

**EFFECT OF IMPOSTER PHENOMENON ON MENTAL HEALTH OF
PROFESSIONALS: MODERATING ROLE OF LIFE
ORIENTATION**



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DECLARATION

I, **Ms. HALEEMA BUTT**, Registration No.**324-FSS/MSEP/F-21** student of **MS** in the subject of Psychology, session **2021-2024**, hereby declare that the matter printed in the thesis titled effect of imposter phenomenon on mental health of professionals: moderating role of life orientation is my own work and has not been printed, published and submitted as research work, thesis or publication in any form in any University, Research Institution etc in Pakistan or abroad.

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Dated:

RESEARCH COMPLETION CERTIFICATE

Certified that the research work contained in this thesis titled: **Effect of imposter phenomenon on mental health of professionals: moderating role of life orientation** has been carried out and completed by Ms. HALEEMA BUTT, Registration No. **324- FSS/MSEP/F21** under my supervision.

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Dedication

This study is wholeheartedly dedicated to my beloved parents who have been our source of inspiration and gave me the strength when I thought of giving up who continuously provide their moral, spiritual, emotional and financial support.

To my sisters and my relatives, my friends and classmates who shared their words of advice and encouragement to finish the study.

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Table of Contents

RESEARCH COMPLETION CERTIFICATE.....	ii
Acknowledgement	ix
Abstract.....	x
Chapter 1.....	1
Introduction.....	1
Imposter phenomenon	1
Life Orientation	6
Mental Health	9
Theoretical Framework	13
Literature Review	15
Imposter Phenomenon and Mental Health	15
Life Orientation and Mental Health	17
Gender Differences and Imposter Phenomenon	18
Gender Differences and Mental Health	19
Gender Differences and Life Orientation	20
The Imposter Phenomenon among Professionals	21
Mental Health Among Professionals	22
Life Orientation among Professionals	22
Rationale	23
Objectives	25
Hypotheses	25
Conceptual Framework	26
Chapter 2.....	27
Method.....	27
Research Design	27
Sample	27
Inclusion Criteria	27
Exclusion Criteria	27
Instruments	27
Operational Definition	28
Ethical Considerations	29
Procedure	30
Chapter 3.....	31
Results.....	31
Table 1	31
Table 2	31
Table 3	32
Table 4	32
Table 5	33
Table 6.....	34
Table 7	35
Table 8	37

Table 9	39
Table 10	39
Table 11	40
Table 12	41
Table 13	42
Chapter 4.....	44
Discussion.....	44
Limitations and Suggestion.....	49
Suggestions.....	49
Implications	49
Conclusion	51
References.....	53
Appendix-A Informed Consent.....	60
Appendix-B.....	61
Appendix-C.....	62
Appendix-D	63

List of Tables

Table No.	Table Heading
Table 1	Frequencies and percentage of demographic variables of study (N=243)
Table 2	Descriptive Statistics and Alpha Reliability Coefficients for Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress) (N=243)
Table 3	Correlation of Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress).
Table 4	Multiple regression showing Imposter Phenomenon, Optimism and Pessimism as the predictor of Psychological Wellbeing among professionals (N=243)
Table 5	Multiple regression showing Imposter Phenomenon, Optimism and Pessimism as the predictor of Psychological Distress among professionals (N=243)
Table 6	Moderating effect of Optimism on relationship between Imposter Phenomenon and Psychological wellbeing.
Table 7	Moderating effect of Optimism on relationship between Imposter Phenomenon and Psychological Distress.
Table 8	Moderating effect of Pessimism on relationship between Imposter Phenomenon and Psychological Wellbeing
Table 9	Moderating effect of pessimism on relationship between Imposter Phenomenon and Psychological Distress.
Table 10	Mean comparisons of male and female professionals on Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress).
Table 11	Mean comparisons of Professional from Government Sector and Professionals from Private Sector on Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress) (N=243)
Table 12	One Way ANOVA to Investigate Differences on the Basis of work experience on Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress) (N=243).
Table 13	One Way ANOVA to Investigate Differences on the Basis of profession on Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress) (N=243).

List of Figures

Figure No.	Figure Note
Figure 1	Conceptual Framework
Figure 2	Modgraph showing Moderating role of Optimism on relationship between Imposter Phenomenon and Psychological wellbeing.
Figure 3	Modgraph showing Moderating role of Optimism on relationship between Imposter Phenomenon and Psychological Distress
Figure 4	Modgraph showing Moderating role of Pessimism on relationship between Imposter Phenomenon and Psychological wellbeing.

List of Abbreviation

Statistical Package for Social Sciences	SPSS
Clance Impostor Phenomenon Scale	CIPS
The Mental Health Inventory	MHI
Extended Life Orientation Test	E-LOT
Life Orientation Test-Revised	LOT-R
World Health Organization	WHO
Impostor Phenomenon	IP

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Abstract

This study aimed to investigate the Effect of Imposter Phenomenon on Mental Health of Professionals: Moderating Role of Life Orientation. The study included 243 participants and was done by using cross sectional research design. The study employed several instruments, including the Clance Impostor Phenomenon Scale (Clance, 1985), Mental Health Inventory (Veit & Ware, 1983) and Extended Life Orientation Test (Scheier, Carver & Bridges, 1994) to measure Imposter Phenomenon, Mental health and life orientation among Professionals. Data analysis was conducted using SPSS software. Findings reveal significant associations between the Imposter phenomenon, Mental Health and Life orientation. Imposter phenomenon has been found negatively related to psychological wellbeing and positively related to psychological distress. Optimism was found to be negatively related to psychological distress and positively related to psychological wellbeing and pessimism was positively related to psychological distress and negatively related to psychological wellbeing. Moreover, gender differences were noted, with female professionals scoring higher on the imposter phenomenon than male professionals. Differences in imposter phenomenon, optimism, and psychological distress were observed across professions. The study further highlighted variations in imposter phenomenon upon work experience. Multiple regression analysis revealed that imposter phenomenon and life orientation significantly predict the psychological wellbeing and psychological distress among professionals. Additionally, the study highlights the previously unexplored role of life orientation as moderator between imposter phenomenon and mental health. Life orientation moderated the relationship between imposter phenomenon and mental health. Optimism mitigated the negative impact of imposter phenomenon on psychological well-being, while pessimism intensified its negative effects on psychological distress. These research findings offer valuable insights for practitioners and researchers, encouraging further exploration of the selected variables in future studies. The overall findings of the study emphasize on the importance of understanding imposter phenomenon and its effect on.

Keywords: Imposter Phenomenon, Life Orientation, Optimism, Pessimism, Mental Health, Psychological Distress and professionals' mental health Psychological Wellbeing

Chapter 1

Introduction

Professionals often grapple with significant mental health challenges stemming from the imposter phenomenon (Clark, Holden & Downs, 2022). The persistent fear of being exposed as frauds, despite evident accomplishments, can lead to a corrosive self-doubt that permeates various aspects of their lives. This phenomenon places a heavy burden on mental well-being, contributing to heightened stress, anxiety, and even depression.

Imposter phenomenon

The Imposter Phenomenon (IP), also referred as imposter syndrome, describes the mindset of highly accomplished individuals who perceive themselves as frauds. They tend to credit their success to external factors instead of recognizing their own competence (Clance & Imes, 1978; Feenstra et al., 2020). In 1978, Clance and Imes introduced the term "imposter phenomenon" while conducting research in therapeutic settings with over 150 accomplished and successful women, the investigators noted that despite the achievements and recognition of these women, a significant portion struggled to embrace their achievements. Clance and Imes categorized individuals experiencing these phenomena as Imposter Phenomenon Sufferers (IPSSs). The Imposter Phenomenon (IP) encompasses intense sentiments of intellectual and professional fraudulence in individuals who have achieved high levels of success. Despite substantial evidence of outstanding academic and/or professional accomplishments, those grappling with the Imposter Phenomenon persist in entertaining these thoughts and feelings (Clance & Imes, 1985).

Clance and Imes (1978) additionally noted that individuals experiencing the imposter phenomenon firmly believe in their lack of intelligence; they believe they have effectively misled individuals who uphold a different perspective (Clance & Imes, 1985). Individual experiencing the imposter phenomenon consistently offer various external justifications for their achievements. These justifications frequently involve factors such as luck, coincidence,

and even the perceived low expectations of their supervisors. In addition to grappling with sense of fraudulence, these individuals harbor a fear that others will eventually uncover their perceived deception, revealing their true nature. Clance argued that the Impostor Phenomenon should not be viewed as an inherently harmful or self-destructive pathological condition. Instead, it disrupts a person's psychological well-being, hindering the acknowledgment of success because of one's own capabilities and contributing to feelings of self-doubt and anxiety (Clance, 1985; Matthews & Clance, 1985).

Harvey and Katz (1985) introduced the term "Impostor Phenomenon" to characterize a psychological tendency marked by profound, hidden feelings of fraudulence in the face of tasks associated with achievement. The Impostor Phenomenon, as outlined by Harvey and Katz (1985), comprises three fundamental components: the conviction of deceiving others, the dread of exposure as an impostor, and the struggle to attribute personal accomplishments to intrinsic qualities like ability, intelligence, or skill. According to Harvey and Katz (1985), fulfilling all three criteria is essential for identifying individuals experiencing this phenomenon (Hellman & Caselman, 2004). Lane (2015) devised a grounded theory explaining the impostor phenomenon experienced by young adults. Lane's theory outlines the impostor experience characterized by sensations of perceived fraudulence, disregarding evidence of one's competence, and experiencing self-doubt. In Lane's investigation into the imposter phenomenon among young adults, it was identified that imposters faced difficulties in "rationally acknowledging" their achievements and capabilities (Hellman & Caselman, 2004; Lane, 2015).

Types of Impostors. Chrisman et al., (1995) outline traits associated with impostors, encompassing introversion, defensive postures, low self-esteem, dependence, and a diminished sense of self-efficacy, while validating the Clance Imposter Phenomenon Scale (Chrisman et al., 1995). Rakestraw (2017) mirrors these traits and categorizes impostors into various groups, which include workaholic impostors, lucky duck impostors, con artist impostors, chameleon impostors, and procrastinating impostors. Moreover, research conducted by Leonhardt,

Bechtoldt, and Rohrmann (2017) introduces and includes true and strategic impostors as additional categories within the spectrum of impostors. These types are explained below:

Workaholic Impostors. The impostor experiences a sense of fatigue and disappointment upon task completion, stemming from an excessive investment of time. Despite investing considerable effort, these individuals perceive that the work remains incomplete and lacks success.

Lucky Duck Impostors. Despite possessing high qualifications, the impostor believes that assigned task as a product of luck or fortunate circumstances instead of their own abilities.

Con Artist Impostors. These impostors adopt a con artist persona not with malicious intent, but because they attribute their success to their personality. They conceal their perceived 'fraudulence' behind the guise of a con artist characteristic.

Chameleon Impostors. These impostors adeptly assimilate into their surroundings to evade attention and mask their perceived shortcomings. Preferring concealment over the spotlight, they believe that hiding allows them to remain unnoticed.

Procrastinating Impostors. In contrast to the workaholic impostors, this category tends to procrastinate on tasks due to a fear of failure. Rather than actively engaging in the task, they postpone it. The prospect of success is unsettling for these impostors, as they harbor doubts about deserving it.

True Impostors. This group of impostors aligns with the typical characteristics of individuals experiencing the impostor phenomenon. These individuals exhibit elevated levels of anxiety, with a prevalence of negative emotions overshadowing positive ones. They often lean towards perfectionism and commonly experience elevated levels of work-related stress.

Strategic Impostors. This category of impostors distinguishes itself from the authentic or true impostors. They don't perceive themselves as anxious or susceptible to dysphoric moods. Instead, they exhibit positive emotions and self-assessment. While they don't set high standards,

they have a tendency to procrastinate on tasks. Unlike the stressed and strained true impostors, individuals in this category do not experience significant work-related stress.

Characteristics of the Impostor Phenomenon. Harvey and Katz (1984) and Clance (1985) both discuss the impostor phenomenon, highlighting its heightened relevance during significant life transitions such as career shifts, educational changes, and personal milestones like starting a new job, enrolling in a different degree program, or embracing parenthood. Despite these transitional periods being prime contexts for the impostor phenomenon, both sets of authors also identify specific traits or tendencies commonly exhibited by individuals experiencing this phenomenon. The initial profile of someone grappling with the impostor phenomenon comprises six key components, as outlined by Clance (1985). These factors encompass participating in the impostor cycle, desiring to stand out or excel in one's field, displaying perfectionism, fearing failure, negating competence, downplaying praise, and encountering fear and guilt linked with success (Drabowicz, 2017).

Perfectionism. In imposters perfectionism is characterized by an innate drive to achieve utmost excellence. This results in self-imposed pressure to flawlessly complete tasks effortlessly. Striving for elevated standards significantly burdens performance, often resulting in heightened anxiety (Harvey & Katz, 1984).

