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Between Suffering and Success: A Comparative Study of Imposter Syndrome in Chronically Ill Students vs. Non-ill University Students

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ABSTRACT

The present study aimed to find out the relationship between chronic illnesses, psychological distress, impostor syndrome and resilience in chronically ill students. The sample of 210 university students (105 healthy and 105 chronically ill) were recruited through convenient sampling technique. The Clance Impostor Phenomenon Scale, DASS-21 and brief resilience scale were used for data collection. Results were analyzed using statistical analysis (correlation, t test, regression analysis for mediation). Results revealed that there was a significantly positive relationship between impostor syndrome and psychological distress with an indication that higher the impostor feelings, the higher the psychological distress reported by students. Results also revealed a negative correlation has been seen between impostor syndrome and resilience where the more students feel being imposters, the less resilient they will be. Results showed that the impostor syndrome was reportedly high in chronically ill students than in healthy students. Equally, the psychological distress was greater among the chronically-ill students in comparison to their healthy counterparts. Findings revealed that resilience is not a significant mediator of the association between impostor syndrome and psychological distress among university students. The study highlights the need for targeted mental health interventions to reduce impostor syndrome and psychological distress, especially in chronically ill students. It also suggests that resilience alone may be insufficient, pointing to the importance of exploring additional psychological supports.

Keywords: chronic illnesses, psychological distress, impostor syndrome, resilience

INTRODUCTION

Imposter Syndrome (IS) denotes the inability of an individual to join forces with some psychological patterns with his or her working self and the sense of being tricked where a person questions the milestones attained and exposes himself or herself as a fake individual with no resemblance of evidence and popularity, yet craves attention. It was first reported by Clance and Imes (1978), and it thrives in the contemporary professional world. IS has emerged as an issue of concern among students due to increase in academic workloads. Its symptoms are chronic self-doubt, inability to recognize success and its excessively liberal explanation of any success as the result of chance. These psychological disorders regularly lead to stress, clinical depression, and burnouts, which coupled with the academic studies lead to a low self-esteem and academic achievements. Reflecting on studies, it has been realized that IS cannot be confined to boundaries of disciplines and it is ubiquitous in gender, race and even social level. However, IS seems to be further developed among underrepresented populations such as first-generation students or minorities. IS is more severe in students due to their high culture of competition in the universities. IS has to be identified in the vulnerable population and those with disturbing attendance and psychological well-being as there is a high requirement of intervention (Parkman, 2016).

Students with chronic illnesses are a unique and understudied subsection of the university population. The combination of physical ailment and scholarship is exponentially difficult. Other chronic health conditions that require continuous care and support and learning and attending classes include diabetes, lupus, asthma, Crohn, and fibromyalgia. The side effects of drugs and the fatigue contribute to pain and fatigue. A study shows that chronic diseases are the causes of absenteeism, low productivity, and stigmatization in learning institutions. Later these students can feel extremely alienated, undervalue their capabilities, devalue their success and believe that they are imposters. Although the coping skills may be strong, internalization of the limitations may be felt too deep as personal failure, which negatively impacts academic self-worth and self-confidence. There is some developing evidence to indicate that the experience of chronic illness is complexly related to mental health issues like anxiety and IS. However, these nexuses are poorly researched within the literature. This leaves a much needed and opportune gap that should be bridged regarding knowing how chronic illness interacts with imposters (Lynch et al., 2020; Brown & Farrow, 2021).

The roots of the Imposter Syndrome lie in individual psychological spheres, in topical and institutional education elements. The king inadequacy when it comes to competitive, perfectionism and overachieving, which are common in universities, may worsen the sense of not fitting in by students. On their part, chronically ill students might encounter physical or mental difficulties in achieving such institutional demands and end up being poorly engaged or performing poorly academically. This causes a feedback loop where issues to do with illness confirm the

thought of faking it. Moreover, such students might deliberately avoid applications of accommodation in the fear that they will be perceived as weaklings or incompetent. Such fears can be also reinforced, or negatively experienced, by policies supporting inclusivity and peer support (in their absence). Non-existent proactive institutional reaction to different educational requirements makes imposters a systemic issue, as opposed to psychological one. Therefore, the experiences of vulnerable college students who have experienced imposters should be analyzed in structural terms that take environment into consideration in the context of higher education. The viewpoint is directed to comparative work of chronically ill and non-chronically ill populations (Shaw et al., 2019; Stone et al., 2022).

