



## **Winning The Prize but Living in Lies: Role of Social Comparison in Development and Persistence of Imposter Syndrome**

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#### **ABSTRACT**

Impostor Syndrome (IS) is a psychological phenomenon characterized by persistent self-doubt, fear of being exposed as a fraud, and an inability to internalize success despite evident achievements. One of the key contributing factors to IS is social comparison, wherein individuals evaluate their competence and self-worth by comparing themselves to others. This study explores the role of social comparison in the development and persistence of IS, emphasizing its relationship with perfectionism, self-doubt, gender differences, and social media influence. Through a systematic literature review, this paper examines how upward social comparisons, particularly in academic, professional, and online contexts, exacerbate impostor feelings, fostering anxiety, low self-esteem, and professional stagnation. Findings suggest that individuals with IS often engage in maladaptive comparison processes, reinforcing a cycle of perceived inadequacy and emotional distress. Moreover, perfectionism and societal expectations further intensify impostor tendencies, particularly among high-achieving individuals and underrepresented groups. The study underscores the psychological consequences of excessive social comparison and highlights potential interventions, including cognitive reframing, self-compassion training, and mentorship programs, to mitigate impostor-related distress. Understanding the mechanisms underlying IS can inform strategies for fostering self-efficacy, reducing social comparison tendencies, and promoting mental well-being in academic and professional settings.

**Keywords:** Impostor Syndrome, Social Comparison, Perfectionism, Self-Doubt, Self-Esteem, Social Media Influence, Professional Anxiety, Workplace Performance, Gender Differences, Coping Mechanisms.

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## Introduction

Impostor Syndrome (IS), also known as the Impostor Phenomenon (IP), is a persistent psychological experience of self-doubt, perceived fraudulence, and fear of being exposed as incompetent despite evident success (Clance & Imes, 1978). Individuals with IS attribute their achievements to external factors like luck or excessive effort rather than their own abilities, fostering anxiety, perfectionism, and intellectual inauthenticity (Harvey, 1981; Kolligan & Sternberg, 1991). A defining feature of IS is the "impostor cycle," where individuals oscillate between over-preparation and procrastination, dismissing success as undeserved. This cycle reinforces fear of exposure, avoidance of opportunities, and psychological distress (Caselman et al., 2006; Clance, 1985). IS has been linked to low self-esteem, depression, anxiety, and heightened sensitivity to evaluation (McGregor et al., 2008; Bernard et al., 2002). IS affects individuals across academic, professional, and personal domains, with high-achieving individuals and underrepresented groups being particularly susceptible (Bravata et al., 2020). While initially studied in women, research suggests IS impacts all genders, with some studies reporting higher levels in men (Topping & Kimmel, 1985; Chayer & Bouffard, 2010). Up to 70% of individuals experience IS at some point in their careers (Gravois, 2007; Jöstl et al., 2012). Societal expectations and stereotype threats contribute to gender differences, particularly in male-dominated fields.

IS manifests as chronic self-doubt, anxiety, and an inability to internalize achievements. It is strongly linked to perfectionism, test anxiety, depression, burnout, and low self-esteem (Cokley et al., 2018; Henning et al., 1998; Gniska et al., 2017). The "impostor cycle" involves fear of failure, emotional distress, and dysfunctional thinking patterns, leading individuals to believe they are unintelligent despite their accomplishments (Sonnak & Towell, 2001; Clance et al., 1995). These cognitive distortions reinforce feelings of inadequacy and self-doubt, negatively impacting mental well-being and professional growth.

## Etiology

### 1. Perfectionism and Imposter Syndrome

Perfectionism is broadly defined as a personality construct characterized by high personal standards, organization, and an excessive drive for perfection (Broman-Fulks et al., 1996). Research has highlighted its significant implications for mental health (Limburg et al., 2017; Egan et al., 2011), self-esteem (Cokley et al., 2018), academic performance (Rice et al., 2015), and professional success (Bravata et al., 2019; Smith et al., 2021; Taylor et al., 2019). Notably, perfectionism has been linked to various negative psychological and physical health outcomes, including depression, anxiety, and burnout (Molnar et al., 2020; Eley et al., 2020). Perfectionism has traditionally been viewed as pathological, with individuals using their accomplishments as a measure of self-worth (Burns, 1980). Horney (1950) suggested that individuals employ perfectionism as a coping mechanism to mask perceived personal flaws. Hamachek (1978) differentiated between "normal perfectionists," who take pride in their accomplishments, and "neurotic perfectionists," who fear failure and dwell on their shortcomings. Maladaptive perfectionists, who display high perfectionistic strivings and concerns,