Self-esteem and Self-efficacy. The impostor phenomenon, as noted by Langford and Clance (1993), is marked by a pervasive feeling of self-doubt and insecurity. Those encountering this phenomenon continuously hold the belief that others consistently overestimate their competence, as outlined by Harvey and Katz (1984).

Self-monitoring. Self-monitoring, as described by Clance (1985), is identified in many individuals experiencing the impostor phenomenon as they attribute their success to their capability to control others' perceptions of their abilities and performance. This behavioural pattern entails the inclination to observe and adapt one's actions in response to social

circumstances.

Fear of failure. It is a prominent feature of the impostor phenomenon, as recognized by Clance and O'Toole (1987). Those impacted by this phenomenon frequently place tremendous pressure on themselves to evade errors and setbacks. Failure, in the context of individuals with impostor tendencies, is viewed as catastrophic, bringing about feelings of shame and humiliation (Clance & O'Toole, 1987; Harvey & Katz, 1984).

Fear of success. Individuals experiencing the impostor phenomenon not only invest substantial energy in evading failure but also exhibit a tendency to harbor fears of success. The apprehension toward success might arise from anticipated outcomes such as heightened responsibilities and scrutiny, as well as worries about the potential effects of success on social and familial connections (Clance, 1985).

The Imposter Cycle. The Impostor Cycle stands out as a crucial aspect of the Impostor Phenomenon, as outlined by Clance in 1985. This cycle typically initiates with the assignment of an achievement-related task, be it academic or vocational. Individuals grappling with impostor fears experience anxiety-related symptoms during this process (Chrisman et al., 1995; Thompson et al., 2000). In response to this anxiety, individuals might choose to either excessively overprepare or initially procrastinate before engaging in a frantic scramble to get ready. (Thompson et al., 2000). Upon finishing the assignment, they may experience a momentary comfort and achievement, albeit these positive emotions are short- lived. Despite receiving favourable feedback for successfully completing the task, individuals exhibiting impostor tendencies hesitate to recognize their success as a product of their own abilities. They disregard positive affirmations regarding their individual contributions because such acknowledgments conflict with their understanding of the factors contributing to their success (Casselman, 1991).

Individuals who have excessively prepared often attribute their success solely to their

diligence, while those who initially procrastinated tend to credit their success to fortune. Moreover, impostors maintain firm conviction that achievement solely through hard work does not genuinely portray their abilities. This interaction between impostors' beliefs regarding the mechanisms of achievement and their understanding of the significance of effort or luck in their accomplishments strengthens the ongoing Impostor Cycle. When confronted with a new task tied to accomplishment, self-doubt escalates, leading to heightened anxiety and perpetuating the continuation of the Impostor Cycle (Sakulku1 & Alexander, 2011).

Life Orientation

Life orientation refers to the inclination to perceive and examine life events either positively or negatively. Essentially, it reflects an individual's predisposition and learned reactions, shaping their tendency toward optimism or pessimism. Researchers often associate life orientation with dispositional optimism, a concept rooted in positive psychology that is considered innate and influential in fostering the well-being and psycho-social functioning of individuals (Monzani, Steca & Greco, 2014). Another perspective defines life orientation as an individual's explanatory style, distinguishing between positive and negative orientations across various life domains. Additionally, research explores the connection between life orientation and the attribution styles of individuals, which can be categorized as internal or external (Monzani, Steca & Greco, 2014).

An individual's overall perspective on life and their interpretation of various life occurrences, whether fortunate or unfortunate, collectively form their life orientation. Optimistic individuals demonstrate a favourable perspective on life, resulting in heightened happiness, satisfaction, and improved physical and psychological health. Conversely, those with a negative life orientation often grapple with challenges, stress, confusion, and a lesser sense of contentment (Dean, 2011). Empirical evidence consistently supports the notion that optimistic individuals tend to be happier, more resilient, and content compared to their pessimistic counterparts. Optimistic individuals regard challenging life events as transient,

specific to circumstances, and having limited influence, often attributing them to external factors. In contrast, pessimists see such events as long-lasting, difficult to surmount, and occasionally blaming themselves for them (Khan, 2006).

Types of Life Orientation. Life orientation can be classified into two main types: Optimism and Pessimism.

Optimism. The attributional theory is a well-known theory of optimism that focuses on how people understand important previous experiences. According to Seligman's (1978) theory, people often try to figure out why an event happened in order to comprehend its significance when they are faced with emotional or noteworthy life events (Abramson, Seligman, & Teasdale, 1978).

For instance, a student who receives a failing grade on a test may attribute the cause to a person (such as the teacher's inability to effectively convey the material) or a circumstance (such as the test's difficulty). An individual's "explanatory style" is the specific way in which they explain what caused the occurrences. An explanation approach that entails placing the blame for good things happening on oneself and finding outside reasons for bad things happening is indicative of an optimist. According to Seligman et al. (1979), attributional optimism is a firmly established cognitive framework that influences behavior by strengthening the optimist's sense of personal agency. It is marked by the consistent use of an optimistic explanatory style. However, they also argue that individuals who are not inherently optimistic can develop a more "optimistic" mindset through learning (Seligman et al., 1979; Seligman et al., 1995; Peterson & Seligman, 1984).

An alternative concept on optimism was presented by Scheier and Carver (1985). Their concept of Optimism that revolves around the impact of "expectancies" (forecasts for upcoming events), motivation, and behavior. Scheier and Carver characterized optimism as the conviction that favourable outcomes will transpire rather than unfavourable ones. Their focus has been on

the outcomes of broad expectations rather than those related to specific events. From this standpoint, optimism is considered a rather enduring personality characteristic or inclination. More accurately, optimism that is "dispositional" is defined as having broadly optimistic views for the future (Scheier & Carver, 1985).

Pessimism. Optimism and pessimism have both been extensively studied under identical conceptual frameworks. Based on their findings and "learned helplessness" hypothesis, Seligman and colleagues created a well-known theory of pessimism (Maier, Peterson, & Schwartz, 2000). The idea of attributional pessimism places emphasis on causal attributions as a means of comprehending noteworthy historical occurrences. As previously indicated, a person's "explanatory style," or the way they assign responsibility for significant occurrences, is quite important. From this angle, a pessimist adopts a self-defeating explanatory style in which positive outcomes are attributed to chance or outside circumstances, and unfavourable outcomes are understood as the product of human deficiencies or failings (Peterson & Seligman, 1984). Consequently, a pessimist believes that they are lucky when they succeed and morally accountable when they fail. According to Seligman and associates, pessimism is a persistent cognitive feature, just like optimism.

An alternate description of pessimism is provided by Scheier and Carver's self- regulation model of motivation, which emphasizes the influence of behavior expectancies on future occurrences. The long-lasting personality characteristic of expecting negative rather than positive results is called pessimism (Scheier & Carver, 1985). When faced with challenges in goal-directed conduct, a pessimist is more likely to question the goal's attainability due to expectations and results from the past. Pessimists may be more likely than non-pessimists to give up actively pursuing their objectives because of this uncertainty (Carver & Scheier, 2001).

Optimism Vs Pessimism. The connection between optimism and pessimism stands as a significant and debated subject. Traditionally, literature has predominantly adopted Scheier and

Carver's (1985) idea that optimism and pessimism are diametrically opposed points on a one-dimensional spectrum. According to this perspective, optimism and pessimism are considered mutually exclusive. Consequently, frequently utilized tools such as the Life Orientation Test (Scheier & Carver, 1985) and the Attributional Style Questionnaire (Peterson et al., 1982) seek to yield a composite score classifying individuals either as optimists or pessimists. However, an emerging body of research challenges this perspective, questioning the notion that an individual can exclusively possess either optimistic or pessimistic characteristics. Some researchers propose an alternative framework, suggesting that optimism and pessimism might be more accurately perceived as two dimensions that are partially independent (Chang, Maydeu-Olivares, & D'Zurilla, 1997). In contrast to the unidimensional view, Chang et al. (1997) emphasize the bidimensionality of the construct, contradicting the notion of a singular dimension and developed the Extended Life Orientation Test which measure optimism and pessimism as an independent dimension.

The Life Orientation Expectancy Model. Expectancy value models originate from the concept that behavior is directed towards achieving desired objectives (Carver, 2001). These objectives represent ultimate outcomes that individuals either aspire to or wish to avoid. Individuals must adapt their behavior to pursue desired objectives and evade undesired ones. Ideally, goals should be realistic and achievable to facilitate progress in the right direction. Planning to reach these goals should also be grounded in realism. Expectancy refers to the extent to which individuals believe they can attain their desired objectives. If this belief is not sufficiently strong, individuals may refrain from taking action towards their goals, resulting in failure to achieve them. Confidence in one's own capabilities to achieve desired objectives leads to favourable outcomes. Optimistic individuals tend to exhibit greater confidence in achieving desired outcomes compared to pessimistic individuals (Carver, 2001).

Mental Health

According to the World Health Organization (WHO), mental health is a condition of total

well-being in which people are able to reach their full potential, successfully handle daily stressors, work productively and meaningfully, and make positive contributions to their communities (World Health Organization, 2014). Additionally, the WHO acknowledges that mental health issues stem from a complex interplay of psychological, biological, social, and environmental factors. Furthermore, there is growing evidence suggesting that both the nature and the environment of work may influence the onset of mental health problems in the workplace (World Health Organization, 2005).

Mental health is defined as the presence of a positive mental state wherein an individual recognizes their capabilities, effectively manages life stresses, exerts effort efficiently, and demonstrates competence in contributing to their society. Mental health is a degree of psychological wellness of an individual and how well an individual can live his life and his ability to create a homogeneity in life's happenings and efforts (Lopez, Pedrotti & Synder, 2014).

Models of Mental Health. There are two basic different paradigms regarding mental health, and the two paradigms are the medical model and the psychological model. After some time, it was realized that mental health cannot be explained only in terms of medicine or Psyche, instead a comprehensive model should be given all the relevant paradigms, so the most used paradigm bio-psychosocial model come into existence.

The Biomedical Model. The clinical model or medical model works on the well-being and mental health of individuals through psychopathological interventions (for example, alcohol or substance abuse, anxiety and depression). The medical model views mental health as the absence of emotions and negative conditions (Keyes, 2002; Keyes, 2012).

The Biomedical Model has had a profound impact on clinical psychology by applying drug discovery method to psychotherapy research. Although this approach has fostered the creation of empirically validated psychological therapies for numerous mental disorders, it has overlooked the treatment process, impeded innovation and the spread of treatment methods,

and led to divisions among researchers and practitioners in the field (Deacon, 2013).

The Psychological Model. On the flip side, the psychological model or tradition activates well-being and mental health based on subjective assessment of a person's satisfaction with life and the presence of a positive impact. The psychological model places more emphasis on the presence of perceived and non-negative characteristics (Keyes, 2012).

A recent study clearly showed a comprehensive understanding of mental health must encompasses both elements to ensure a person's general well-being and mental health, as well as their social and environmental interaction (Seligman, Steen, Park & Peterson, 2015).

Biopsychosocial Model. Engel (1977) proposed the biopsychosocial model as a medical model to describe psychiatric disorders. Since then, biopsychosocial model has gained great acceptance around the world. In development of psychiatric disorder, it systematically explained the complicated interplay of three main dimensions: biological, Social and Psychological (Engel, 1977). Engel clarified that, as a separate organ, man does not suffer but suffers as a whole. Thus, Psychiatric problems have been given a holistic approach. The emotion tone, personality atmosphere and other social criteria of an individual affect the disease's onset. A holistic and empathetic approach to psychiatric practice was created by the model. There have been many modifications in the definition of mental conditions over the past four decades, contributing to a reluctance to embrace the biopsychosocial paradigm in reality (Tripathi, Das & Kar, 2019).

Veit and Ware Model of Mental Health. Model presented by Veit and Ware (1983) provide a hierarchical model for mental health. The Upper tier of Model contain two factors, psychological distress and psychological well-being. The concept of psychological distress is used to elucidate negative states of mental health, while psychological well-being is characterized by positive mental health states (Veit & Ware, 1983). Psychological distress includes elements of mental health like depression, anxiety and lack of emotional control and

mental well-being contains the element that explain positive mental health like emotional stability and general positive effect (Veit & Ware, 1983).

Psychological Wellbeing. Psychological well-being, as outlined by Deci and Ryan (2008), is understood as a blend of two components: hedonic well-being, characterized by happiness where positive emotions prevail and negative emotions are minimized, and eudemonic well-being, which facilitates optimal functioning and the realization of individual and social potential across various life domains. Ryff and Singer (1996) defined psychological well-being as the presence of several key elements in an individual's life. These elements include self-acceptance, which involves maintaining a positive self- perception; positive relationships with others, characterized by feelings of love, care, friendship, trust, and warmth; autonomy, which entails having an internal locus of control; environmental mastery, encompassing the ability to benefit from opportunities in the environment and creatively shape an environment that aligns with individual needs; a sense of purpose in life, involving direction and intention leading to life's overarching purpose; and personal growth, marked by an open and receptive attitude toward new experiences, learnings, and adventures (Ryff & Singer, 1996).