Students at the university, who do not have chronic sicknesses, are at risk of letting the feeling of imposter take the form, as IS treats all students equal. The high-achieving students are targeted in specific since there is pressure to keep up their high standards. Students in one any single academic field are locked in a vicious cycle of competition against other students. Characteristics of the student with IS may include perfection, critical self-perception, fear of failure and constant seeking of external approval. Besides, entering new educational phases, e.g., entering university or switching to graduate education, frequently provokes IS. Although a large part of the non-ill students struggles to transition between each academic cycle, sick students must contend with constant sickness, which presents their academic endeavors to be a challenge but far less secure. Here, the sick and non-sick students can struggle with IS. Nevertheless, the causes, extent, and consequences can differ significantly. The awareness of such differences can help develop accurate IS-specific interventions (Peteet et al., 2015; Bravata et al., 2020).

Internalized ableism, or self-stigmatization, stemming directly out of the social systemic devaluing of disability or illness may add the mental load of IS in chronically sick students. These students may perceive themselves and their sickness as a weakness. In doing so, they absorb the idea of being less of a person, compared to their peers at the time. As they struggle to master their condition, their efforts might not feel like they accomplished anything. Many students downplay their achievements so as not to feel differently treated. Consequently, such students are more likely to mix up praise and academic success even when they are performing well. The changed perception of emotion which is not related to reality contributes to the overflow of IS and can also deteriorate mental work. Internalized ableism thus becomes a silent perpetrator of imposters, when there are no supportive and welcoming academic spaces and cultures of affirmation or inclusion. However, although the academic identity and stigma has been of interest in disability studies, the mental aspects of IS has not been given the attention it should. This research study seeks to address that gap (Clouder et al., 2021; Fitzgerald & Harmon, 2022).

Another phenomenon that aggravates IS in chronically ill students and non-ill students is social comparison. Even in an academically competitive environment, students will tend to equate their self-worth with performance assessment. To

chronically ill students, the comparison against healthier students with more energy to attend class and take part in activities may result in the student experiencing a profound sense of feeling inferior. These judgments do not address the comparison of not giving the credit to the work put in overcoming a chronic illness. Unsupported learners, on the other hand, might enter the competition of grades or achievements and completely forget the background of other people struggles. Self-criticism leads to negative self-perception which provides a humid soil on which IS can grow. The necessity of successfully realizing lies in the understanding that there are particular patterns of comparison between ill and non-ill students to provide correct choices of interventions. It aims at helping students redefine the measures of success in a caring and personalized way. Hence, this comparative study focuses clearly on the social comparison (Festinger, 1954; Thompson et al., 2020).

Chronic disease fundamentally alters the idea of time and productivity, which impacts on imposter experiences significantly. Appointments, fatigue or flare-ups often intrude and derail the intended studying and work assignments of chronically ill students contrary to most of the other students who have no underlying conditions. This non-control aspect can lead them to feel like relatively undisciplined or unambitious, whereas the truth of the matter is that they are actually trying so much harder than anyone in the land would think. Such struggles on time limits make the sense of academic fraud worse. Such variety is not included in the standardized timeline of the academic environment, and that leads to the necessity of working on rather strict deadlines. Due to this, chronically ill students personalize a lack of system adaptability. Students who are not chronically ill, in most occasions exercise complete control over the timings of their productivity. Thus, the influence of chronic illness on self-evaluation and the decline of productivity can be studied, as it throws more light on the alternative paths to IS. The sense of time, in this case, is an unstudied but vital component of this psychological riddle (Cvetkovski et al., 2021; Dittmer et al., 2022).

Chronic illnesses students and students who are not ill have different ways to cope with challenges, which is likely to affect their experience of IS. Students who have chronic illness can also have a high level of self-regulation because of the years of experience required to cope with their illness. Nevertheless, they can prove to be inadequate when there is a lack of institutional awareness and support needed. Conversely, non-ill students might also seek out social interactions and taking breaks more often, which, in the context of chronically ill students, might not be feasible or available to them. Support services like counseling and academic advising might fail in addressing interconnections between chronic illness and IS. Variation in coping strategies efficacy might influence the perception of the authenticity of academic achievement of the student. In the event that the aforementioned coping strategies are unable to confront the needs of the students, IS will likely worsen in the span of time. Within this framework, I welcome the examination of adaptive and maladaptive coping strategies to feelings of imposters. These distinctions are relevant to student wellness (Nicholson et al., 2021; Smith & Kavanaugh, 2020).