are prone to self-criticism and fear of failure (Rice & Ashby, 2007; Stoeber & Otto, 2006). A growing body of research has established a strong link between perfectionism and the impostor phenomenon (Dudau, 2014; Ferrari & Thompson, 2006; Henning et al., 1998; Thompson et al., 2000). This relationship has been examined both theoretically (Dudau, 2013; Henning et al., 1998) and empirically (Cokley et al., 2018; Ferrari & Thompson, 2006; Wang et al., 2019), with findings demonstrating positive associations between perfectionism, depression, anxiety (Bernard et al., 2002; Clance & Imes, 1978; Cokley et al., 2017; McGregor & Posey, 2008; Ross et al., 2001), and burnout (Gnilka et al., 2017). Research indicates that individuals experiencing impostor syndrome often display maladaptive perfectionism, which exacerbates feelings of inadequacy and fraudulence (Cusack et al., 2013; Henning et al., 1998). The relationship between perfectionism and impostor syndrome is further mediated by self-esteem, with lower self-esteem intensifying impostor-related distress (Schubert & Bowker, 2019). Cokley et al. (2018) found that self-esteem partially mediates the link between maladaptive perfectionism and impostorism, emphasizing the importance of self-worth in mitigating impostor-related distress. Wang et al. (2019) provided further evidence of the connection between perfectionism and impostor syndrome through mediation and moderation analyses. Their findings indicated that the impostor phenomenon fully mediated the relationship between maladaptive perfectionism and anxiety and partially mediated its link to depression. Wang et al. (2019) also noted that while perfectionistic standards did not directly correlate with impostor syndrome, perfectionistic concerns did, suggesting that constant self-criticism and perceived discrepancies contribute significantly to impostor-related experiences. Perfectionism has been associated with a range of detrimental mental health outcomes, including fatigue, eating disorders, procrastination, and relationship difficulties (Molnar et al., 2012; Curran & Hill, 2019). Given its role in exacerbating impostor syndrome, interventions focusing on self-esteem and cognitive restructuring may be beneficial for individuals struggling with maladaptive perfectionism (Grant et al., 2009; Gyllensten & Palmer, 2005). Cognitive-behavioral therapy (CBT) strategies that address negative self-talk and perfectionistic concerns can significantly reduce impostor-related distress and depression symptoms (Blatt et al., 1996). Recent findings indicate that the impostor phenomenon plays a moderating role in the relationship between maladaptive perfectionism and depression, with reductions in impostor-related feelings potentially buffering against depressive symptoms (Wang et al., 2019; Cokley et al., 2017). This underscores the need for targeted interventions aimed at reducing perfectionism-driven impostor feelings to enhance mental well-being. Empirical and theoretical research consistently links perfectionism with impostor syndrome, reinforcing the idea that maladaptive perfectionism exacerbates self-doubt, anxiety, and depressive symptoms. As perfectionistic concerns drive impostor experiences, interventions targeting self-esteem and cognitive restructuring may provide meaningful relief. Future research should continue exploring this relationship to refine clinical approaches and mitigate the negative impact of perfectionism on mental health outcomes.

## 2. Self doubt and Imposter Syndrome

Self-doubt is a cognitive state characterized by uncertainty regarding one's abilities and competence, often manifesting in high-pressure environments where confidence is required. It is particularly pronounced during transitional phases, such as career advancements or new professional challenges, where individuals feel the need to impress others while fearing failure (P5, P13). Research suggests

