

UDC 159.98
DOI: 10.52534/msu-pp3.2024.61

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Ukrainian adaptation of the Clance Impostor Phenomenon Scale (CIPS)

Article's History:

Received: 15.06.2024
Revised: 07.09.2024
Accepted: 25.09.2024

Suggested Citation:

Yablonska, T., & Shevchuk, A. (2024). Ukrainian adaptation of the Clance Impostor Phenomenon Scale (CIPS). *Scientific Bulletin of Mukachevo State University. Series "Pedagogy and Psychology"*, 10(3), 61-71. doi: 10.52534/msu-pp3.2024.61.

Abstract. Expanding the methodological toolkit of research, particularly through adapting foreign psychometric tools, is crucial for Ukrainian psychology. This allows for conducting new research and comparing its results. One promising direction is studying the impostor phenomenon, manifested in an individual's doubts about their achievements. The Clance Impostor Phenomenon Scale, developed by foreign researchers, is used for this purpose. This study aimed to adapt the Clance Impostor Phenomenon Scale into Ukrainian. The Clance Impostor Phenomenon Scale was translated into Ukrainian by two psychologists using the back-translation method. The research sample consisted of 297 students aged 18 to 22 ($M = 20.4$, $SD = 1.49$), including 82 males and 215 females. Descriptive statistics, reliability analysis of scales, correlation analysis (Spearman's coefficient), and confirmatory factor analysis were used. The results of the study indicate a considerable degree of consistency between the obtained data and the foundational theoretical model. The assessment of content validity revealed a significant number of statistically significant correlations. A high level of test-retest reliability was identified for the adapted methodology. The resulting factor model is conceptually similar to the original; however, it is not identical. Other studies have also noted the emergence of new factor models, suggesting the potential for refinement of this methodology or reflecting age, temporal, and cross-cultural differences among the subjects studied. The evaluation of the psychometric characteristics of the Ukrainian version of the Clance Impostor Phenomenon Scale demonstrated high internal validity and reliability for the adapted tool. The Ukrainian version of the Clance Impostor Phenomenon Scale may be valuable for the psychodiagnosis of impostor syndrome manifestations and further standardisation and application in comparative research. The findings could contribute to optimising psychological support by taking into account the specific characteristics of impostor syndrome in the course of psychological work

Keywords: impostor syndrome; personality; self-esteem; perfectionism; luck; feelings of inferiority

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INTRODUCTION

Psychological research into the impostor phenomenon in Ukraine is highly relevant due to the increasing pressure on workers in various fields, particularly during periods of economic and social instability, exacerbated by the full-scale invasion. Many professionals, especially young specialists, face heightened demands for their performance, leading to the development of impostor syndrome – a feeling of inadequacy and a fear of being exposed as incompetent. This self-doubt often results in decreased motivation, reduced productivity, and an increased risk of burnout, threatening not only career prospects but also the individual's psychological well-being.

In recent decades, the impostor phenomenon has gained significant attention in international psychological research. This psychological state is characterised by an individual's doubt about their achievements, coupled with a belief that their success is due to luck or deception rather than their own abilities. Contemporary research delves deeper into the factors contributing to impostor syndrome, such as perfectionism, self-esteem, gender, parenting style, and belonging to racial or social minorities (Bravata *et al.*, 2020; Yaffe, 2020b; Pannhausen *et al.*, 2022). A substantial portion of research focuses on manifestations of impostor syndrome among academics, particularly students, to understand its impact on academic performance and social adaptation, informing mental health professionals (Clark *et al.*, 2022; Şahin & Gülşen, 2022). The emergence of impostor syndrome is also linked to family factors, especially when an individual becomes the first in their family to achieve significant success, exceeding established expectations. Individuals who grew up in environments devoid of role models for professional or academic success may feel that their own achievements are random or unearned (Cawcutt *et al.*, 2021).

In professional settings, impostor syndrome can manifest in a discrepancy between objective measures of success, such as promotions, awards, or financial compensation, and an individual's subjective assessment of their work. Moreover, in professions dominated by one gender, individuals from the underrepresented gender often experience symptoms of impostor syndrome more frequently. For instance, women in male-dominated professions or men in female-dominated fields may feel additional pressure to prove their competence and meet professional standards, creating conditions conducive to impostor behaviour (Yaffe, 2020a). Some studies highlight higher rates

of impostor syndrome among women compared to men, which may be attributed to gender stereotypes, upbringing, and personality traits.

