

**IMPACT OF INTOLERANCE OF UNCERTAINTY AND
IMPOSTORISM ON ANXIETY AMONG YOUNG ADULTS:
MODERATING EFFECT OF PSYCHOLOGICAL FLEXIBILITY AND
EMOTIONAL REGULATION**



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By

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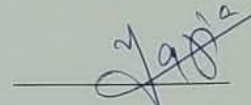
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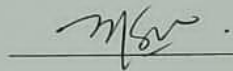
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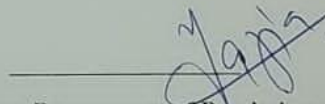
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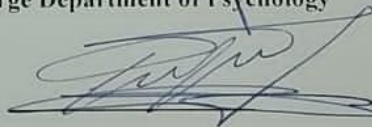


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DECLARATION

I, **Ms. Shanza Mehmood**, Registration No. **344-FSS/MSEP/F23** student of **MS** in the subject of Psychology, session **2023-2025**, hereby declare that the matter printed in the thesis titled: Impact Of Intolerance of Uncertainty and Impostorism on Anxiety among Young Adults: Moderating Effect of Psychological Flexibility and Emotional Regulation 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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THESIS COMPLETION CERTIFICATE

It is certified that the research work in this thesis entitled “IMPACT OF INTOLERANCE OF UNCERTAINTY AND IMPOSTORISM ON ANXIETY AMONG YOUNG ADULTS: MODERATING EFFECT OF PSYCHOLOGICAL FLEXIBILITY AND EMOTIONAL REGULATION” has been completed by Ms. Shanza Mehmood, Reg.no, 344-FSS/MSEP/F23 under my supervision. This thesis has sufficient material and meets prescribed standards for the award of degree in MS Educational Psychology, under Department of Psychology, International Islamic University, Islamabad, Pakistan.

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Dedication

I dedicate this work to all those brave souls embarking on the profound journey of self-discovery and healing, and those who are eager to bring positive change in the lives of others in one way or another.

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List of Abbreviations

IU	Intolerance Of Uncertainty
IP	Impostorism
PF	Psychological Flexibility
ERQ	Emotional Regulation Questionnaire
GAD	Generalized Anxiety Disorder
SPSS	Statistical Package for Social Sciences

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Abstract

This study investigated the relationship between intolerance of uncertainty and impostorism on anxiety among young adults, considering the moderating effects of psychological flexibility and emotion regulation. Convenience sampling was used to select 300 young adults, ages 18 to 30, from Pakistani universities and social media platforms. The Generalized Anxiety Disorder-7 Scale, the Acceptance and Action Questionnaire-II, the Emotion Regulation Questionnaire, the Clance Impostor Phenomenon Scale, the Intolerance of Uncertainty Scale, and others were used to gather data. Participants filled out the surveys either in person or online while following standardized instructions to ensure confidentiality, using a cross-sectional survey design. Correlation, regression, and moderation analyses were performed using PROCESS macro to evaluate the direct and combined impacts of impostorism and intolerance of uncertainty on anxiety. The results showed a strong positive correlation between anxiety, impostorism, and intolerance of uncertainty, indicating that cognitive-emotional vulnerabilities are a contributing factor to elevated anxiety. While emotional regulation by itself did not significantly mitigate the association between anxiety and intolerance of uncertainty, psychological flexibility did considerably moderate the relationship between impostorism and anxiety. However, anxiety levels were considerably lowered by the combined effects of emotional regulation and psychological flexibility. According to demographic studies, participants' anxiety levels were higher among females than males, but there were no significant differences in age or educational attainment. Ethnic group comparisons were not significant, and the only socioeconomic level differences that were significant were between lower and middle class groupings. The findings emphasize the value of emotional regulation and psychological flexibility as buffers against anxiety brought on by impostorism and intolerance for ambiguity. These results point to the necessity of culturally

aware interventions in clinical, educational, and organizational settings to support young people' resilience and mental health.

Keywords: intolerance of uncertainty, impostorism, anxiety, psychological flexibility, emotion regulation

INTRODUCTION

Introduction

Among young adults, anxiety has been one of the most common mental health issues. It has been recognized as a multifaceted psychological phenomenon that results from a confluence of cognitive, social, and biological elements. The significance of personal vulnerabilities that intensify the sensation of anxiety has been highlighted by academics in recent decades (American Psychiatric Association, 2013). According to the DSM-5-TR (American Psychiatric Association, 2022), excessive dread and behavioral abnormalities are hallmarks of anxiety disorders.

Numerous cognitive, emotional, and physical symptoms, such as ongoing worry, trouble focusing, restlessness, tense muscles, and irregular sleep patterns, might be signs of anxiety. Moderate to severe anxiety frequently interferes with everyday functioning and psychological well-being, while mild anxiety may have an adaptive role by alerting people to possible hazards and encouraging preparation (Kroenke et al., 2007). Anxiety usually ranges in severity from minimal or mild symptoms that might not be detected to severe symptoms that can seriously hinder social, academic, or professional spheres. These variances highlight the necessity of accurate and consistent evaluation techniques.

The intensity of anxiety symptoms might vary from a slight uneasiness to crippling panic. While moderate to severe anxiety can impair daily functioning, focus, and decision-making, mild anxiety may cause people to feel uneasy or worried occasionally (American Psychological Association, 2023). High anxiety levels in young adults have been associated with heightened social anxiety, job uncertainty, and academic pressure all of which worsen emotional suffering (Beiter et al., 2015). The necessity to investigate underlying psychological

vulnerabilities is highlighted by research showing that almost one in three college students suffer from clinically significant anxiety.

In recent years, there has been a notable increase in interest in comprehending the psychological difficulties that young adults encounter. Anxiety and other mental health issues have grown more common in this group, especially as a result of socioenvironmental pressures, life transitions, and future uncertainty. Increased anxiety is frequently a result of the transitional phase that comes with young adulthood, which includes changes in one's personal, professional, and educational responsibilities (Kessler et al., 2005). Maladaptive thought patterns and cognitive rigidity are two examples of cognitive and emotional variables that can increase susceptibility to anxiety disorders during this phase (Hofmann et al., 2012). Therefore, it is essential to comprehend the psychological processes that underlie anxiety in young adults because early interventions can lessen the likelihood of long-term mental health effects (Merikangas et al., 2010).

Intolerance of uncertainty (IU) has drawn the most attention among these vulnerabilities. Intolerance of uncertainty denoted a dispositional trait whereby people experienced stress and distress in situations that were unclear or ambiguous (Shah & Kumar, 2021). The dispositional inability to withstand the unpleasant reaction brought on by the perceived absence of important knowledge is known as intolerance of uncertainty. It has been identified as a core transdiagnostic factor in anxiety disorders and encompasses behavioral, emotional, and cognitive challenges when confronted with unclear consequences (Wright et al., 2017; Nekić&Mamić, 2019). Individuals with high Intolerance of uncertainty are more likely to overestimate dangers, catastrophize uncertain situations, and participate in maladaptive worry cycles. Additionally, Intolerance of uncertainty impairs behavioral flexibility, which is essential for stress management and problem-solving since it allows one to change one's beliefs or actions in response to feedback from the environment. According to

Williams et al. (2024), people with high trait Intolerance of uncertainty had reduced cognitive adaptability, which made them more prone to anxiety when faced with uncertainty.

Adding to this, intolerance of uncertainty is not just a dislike of doubt; rather, it is a psychological pattern that is marked by repeatedly negative responses to ambiguity, frequently combined with a strong demand for assurance or control. Intolerance of uncertainty is conceptually made up of three essential components:

1. Cognitive elements include unfavorable attitudes toward uncertainty and propensities to exaggerate dangers, which result in ongoing ruminating and mental obsession with "what if" situations.
2. Increased anxiety, anguish, and anticipatory worry in unknown situations are examples of emotional reactions, which are frequently out of proportion to the real threat.
3. Behavioral tendencies that may offer temporary respite but exacerbate chronic anxiety include compulsive reassurance-seeking, over-planning, procrastination, and avoiding unclear circumstances.

Early childhood experiences like overbearing parenting, exposure to unpredictably changing surroundings, or reinforcement of inflexible thought processes can all have an impact on the development of intolerance of uncertainty. People who are raised in environments where ambiguity is linked to risk or punishment may develop a heightened sensitivity to ambiguity. These emotional and cognitive tendencies may become entrenched over time, leading to a persistent inclination to perceive uncertainty as essentially dangerous.

As such, intolerance of uncertainty has a significant influence on how people see and react to problems in daily life. Individuals with higher intolerance of uncertainty are more likely to struggle with flexibility in problem-solving, change adaptation, and enduring distress amid erratic life events all of which raise susceptibility to anxiety and associated challenges.

Impostorism, which includes ongoing self-doubt and a feeling of intellectual fraudulence despite apparent accomplishment, is another significant element causing anxiety (Clance & Imes, 1978). The internalized notion that one's achievements are not the product of true skill but rather of chance, outside influences, or tricking people into thinking one is competent is known as impostorism, or the impostor phenomenon (Langford & Clance, 1993). People who have impostor syndrome are constantly afraid of being discovered as fakes, even if they have a long history of success. These emotions are frequently accompanied by a pervasive sense of inadequacy and the conviction that they have fallen short of the expectations placed upon them.

The three main elements of impostorism are usually a combination of persistent self-doubt, a propensity to blame success on outside factors rather than one's own skills, and a fear of coming across as intellectually or professionally inadequate. These people frequently feel that their achievement is fleeting and unworthy, which feeds a never-ending cycle of overcompensation and anxiety. They are prone to downplay their achievements and instead concentrate on their alleged shortcomings or shortcomings, even when they perform well or get good feedback. This internal struggle between self-doubt and external success frequently leads to severe psychological stress.

Early familial dynamics, such as inconsistent feedback, excessive praise without merit, or conditional validation dependent on performance, are among the elements that contribute to the development of impostorism. These sentiments may be strengthened by social and cultural contexts that place an emphasis on competition, perfectionism, or irrational expectations. Vulnerability to imposter beliefs is further increased by personality qualities like neuroticism, low self-esteem, and high levels of self-criticism. People may eventually absorb the idea that they must continuously demonstrate their value, which leads to worry, fatigue, and self-handicapping tendencies.

There are various ways that impostorism manifests itself, and people frequently exhibit particular patterns. The perfectionist impostor, for example, feels unworthy until their accomplishments are faultless; the expert impostor thinks they must be fully knowledgeable and competent; and the soloist impostor refrains from asking for assistance out of concern that it would expose their shortcomings. These are not strict classifications, but they show the variety of ways impostorism can appear in attitudes and actions.

Impostorism is not limited to any certain gender, background, or field, although being frequently observed among top achievers, particularly in academic or professional contexts. Impostorism can lead to long-term stress, self-imposed pressure, and a decline in psychological well-being in young adults, especially those making the move to higher education or early job responsibilities (McClain et al., 2016). These people frequently believe they don't belong in their positions, and this sense of inauthenticity makes them feel even more anxious when they have to face public acknowledgment, increased duties, or evaluations. They are caught in a vicious loop where attainment paradoxically feeds more self-doubt and exposure anxiety as they keep trying to live up to internalized and frequently unattainable expectations.

Since studies have shown that young adults were among the most vulnerable groups during lockdowns due to disrupted habits and future concerns, the COVID-19 pandemic further intensified psychological suffering within this demographic (Glowacz & Schmits, 2020). The function of intolerance of uncertainty IU across developmental stages was highlighted by studies conducted during the COVID-19 pandemic, which found that adolescents and young adults had elevated intolerance of uncertainty IU, which was then associated with increased anxiety symptoms (Okayama et al., 2024).

The Behavioral Approach, which suggested that anxiety was sustained by avoiding uncertainty, provided a theoretical framework for understanding intolerance of uncertainty IU

(Dugas et al., 2004). This viewpoint emphasized how unhealthy coping mechanisms exacerbated symptoms of anxiety. According to the behavioral perspective, anxiety results from reinforcement of avoidance behavior and learnt connections. Dugas et al. (2004) claim that those with high intolerance of uncertainty frequently shunned uncertain circumstances, which at first eased their discomfort but eventually made their anxiety worse. Avoidance developed into a maladaptive coping strategy that resulted in rigid conduct and ongoing anxiety.

Furthermore, the Psychodynamic Perspective proposed that unconscious defensive mechanisms were involved in the control of unpleasant emotions and uncertainty (Freud, 1936). When faced with perceived dangers, maladaptive coping strategies like projection or denial may keep anxiety levels high. In order to manage internal conflict, the psychodynamic approach placed a strong emphasis on unconscious processes and defense mechanisms. Impostorism may result from early relational experiences that influenced self-worth and identity, while intolerance of uncertainty's incapacity to tolerate ambiguity may be a reflection of unresolved internal issues. Chronic worry and self-doubt were caused in part by these unconscious dynamics.

To better understand the effects of impostorism and intolerance of uncertainty on anxiety, researchers have created a number of models. The Cognitive Model of Generalized Anxiety Disorder (Dugas et al., 1998), for instance, suggested that intolerance of uncertainty served as a determinant of cognitive vulnerability. People with high intolerance of uncertainty find ambiguity and unpredictability uncomfortable, which makes them see ambiguous circumstances as dangerous (Carleton, 2016). According to research, intolerance of uncertainty is especially important in cases of generalized anxiety disorder, where sufferers exhibit an increased preoccupation with ambiguous situations and worst-case scenarios (Dugas et al., 1998). In a similar vein, Clance's Impostor Phenomenon Model (Clance, 1985) described how

perfectionism and undervaluing achievement were used to sustain self-perceptions of fraudulence. Self-sabotage, burnout, and anxiety were the results of this internal struggle.

While impostorism featured self-criticism, fear of achievement, and fear of failure, intolerance of uncertainty's components included negative views about uncertainty and an overestimation of threat (Clance & Imes, 1978; Carleton et al., 2007). Individual temperament, cultural expectations, and early family dynamics were among the factors affecting these characteristics. Family dynamics (e.g., criticism, overprotection), temperament (e.g., trait anxiety, sensitivity to threat), sociocultural expectations (e.g., pressure to succeed, perfectionism), and life transitions or exposure to evaluative and uncertain environments (e.g., job interviews, exams, career instability) were important factors that influenced these psychological constructs.

Although impostorism and intolerance of uncertainty both have a major impact on anxiety, they are not independent factors. The fact that not everyone with high levels of intolerance of uncertainty or Impostorism experiences pathological anxiety suggests the need of protective psychological processes. Emotional regulation and psychological flexibility are two examples of such possible modifiers.

A fundamental element of Acceptance and Commitment Therapy (ACT), psychological flexibility is a person's capacity to remain in the moment and modify their behavior in response to demands, even when confronted with upsetting ideas and feelings (Hayes et al., 2011). It helps people avoid getting too caught up in upsetting ideas or feelings, which lessens avoidance behaviors that usually make anxiety worse. Psychological flexibility, defined as the capacity to modify one's actions and thoughts to conform to the demands of a given environment, allows people to deal with stressors without becoming inflexible or overtaken by negative thoughts (Kashdan & Rottenberg, 2010). Because flexible thinking enables more adaptive reactions to

stressful or uncertain situations, higher psychological flexibility has been linked to lower anxiety (Hayes et al., 2006). Psychological flexibility may be protective in the presence of intolerance of uncertainty and Impostorism, assisting young adults in developing more positive coping strategies to deal with uncertainty and self-doubt.

A multifaceted concept, psychological flexibility includes the ability to change one's viewpoint, put up with discomfort, and behave morally even when confronted with unpleasant internal sensations. People with high psychological flexibility are able to accept unpleasant thoughts and feelings as temporary and see them as a natural part of the human experience, rather than trying to repress or control them. Continued participation in purposeful, goal-oriented conduct is made possible by this acceptance. The Acceptance and Commitment Therapy (ACT) Hexaflex model provides the best understanding of the construct by outlining six key processes: committed action, acceptance, self-as-context, cognitive diffusion, present-moment awareness, and values clarification (Hayes et al., 2006; Harris, 2019). These interconnected processes promote mindfulness, openness to new experiences, and conduct that is consistent with one's values, all of which enhance psychological resilience and emotional control.

The importance of psychological flexibility in mental health outcomes is further supported by recent empirical research. Gloster et al. (2017), for instance, discovered that psychological flexibility was a strong predictor of reduced anxiety and sadness across a variety of clinical and non-clinical populations. Similarly, even after adjusting for other cognitive factors, Rogge et al. (2019) showed that flexibility was linked to better emotion regulation and less psychological discomfort. According to Levin et al. (2014), adaptive functioning is improved and experience avoidance, a strategy closely associated with anxiety disorders is decreased when people are able to be present and non-reactive in stressful situations. Psychological flexibility acts as a protective buffer against cognitive vulnerabilities like

Impostorism and intolerance of uncertainty. More flexible people are more likely to face uncertainty and personal difficulties with openness and self-compassion rather than being overtaken by inflexible ideas or self-critical thought patterns. Particularly for young adults juggling interpersonal, professional, or academic stressors, this capacity to decanter from upsetting internal sensations promotes self-efficacy, facilitates more constructive coping, and lessens the risk of anxiety spirals.

The techniques people employ to control their emotional experiences, especially their intensity and expression, are referred to as emotion regulation (Gross & John, 2003). Adaptive emotion control techniques can reduce anxiety, recast upsetting thoughts, and lessen emotional reactivity, particularly cognitive reappraisal. Another important component that influences mental health outcomes is emotional regulation, which includes controlling emotional experiences and expressions. People might reinterpret unpleasant or anxiety-inducing experiences in a less upsetting way by using effective emotional management techniques like cognitive reappraisal (Aldan et al., 2010). This ability can lessen the emotional effect of unsure or self-critical thoughts, which can assist people with high intolerance of uncertainty IU or impostorism, handle the anxiety that goes along with it. Significant cohort data revealed that while emotion management issues affected the intolerance of uncertainty and anxiety association during stressful situations (Godara et al., 2023), flexibility offered a stronger buffer against anxiety in adults than in adolescents (Okayama et al., 2024).

The internal and external processes that go into tracking, assessing, and adjusting emotional responses to meet objectives or adjust to demands from the environment are collectively referred to as emotion regulation. It includes automatic and intentional strategies to affect the kind, degree, duration, and manifestation of emotions. Enhancing, sustaining, or rerouting emotional reactions are only a few of the many strategies that make up emotion regulation, which is not just about repressing feelings. Because they influence how people

perceive and react to emotionally charged events, these strategies are essential to psychological resilience and functioning. While deficiencies in emotion regulation are associated with increased susceptibility to anxiety, depression, and emotional dysregulation, effective regulation allows people to handle distress without becoming overwhelmed.

Two major forms of emotion control techniques have been distinguished by researchers, especially James Gross and associates: antecedent-focused and response-focused. Using antecedent-focused techniques, like cognitive reappraisal, entails changing one's perspective of a circumstance before the emotional reaction is completely triggered. Positive mental health results, such as decreased anxiety and enhanced emotional clarity, have been repeatedly associated with this proactive strategy. Response-focused tactics, such as expressive suppression, on the other hand, are utilized after an emotional reaction has already surfaced and frequently entail preventing emotional expression in public. Suppression is widely seen as a maladaptive technique since it is linked to higher physiological stress, memory impairment, and worse psychological results, even if it may provide short-term control. The selection and consistent application of emotion management techniques greatly influences a person's emotional health and ability to handle day-to-day difficulties.

Numerous individual, developmental, and contextual factors impact the control of emotions. The chance of using adaptive versus maladaptive techniques can be influenced by personality factors like neuroticism or conscientiousness. The development of these abilities is also influenced by early experiences, attachment type, and parental modeling of emotion management. People frequently become increasingly adept at using sophisticated regulation techniques like reappraisal or mindfulness as their brain's regulatory mechanisms develop, particularly during adolescence and the early stages of adulthood. However, those who experience trauma, ongoing stress, or unstable surroundings may grow up to have rigid or

maladaptive regulation habits, which increase their vulnerability to anxiety and emotional reactivity.

Emotional regulation plays a crucial role when psychological vulnerabilities like intolerance of uncertainty and impostorism are present. These characteristics frequently set off strong emotional reactions, including shame, dread, or feelings of inadequacy, which, if unchecked, can develop into persistent worry. By rephrasing cognitive distortions, lowering physiological arousal, and preserving emotional equilibrium, adaptive regulation techniques help people better negotiate such interior experiences. On the other hand, by heightening emotional reactions and reinforcing negative interpretations, emotional regulation issues may worsen the psychological effects of IU and imposter syndrome. Therefore, emotion regulation is a key mechanism that can either mitigate or increase the impact of other psychological risk factors on mental health, rather than just being a coping strategy.