that self-doubt is not a continuous experience but rather a recurring phenomenon triggered by specific situational demands. In the medical profession, for example, self-doubt manifests differently across career stages, with trainees fearing their skills are inadequate, whereas seasoned professionals worry they are not as competent as others perceive them to be. This persistent self-doubt contributes to impostor syndrome, wherein individuals discount their achievements and harbour fears of being exposed as frauds (Festinger, 1954; Van der Zee et al., 1998). A growing body of research has established a strong link between self-doubt and the impostor phenomenon. Physicians and other professionals experiencing impostor syndrome are often affected by long-term unconscious competence, leading to feelings of inadequacy despite external validation. These individuals frequently engage in social comparison, reinforcing their belief that they are less competent than their peers (Festinger, 1954; Van der Zee et al., 1998). Moreover, individuals experiencing impostor syndrome tend to share their insecurities regarding their performance rather than discussing actual instances of failure, highlighting a reluctance to disclose errors due to fear of judgment. Research has also indicated that self-doubt is linked to neuroticism, particularly traits associated with negative affect, anxiety, and social comparison tendencies (Festinger, 1954; Van der Zee et al., 1998). Those who exhibit high levels of self-doubt often engage in negative self-appraisal, which fosters persistent feelings of incompetence and fraudulence, further intensifying impostor syndrome. In professional settings, this pattern of thought can lead to avoidance behaviors, decreased confidence, and heightened stress, ultimately affecting performance and career progression. Addressing self-doubt as a factor contributing to impostor syndrome is crucial for mental health and professional well-being. Interventions such as cognitive-behavioral therapy (CBT) have been shown to help individuals restructure negative self-perceptions, reduce excessive self-criticism, and develop a more realistic assessment of their abilities. Targeting self-doubt through self-esteem enhancement strategies may also serve to buffer against the development of impostor-related feelings. Future research should continue to explore the relationship between self-doubt and impostor syndrome to refine clinical and professional interventions aimed at fostering resilience and confidence.

### 3. Parenting Style and Imposter Syndrome

Research suggests that parenting styles and early childhood experiences play a crucial role in the development of Impostor Syndrome (IS). Clance and Imes (1978), along with subsequent studies (King & Cooley, 1995; Sonnak & Towell, 2001), highlighted that parental influence significantly contributes to the impostor psyche. Parental overprotection coupled with a lack of emotional support has been linked to increased impostor feelings (Want et al., 2006). Extreme parental control and a deficiency in warmth create an environment where children struggle with self-doubt and an inauthentic self-image, which manifests in adulthood. Families that lack cohesion and individual support further contribute to these feelings (Bussotti, 1990). Parentification in childhood, where children assume adult responsibilities prematurely, fosters a deep-rooted sense of inadequacy that persists into adulthood (Rebecca, 2010). Research also indicates that inconsistent parental reinforcement, coupled with unrealistic expectations of effortless success, fosters feelings of fraudulence in children. When children internalize the belief that their worth is contingent upon meeting parental expectations, they become more susceptible to impostor feelings later in life.

(Clance, 1985). Rogerian theory (Rogers, 1959) suggests that psychologically controlling and directive parenting styles influence a child's self-concept through conditions of worth. Individuals who internalize these expectations often struggle with a persistent fear of being exposed as frauds, despite external evidence of competence. Studies confirm that conditional parental support is a strong predictor of IS, as it reinforces the idea that personal value is dependent on performance rather than intrinsic worth (Gratton & Bouffard, 2017). In addition, research has explored the role of social support in moderating impostor feelings. While supportive relationships with family, friends, and teachers can mitigate these feelings, their effectiveness varies. Some studies suggest that although social support enhances mental well-being and job satisfaction (Chen et al., 2009; Gardner et al., 2019), it can also reinforce impostor tendencies when used as a coping mechanism (Lazarus & Folkman, 1984). Furthermore, parental psychological control is linked to various negative mental health outcomes, including insecure attachment, low self-worth, and self-handicapping behaviors (Levitt et al., 2020; Want & Kleitman, 2006). These findings underscore the long-term impact of controlling parenting styles on an individual's self-efficacy and confidence. The literature consistently indicates that overprotective and controlling parenting styles contribute to the development of impostor syndrome by fostering self-doubt and a need to meet external expectations. Early experiences shape an individual's self-perception, reinforcing feelings of inadequacy and perceived fraudulence. Future research should explore how different parenting styles interact with cultural and environmental factors to influence impostor tendencies and how interventions can mitigate these effects.