Psychological Distress. Psychological distress is comprehended as the experience of unpleasant emotions or feelings that influence everyday working, influences a sizable portion of the population even in developed nations such as United Kingdom, United States and Australia. It is well known to prompt increasingly extreme mental issues and physical well-being issues (Perales & Pozo-Cruz, 2014). Winfield et al. (2012) defined psychological distress as difficulty sleeping, loss of interest, feelings of confusion or sadness, anxiety, fatigue, lack of enthusiasm, and thoughts of suicide. Mental distress signifies a state of poor mental health. Cardozo et al. (2012) described psychological distress as the challenging state of managing troubling or harmful circumstances. Cairney (2007) characterized psychological distress as a persistent experience of sadness, anxiety, irritability, and difficulty maintaining social

relationships.

Theoretical Framework

Self-Determination Theory (SDT) provide insight of pivotal role of competence, autonomy, and relatedness in fostering motivation and well-being. Attribution Theory (AT) exploring how individuals attribute success and its implications for feelings of inadequacy and Cognitive Theory (CT) explains how thinking patterns can affect our mood and mental health. Together, these ideas give us insights into human behavior and well-being.

Self-Determination Theory (SDT). The Self-Determination Theory (SDT), as outlined by Ryan and Deci (2000), identifies three fundamental needs essential for motivation and success: competence, autonomy, and relatedness. According to the theory, the fulfilment of these needs is integral for optimal functioning and psychological adjustment. It has been observed that needs satisfaction—the degree to which these needs are met— influences social, psychological, personal, and general well-being (Hodge, Danish, & Martin, 2013). On the other hand, unfavourable outcomes are likely to occur when these needs are unmet, resulting in needs dissatisfaction (Bartholomew et al., 2011). The theory also posits that to encourage optimal engagement and motivation, individuals must perceive their capabilities in task accomplishment, exert control over their work, and establish meaningful connections with others. Supporting these needs is believed to enhance workplace performance, persistence, and creativity, while hindering them can negatively impact professional growth (Ryan & Deci, 2000).

The deficiencies in these basic needs, as identified in the SDT framework, correlate with factors contributing to Imposter Phenomenon (IP) among professionals. These factors encompass emotions of inadequacy, uncertainty about oneself, a perception of not fitting in, absence of mentorship, and a competitive atmosphere. Research indicates that as levels of imposter phenomenon increase, sentiments of autonomy, competence, and connectedness diminish (Taasoobshirazi et al., 2023). Professionals encountering elevated levels of imposter

phenomenon perceive themselves as less autonomous, less competent, and less connected to their peers (Burn-Callander, 2019). Studies have demonstrated that autonomy plays a substantial role in life satisfaction, indicating its potential impact on mental health (Sun et al., 2019). Autonomy and connectedness are crucial for mental well-being. Imposter feelings generate stress, triggered by feelings of inadequacy and a diminished sense of autonomy, which can lead to a sense of isolation and negatively impact mental health.

Attribution Theory and Imposter Phenomenon. According to attribution theory, individuals with the Impostor Phenomenon tend to credit their success to external factors such as luck, chance, or others' mistakes, rather than acknowledging their own competence and effort. This constant externalization of success can contribute to feelings of being an impostor. Attribution theory studies individuals' perceptions of the causality of events (Weiner 2010).

By analyzing how people's perceptions of achievement and success are correlated with their beliefs about why an event occurred, Attribution Theory (AT) allows researchers to investigate locus of control. According to Sanford et al. (2015), imposter phenomenon sufferers frequently attribute their success to luck and overindulgent work, preferring to attribute success to outside forces rather than their own abilities. Studies have investigated the impact of imposter phenomenon levels on attributions of success to ability, effort, luck, and fate. Those with higher imposter phenomenon scores were less inclined to attribute their successes to ability and effort, while they were more inclined to attribute success to luck and fate (Taasoobshirazi et al., 2023). Making external attributions for success can contribute to feelings of inadequacy and anxiety. Individuals might hold the belief that they haven't genuinely earned their accomplishments, resulting in an ongoing apprehension of being unmasked as an impostor. This perception can significantly affect mental well-being, fostering feelings of stress, anxiety, and potentially depression (Clance, 1978).

Cognitive Theory. According to Aaron Beck's cognitive theory of depression, cognitive

distortions that result in an ability to emphasize negative information while ignoring positive information are what cause depression. On the other hand, those who are not depressed often emphasize the positive while downplaying the negative. As per the Attribution theory, people attempt to interpret occurrences through three perspectives: internal versus external, stable versus temporary, and global versus specific (Heider, 1958). Whether an event was caused by one's own actions or by outside factors is referred to as internal or external. Whether an event is stable or temporary depends on how consistent it is over time. Global/specific relates to whether an event impacts many areas of one's life.

Pessimistic explanatory style refers to the idea that unfavorable events are innate, persistent, and all-pervasive and involves attributing them to internal, stable, and external factors (Peterson & Buchanan, 1995). Conversely, an optimistic explanatory style ascribes negative events to, temporary, and external causes, implying that difficulties are situation-specific and transitory (Buchanan & Seligman, 1995). Problem-focused coping strategies tend to employ by individuals with an optimistic explanatory style. However, as they age, they may transition towards emotion-focused problem solving. Dispositional optimism is regarded as a positive personality trait with significant implications for an individual's response to stressful life events (Büyükaşik-Çolak, Gündoğdu-Aktürk, & Bozo, 2012). Optimists maintain a strong belief that favorable outcomes will occur in the future, while pessimists lack these positive convictions.

Literature Review

Imposter Phenomenon and Mental Health

Ongoing research exploring the relation between the impostor phenomenon and mental health consistently highlights the detrimental impact of these experiences on psychological well-being. Clance and Imes (1978) were among the first to note that their study involving high-achieving women revealed a frequent association between the impostor phenomenon and heightened reports of generalized anxiety and depression. Subsequent research conducted

across various populations consistently strengthens the connection between symptoms of the impostor phenomenon and compromised mental health or heightened psychological distress.

Studies on undergraduate university students reveal a positive association between impostor phenomenon scores and symptoms of depression suggesting parallels between the two. McGregor et al. (2008) link impostor experiences to mild depression, attributing it to shared negative thoughts. Sonnak and Towell (2001) find impostor-identified students exhibit poorer mental health, a significant predictor of impostor scores. Kananifar et al. (2015) associate high impostor scores with increased anxiety, somatic symptoms, social dysfunction, and depression, potentially hindering academic performance.

Nevertheless, the detrimental impact of the impostor phenomenon on mental well-being extends beyond academic settings to include working professionals. Rohrmann et al. (2016) noted elevated levels of anxiety, dysphoric moods, and emotional instability among managers who reported experiencing the impostor phenomenon. Additionally, these managers reported elevated work stress and strain. Examining professional women, Fruhan (2002) qualitatively revealed emotional distress—embarrassment, shame, anxiety, and fear—as consequences of the impostor phenomenon in the workplace, though the analysis recognized these feelings as transient.

Bernard, Dollinger, and Ramaniah (2002) investigated the relationship between the Impostor Phenomenon and the Big Five personality factors. Their findings indicated individuals with high IP scores tended to experience increased levels of depression and anxiety. Cowman and Ferrari (2002) examined the impact of negative affect on individuals experiencing impostor feelings, suggesting that impostors harbor a diminished self-image. Consistent with this, Clance and Imes (1978) noted that many individuals experiencing impostor phenomenon often display signs of psychological distress. Additionally, Thompson et al. (1998) observed that impostors tend to manifest a greater number of negative emotions compared to non-impostors. Topping

(1983) identified a significant association between the impostor phenomenon and trait anxiety.

Numerous researchers have endeavoured to explore the correlation between indicators of compromised mental health and the impostor phenomenon. For instance, Rohrmann et al. (2016) view the impostor phenomenon as a consistent personality trait characterized by attributes such as perfectionism, neuroticism, tendencies towards depression, self-criticism, pressure for achievement, and heightened self-awareness. Conversely, McElwee & Yurak (2010) depict the impostor phenomenon as a situational occurrence existing along a spectrum. Regardless of whether the impostor phenomenon or mental health challenges emerge initially, the enduring association between diminished mental well-being and indicators of the impostor phenomenon remains evident across various examined populations.

Life Orientation and Mental Health

Extensive research in the literature has explored into the relationship between optimism, pessimism, and mental health across various contexts. This extensive exploration encompasses the experiences of diverse groups, including college students transitioning to university life (Aspinwall & Taylor, 1992), employees in corporate settings (Long, 1993), survivors of traumatic events like missile attacks (Zeidner & Hammer, 1992), and individuals grappling with various medical conditions (Shifren & Hooker, 1995).

Research consistently suggests that individuals identified as pessimists tend to report higher levels of distress compared to their optimistic counterparts. Optimism has been linked to health-promoting behaviours (Mulkana & Hailey, 2001), mental well-being (Blackwell et al., 2013), and overall life satisfaction (Lee et al., 2022). Conversely, pessimism has been associated with symptoms of insomnia, mental health issues, and chronic stress (Riolli & Savicki, 2003). Optimism is correlated with coping strategies that emphasize social support and positive perspectives in stressful situations, suggesting its potential to alleviate psychological distress (Conversano et al., 2010).

Horowitz et al., (1988) have demonstrated that optimism serves as a coping mechanism,

aiding individuals in managing stress and reducing the risk of illness. Likewise, Scheier and Carver (1992) emphasize optimism as a significant determinant of subjective well-being, suggesting that individuals with a positive and hopeful explanatory style are more prone to experiencing good health (Peterson and Bossio, 1991). Cultivating a constructive perspective and an optimistic attitude towards the future are attributes that enhance overall well-being (Dubey and Agarwal, 2004). Conversely, research consistently suggests the detrimental effects of pessimism on mental health (Abramson et al., 1998). Investigating pessimistic cognitive styles, researchers have explored their association with a heightened susceptibility to suicidal tendencies, a significant indicator of distress. The hopelessness theory of depression suggests that pessimism, when combined with feelings of hopelessness, could be linked to an increased likelihood of suicide (Joiner & Rudd, 1995). Abramson et al. (1998) noted elevated levels of suicidality among pessimistic individuals compared to optimists. Pessimistic individuals also showed a higher propensity for other risk factors associated with suicide, such as borderline personality dysfunction and a history of depression in their parents (Isometsa et al., 1996; Wagner, 1997).

In summary, the literature provides substantial evidence supporting the connection between optimism, pessimism, and mental health. Optimism is linked positively with self-reported happiness, general well-being, and quality of life while showing negative correlations with symptoms of depression, anxiety, and psychopathology. Conversely, pessimism is positively correlated with symptoms of depression, anxiety, and suicidality, and negatively correlated with stress adaptation. Consistently, individuals with optimistic outlooks tend to manage stress in a psychologically healthier manner compared to those with pessimistic tendencies.

Gender Differences and Imposter Phenomenon

The concept of the impostor phenomenon was originally introduced to describe feelings

of fraudulence experienced by a group of accomplished women (Clance & Imes, 1978). Clance (1985) highlighted a paradoxical relationship between women's sense of achievement and their actual accomplishments. As research progressed, it became evident that both men and women encounter the impostor phenomenon. Studies by Badawy et al. (2018) and Lane (2015) indicated that this phenomenon is not confined to a specific gender. Caselman et al. (2006) delved deeper into the impostor phenomenon, discovering that encounters with it were associated with self-beliefs, particularly overall self-worth. Importantly, their findings suggested that perceived lack of social support played a more significant role in fostering the impostor phenomenon among adolescent females compared to males. Kumar and Jagacinski (2006) observed that women exhibited greater fears of being impostors than men. However, the factors predicting these fears varied based on achievement goal orientation theory. For men, impostor concerns were predominantly associated with ability-avoidance objectives which stressed avoiding the appearance of ineptitude. Women's impostor worries, on the other hand, were mostly linked to ability-approach goals that emphasized competence.

Furthermore, researchers such as Badawy et al. (2018) have established that both genders encounter distinct societal pressures and show indicators of discomfort while experiencing feelings of imposter syndrome. Cusack et al. (2013) explored the association between gender, mental health, and the imposter phenomenon, discovering that women reported higher degrees of impostor feelings as well as perfectionism and stress. Bravata et al. (2019) examined 33 researches exploring gender impacts, with 16 of them indicating that women typically experience higher levels of impostor phenomenon compared to men. Therefore, consistent research findings highlight that while both men and women grapple with impostor phenomenon, females tend to demonstrate elevated levels of this phenomenon.