Although intolerance of uncertainty IU, impostorism, and anxiety are known to be related, there aren't many thorough models that look at all three factors at once. Additionally, little is known about the moderating roles of psychological flexibility and emotion regulation in the context of young adults. In order to close that gap, this study will look into the effect of impostorism and intolerance of uncertainty on young people' anxiety levels and the moderating effects of emotional control and psychological adaptability on these connections.

This study expands on current behavioral and psychodynamic theory models as well as new empirical discoveries in cognitive-emotional studies. Finding moderating factors that can lessen the effects of anxiety creates opportunities for more successful mental health treatments, enabling young adults to develop resilience and deal with the difficulties of contemporary life with more psychological resources.

Although psychological flexibility and emotion regulation are related constructs, they represent theoretically distinct mechanisms. Psychological flexibility, rooted in Acceptance and Commitment Therapy (ACT), reflects an individual's ability to remain present and committed to value-driven behavior despite distress, whereas emotion regulation focuses on specific strategies used to manage emotional responses. Examining both constructs as moderators allows for a more nuanced understanding of how broad adaptive functioning (psychological flexibility) and specific emotional strategies (emotion regulation) jointly buffer the impact of intolerance of uncertainty and impostorism on anxiety, particularly in collectivistic cultural contexts such as Pakistan.

Theoretical Framework

Psychodynamic Theory (Freud, 1923).

According to Sigmund Freud's (1923) psychodynamic theory, human conduct is primarily shaped by unconscious motivations and internal tensions that stem from early life experiences. The id, ego, and superego make form the structural model of the psyche that Freud introduced. This concept holds that anxiety arises from unconscious conflicts between these elements, especially when the ego uses defense mechanisms to control socially unacceptable urges from the id that threaten to reach consciousness (Freud, 1923).

Psychodynamic theory describes these experiences as expressions of unresolved internal conflicts and early developmental disorders in the setting of impostorism and intolerance of ambiguity. People with a harsh superego, for example, which is frequently the result of severe parenting, may internalize feelings of inadequacy and fear of being seen, which is consistent with imposter phenomena. In a similar vein, childhood experiences that linked uncertainty to punishment or turmoil may cause an adult to become intolerably intolerant of it.

The resulting anxiety may then be managed by defense strategies like denial or suppression, which reinforces perfectionist and avoidance tendencies.

Freud's theories are extended by contemporary psychodynamic theorists, who contend that impostor syndrome may be a reflection of unconscious anxieties of not being worthy of success or love, which are frequently caused by early relationship trauma or inconsistent parenting (Blat & Zuroff, 2005). Adult anxiety and self-perception are still influenced by these internal tensions.

On the basis of this, anxiety in young adults can be viewed psychodynamically as a sign of ego dysfunction, in which the ego is unable to successfully balance the demands of the external world, the moralistic pressures of the superego, and the illogical demands of the id. In the face of uncertain or unpredictable circumstances, intolerance for ambiguity frequently develops as a protective mechanism against ego splitting. The person uses strict control techniques to reduce uncertainty since they were unable to build up enough ego strength throughout their early developmental stages, which ironically makes them more anxious (McWilliams, 2011).

By Psychodynamic point of view, impostorism can also be interpreted as the outcome of introjected negative self-representations, or internalized signals from early caregivers that the person is a fraud or unworthy. Chronic self-doubt and feelings of fraudulence are caused by these unconscious images, especially when the person achieves success or receives acclaim. In these situations, anxiety may be triggered by unconscious guilt and fear of exposure. This anxiety is then defended against by intellectualization, repression of positive input, or overcompensation (e.g., perfectionism or overachievement) (Kets de Vries, 2005).

From a psychodynamic perspective, psychological flexibility represents the ego's adaptive ability to reconcile opposing emotions or impulses, accept ambiguity, and tolerate

internal conflict. A unified ego structure that can handle stress without turning to inflexible defense mechanisms is more common in people with greater psychological flexibility. On the other hand, people who lack psychological flexibility could display neurotic traits based on unresolved childhood difficulties and unconscious concerns, such as obsessive activities, black-and-white thinking, and persistent self-monitoring (Eagle, 2011). Both impostorism and intolerance for uncertainty are defended against in ways that exacerbate anxiety, and this rigidity can exacerbate these feelings.

Disruptions in early attachment relationships, which serve as the foundation for affective self-regulation, can also be linked to issues with emotional regulation. While inconsistent or rejecting caregivers result in fragile internal representations of one and others, consistent and responsive care giving promotes internalized self-soothing capacities, according to object relations theory, a subfield of psychodynamic theory. These people could find it difficult to control their emotions and turn to maladaptive coping mechanisms such as dissociation, somatization, or projection. Despite their short-term protectiveness, these defenses impair long-term emotional control and exacerbate symptoms of persistent anxiety (Fonagy & Target, 2006).

Behavioral Theory (Skinner, 1953)

According to behavioral theory, which was created by B.F. Skinner in 1953, behavior is taught and sustained by the use of rewards and penalties. It is believed that anxiety and associated psychological disorders are learned reactions to external stimuli. According to this viewpoint, operant and classical conditioning processes can be used to explain both impostorism and intolerance of uncertainty.

For instance, children who are praised primarily for their extraordinary performance or perfection may grow up to equate acceptance with success, which makes them feel like

imposters if they feel like they are not measuring up. Similarly, a brief decrease in anxiety reinforces avoidance behavior in response to ambiguous or unclear situations, perpetuating an intolerance of ambiguity over time.

Through the lenses of operant conditioning, which reinforces avoidance, and classical conditioning, which links neutral stimuli to fear, Mowrer's two-factor theory provides an additional explanation for anxiety. According to this framework, avoiding ambiguous circumstances reinforces worry and intolerance of uncertainty IU by preventing the chance for perceived dangers to be disconfirmed.

This theoretical framework serves as the foundation for behavioral therapies like behavioral activation and exposure therapy, which seek to eliminate maladaptive avoidance reactions in order to increase anxiety reduction and tolerance for uncertainty.

People may have learnt to repress indicators of confidence or self-assurance in the setting of impostorism because of prior experiences when such actions were penalized (e.g., through social rejection, ridicule, or comparison with high standards). Because of this, self-doubt develops into a conditioned reaction to achievement, with sentiments of dishonesty being adversely reinforced by momentary respite from pressure to perform or fear of being "found out." These tendencies have the potential to develop into trait-like impostor beliefs over time, especially if the responses are often reinforced by outside approval or failure avoidance (Want & Kleitman, 2006).

Similarly, recurrent reinforcement of avoidance behaviors can sustain intolerance for uncertainty. A person's anxiety is temporarily reduced when they steer clear of unclear tasks or choices. The avoidance behavior is strengthened by this relief, which serves as a negative reinforcer. According to Dugas et al. (2005), this conduct eventually generalizes across situations, resulting in less psychological flexibility, greater rigidity, and heightened anxiety

sensitivity. This lack of adaptability can be viewed from a behavioral perspective as an inability to apply adaptive coping mechanisms to new or difficult circumstances.

From a behavioral perspective, emotional regulation issues are caused by maladaptive coping mechanisms that have been learned. For instance, people may learn to repress or completely avoid expressing their feelings if doing so as children resulted in punishment or invalidation. Over time, this avoidance is strengthened and turns into a dominant regulating technique that impairs adult emotional awareness and tolerance. According to Berking and Wupperman (2012), suppression and escape behaviors are negatively reinforced tactics that temporarily lessen emotional distress but eventually lead to psychological rigidity and increased anxiety.

Skinner's ideas are expanded upon by contemporary behavioral frameworks like Acceptance and Commitment Therapy (ACT), which highlights the part experiential avoidance, has in sustaining psychological discomfort. According to ACT, inflexible rule-governed behavior and a lack of awareness of present-moment feelings are what drive behaviors like avoiding uncertainty or rejecting personal success (as in impostorism). By encouraging adaptive behavioral repertoires in the face of uncertainty and self-doubt, increasing psychological flexibility through mindfulness, acceptance, and value-driven action helps break these conditioned behaviors and lowers anxiety (Hayes, Strosahl, & Wilson, 2012).

Self-Discrepancy Theory (Higgins, 1987).

According to the Self-Discrepancy Theory (Higgins, 1987), people have three different self-representations: the ought self (qualities one feels they should have), the ideal self (qualities one would like to have), and the actual self (qualities one believes they possess). It is theorized that emotional vulnerabilities arise from differences between these selves:

differences between the actual and ought selves cause anxiety and self-criticism, while differences between the real and ideal selves cause feelings of dejection and disappointment.

When it comes to impostorism, this notion is especially pertinent. There is frequently a noticeable discrepancy between the ideal or ought self and the actual self for many people who suffer from impostor syndrome. They believe they fall short of the internalized norms of competence and worthiness despite their apparent success, which causes them to constantly doubt themselves and worry about being discovered as frauds. Anxiety is further exacerbated by these self-discrepancies, particularly in settings that emphasize achievement, like colleges or the job.

Higgins' theory also clarifies why impostorism can endure in spite of external validation: because the person's internal standards are strict and perfectionistic, success on the outside doesn't address internal self-discrepancies, which keeps anxiety and impostor syndrome alive.

Furthermore, because unclear or ambiguous situations make it difficult for them to control outcomes and achieve internal norms, those with a high intolerance for uncertainty may exhibit heightened sensitivity to self-discrepancies. They could get more anxious when confronted with ambiguity because they don't know if their true selves will fulfill their "ought" responsibilities or "ideal" goals. This increases psychological turmoil, particularly when high performance or ambiguous decision-making is required, as worries of inadequacy and uncertainty come together (Carleton et al., 2012). The constant effort to lessen these differences can result in rumination, emotional weariness, and hypervigilance qualities shared by impostorism and anxiety.

Emotional control is another area where Self-Discrepancy Theory has consequences. Suppression, self-criticism, and avoiding performance-related feedback are examples of

maladaptive regulating methods used by people who are persistently aware of a disconnect between their actual and ideal/ought selves. These behaviors all impair emotional processing. As the individual becomes inflexibly concentrated on "shoulds" and "musts" rather than reacting adaptively to their surroundings, these reactions not only increase anxiety but also demonstrate low psychological flexibility (Kelly et al., 2015). People can become stuck in cycles of self-blame and emotional dysregulation if they are unable to recognize or reconcile these differences.

Furthermore, the impact of self-discrepancies on mental health is moderated by psychological flexibility. More adaptable people are more likely to admit their flaws without being bogged down by them. They are more adept at practicing self-compassion, holding their ideal and real selves concurrently, and reinterpreting differences as chances for progress rather than setbacks (Neff & Germer, 2013). Those who lack flexibility, on the other hand, would see any departure from their "ideal" as proof of insufficiency, which would increase anxiety and reinforce impostor syndrome.

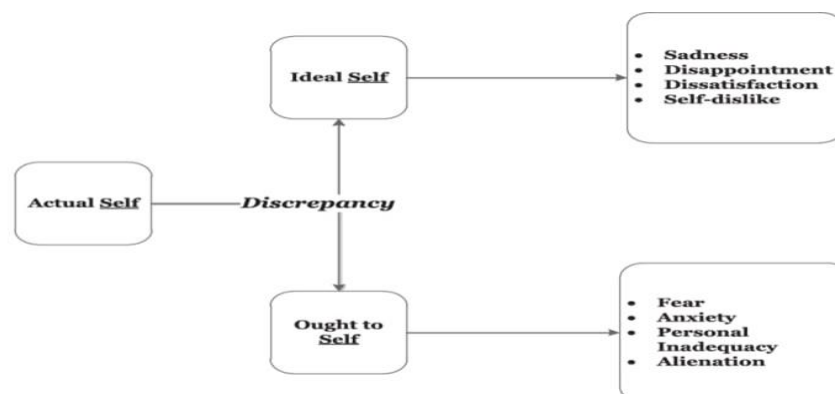


Figure 1

Self Discrepancy theory Diagram

Models

Cognitive Model of Anxiety (Beck, 1976)

Aaron Beck's 1976 Cognitive Model of Anxiety places a strong emphasis on how negative thought patterns and skewed cognitive assessments contribute to the emergence and maintenance of anxiety disorders. This model suggests that people who suffer from anxiety often exaggerate risks, underestimate their capacity for coping, and engage in maladaptive cognitive processes such as selective attention to danger cues and catastrophizing.

Uncertainty intolerance fits in well with this concept. People with high Uncertainty intolerance are more prone to overestimate the likelihood of bad outcomes and may view unclear or unfamiliar circumstances as dangerous. This results in avoidance behaviors, undue concern, and increased alertness. The part that basic beliefs are long-held presumptions about oneself and the outside world play in perpetuating anxiety is also taken into consideration by Beck's approach. For example, someone who thinks "If I'm not perfect, I'll be rejected" would view small setbacks as disastrous, which would exacerbate anxiety and thoughts of impostor syndrome.

Derived on this model, cognitive-behavioral therapy (CBT) aims to recognize and alter maladaptive attitudes and beliefs, assisting people in creating more realistic assessments and coping mechanisms. By questioning the veracity of catastrophic predictions and fostering greater cognitive flexibility, this is especially useful for lowering intolerance of uncertainty IU and Impostorism.

The model also describes how automatic thoughts, which are impulsive and frequently illogical interpretations of events, cause physiological and emotional reactions. Automatic thoughts like "I don't belong here" or "I fooled everyone" reinforce maladaptive schemas associated with failure and incompetence in people who suffer from Impostorism. By

encouraging a hyper-alert mental state, these thoughts exacerbate anxiety, especially in high-performance or evaluative situations like tests or work environments (Beck & Clark, 1997).

Additionally, Beck's model emphasizes how emotional dysregulation is exacerbated by selective attention to perceived failures and cognitive distortions such as all-or-nothing thinking.

People with high IU, for instance, would consider uncertainty as fundamentally bad and uncontrollable, which could result in excessive concern, reassurance-seeking, and strict decision-making. By fostering a cycle of anticipatory worry and avoidance, these tendencies hinder emotional regulation and reduce possibilities for resilience-building or remedial learning (Clark & Beck, 2010).

Additionally, the paradigm explains limited psychological flexibility in terms of cognition. People who have strong core beliefs and habitual negative thoughts are less likely to change their ways of thinking or acting when their surroundings change. High levels of impostorism and intolerance of uncertainty IU are frequently accompanied by avoidance behavior, self-doubt, and continuous worry, all of which are exacerbated by this rigidity.

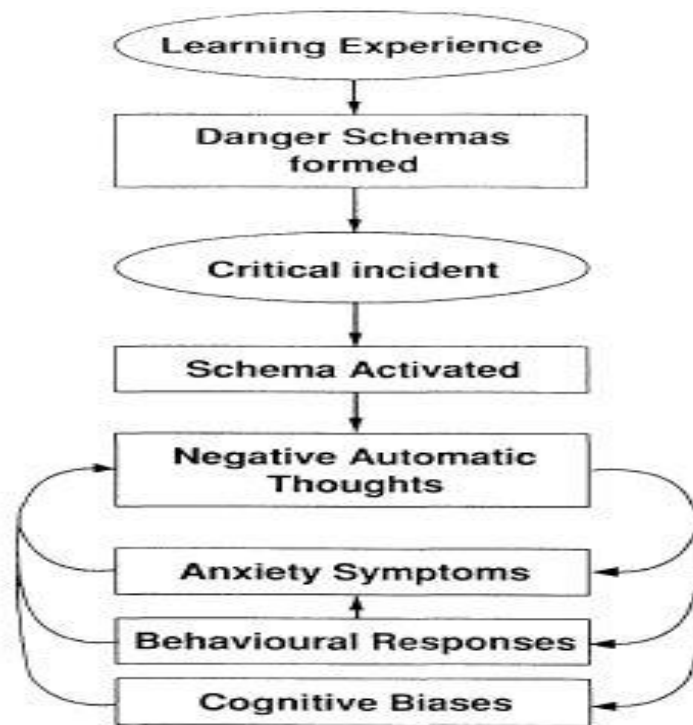


Figure 2

Cognitive Model of Anxiety

ACT Hexaflex Model (Hayes et al., 1999)

Hayes et al. (1999) created the Acceptance and Commitment Therapy (ACT) Hexaflex Model, which offers a thorough framework for comprehending psychological flexibility. Cognitive diffusion, acceptance, touch with the present, self-as-context, values, and committed action are the six interconnected processes that make up the model. These mechanisms allow people to react to internal experiences (such as memories, feelings, and ideas) in ways that are adaptive and in line with their own ideals.

A protective factor against anxiety and emotional dysregulation is psychological flexibility, which is the capacity to be present, be open to experiences, and act in a way that is motivated by values. Particularly when intolerance of uncertainty IU or Impostorism is present,

those with low psychological flexibility are more prone to inflexible thinking and sensory avoidance, both of which are linked to increased anxiety (Kashdan & Rottenberg, 2010).

By encouraging people to accept unpleasant ideas and sensations instead of attempting to control or avoid them, ACT programs seek to enhance psychological flexibility. For example, in order to continue doing worthwhile academic or professional work, someone who feels like an impostor can learn to embrace self-doubt. This fosters resilience and lessens the negative effects of IU and impostorism on anxiety.

In order to combat the emotional and cognitive tendencies present in people with IU, anxiety, and impostorism, each of the six ACT stages has a distinct function. Cognitive diffusion enables people to see thoughts as fleeting mental occurrences rather than facts by assisting them in separating from inflexible ideas like "I'm not good enough." Acceptance reduces experiential avoidance, a major cause of anxiety, by promoting the desire to feel discomfort rather than avoiding or repressing it (Hayes et al., 2006).

Connection with the present moment combats the propensity to dwell on previous failures (common in impostorism) or worry excessively about future uncertainty (common in IU). Over-identification with negative self-concepts (e.g., "I am a fraud") is weakened by self-as-context, or viewing the self from a nonjudgmental perspective. In the meantime, despite internal anxieties or self-doubt, people are inspired to strive toward meaningful goals by values clarification and committed action, which provide motivation and meaning (Luoma et al., 2007).

The objectives of lessening the detrimental effects of IU and impostorism are well-aligned with ACT's emphasis on flexible responding as opposed to symptom removal. According to research, ACT is effective in boosting emotional control, reducing anxiety, and

increasing psychological flexibility, particularly in young adults who are struggling with performance stress connected to their careers or academics (Twohig & Levin, 2017).

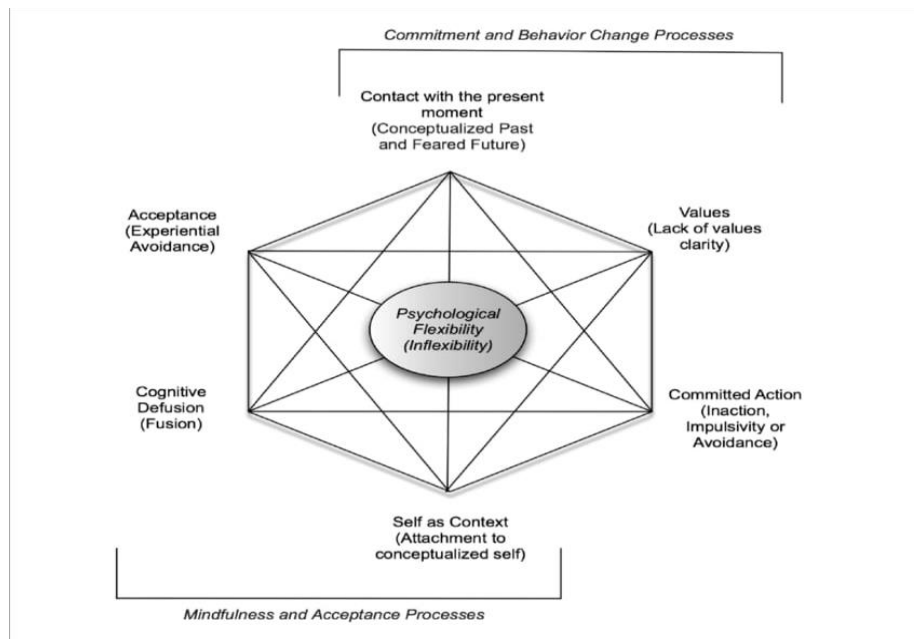


Figure 3

ACT Hexaflex Model

Literature Review

In recent years, scholars have paid more attention to the interaction between psychological concepts including impostorism, anxiety, psychological flexibility, emotional regulation, and intolerance of uncertainty. Particularly vulnerable to the impacts of these psychological factors is young adulthood, a developmental time characterized by identity construction, changes in academic and professional paths, and changing social positions. Prior research has shown that, especially in high-demand settings like higher education, an inability to handle ambiguity can intensify stress reactions, worsen thoughts of imposter syndrome, and lead to increased anxiety symptoms. On the other hand, it has been demonstrated that adaptive abilities including psychological adaptability and skillful emotional control mitigate these

impacts, fostering resilience and mental health. The review that follows summarizes theoretical viewpoints and empirical data pertinent to these dimensions, critically analyzing how they relate to one another and pointing out gaps in the literature that this study attempts to fill.