#### 4. Social Media

Social media refers to digital platforms that enable users to create, share, and engage with content while interacting in virtual spaces. These platforms include social networking sites (SNSs) such as Facebook, Instagram, Twitter, LinkedIn, and TikTok. While social media fosters connectivity, information sharing, and professional growth, excessive use has been linked to psychological concerns such as anxiety, depression, and impostor syndrome (Clance, 1985). SNSs are categorized into general (e.g., Facebook, Instagram, TikTok) and professional (e.g., LinkedIn, Xing) platforms. While general SNSs promote social interactions, professional SNSs focus on career networking. However, both contribute to social comparison behaviors, exacerbating impostor syndrome (Utz, 2016). Impostor Syndrome (IS) involves persistent self-doubt and fear of being exposed as a fraud despite evident success (Clance & Imes, 1978). Social media intensifies these feelings through upward social comparison, where individuals compare themselves to seemingly more successful peers (Fioravanti et al., 2022). Lee (2014) found that individuals prone to social comparison are frequent social media users, particularly on platforms that highlight idealized lifestyles. Yang and Robinson (2018) confirmed that frequent social comparison lowers well-being, while Gerson, Plagnol, and Corr (2016) found a link between SNS-based comparison, reduced self-esteem, and impostor feelings. Similarly, curated "highlight reels" of success on social media create unrealistic success standards, intensifying anxiety and self-doubt (Park & Baek, 2018; Travers et al., 2015). In professional contexts, work-related impostor thoughts arise from heightened self-awareness on career-focused SNSs, leading to emotional exhaustion and burnout (Sverdluk et al., 2020; Crawford



et al., 2016; Vaa Stelling et al., 2022). Users experiencing impostor syndrome may engage in compensatory behaviors, such as excessive skill enhancement efforts, reinforcing a cycle of self-doubt and anxiety (Marder et al., 2019). Self-handicapping behaviors, such as procrastination and avoiding challenges, are common among individuals with impostor tendencies, especially when influenced by "effortless perfectionism" the belief that success should come without visible effort (Clance & Imes, 1978; Drouin et al., 2016). Moreover, excessive social media use correlates with increased anxiety, depressive symptoms, and maladaptive daydreaming, exacerbating feelings of inadequacy (Haar & de Jong, 2022; Wang et al., 2019).

## 5. Gender Roles

Gender roles refer to the social expectations and norms associated with masculine and feminine behaviors, shaping individuals' self-perception and interactions (Kagan, 1964). These roles are historically defined by societal structures, where masculinity is associated with instrumental traits such as assertiveness and rationality, while femininity is linked to expressive traits such as empathy and nurturance (Bem, 1974). Recent research suggests that gender typing, or the extent to which individuals internalize these gendered traits, plays a significant role in psychological functioning, including the experience of impostor syndrome (Patzak et al., 2017). Research indicates that gender roles significantly influence the prevalence and intensity of impostor feelings. Women, particularly those in male-dominated fields, are more likely to experience impostor syndrome due to societal expectations and stereotype threats (Chrousos & Mentis, 2020). The pressure to conform to gendered expectations often results in women attributing their success to luck rather than ability, reinforcing feelings of fraudulence (Caselman et al., 2006). Studies have consistently found that women report higher levels of impostor feelings than men (Jöstl et al., 2012; Tao & Gloria, 2019). Women in STEM fields and academia, where they are underrepresented, often struggle with self-doubt and feel pressured to prove their competence (Bernard et al., 2018). Stereotypical gender norms contribute to these experiences, as leadership and expertise are often associated with masculine traits, making women feel out of place in high-achieving roles (Eagly & Karau, 2002; Heilman, 2012). Research using the Positive–Negative Sex-Role Inventory (PN-SRI) found that individuals who identify with negative femininity traits (e.g., anxiety, self-doubt) are more likely to experience impostor syndrome, while positive masculinity traits (e.g., confidence, rationality) are negatively associated with impostor feelings (Berger & Krahé, 2013). This suggests that self-perceptions linked to traditional gender roles directly impact impostor experiences. Impostor syndrome has been linked to psychological distress, burnout, and reduced career aspirations, particularly among women (Bravata et al., 2020). In academic and professional settings, women who experience impostor feelings may adjust their career goals, opting for less competitive roles or avoiding leadership positions altogether (Collett et al., 2015). Interestingly, while early research primarily focused on women, more recent studies suggest that men also experience impostor syndrome, particularly in environments where traditional masculinity is challenged (Topping & Kimmel, 1985). However, gender differences in coping mechanisms have been noted; women tend to seek social support, while men are more likely to use avoidant strategies such as substance use or overworking (Knights & Clarke, 2014).