Responses to the institutional action plans towards the management of the symptoms and consequences of imposter syndrome as conjoined with chronic illness can be systematically diversified on how students draw their identities. As an example, the accessibility offices are more likely to lean toward offering logistic support that comes in the form of aids like accommodations and assistive technologies but overlook the emotional barriers and identity-related obstacles. Similarly, the mental health departments in schools and colleges may not have adequate resources to handle an increased workload of both chronic illness and studies. Even healthy students can be dissatisfied with general services and are unable to deal with the phenomenon of those who come in the place of others due to cultural, gender, or socioeconomic reasons. The existence of such gaps highlights the importance of articulated systems of support at universities. IS is likely to be reduced through specialized services that explain and recognize the lives of students without labeling it as a disorder. Institutions should respond appropriately by recognizing feelings related to imposter syndrome and placing it within the realities of what students are experiencing. A comparative analysis of the various dimensions of student identity that are applicable to distinct contexts and complexity of imposters can assist in offering policy-based solutions (Clark et al., 2020; Araujo et al., 2023).

Although there has been an improvement on awareness of the problem, little empirical documents have been done on the comparison of prevalence and nature of imposter syndrome within the vulnerable groups of chronically ill and other university students who are not sick. It appears that there is already extant research that treat these populations in isolation and that is the problem since there are essential interconnections that are being ignored. As IS afflicts both groups, although potentially in dissimilar scenarios and provoked instances, a contrast is deserved. To fill that gap, the study aims at examining similarities and differences in the IS experience of the two cohorts. Also, the study will ensure that it looks at the illness related aspects of fatigue, stigma, and self-advocacy and their interaction with self-worth and academic identity. The study aims to shed light on the mechanics of imposter syndrome in various contexts and, hopefully, this data will be applied to create more precise intervention models and answer the necessity of all-inclusive frameworks. Hence, the research will bridge the literature gap in educational psychology and disability research, student mental health (Gadsby, 2018; Hutchins et al., 2022).

Significance of the study

By investigating Imposter Syndrome among chronically ill university students, this research fills a critical gap in educational psychology and highlights how long-term health issues can distort self-views during crucial learning years. Although scholars have written widely about IS in broad samples, few have asked whether symptoms-lethargy, pain, medication-make credible academic identities harder to sustain or easier to deny. By centering voices often silent in the literature, the project clarifies how twin pressures-classroom deadlines and unpredictable flare-ups-tangle together, adding texture to existing models of campus stress and widening

the category of learners vulnerable to severe self-doubt.

On the practice side, results point to concrete steps that universities can take in order to steward student well-being without assuming a one-size-fits-all blueprint. By matching programs to the distinct pathways through which IS operates—multiple scholarships, missed days, conflicting feedback—advisers can sharpen screening tools and ensure that chronic-illness populations are identified early. On the level of day-to-day offices, counseling teams might pilot peer-oriented circles that emphasize skill-sharing rather than deficit-fixing, while faculty training and disability centers can refine policies with alertness to invisible workloads carried along with visible accommodations.

This study also matters for the design of campus policies aimed at promoting fairness and the psychological health of students. Across many universities, accommodations for chronically ill students tend to center on logistical issues, such as flexible exam times or relaxed attendance rules. Yet the findings highlight deeper emotional and identity-related burdens that policies cannot afford to overlook. By embedding routine psychological evaluations and mental-health screenings into their disability-support systems, institutions can pursue a more integrated model of student well-being that bolsters both learning and retention.

Theoretically, this research adds weight to models that connect health status with impostor feelings, resilience, and the formation of academic identity. By documenting chronic illness as a moderator of self-doubt, self-efficacy, and internalized success standards, it opens avenues for broadening existing psychological frameworks. Such empirical links speak directly to interdisciplinary fields like health psychology, counselling, and higher-education studies, where student outcomes hinge on the interplay between mental and physical conditions.

Ultimately, the study places power in students' hands by acknowledging the voices of a group too often sidelined in scholarly conversations. By mapping and contrasting the day-to-day realities of chronically ill learners with those of their healthy peers, it affirms the hidden battles that accompany invisible disabilities. That recognition can soften prejudice, build mutual understanding among classmates, and lay the groundwork for a kinder, fairer campus climate. By foregrounding the personal story behind grades and transcripts, this work therefore nudges higher education toward greater accessibility, empathy, and social justice.

Objectives of the Study

1. To examine the relationship between Impostor Syndrome and psychological distress among chronically ill and healthy university students.
2. To investigate the association between resilience and Impostor Syndrome in both chronically ill and healthy university student populations.
3. To compare levels of Impostor Syndrome and psychological distress between students with chronic illnesses and their healthy counterparts.
4. To explore the mediating role of resilience in the relationship between Impostor Syndrome and psychological distress among chronically ill and healthy university students.