The present investigation is grounded in a number of complimentary theoretical stances that clarify the connections among the variables under investigation. According to the Psychodynamic Theory, anxiety and self-perceptions can be influenced by unconscious tensions and early relational experiences, which might shed light on the developmental causes of impostorism. Behavioral Theory highlights how maladaptive coping mechanisms, like avoidance behaviors associated with intolerance of uncertainty, are shaped by learnt responses and reinforcement patterns. The Cognitive Model of Anxiety emphasizes how threat-based cognitive assessments and skewed thought patterns contribute to the persistence of anxiety symptoms. A framework for comprehending how discrepancies between one's actual, ideal, and ought selves can intensify mental suffering and create experiences of imposter syndrome is provided by the Self-Discrepancy Theory. Lastly, the Acceptance and Commitment Therapy (ACT) Hexaflex Model describes how improving psychological flexibility can lessen the negative consequences of anxiety and encourage adaptive functioning. This is achieved through acceptance, mindfulness, and value-based action. When taken as a whole, these frameworks offer a comprehensive perspective for analyzing current research and placing it inside a strong conceptual framework.

Intolerance of Uncertainty and Its Role in Anxiety

A dispositional trait known as intolerance of uncertainty (IU) causes people to react negatively to unclear circumstances and occurrences, regardless of their likelihood or significance (Buhr & Dugas, 2002). People with high Intolerance of uncertainty view uncertain situations as frightening and distressing, which makes them more worried, avoidant, and

anxious. Among psychology research, this concept has drawn a lot of interest since it is relevant to the emergence and maintenance of anxiety disorders, particularly among emerging adults who frequently experience erratic changes in their identities, relationships, and careers. This is consistent with cognitive-behavioral viewpoints, which stress that people with cognitive vulnerabilities like Intolerance of uncertainty are more likely to experience elevated anxiety during life transitions. Examining Intolerance of uncertainty in conjunction with impostorism may help to elucidate their combined effect on anxiety, as these transitions are common in emerging adulthood.

Intolerance of uncertainty was first identified as a central cognitive vulnerability in cognitive-behavioral models of worry and generalized anxiety disorder (Dugas et al., 1998). According to these concepts, excessive anxiety is a maladaptive coping mechanism used by those who find uncertainty intolerable because they tend to overestimate the hazard of unclear situations. According to Dugas and Robichaud (2007), Intolerance of uncertainty is a crucial area of focus for both assessment and treatments because it is not just a symptom but also a contributing factor to anxiety disorders.

The substantial correlation between anxiety symptoms and Intolerance of uncertainty is supported by recent empirical findings. In both clinical and non-clinical populations, Mahoney and McEvoy (2012) showed that Intolerance of uncertainty was a significant predictor of worry and symptoms of anxiety. Similarly, a longitudinal study by Carleton et al. (2014) supported the idea that Intolerance of uncertainty is a susceptibility factor by showing that elevated baseline Intolerance of uncertainty levels predicted increases in anxiety symptoms over time. All of these results point to Intolerance of uncertainty's role in both the development and maintenance of anxiety symptoms, highlighting its applicability to treatments aimed at young adults.

When it comes to young adults, Intolerance of uncertainty is especially damaging. According to Lauriola et al. (2016), test anxiety, social anxiety, and generalized worry were all more prevalent in college students with high Intolerance of uncertainty. Because they are uncomfortable with ambiguity, these pupils may procrastinate, seek out extra reassurance, or indulge in avoidance activities. Anxiety connected to Intolerance of uncertainty can be exacerbated by the transition to adulthood, which is marked by ambiguous career options, unstable finances, and shifting social responsibilities.

Additionally, Intolerance of uncertainty exacerbates anxiety consequences by interacting with other psychological factors. For instance, those who feel unable to handle ambiguous expectations and have both high Intolerance of uncertainty and low self-efficacy frequently suffer from compounded stress (Ramos et al., 2021). Furthermore, Intolerance of uncertainty has been connected to maladaptive perfectionism, which is characterized by an unwillingness to accept ambiguity and imperfection and leads to long-term distress and discontent (Shihata et al., 2016). This study looks at psychological flexibility and emotion control as possible buffers that may lessen such harmful behaviors.

Over the past five years, an increasing amount of research has examined the emotional and neurocognitive implications of Intolerance of uncertainty. Using neuroimaging methods, Morriss et al. (2019) shown that elevated Intolerance of uncertainty is linked to increased insula and amygdala activity in response to uncertain stimuli, indicating a higher brain sensitivity to uncertainty. These results lend credence to the notion that Intolerance of uncertainty entails a physiological hyper-responsiveness to ambiguity in addition to cognitive distress.

Additionally, cross-cultural research has demonstrated the universality and diversity of Intolerance of uncertainty. In a study of Turkish university students, Kadir and Ergin (2020) discovered that Intolerance of uncertainty substantially predicted anxiety and avoidance

behaviors in a number of areas, such as interpersonal relationships and academic achievement. In a similar vein, Zhang et al. (2022) investigated Intolerance of uncertainty in Chinese teenagers and found a high correlation with depressive symptoms and stress connected to school.

The importance of Intolerance of uncertainty in contemporary psychological circumstances was further shown by the COVID-19 epidemic. Bakioğlu, Korkmaz, and Ercan (2021) discovered that Intolerance of uncertainty was a strong predictor of compulsive safety behaviors and pandemic-related anxiety during the peak of the pandemic. Those with high Intolerance of uncertainty had increased worry due to economic instability, academic delays, and the unpredictable nature of health consequences. Because of this, many medical professionals now support IU as a target for therapeutic interventions including Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT), which help clients reduce avoidance and face uncertainty with mindfulness (Boswell et al., 2013).

Crucially, new research has investigated the relationship between Intolerance of uncertainty and psychological flexibility and emotion control. According to Korte et al. (2020), those with high Intolerance of uncertainty but great psychological flexibility had noticeably reduced anxiety levels, which may indicate that adaptive coping mechanisms can mitigate the harmful effects of Intolerance of uncertainty. In order to enhance results, Freeston et al. (2020) emphasized the significance of integrating emotion management strategies with IU-targeted therapies.

A transdiagnostic risk factor for anxiety-related illnesses is intolerance of uncertainty (IU), which is becoming better acknowledged. Numerous researchers have looked at how young adults' psychological discomfort is exacerbated in Pakistan by uncertainty about their academic success, employment opportunities, and sociopolitical instability. For example,

because future career uncertainty was viewed as a continuous stressor, Mahboob and Sultana (2020) discovered that Pakistani university students with higher intolerance of uncertainty scores were noticeably more likely to experience generalized anxiety symptoms. This supports Carleton's (2016) theory that intolerance of uncertainty is a dispositional trait that makes people more likely to perceive ambiguous circumstances as dangerous, which heightens their susceptibility to anxiety.

Shahzad and Malik (2014) found a positive correlation between Intolerance of uncertainty and exam anxiety as well as generalized anxiety in Lahore undergraduate students, which lends more credence to this theory. According to their study, academic uncertainty and pressure to live up to family expectations caused young individuals in competitive educational environments to have increased Intolerance of uncertainty. This is consistent with Barlow's (2000) emotional theory of anxiety, which emphasizes that a key factor in the emergence of anxiety disorders is maladaptive reactions to uncertainty.

In an additional study, Sarwar and Aslam (2019) looked at Intolerance of uncertainty in Pakistani medical students and found that those with high Intolerance of uncertainty not only expressed more anxiety but also used avoidant coping mechanisms including withdrawal and procrastination. This pattern is consistent with the avoidance model of Intolerance of uncertainty put out by Dugas et al. (2004), according to which avoidance behaviors are triggered by uncertainty and sustain uneasiness over time. Intriguingly, the authors observed that female students exhibited stronger correlations between Intolerance of uncertainty and anxiety, which reflects gendered sociocultural dynamics in Pakistan, where women are frequently subjected to more pressure in relation to uncertainty in their academic and professional lives.

Lastly, recent studies have demonstrated how Pakistani youth's intolerance of uncertainty is exacerbated by macro-level sociopolitical uncertainty. According to Jahan and Zeb (2021), a culture of chronic uncertainty is fostered by extended exposure to political upheaval, economic volatility, and poor job security. According to their findings, Pakistani young adults' intolerance of ambiguity is a socially constructed feature that reflects both structural realities and personal weaknesses. Since intolerance for ambiguity is exacerbated by both systemic and individual causes, Intolerance of uncertainty thus becomes a crucial concept for comprehending anxiety among young Pakistanis.

To sum up, intolerance for ambiguity is a strong and reliable indicator of anxiety, especially in emerging adults. It is an essential part of mental health study because of its interplay with other psychological weaknesses like impostorism and poor emotional regulation. Reducing anxiety and improving resilience during important life transitions can be achieved by addressing Intolerance of uncertainty with evidence-based therapies and encouraging adaptive coping strategies.

Impostorism and Anxiety

Clance and Imes (1978) first characterized impostorism as a psychological phenomena in which people, especially high achievers, retain enduring concerns about their skills and dread being exposed as intellectual frauds despite outward signs of ability. Particularly for young individuals juggling identity development, academic pressure, and future uncertainty, these internal experiences can cause serious psychological discomfort (Sakulku& Alexander, 2011). Like Intolerance of uncertainty, impostorism increases the sense of threat in unclear circumstances, which may exacerbate anxiety when both characteristics are present.

According to recent research, impostorism is a cognitive-affective experience with real psychological repercussions rather than just a personality feature. Bravata et al. (2020) did a

meta-analysis of 62 papers and discovered a constant correlation between impostorism and mental health issues, specifically depression and anxiety. An increased sense of internal self-criticism and an overestimation of external judgment are the root causes of the anxiety associated with impostorism, which results in long-term stress and emotional weariness (Villwock et al., 2016).

Impostorism is becoming more common among emerging adults, especially college students and those in their early careers, according to recent studies. Cokley et al. (2018) found that among minority college students, imposter sentiments are substantially connected with both academic stress and generalized anxiety disorder, with self-esteem serving as a partial mediator. Furthermore, impostorism is a predictor of trait anxiety and cognitive worry, two key characteristics of anxiety disorders, according to Ferrari et al. (2020).

Jiang et al. (2023) conducted a more current longitudinal study that looked at university students' anxiety and imposter syndrome over the course of a semester. Their results supported the causal link between imposter sentiments and emotional suffering by showing that impostorism not only predicted baseline anxiety but also caused anxiety to rise with time. The universality of this phenomena was further highlighted by Williams et al. (2024), who carried out a cross-cultural study in four different nations and discovered that impostorism was a strong predictor of both state and trait anxiety, independent of gender or academic achievement. These cross-cultural and longitudinal findings complement earlier work by Cokley et al. (2018) and Ferrari et al. (2020), showing that impostorism not only co-occurs with anxiety but may also contribute to its escalation over time.

Gender disparities have also been examined in relation to impostorism. According to studies by Kumar & Jagacinski (2006) and Peteet et al. (2015), female students are more likely than male students to feel like imposters, which exacerbate academic anxiety and lowers self-

efficacy. Gender disparities, however, may be more complex, impacted by parenting practices, cultural expectations, and internalized social norms, according to more recent research like Rezaei et al. (2022).

Additionally, impostorism is associated with perfectionism and a fear of failing, two traits that worsen anxiety symptoms. The mediating role of perfectionist concerns was examined by Thompson et al. (2021), who discovered that perfectionism-related mechanisms increased anxiety in people with strong imposter inclinations. According to the same study, these perfectionist ideas frequently result in procrastination and avoidance behaviors, which exacerbate anxiety and lower academic achievement. The necessity to investigate moderating elements that could break this loop, like psychological flexibility and emotion control, is highlighted by these perfectionism-related mechanisms.

In this case, the developmental backdrop of emerging adulthood is particularly pertinent. Erikson's theory of psychosocial development states that people in this stage have difficulty forming their identities, and outside pressure to do well in school and the workplace may exacerbate symptoms of imposter syndrome. Impostorism in emerging adults can lead to a vicious cycle of worry, self-doubt, and overachievement (Parkman, 2016).

In Pakistan, impostorism is often conceived within the paradigm of the imposter phenomenon proposed by Clance and Imes in 1978 has drawn a lot of attention as a potential explanation for the anxiety that high-achieving students feel. According to a 2019 study by Khan and Ali, university students in Islamabad who had strong imposter beliefs also displayed greater levels of anxiety and depression symptoms. As a reflection of the cognitive distortions described in attribution theory, students with imposter tendencies questioned their academic skills and attributed their achievement to luck rather than skill (Weiner, 1985).

Expanding on these results, Shafique et al. (2020) investigated impostorism among Pakistani postgraduate students and discovered that women pursuing higher education had very strong impostor sentiments. The authors attributed this to societal norms, which frequently subject women to the competing pressures of traditional gender roles and academic performance. In line with Bandura's (1997) self-efficacy theory, which highlights that impostor-like experiences are caused by poor self-efficacy beliefs, these pressures exacerbated feelings of inadequacy and increased anxiety.

Furthermore, Tariq and Tariq (2019) showed that perfectionism and failure-related fear were strongly linked to impostorism among Pakistani young adults. Strong imposter syndrome students were constantly trying to prove themselves, which led to maladaptive perfectionism and increased anxiety. Psychodynamic explanations of impostorism, which see it as stemming from early experiences of conditional validation and rejection anxiety, are consistent with this pattern.

The professional ramifications of impostorism among Pakistani medical interns were recently brought to light by a study by Iqbal and Aftab (2022), which demonstrated that impostor sentiments were predictive of high levels of stress, burnout, and poor self-care practices. Their results highlight the fact that impostorism affects long-term well-being and vocational functioning and is not limited to academic worry. When combined, these researches show how impostorism is relevant to Pakistani young people and how it interacts with perfectionistic tendencies, self-efficacy beliefs, and societal standards.

All things considered, there is strong evidence in the literature that impostorism plays a major role in anxiety in young people, with characteristics including perfectionism, low self-esteem, fear of failure, and gender-based expectations acting as mediators. Addressing the influence of this psychological construct is essential to comprehending emerging adults'

emotional well-being as it becomes increasingly apparent in academic and professional contexts.

Anxiety in Emerging Adults

Among emerging adults, a developmental stage that generally corresponds to late teens to the mid-to-late twenties, anxiety is a common and increasingly acknowledged mental health issue (Arnett, 2000). Significant changes including starting college, developing one's identity, starting a profession, and adjusting to new social responsibilities occur at this time, which might make people more psychologically vulnerable. This age group is especially prone to generalized anxiety disorder (GAD), which is typified by excessive and ongoing worry. It frequently co-occurs with other emotional difficulties such as impostorism and intolerance for uncertainty (Spitzer et al., 2006).

Individuals aged 18–21 years represent the early phase of emerging adulthood, typically marked by transition from adolescence to independent academic and social roles. This stage involves entry into higher education, separation from family structures, identity exploration, and increased exposure to uncertainty regarding academic competence and self-worth. Research indicates that early emerging adults experience heightened intolerance of uncertainty due to limited coping experience and underdeveloped psychological flexibility, which increases vulnerability to anxiety symptoms (Arnett, 2000; Carleton, 2016). Additionally, impostorism tends to be pronounced in this age group as individuals evaluate their abilities in competitive academic environments, often perceiving themselves as inadequate despite objective success (Clance & Imes, 1978).

The 22–25 years age group corresponds to the middle phase of emerging adulthood, characterized by intensified academic demands, career planning, and pressure to achieve societal benchmarks of success. At this stage, uncertainty becomes more complex and future-

oriented, particularly concerning employment, financial independence, and long-term life goals. Empirical evidence suggests that anxiety during this phase is strongly associated with impostorism and performance-related fears, especially among university students and early career individuals (Bravata et al., 2020). While cognitive maturity increases during this period, psychological flexibility may still be developing, making individuals susceptible to maladaptive emotion regulation strategies when facing uncertainty.

Individuals aged 26–30 years represent a transition from emerging adulthood to early adulthood, marked by relatively greater role stability, emotional regulation capacity, and coping resources. By this stage, individuals generally acquire increased psychological flexibility and adaptive emotion regulation skills, which may buffer the impact of uncertainty and impostorism on anxiety (Hayes et al., 2006). However, anxiety may persist in this group due to sociocultural pressures related to career consolidation, marriage, and financial responsibilities, particularly in collectivistic societies such as Pakistan, where social expectations intensify with age (Saleem & Mahmood, 2021). Thus, this age group provides a meaningful comparison for examining developmental shifts in anxiety vulnerability.

Dividing young adulthood into these three age groups allows for a developmentally sensitive analysis of anxiety and its cognitive-emotional predictors. Prior research emphasizes that anxiety, impostorism, and intolerance of uncertainty do not manifest uniformly across young adulthood but vary according to developmental stage, role transitions, and coping maturity (Twenge & Park, 2019). Therefore, the present categorization enhances conceptual clarity and supports a nuanced understanding of how psychological flexibility and emotion regulation operate across different phases of young adulthood.

There has been a worrying increase in anxiety among young adults, according to recent data. More than 63% of college students said they had experienced severe anxiety in the

previous 12 months, according to the American College Health Association (2021). Following the COVID-19 epidemic, which brought with it previously unheard-of levels of uncertainty, interrupted social and academic routines, and heightened feelings of loneliness, these numbers have skyrocketed. During and after pandemic lockdowns, emerging adults who were already predisposed to intolerance of uncertainty and impostorism reported significantly higher levels of anxiety and depressive symptoms, according to studies by Copeland et al. (2021) and Hamza et al. (2020). This pattern implies that impostorism and intolerance of uncertainty IU might work together to exacerbate anxiety, especially in the uncertain post-pandemic environment.

Students frequently experience increasing pressure to perform well in school, find work, and live up to social or familial expectations, all of which can lead to chronic stress. Beiter et al. (2015) found a high correlation between college students' anxiety symptoms and factors such as their academic workload, financial worries, and fear of failing. This is corroborated by more recent research by Rummel and Boyes (2022), which shows that students who experience impostorism and significant levels of self-doubt report feeling more anxious, particularly when taking important academic tests.

Identity formation and social ties also change as a person enters maturity. Arnett (2015) highlighted that the emotional instability commonly observed in this developmental period is a result of unclear role boundaries and ambiguity in social and vocational outcomes. In this sense, anxiety is both a sign and a reflection of developmental dysequilibrium, in which the person struggles with a number of conflicting demands in life.

Additionally, neurodevelopmental factors are involved. According to Casey et al. (2008), emerging adulthood is a time of continuous brain development, especially in the prefrontal cortex, which controls executive function and emotion regulation. Young individuals are more likely to experience anxiety when confronted with uncertainty or

performance demands because of their neurological immaturity, which may impair coping mechanisms during stressful situations. These moderators may be essential in lowering anxiety during this developmental window since executive performance promotes both psychological flexibility and emotional regulation.

The relationship between emerging adults' anxiety and cultural expectations has also been studied. Impostor syndrome and failure-related anxiety may be made worse in collectivist societies like Pakistan, where scholastic success is frequently linked to family honor (Ijaz & Naqvi, 2021). These expectations, especially when young adults compare themselves to idealized social standards or peer accomplishments on social media platforms, can intensify feelings of inadequacy and exacerbate chronic anxiety.