## 6. Social Comparison and Imposter Syndrome

Social comparison is a psychological process in which individuals evaluate themselves by comparing their opinions, abilities, and social standing with others. Festinger (1954) introduced the theory of social comparison, emphasizing that people have an intrinsic drive for self-evaluation and strive for accurate appraisals of their abilities and opinions. When objective information is unavailable, individuals rely on social comparison as a primary means of self-assessment. Festinger (1954) further suggested that individuals engage in social comparison particularly when they experience uncertainty about their capabilities or beliefs, using others as reference points to assess their own position. According to Bandura (1986, 2003), social comparison serves as one of the main sources of information for evaluating competence across different domains. It helps individuals determine how they are performing relative to others, influencing their self-concept and guiding their behavior. Goethals and Darley (1977) and Wills (1981) expanded upon this theory, proposing that social comparison not only aids in self-evaluation but also serves functions such as self-enhancement and self-improvement. Wills (1981) and Wood (1989) argued that comparing oneself to others can either protect or boost self-esteem, and in some cases, motivate individuals to develop their skills and abilities. Social comparison occurs in various forms. Festinger (1954) posited that individuals are more likely to compare themselves with others who have similar abilities, as extreme differences—either upward or downward—may not provide meaningful self-assessment. Upward social comparison, in which individuals compare themselves with those who are more competent, is often linked to personal growth and motivation (Lockwood & Kunda, 1997). However, for upward comparison to be beneficial, individuals must believe in their potential for improvement. Conversely, downward social comparison, where individuals compare themselves with those less competent, can serve as a mechanism for self-enhancement and emotional regulation (Taylor & Brown, 1988; Tesser & Campbell, 1982). Social comparison plays a crucial role in various psychological and social functions. Schachter (1959) suggested that it fulfills affiliation needs, while Camerer and Lovallo (1999) linked it to decision-making processes. Additionally, Lockwood and Kunda (1997) demonstrated that social comparison could serve as a source of inspiration, while Taylor and Brown (1988) emphasized its role in emotional well-being. Gibbons and Buunk (1999) further refined the theory by introducing the concept of social comparison orientation (SCO), which acknowledges individual differences in the extent and frequency of engaging in social comparisons. Overall, social comparison is a fundamental aspect of human psychology that influences self-perception, motivation, and well-being. While it provides individuals with valuable insights about themselves, its effects depend on the context and the individual's interpretation of the comparison process. Future research should continue exploring the nuanced impact of social comparison across different life domains and cultural contexts.

### Types of Social Comparison

#### 1. Downward Social Comparison

Downward comparison occurs when individuals compare themselves to others who are perceived to be in a worse situation or performing at a lower level. This form of comparison is often used as a coping mechanism to enhance self-esteem and generate positive emotions, particularly in situations

of personal threat or self-doubt (Wills, 1981). Previous studies suggest that downward comparison helps reduce anxiety and provides a sense of relief by affirming one's relative success (Amoroso & Walters, 1969; Crocker & Gallo, 1985; Morse & Gergen, 1970).

## 2. Upward Social Comparison

Upward comparison, on the other hand, involves evaluating oneself against those who are perceived as more successful, competent, or accomplished (Nosanchuk & Erickson, 1985; Wheeler et al., 1969). While such comparisons can serve as a source of motivation and goal-setting, they can also lead to negative self-perceptions, particularly when individuals feel inferior or incapable of reaching similar success levels (Diener, 1984; Marsh & Parker, 1984). In professional settings, employees who feel dissatisfied with their achievements tend to prefer comparisons with colleagues at the same level rather than those who have achieved greater success (Taylor & Lobel, 1989).

## 3. Internal Social Comparison

Internal comparison involves assessing one's own progress, abilities, and accomplishments relative to personal past performance or future aspirations. This type of comparison is often influenced by personal benchmarks and perceived growth rather than external evaluations (Walster, Walster, & Berscheid, 1978). Studies suggest that individuals engage in internal comparison to maintain a sense of fairness and self-improvement within an organizational or academic setting (Austin, 1977; Wood, 1989).

## 4. External Social Comparison

External comparison refers to evaluations based on broader societal or industry-wide standards rather than individual or localized assessments. Employees, for instance, may compare their salaries and working conditions to industry norms to determine fairness and job satisfaction (Wallace, Leicht, & Raffalovich, 1999). Individuals who perceive themselves as being unfairly compensated compared to industry standards may experience dissatisfaction, leading to workplace activism, turnover intentions, or collective actions such as strikes (Wallace et al., 1999).