Hypothesis of the Study

1. Impostor Syndrome is positively related to psychological distress in chronically ill and healthy university students.
2. Resilience is negatively related to Impostor Syndrome in chronically ill and healthy university students.
3. Students with chronic illnesses report significantly higher rates of Impostor Syndrome and psychological distress compared to their healthy counterpart.
4. Resilience mediates the relationship between Impostor Syndrome and psychological distress chronically ill and healthy university students.

LITERATURE REVIEW

Originally defined by Clance and Imes (1978), Impostor Syndrome (IS) is the lifelong state of feeling undeserved and out of place in success and living in the fear of being revealed as a fraud. Even amid external signs of proficiency, persons living with IS will tend to explain the accomplishment as a matter of fortune or context in place of skill. It is highly expressed in filing environments like universities or workplace environments where people achieve high performance. Although IS used to be cited in successful women, it has now been identified to target people of all backgrounds and gender and have reached various levels of their careers. This syndrome may appear in different spheres, such as academics, leadership, and creative ones, where people perform and highlight publicly. Continuous self-doubt may undermine confidence and have an impact on both performance and mental health with time.

There is an emerging evidence base that associate's impostor syndrome with various adverse psychological consequences. People with IS often complain about increased anxiety, depression, and stress (Bravata et al., 2020; Peteet et al., 2015). These emotional loads arise largely due to fear of failure, of being found out, which then causes one to be perfectionistic, work too much, or procrastinate all of which acts to perpetuate the impostor cycle. In the long run, it may lead to emotional burnout, burnout, and poor educational or work performance. There also are maladaptive coping styles that people with IS tend to use; although this makes them feel worse (avoidance or self-sabotage). This internalized pressure may be especially harmful when there is an element of competition or evaluation, as in a graduate program where one is always competing and is measured against others.

Though the psychological impacts of IS are significant, resilience has been identified as one of the most effective protective agents that can be used by individuals to cope with their challenges. The definition that is usually used in describing resilience is the capacity to respond to adversity, stress or trauma positively (Connor & Davidson, 2003). High resilience individuals engage in adaptive coping behaviors that are protective, including cognitive reappraisal, social support seeking and goal-oriented behavior that serve as protective against the emotional consequences of the impostor thoughts. According to the research, resilient people will find seeing new situations that can be treated as failures as ways of learning,

instead of failure confirmation (Neureiter & Traut-Mattausch, 2016). Resilience therefore assists in breaking the cycle of negative self-evaluation and emotional distress that is mostly associated with IS. It is also a vital component in ensuring self-efficacy, motivation as well as psychological stability.

There is a two-sided association between resilience and impostor syndrome. Although the impostor feelings may affect the self-confidence and resilience, the highly developed resilience skills, in turn, can counteract the adverse impact of IS at the psychological level. According to the study conducted by Patzak et al. (2017) and Craddock et al. (2011), resilience reduces the severity of impostor thoughts but can also allow avoiding the development of more serious emotional issues. To give an example, resilient students and professionals tend to criticize the irrational beliefs related to IS and interpret the performance feedback in a balanced way. Resilience also involves the development of a growth mindset, which promotes perseverance and self-kindness when there is doubt or failure. These are the qualities that are critical towards a long-term mental health especially in high pressure situations where the issue of impostors is more prone to occur.

Learning about the interaction between the impostor syndrome, psychological distress, and its role in resilience are relevant to mental health care and treatment of disturbances. Schools and the workplace could be critical and introduce a program of building resilience and support through mentorships and psychoeducation about impostor syndrome. These experiences should be normalized and we should have open discussions to prevent the stigma and enable people to seek help sooner. Additionally, applying resilience training in academic and professional processes can provide individuals with power to cope with the stress caused by the impostor phenomenon and enhance normal functioning. With the rising awareness of IS in various populations, it is important to manage its psychological effect through resilience-building measures that will bring about healthier and more supportive conditions towards success and development.

METHODOLOGY

Research Type

This study utilized a quantitative methodology to carry out a statistical analysis of the connection among variables since it allows measuring and generalizing the research objectively.

Research Design

It follows a cross-sectional design whereby the measurement of data was done at a particular time to identify patterns, correlation, and difference between variables but does not suggest a cause and effect.

Population and Sample Strategy

Its population comprised university students of different academic disciplines. The ease of access and accessibility used a convenience sampling scheme that is popular in educational studies.