It is important to note that the issue of impostor syndrome is highly applicable, thereby opening avenues for exploring methods of prevention and overcoming its manifestations (Cutri *et al.*, 2021). It should be acknowledged that research on impostor syndrome by psychologists in Ukraine is relatively sparse. For instance, studies by I.R. Petrovska & S.I. Derevianna (2023) and A. Burova & A. Ivashchenko (2022) do not encompass all relevant issues. This situation is partly attributed to the lack of suitable psychodiagnostic tools for measuring this phenomenon. Consequently, given the current deficiency of domestic and adapted psychodiagnostic methodologies in the Ukrainian language, the adaptation of the Clance Impostor Phenomenon Scale (CIPS) into Ukrainian as a concise and user-friendly diagnostic tool is of significant interest. This adaptation will enable Ukrainian psychologists to investigate this complex personal phenomenon, facilitating comparative research and the planning and implementation of psychological support.

Research into impostor syndrome is essential for developing preventive measures to mitigate its development among young people and psychological interventions to support employees in overcoming its negative consequences. This will contribute to increased work efficiency and a better quality of life. Furthermore, disseminating information about impostor syndrome will raise awareness of emotional states and encourage individuals to seek necessary support to maintain their mental health. This study aimed to adapt the Clance Impostor Phenomenon Scale (CIPS) into Ukrainian, a tool used to diagnose manifestations of impostor syndrome.

MATERIALS AND METHODS

Permission was obtained from the author of the methodology, P. Clance, to conduct the adaptation of the Clance Impostor Phenomenon Scale (Clance, 1985) into Ukrainian. The adaptation process was carried out in two stages: the first involved linguistic adaptation of the questionnaire through a two-way translation by bilingual psychologists. Following this, a comparative expert assessment of the resulting English and Ukrainian versions of the questionnaire was conducted, leading to the finalisation of the Ukrainian version of the survey (Fig. 1).

Опитувальник **Clance Impostor Phenomenon Scale CIPS (Clance, 1985)**

(адаптація Т. Яблонська, А. Шевчук, 2024)

Інструкція: Для кожного питання оберіть варіант відповіді, яка найкраще відображає те, наскільки це твердження відповідає дійсності. Найкраще давати першу відповідь, яка спадає Вам на думку, а не розмірковувати довго над кожним твердженням.

	Твердження	Варіанти відповідей				
		1 зовсім не так	2 рідко	3 іноді	4 часто	5 дуже часто
1	Я часто досягав/досягала успіху в тестуванні чи виконанні завдань, навіть якщо до того, як взятись за них, я боявся/боялась, що не впораюся з ними.					
2	Я можу справляти враження, ніби я більш компетентний/компетентна, ніж я є насправді					
3	Я уникаю оцінювання, якщо це можливо, і мені дуже страшно, коли інші мене оцінюють					
4	Коли інші люди хвалять мене за щось, що я виконав/виконала, я боюся, що в майбутньому я не зможу виправдати їхні очікування.					
5	Іноді я думаю, що я здобув/здобула нинішній статус або успіх, тому що я опинився/опинилась в правильному місці та в правильний час або знав/знала правильних людей					
6	Мене лякає думка, що важливі для мене люди можуть дізнатись, що я не настільки здібний/здібна, як вони думають					
7	Я більше схильний/схильна запам'ятовувати випадки, в яких я не виклався/не виклалась на повну, ніж ті випадки, коли я зробив/зробила все можливе					
8	Я рідко виконую проект або завдання так добре, як хотілося б					
9	Іноді я вірю та відчуваю, що мій успіх в житті чи роботі є результатом якоїсь помилки					
10	Мені складно приймати компліменти чи похвалу щодо моїх знань чи досягнень					
11	Іноді я відчуваю, що мій успіх був результатом якогось везіння					
12	Часом я розчарований/розчарована своїми теперішніми досягненнями і думаю, що міг/могла би досягти набагато більш					
13	Іноді я боюся, що інші дізнаються, як багато знань чи здібностей мені насправді бракує					
14	Я часто боюся, що можу не впоратися з новим завданням або зобов'язанням, хоча загалом я добре вправляюсь з тим, за що беруся.					
15	Коли я досягаю успіху в чомусь і отримую визнання своїх досягнень, у мене виникають сумніви, чи зможу я повторити цей успіх.					
16	Якщо я отримую багато похвали і визнання за мої досягнення, я схильний/схильна применшувати важливість зробленого мною					
17	Я часто порівнюю свої здібності зі здібностями оточуючих і думаю, що вони можуть бути розумнішими за мене					
18	Я часто хвилююся, що не впораюся з проектом або іспитом, навіть якщо оточуючі переконані, що у мене все вийде					
19	Якщо я збираюся отримати підвищення або якесь визнання, я не поспішаю розповідати про це іншим, доки це не втілиться у реальність					
20	Я відчуваю себе погано і пригнічено, якщо я не «найкращий»/»найкраща» або, принаймні, «дуже особливий»/»дуже особлива» у ситуаціях, пов'язаних із досягненнями.					