Gender Differences and Mental Health

Several studies have provided strong evidence for a gender difference in mental health (Emslie et al., 2002; Goldberg & Williams, 1988). A study conducted by Compas et al. (1993)

found that females reported a higher prevalence of stress, anxiety, and depression symptoms compared to males, attributing it to their perception of conflict as more stressful than males. Another study found that women have a higher lifetime prevalence of anxiety or mood problems than men (Riecher-Rössler, 2016). Two investigations involving blue-collar workers in North America revealed that women reported more 'psychophysiological' symptoms than their male counterparts (Loscocco & Spitz, 1990).

Multiple theories attempt to explain gender differences in mental health, including biological, behavioral, and social realms. Biological factors, such as hormonal influences and neurobiology, contribute (Sachs-Ericsson & Ciarlo, 2000). Behavioral factors involve varied coping mechanisms and help-seeking behaviors, potentially impacting mental health recognition and treatment (Kawachi et al., 1999). Social factors encompass societal expectations and diverse gender roles (Sidanius & Pratto, 1999). These factors contribute to mental health variations between men and women, indicating that differences in these aspects play a role in influencing mental health.

Gender Differences and Life Orientation

Gender differences in life orientation have been a subject of research, revealing interesting patterns that warrant further investigation. According to research, individuals' life orientation is linked with their gender. In a comprehensive investigation by Hinz et al. (2017) exploring optimism and pessimism in the general population, it was revealed that males exhibited a slightly lower inclination towards optimism compared to females. Interestingly, no notable gender disparities were observed in terms of pessimism. The study further uncovered that pessimism tended to rise with age for both males and females.

Additionally, gender distinctions in positive life orientation were highlighted by Jin et al. (2017), who found that women generally displayed a higher positive life orientation than men. Asagba, Agberotimi, and Wimberly (2017) also uncovered significant differences between

male and female regarding optimism. Their research indicated that female exhibited a markedly higher optimistic disposition towards life when compared to their male counterparts. These findings align with Wong's (2009) observations, as Wong reported that females consistently scored higher than males in terms of optimism, providing additional support to the notion that gender plays a noteworthy role in shaping one's outlook on life. Consistent research findings indicate that women generally exhibit higher levels of optimism compared to men.

The Imposter Phenomenon among Professionals

Initial perceptions of imposter suggesting its occurrence primarily among professional novices (Lacey & Parlette-Stewart, 2017; Kets de Vries, 2005). In times of change, individuals often become more conspicuous, sometimes experiencing reduced support and mentoring compared to previous periods (Ket de Vries, 2005). However, a broader examination of literature reveals that this phenomenon is not confined to entry-level professionals. Professionals across diverse academic levels, including academics (Hutchins & Rainbolt, 2017), college and research librarians (Clark, Vardeman & Barba, 2014), the medical profession (Robinson-Walker, 2011), marketing (Fried-Buchalter, 1997), managers (Rohrmann et al., 2016), and even in occupations like theology, experience the Imposter Phenomenon. De Vries (2005) suggested that the impostor phenomenon tends to be more prevalent in the fields of academia and medicine, as the appearance of high intelligence is deemed crucial for success in these professions.

Contrary to common misconceptions, the phenomenon extends beyond the realms of education and healthcare. Those grappling with it often go to great lengths to conceal their feelings, harboring a genuine belief that they are impostors (Rakestraw, 2017). Manifesting as anxiety, stress, and a fear of exposure, the Imposter Phenomenon can lead to overwhelming emotions of unworthiness (Parkman, 2016), fear of judgment and failure (Chapman, 2017), and self-doubt regarding one's intelligence (Hutchins & Rainbolt, 2017). It's essential to acknowledge that the phenomenon isn't merely attributed to nerves or low self-

esteem; rather, it's a tangible reality encountered by numerous professionals.

Mental Health Among Professionals

Presently, more than half of the global population is engaged in employment, and approximately 15% of adults of working age contend with a mental disorder. The relationship between work and mental health is deeply intertwined. A conducive and safe work environment fosters mental well-being, enabling individuals to maintain productivity. Conversely, poor mental health can impede an individual's capacity to work effectively, especially when left unaddressed (Rajgopal, 2010). Mental health challenges have direct repercussions on employers and businesses, leading to increased absenteeism, decreased productivity, and diminished profits. Additionally, they result in escalated costs associated with managing these issues, communication difficulties among colleagues, and reduced engagement in work tasks (Mental Health in work, 2022)

Mental health difficulties have become increasingly prevalent among employees across various organizational hierarchies. Seventy-six percent of survey participants reported experiencing at least one symptom of a mental health condition in the previous year, marking an increase from 59% in 2019. These findings underscore the pervasive nature of mental health challenges, affecting a significant proportion of individuals on a routine basis (Greenwood & Anas, 2021). Constantly feeling like a fraud and fearing that others will discover their perceived incompetence creates a state of chronic stress. This heightened stress can lead to a range of physical and psychological symptoms, negatively impacting their ability to cope with workplace demands (Hutchins & Rainbolt, 2018).

Life Orientation among Professionals

The prevailing literature indicates that individuals with a heightened sense of optimism tend to achieve their goals more effectively than their pessimistic counterparts. Several studies have confirmed a favourable relationship between optimism and different facets of professional

life. For instance, Luthans et al. (2007) found that optimism is linked to increased job satisfaction, Kluemper et al. (2009) demonstrated a positive relationship between optimism and job performance. Youssef and Luthans (2007) emphasized the connection between optimism and workplace happiness. Optimism has also been associated with emotional and social support in the workplace, the perception of organizational support, affective organizational commitment and heightened productivity. Studies highlight the potential impact of a demanding work environment on lowering life orientation and adversely affecting employee health. Managing emotional stress, suppression, and optimizing emotions significantly influences the life orientation of professionals, given the substantial psychological stress they encounter, which negatively affects various aspects of their work and personal lives.

In a thorough examination conducted by Creed, Patton, and Bartrum (2002) on the multifaceted characteristics of the LOT-R and its implications for optimism and pessimism regarding career and well-being factors, findings revealed that individuals with high levels of optimism demonstrated increased engagement in career planning and exploration. Another study by Wunderley, Reddy, & Dember (1998), focusing on optimism and pessimism in business leaders, revealed that both the leaders and their constituents scored lower on the pessimism scale of the O/P instrument. Additionally, research by Schou-Bredal et al. (2017) indicated that individuals currently employed demonstrated significantly higher levels of optimism compared to those who were not working. These findings collectively contribute to an understanding of the impact of optimism and pessimism on various aspects of professional life.

Rationale

The goal of this investigation is to investigate the effect of impostor phenomenon on the mental health of professionals and explore whether individual differences in life orientation play a moderating role in this relationship. Studying mental health among professionals is necessary, as mental health issues directly affect employers and businesses by leading to

heightened absenteeism, decreased productivity and profits, and an escalation in costs associated with addressing these problems in communication with co-workers, and engagement with one's work (Centres for Disease Control and Prevention, 2020).

The imposter phenomenon is a widespread issue that affects individuals across different cultures and backgrounds. Although research on this topic has made significant progress, it has predominantly centred around students and medical professionals, resulting in a noticeable gap in our understanding of how this phenomenon impacts professionals from other fields. Existing studies have hinted at higher levels of impostor phenomenon in academia and medicine (De Vries, 2005). Another study conducted by Muneer, Ali & Zia (2021) aimed to examine the Impostor Phenomenon in Relation to Perfectionism in Pakistani Working Women. The study revealed remarkable differences in impostor phenomenon scores among various occupations. Especially, women in the nursing profession and female doctors reported elevated levels of impostor feelings in contrast to women in the corporate sector, who reported diminished levels of impostor phenomenon. Imposter syndrome is a prevalent phenomenon among the Professionals residing in Pakistan, but this area has not been explored enough (Amir et al., 2014). Therefore, there is a pressing need to broaden our research to encompass professionals regardless of gender. This study seeks to bridge the population gap by examining the impostor phenomenon among Pakistani professionals in sectors such as IT and banking.

The current study aims to study investigate the effect of impostor phenomenon on the mental health among professionals. Previous research has consistently shown that the impostor phenomenon detrimentally affects individual mental health. While existing literature from various countries, such as studies conducted by Sonnak and Towell (2001), Rohrmann et al. (2016), and Fruhan (2002), has addressed the prevalence of the impostor phenomenon and its connection to mental health, there is a current need for a localized investigation in our specific context.

The study will also focus on, how life orientation moderates the relationship between imposter and mental health. The study will investigate how a person's outlook on life affects the connection between imposter and mental health. This is important because it helps us understand how someone's general perspective on life can make a difference in how imposter feelings impact their well-being. Exploring this aspect will give us useful insights that can be used to better support professionals dealing with imposter feelings as well as fill the empirical gap as no previous researcher have examined the role of life orientation as a moderator in relation with imposter and mental health. The study's findings may have implications for career development and talent management in Pakistan, promoting a positive work environment that values authenticity and fosters mental well-being. Ultimately, the study aims to provide insights that can empower Pakistani professionals to cope with imposter feelings and enhance their overall well-being in the workplace.

Objectives

The objectives of the present study are as follows:

- To investigate the relationship between Imposter Phenomenon, Mental Health, and life orientation among professionals.
- To examine the effect of impostaers on mental health among professionals.
- To find out the expected moderating role of life orientation in the relationship between imposter phenomenon and mental health among professionals.
- To investigate the differences among groups on the basis of demographic variables like gender, employment sector, work experience and profession on imposter phenomenon, mental health and life orientations among professionals.

Hypotheses

The hypotheses of the present study are as follows:

- Imposter phenomenon is negatively correlated to psychological wellbeing and positively correlated to psychological distress among professionals.

- Optimism is positively correlated to psychological wellbeing and negatively correlated to psychological distress among professionals.
- Pessimism is positively correlated to psychological distress and negatively correlated to psychological wellbeing among professionals.
- Imposter phenomenon and life orientation predicts the psychological wellbeing among professionals.
- Imposter phenomenon and life orientation predicts psychological distress among professionals.
- Life orientation (optimism) moderates the relationship between imposter phenomenon and psychological distress.
- Life orientation (pessimism) moderates the relationship between imposter phenomenon and psychological distress.
- Life orientation (optimism) moderates the relationship between imposter phenomenon and psychological wellbeing.
- Life orientation (pessimism) moderates the relationship between imposter phenomenon and psychological wellbeing.

Conceptual Framework

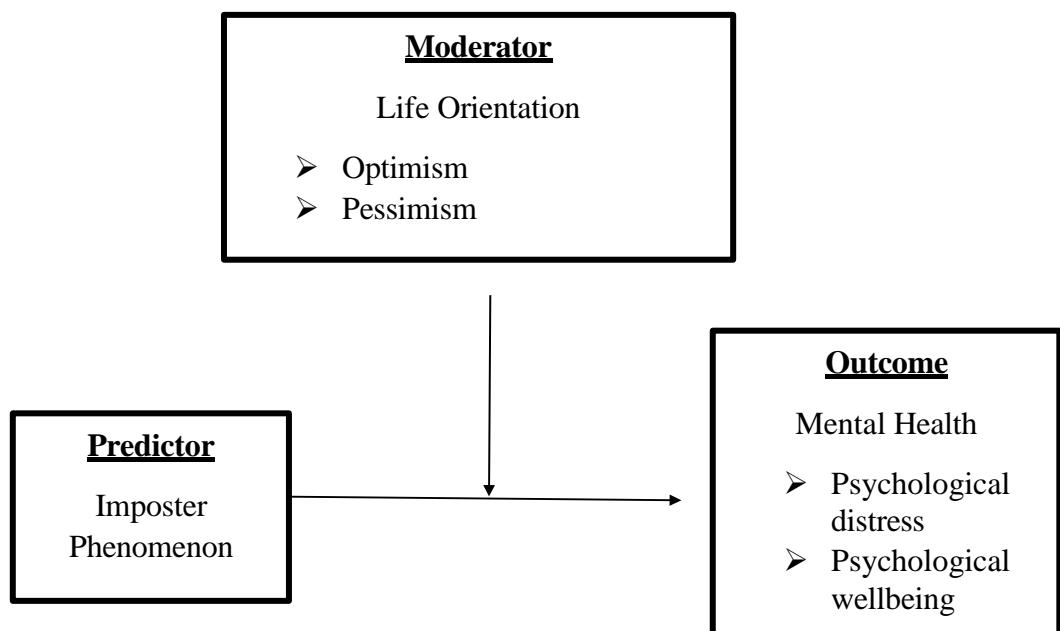


Figure 1. Conceptual Framework

Chapter 2

Method

Research Design

This study employed a correlational method, which is utilized to explore the statistical relationship between two or more variables without intervening or manipulating them. It evaluates the magnitude and direction of the relationship through correlation coefficients, aiding researchers in identifying patterns and associations within the data.