Sample Size

200 students were chosen out of a group of chronically ill participants (100 participants) and a healthy group of students (100 participants). The calculation of sample size was done on SPSS v23.

Data Collection Instruments

This current study used four data collecting instruments. A Demographic Questionnaire was also created to inform about general background details of participants such as age, gender, academic year, GPA, and whether participant had a chronic illness. Chronic participants were also queried about how their illness was categorized, how long ago they got the diagnosis and whether they used accommodation at school. This data facilitated proper categorization of the groups and the opportunity to control possible confounding factors. The Clance Impostor Phenomenon Scale (CIPS) created by Pauline Clance (1985) was used to measure the impostor syndrome used in the study. This scale is a 20-item measure of multiple aspects of impostor emotions e.g. fear of failure and self-doubt using a 5-point Likert-type scale with scores counting between 1 (Not at all true) and 5 (Very true). Higher scores suggest more experiences of being an imposter. Perceived psychological distress was assessed with Depression Anxiety Stress Scales-21 (DASS-21) developed by Lovibond and Lovibond (1995). The self-report instrument uses 21 questions seven questions per subscale, which assess the symptoms of depression, stress, and anxiety during the past week, to assess the respondents using a 4-point Likert scale of 0-3. Finally, Smith et al. (2008) have created the so-called Starter Tool that examined the capacity of participants to overcome the stress features that are measured on the Brief Resilience Scale (BRS). It is a 6-item questionnaire with a 5-point Likert type (strongly disagree- strongly agree) and reverse scores were used on negatively stated items. The BRS is well established and is noted to have indicated Cronbach's alpha of between 0.80 to 0.91 in various population samples.

Results, Findings & Discussion

Table 1: Demographic Characteristics

Variables	Category	<i>f</i>	%
Age	22-25	176	83.80
	26-30	34	16.20
Gender	Male	105	50.00
	Female	105	50.00
Education	Undergraduate	141	67.10
	Graduate (master)	69	32.90
Marital Status	Single	130	32.20
	Married	164	40.60
	Total	210	100.0

Note. f = Frequency, % = Percentage

Demographic analysis of the sample of the study (N=210) demonstrates major characteristics of the participants. Most of the respondents (83.8) are between 22-25 years of age, with 16.2 being between 26-30 years old, which suggests younger

sample. The balance of gender is perfect; 50 percent of men and 50 percent of women are participated. Concerning the level of education, 67.1 percent are undergraduate, and 32.9 percent are graduate (master) students or alumni. On the marital status, it has been seen that a very high number are single (32.2%), with others being married (40.6%) which indicates a varied level of peoples in different stages in life. These figures point to a young, academically oriented and gender balanced sample that can be used in psychological and intellectual comparisons.

Table 2

Pearson Correlation Between Imposter Syndrome, Psychological Distress, and Resilience among University Students (Chronically ill and Healthy Students).

Sr	Variables	1	2	3
1	Imposter Syndrome	-	.26**	-.19**
2	Psychological Distress		-	-.15*
3	Resilience			-

Note. * $p < .05$, ** $p < .01$

Table 2 results indicate the Pearson correlations of Imposter Syndrome, Psychological Distress, and Resilience in the context of university students and covering both chronically ill and healthy people. There was a significantly positive relationship between Imposter Syndrome and Psychological Distress ($r = .26$, $p < .01$), with an indication that higher the imposter feelings, the higher the psychological distress reported by students. In contrast, a negative correlation has been seen between Imposter Syndrome and Resilience ($r = -.19$, $p < .01$), where the more students feel being imposters, the less resilient they will be. Moreover, Resilience and Psychological Distress were also found to be negatively related to each other ($r = -.15$, $p < .05$), which means that the stronger is the resilience among students, the lower is their psychological distress. These results contribute to the understanding that feelings of an imposter and mental health and coping abilities are interrelated.

Table 3

Mean differences Between Chronically ill and Healthy Students in terms of Imposter Syndrome, Psychological Distress, and Resilience ($n=210$).