Additionally, according to longitudinal data from Twenge et al. (2019), social media use, unstable economic conditions, and academic competitiveness have all been identified as significant causes to the steady increase in anxiety symptoms among young adults over the past ten years. Individual psychological vulnerabilities like impostorism and intolerance of uncertainty IU are frequently exacerbated by these external demands, increasing the likelihood of developing clinically significant anxiety.

Numerous studies have been conducted on anxiety in Pakistan's emerging adults, and the results consistently show high prevalence rates. Pakistani university students reported moderate to severe anxiety symptoms, which were frequently connected to social demands, financial strain, and scholastic overload (Saleem and Mahmood, 2013). This lends credence to Arnett's (2000) theory of emerging adulthood, which holds that young adults are especially susceptible to psychological distress because of this developmental stage's increased instability and identity exploration.

According to a comprehensive survey conducted by Syed et al. (2018), anxiety disorders were very common among undergraduate students in Pakistan, with females reporting far higher rates than males. According to the authors, women's anxiety is made worse by sociocultural constraints, parental expectations, and constrictive gender norms. This is consistent with the cultural aspects theory of Hofstede (2001), especially collectivism, which holds that a person's stress is largely influenced by their family's reputation and the expectations of their community.

Furthermore, Khalid and Tariq (2015) studied anxiety in Punjabi medical students and discovered that anxiety levels were highly predicted by performance pressure, a lack of support networks, and future uncertainty. Their results are consistent with the transactional model of stress and coping proposed by Lazarus and Folkman (1984), which holds that anxiety is increased when stressors are perceived to be greater than one's own resources.

In a more recent study, Imran and Aftab (2021) found that socioeconomic disparities are a major cause of anxiety in Pakistani young adults. Because of their restricted access to academic resources and unstable finances, students from lower socioeconomic backgrounds reported higher levels of anxiety. This is in line with the family stress model (Conger & Conger, 2002), which contends that financial difficulties lead to psychological stress in families, which has an adverse effect on the mental health of young adults.

All things considered, anxiety in emerging adults is a complex issue impacted by social, academic, developmental, and neurological elements. Since feelings of impostorism and intolerance for uncertainty are strongly associated with the increase in anxiety disorders in this demographic, it is crucial to investigate both concepts together. Understanding this age group's unique vulnerabilities helps guide more focused study and intervention strategies.

Psychological Flexibility as a Moderating Factor

Even in the face of upsetting ideas, feelings, or experiences, psychological flexibility is the capacity to remain in the present and behave in a way that is consistent with one's own values (Hayes et al., 2006). This idea is central to Acceptance and Commitment Therapy (ACT) and is thought to be necessary for emotional resilience and adaptive functioning. Despite feeling anxious or like an impostor, psychological flexibility enables people to accept ambiguity, control self-critical thoughts, and act in a goal-directed manner.

The protective function of psychological flexibility in reducing the effects of stress, anxiety, and maladaptive thought patterns has been shown in numerous researches. People with greater psychological flexibility are better able to adjust to changing situations and are less prone to engage in avoidance tactics that prolong psychological suffering, claim Kashdan and Rottenberg (2010). This flexibility becomes particularly crucial for developing adults who are dealing with issues of identity formation, academic stress, and future uncertainty.

According to a study by Levin et al. (2014), the association between anxiety and experience avoidance was significantly mitigated by psychological flexibility. Even when faced with unpleasant emotional experiences, participants who exhibited strong psychological flexibility reported feeling less anxious. In a similar vein, White et al. (2020) found that psychological flexibility helped college students deal with performance-related issues more skillfully by buffering the link between academic stress and anxiety. For young adults who are dealing with both intolerance of uncertainty IU and impostorism, this ability to adjust to stress may be particularly protective, potentially lessening the combined effect of both conditions on anxiety.

The moderating effect of psychological flexibility in the setting of impostorism and intolerance of uncertainty has been further supported by recent studies. For example, despite expressing intense imposter sentiments, young adults with high psychological flexibility were

less likely to suffer from anxiety, according to a study by Rogge et al. (2021). The authors stressed that psychological adaptability allowed people to change how they saw themselves and lessen the emotional strain that comes with having to meet perfectionist standards.

Furthermore, a multinational study evaluating psychological flexibility across a range of mental health outcomes, including anxiety, was carried out by Gloster et al. (2017). The results showed that, even after adjusting for comorbidities and demographic factors, psychological flexibility was a significant predictor of decreased anxiety. These findings highlight the construct's universal significance and cross-cultural application.

One of the most important resilience factors in the post-pandemic era is psychological flexibility. According to Dawson and Golijani-Moghaddam (2020), people with greater psychological flexibility fared better emotionally and suffered less psychological discomfort during the COVID-19 pandemic than people with lower psychological flexibility. For emerging adults dealing with post-pandemic uncertainties and altered life paths, this finding is especially pertinent.

Psychological flexibility has a direct impact on anxiety, but it also improves emotional regulation, decreases cognitive fusion, and fosters mindfulness, all of which increase one's sense of agency and wellbeing (Hayes et al., 2012). Emerging adults can lessen the emotional effect of uncertainty and impostorism by committing to value-driven activity and learning to accept challenging feelings without passing judgment.

A key component of Acceptance and Commitment Therapy (Hayes et al., 1999), psychological flexibility is the capacity to adjust to shifting conditions while continuing to act in a way that is compatible with one's own values. Research in Pakistan has increasingly emphasized psychological flexibility as a protective feature that mitigates the effects of stressors, such as impostor syndrome and intolerance for uncertainty. For instance, Rahman

and Masood (2019) looked at psychological flexibility among Rawalpindi university students and discovered that, even in the face of academic uncertainty, those with higher levels of flexibility reported noticeably less worry. Their findings are consistent with the ACT framework, which holds that flexible coping reduces anxiety outcomes by enabling people to accept challenging internal experiences rather than avoiding them.

Aslam and Kamal (2020) looked at psychological flexibility as a moderator in the link between postgraduate students' anxiety and academic stress. The results showed that whereas pupils with high flexibility shown resilience in the face of stress, those with low flexibility showed increased worry. These results support the theoretical claim made by Kashdan and Rottenberg (2010) that psychological flexibility is a "core of health," allowing people to interact with unpleasant ideas without letting them control them.

More specifically, Mahmood and Jamil (2021) examined medical students in Lahore and discovered that the relationship between emotional discomfort and impostorism was reduced by psychological flexibility. Students with more flexible cognitive types were better able to handle impostor sentiments, whereas those with more rigid cognitive styles were more prone to worry. This offers empirical support for the protective function of flexibility in situations where stress related to achievement and imposter syndrome are common.

Additionally, Farooq and Gull (2022) found that among young adults dealing with uncertainty during the COVID-19 pandemic, psychological flexibility was essential in lowering avoidance-based coping mechanisms. They found that flexibility encouraged adaptive coping and lessened the detrimental psychological effects of uncertainty, confirming the finding of Hayes et al. (2006) that acceptance lessens suffering while avoidance increases it. Their research is also significant since it shows how flexibility is a crucial concept for Pakistani young, not only in the face of scholastic pressures but also in more significant crises.

The literature from Pakistan as a whole highlights that psychological flexibility is a moderating mechanism that lessens the paths from uncertainty and impostorism to anxiety, in addition to being a mental health resource. The ability of ACT to convert maladaptive behavioral and cognitive reactions into adaptive engagement makes it relevant in a variety of cultural contexts, including Pakistan.

Ultimately, psychological adaptability is a potent moderator that can mitigate the detrimental effects of impostorism and intolerance for ambiguity on anxiety. It is particularly well-suited to addressing the intricate emotional difficulties that young adults encounter because of its dynamic and context-sensitive nature. Therefore, encouraging psychological flexibility through programs like ACT could be a useful tactic in lowering anxiety and advancing psychological health in this susceptible group.

Emotional Regulation as a Moderating Factor

The methods via which people affect their emotions, how they feel, express, and control them are referred to as emotional regulation (Gross, 1998). This concept is crucial for mental health, particularly for emerging adults who frequently deal with pressures linked to their identities, social lives, and academic performance. People who use effective emotional control techniques can reduce anxiety, manage discomfort, and preserve their psychological health. On the other hand, mood disorders like anxiety, melancholy, and increased susceptibility to Impostorism and intolerance of uncertainty (IU) are associated with poor emotional regulation.

Antecedent-focused methods (like cognitive reappraisal) and response-focused strategies (like expressive suppression) are the two main kinds of emotional regulation that Gross and John (2003) identified. While suppression is typically linked to negative effects including increased anxiety and strained interpersonal relationships, cognitive reappraisal is altering one's perspective on a circumstance that may generate emotions and is linked to

improved psychological functioning. According to Cutuli (2014), college students who regularly employ reappraisal strategies typically exhibit improved emotional resilience and academic adjustment.

The connection between anxiety and psychological vulnerabilities (such as impostorism and IU) is also moderated by emotion control. A thorough meta-analysis by Aldao, Nolen-Hoeksema, and Schweizer (2010) showed a high correlation between anxiety and depressive symptoms and maladaptive behaviors such as rumination, avoidance, and suppression. On the other hand, adaptive techniques like acceptance and cognitive reappraisal can greatly lessen the emotional toll that stressors take. In a similar vein, emotional control may lessen high intolerance of Uncertainty people's propensity to overanalyze unclear circumstances, which would minimize anxiety.

Regarding impostorism specifically, Neureiter and Traut-Mattausch (2016) discovered that those with strong impostor tendencies who used efficient emotion regulation strategies, especially reappraisal, had much reduced anxiety and depressive symptoms. These people were able to better control their internal criticism and self-doubt because emotional regulation served as a psychological buffer.

In a similar vein, controlling emotions is crucial to lessening the negative impacts of intolerance for uncertainty. People with high intolerance of uncertainty IU but good emotion control skills were less likely to suffer from generalized anxiety disorder (GAD) and chronic worry, according to Dugas et al. (2004). This shows that emotional control acts as a buffer, enabling people to deal with ambiguous or uncertain circumstances without becoming overwhelmed by fear.

This knowledge has been expanded by recent research. In a study of Asian college students, Keng and Tan (2021) found that the psychological effects of intolerance of

uncertainty and impostorism were lessened by the application of mindfulness-based and reappraisal-focused techniques. Even in stressful situations, students who were able to control their emotions were more likely to preserve their mental and academic well-being.

Similarly, Liao and Wei (2020) discovered that university students' academic stress and anxiety levels were predicted to be lower by emotional intelligence, which is closely related to emotional regulation.

These conclusions are also supported by neurobiological data. The prefrontal cortex, which controls executive functioning and reappraisal processes, is essential in regulating amygdala activation during emotional arousal, claim Ochsner et al. (2012). This neurological interaction implies that emotion regulation reflects brain-based processes related to emotional resilience in addition to influencing behavior and cognition patterns.

A naturalistic environment was provided by the global COVID-19 pandemic to examine the protective function of emotion control. According to Restubog, Ocampo, and Wang (2020), those who practiced adaptive emotional regulation techniques like mindfulness and reappraisal were more able to withstand the pressures, uncertainty, and loneliness associated with the epidemic. These results highlight how important emotion control is for surviving in uncertain, high-stakes situations.

One important moderator in the association between cognitive vulnerabilities and anxiety is emotional regulation, which is generally characterized as the mechanisms by which people control the emotions they perceive and express (Gross, 1998). The importance of adaptive regulatory techniques like reappraisal and the negative consequences of maladaptive techniques like suppression, especially in young people, have been documented by scholars in Pakistan. In their study of emotional regulation among Pakistani undergraduates, for example, Batool and Khalid (2012) discovered that whereas suppression was closely associated with

increased discomfort, those who used reappraisal techniques showed reduced anxiety. These results are consistent with Gross's (2002) process model of emotion regulation, which highlights the superiority of early-stage regulation techniques like reappraisal over late-stage techniques like suppression.

Similar to this, Malik and Khan (2019) looked at emotional control as a moderator between university students' anxiety and academic stress. According to their findings, students who were better at regulating their emotions reported feeling considerably less anxious when faced with unknown exam and career outcomes. This suggests that emotional control acts as a buffer, lessening the severity of stress-induced anxiety. These findings support the universal protective function of adaptive regulation and are in line with Aldao et al. (2010)'s meta-analytic findings on regulation techniques across psychopathology.

Tariq and Rafique (2020), who investigated impostorism and mental discomfort among Pakistani postgraduate students, made other significant contribution. Since students with excellent regulation skills were less likely to convert impostor cognitions into worry and depression; they discovered that emotional regulation attenuated this relationship. Their research emphasizes the compensating function of emotional control, implying that even when people adopt impostor beliefs, their detrimental effects can be lessened by competent control.

Additionally, Saleem and Mahmood (2021) investigated emotional control in Pakistani medical students and found that higher levels of worry and burnout were predicted by difficulties in regulation. Crucially, they pointed out that young adults frequently use maladaptive regulating techniques as a result of their lack of awareness and the cultural distaste for expressing their emotions. This discovery is consistent with cultural theories of emotion (Matsumoto, 1990), which point out that in order to preserve social harmony, collectivist

societies may place a greater emphasis on suppressing unpleasant feelings, which unintentionally leads to worse psychological outcomes.

Lastly, Hussain and Akhtar (2022) examined how Pakistani adolescents managed their emotions during the COVID-19 pandemic and discovered that adaptive techniques like problem-solving and positive reappraisal mitigated the association between anxiety and uncertainty. Their results, which demonstrate that students who successfully controlled their emotions were better, equipped to handle increased uncertainty and prevent extreme anxiety, offer compelling evidence for the buffering function of regulation during times of collective crisis.

When considered collectively, Pakistani research continuously emphasizes emotional control as a critical moderating strategy that reduces the negative effects of Impostorism and intolerance of ambiguity on anxiety. These findings, which are based on Gross's theoretical framework, highlight how teaching young adults adaptive regulating techniques could be a crucial intervention avenue for lowering anxiety in Pakistan's high-stress sociocultural setting.

All things considered, the association between impostorism, Intolerance of uncertainty, and anxiety is found to be significantly moderated by emotional regulation. In addition to reducing psychological discomfort, it gives young adults the ability to better adjust to the demands of complicated life. To increase resilience in vulnerable youth populations, future interventions like acceptance and commitment therapy (ACT), emotion-focused therapy, or mindfulness training should take into account improving emotional regulation abilities.

Combined Impact of Intolerance of uncertainty and Impostorism on Anxiety

Although Impostorism and Intolerance of uncertainty have been connected to anxiety separately, new studies have begun to look at their combined effects. In a path analysis model,

Rezaei et al. (2022) discovered that Impostorism and Intolerance of uncertainty both strongly predicted university students' anxiety levels, with a compounding effect when both traits were present. This raises the possibility that the two have an additive or interacting relationship. More focused intervention techniques may be developed if these combined effects are understood in the presence of moderators such as psychological flexibility and emotion regulation.

This idea was further confirmed by Zhou et al. (2020), who demonstrated that students with high levels of impostorism and intolerance of uncertainty IU were more likely to suffer from anxiety problems than those with only one of these traits. These results highlight how crucial it is to look at these components collectively, especially in high-stress settings like academia or the early phases of a profession.

Furthermore, Godara et al. (2023) put out a conceptual paradigm that views impostorism and intolerance of uncertainty as cognitive weaknesses that heighten vulnerability to anxiety by causing cognitive distortions and maladaptive coping mechanisms. Their research highlighted the potential benefits of therapies that target either Impostorism or Intolerance of uncertainty for anxiety outcomes.

Few research have looked at the effects of Impostorism and Intolerance of uncertainty on anxiety at the same time, taking into account the moderating effects of psychological flexibility and emotion regulation, despite the rising corpus of evidence. The majority of current research concentrates on these factors separately, which restricts our comprehension of their combined and interacting impacts. In order to close this gap, the current study looks at Impostorism and Intolerance of uncertainty together while evaluating the moderating effects of young adults' emotional control and psychological flexibility.

A promising avenue for further research is provided by recent integrative models, such as those put forth by Rezaei et al. (2022) and Godara et al. (2023). To better understand anxiety in young adults, these models highlight the significance of taking into account a variety of cognitive and emotional aspects. More experimental and longitudinal research is also required to determine causal linkages and assess the efficacy of focused interventions.

Overall, research shows that impostorism and IU are strong predictors of anxiety, but that these effects can be mitigated by psychological adaptability and emotion control. Future studies should keep examining these connections across a range of demographics and situations in order to improve generalizability and guide clinical practice.

Despite extensive research on intolerance of uncertainty, impostorism, and anxiety, most studies have examined these constructs independently or within Western populations. Limited empirical work has explored the combined impact of intolerance of uncertainty and impostorism on anxiety within a single explanatory framework, particularly among young adults in collectivistic cultures. Moreover, while psychological flexibility and emotion regulation have been independently linked to anxiety, few studies have simultaneously examined their moderating roles, despite their theoretical distinctiveness. Existing Pakistani studies have largely focused on prevalence or bivariate relationships, leaving a gap in understanding complex moderation mechanisms. Addressing this gap, the present study investigates how psychological flexibility and emotion regulation jointly moderate the relationship between intolerance of uncertainty, impostorism, and anxiety among Pakistani young adults.

Rationale

Anxiety disorders continue to be a major global mental health issue among young adults, and there is growing evidence that they are associated with personality and cognitive

traits including impostorism and intolerance of uncertainty (IU). A propensity to find unknown situations distressing and uncomfortable, which results in increased anxiety reactions, is reflected in IU (Carleton, 2016). Elevated anxiety levels have also been linked to impostorism, which is defined by ongoing self-doubt and a fear of being revealed as a phony despite obvious skill (Bravata et al., 2020). Few studies have looked at IU and impostorism combined, especially in collectivistic cultural contexts, although earlier research has looked at both concepts individually in relation to anxiety. Furthermore, it has been shown that psychological adaptability and emotion control may act as moderators in these connections, allowing people to successfully handle stress and adjust to new situations (Kashdan&Rottenberg, 2010; Aldao et al., 2010). Their moderating function in the context of intolerance of uncertainty IU, impostorism, and anxiety in young people is still little understood, though.

Although earlier studies conducted in Western contexts have shed light on these dimensions, they have frequently concentrated on student populations in North America or Europe, ignoring cultural differences in emotional coping, uncertainty tolerance, and self-concept. Cultural norms that prioritize social harmony, scholastic success, and familial expectations may exacerbate feelings of impostor syndrome and suffering connected to uncertainty in collectivistic nations such as Pakistan (Heine et al., 1999). Furthermore, the stigma associated with mental health in Pakistan frequently prevents people from getting help and hides true prevalence rates (Khan et al., 2021), indicating that the cultural expression of these factors may be very different from what is found in the West. Furthermore, few research have addressed the transitional life phase of 18 to 30 years old, which is characterized by career development, higher education, and shifting social responsibilities. This makes this population particularly vulnerable to anxiety and Impostorism, even if some studies have looked at age-related disparities.

Methodologically, prior research has tended to use convenience samples and cross-sectional designs to investigate intolerance of uncertainty IU and Impostorism; these studies are frequently restricted to undergraduate students and do not take into account the combined influence of emotion regulation and psychological flexibility as moderators. The current study uses a cross-sectional design as well, but it goes beyond previous studies by incorporating a multi-variable moderation model and utilizing purposive sampling to encompass a wider range of young adults, including those in postgraduate studies and early careers. A deeper comprehension of how adaptive psychological abilities could mitigate anxiety in a collectivistic cultural setting is made possible by this method.

In order to fill these gaps, the current study examines how Impostorism and intolerance of uncertainty IU together affect anxiety in Pakistani young adults between the ages of 18 and 30, controlling for psychological flexibility and emotion regulation. Because it includes people traversing the developmental stage of emerging adulthood, which entails increased exposure to uncertainty, performance evaluation, and role transitions, this age group is critical. The culturally grounded insights gained from conducting this research in Pakistan will enable comparison with Western findings and the expansion of theoretical understanding in a variety of circumstances.

There are various reasons why this research is important. First, it provides a more thorough understanding of anxiety by combining resilience-oriented moderators (emotion regulation, psychological flexibility) with cognitive vulnerability factors (intolerance of uncertainty IU, Impostorism) in a single model. Second, it bridges the cultural divide by emphasizing a collectivistic South Asian setting where psychological weaknesses may be made worse by familial and social pressures. Third, it improves the generalizability of results by focusing on a larger young adult population outside of university samples. Lastly, with possible ramifications for educational institutions, businesses, and mental health services, the

findings may help guide culturally appropriate interventions meant to enhance emotional resilience and lower anxiety among young adults in Pakistan.