Sample

The sample comprises professionals from a range of fields, encompassing information technology and the banking sector. Participants were approached through online platforms and workplace networks, including prominent IT firms such as Baseline, Oyston Technology, Wolfiz Solutions, and Switch Communications, as well as banking institutions like Soneri Bank, Meezan Bank, National Bank of Pakistan, Faysal Bank, and Allied Bank branches in Rawalpindi and Islamabad. A total of 243 professionals were chosen for the study.

Inclusion Criteria.

Participants having an age above 23 years will be included in this study and the participants who were in professional life (Bankers, IT professionals) for 1 year will be selected for this study. Individuals of both male and female gender would be made a part of study.

Exclusion Criteria.

Participants apart from the Banking and IT departments will be excluded. Also, participants having an age range of less than 23 years and more than 60 years will not be included in the sample. Also, participant who cannot read and understand English would be excluded from the research due to language barrier.

Instruments

Clance Impostor Phenomenon Scale (CIPS). The CIPS (Clance Impostor Phenomenon Scale) is a self-report assessment designed to gauge attributes and emotions such as the fear of failure despite past accomplishments, apprehension about evaluation and the inability to meet

others' expectations, as well as attributing successes to luck (Clance, 1985). The Clance Impostor Phenomenon Scale (CIPS) comprises of 20 items that were rated by participants using a 5-point Likert scale, with options ranging from (1) "not at all true" to (5) "very true". This scale exhibits a alpha coefficients of 0.93. Approval to use this scale was granted by the authors of the instrument (See Annexure-D).

The Mental Health Inventory (MHI). The MHI was employed in this research (Veit and Ware, 1983). This scale is a self-report measure and shortened version of the original Mental Health Inventory-36 (MHI-36). Intended for use in general populations, it measures the general mental health of individuals through its two dimensions, psychological distress and psychological well-being. Psychological distress dimension is composed of anxiety, depression, and behavioral control subscales. Psychological well-being dimension is composed of the positive affect subscale. The MHI consists of 18 items that participants scored on a 6-point Likert scale, with options ranging from (1) "all of the time" to (6) "none of the time." The alpha coefficients for the overall score were 93, while those for anxiety, depression, behavioral control, and positive affect were 0.84, 0.83, 0.63, and 0.85, respectively. (See Annexure-B).

The Mental Health Inventory (MHI). The ELOT is a self-report measure assessment tool designed to measure an individual's overall outlook and attitude towards life. It aims to assess an individual's level of optimism versus pessimism, as well as their general life satisfaction and coping abilities (Scheier, Carver & Bridges, 1994). Participants were requested to express their agreement level with 10 statements using a 5-point Likert scale, where 0 denoted "strongly disagree" and 4 represented "strongly agree." ELOT measure life orientation into two-dimension, optimism and pessimism. The instrument has high reliability, with an internal consistency of 0.80. (See Annexure-C)

Operational Definition

Mental Health. The World Health Organization (WHO) defines mental health as a condition of well-being in which people recognize their own potential, effectively handle daily

stressors, sustain productive and meaningful work, and actively contribute to their community (WHO 2004). Individuals who possess good mental health are able to fulfil key functions such as learning, expressing emotions, and forming meaningful connections with others. The current research measured Mental Health on the basis of scores on Mental Health Inventory-18 (Veit and Ware, 1983).

Imposter Phenomenon. Impostor Phenomenon, as defined by Clance & Imes (1978), encompasses the traits and behaviours observed among high-achieving individuals who struggle to internalize their success. These individuals often experience feelings of fraudulence, attributing their accomplishments not to their own abilities but to external factors, despite their numerous achievements and accolades. Consequently, impostors perceive themselves as unworthy of the praise and recognition they receive, leading to heightened levels of anxiety and stress (Cowman & Ferrari, 2002). In current research, Imposter Phenomenon is measured on the basis of scores on The Clance Impostor Phenomenon Scale (Clance, 1985). A score. Scores below 40 suggest little IP features, whereas scores above 80 indicate high levels of IP.

Life Orientation. Life orientation is the study of oneself in relation to others and to environment. Life orientation is concerned with how an individual perceives society and the outcomes that they expect from society (Andersson, 1996). Life orientation, also known as dispositional optimism, refers to individuals' generalized expectations about the future. In current research, Life orientation is measured on the basis of scores on ELOT (Scheier, Carver & Bridges, 1994). ELOT measure life orientation into two-dimensions, optimism and pessimism.

Ethical Considerations

In my research, I ensured all ethical considerations were carefully followed. I obtained informed consent from all participants after clearly explaining the purpose and process of the study. I maintained confidentiality by securely storing data and not disclosing any personal information. I made sure that no harm came to any participant and that their involvement was

completely voluntary. I was honest and transparent in collecting and reporting data. Special attention was given to treating all participants fairly and with respect, and I ensured that my research adhered to ethical guidelines throughout the process.

Procedure

The study used a questionnaire booklet of four scales, which were individually delivered to a sample of professionals. Clance Impostor Phenomenon Scale (CIPS), Extended Life Orientation Test(E-LOT) and Mental Health Inventory (MHI) scales were administered. Gender, employment sector, work experience, and profession were all collected on a separate demographic information sheet created explicitly for this study. The professionals were given clear instructions on how to react to the scale items, and they were guaranteed of the goal of the study, as well as the confidentiality and anonymity of their responses. Furthermore, all participants were requested to provide responses and were thanked for their cooperation. The statistical software SPSS was employed to calculate the results, which included correlation, linear regression analysis, moderation analysis, ANOVA and t-test analysis.

Chapter 3

Results

Table 1

Frequencies and percentage of demographic variables of study (N=243)

Variables	Category	f	%
Gender	Male	134	54
	Female	109	46
Profession	health	64	26.2
	Bankers	96	39.7
Employment sector	IT	83	34.2
	Govt.	74	30.0
Work Experience	private	169	70.0
	1-2 years	98	41.4
	3-5 years	96	19.4
	5-Above	46	39.2

Table 1 shows frequency and percentage of demographic variables of the study which are gender, profession, employment sector, work experience and distinction. There were 54% male and 46 % female participants in the sample. About 26.2 % participant were health professionals and 39.7 % participants were academics professionals, and 34.2% participants were IT professionals. 30% of participants were from government sector and 70% of participants were from private sector. There were 41.1% participants with work experience of 1-2 years, 39.2% participants with work experience with 3-4 years and 19.2% participants with work experience of 5-above years.

Table 2

Descriptive Statistics and Alpha Reliability Coefficients for Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress) (N=243)

Variables	K	a	Mean (SD)	Range		Skewness	Kurtosis
				Actual	Potential		
Imposter Phenomenon (Clance IP scale)	20	.84	55.95 (13.48)	28-84	20-100	-.45	-.60
Optimism (LOT-R)	6	.72	23.64 (3.78)	15-30	6-30	-.49	-.33
Pessimism (LOT-R)	9	.69	24.83 (5.63)	12-40	9-45	.39	.18

Psychological Wellbeing (MHI)	8	.83	23.51 (5.32)	14-36	8-48	.30	-.66
Psychological Distress (MHI)	10	.87	38.74 (9.28)	19-58	10-60	-.27	-.77

Table 2: shows the Descriptive Statistics and Alpha Reliability Coefficients for Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress) among professionals. Result indicate that all scales are internally consistent and the Cronbach's alpha values of the scales ranges from .69 to .87, which is satisfactory. All the scale show skewness within acceptable range of -1 to +1.

Table 3

Correlation of Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress).

Variables	1	2	3	4	5
1. Imposter Phenomenon	-	-.18**	.50**	-.33**	.24**
2. Optimism		-	-.17**	.19**	-.41**
3. Pessimism			-	-.35**	.03
4. Psychological Wellbeing				-	-.12*
5. Psychological Distress					-

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

Table 3: shows Pearson correlation coefficients for Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress) among professionals. Result show that Imposter Phenomenon is significantly negatively correlated with Optimism ($r=.18, p<.01$) and Psychological Wellbeing ($r=.33, p<.01$) and significantly positively correlated with Pessimism ($r=.50, p<.01$) and Psychological Distress ($r=.24, p<.01$). Optimism is significantly negatively correlated with Pessimism ($r=.17, p<.01$), Psychological Distress ($r=.41, p<.01$) and significantly positively correlated with Psychological Wellbeing ($r=.19, p<.01$). Pessimism is significantly negatively correlated with Psychological Wellbeing ($r=.35, p<.01$) and non-significantly positively correlated with Psychological Wellbeing ($r=.03, p>.05$).

Table 4

Multiple regression showing Imposter Phenomenon, Optimism and Pessimism as the predictor of Psychological Wellbeing among professionals (N=243)

Model	
Outcome: Psychological Wellbeing	

Predictor	95% CI						
	B	SEB	β	t	p	UL	LL
Constant	1.72	.39		4.36	.000	[-1.03, -2.49]	
Imposter Phenomenon	-.58	.08	-.43	6.74	.000	[-.75, -.40]	
Optimism	.82	.09	.47	8.47	.000	[.64, 1.00]	
Pessimism	-.26	.09	.17	2.78	.006	[-.07, -.41]	
R			.55				
R^2			.31				
F			35.33***				

Note *** $p < .001$, ** $p < .01$, * $p < .05$

Table 4 indicates summary of regression analysis showing that imposter phenomenon ($\beta = -.58$, $t = 6.74, p < .001$) and pessimism ($\beta = -.26, t = 2.78, p < .01$) negatively predicts the psychological wellbeing. Optimism positively predicts the psychological wellbeing ($\beta = .82, t = 8.47, p < .001$). Regression analysis shows that imposter phenomenon, pessimism and optimism accounted for 31 % of variance in psychological wellbeing $F(1,242) = 35.33, p < .001$.

Table 5

Multiple regression showing Imposter Phenomenon, Optimism and Pessimism as the predictor of Psychological Distress among professionals (N=243)

Predictor	Model						
	Outcome: Psychological Distress						
	95% CI						
Predictor	B	SEB	β	t	p	UL	LL
Constant	2.82	.29		9.46	.000	[2.48, 3.16]	
Imposter Phenomenon	.24	.07	.23	3.61	.000	[.06, .40]	
Optimism	-.37	.07	-.29	5.03	.000	[-.50, -.22]	
Pessimism	.30	.06	.29	4.38	.000	[.14, .48]	
R			.48				
R^2			.24				
F			25.08***				

Note *** $p < .001$, ** $p < .01$, * $p < .05$

Table 5 indicates summary of regression analysis showing that imposter phenomenon ($\beta = .24$, $t = 3.61, p < .001$) and pessimism ($\beta = .30, t = 4.38, p < .001$) positively predicts the psychological distress. Optimism negatively predicts the psychological distress ($\beta = -.37, t = 5.03, p < .01$). Regression analysis shows that imposter phenomenon, pessimism and optimism accounted for

24 % of variance in psychological distress $F(1,242) = 25.08, p<.001$.

Table 6

Moderating effect of Optimism on relationship between Imposter Phenomenon and Psychological wellbeing.

Predictors	Outcome: Psychological Wellbeing					
	<i>B</i>	<i>SEB</i>	<i>t</i>	<i>p</i>	<i>LL</i>	<i>UL</i>
Constant	30.61	6.25	4.48	.000	18.05	42.67
Imposter Phenomenon	-.23	.11	2.05	.040	-.45	-.09
Optimism	.45	.25	1.79	.074	-.95	.04
Imposter Phenomenon*	.012	.04	2.83	.005	.00	.02
Optimism						

Note. $R^2=.18***$, R^2 changing= .027**

Main effect of predictor. At the mean value of imposter phenomenon there was a significant relationship between imposter phenomenon and psychological wellbeing $\beta=-.23, t=2.35, p<.05, 95\% \text{ BCaCI } (-.45, -.09)$.

Main effect of the moderator. At the mean value of the optimism there was a significant relationship between optimism and psychological wellbeing $\beta=.45, t= 1.79, p>.05, 95\% \text{ BCaCI } (-.95, .04)$.

Interaction. There is a significant interaction between Imposter phenomenon and optimism in predicting psychological wellbeing $\beta= .012, t=2.83, p<.01, 95\% \text{ BCaCI } (.00, .02)$. This indicates that relationship between imposter and psychological wellbeing is conditional upon optimism. Result indicates that the presence of optimism can potentially buffer the effects of imposter phenomenon on mental health.

Slope analysis of moderation. Results of slope analysis indicates when optimism is low there is non-significant relationship between imposter and psychological wellbeing $\beta=.01, t=.37, p> .05, 95\% \text{ BCaCI } (-.05, .08)$. At medium level of optimism there is significant relationship between imposter and psychological wellbeing $\beta= .06, t=2.25, p< .05, 95\% \text{ BCaCI } (.00, .02)$.