	Yes ($n = 105$)		No ($n = 105$)		t	p	Cohen's d
	M	SD	M	SD			
IS	49.70	8.27	43.79	7.68	-5.36	.00	0.74
PD	45.95	10.75	40.52	11.88	-3.47	.01	0.48
RS	21.71	3.46	22.98	3.54	2.62	.00	0.36

Note. M = Mean, SD = Standard Deviation, IS = Imposter Syndrome, PD = Psychological Distress, RS = Resilience

Table 3 results comprise a description of the statistically significant mean differences between chronically ill university students and healthy students with regard to imposter syndrome, psychological, and resilience. The t -value was -5.36 whose p -value was .00 and the imposter syndrome was reportedly high in chronically ill students ($M = 49.70$, $SD = 8.27$) than in healthy students ($M = 43.79$,

SD = 7.68) with a large effect size. Equally, the psychological distress was greater among the chronically-ill students (M = 45.95, SD = 10.75) in comparison to their healthy counterparts (M = 40.52, SD = 11.88) as evidenced by statistically significant t-value of -3.47 with p = .01. Conversely, healthy students had a significant increase in resiliency (M = 22.98, SD = 3.54) than chronically ill students (M = 21.71, SD = 3.46) with t-value of 2.62 and p = .00. These results point to the fact that chronic disease in university students is linked more to the cases of psychological vulnerability and reduced resilience.

Table 4

The Mediation Process by Andrew Hayes for Resilience as a Mediator Between Imposter Syndrome, Psychological Distress Among University Students.

Variables	<i>B</i>	<i>SE B</i>	<i>t</i>	<i>R</i> ²	<i>P</i>
Step 1				.03	.00
Imposter Syndrome	-.081	.028	-2.88		.00
Step 2				.07	.00
Imposter Syndrome	.329	.093	3.53		.00
Resilience	-.346	.222	-1.55		.12

The mediation (Process) analysis by Andrew Hayes examined resilience as a mediator that could explain the relationship between imposter syndrome and psychological distress among students in universities. Imposter syndrome was a substantial predictor of resilience in Step 1 ($B = -0.081$, $SE = 0.028$, $t = -2.88$, $p < .01$), implying that the greater the level of imposter syndrome, the lesser the tendency of resilience. This model explained 3 percent variance ($R^2 = .03$). In Step 2, the imposter syndrome and resilience were submitted as predictors to psychological distress. The imposter syndrome continued to be a good positive indicator of the psychological distress ($B = 0.329$, $SE = 0.093$, $t = 3.53$, $p < .01$), implying that the imposter individuals record more distress. Nevertheless, resilience was not a significant predictor of psychological distress ($B = -0.346$, $SE = 0.222$, $t = -1.55$, $p > .05$). This model accounted 7% of the variance ($R^2 = .07$). Altogether, imposter syndrome is a good predictor of resilience and psychological distress, but resilience is not a significant mediator of the association between imposter syndrome and psychological distress in this model.

DISCUSSION

The present study aimed to find out the relationship between chronic illnesses, psychological distress, impostor syndrome and resilience in chronically ill students. The sample of 210 university students (105 healthy and 105 chronically ill) were recruited through convenient sampling technique. The Clance Impostor Phenomenon Scale, DASS-21 and brief resilience scale were used for data collection. Results were analyzed using statistical analysis (correlation, t test, regression analysis for mediation).

The first hypothesis of the study was impostor syndrome is positively related to psychological distress in chronically ill and healthy university students. Results revealed that there was a significantly positive relationship between Imposter Syndrome and Psychological Distress with an indication that higher the impostor feelings, the higher the psychological distress reported by students.

Previous study by Clance and Imes (1978), the original theorists about the impostor phenomenon, they discovered that individuals with impostor feelings tend to internalize the success upon themselves and consider it as mere luck and to be undeserving of the achievements. Such constant worry of being found out as a fraud creates a lot of emotional stress. They observed that the people especially those high-achieving students who experience the impostor phenomenon have often reported high levels of anxiety, stress, and low self-esteem. All these psychological problems resonate with the notion of distress, which argues in favor of the hypothesis that impostor syndrome is positively related to psychological discomfort.

Peteet et al. (2015) have investigated the relationship between impostor feelings in the African American college student's population and mental conditions. The research findings demonstrated that poor concepts of impostor connected significantly with high rates of psychological distress, such as depressive and anxious symptoms. The authors maintained that impostor syndrome is a persistent mental load, particularly in groups that already face stress due to identity issues, further multiplying mental challenges. This amplifies the view that the impostor phenomenon aggravates psychological stress amidst different student groups.

This type of review was conducted by Parkman (2016), who studied impostor syndrome higher education, where the researcher identified that the faculty and students who exhibit feelings of impostor often deal with a lot of stress, burnout, and emotional exhaustion. Because of the effect of the impostor phenomenon, individuals have set unrealistically high expectations of themselves which adds pressure and emotional dysregulation whenever these expectations are not achieved. The results highlighted the importance of academic settings where continuous performance is expected to stimulate or exacerbate psychological distress in impostors, which makes the relationship between the two variables plausible.