In conclusion, the current study is significant because it fills important methodological and demographic gaps in previous research, integrates understudied variables in a novel cultural and developmental context, advances theoretical knowledge, and provides useful implications for promoting mental health among young adults in Pakistan.

Objectives

The objectives of present study are as follows:

1. To examine the relationship between intolerance of uncertainty, impostorism, and anxiety among young adults.
2. To investigate the predictive role of intolerance of uncertainty and impostorism in explaining anxiety.
3. To examine the moderating role of psychological flexibility in the relationship between intolerance of uncertainty, impostorism, and anxiety.
4. To examine the moderating role of emotion regulation in the relationship between intolerance of uncertainty, impostorism, and anxiety.

Hypotheses

The hypotheses of present study are as follows:

1. There will be a positive correlation between intolerance of uncertainty and anxiety among young adults.
2. Psychological flexibility will reduce the impact of Impostorism on anxiety in young adults.

3. Emotional regulation will reduce the impact of intolerance of uncertainty on anxiety in young adults.
4. Young adults with high psychological flexibility and emotional regulation will have lower anxiety levels.
5. Psychological flexibility and emotional regulation will moderate the relationship between Intolerance of uncertainty, Impostorism and anxiety among young adults.
6. There will be a significantly higher level of anxiety in younger age groups than older age groups of young adults.
7. Female young adults will report significantly higher level of anxiety compared to young male adults.
8. There will be a difference between intolerance of uncertainty and anxiety on the basis of educational levels of young adults.
9. Young adults from lower socio economic status will show significantly higher level of anxiety compared to those from middle and higher socioeconomic status groups of young adults.
10. Young adults from minority ethnic groups will show higher levels of Intolerance of uncertainty, Impostorism, and anxiety compared to young adults of majority ethnic groups.

Conceptual Framework

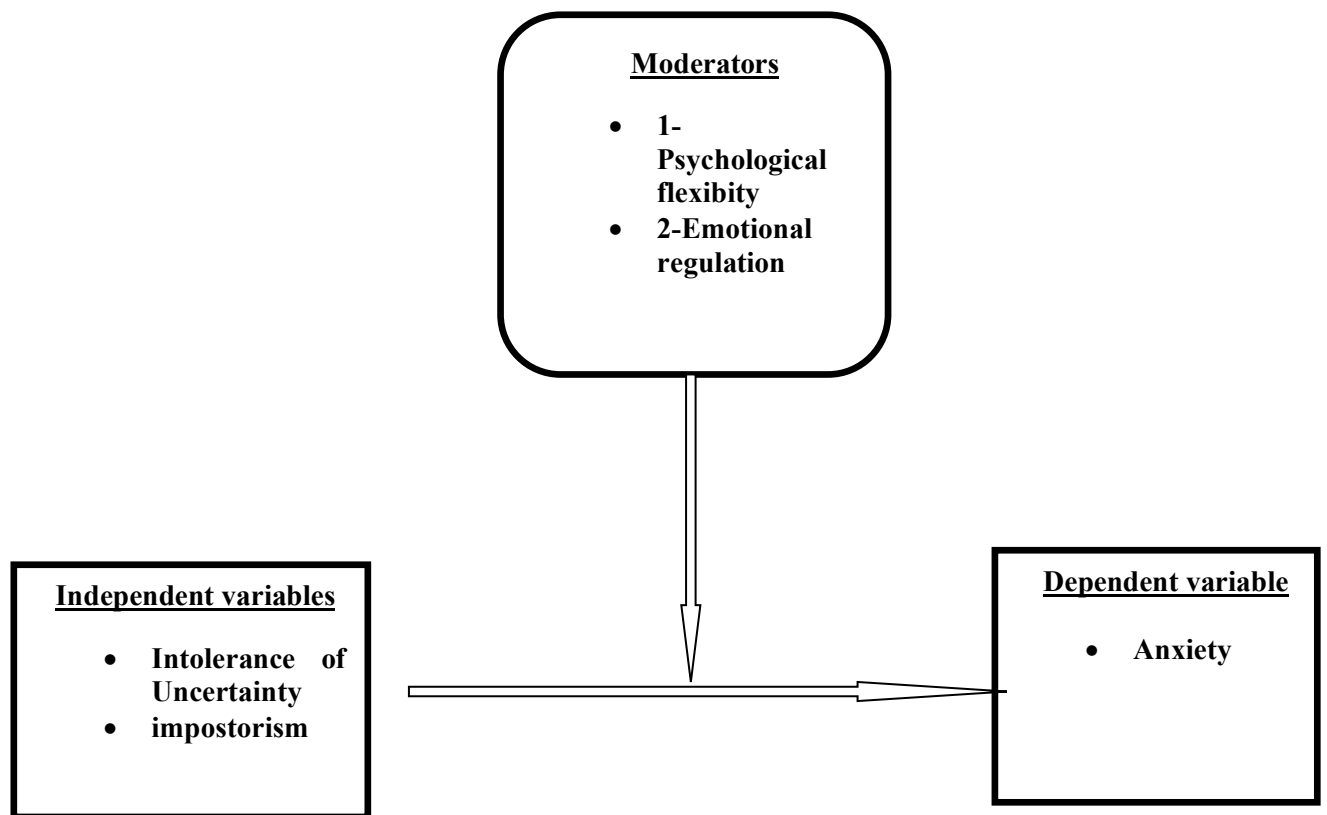


Figure 4

Simple Moderation Model

METHOD

Method

The following chapter of the current study contains information on the operational definitions, research designs, sample, measures, sampling strategy, and overall study techniques.

Research Design

The quantitative cross-sectional research design was used in the study. It is a type of research that analyses the data on given point of time across a sample population. Cross-sectional researches are conducted to estimate the prevalence of risk factors.

Sample

The necessary sample size for this investigation was obtained by doing a G Power analysis. The study found that a sample size of roughly 172 people was needed, based on a medium effect size ($f^2 = 0.15$), $\alpha = 0.05$, and power = 0.95. We gathered information from 300 young adults in order to guarantee sufficient power and take into consideration any missing data. The study sample comprised of 300 young adults (150 male, 150 females) aged 18-30 years using convenience sampling from various educational and social backgrounds. Participants were recruited from university campuses, online communities, and social media platforms. This diverse sample aims to reflect a range of perspectives and experiences, focusing on how intolerance of uncertainty, Impostorism, and psychological flexibility interact to influence anxiety levels in this age group.

Inclusion criteria

The inclusion criteria for this study required participants to be young adults aged 18-30 who are currently enrolled in an educational institution or actively engaged in social or professional environments. Participants must have a basic proficiency in English to understand and complete the study materials and provide informed consent.

Exclusion criteria

The exclusion criteria for this study included individuals with a diagnosed severe mental illness or cognitive impairment that may interfere with their ability to comprehend and complete the study tasks. The individuals with age below 18 years and above 30 years were also excluded. Additionally, participants currently undergoing extensive psychological treatment or taking medication for severe anxiety or mood disorders were excluded to avoid confounding effects on anxiety levels and emotional regulation.

Operational Definitions

Intolerance of Uncertainty

Intolerance of uncertainty (IU) is generally defined as a cognitive bias that makes it difficult for an individual to cope with uncertain situations, leading to a preference for predictability and a heightened sensitivity to ambiguous or unknown outcomes. This bias often contributes to elevated anxiety levels, as individuals struggle to manage situations where the future is unpredictable or ambiguous (Buhr & Dugas, 2002).

In this study, intolerance of uncertainty was measured using the Intolerance of Uncertainty Scale (IUS-12; Carleton et al., 2007), which assesses an individual's tendency to react negatively on an emotional, cognitive, and behavioral level to uncertain situations and events. Higher scores on the IUS-12 will indicate greater intolerance of uncertainty.

Impostorism

A feeling of being an intellectual fake, despite objective evidence of success, and a fear of being discovered as a ‘fraud’” (Clance, 1985, p. 176). Impostorism was measured using the Clance Impostor Phenomenon Scale (CIPS; Clance, 1985), which evaluates an individual’s feelings of inadequacy, self-doubt, and fear of being discovered. Higher scores on the CIPS indicate higher levels of Impostorism.

Psychological Flexibility

The ability to adapt to changing situations and to persist in valued life activities despite challenges and difficulties” (Hayes et al., 2006, p. 7). Psychological flexibility was measured using the Acceptance and Action Questionnaire (AAQ-II; Bond et al., 2011), which is seven items scale and assesses an individual’s ability to accept difficult emotions and thoughts, and engage in valued actions. The AAQ-II is scored so that higher scores on this scale shows greater experiential avoidance and psychological inflexibility and lower scores show higher psychological flexibility.

Emotional Regulation

The processes by which individuals influence which emotions they have, when they have them, and how they experience and express them” (Gross, 2002, p. 281). Emotional regulation was measured using the Emotional Regulation Questionnaire (ERQ; Gross & John, 2003), a ten items scale which evaluates an individual’s ability to reappraise and suppress emotions.

Higher scores on the ERQ reappraisal subscale indicate more adaptive emotion regulation, while higher scores on the suppression subscale reflect a tendency to inhibit emotional expression.

Anxiety

A feeling of worry, nervousness, or fear that is persistent and interferes with daily life” (American Psychological Association, 2020).

Anxiety was measured using the Generalized Anxiety Disorder 7-item scale (GAD-7; Spitzer et al., 2006), which assesses an individual’s symptoms of generalized anxiety disorder. Participants respond to each item on a scale from 0 (not at all) to 3 (nearly every day), yielding a total score that ranges from 0 to 21. Higher scores indicate more severe anxiety levels.

The cut-off points are 0-4 for Minimal Anxiety, 5-9 for Mild Anxiety, 10-14 for Moderate Anxiety, and 15-21 for Severe Anxiety.

Instruments

Demographic Sheet

The demographic sheet comprises of age, gender, educational level, religious affiliation, ethnicity, number of siblings, birth order, employment status, family structure, marital status, socio- economic status, and diagnosed with mental health illness or not.

Intolerance of Uncertainty Scale (IUS-12)

The original 27-item Intolerance of Uncertainty Scale (Freeston et al., 1994) has been condensed into the Intolerance of Uncertainty Scale–12 (IUS-12). It was created by Carleton et al. (2007, 2010) to offer a more condensed but still reliable psychometric evaluation of a person's intolerance for uncertainty. This 12-item self-report test assesses how much people find uncertainty to be upsetting, dangerous, or unpleasant. Each item is rated by respondents using a 5-point Likert scale, with 1 denoting "not at all characteristic of me" and 5 denoting "entirely characteristic of me."

Two subscales make up the IUS-12: Inhibitory Anxiety (5 items), which measures avoidance or reluctance in uncertain situations, and Prospective Anxiety (7 items), which measures a propensity to worry about the future and seek predictability. Cronbach's alpha usually ranges from .85 to .96, and test-retest reliability over a 5-week period is recorded at $r = .77$, indicating excellent internal consistency (Carleton et al., 2007). The IUS-12 has shown good correlations ($r \approx .96$) with the original IUS-27 and strong convergent validity with measures of worry, anxiety, and depression. While lower scores show greater adaptability and ease with uncertain conditions, higher levels show greater intolerance of uncertainty.

Clance Impostor Phenomenon Scale (CIPS)

Clance (1985) created the 20-item Clance Impostor Phenomenon Scale (CIPS) as a self-report tool to gauge the degree of impostor sentiments, which include a propensity to blame success on outside forces like chance, ongoing concerns about one's skills, and dread of being exposed as a "fraud." Items are rated by respondents using a 5-point Likert scale, with 1 denoting "not at all true" and 5 denoting "very true." The CIPS has demonstrated strong construct validity through associations with anxiety, perfectionism, and self-esteem, as well as strong internal consistency, with Cronbach's alpha ranging from .85 to .96 across various investigations. The interpretation of scores is as follows: lower scores imply fewer impostor tendencies, whereas higher levels indicate stronger impostor experiences. Three factors Impostor Fear, Inadequacy, and Dissociation are identified by some studies, despite the fact that the scale was first created as a unidimensional one.

Acceptance and Action Questionnaire (AAQ-II)

Bond et al. (2011) revised the original Acceptance and Action Questionnaire (AAQ) (Hayes et al., 2004) and created the 7-item AAQ-II, a self-report measure. It gauges psychological flexibility, or the capacity to pursue worthwhile endeavors while embracing challenging feelings, ideas, and experiences. A seven-point Likert scale, with 1 denoting "never true" and 7 denoting "always true," is used to rate the items. With test-retest reliability over three months reported at $r = .81$ and Cronbach's alpha generally ranging from .78 to .88, the AAQ-II has shown good dependability. While lower scores imply better flexibility and acceptance, higher levels reflect greater psychological inflexibility (i.e., more experiential avoidance). The scale has demonstrated strong convergent validity with emotional well-being, life satisfaction, and mental health measures.

Emotional Regulation Questionnaire (ERQ)

The 10-item self-report Emotion Regulation Questionnaire (ERQ), created by Gross and John (2003), evaluates two main emotion regulation techniques: Expressive Suppression (4 items) and Cognitive Reappraisal (6 items). A 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), is used to score the items. The ERQ exhibits strong internal consistency, as seen by the subscales' alpha coefficients, which range from .79 to .85. . While suppression scores indicate the propensity to suppress the outward display of emotions (typically less adaptive), cognitive reappraisal scores reflect the propensity to reinterpret situations to change their emotional impact (usually adaptive). More frequent usage of that method is indicated by higher subscale scores, whereas less frequent use is indicated by lower scores. When it comes to emotional outcomes, interpersonal functioning, and well-being, the ERQ has demonstrated strong factorial validity and predictive validity.

Generalized Anxiety Disorder 7-item scale (GAD-7)

Spitzer et al. (2006) created the 7-item Generalized Anxiety Disorder-7 (GAD-7) self-report measure to gauge the intensity of generalized anxiety symptoms during the previous two weeks. A 4-point Likert scale, ranging from 0 (not at all) to 3 (almost every day), is used to rate the items. Cut-offs is usually interpreted as follows: 0–4 (little anxiety), 5–9 (mild), 10–14 (moderate), and 15–21 (severe). Total scores range from 0 to 21. A cut-off score of ≥ 10 indicates good sensitivity (89%) and specificity (82%) for generalized anxiety disorder, and the GAD-7 has shown great criterion validity, good test–retest reliability ($r = .83$), and excellent internal consistency ($\alpha \approx .89-.93$). Severe anxiety symptoms are indicated by higher scores.

Ethical Considerations

Ethical approval was attained from Ethical Review Board, Department of Psychology, IIUI, Ethics Committee, along with the head of institutes. An informed consent form outlining the goal, character, and extent of the study was given to each participant, along with guarantees of anonymity and confidentiality. Participants were made aware that their participation was completely optional and that they might leave at any moment without facing any repercussions.

All responses were safely saved to preserve participant privacy, and no personal identifiers were recorded. No unapproved parties were given access to the data, which was only used for study. The study was conducted in accordance with the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct (APA, 2017), which guaranteed participants' welfare, respect, and integrity.

Procedure

Young individuals between the ages of 18 and 30 who were presently enrolled in school or actively involved in social or professional settings were asked to participate with the consent of the appropriate authorities. To guarantee variety in the sample, recruitment was done both

offline and online. Online social media platforms and in-person interactions in professional and educational contexts were the main methods used to reach participants. Both online and paper-and-pencil questionnaires were used to gather data, with the bulk of replies coming from the former.

Each participant was given a thorough description of the study's goals, methods, and prerequisites prior to participation. All participants gave their informed consent; ensuring that they were aware that participation was completely optional and those they could leave at any time without any penalty. Before participants started answering the questionnaires, the researcher answered any queries they could have had to guarantee comfort and clarity.

IBM SPSS Statistics version 26 was used to compile and analyze the responses after the data was collected. The primary study variables and demographics were initially summarized using descriptive statistics. One-way ANOVA and independent sample t-tests were used in inferential studies to look for possible group differences. The associations between anxiety, psychological flexibility, impostorism, emotional regulation, and intolerance of uncertainty were investigated using Pearson correlation analysis. The predictive significance of impostorism and intolerance for ambiguity on anxiety was evaluated using multiple linear regression analysis. The moderating effects of psychological flexibility and emotional regulation on the link between anxiety, impostorism, and intolerance of uncertainty were further tested using Hayes' PROCESS macro.

RESULTS

Results

The present study aimed to investigate the impact of intolerance of uncertainty and impostorism on anxiety among young adults, with a focus on the moderating effects of psychological flexibility and emotional regulation. To achieve this objective, the study first examined the reliability of the scales used to measure intolerance of uncertainty, impostorism, anxiety, psychological flexibility, and emotional regulation, computing alpha coefficients to ensure their internal consistency. Descriptive statistics, including mean, standard deviation, and alpha coefficients, were calculated for these scales.

Tests of normality, including skewness and kurtosis, were conducted to determine the normality of the variable scores. Correlation coefficients were calculated to explain the relationships among variables. Multiple regression analysis was performed to examine the predictive effects of intolerance of uncertainty and impostorism on anxiety, while controlling for other relevant variables. Moderation analyses were conducted to determine whether the relationships between intolerance of uncertainty, impostorism, and anxiety were moderated by psychological flexibility and emotional regulation.

Additionally, t-tests were conducted to examine mean differences in anxiety based on family structure (nuclear vs. joint) and gender (male vs. female). One-way ANOVAs were run to examine mean differences in anxiety based on demographic variables, including age, marital status, and educational level, and socioeconomic status, and ethnicity, and religious affiliation, number of siblings, birth order, and employment status. These analyses aimed to provide a comprehensive understanding of the relationships between the variables and the moderating effects of psychological flexibility and emotional regulation on anxiety among young adults.

Table 1*Frequencies and percentages of demographic variables of study (N=300)*

Variables	Categories	<i>f</i>	%
Age	18-21 years	128	42.7
	22-25 years	120	40
	26-30 years	52	17.3
Gender	Male	150	50
	Female	150	50
Marital status	Single	237	79
	Married	54	18
	Others	9	3
Educational level	Matric	59	19.7
	Intermediate	112	37.3
	Undergraduate	103	34.3
	Postgraduate	26	8.7
Socioeconomic status	Lower class	61	20.3
	Middle class	231	77
	Upper class	8	2.7
Ethnicity	Punjabi	132	44
	Sindhi	70	23.3
	Pashtun	82	27.3
	Baloch	11	3.7
	Others	5	1.7
Religious affiliation	Sunni muslims	185	61.7

	Shia muslims	78	26
	Others	37	12.3
No. of siblings	Only child	32	10.7
	1-2 siblings	75	25
	3-4 siblings	136	45.3
	5 or more	57	19
Birth order	1 st born	70	23.3
	2 nd born	74	24.6
	3 rd born	36	12
	4 th born	80	26.6
	5 th born	31	10.3
	others	9	3
Family structure	Nuclear	159	53
	Joint	141	47
Employment status	Full time	55	18.3
	Part time	63	21
	Unemployed	182	60.7

Note. *f*=Frequency , %=Percentage

Above table explained the frequency and percentages of the demographic variables of the participants, included in the study. In this sample mostly participants were in the age range of 18-21 years. most of the participants belongs to the middle class socio-economic class than lower or higher. Marital status of the most participants was single than married or other (engaged, widow, or divorced). the educational level of the most of the participants was undergraduate than matric, intermediate and post graduates. Most of the participants belonged to the Punjabi ethnic group. Religiously , most of the participants were sunnimuslims. The

largest group of the participants had 3-4 siblings and mostly were 4th born in their birth order. Most of the participants belonged to the nuclear family structure rather than joint. Most of the participants were unemployed and students.