(.00, .11). Moreover, at higher level of optimism there is also significant relationship between imposter and psychological wellbeing $\beta = .14$, $t = 4.09$, $p < .001$, 95% BCaCI (.07, .21). At lower levels of optimism, the relationship is non-significant, suggesting that optimism may act as a protective factor, mitigating the negative impact of imposter feelings. However, at medium and higher levels of optimism, the positive relationships become significant, indicating that the positive effects of optimism are more pronounced, potentially helping individuals cope more effectively with imposter experiences. Following mod-graph visually demonstrates this moderating role of optimism.

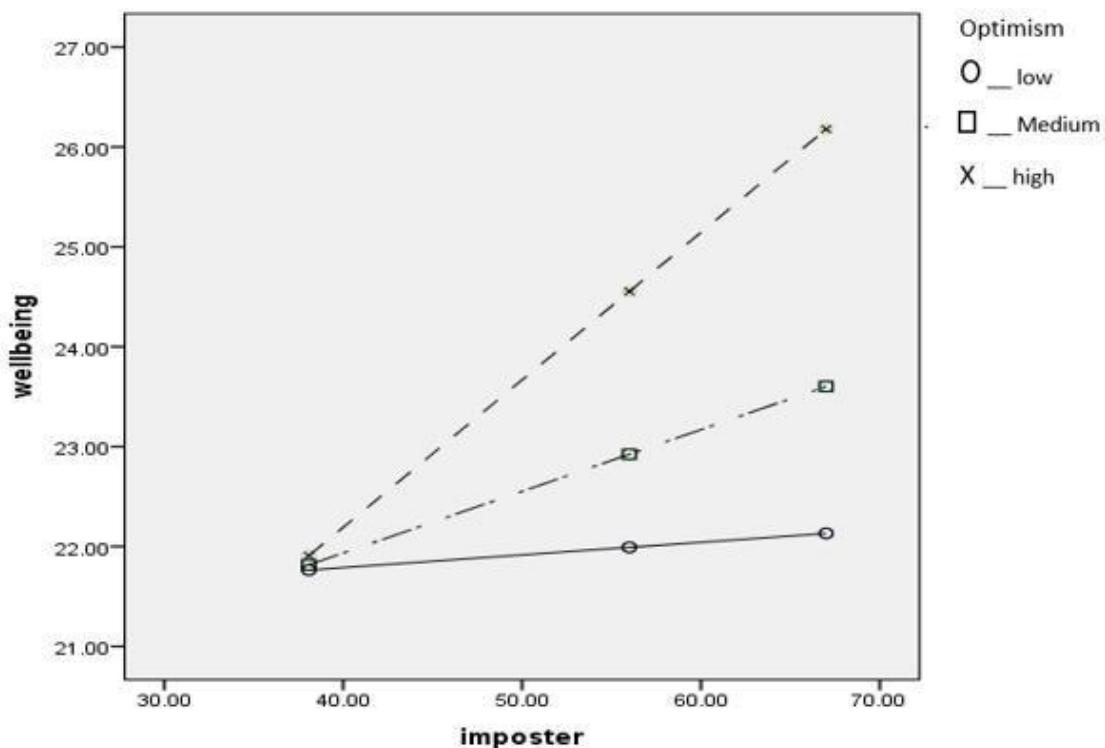


Figure 2. Modgraph showing Moderating role of Optimism on relationship between Imposter Phenomenon and Psychological Wellbeing.

Table 7

Moderating effect of Optimism on relationship between Imposter Phenomenon and Psychological Distress.

Predictors	Outcome: Psychological Distress					
	B	SEB	t	p	LL	UL
Constant	-4.93	12.78	.38	.701	-30.09	20.27

Imposter Phenomenon	.32	.24	1.33	.182	-.15	.78
Optimism	-2.31	.54	4.32	.000	-1.26	-3.37
Imposter Phenomenon*	-.022	.00	2.22	.026	-.04	-.00
Optimism						

Note. $R^2=.30^{***}$, R^2 changing= .02*

Main Effect of Predictor. At the mean value of imposter phenomenon there was a non-significant relationship between imposter phenomenon and psychological distress $\beta= .32$, $t= 1.82$, $p>.05$, 95% BCaCI (-.15, .78).

Main Effect of the Moderator. At the mean value of the optimism there was a significant relationship between optimism and psychological distress $\beta= -2.31$, $t= 4.32$, $p>.001$, 95% BCaCI (-1.26, -3.37).

Interaction. There is a significant interaction between Imposter phenomenon and optimism in predicting psychological distress $\beta= -0.22$, $t=2.22$, $p<.05$, 95% BCa CI (-.04, -.02). This indicates that relationship between imposter and psychological wellbeing is conditional upon optimism. Result indicates that the presence of optimism can potentially buffer the effects of imposter phenomenon on mental health.

Slope analysis of moderation. Results of slope analysis indicates when optimism is low there is significant relationship between imposter and psychological distress $\beta= -.12$, $t=2.30$, $p> .05$, 95% BCaCI (-.22, .01). At medium level of optimism there is significant negative relationship between imposter and psychological distress $\beta= -.21$, $t=5.58$, $p< .001$, 95% BCaCI (-2.82, -.13). Moreover, at higher level of optimism there is also significant negative relationship between imposter and psychological distress $\beta= -.30$, $t=5.31$, $p< .001$, 95% BCaCI (-.40, -.18). At lower levels of optimism, the relationship is significant, suggesting that optimism may act as a protective factor, mitigating the negative impact of imposter feelings. However, at medium and higher levels of optimism, the positive relationships become more significant, indicating that the positive effects of optimism are more pronounced, potentially

helping individuals cope more effectively with imposter experiences. Following mod-graph visually demonstrates this moderating role of optimism.

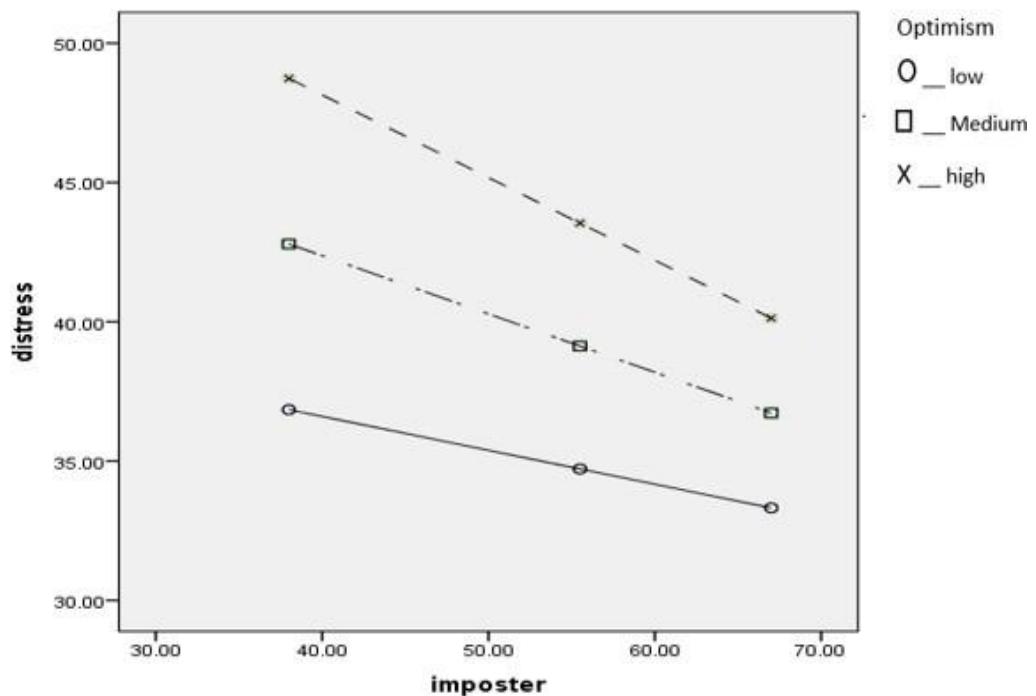


Figure 3. Modgraph showing Moderating role of Optimism on relationship between Imposter Phenomenon and Psychological Distress.

Table 8

Moderating effect of Pessimism on relationship between Imposter Phenomenon and Psychological Wellbeing

Predictors	Outcome: Psychological Wellbeing					95%CI	
	B	SEB	t	p	LL	UL	
Constant	-.86	7.73	.11	.910	-16.10	14.36	
Imposter Phenomenon	-.63	.14	.42	.000	.35	.91	
Pessimism	-.70	.32	.18	.030	-.06	1.34	
Imposter Phenomenon*	-1.43	.59	.49	.000	-.02	.39	
Pessimism							

Main effect of predictor. At the mean value of imposter phenomenon there was a significant relationship between imposter phenomenon and psychological wellbeing $\beta = -.63$, $t = 4.42$, $p < .001$, 95% BCaCI (.35, .91).

Main effect of the moderator. At the mean value of the pessimism there was a significant relationship between pessimism and psychological wellbeing $\beta = -.70$, $t = 2.19$, $p < .05$, 95% BCaCI (.06, 1.34).

Interaction. There is a significant interaction between Imposter phenomenon and pessimism in predicting psychological wellbeing $\beta = -1.43$, $t = 3.49$, $p < .001$, 95% BCa CI (-.02, -.39). This indicates that relationship between imposter and psychological distress is conditional upon pessimism.

Slope analysis of moderation. Results of slope analysis indicates when pessimism is low there is significant relationship between imposter and psychological distress $\beta = -.13$, $t = 3.52$, $p < .05$, 95% BCaCI (.08, .11). At medium level of pessimism there is significant relationship between imposter and psychological distress $\beta = -.22$, $t = 6.94$, $p < .001$, 95% BCaCI (.09, .17). Moreover, at higher level of pessimism there is also significant relationship between imposter and psychological distress $\beta = -.30$, $t = 6.83$, $p < .001$, 95% BCaCI (.15, .28). Therefore, we can conclude that pessimism significantly moderates the relationship between imposter and psychological distress, and it shows that the presence of the pessimism intensifies the negative impact of the imposter on the psychological wellbeing. Following mod-graph visually demonstrates this moderating role of pessimism.

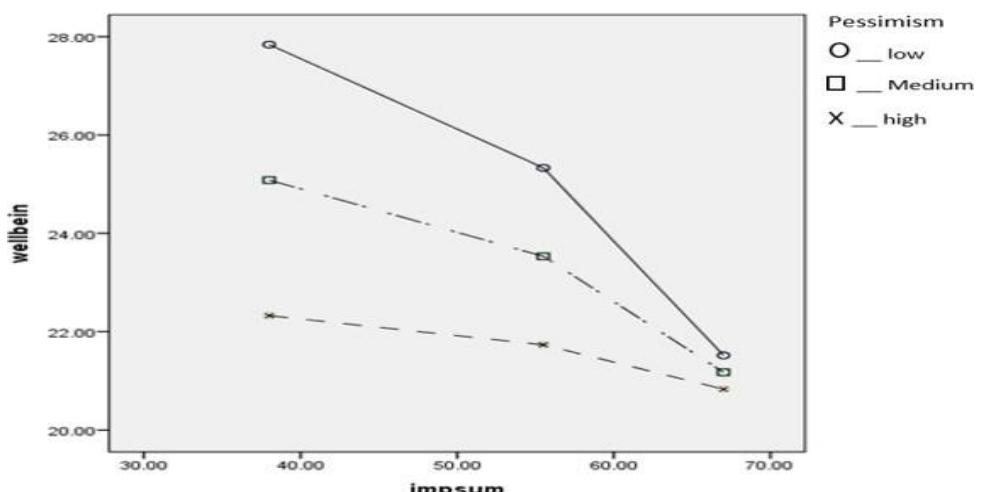


Figure 4. Modgraph showing Moderating role of Pessimism on relationship between Imposter Phenomenon and Psychological Wellbeing.

Table 9

Moderating effect of pessimism on relationship between Imposter Phenomenon and Psychological Distress.

Predictors	Outcome: Psychological Distress					
	B	SEB	t	p	95%CI	
Constant	-33.85	10.21	3.31	.001	-53.96	-13.72
Imposter Phenomenon	1.15	.18	6.24	.000	.79	1.51
Pessimism	.032	.00	1.32	.270	2.67	-4.30
Imposter Phenomenon*	-.05	.01	1.58	.134	-.06	.12
Pessimism						

Note. $R^2=.28$, R^2 changing= .18

Main effect of predictor. At the mean value of imposter phenomenon there was a significant relationship between imposter phenomenon and psychological distress $\beta= 1.15$, $t= 6.24$, $p<.001$, 95% BCaCI (.77, 1.51).

Main effect of the moderator. At the mean value of the pessimism there was a significant relationship between pessimism and psychological distress $\beta= 0.32$, $t= 1.32$, $p>.05$, 95% BCaCI (2.67, -4.30).

Interaction. There is a non-significant interaction between Imposter phenomenon and pessimism in predicting psychological distress $\beta= -0.5$, $t=1.58$, $p>.05$, 95%BCa CI (-.06, .12). This indicates that relationship between imposter and psychological wellbeing is non-conditional upon pessimism.