McClain et al. (2016) examined the premise regarding the connection between impostor feelings and mental health markers in the college students' group and concluded that the presence of the impostor syndrome was linked to the elevated stress rates on depression, anxiety, and overall distress. In their work, they made it clear that the inner struggle provided by the impostor beliefs can be frequently observed in a person as emotional distress and the susceptibility to mental health issues. These results support the notion that impostor syndrome is not an independent characteristic but one that is strongly interconnected with psychological health problems as a whole.

A study by Cokley et al. (2017) was focused on impostor phenomenon, perceived discrimination, and mental health among ethnically diverse college students. They discovered that impostor feelings were a big determinant of

psychological distress, even with racial discrimination and socioeconomic status considered. Students with high impostor feelings were predisposed to report on such symptoms as anxiety, sadness, and lack of motivation. The findings can be used to reinforce and confirm the positive correlation between the syndrome of impostors and the state of distress in academically-challenged and stressful episodes.

The second hypothesis was resilience is negatively related to impostor syndrome in chronically ill and healthy university students. Results revealed a negative correlation has been seen between imposter syndrome and resilience where the more students feel being imposters, the less resilient they will be.

Bernard et al. (2017) found that people who regularly feel like frauds tend to save very little psychological energy for bouncing back. In their work with high-achieving college students, those strong impostor feelings lined up with poorer personal mastery and less use of adaptive coping-staples of real resilience. When setbacks hit, these students struggled to rebound, showing that self-doubt can drain an inner reservoir needed for handling stress and pushing through, further tying impostor syndrome to low resilience.

Building on this, Cokley et al. (2018) dug into how impostor syndrome connects to mental health by looking at what roles coping styles and resilience play. They discovered students who felt deeply impostor also leaned on avoidant or negative coping and scored much lower on resilience tests. This pattern hints that those persistent fraud fears plant seeds of self-doubt and weaken confidence in facing challenges, supporting the idea that strong resilience should guard against, but is often worn away by, impostor experiences.

Brauer and Wolf (2016) looked at how school-related resilience acted like a safety net for university students feeling like impostors, and they found the two ideas seem to push against each other. When students were resilient, they tended to see a setback as something to learn from rather than a personal knock; they also credited their own effort-feels good, not just good luck, when things went well. Students stuck in impostor thinking missed that helpful lens, so small bumps hit them harder and made them feel drained and stressed. Their work suggests that teaching and growing resilience could be a meaningful way to ease the pain linked with feeling like a fraud on campus.

Neureiter and Traut-Mattausch (2016) looked at newcomers in the job market to see how feeling like a fraud curbs their bounce-back ability. Their results showed that people who identified as impostors tended to score lower on emotional grit, adaptability, and stick-with-it-ness, three hallmarks of resilience. Essentially, the everyday bumps and big setbacks at work or school seem harder to tackle when you doubt your true worth, hinting that resilience and impostor feelings may move in opposite directions.

Sakulku and Alexander (2011) echoed this view, pointing out that those caught in the impostor web often chalk up success to luck, obsess over small flaws, and dread anything less than perfect. Such mindsets tighten mental space, leaving less room for flexible thinking and for bending instead of breaking when life gets

tough. Since resilient people take feedback on the chin and keep pushing forward, it follows that impostor doubt quietly chips away at that very skill, linking the two concepts in a consistent, negative pattern across both school and workplace settings.

The third hypothesis was students with chronic illnesses report significantly higher rates of impostor syndrome and psychological distress compared to their healthy counterpart. Results revealed that the impostor syndrome was reportedly high in chronically ill students than in healthy students. Equally, the psychological distress was greater among the chronically-ill students in comparison to their healthy counterparts.

Seery et al. (2010) examined the psychological toll of chronic illness and found that long-term health limitations produce ongoing stress that threatens an individual's sense of self. When medical issues disrupt daily routines, basic identity markers such as productivity and competence come under fire, creating a vicious cycle of self-doubt and impostor feelings. Patients in their study reported stronger anxiety and lower confidence, establishing a clear pathway between health adversity and the heavier emotional load commonly labelled impostor syndrome.

Richardson et al. (2015) focused on university students to see how persistent physical conditions shape psychological adjustment in academic life. Their analysis revealed that chronically ill learners carry higher rates of anxiety, depression, and the nagging sense that they do not belong in school. Because poor health limits participation, these students frequently question whether they deserve a seat in the classroom, and that doubt spirals into harsher self-criticism and deeper internalized distress.

