate levels of Imposter Syndrome.

Regarding the factor of living status with parents in Table 5, students who lived with parents ($n = 140$) and those living with father or mother ($n = 40$) reported very similar scores across all dimensions. For instance, Perfectionist scores ranged narrowly between 2.77 and 2.82, while Soloist scores were around 3.00 across groups. Students living with relatives ($n = 20$) reported slightly higher mean scores on Soloist ($M = 3.10$) and Expert ($M = 3.02$), but again these differences were not substantial.

For parental cohabitation status in Table 6, students whose father and mother were together ($n = 139$) reported scores comparable to those whose parents were divorced ($n = 41$) or had passed away ($n = 20$). For example, Perfectionist means ranged between 2.68 and 2.82 across groups, and Soloist means ranged from 2.96 to 3.02. No notable variation was observed across the five dimensions, suggesting that parental marital status was not a strong predictor of Imposter Syndrome tendencies.

Finally, the factor of family monthly income in Table 7 showed small differences across income groups. Students from families earning less than 30,000 baht per month reported slightly lower Perfectionist

($M = 2.70$) and Soloist ($M = 2.80$) scores, while those in the highest income group (more than 60,000 baht) reported marginally higher Soloist ($M = 3.14$) and Expert ($M = 3.01$) scores. However, across all income categories, means remained close to the overall sample averages, and confidence intervals consistently overlapped.

Taken together, the results suggest that none of the four demographic factors—GPAX, living status with parents, parental cohabitation, or family income—contributed significantly to differences in Imposter Syndrome tendencies among the students. The lack of meaningful variation across groups indicates that these background characteristics are not strong determinants of Perfectionist, Superhero, NatureGenius, Soloist, or Expert dimensions of Imposter Syndrome.

DISCUSSION AND CONCLUSION

Previous studies have extensively examined the prevalence of Imposter Syndrome (IS) among students, particularly within the medical field. For instance, Sawant, Kamath, Bajaj, Ajmera & Lalwani (2023) reported that approximately 56% of medical students and interns were at moderate to high risk of IS, while Naser, Hasan, Zainaldeen, Zaidi, Mohamed & Fredericks (2022) found a similar prevalence of 45.2% among medical students, based on samples ranging from 400 to 700 participants. Likewise, In Wadhwa et al.'s (2025) study, 73% of orthopaedic surgery residents reported significant or intense imposter syndrome. While univariable analyses revealed no differences across demographic or training factors, multivariable analyses showed that female residents were more likely to experience imposter syndrome, whereas those in western programs were less likely. Higher CIPS scores were also associated with female gender and lower-to-mid OITE performance.

The present study, focusing on 200 undergraduate students majoring in English-related disciplines at a Thai university, revealed that 87.50% of participants experienced IS at moderate to high levels. Although the reported prevalence rates differ across studies, largely due to variations in sample sizes and participant characteristics, the findings collectively indicate that IS is not confined to a specific academic field. Instead, it appears to be a pervasive phenomenon influenced by common academic pressures and personal insecurities across diverse educational contexts.

One factor examined in this study was Grade Point Average (GPAX), categorized into three ranges: ≤ 2.00 , 2.01–3.00, and 3.01–4.00. The results suggested that students were at risk of IS regardless of their GPAX. El-Ashry, Taha, Elhay, Hammad, Khedr & El-Sayed (n.d.), who employed a more detailed GPA categorization (ranging from 1.00 to 4.00), reached similar conclusions, indicating that IS prevalence is not significantly determined by academic achievement levels. These findings reinforce the notion that both high- and low-achieving students are equally vulnerable to IS.

Another factor considered was Family Monthly Income, which was divided into four categories in this study ($\leq 30,000$ THB; 30,001–45,000 THB; 45,001–60,000 THB; and $>60,000$ THB). Results indicated that students from both lower- and higher-income families reported comparable risks of IS. Similarly, Walden University Writing Center. (n.d.) reported that the findings indicate that monthly family income was a significant predictor of imposter syndrome among medical students, whereas factors such as siblings, birth order, schooling location, and ward rotation showed no significant associations. These findings suggest that IS is not contingent on socioeconomic background but is instead a widespread psychological experience cutting across different income groups.

The findings of this study indicated that statistically significant differences in Imposter Syndrome were observed only between first- and second-year students, while the other examined factors—living status with parents, parental cohabitation, family monthly income, and GPAX—did not exert a significant influence on its occurrence. This suggested that the experience of Imposter Syndrome may be more strongly associated with transitional stages in students' academic progression rather than with demographic or socioeconomic background variables. These results highlighted the importance of providing targeted support for students in the earlier years of their studies, particularly as they adapt to new academic demands and social environments. At the same time, the lack of significant differences across other factors underscores the pervasive nature of Imposter Syndrome, suggesting that interventions should remain broadly accessible to students across academic years and backgrounds.

In conclusion, this study contributes to a broader understanding of IS by identifying the distribution of IS types among undergraduate English-related major students in Thailand (see Whetsel, 2023) and examining how academic performance and family income relate to IS prevalence. The results are consistent with prior research, emphasizing that IS is a widespread issue affecting students across academic fields, achievement levels, and socioeconomic backgrounds.

These findings highlighted the need for increased awareness of IS within educational institutions and the implementation of targeted interventions aimed at supporting students' psychological well-being. Future research should extend beyond academic and economic factors to explore additional psychological and cultural influences that may contribute to the development and persistence of IS.

SUGGESTIONS

Suggestions from the study

1. Universities should raise awareness of Imposter Syndrome (IS) across all academic fields and ensure that advisors and lecturers provide guidance and emotional support to both high- and low-achieving students.
2. Counseling centers or mental health services on campus should design targeted workshops and interventions to help students manage IS symptoms.
3. Programs that promote self-confidence, peer support, and stress management should be integrated into student development activities.
4. Since family income was not found to be a determining factor, support mechanisms should be made accessible to students from all socioeconomic backgrounds.