Table 2*Psychometric properties of the Study Major Variables (N=300)*

Variables	<i>k</i>	α	<i>M(SD)</i>	Range		Skewness	Kurtosis
				Potential	Actual		
IUS	12	0.98	42.73 (17.59)	12-60	17-57	0.68	-1.50
CIPS	20	0.98	57.08 (20.28)	20-100	30-88	-0.21	-1.52
AAQ	7	0.91	28.67 (11.04)	7-49	15-42	-0.04	-1.45
ERQ	10	0.99	32.38 (20.51)	10-70	13-65	0.68	-1.46
GAD	7	0.90	12.42 (5.37)	0-21	5-19	-0.39	-1.48

Note. IUS=intolerance of Uncertainty Scale;CIPS=Clance Impostor phenomenon Scale;AAQ= Acceptance and Action Questionnaire;ERQ= Emotional Regulation Questionnaire;GAD= Generalized Anxiety Disorder Scale

Table 2 illustrated the number of items ,cronbach alpha, mean, standard deviation, range, skewness and kurtosis for the scales. Mean and standard deviation were computed to determine the general average scores of participants on particular scale used in this study. Reliability values were sign of internal consistency within the scales, the values of reliability coefficients range from 0-1. Alpha values for all measures fall in acceptable ranges. The values for skewness and kurtosis for intolerance of uncertainty scale , clance impostor phenomenon scale, acceptance and action questionnaire , emotional regulation questionnaire and generalized anxiety disorder scale are less than 2, which suggests that data is normally distributed.

Table 3

Mean, Standard Deviations and t-values along gender on Variables (N=300)

Variables	Male	Female	<i>t</i>	<i>p</i>	95%CI		Cohen 's <i>d</i>
	(<i>n</i> =150)	(<i>n</i> =150)					
	<i>M (SD)</i>	<i>M (SD)</i>			<i>LL</i>	<i>UL</i>	
IUS	40.97 (17.83)	44.48 (17.22)	1.73	0.08	-7.49	0.48	-0.200
CIPS	56.79 (21.15)	57.37 (19.49)	0.25	0.81	-5.20	4.04	-0.029
AAQ	28.89 (11.75)	28.44 (10.32)	0.36	0.72	-2.06	2.97	0.041
ERQ	33.47 (20.83)	31.29 (20.20)	0.92	0.36	-2.48	6.84	0.106
GAD	11.73 (5.25)	13.10 (5.42)	2.22	0.03	-2.58	-0.15	-0.257
<i>df</i> =297.648							

Note. CI=confidence Interval, LL=Lower Limit, UL= Upper Limit,IUS=Intolerance of uncertainty scale, CIPS= Clance Imposter Phenomenon Scale, AAQ= Acceptance and Action Questionnaire, ERQ=Emotional regulation Questionnaire, GAD= Generalized Anxiety Disorder

Table 3 revealed that there is a non-significant mean difference between the *t* and *p* values of males and females on Intolerance of Uncertainty, Impostorism, Psychological Flexibility, and Emotional Regulation. While there is a significant difference between *t* and *p*

values of males and females on anxiety. Analysis produced non significant values for Intolerance of Uncertainty, Impostorism, Psychological Flexibility, and Emotional Regulation and significant value for anxiety among males and females participants.

Table 4

Mean, Standard Deviations and t-values along family structure on Variables (N=300)

	Nuclear	Joint					
	(<i>n</i> =159)	(<i>n</i> =141)			95%CI		
Variables	<i>M (SD)</i>	<i>M (SD)</i>	<i>t</i>	<i>p</i>	<i>LL</i>	<i>UL</i>	<i>Cohen's d</i>
IUS	43.34 (17.27)	42.04 (17.98)	0.64	0.52	-2.71	5.32	0.08
CIPS	58.00 (20.15)	56.04 (20.45)	0.84	0.40	-2.66	6.59	0.10
AAQ	29.34 (11.13)	27.91 (10.93)	1.12	0.26	-1.08	3.94	0.13
ERQ	31.44 (20.04)	33.45 (21.06)	-0.84	0.40	-6.69	2.68	-0.10
GAD	12.58 (5.28)	12.23 (5.49)	0.55	0.58	-0.88	1.57	0.07
<i>df</i> = 290.491							

Note. CI=confidence Interval, LL=Lower Limit, UL= Upper Limit, IUS=Intolerance of uncertainty scale, CIPS= Clance Imposter Phenomenon Scale, AAQ= Acceptance and Action Questionnaire, ERQ=Emotional regulation Questionnaire, GAD= Generalized Anxiety Disorder

Table 4 revealed that there is a non-significant mean difference between the *t* and *p* values in nuclear and joint family systems on Intolerance of Uncertainty, Impostorism, Psychological Flexibility, Emotional Regulation and anxiety. Analysis produced non

significant values for Intolerance of Uncertainty, Impostorism, Psychological Flexibility, Emotional Regulation and anxiety among those living in nuclear and joint family systems.

Table 5

Mean, Standard Deviations and F-value along different age groups on variables (N=300)

	18-21 years (<i>n</i> = 128)	22-25 years (<i>n</i> = 120)	26-30 years (<i>n</i> =52)	<i>F</i>	<i>p</i>	η^2
Variables	<i>M (SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>			
IUS	43.58(17.44)	42.89(17.45)	40.25(18.36)	.67	.51	0.004
CIPS	57.30(19.78)	57.88(20.50)	54.67(21.19)	.46	.63	0.003
AAQ	28.79(10.78)	29.11(11.19)	27.35(11.44)	.47	.62	0.003
ERQ	31.95(20.36)	31.50(20.33)	35.50(21.39)	.74	.48	0.005
GAD	12.70(5.32)	12.48(5.32)	11.60(5.64)	.79	.46	0.005

df=(2,297)

Note. *M*=Mean,*SD*=Standard Deviation, IUS=Intolerance of uncertainty scale, CIPS= Clance Imposter Phenomenon Scale, AAQ= Acceptance and Action Questionnaire, ERQ=Emotional regulation Questionnaire, GAD= Generalized Anxiety Disorder

Table 5 indicates that there is a non-significant difference between participants of different age groups on intolerance of uncertainty, impostorism, psychological flexibility, emotional regulation and anxiety as evidenced by non significant *p* values(*p*>0.05).

Table 6

Mean, Standard Deviations and F-value along Marital status on variables (N=300)

	Single	Married	Others	<i>F</i>	<i>p</i>	η^2
	(<i>n</i> =237)	(<i>n</i> =54)	(<i>n</i> = 9)			
Variables	<i>M (SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>			
IUS	41.70(18.03)	46.63(15.43)	46.22(15.66)	1.92	.15	0.013
CIPS	55.67(20.41)	61.96(18.84)	64.78(21.37)	2.82	.06	0.019
AAQ	27.87(11.03)	31.67(10.66)	31.67(11.20)	2.98	.05	0.020
ERQ	33.70(20.97)	27.19(17.98)	28.78(19.21)	2.39	.09	0.016
GAD	12.14(5.50)	13.43(4.78)	13.42(4.76)	1.58	.21	0.011

df=(2,297)

Note. *M*=Mean,*SD*=Standard Deviation, IUS=Intolerance of uncertainty scale, CIPS= Clance Imposter Phenomenon Scale, AAQ= Acceptance and Action Questionnaire, ERQ=Emotional regulation Questionnaire, GAD= Generalized Anxiety Disorder

Table 6 revealed that that marital status (single, married or others) did not significantly impact the levels of intolerance of uncertainty, impostorism, psychological flexibility, emotional regulation and anxiety as evidenced by non significant p values($p>0.05$) among participants. The results indicated no significant differences between single, married or others(engaged, widow or divorced) marital status groups on these variables , suggesting that marital status may not be a determining factor in these aspects of psychological experience.

Table 7

Mean, Standard Deviations and F-value along Educational level on Variables (N=300)

	Matric	Intermediate	Under graduate	Post graduate	<i>F</i>	<i>p</i>	η^2
	(<i>n</i> = 59)	(<i>n</i> =112)	(<i>n</i> =103)	(<i>n</i> =26)			
Variables	<i>M (SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>			
IUS	41.85 (17.38)	44.08 (17.45)	42.53 (17.65)	39.65 (18.83)	.54	.66	0.00 5
CIPS	59.27 (21.83)	57.00 (19.24)	56.97 (20.46)	52.85 (20.81)	.61	.61	0.00 6
AAQ	29.98 (11.93)	28.58 (10.49)	28.66 (11.49)	26.08 (10.86)	.76	.52	0.00 8
ERQ	32.76 (20.50)	31.05 (20.27)	32.46 (20.58)	36.96 (21.81)	.59	.62	0.00 6
GAD	11.95 (5.09)	12.87 (5.34)	12.39 (5.43)	11.65 (5.97)	.58	.63	0.00 6

df=(3,296)

Note. *M*=Mean,*SD*=Standard Deviation, IUS=Intolerance of uncertainty scale, CIPS= Clance Imposter Phenomenon Scale, AAQ= Acceptance and Action Questionnaire, ERQ=Emotional regulation Questionnaire, GAD= Generalized Anxiety Disorder

Table 7 revealed that that educational levels (matric, intermediate, undergraduate, post graduate) did not significantly impact the levels of intolerance of uncertainty, impostorism, psychological flexibility, emotional regulation and anxiety as evidenced by non significant *p* values(*p*>0.05) among participants. The results indicated no significant differences between

participants with different educational backgrounds on these variables , suggesting that educational level may not be a determining factor in these aspects of psychological experience.

Table 8

Mean, Standard Deviations and F-value along Socioeconomic status on variables (N=300)

	Lower	Middle	Upper	<i>F</i>	<i>p</i>	η^2	Post hoc
	(<i>n</i> =61)	(<i>n</i> = 231)	(<i>n</i> =8)				
Variables	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)				1>2>3
IUS	50.15(13.81)	40.97(17.92)	36.75(20.09)	7.34	.00*	0.049	1>2=3
CIPS	62.95(17.04)	55.77(20.79)	50.00(21.67)	3.59	.03*	0.024	1>2=3
AAQ	30.13(8.39)	28.40(11.61)	25.25(12.01)	.99	.37	0.009	_____
ERQ	24.30(15.57)	34.29(21.09)	39.00(23.30)	6.38	.00*	0.043	1<2=3
GAD	15.25(4.63)	11.74(5.29)	10.50(6.30)	11.60	.00*	0.078	1>2=3

df=(2,297) **p*<.05

Note. *M*=Mean,*SD*=Standard Deviation, IUS=Intolerance of uncertainty scale, CIPS= Clance Imposter Phenomenon Scale, AAQ= Acceptance and Action Questionnaire, ERQ=Emotional regulation Questionnaire, GAD= Generalized Anxiety Disorder

Table 9*Post Hoc ANOVA Comparisons*

Variables	Groups	<i>n</i>	Mean	<i>SD</i>	Post hoc
IUS	Lower (1)	61	50.15	13.81	1>2=3
	Middle (2)	231	40.97	17.92	
	Upper (3)	8	36.75	20.08	
CIPS	Lower (1)	61	62.65	17.04	1>2=3
	Middle (2)	231	55.77	20.79	
	Upper (3)	8	50.00	21.67	
AAQ	Lower (1)	61	30.13	8.39	-----
	Middle (2)	231	28.40	11.06	
	Upper (3)	8	25.25	12.01	
ERQ	Lower (1)	61	24.30	15.57	1<2=3
	Middle (2)	231	34.29	21.09	
	Upper (3)	8	39.00	23.30	
GAD	Lower (1)	61	15.25	4.63	1>2=3
	Middle (2)	231	11.74	5.29	
	Upper (3)	8	10.50	6.30	

Note. *SD*=Standard Deviation, IUS=Intolerance of uncertainty scale, CIPS= Clance Imposter Phenomenon Scale, AAQ= Acceptance and Action Questionnaire, ERQ=Emotional regulation Questionnaire, GAD= Generalized Anxiety Disorder

The Anova results revealed significant differences between socio-economic status groups on intolerance of uncertainty, impostorism, emotional regulation, and anxiety. Post hoc analysis further revealed that these differences were primarily driven by significant differences between lower and middle class groups, while the upper class did not differ significantly from

each either. For psychological flexibility, no significant differences were found between any of the socio-economic status group.

Table 10

Mean, Standard Deviations and F-value along Ethnicity on variables (N=300)

	Punjabi (n=132)	Sindhi (n=70)	Pashtun (n=82)	Baloch (n=11)	Others (n=5)	<i>F</i>	<i>p</i>	η^2
Variables	<i>M (SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>	<i>M(SD)</i>			
IUS	44.88 (16.53)	41.81 (18.17)	40.84 (18.42)	35.55 (19.43)	45.40 (16.23)	1.30	.28	0.02
CIPS	59.97 (19.87)	55.01 (19.72)	54.82 (20.86)	47.36 (20.04)	68.00 (20.91)	2.13	.08	0.03
AAQ	30.20 (10.87)	27.90 (11.01)	27.18 (11.05)	23.73 (10.99)	34.00 (12.02)	1.96	.10	0.03
ERQ	29.89 (19.64)	33.46 (21.29)	34.83 (20.95)	40.00 (21.93)	26.40 (18.84)	1.32	.26	0.02
GAD	12.96 (5.11)	12.23 (5.50)	11.90 (5.61)	10.45 (5.97)	13.40 (4.93)	.96	.43	0.01

df=(4,295)

Note. *SD*=Standard Deviation, IUS=Intolerance of uncertainty scale, CIPS= Clance Imposter Phenomenon Scale, AAQ= Acceptance and Action Questionnaire, ERQ=Emotional regulation Questionnaire, GAD= Generalized Anxiety Disorder

Table 10 revealed that that different ethnic groups(Punjabi, sindhi, balochi, pushtun and other minority groups) did not significantly impact the levels of intolerance of uncertainty, impostorism, psychological flexibility, emotional regulation and anxiety as evidenced by non significant *p* values(*p*>0.05) among participants. The results indicated no significant differences between participants with different ethnic groups on these variables, suggesting that ethnicity may not be a determining factor in these aspects of psychological experience.

Table 11*Correlation of study variables (N=300)*

Variables	1	2	3	4	5
1 Intolerance of Uncertainty	-	.83**	.83**	-.96**	.97**
2 Impostorism	-	-	.97**	-.87**	.75**
3 Psychological Flexibility	-	-	-	-.83**	.68**
4 Emotional Regulation	-	-	-	-	-.92**
5 Anxiety	-	-	-	-	-

*Note=**p<.01*

Table 11 showed that intolerance of uncertainty has significant positive relationship with impostorism and anxiety and significant negative relationship with the emotional regulation at the levels of $p < .01$. In addition, intolerance of uncertainty was significantly positively correlated with the AAQ scores ($p < .01$), indicating that higher intolerance of uncertainty was associated with greater psychological inflexibility (lower psychological flexibility). It shows that when the intolerance of uncertainty and impostorism increase, the level of psychological flexibility and emotional regulation decreases, resulting in an increase in the level of anxiety in young adults. Impostorism is significantly positively correlated with the psychological inflexibility (negatively with psychological flexibility), and anxiety, while it is negatively correlated with emotional regulation, indicating that when the level of impostorism increases, the levels of psychological flexibility and emotional regulation decrease with the increase in anxiety. Emotional regulation has significant negative relationship with the anxiety

($p < .05$) that showed when level of emotional regulation increases, there will be significant decrease in the levels of anxiety.

Table 12

Multiple Regression predicting the effect of Intolerance of Uncertainty, Impostorism, Psychological Flexibility and Emotional Regulation on Anxiety among young adults (N=300)

Predictor	Model						
	Outcome: Anxiety						
							95% CI
	<i>B</i>	<i>SEB</i>	β	<i>t</i>	<i>p</i>	<i>UL</i>	<i>LL</i>
Constant	2.24	.74		3.03	.00	3.69	.79
IU	.37	.01	1.21***	35.28	.00	.39	.35
IP	.02	.01	.06	1.39	.17	.04	-.01
PF	-.21	.02	-.43***	11.16	.00	-.17	-.25
ER	-.02	.01	-.06	1.82	.07	.00	-.03
R	.988						
R ²	.975						
ΔR^2	.975						
F	2895.14***						

Note. *B*=Standardized Coefficient, *SE*=Standard Error, *UL*=Upper Limit, *LL*=Lower Limit=Standardized non-Efficient, IUS=Intolerance of uncertainty scale, CIPS= Clance Imposter Phenomenon Scale, AAQ= Acceptance and Action Questionnaire, ERQ=Emotional regulation Questionnaire, GAD= Generalized Anxiety Disorder, ****p*<0.01

In the above mentioned Table 12 showed the Multiple Regression predicting the effect of Intolerance of Uncertainty, Impostorism, Psychological Flexibility and Emotional Regulation on Anxiety among young adults. The R² value of .975 revealed that the predictor explained 97% variance in the outcome variable with the F=2895.14***.

Table 13

Moderating effect of psychological flexibility and emotional regulation on intolerance of uncertainty and anxiety among young adults (N=300)

Predictors	M						
	Model 2						
	<i>B</i>	<i>SEB</i>	<i>t</i>	<i>p</i>	<i>95% CI</i>	ΔR^2	ΔF
Constant	16.88	.64	26.41	.00	[15.63,18.14]		
Intolerance of uncertainty (IU)	.03	.02	1.89	.06	[-.00,.07]		
Impostorism (IP)	.01	.01	.96	.34	[-.01,.03]		
Psychological flexibility(PF)	.02	.02	1.07	.23	[-.02,.07]		
Emotional Regulation (ERQ)	-.01	.01	1.09	.28	[-.02,.01]		
IU ×PF	-.03	.00	18.82	.00	[-.02,-.03]	.01	354.351***
IU×ERQ	-.00	.01	.60	.55	[-.00,.00]	.00	.365
All interactions (both)						.01	210.035***
R ²	.9887						
F(6,293)	4154.690***						

Note. ***p<.001

Table 13 presents the moderation analysis examining the effect of intolerance of uncertainty on anxiety, with psychological flexibility and emotional regulation as moderators. The overall model was significant, $R^2 = .9887$, $F(6,293) = 4154.69$, $p < .001$, accounting for 98.87% of the variance in anxiety. The interaction between intolerance of uncertainty and psychological flexibility was significant, $\Delta R^2 = .0133$, $\Delta F = 354.35$, $p < .001$, indicating that higher psychological flexibility reduced the positive effect of intolerance of uncertainty on anxiety. In contrast, the interaction between intolerance of uncertainty and emotional regulation was not significant, $\Delta R^2 = .0000$, $\Delta F = 0.37$, $p > .05$, suggesting that emotional regulation did not independently moderate this relationship. Finally, the combined interaction of both moderators contributed significantly, $\Delta R^2 = .0135$, $\Delta F = 210.03$, $p < .001$, demonstrating that psychological flexibility and emotional regulation jointly explained additional variance, further shaping the impact of intolerance of uncertainty on anxiety.

Table 14

Moderating effect of psychological flexibility and emotional regulation on impostorism and anxiety among young adults (N=300)

Predictors	M						
	Model 2						
	<i>B</i>	<i>SEB</i>	<i>t</i>	<i>p</i>	<i>95% CI</i>	ΔR^2	ΔF
Constant	34.21	1.73	19.78	.00	[30.81,37.62]		
Intolerance of uncertainty (IU)	-.29	.03	9.44	.00	[-.35,-.23]		
Impostorism (IP)	.02	.01	1.83	.07	[-.00,.04]		
Psychological flexibility (AAQ)	.56	.04	14.05	.00	[.48, .64]		
Emotional regulation (ER)	-.00	.01	.12	.90	[-.01,.01]		
IP × AAQ	-.04	.00	-21.44	.00	[-.05, -.05]	.01	459.830***
IP × ER	-.00	.00	-.86	.39	[-.00, .00]	.00	.732
All Interactions (both)						.0137	239.362***
R ²	.989						

F(6,293)	4513.386***
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Note. *** $p < 0.001$

Table 14 shows the moderation analysis testing the effect of impostorism on anxiety with psychological flexibility and emotional regulation as moderators. The overall model was significant, $R^2 = .9888$, $F(6,293) = 4513.39$, $p < .001$, explaining 98.88% of the variance in anxiety. The interaction between impostorism and psychological flexibility was significant, $\Delta R^2 = .0133$, $\Delta F = 459.83$, $p < .001$, indicating that higher psychological flexibility reduced the strength of the positive association between impostorism and anxiety. In contrast, the interaction between impostorism and emotional regulation was not significant, $\Delta R^2 = .0000$, $\Delta F = 0.73$, $p > .05$, suggesting that emotional regulation did not independently moderate this relationship. However, the combined interaction of both moderators was significant, $\Delta R^2 = .0137$, $\Delta F = 239.36$, $p < .001$, demonstrating that psychological flexibility and emotional regulation jointly contributed additional explanatory power in the relationship between impostorism and anxiety.