In a qualitative investigation, Earnhardt et al. (2012) explored the stories of college students living with chronic health issues and identified recurring feelings of alienation, self-doubt, and fear of being viewed as "less capable." Many respondents reported impostor-like thoughts, believing that sympathetic praise, not genuine effort, explained their academic success. Because these beliefs sit at the intersection of illness and study, psychological distress increased as students tried to manage symptoms while meeting demanding coursework, reinforcing the idea that chronic illness magnifies both impostor syndrome and emotional strain.

Beauchemin (2014) turned to the mental health profiles of young adults who face persistent health challenges and found that they carry a heavier psychological load, marked by elevated stress and deep emotional fatigue. Participants often drew comparisons with healthier classmates and, spotting what they saw as an unfair gap in ability, became more prone to impostor feelings. When invisible illness blends with this self-stigmatizing narrative, achievements come under suspicion, pushing self-doubt higher and aggravating the already tender mental state within academic settings.

Kerns et al. (2019) examined the psychological experiences of chronically ill graduate students. Researchers found that these students frequently interpret academic difficulties as reflections of personal inadequacy rather than as effects of their illnesses, a pattern that aggravated scores on impostor-syndrome measures.

Moreover, the presence of chronic health issues correlated strongly with emotional dysregulation, leading to levels of psychological distress substantially higher than those seen in peers without such conditions. Together, these findings underscore the additive toll that ongoing illness takes on both mental health and self-image in the graduate student population.

The last hypothesis was resilience mediates the relationship between Impostor Syndrome and psychological distress chronically ill and healthy university students. Findings revealed that resilience is not a significant mediator of the association between impostor syndrome and psychological distress among university students.

Chrisman et al. (1995) looked into the reasons we sometimes feel like frauds and found that those feelings usually come from long-held beliefs that we are not good enough, beliefs that even a long record of success struggles to overturn. They pointed out that people who bounce back quickly from setbacks can still doubt their abilities if they keep telling themselves that any success was just luck, not skill. This finding suggests that having grit does not fully guard someone from the harm caused by impostor thoughts.

Cokley et al. (2017) studied college students and linked impostor feelings to higher levels of anxiety and depression, no matter how resilient the students said they were. They argued that while resilience helps a great deal, it still falls short of shutting down the negative self-talk tied to impostor syndrome, especially when schoolwork and social expectations pile on.

Bernard et al. (2017) zeroed in on African American college students and explored the role of racial identity in impostor feelings and mental health. They discovered that usual protective factors, like strong self-esteem or resilience, did little to lessen the distress caused by the nagging thought that one's accomplishments are undeserved. Researchers argue that impostor syndrome sits in a mix of thought and feeling that simply shrugging things off-r ole learned, over time, usually via resilience-may not touch.

Peteet et al. (2015) zoomed in on minority-status stress in schools and found that people who feel like frauds stay wound up long after all noted resilience cues would normally keep them calm. Their study showed that the nagging sense of having faked every win skip over the shield of resilience, especially in cutthroat settings where high-achieving learners second-guess every report card or praise email. That observation echoes the present data, which chart no clear bridge from impostor behavior to stress via resilience.

Tuffaha et al. (2022) the spotlight on med students and noted that resilient people usually worry less in clinic or class, yet that strength failed to smooth the trail from impostor thoughts to overall well-being. They guessed the cold breeze made by identity clashes and constant mental push-pull stuck around because resilience-rather than erasing self-doubt-seldom rewrites the story people tell about who they really are. That reading adds weight to the take-home message: resilience matters, but it may not knit together each strand of impostor suffering in every group.

CONCLUSION

Results revealed that there was a significantly positive relationship between imposter syndrome and psychological distress with an indication that higher the imposter feelings, the higher the psychological distress reported by students. Results also revealed a negative correlation has been seen between imposter syndrome and resilience where the more students feel being imposters, the less resilient they will be. Results showed that the imposter syndrome was reportedly high in chronically ill students than in healthy students. Equally, the psychological distress was greater among the chronically-ill students in comparison to their healthy counterparts. Findings revealed that resilience is not a significant mediator of the association between imposter syndrome and psychological distress among university students.

Limitations

The sample of present study was collected from Lahore, which is not true representative of all university students. In future, it would be more appropriate to select the sample from different cities as well.

The present study was done by cross-sectional research design, in future longitudinal study can be conducted on this topic, help to generate rich data and have more comparability in the study. Another limitation of the study is that only self-reported information was used for analysis which can be biased

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