Suggestions for the further study

1. Future research should conduct longitudinal studies across diverse universities, majors, and regions in Thailand to track how IS develops and changes over time.
2. Investigate additional factors, such as personality traits, cultural influences, and social support systems, that may contribute to IS.
3. Employ qualitative methods, such as in-depth interviews or focus group discussions, to gain deeper insights into students' personal experiences with IS.

REFERENCES

- [1] Andrews, N. (2020). Navigating imposter syndrome in academic settings. *Journal of Diversity and Inclusion*, 12(3), 45-58. <https://scholarworks.bgsu.edu/honorsprojects/862/>.
- [2] Booth, S. (2024). Imposter syndrome: How to overcome it. WebMD. From https://www.webmd.com/balance/what-is-imposter-syndrome?fbclid=IwY2xjawEhSBllEHRuA2FlbQlxMAABHeh41ciibnuNcNBOS68vBTwKzkgv35q6lABhG08ckrvnseYlMqH0KCcrGQ_aem_BvQzMz6T7zd2y9FHYZHEkw.
- [3] Chrisman, N. J., Pieper, C. F., & Clance, P. R. (1995). The imposter phenomenon in physicians: Dynamics and therapeutic intervention. *The Journal of Clinical Psychology*, 51(3), 369-380.
- [4] Clance, P. R. (1985). *Clance Impostor Phenomenon Scale (CIPS)* [Database record]. APA PsycTests.
- [5] 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://www.paulineroseclance.com/pdf/ip_high_achieving_women.pdf.
- [6] Dealing with imposter syndrome (n.d.) *Psychology Today*. Retrieved 24 September 2025, from <https://www.psychologytoday.com/us/blog/proceed-at-your-own-risk/202410/dealing-with-imposter-syndrome>.
- [7] El-Ashry A.M., Taha S.M., Elhay E.S.A., Hammad H.A., Khedr M.A., El-Sayed M.M. (n.d.). Prevalence of imposter syndrome and its association with depression, stress, and anxiety among nursing students: a multi-center cross-sectional study. *BMC Nurs.* 2024 Nov 27;23(1):862. doi: 10.1186/s12912-024-02414-w. PMID: 39605033; PMCID: PMC11603883.
- [8] Felman, A. (2024). *What is mental health?* Retrieved March 22, 2024. from <https://www.medicalnewstoday.com/articles/154543>
- [9] Kumar, S., & Jagacinski, C. M. (2006). Impostor phenomenon and goal orientation: Effects on performance and satisfaction. *Personality and Individual Differences*, 41(5), 1499-1508.
- [10] Lee, E. (2021). *What is the relationship between imposter syndrome and depression?* *Clinicians of Color*. Retrieved 19 February 2025. from https://www.cliniciansofcolor.org/clinician-articles/what-is-the-relationship-between-imposter-syndrome-and-depression/?fbclid=IwY2xjawEhSENleHRuA2FlbQlxMAABHatUub0FWEM7UzEh57mze1Plj0cNUOI7sci96LL--VY3yZHaxZsSVbiKA_aem_KzJV3blcFyrX0lhLZzU_zw.
- [11] Naser M.J., Hasan N.E., Zainaldeen M.H., Zaidi A., Mohamed Y.M.A.M.H., Fredericks S. (2022). *Impostor Phenomenon and Its Relationship to Self-Esteem Among Students at an International Medical College in the Middle East: A Cross Sectional Study*. *Front Med (Lausanne)*. doi: 10.3389/fmed.2022.850434. PMID: 35445049; PMCID: PMC9013881.
- [12] Reid, S. (2025). *Imposter syndrome: causes, types, and coping tips*. Retrieved 23 March 2025. from <https://www.helpguide.org/mental-health/wellbeing/imposter-syndrome-causes-types-and-coping-tips>
- [13] Sakulku, J., & Alexander, J. (2011). The imposter phenomenon. *International Journal of Behavioral Science*, 6(1), 73-92.

- [14] Sawant N.S., Kamath Y., Bajaj U., Ajmera K., Lalwani D. (2023). *A study on impostor phenomenon, personality, and self-esteem of medical undergraduates and interns*. Ind Psychiatry J.;32(1):136-141. doi: 10.4103/ipj.ipj_59_22. Epub 2023 Feb 17. PMID: 37274568; PMCID: PMC10236681.
- [15] Wadhwa H., Khela H.S., Khela M.S., Van R.N., Hunt A.A., Lu L., Bishop J. (2025). *Imposter Syndrome Among Orthopaedic Surgery Residents is Extremely Common and Disproportionately Affects Female Residents*. JB JS Open Access. 10(2): e24.00132. doi: 10.2106/JBJS.OA.24.00132. PMID: 40196413; PMCID: PMC11968018.
- [16] Walden University Writing Center. (n.d.). The relationship between imposter syndrome, household income, and level of education Miebaka Favour Roberts, Agbotui Bright, Rachel Hanzes, Linnaya Graf, PhD, MCHES, CPH. *Liberty University*. Retrieved 4 January 2025. from https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=2536&context=research_symp
- [17] Whetsel, K. (2023). *Imposter Syndrome in Higher Education Stems from Self-Doubt and Perfectionism in High School*. Retrieved 25 December 2024. from <https://scholarworks.bgsu.edu/honorsprojects/862/>
- [18] Young, V. (2022). *The 5 types of Impostor Syndrome*. Retrieved 25 February 2025. from <https://impostorsyndrome.com/articles/5-types-of-impostor-syndrome/>