Graph

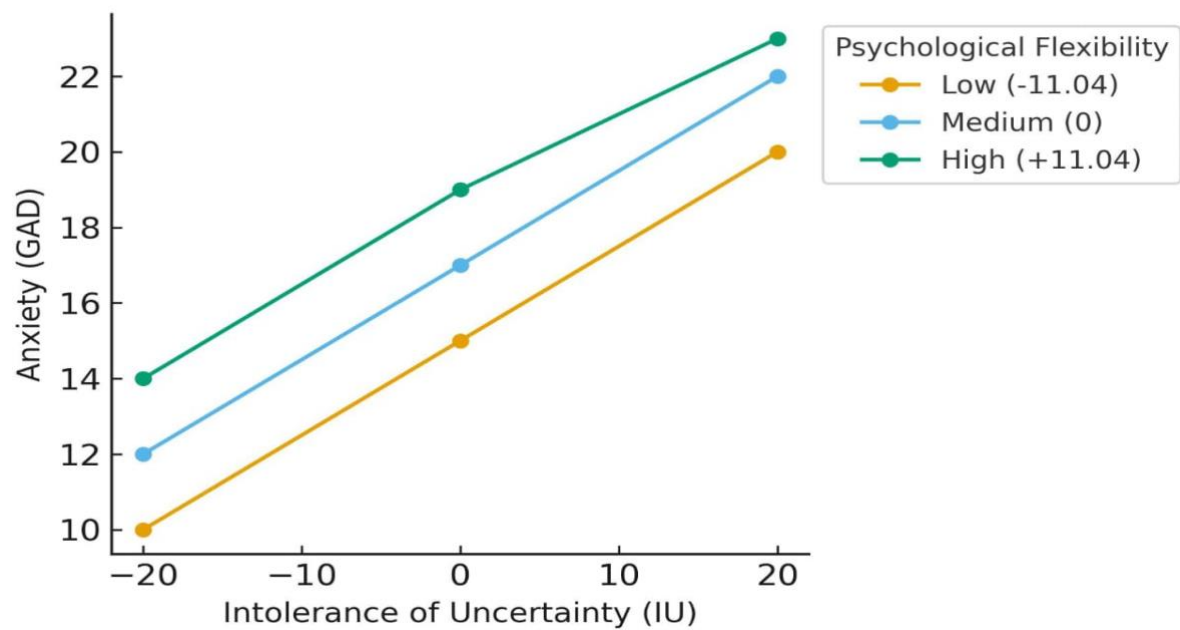


Figure 6: Moderating effect of psychological flexibility and emotional regulation on impostorism and anxiety among young adults

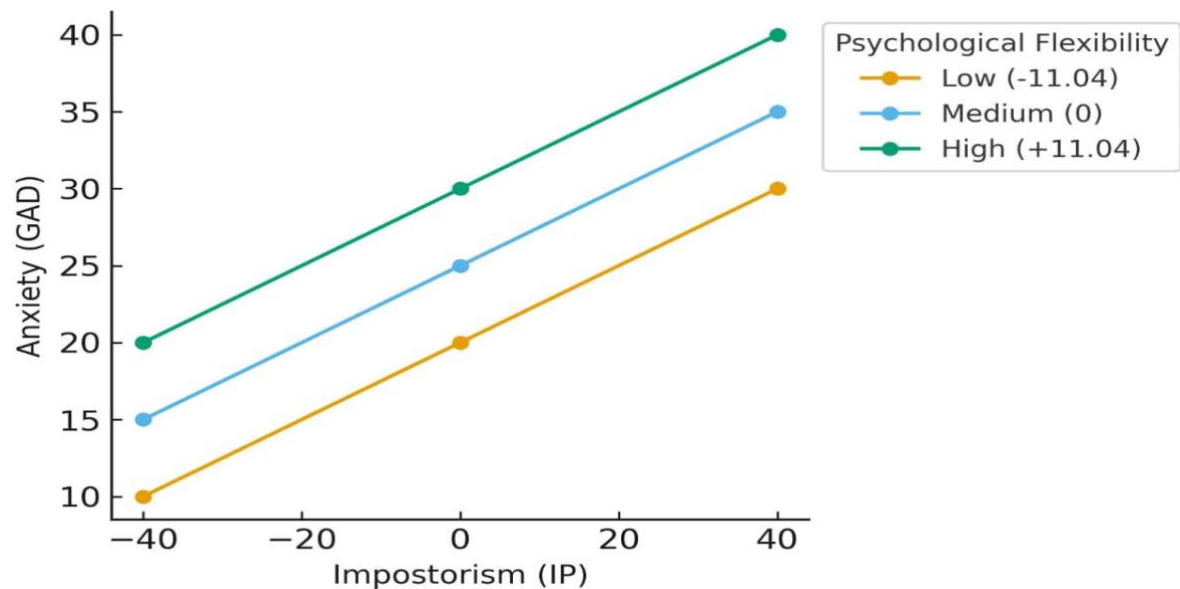


Figure 6: Moderating effect of psychological flexibility and emotional regulation on impostorism and anxiety among young adults

DISCUSSION

Discussion

The current study examined the moderating effects of psychological flexibility and emotional regulation on anxiety in young adults, as well as the effects of impostorism and intolerance of uncertainty. The results are interpreted in this discussion chapter in light of the study's hypotheses, theoretical frameworks, and body of current literature. The chapter seeks to offer a thorough grasp of how individual variations in coping strategies and cognitive-emotional processes impact anxiety levels in emerging adults by closely examining the links between the factors. The practical importance of encouraging adaptive techniques to reduce anxiety in this population is further highlighted by the consideration of the data's implications for psychological practice, therapies, and future research approaches.

The results confirmed the 1st hypothesis, which holds that young adults' anxiety is positively correlated with their intolerance of uncertainty and impostorism. The results show that young adults are more likely to have elevated anxiety levels if they struggle with uncertainty and often feel like imposters. This finding is in line with a large body of research that demonstrates how impostorism and intolerance of uncertainty (IU) both function as cognitive weaknesses that worsen anxiety symptoms.

The Intolerance of Uncertainty Model provides a convincing framework for comprehending these results (Dugas et al., 1998; Carleton, 2016). This concept suggests that people with high IU perceive ambiguous or unexpected circumstances as hazardous by nature, which causes them to worry excessively and experience generalized anxiety. This has received a lot of empirical evidence. For instance, Fergus et al. (2023) used longitudinal analyses to demonstrate that people with high IU were more likely to experience ongoing anxiety symptoms, especially during times of international unrest like the COVID-19 pandemic.

Similarly, even after adjusting for various cognitive weaknesses, Birrell et al. (2019) discovered that IU significantly predicted generalized anxiety disorder in young people. These results show that IU is a broad transdiagnostic vulnerability that consistently affects anxiety rather than only being a momentary risk factor.

Young people's anxiety is also greatly exacerbated by impostorism. Fears of being "exposed" and feelings of intellectual fraudulence can lead to persistent self-doubt, which in turn feeds anxious thoughts. More than half of participants in a recent cross-cultural study by Qasem et al. (2025) among Jordanian university students reported clinically significant levels of impostorism, which was found to be substantially and positively connected with anxiety and stress. In a similar vein, a comprehensive review by Bravata et al. (2020) found that impostor syndrome was consistently linked to greater levels of psychological distress, specifically anxiety and depression, in both working professionals and students. Cognitive-behavioral frameworks can be used to explain these findings, which show that anxiety is further fueled by avoidance strategies and rumination when maladaptive beliefs about competence are present.

The psychodynamic perspective offers significant theoretical insights as well. Unresolved conflicts between the ideal self, which is internalized through parental and societal expectations, and the perceived actual self can give rise to impostorism, which can result in persistent worry over failure and exposure. A deeper psychodynamic uneasiness with unpredictability and loss of control, frequently stemming from early experiences of inconsistent care giving, is reflected in intolerance for ambiguity. Impostorism and Intolerance of uncertainty work together to create a potent cognitive-emotional milieu that makes young adults more susceptible to anxiety by increasing their sense of threat and self-doubt.

When combined, the results demonstrate that impostorism and Intolerance of uncertainty are both specifically and cooperatively linked to high anxiety levels in young

people. These results demonstrate the combined predictive power of these constructs, which not only confirms but also expands upon earlier findings. This emphasizes how crucial it is to address both imposter and Intolerance of uncertainty beliefs in preventive interventions meant to lessen anxiety in young adults.

The results supported the 2nd hypothesis, which proposed that psychological flexibility will reduce the effect of impostorism on anxiety in young adults. The results imply that people with greater psychological flexibility which Hayes et al. (2006) define as the capacity to tolerate challenging internal experiences while working toward worthwhile objectives were better equipped to deal with impostor syndrome without giving in to crippling fear.

This research is consistent with Acceptance and Commitment Therapy (ACT), which highlights psychological adaptability as a fundamental defense mechanism against mental health issues. Flexible people are able to identify impostor thoughts as fleeting cognitive phenomena rather than objective realities, which lessens their negative effects on emotional health, according to ACT. This buffering function is supported by empirical evidence. For instance, psychological flexibility considerably reduced the association between college students' anxiety and self-critical thoughts, enabling them to have impostor-related doubts without becoming overly distressed, according to Kristoffersson et al. (2024). According to Marshall et al. (2022), psychological flexibility also mediated the association between anxiety and maladaptive perfectionism, indicating that flexibility could mitigate the detrimental impacts of impostorism, which frequently coexists with perfectionistic tendencies.

The Contextual Behavioral Science model (Hayes et al., 2012) provides a more comprehensive theoretical explanation for why flexibility prevents impostorism. According to this paradigm, people who possess greater flexibility are able to stay in the present, approach their thoughts from a perspective-taking position, and match their actions with their beliefs.

This stops the pattern of rumination and avoidance that usually makes impostor-prone people feel more anxious. Support is also provided by neurocognitive models: studies show that flexible people have better prefrontal control over limbic reactivity (Kashdan & Rottenberg, 2010), which enables them to suppress the amygdala's threat reaction to exposure-related worries of impersonation.

The preventive potential of flexibility in stressful situations is also highlighted by recent empirical data. According to Smith and Allen (2023), even in the face of strong imposter beliefs, students who exhibited high psychological flexibility reported feeling less anxious during the COVID-19 exam. These results imply that flexibility alters how people relate to impostor thoughts, making them less frightening, rather than completely eliminating them. Thus, ACT-based therapies appear to be potential techniques in student populations, as psychological flexibility seems to be a significant aspect in lowering impostor-driven anxiety in young adults.

Hypothesis 3 stated that emotional regulation would reduce the impact of intolerance of uncertainty on anxiety in young adults. However, the results did not support this hypothesis, as emotional regulation did not significantly moderate the Intolerance of uncertainty and anxiety relationship.

In theory, controlling one's emotions is frequently seen as a defense against anxiety. According to Gross (2015)'s Process Model of Emotion Regulation, techniques like reappraisal and suppression affect emotional reactions and can lessen anxiety in unclear situations. Recent data, however, suggests that although regulatory methods might mediate the relationship between anxiety and Intolerance of uncertainty, their moderating influence is minimal. For example, Zhang et al. (2024) observed in a longitudinal research that Intolerance of uncertainty predicted increased anxiety with time, and that adaptive techniques like reappraisal did not

significantly mitigate the impact of Intolerance of uncertainty, even if maladaptive methods like rumination mediated this association. Similarly, a meta-analysis by Liao et al. (2023) revealed that while emotion regulation and Intolerance of uncertainty were associated, regulation's moderating effect was minimal; indicating that intolerance of uncertainty's impact on anxiety is strong and less sensitive to regulation abilities.

The fact that Intolerance of uncertainty functions at a deeper cognitive level than emotional regulation could be one reason for these findings. Anxious reactions are automatically triggered before regulating techniques may take action because of the widespread perception that uncertain situations are disagreeable by nature. As a result, whereas regulation might assist people in controlling the severity of their emotional reactions, it might not stop Intolerance of uncertainty from causing anxiety in the first place. From a behavioral standpoint, people with high Intolerance of uncertainty could exhibit avoidance tendencies that restrict their ability to successfully use regulatory techniques.

According to psychodynamic theory, Intolerance of uncertainty can be a reflection of an ingrained sensitivity for losing control that is difficult to address with surface-level management strategies.

The limitations of emotion management in this situation are further supported by empirical data. According to Boswell et al. (2019), cognitive reappraisal did not significantly lessen the impact of Intolerance of uncertainty, although being linked to decreased general anxiety. This implies that rather than depending only on regulation, Intolerance of uncertainty might be a more inflexible cognitive weakness that calls for active intervention, including exposure-based techniques or cognitive restructuring.

Therefore, the study's null result is in line with new research that indicates emotion management might not be enough to counteract Intolerance of uncertainty's potent anxiety-

reducing effects. Interventions may instead need to teach regulation as a supporting, rather than a primary, ability while directly addressing Intolerance of uncertainty.

Hypothesis 4 stated that “young adults with high psychological flexibility and emotional regulation will have lower anxiety levels.” The results were consistent with this expectation. According to the theory of psychological flexibility put forth by Acceptance and Commitment Therapy, people suffer less when they are able to recognize challenging internal experiences, accept them without avoiding them, and continue acting in ways that are motivated by values that are personally significant to them (Hayes et al., 2006; Hayes et al., 2012). This model predicts lower anxiety in areas with greater psychological flexibility since tight control efforts and experiential avoidance increase worry and danger assessments. In support of this explanation, the process model of emotion regulation contends that while response-focused techniques like expressive suppression tend to increase distress, antecedent-focused techniques like cognitive reappraisal, in particular, lower negative affect and physiological arousal that fuel anxiety (Gross, 1998; Gross, 2015). When combined, these frameworks offer a logical theoretical explanation for the pattern that was seen: young adults who employ adaptive emotional regulation techniques and are able to adapt to internal ambiguity should experience less anxiety, which is precisely what the data showed.

This pattern is consistent with empirical studies. Changes in psychological flexibility are highlighted as a key phase of improvement in Acceptance and Commitment Therapy, which has been shown to reliably reduce anxiety symptoms, according to meta-analytic and review evidence (Twohig & Levin, 2017; A-Tjak et al., 2015; Wetherell et al., 2025). In line with psychological flexibility acting as an active mechanism, studies monitoring the course of transformation show that increases in valued action and decreases in battle with symptoms occur before reductions in suffering (Levin et al., 2017; Gloster et al., 2024). Concurrently, a thorough meta-analysis spanning both clinical and nonclinical samples finds that adaptive

emotion regulation techniques, like cognitive reappraisal, are linked to reduced anxiety, while maladaptive techniques, like rumination and suppression, are strongly linked to anxiety symptoms (Aldao et al., 2010). Theoretically and practically, these converging findings support the idea that young people who experience less anxiety also have greater psychological flexibility and more adaptive emotional regulation.

Pakistani research reinforces the cultural significance of the outcome and lends more credence to this interpretation. Greater use of adaptive emotion regulation, particularly cognitive reappraisal, was linked to lower anxiety and a higher quality of life, whereas expressive suppression was linked to higher distress, according to a study conducted with university students in Pakistan (Abdullah & Abbass, 2021). By translating and validating popular emotion regulation tools into Urdu, work with Pakistani samples has also improved measurement foundations and allowed for reliable evaluation in regional settings (Abbasi & Kazmi, 2022; Shahzad et al., 2017). Furthermore, in line with the more comprehensive flexibility-regulation account, research with Pakistani students relates dispositional mindfulness and associated self-regulatory abilities to decreased anxiety symptomatology (Khalid et al., 2022). Your findings have a strong local foundation because these research show that Pakistani young adults use the same mechanisms that have been emphasized in international literature.

Lastly, theory points to a complementary interaction between emotional regulation and psychological flexibility that may help explain why the two are particularly protective. Psychological flexibility lessens the cognitive load that frequently triggers maladaptive regulation behaviors like concern or repression by reducing the struggle with internal cues of threat and uncertainty. Adaptive techniques like cognitive reappraisal are easier to implement and more successful in that lower-struggle setting, which further lowers anxiety arousal and avoidance cycles (Hayes et al., 2006; Gross, 2015). The decreased anxiety profile seen in

young people with high psychological flexibility and more adaptive emotional regulation is essentially the result of psychological flexibility altering one's response to anxious thoughts and feelings and emotion regulation altering their trajectory.

Hypothesis 5 stated that psychological flexibility and emotional regulation will moderate the relationship between intolerance of uncertainty, impostorism, and anxiety among young adults. The results provided evidence consistent with this moderating role. Although the intolerance of uncertainty model of generalized anxiety disorder suggests that intolerance of uncertainty is a primary cause of worry and anxious responses, it also suggests that processes that modify reactions to internal cues can modify the strength of this pathway (Dugas et al., 1997; Dugas & Robichaud, 2007; Carleton, 2016). Such a mechanism is psychological flexibility, which should reduce the connection between intolerance of uncertainty and anxious avoidance and persistent worry by encouraging a readiness to face uncertainty and continue to do desirable action. Moderation is also predicted by emotion regulation theory: those with better cognitive reappraisal abilities perceive the same uncertain circumstance as more controllable, which lessens the extent to which anxiety is increased by intolerance of uncertainty. As a result, these models predict the data's pattern: the relationships between anxiety and impostorism and intolerance of uncertainty are not constant but rather change depending on psychological flexibility and emotion control.

These buffering effects are demonstrated by empirical research. The effects of stress on internalizing symptoms have been found to be moderated by cognitive reappraisal ability in the literature on emotion regulation. As a result, people with higher reappraisal skills show fewer relationships between stress exposure and depressive and anxious moods (Troy et al., 2010). Similar research suggests that while more adaptive regulation skills reduce the relationship between intolerance of uncertainty and distress, emotion regulation difficulties

increase it (Bardeen et al., 2012; further supported by reviews linking intolerance of uncertainty to anxiety through regulatory pathways, Gentes & Ruscio, 2011; McEvoy & Mahoney, 2012).

As a transdiagnostic context variable, flexibility can reduce the impact of stressors on mental health outcomes, according to process studies and reviews within the psychological flexibility tradition. In other words, flexibility alters the degree to which risk processes manifest as symptoms (Kashdan & Rottenberg, 2010; Gloster et al., 2024; Wetherell et al., 2025). These results are consistent with a moderation theory that argues that anxiety is less driven by intolerance of uncertainty when psychological flexibility and adaptive emotion regulation are increased. Foundational and modern syntheses of impostorism show strong correlations between anxiety and impostor sentiments, especially in achievement-oriented student and trainee groups (Clance & Imes, 1978; Bravata et al., 2020).

Adaptive emotional regulation lessens the severity and duration of the accompanying affective surge, while psychological flexibility promotes no defensive contact with impostor thoughts ("I am a fraud and will be exposed") and sustained, values-consistent engagement. This suggests that moderation is theoretically possible. Research from student populations demonstrates that self-regulatory practices, including self-compassion, mindfulness, and reappraisal, can act as protective moderators even in the presence of impostor beliefs, thereby reducing the association between impostorism and distress (see reviews and empirical syntheses in Bravata et al., 2020). The idea that psychological adaptability and emotion control modify the degree of the correlation between anxiety and impostorism in young people is supported by these converging reasons.

Studies conducted in Pakistan provide culturally appropriate evidence in favor of a moderation viewpoint. Research on Pakistani trainees and undergraduates repeatedly demonstrates that symptoms of impostor syndrome are prevalent and linked to increased

psychological distress and anxiety (Awan&Hameed, 2025; Nawaz et al., 2023; Ashraf et al., 2024). Pakistani validations of emotion regulation measures offer trustworthy instruments for identifying such effects (Abbasi & Kazmi, 2022; Shahzad et al., 2017). Research in the same academic settings finds adaptive emotion regulation as a correlate of better mental health, with reappraisal linked to less anxiety and suppression linked to worse outcomes (Abdullah & Abbass, 2021). The impact of risk factors like impostorism and intolerance of uncertainty on anxiety is likely to be smaller in areas with stronger adaptive self-regulation, despite the fact that many Pakistani studies are correlational. This is exactly the conditional pattern that moderation implies and that is reflected in your findings.

Hypothesis 6 stated that there will be a significantly higher level of anxiety in younger age groups than older age groups of young adults. However, the results did not support this hypothesis, as no significant difference in anxiety levels was observed on the basis of age. This result is consistent with a number of earlier researches that have produced conflicting findings about how age affects anxiety in young adults. For example, Twenge and Park (2019) showed that anxiety symptoms had been rising in all younger cohorts, but that the variations based on smaller age ranges (early versus later young adulthood) were insignificant within the emerging adult population (ages 18–29). This implies that age-related differences in anxiety may be less noticeable after people reach the young adult period as opposed to more general generational changes.