## Theories of Social Comparison

### 1. Festinger's Social Comparison Theory (1954)

Festinger (1954) proposed the Social Comparison Theory (SCT), suggesting that individuals have an inherent drive to assess their abilities and opinions accurately. When objective benchmarks are unavailable, people turn to social comparisons with similar others to evaluate themselves. Festinger also emphasized selective comparison, where individuals avoid comparing themselves with those who are too divergent in ability or status, as it may lead to inaccurate self-assessments. This theory laid the groundwork for later research on upward and downward social comparisons.



## 2. Downward Comparison Theory (Wills, 1981)

Wills (1981) extended Festinger's theory by introducing Downward Comparison Theory, which states that individuals compare themselves with those who are worse off to enhance self-esteem and well-being. Under conditions of threat or stress, downward comparisons serve as a coping mechanism, providing reassurance that one's situation is not as bad as others' (Crocker & Gallo, 1985). Research has shown that downward comparisons reduce anxiety and foster a sense of self-worth (Hakmiller, 1966; Morse & Gergen, 1970).

## 3. Upward Comparison and Self-Improvement (Taylor & Lobel, 1989)

While downward comparisons protect self-esteem, Taylor and Lobel (1989) proposed that individuals also engage in Upward Comparisons to those who are more successful, competent, or advantaged. These comparisons can serve as motivational tools by providing role models and inspiration for self-improvement (Blanton et al., 1999). However, excessive upward comparison may lead to negative self-evaluations, envy, and decreased well-being, especially when individuals perceive the gap between themselves and their comparison targets as unattainable (Salovey & Rodin, 1984; Marsh & Parker, 1984).

## 4. Self-Evaluation Maintenance Model (Tesser, 1988)

Tesser et al. (1988) introduced the Self-Evaluation Maintenance Model (SEM), which suggests that individuals are motivated to maintain a positive self-view through two mechanisms:

Comparison: If a task is highly relevant to one's self-concept, performing worse than others leads to self-threat, reducing self-esteem.

Reflection: If a task is less relevant, individuals derive vicarious pride from others' successes, especially if they are close to them.

This model explains why people may distance themselves from outperforming peers in domains they value while celebrating the success of others in unrelated domains.

## Methodology

This study employs a systematic literature review approach to analyze the role of social comparison in the development and persistence of Impostor Syndrome (IS). The review synthesizes existing research to identify key patterns, theoretical perspectives, and empirical findings related to IS. To ensure the inclusion of high-quality and relevant studies, a comprehensive search was conducted across multiple academic databases, including PubMed, PsycINFO, Google Scholar, and Scopus. Studies were selected based on specific inclusion and exclusion criteria. The inclusion criteria comprised peer-reviewed journal articles published between 2010 and 2024, research that examines the relationship between social comparison and IS in academic, professional, and social media contexts, and studies focusing on mediating factors such as perfectionism, self-esteem, and mental health outcomes. Empirical studies using qualitative, quantitative, or mixed-method approaches were considered. Exclusion criteria included non-peer-reviewed articles, conference papers, and

unpublished dissertations, as well as studies focusing on clinical disorders unrelated to IS, articles written in languages other than English, and studies lacking methodological transparency.

Following the selection of relevant studies, a thematic analysis was conducted to identify common themes and patterns across the literature. Studies were categorized based on key themes, including the impact of social media on IS, gender differences, perfectionism as a mediating factor, and workplace implications. Data extraction focused on study objectives, research methodology, sample characteristics, key findings, and theoretical frameworks. To ensure reliability and validity, multiple researchers reviewed and cross-checked the selected studies to minimize bias and confirm consistency in theme identification. Furthermore, an analysis of gaps in the existing literature was performed to highlight areas requiring further research. The findings of this review contribute to the understanding of how social comparison influences IS and provide a foundation for developing effective interventions aimed at mitigating impostor-related distress.