Table 10

Mean comparisons of male and female professionals on Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress).

Variables	Male	Female	95% CI				Cohen's <i>d</i>
	(<i>n</i> = 134)	(<i>n</i> = 109)	<i>t</i>	<i>p</i>	LL	UL	
Imposter Phenomenon	54.35 (11.21)	57.04 (14.80)	2.99	.007	4.92	1.93	0.43

Optimism	22.55 (2.65)	24.88 (4.94)	2.18	.082	1.39	-.53	0.23
Pessimism	24.84 (5.57)	24.97 (5.58)	.17	.861	-1.55	1.32	0.15
Psychological Wellbeing	23.61 (5.35)	23.44 (5.30)	.26	.795	-1.17	1.53	0.13
Psychological Distress	39.89 (10.19)	37.83 (8.36)	1.97	.067	4.23	-.405	0.23

Note. CI = Confidence Interval; *LL* = Lower Limit; *UL* = Upper Limit.

Above table shows result of a comparison between male professional and female professionals on imposter phenomenon, life orientation (optimism and pessimism) and mental health (psychological wellbeing and psychological distress). Analysis produces significant results for imposter phenomenon. Females professionals ($M=57.04$, $SD=14.80$) Score higher on imposter phenomenon and optimism as compared to male professionals ($M=54.35$, $SD=11.21$). Analysis indicates on optimism males scores ($M=22.55$, $SD=2.65$) and females scores ($M= 24.88$, $SD=4.94$) did not differ significantly. On Psychological Wellbeing males score ($M= 23.61$, $SD=5.35$) and females score ($M=23.44$, $SD=5.30$) did not differ significantly.

Table 11

Mean comparisons of Professional from Government Sector and Professionals from Private Sector on Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress) (N=243)

Variables	Government		Private		95% CI				
	(n = 70)	M (SD)	(n = 173)	M (SD)	t	p	LL	UL	Cohens d
Imposter Phenomenon	53.30 (12.99)		59.00 (13.91)		3.02	.003	1.98	9.39	0.42
Optimism	24.77 (3.91)		22.32 (4.32)		2.56	.021	-1.50	-.60	0.32
Pessimism	25.71 (6.15)		24.48 (5.38)		1.57	.123	-.33	2.80	0.18
Psychological Wellbeing	24.40 (5.57)		23.15 (5.18)		1.16	.098	-.23	2.72	0.21
Psychological Distress	35.95 (10.72)		39.88 (8.39)		3.03	.003	-6.47	-1.37	0.45

Note. CI = Confidence Interval; *LL* = Lower Limit; *UL* = Upper Limit.

Above table shows result of a comparison between professional from government sector

and professionals from private sector on imposter phenomenon, life orientation (optimism and pessimism) and mental health (psychological wellbeing and psychological distress). Analysis produces significant results for imposter phenomenon. Professionals from Government Sector ($M= 53.30$, $SD=12.99$) Score low on imposter phenomenon as compared to professionals from private sector ($M=59.00$, $SD=13.91$). Analysis also produces significant results for optimism. Professionals from Government Sector ($M=24.77$, $SD=3.91$) Score more on imposter phenomenon and compared to professionals from private sector ($M=22.32$, $SD=4.32$). On pessimism professionals from both sectors didn't differ significantly. Professional from government sector ($M=25.71$, $SD=6.15$) score and professional from private sector scores ($M=23.15$, $SD=5.18$). Analysis indicates that on Psychological Distress government sector ($M=35.95$, $SD=10.72$) score low than private sector ($M=39.88$, $SD=8.39$) and differ significantly. On psychological wellbeing government sector professional ($M= 24.40$, $SD=5.57$) score and private sector professional scores ($M=23.15$, $SD=5.18$) and did not differ significantly.

Table 12

One Way ANOVA to Investigate Differences on the Basis of work experience on Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress) (N=243).

Variables	1-2 Years	3-4 Years	5+ Years	F	η^2	Post Hoc
	($n = 98$)	($n = 99$)	($n = 46$)			
	$M (SD)$	$M(SD)$	$M(SD)$			
Imposter Phenomenon	59.63(12.05)	53.78(12.61)	47.71(14.70)	14.35***	.10	1<2<3
Optimism	22.88 (3.35)	24.04 (4.15)	24.22 (3.91)	3.43	.02	-
Pessimism	24.79 (5.57)	24.47 (5.88)	25.20 (5.78)	.27	.01	-
Psychological Wellbeing	23.18 (5.42)	23.06(4.53)	24.11 (5.55)	.97	.03	-
Psychological Distress	37.82 (9.31)	39.82 (7.59)	39.20 (9.90)	.91	.02	-

Above table shows One Way ANOVA to investigate differences on the basis of work experience on imposter phenomenon, life orientation (optimism and pessimism) and mental health (psychological wellbeing and psychological distress). Results revealed significant differences based on work experience on imposter phenomenon [$F (3,240) = 14.35, p > .001$]. Employee with 1–2-year experience ($M=59.63, SD=12.05$) score high in imposter as compared to employees with 3-4 ($M=53.78, SD=12.61$) and 5 above years ($M=47.71, SD=14.70$). Results revealed non-significant differences on optimism [$F(3,104) = 3.43, p > .05$], pessimism [$F(3, 240) = .279, p > .05$], psychological wellbeing [$F (3,240) = .972, p > .05$], and psychological distress [$F(3,240) = .914, p > .05$].

Table 13

One Way ANOVA to Investigate Differences on the Basis of profession on Imposter Phenomenon, Life Orientation (Optimism and Pessimism) and Mental Health (Psychological Wellbeing and Psychological Distress) (N=243).

Variable	Health	IT	Education	F	η^2	Post hoc
	(n=65)	(n=96)	(n=82)			1<2<3
Imposter Phenomenon	57.30(13.83)	49.66(14.85)	56.36(11.76)	6.66**	.20	1<3<2
Optimism	23.50(3.18)	23.54(4.02)	23.97(4.01)	.37	.01	-
Pessimism	25.74(5.81)	24.28(5.80)	24.81(5.61)	1.20	.02	-
Psychological Wellbeing	24.11(5.51)	23.51(5.91)	23.02(4.17)	.74	.01	-
Psychological Distress	41.07(11.44)	36.46(7.18)	39.00(9.50)	12.35**	.30	2<3<1

Above table shows One Way ANOVA to investigate differences on the basis of profession on imposter phenomenon, life orientation (optimism and pessimism) and mental health (psychological wellbeing and psychological distress). Results revealed significant differences based on profession on imposter phenomenon [$F (3,240) = 6.66, p > .01$] and psychological distress [$F (3,240) = 12.35, p > .001$]. Health professional ($M=57.30, SD=13.83$) score higher on imposter distress as compared to IT professionals ($M=49.66, SD=14.85$) and academics

professionals ($M=56.36$, $SD=11.76$. Health professional ($M=41.07$, $SD=11.44$) score higher psychological distress as compared to IT professionals ($M=36.46$, $SD=7.18$) and academics professionals ($M=39.00$, $SD=9.50$). Results revealed non-significant differences on optimism [$F (3,104) = .37, p > .05$], pessimism [$F (3, 240) = .120, p > .05$] and psychological wellbeing [$F (3,240) = .746, p > .05$].

Chapter 4

Discussion

The primary objective of this study was to examine the effect of imposter phenomenon on mental health of professionals: moderating role of life orientation. The scales used for the study were Clance Impostor Phenomenon Scale (CIPS), Mental Health Inventory (MHI) and Extended Life Orientation Test(E-LOT). First descriptive analysis was performed on demographics variables of the study. Then reliability analysis was run on the instruments. All the instruments were found to be reliable for prediction. Pearson Product Moment Correlation for hypothesis testing and independent sample t test and ANOVA were applied to explore differences among the variables of the study. Multiple regression analysis was performed to assess the predictive relationship between variables. Moderation analysis was performed to explore the relationships and potential moderating effects among the variables of the study.

The first hypothesis of the study is that “Imposter phenomenon is negatively related to psychological wellbeing and positively related to psychological distress among professionals” was in line with previous research. The research findings suggest that individuals with higher imposter feelings tend to have more psychological problems and exhibited lower levels of psychological wellbeing. Previous findings have indicated that imposters are related to higher levels of anxiety and depression (Bernard, Dollinger & Ramaniah, 2002). McGregor et al. (2008) further explored this relationship, attributing it to shared negative thoughts and drawing parallels between impostor experiences and mild depression. The findings of Rohrmann et al. (2016) extended this understanding by noting elevated levels of anxiety, dysphoric moods, and emotional instability in managers experiencing the impostor phenomenon, coupled with heightened work stress and strain. Additionally, Fruhan's (2002) exploration among professional women sheds light on the emotional distress associated with the Imposter Phenomenon in the workplace, revealing consequences such as embarrassment, shame, anxiety, and fear. In essence, the first hypothesis is substantiated by a body of research that underscores

the detrimental impact of imposter feelings on professionals' mental health and wellbeing.

The second hypothesis of the study is that “Optimism is positively related with Psychological Wellbeing and negatively related with Psychological Distress” was in line with previous research. Consistent findings across these contexts indicate that individuals identified as pessimists tend to report higher levels of distress compared to their optimistic counterparts. Optimism, on the other hand, has demonstrated associations with health- promoting behaviors (Mulkana & Hailey, 2001), mental well-being (Blackwell et al., 2013), and overall life satisfaction (Lee et al., 2022). Optimism's correlation with coping strategies emphasizing social support and positive perspectives in stressful situations suggests its potential to alleviate psychological distress (Conversano et al., 2010). In essence, the second hypothesis finds substantial support in the existing body of research, emphasizing the beneficial impact of optimism on Psychological Wellbeing and its mitigating effect on Psychological Distress.

The third hypothesis of the study is that “Pessimism is positively related with Psychological Distress and negatively related with Psychological Wellbeing” was in line with previous research. The rationale behind this hypothesis is rooted in a body of studies consistently indicating the detrimental effects of pessimism on mental health, as demonstrated by Abramson et al. (1998). Investigations into pessimistic cognitive styles have revealed their association with an increased risk of suicidality, a crucial indicator of poor mental health. The hopelessness theory of depression, as proposed by Joiner and Rudd (1995), suggests that pessimism, when combined with feelings of hopelessness, may be positively correlated with an elevated risk of suicide. Abramson et al. (1998) observed higher levels of suicidality among individuals with pessimistic tendencies compared to optimists. Pessimists also displayed a higher likelihood of other suicide risk factors, including borderline personality dysfunction (Isometsa et al., 1996), and a parental history of depression (Wagner, 1997). This consistent body of research lends support to the hypothesis, emphasizing the link between pessimism and adverse mental health outcomes.

Independent sample t-tests were applied to explore differences on the basis of gender and employment sector on imposter phenomenon, life orientation (optimism and pessimism) and mental health (psychological wellbeing and psychological distress). For gender differences the results of the independent sample t-test indicated there were significant differences between male and female professionals in terms of imposter phenomenon. The finding of present study indicate that females professionals score higher on imposter phenomenon as compared to male professionals was in line with previous research that women tend to exhibit higher imposter fears than men (Kumar & Jagacinski, 2006; Caselman et al., 2006). One contributing factor to this gender difference could be perceived social support, as highlighted by Caselman et al. (2006). Their study made a noteworthy observation that the imposter phenomenon was more prominently linked to a lack of perceived social support among females compared to males. This finding suggests that the presence or absence of social support plays a crucial role in the development and manifestation of imposter feelings, particularly among women. Kumar and Jagacinski (2006) further explored the gender disparity in imposter fears and uncovered an interesting nuance related to achievement goal orientation. They found that, while both men and women experienced imposter fears, the factors predicting these fears differed based on achievement goal orientation theory. For men, imposter fears were primarily associated with the avoidance of showcasing incompetence (ability-avoid goals), whereas women's imposter fears were linked to the desire to demonstrate competence (ability-approach goals). This nuanced understanding emphasizes the role of achievement goals in shaping the unique imposter experiences of each gender.

Independent sample t-tests were applied to explore differences on the basis of profession in terms of imposter phenomenon, life orientation (optimism and pessimism) and mental health (psychological wellbeing and psychological distress). Analysis indicates significant mean differences on imposter phenomenon and psychological distress. Professionals from IT sector score low on imposter phenomenon and distress as compared to bankers. Result was in line

with previous literature as professionals across diverse fields experience the imposter phenomenon. There could be several explanations for the comparatively lower prevalence of imposter feelings among IT professionals compared to their counterparts in banking fields. One potential factor may be their possession of more robust Core Self-Evaluations (CSE). As outlined by Judge and Kammeyer-Mueller (2012), those inclined toward imposter syndrome tend to experience general negative emotions and hold low opinions of themselves. In contrast, individuals with positive CSE consistently maintain a positive self-image across diverse situations. They perceive themselves as capable and valuable individuals in control of their lives (Leary et al., 2000).