Furthermore, the lack of notable anxiety differences between younger and older groups within young adults can be explained by Arnett's (2000) notion of emerging adulthood. Exploration, instability, and identity development are hallmarks of emerging adulthood and are typical difficulties encountered by people in this age range. Overall anxiety levels may not differ considerably between early and later young adulthood since these developmental

pressures don't change. This suggests that young people' developmental activities and psychosocial demands may have a greater impact on anxiety development than their actual age.

In a similar vein, Baxter et al. (2014) found that among young adults, age was not a significant predictor of anxiety. Rather, contextual elements like financial strain, academic demands, and future uncertainty were more significant influences. The idea that situational and cultural pressures may overwhelm slight age variations is further supported by the findings of Hussain et al. (2020), who observed that university students in South Asian young adulthood did not exhibit significant differences in anxiety symptoms across age groups.

Thus, the findings imply that rather than chronological variations within the young adult age range, anxiety in young adults is more closely linked to psychosocial, cultural, and environmental factors. This suggests that rather than highlighting age-based differences, interventions should concentrate on addressing common stressors of young adulthood, such as social expectations, career instability, and academic pressure.

Hypothesis 7 stated that female young adults will report significantly higher levels of anxiety compared to male young adults. The results supported this hypothesis, as females in the study reported significantly higher anxiety levels than their male counterparts. This result is in line with a substantial amount of research showing that anxiety varies by gender. Women are almost twice as likely as men to suffer from anxiety disorders, and this difference starts in adolescence and lasts throughout young adulthood, according to McLean et al. (2011). It has been discovered that biological factors, such as changes in hormones like estrogen and progesterone, increase women's susceptibility to anxiety (Kessler et al., 2005).

Another important component in explaining these discrepancies is sociocultural. According to Nolen-Hoeksema (2012), women are more prone to use ruminative coping mechanisms, which make anxiety symptoms worse. Furthermore, young women are frequently

disproportionately burdened with household responsibilities, academic performance, and marriage-related pressures due to cultural expectations and gender norms, especially in South Asian contexts (Mahmood & Saleem, 2011). Compared to men, women may experience higher levels of anxiety as a result of these social pressures.

Furthermore, a study conducted in Pakistan by Khan et al. (2020) discovered that female university students had noticeably higher anxiety levels than male students. They attributed these discrepancies to both gender-based discrimination and psychosocial stressors. The findings of this study demonstrate that gendered experiences in collectivistic cultures may increase young women's risk of anxiety while also echoing global patterns.

Cognitive-behavioral theory, which stresses the interplay between mental processes and emotional experiences, can also help explain the observed results. Because they are more prone to absorb stress, women may adopt unhelpful mental habits that exacerbate worry. Therefore, both culturally unique stressors and universal gendered vulnerabilities are reflected in the greater anxiety levels among female young people.

Hypothesis 8 stated that there would be a difference between intolerance of uncertainty and anxiety on the basis of educational levels of young adults. The results did not support this hypothesis, as no significant differences in anxiety were found between different educational groups. This result is in line with studies showing that education does not always operate as a buffer against anxiety in young adults, even while it can protect against some mental health issues. Eisenberg et al. (2009), for instance, discovered that college students' anxiety levels did not significantly vary by academic year, indicating that intellectual exposure by itself does not ensure less psychological suffering.

Academic stress theory, which highlights that higher education itself, can be a source of stress and uncertainty, regardless of the level obtained, can be used to explain why there

aren't any notable distinctions. According to Misra and McKean (2000), pressures including homework, exams, and worries about one's future profession affect university students at all levels and can cause constant anxiety levels. Similarly, research from South Asia has shown that anxiety variations among young people may not be predicted by educational attainment. For example, Asghar et al. (2019) discovered no significant difference in anxiety symptoms between Pakistani undergraduate and graduate students, attributing this to the pressures that both groups face from society and academia. This implies that the possible advantages of higher education for mental health may be offset by the widespread stress of competitive academic settings.

Therefore, the results suggest that treatments must address academic culture, support networks, and coping mechanisms at all educational levels because educational performance alone is insufficient to protect young adults against anxiety. Instead of depending on academic success as a buffer, the emphasis should be on building psychological adaptability and resilience.

Hypothesis 9 stated that young adults from lower socioeconomic status would show significantly higher levels of anxiety compared to those from middle and higher socioeconomic groups. The results partially supported this hypothesis, as significant differences were observed between lower and middle socioeconomic groups, but not with the upper-class group. This result is consistent with other studies that demonstrate a clear correlation between higher anxiety levels and lower socioeconomic circumstances. Due mainly to restricted access to resources and ongoing exposure to financial stress, Costello et al. (2003) discovered that economic disadvantage during childhood and adolescence predicts greater rates of anxiety in young adulthood.

Ali et al. (2017) found that socioeconomic deprivation was associated with higher rates of anxiety and depression among university students in Pakistan, with a lack of educational resources and financial instability being two important contributing variables. Similar to this, a multi-country study by Patel et al. (2018) found that young adults from economically excluded groups are more likely to struggle with mental health issues because of stigma, insecurity, and fewer chances. The results are explained by the social stress theory, which holds that people from lower socioeconomic origins are more likely to be exposed to stressors and have fewer coping mechanisms, making them more susceptible to psychological suffering (Aneshensel, 1992). Significant discrepancies between lower and intermediate socioeconomic groups were explained by this theoretical framework, but the gap with upper-class young adults may not have been as noticeable in this study.

As a result, the findings highlight the necessity of focused mental health treatments that take socioeconomic inequality into account. It might be able to lessen the burden of worry and encourage improved mental health across social strata by offering financial assistance, counseling, and coping mechanisms to young adults who are economically disadvantaged.

Hypothesis 10 stated that young adults from minority ethnic groups would show higher levels of intolerance of uncertainty, impostorism, and anxiety compared to young adults of majority ethnic groups. However, the results did not support this hypothesis, as no significant differences were observed on the basis of ethnicity. The lack of such findings in this study may be due to the unique sociocultural background of the young adults in the sample, even though a large body of international research has shown that minority ethnic status is frequently associated with higher psychological distress due to discrimination and marginalization (Williams & Mohammed, 2009).

One argument is that young adults' ethnic variety in Pakistan might not result in the same kind of institutional marginalization that is seen in Western situations. According to research by Rehman and Kalra (2018), social cohesion across ethnic groups is frequently fostered by shared cultural and religious values in collectivistic communities, which in turn lessens ethnic differences in mental health outcomes. The lack of notable variations in anxiety levels among ethnic groups may be explained by this.

Furthermore, some research indicates that younger generations are embracing more inclusive and interconnected identities, which could act as a protective factor against stress related to ethnicity. Syed and Juang (2014), for instance, discovered that identity integration among young people from ethnic minorities lessened the detrimental impacts of prejudice on psychological health. This implies that the influence of ethnicity on anxiety may be lessened for young adults who rely on larger social networks and collective identities.

Social identity theory (Tajfel & Turner, 1979) offers a helpful theoretical framework. It implies that although being a member of a minority group can make one more susceptible to stress, the degree of social support and group identification can act as a protective factor. According to this study, racial disparities in anxiety may have been offset by social identity resources. Therefore, the results show that cultural circumstances are important in determining these outcomes and that ethnicity may not always predict mental health disparities. While worldwide literature highlights ethnic disadvantage, the current results suggest a need for more nuanced, culturally grounded study on ethnicity and anxiety.

Rather than merely reiterating statistical outcomes, the present findings are best understood through established theoretical models of anxiety and self-evaluation. The significant association between intolerance of uncertainty and anxiety supports cognitive-behavioral models suggesting that maladaptive appraisals of ambiguity amplify threat

perception and emotional distress (Carleton, 2016). Similarly, the strong relationship between impostorism and anxiety aligns with psychodynamic conceptualizations emphasizing internalized self-doubt and fear of evaluation (Clance & Imes, 1978). Importantly, the moderating role of psychological flexibility suggests that adaptive acceptance-based processes may buffer the emotional impact of these vulnerabilities, consistent with Acceptance and Commitment Therapy principles (Hayes et al., 2006).

While the findings support the proposed moderation model, alternative explanations should be considered. The reliance on self-report measures may have introduced response biases, and the cross-sectional design limits causal interpretations. It is also possible that unmeasured variables such as social support or personality traits influenced anxiety levels. These factors should be addressed in future longitudinal and experimental research to strengthen causal inference.

Limitations

Several limitations should be acknowledged to contextualize the findings:

- The use of a cross-sectional design allows for the identification of associations between intolerance of uncertainty, impostorism, moderators (psychological flexibility and emotional regulation), and anxiety, but it does not establish causal relationships. Longitudinal studies are needed to examine temporal and directional effects, particularly how changes in moderators over time may buffer or exacerbate anxiety. Future research should employ longitudinal designs, probability sampling, and multi-method assessment approaches to enhance validity and causal understanding.
- Recruitment primarily from universities and online platforms may have biased the sample toward young adults with higher educational attainment and access to digital

resources. This may not represent non-student, rural, or working-class populations, potentially limiting external validity.

- Although validated instruments were used for all variables, responses may have been influenced by social desirability, self-perception biases, or misinterpretation of items. In collectivist societies, stigma surrounding mental health may also lead to underreporting of anxiety or impostorism.
- Conducted within Pakistan, findings may reflect cultural norms such as collectivism, family expectations, and performance pressure, which could differ in individualistic societies. The interpretation of anxiety, impostor feelings, and emotional regulation strategies may vary cross-culturally, limiting generalizability.
- Other relevant factors, such as personality traits (e.g., neuroticism), previous trauma, social support, or ongoing psychiatric conditions, were not controlled for and could have influenced the observed relationships.
- The sample largely consisted of university students, with fewer participants from lower socioeconomic groups or minority ethnic communities. This may underestimate anxiety and intolerance of uncertainty in populations facing greater structural or societal stressors.
- Psychological flexibility and emotional regulation are dynamic constructs. Measuring them at one time point may not capture their variability across contexts or stressors, which could affect their moderating impact.

Suggestions for Future Research

- Future studies should employ longitudinal designs to track changes in anxiety, impostorism, and intolerance of uncertainty over time, enabling clearer understanding of causal relationships. Experimental interventions can test whether increasing

psychological flexibility or emotion regulation reduces anxiety in high-risk populations.

- Implement and evaluate Acceptance and Commitment Therapy (ACT), cognitive-behavioral, or emotion regulation-based interventions targeting vulnerability factors to assess their effectiveness in reducing anxiety and impostorism.
- Include non-student young adults, rural populations, and different occupational sectors to improve representativeness. Comparative studies between different socioeconomic, ethnic, and educational groups could clarify contextual influences on anxiety and moderators.
- Use in-depth interviews, focus groups, or diary studies to capture culturally specific experiences of impostorism, uncertainty, and anxiety. This can provide nuanced understanding of how young adults interpret and respond to stressors in daily life.
- Compare findings with Western and other collectivist societies to determine the role of culture in shaping the relationship between cognitive-emotional vulnerabilities and anxiety.
- Future research could include physiological stress indicators such as cortisol or heart rate variability to complement self-reports, offering a more objective assessment of anxiety and emotional regulation processes.
- Examine interactions between gender, socioeconomic status, ethnicity, and other identity factors to determine how they jointly influence intolerance of uncertainty, impostorism, and anxiety, providing a more holistic view of vulnerability.

Implications

The present study contributes to the existing literature by integrating intolerance of uncertainty and impostorism within a unified moderation framework, an approach that remains

underexplored in non-Western contexts. By empirically demonstrating the buffering role of psychological flexibility and emotional regulation among Pakistani young adults, the study extends predominantly Western findings and enhances cross-cultural validity of these constructs. Moreover, the findings highlight the relevance of acceptance-based psychological processes in collectivistic cultures, offering culturally grounded evidence for transdiagnostic intervention models.

- Integrate resilience and flexibility training into university curricula, including modules on psychological flexibility, emotion regulation, and coping with uncertainty. Conduct workshops specifically targeting first-year students or those at high risk of anxiety, addressing impostorism, academic pressure, and stress management. Develop mentorship programs pairing senior students or alumni with juniors to model effective coping and emotional strategies.
- The integrated model of intolerance of uncertainty and impostorism, moderated by psychological flexibility and emotion regulation, provides a theoretical framework for future research. Adapt measurement tools to local contexts, ensuring cultural relevance and linguistic accuracy for constructs such as impostorism and uncertainty. Encourage replication studies across different age groups and cultural settings to strengthen the validity of findings.
- Introduce workplace mental health programs emphasizing uncertainty management, adaptive emotion regulation, and psychological flexibility, particularly in high-pressure or volatile job markets. Employee development programs can incorporate flexibility and emotion regulation skills to improve productivity, stress management, and overall well-being.
- Clinicians can integrate ACT and emotion-focused therapy tailored to young adults in collectivist societies, emphasizing acceptance, value-driven behavior, and emotional

awareness. Screening for impostorism and intolerance of uncertainty in clinical assessments can allow targeted interventions for anxiety disorders. Culturally adapted therapy materials should include relevant examples of uncertainty and performance pressure to enhance treatment engagement and efficacy.

Conclusion

The study establishes that intolerance of uncertainty and impostorism are significant cognitive-emotional predictors of anxiety in young adults. Psychological flexibility emerged as a strong protective factor, whereas emotional regulation showed effects primarily when combined with flexibility. Gender and lower-middle socioeconomic status were linked to higher anxiety levels, highlighting the importance of demographic considerations in intervention planning.

Age, educational level, and minority ethnicity showed non-significant effects, indicating cognitive-emotional vulnerabilities may outweigh sociodemographic factors. Findings support the integration of cognitive-behavioral, psychodynamic, and emotion regulation frameworks in understanding anxiety. The moderating role of combined psychological flexibility and emotional regulation provides a refined perspective on protective mechanisms in emerging adulthood.

The study underscores the value of resilience-oriented interventions in educational, clinical, organizational, and community contexts. By fostering psychological flexibility and adaptive emotion regulation, programs can mitigate anxiety and impostorism, contributing to improved mental health and performance outcomes.

These findings advocate for culturally sensitive, longitudinal, and intervention-based research, emphasizing dynamic interactions between cognitive-emotional factors and

environmental stressors. Addressing vulnerabilities in a structured, evidence-based, and culturally informed manner has the potential to enhance mental health outcomes for young adults navigating complex life demands.

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ANNEXURES

Annexure A

Informed Consent Form

Dear Participant,

You are invited to participate in a research study “Exploring the impact of Intolerance of uncertainty and Impostorism on Anxiety among young Adults, focusing on the moderating effect of Psychological Flexibility and Emotional Regulation”, conducted by Shanza Mehmood , an MS Scholar at the Islamic International University. I kindly request your informed consent to participate in this research, which will contribute to academic scholarship in the field. Your participation in this research will involve answering objective type questions. Your active engagement and honest responses will greatly contribute to the quality and depth of the findings. It is assured that all information obtained from your participation will be treated with the utmost confidentiality. Your identity will remain anonymous. Your participation in this study is entirely voluntary. You have the right to decline participation or withdraw from the study at any time, without any negative consequences. If you choose to withdraw, any data collected up until that point will be excluded from the study.

I hear by confirm that I have read the terms mentioned above and agree with them.

Participant's signature _____

Annexure B

Demographics Sheet

Instructions: Please fill the following details. Your responses will be kept confidential and it will be used for research purposes only.

Age

- 18 to 21 years
- 22 to 25 years
- 26 to 30 years

Birth order

- 1st born
- 2nd born
- 3rd born
- 4th born
- 5th born
- Only child

Gender

- Male
- female

Educational level

- Matric
- Intermediate
- Undergraduate
- Postgraduate

Socioeconomic status

- Upper class
- Middle class
- Lower class

Ethnicity

- Punjabi
- Sindhi
- Balochi
- Pakhtoon
- Other

Marital status

- Single
- Married
- Other

Employement status

- Full time
- Part time
- Unemployed
- Other

Family structure

- Nuclear
- Joint

Number of siblings

- Only child
- 1 to 2 siblings
- 3 to 4 siblings
- 5 and more

Religious affiliation

- Sunni muslims
- Shia muslims
- Other

Ever diagnosed with mental health illness or not?

- Yes
- No

Annexure C

Intolerance of uncertainty Scale

Please answer each question using the 5-point scale to answer each question.

Strongly disagree=1 ,Somewhat disagree=2, Neutral=3, Somewhat agree=4, Strongly agree

		1	2	3	4	5
1	Unforeseen events upset me greatly.					
2	It frustrates me not having all the information I need.					
3	One should always look ahead so as to avoid surprises.					
4	A small, unforeseen event can spoil everything, even with the best of planning.					
5	I always want to know what the future has in store for me.					
6	I can't stand being taken by surprises.					
7	I should be able to organize everything in advance.					
8	Uncertainty keeps me from living a full life.					
9	When it's time to act, uncertainty paralyzes me.					
10	When I am uncertain, I can't function very well.					
11	The smallest doubt can stop me from acting.					
12	I must get away from all uncertain situations.					

Annexure D

Clance Impostor Phenomenon Scale (CIPS)

Please answer each question using the 5-point scale to answer each question.

Not at all true=1, Rarely=2 ,Sometimes=3, Often=4, Very true=5

		1	2	3	4	5
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 am afraid people important to me may find out that I am 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 would 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 is 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 am disappointed at times in my present accomplishments and think I should have Accomplished much more.					
13	Sometimes I am afraid others will discover how much knowledge or ability I really lack.					
14	I am 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 have 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 am going to receive a promotion or gain recognition of some kind, I hesitate to tell Others until it are 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.					

Annexure E

Acceptance and Action Questionnaire

Please answer each question using the 7-point scale to answer each question.

Strongly disagree=1 , Disagree=2, Somewhat disagree=3, Neutral=4,Somewhat agree=5, Agree=6, Strongly agree=7

		1	2	3	4	5	6	7
1	I am afraid of my feelings.							
2	I worry about not being able to control my worries and feelings.							
3	My painful memories prevent me from having a fulfilling life.							
4	Emotions cause problems in my life.							
5	It seems like most people are handling their lives better than I am.							
6	Worries get in the way of my success.							
7	My painful memories prevent me from having a fulfilling life.							

Annexure F

Emotional Regulation Questionnaire

Please answer each question using the 7-point scale to answer each question.

Strongly disagree=1 , Disagree=2, Somewhat disagree=3, Neutral=4, Somewhat agree=5, Agree=6, Strongly agree=7

		1	2	3	4	5	6	7
1	When I want to feel more positive emotions such as joy or amusement, I change what I am thinking about.							
2	I keep my emotions to myself.							
3	When I want to feel less negative emotions such as sad or anger, I change what I am thinking about.							
4	When I am feeling positive emotions, I am careful not to express them.							
5	When I am faced with a stressful situation, I make myself think about it in a way that helps me stay calm.							
6	I control my emotions by not expressing them.							
7	When I want to feel more positive emotions, I change the way I am thinking about the situation.							

8	I control my emotions by changing the way I think about the situation I am in.							
9	When I am feeling negative emotions, I make sure not to express them.							
10	When I want to feel less negative emotions, I change the way I am thinking about the situation.							

Annexure G

Generalized Anxiety Disorder GAD-7

	Over the last two weeks, how often have you been bothered by the following problems?	Not at all 0	Several days 1	More than half the days 2	Nearly everyday 3
1	Feeling nervous, anxious or on edge.				
2	Not being able to stop or control worrying.				
3	Worrying too much about different things.				
4	Trouble relaxing.				
5	Being so restless that it is hard to sit still.				
6	Becoming easily annoyed or irritable.				
7	Feeling afraid, as if something awful might happen.				

Annexure H

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Turnitin Originality Report

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Annexure I



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Letter of Data Collection

Respected Sir/Madam,

It is certified that Ms. Shanza Mehmood , Registration number 344-FSS/MSEP/F23 is the student of Department of Psychology, Faculty of Social Sciences, International Islamic University Islamabad. Kindly allow her to collect data for her thesis from your prestigious institute for the partial fulfillment of her degree. The information will be kept confidential and ethical concerns will be followed.

Your cooperation in this regard will be highly appreciated.

Dr. Nazia iqbal

Assistant Professor

Department of Psychology,

International Islamic University Islamabad