### **Literature Review: Social Comparison and Impostor Syndrome**

The relationship between social comparison and Impostor Syndrome (IS) has been widely examined across various domains, including academia, workplace environments, and social media. Social comparison, the tendency to evaluate oneself relative to others, has been shown to exacerbate impostor feelings by reinforcing self-doubt, perceived inadequacy, and heightened self-criticism. This review synthesizes key studies that explore the interplay between social comparison and IS. Edward (2019) explored how social media influences individuals with IS by exposing them to idealized portrayals of success. The study found that individuals frequently engage in upward social comparisons, which intensify self-doubt and the perception that their achievements are undeserved. This effect is amplified by the curated nature of online content, where individuals only see others' successes but not their struggles. Similarly, Ramm (2019) demonstrated that social comparison on social media acts as a mediator in predicting IS, particularly through performance-based comparison, which fosters feelings of incompetence and fuels impostor tendencies. Additionally, Chae (2017) examined the role of social comparison through social networking sites (SNS), finding that individuals often compare themselves to unrealistic online portrayals, leading to distorted self-evaluations and increased impostor feelings. Mishra and Kewalramani (2004) further supported this by identifying a strong correlation between social media use, maladaptive daydreaming, and IS. Excessive exposure to idealized online identities reinforces a flawed feedback loop, exacerbating impostor beliefs and increasing psychological distress. Jensen and Deemer (2020) investigated social comparison among university students, revealing that higher levels of comparison moderate the relationship between avoidant attachment and self-handicapping behaviors. Similarly, Fraenza (2016) found that peer pressure and classroom participation requirements heighten impostor feelings in traditional academic settings. However, online learning environments appear to mitigate IS, as reduced social comparison and the absence of visual cues alleviate perceived judgment, creating a less competitive and more inclusive learning atmosphere. Chayer and Bouffard (2010) examined how downward identification and upward contrast influence IS among students. Their findings suggest that students with IS compare themselves to less successful peers to maintain their self-

perception of incompetence, while upward contrast reinforces their belief that true competence is unattainable, leading to chronic self-doubt. Canning et al. (2019) further supported this by demonstrating that students in highly competitive STEM classrooms experience significantly greater impostor feelings due to frequent social comparisons, especially among first-generation college students who lack familial academic experience. Vergauweis et al. (2015) explored the impact of social comparison in the workplace, indicating that impostor tendencies lead to lower job satisfaction and organizational commitment. However, workplace social support was found to buffer these negative effects by fostering a sense of belonging and validation among employees. Similarly, Cohen and McConnell (2019) analyzed impostor fears in professional environments, revealing that individuals who perceive higher competition for financial and institutional support experience elevated IS levels. Ladonna et al. (2018) investigated IS among physicians, showing that despite external validation and career success, individuals continue to experience persistent feelings of inadequacy, often triggered by professional comparison, rigid performance expectations, and high-stakes evaluations. Rivera et al. (2021) proposed that structured interventions and institutional strategies can mitigate the psychological effects of IS by addressing negative social comparison tendencies, offering mentorship programs, and promoting workplace inclusivity. Bolton (2022) examined developmental factors contributing to IS, demonstrating that childhood exposure to controlling parenting styles fosters adult social comparison tendencies and impostor beliefs, reinforcing low self-efficacy and a need for external validation. Fassl (2020) identified a mediation effect between negative femininity traits, social comparison orientation, and IS, indicating that certain personality characteristics exacerbate impostor tendencies through heightened comparison behaviors and susceptibility to societal expectations. Studies on perfectionism and IS (Dudau, 2014; Ferrari & Thompson, 2006) highlight a strong positive correlation between impostor tendencies and perfectionistic self-presentation. Individuals with high perfectionism are more likely to engage in maladaptive social comparisons, reinforcing self-doubt and anxiety, particularly in high-achievement environments where external validation is emphasized. Moreover, Sheffler (2023) demonstrated that upward social comparisons among students lead to increased academic self-doubt, further perpetuating IS and influencing long-term career decisions. The reviewed literature underscores the pervasive influence of social comparison in reinforcing IS across various domains. Whether through social media, academic settings, or professional environments, individuals with IS are particularly susceptible to the detrimental effects of upward social comparisons, which create unrealistic self-expectations and erode confidence. Given these findings, interventions aimed at reducing comparison tendencies, fostering self-compassion, and promoting healthier self-perceptions are essential for mitigating the impact of IS. Strategies such as cognitive reframing, social support networks, and mentorship programs have shown promise in reducing the negative psychological effects of social comparison. Future research should focus on developing evidence-based strategies to address the cognitive and emotional consequences of social comparison in individuals experiencing impostor feelings and examining the long-term effectiveness of these interventions across different social and professional contexts.