ANOVA were applied to explore differences on the basis of work experience in terms of imposter phenomenon, life orientation (optimism and pessimism) and mental health (psychological wellbeing and psychological distress). Analysis indicates significant mean differences on imposter phenomenon. Professionals who were at early stage of their career score high on imposter as compared to professionals with more experience was in line with previous literature (Hutchins, 2015; Medline et al., 2022; Urrutia et al., 2016; Ket de Vries, 2005). Studies have indicated that Impostor Phenomenon (IP) tends to be most prevalent when individuals undertake new roles or projects. It is in these periods of transition that individuals often find themselves more exposed, frequently with reduced support and mentoring compared to their previous circumstances (Ket de Vries, 2005). Hutchins (2015) suggests that imposter thoughts are more pronounced among faculty during their formative years, such as the tenure-track phase (Hutchins et al., 2017). Further, studies like the one by Medline et al. (2022) highlight that factors like being female and younger are associated with higher imposter syndrome levels, emphasizing the need for early career coaching. This aligns with the findings of Urrutia et al. (2016) who suggest that professionals in their early careers may feel inadequately equipped for their positions, contributing to the imposter phenomenon.

The current study sought to examine the moderating impact of life orientation,

specifically optimism and pessimism, on the relationship between impostor syndrome and mental health. To conduct the analysis, four sets of regression analyses were performed using the process macro. The first regression analysis focused on the moderating role of optimism in the relationship between impostor syndrome and psychological well-being. The results indicated that impostor syndrome has a direct effect on psychological well-being, while optimism moderates the relationship between impostor syndrome and psychological well-being. This suggests that optimism can mitigate the negative effects of impostor syndrome on psychological well-being. The second regression analysis explored the moderating role of optimism in the relationship between impostor syndrome and psychological distress. The findings demonstrated that the relationship between impostor syndrome and psychological well-being is dependent on optimism. Optimism appears to act as a protective factor, buffering the negative effects of impostor syndrome on individuals' mental health. This is consistent with existing literature that suggests optimism is associated with positive mental health outcomes and resilience against stressors (Blackwell et al., 2013; Conversano et al., 2010).

The third regression analysis assessed the moderating role of pessimism in the relationship between impostor syndrome and psychological well-being. The results showed that pessimism significantly moderates the relationship between impostor syndrome and psychological distress, intensifying the negative impact of impostor syndrome on psychological well-being. The fourth regression analysis examined the moderating role of pessimism in the relationship between impostor syndrome and psychological distress. The findings revealed that pessimism did not moderate the relationship between impostor syndrome and psychological distress. This aligns with previous research linking pessimism to poorer mental health outcomes and a tendency to focus on failures and shortcomings (Joiner & Rudd, 1995). So, the present study provides vital information regarding the imposter phenomenon, life orientation and mental health among professionals.

Limitations and Suggestion

The limitations of this study are as follow:

1. The study relied on self-reported measures, which introduces potential biases such as social desirability and common method variance. To address these biases and improve the validity of the results, future research could employ multisource and multi-method approaches, incorporating objective measures and data from various perspectives.
2. Although this study offers valuable insights, the selected research method poses a limitation, which may affect the generalization of the findings.

Suggestions

- Future studies should aim to increase the sample size and include more diverse participants from different organizational settings and cultural backgrounds. This would enhance the generalizability of the findings and provide a more comprehensive understanding of imposter and its effect among professionals.
- Researchers should consider using multiple data collection methods and sources to reduce potential biases associated with self-reported measures. Incorporating objective measures and obtaining data from different perspectives, such as supervisors or colleagues, would strengthen the validity and reliability of the findings.

Implications

The findings of the current study have important implications for professionals and researcher. The study highlights the importance of addressing imposter within the professional context and tailoring interventions to promote mental well-being.

For professionals, especially those who may experience imposter, the study encourages heightened awareness and recognition of the potential negative impact on mental health. It emphasizes the need for individuals to reflect on their own experiences of imposter and consider seeking support or resources that facilitate coping mechanisms. Professionals can benefit from

understanding the role of life orientation as a potential moderator, highlighting the importance of cultivating a positive outlook on life to mitigate the adverse effects of imposter.

Employers and organizations can use these findings to implement workplace interventions that focus on creating a supportive environment for employees. This may involve fostering a culture that promotes open communication, acknowledging achievements, and providing resources for mental health support. By recognizing the role of life orientation, employers can also incorporate initiatives that contribute to a positive work-life balance and overall well-being.

Mental health professionals can integrate the study's insights into their counseling and therapeutic approaches. Understanding the interplay between imposter, life orientation, and mental health allows clinicians to tailor interventions that address the unique needs of individuals experiencing imposter phenomenon. Therapeutic sessions can focus on building resilience, self-esteem, and positive coping strategies to mitigate the impact of imposter on mental health. Mental health professionals can integrate interventions aimed at increasing optimism or reducing pessimism could potentially enhance mental health outcomes for individuals experiencing imposter syndrome. Additionally, the findings underscore the importance of considering individual differences in life orientation when assessing the impact of imposter syndrome on mental health.

The study calls for further research to explore additional factors that may moderate or mediate the relationship between imposter and mental health. Longitudinal studies could delve into the lasting effects of imposter on professionals' well-being over time, providing a more comprehensive understanding of the dynamics involved. The study sheds light on potential differences based on gender, employment sector, work experience and profession in terms of imposter phenomenon, life orientation (optimism and pessimism) and mental health (psychological wellbeing and psychological distress) among professionals. This knowledge can

guide future research in exploring these differences further and tailoring interventions to meet the specific needs of diverse populations. By considering these group differences, researchers and practitioners can develop more targeted and effective approaches to support professionals.

Overall, the implications highlight the importance of addressing impostor phenomenon in the professional realm and recognizing the potential role of life orientation in moderating its impact on mental health. By incorporating these insights into professional development, organizational strategies, and mental health support systems, stakeholders can contribute to creating healthier and more supportive environments for individuals grappling with impostor.

Conclusion

The present study aimed to study the effect of imposter phenomenon on mental health among professionals. It also investigates the role of life orientation as moderator between the relationship of imposter phenomenon and mental health. It also investigated differences based on gender, employment sector, work experience and profession in imposter phenomenon, life orientation (optimism and pessimism) and mental health (psychological wellbeing and psychological distress) among professionals. Sample was approached through convenient sampling technique. Participants who obtained A/B grade in their last degree were selected for study. 237 participants were selected for study.

Findings of the study indicate that imposter phenomenon is significantly related to mental health (psychological distress and psychological distress). Findings of the study also indicate that life orientation (optimism and pessimism) is significantly related to mental health (psychological distress and psychological distress).

Current study also investigated the differences based on gender, employment sector, work experience and profession. The findings revealed significant gender differences on imposter

phenomenon. The finding of present study indicate that females professionals score higher on imposter phenomenon as compared to male professionals. The findings revealed significant differences on the basis of employment sector on imposter, distress and optimism. Professionals from government sector score low on imposter phenomenon and distress and on optimism government official score high as compared to professionals from private sector. The findings revealed significant differences on the basis of work experience on imposter. Professionals who were at early stage of their career score high on imposter as compared to professionals with more experience. The findings also revealed significant differences on the basis of profession on imposter and distress. Health professionals score high on imposter and distress as compared to IT professionals and educators.

Additionally, the study highlights the previously unexplored role of life orientation as moderator between imposter phenomenon and mental health. The findings indicate that optimism significantly moderates the relationship between impostor syndrome and psychological well-being by mitigating the negative effects impostor syndrome on psychological well-being. The findings also demonstrated that the relationship between impostor syndrome and psychological well-being is dependent on optimism. Moreover, findings revealed that pessimism significantly moderates the relationship between impostor syndrome and psychological distress by intensifying the negative impact of impostor syndrome on psychological well-being. The overall findings of the study emphasize on the importance of understanding imposter phenomenon and its effect on professionals' mental health.

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Appendix-A Informed Consent

I am an MS Psychology student enrolled at the International Islamic University Islamabad, and my current research focuses on investigating **“The Relationship Between Imposter Phenomenon and Mental Health Among Professionals: Life Orientation as Moderator”** To assess the constructs of the current study few questionnaires are required to be completed. Your valuable collaboration is vital in the completion of the attached questionnaires to reflect your perceptions and experiences. It is ensured that data provided by the respondent will be anonymously used exclusively for research purposes only. Any personal information shared by the respondent will be kept confidential and will not be disclosed in any form or publication. There is no time limit for the completion of questionnaires. However, while filling the questionnaire, if it is inconvenient for you, you have the right to quit and may discontinue at any stage. Your cooperation will be greatly appreciated in providing valuable and important information.

Thank You!

Demographic Information

1. Gender (Male, Female)
2. What was the grade you received in your last degree?
3. Job Title
4. Employment Sector
5. Work Experience

Appendix-B

Mental Health Inventory (MHI)

This set of questions are about how you feel, and how things have been for you during the past 4 weeks. Please answer every question. If you are not sure which answer to select, please choose the one answer that comes closest to describing you.

(All of the time =1), (Most of the time = 2), (A good bit of the time = 3), (Some of the time = 4), (A little bit of the time =5), (None of the time = 6)

During the past 4 weeks, how much of the time...

1. has your daily life been full of things that were interesting to you?
2. did you feel depressed?
3. have you felt loved and wanted?
4. have you been a very nervous person?
5. have you been in firm control of your behavior, thoughts, emotions, feelings?
6. have you felt tense or high-strung?
7. have you felt calm and peaceful?
8. have you felt emotionally stable?
9. have you felt downhearted and blue?
10. were you able to relax without difficulty?
11. have you felt restless, fidgety, or impatient?
12. have you been moody, or brooded about things?
13. have you felt cheerful, light-hearted?
14. have you been in low or very low spirits?
15. were you a happy person?
16. did you feel you had nothing to look forward to?
17. have you felt so down in the dumps that nothing could cheer you up?
18. have you been anxious or worried?

Appendix-C

Extended Life Orientation Scale

Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

(1 = I disagree a lot), (2 = I disagree a little), (3 = I neither agree nor disagree), (4 = I agree a little), (5 = I agree a lot)

1. It is best not to get your hopes too high since you will probably be disappointed.
2. In uncertain times, I usually expect the best.
3. Rarely do I expect good things to happen.
4. If something can go wrong for me, it will.
5. I always look on the bright side of things.
6. I'm always optimistic about my future.
7. hardly ever expect things to go my way.
8. When I undertake something new, I expect to succeed.
9. Things never work out the way I want them to.
10. If I make a decision on my own, I can pretty much count on the fact that it will turn out to be a poor one.

11. Where there's a will, there's a way.
12. I rarely count on good things happening to me.
13. Better to expect defeat: then it doesn't hit so hard when it comes.
14. In general, things turn out all right in the end.
15. Give me 50/50 odds and I will choose the wrong answer every time.

Appendix-D

For each question, please select the option that best indicates how true the statement is of you. It is best to give the first response that enters your mind rather than dwelling on each statement and thinking about it over and over.

(1=not at all true) (2=rarely) (3=sometimes) (4=often) (5=very true)

1. I have often succeeded on a test or task even though I was afraid that I would not do well before I undertook the task.
2. I can give the impression that I'm more competent than I really am.
3. I avoid evaluations if possible and have a dread of others evaluating me.
4. When people praise me for something I've accomplished, I'm afraid I won't be able to live up to their expectations of me in the future.
5. I sometimes think I obtained my present position or gained my present success because I happened to be in the right place at the right time or knew the right people.
6. I'm afraid people important to me may find out that I'm not as capable as they think I am.
7. I tend to remember the incidents in which I have not done my best more than those times I have done my best.
8. I rarely do a project or task as well as I'd like to do it.
9. Sometimes I feel or believe that my success in my life or in my job has been the result of some kind of error.
10. It's hard for me to accept compliments or praise about my intelligence or accomplishments.
11. At times, I feel my success has been due to some kind of luck.
12. I'm disappointed at times in my present accomplishments and think I should have accomplished much more.
13. Sometimes I'm afraid others will discover how much knowledge or ability I really lack.
14. I'm often afraid that I may fail at a new assignment or undertaking even though I generally do well at what I attempt.
15. When I've succeeded at something and received recognition for my accomplishments, I have doubts that I can keep repeating that success.
16. If I receive a great deal of praise and recognition for something I've accomplished, I tend to discount the importance of what I've done.
17. I often compare my ability to those around me and think they may be more intelligent than I am.
18. I often worry about not succeeding with a project or examination, even though others around me have considerable confidence that I will do well.
19. If I'm going to receive a promotion or gain recognition of some kind, I hesitate to tell others until it is an accomplished fact.
20. I feel bad and discouraged if I'm not "the best" or at least "very special" in situations that involve achievement.