## **Treatment**

The treatment for Impostor Syndrome (IS) involves a combination of cognitive, behavioral, and social interventions aimed at reducing self-doubt and fostering a healthier self-perception. Cognitive Behavioral Therapy (CBT) has been widely recognized as an effective approach, helping individuals restructure negative self-talk, reframe critical self-perceptions, and address perfectionistic concerns that often exacerbate IS (Cokley et al., 2018). By targeting maladaptive thought patterns, CBT can significantly reduce impostor-related distress. Additionally, multimodal therapy approaches, as suggested by Clance and Imes (1978), incorporate a blend of CBT, group therapy, and Gestalt interventions to validate individuals' doubts while directly addressing their fears of failure (Clance, 1985). Since low self-esteem is a key contributor to IS, interventions designed to enhance self-worth, such as reminiscence-based therapies, have been shown to be particularly effective in reducing depressive symptoms associated with IS (Wang et al., 2019). Cognitive attribution techniques also play a crucial role in treatment by helping individuals recognize stable and positive characteristics linked to their achievements rather than attributing success to luck or external factors (Bernard et al., 2002). Moreover, structured social support systems, including mentorship programs and workplace inclusivity strategies, provide individuals with a sense of belonging and validation, which can help counteract impostor feelings (Rivera et al., 2021). Coaching and confidence training further reinforce self-assurance, allowing individuals to internalize their successes and develop a more balanced perspective on their capabilities (Crawford et al., 2016). Recognizing the broader social and institutional contexts that contribute to IS is equally important, as societal stereotypes and workplace environments can reinforce impostor tendencies (Chae, 2017). Therefore, targeted institutional-level interventions, such as educational workshops and policies that promote an inclusive and supportive atmosphere, are essential in mitigating IS at both an individual and systemic level (Fassl, 2020). By integrating these approaches, individuals struggling with IS can develop healthier self-perceptions, reduce anxiety, and cultivate a stronger sense of professional and personal competence.

## **Discussion**

The findings of this study underscore the significant role of social comparison in the development and persistence of Impostor Syndrome (IS). Individuals experiencing IS frequently engage in upward social comparisons, wherein they measure their abilities and achievements against those of seemingly more competent peers. This tendency amplifies self-doubt and perceived inadequacy, reinforcing the impostor cycle. Consistent with Festinger's (1954) Social Comparison Theory, individuals with IS rely on social benchmarks to evaluate their success, often disregarding objective evidence of their competence.

Perfectionism emerged as a key mediator in the relationship between social comparison and IS. Maladaptive perfectionists set unrealistically high personal standards and experience heightened self-criticism, further exacerbating impostor feelings. This aligns with previous research (Cokley et al., 2018; Wang et al., 2019) that highlights the interconnectedness of perfectionism, self-esteem, and impostor tendencies. The study also supports the notion that individuals with IS exhibit high sensitivity to external evaluations, making them particularly vulnerable to the psychological consequences of excessive social comparison.

The impact of social media on IS was also examined, revealing that online platforms facilitate continuous upward comparisons, leading to distorted self-perceptions. Curated online personas and idealized portrayals of success create unrealistic standards, which individuals with IS internalize, further intensifying their self-doubt. The study corroborates findings from Chae (2017) and Fioravanti et al. (2022), which suggest that frequent exposure to social media amplifies impostor-related distress, particularly among young professionals and students.

Future research should employ longitudinal studies to assess the long-term effects of social comparison on IS and explore the efficacy of intervention strategies such as cognitive-behavioral therapy (CBT) and mentorship programs.

### Conclusion

This study highlights the pivotal role of social comparison in shaping Impostor Syndrome, demonstrating how upward comparisons, perfectionism, social media exposure, and gender expectations contribute to the persistence of IS. The findings underscore the detrimental impact of excessive self-evaluation against unrealistic standards, leading to chronic self-doubt and psychological distress.

Understanding the mechanisms underlying IS is crucial for developing effective interventions. Cognitive reframing, self-compassion training, and mentorship programs can help individuals recognize and internalize their achievements, mitigating impostor tendencies. Organizations and educational institutions should foster supportive environments that reduce competitive pressures and promote a balanced perspective on success and failure.

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