Шкали

- **Удача:** 5, 9, 10, 11, 16
- **Несправжність та страх викриття:** 1, 2, 4, 6, 7, 12, 13, 14, 15, 17, 18, 19
- **Почуття меншовартості:** 3, 8, 20

Інтерпретація:

- якщо загальна кількість балів становить 40 або менше, то респондент має мало ознак синдрому самозванця;
- якщо сума балів від 41 до 60, респондент має помірний досвід синдрому самозванця;
- якщо сума балів від 61 до 80, респондент часто відчуває себе самозванцем;
- оцінка вище 80 означає, що респондент часто відчуває сильні переживання з приводу синдрому самозванця.

Чим вищий бал, тим більш вираженими є прояви синдрому самозванця і серйозніше феномен самозванця втручається в життя людини. Зазвичай сума балів за CIPS, менша за 40, означає відсутність синдрому самозванства, 40-59 – слабо виражений синдром, 60-79 – помірно виражений синдром, а більше 80 балів – сильно виражений синдром самозванця.

Figure 1. Ukrainian adaptation of the Clance Impostor Phenomenon Scale**Source:** developed by the authors based on P.R. Clance (1985)

All questions in the questionnaire were presented to respondents in Ukrainian. The Ukrainian version of the CIPS also comprised 20 statements, to which respondents were required to respond using a Likert scale ranging from “1” to “5.” Specifically, the response options ranged from “1” (“not at all true”) to “5” (“very often true”). It was found that in this study, the internal consistency coefficient for the overall CIPS scale was $\alpha = 0.945$, with subscale coefficients ranging from $\alpha = 0.601$ to $\alpha = 0.888$, indicating a sufficiently high reliability of the methodology.

The variables in the study included the scales from the CIPS methodology (Clance, 1985), as well as the following instruments: the State-Trait Anxiety Inventory (STAI, Spielberger, 1970) as modified by Yu.L. Khanin (1976) (Agaev *et al.*, 2016), the Rosenberg Self-Esteem Scale (RSE, Rosenberg, 1967) adapted by the Ukrainian Institute of Cognitive Behavioural Therapy (2012), and the “Perfectionism” scale from the Measurement of Burnout questionnaire (Schaufeli, 2005) in the Ukrainian adaptation by L.M. Karamushka *et al.* (2022). The total sample comprised 297 individuals aged between 18 and 22 years ($M = 20.4$, $SD = 1.49$) who were studying at higher education institutions in Ukraine. Males constituted 27.6% of the sample, while females made up 72.4%. The research was conducted using Google Forms, with the survey distributed via links shared on social media and messaging platforms (Telegram, Viber). All ethical standards outlined in the Declaration of Helsinki (2013) were adhered to during the survey, and participants were informed about the purpose and principles of the research (confidentiality, voluntariness), as well as how their provided information would be utilised. Data collection occurred in two stages: participants completed the test, followed by a retest after 30 to 60 days. The survey was conducted from March to July 2024.

During the statistical analysis, the following software applications were utilised: the Jamovi statistical package version 2.3.28 and Microsoft Excel version 2010 for the preliminary processing of exported data. The methods employed included descriptive statistics (sample means, standard deviations), reliability analysis of the scales, correlation analysis (Spearman's coefficient), and confirmatory factor analysis (CFA) to evaluate the effectiveness of the model formed by the specified structure of factors. Reliability was assessed using Cronbach's model, calculating the coefficient of internal consistency α . Factor extraction was

performed using the principal component method with Varimax rotation, normalised according to Kaiser's criteria.

RESULTS AND DISCUSSION

To analyse the psychometric properties and calculate reliability indices for the Ukrainian adaptation of the Clance Impostor Phenomenon Scale (Clance, 1985), descriptive statistics were calculated for each scale of the adapted measure. The data for each scale were as follows: for the “Luck” scale, $M = 2.73$, $SD = 0.975$; for the “Imposterism and fear of exposure” scale, $M = 2.75$, $SD = 0.999$; for the “Feeling of inferiority” scale, $M = 2.8$, $SD = 0.993$, where M represents the mean and SD represents the standard deviation.

In the next stage, Cronbach's alpha coefficient for internal consistency was calculated for each of the scales of the adapted methodology. As is well known, the closer the coefficient value is to 1, the more consistent the scale is considered; an acceptable level of consistency is above 0.70, and the coefficient should not be lower than 0.50. Based on empirical data from the Ukrainian version of the methodology, the following Cronbach's alpha coefficients were obtained: for the “Luck” scale, the coefficient was 0.806; for the “Imposterism and fear of exposure” scale – 0.601; and for the “Feelings of inferiority” scale – 0.888. Thus, the consistency coefficient values for the various scales either approach or exceed 0.7. The least consistent was the “Imposterism and fear of exposure” scale (0.601), while the most consistent was the “Feelings of inferiority” scale (0.888), indicating an acceptable level of internal consistency for the scales of the adapted methodology. When comparing these figures with data from other studies, it is notable that they are generally close to previously reported internal consistency measures. For example, the Hebrew version by Y. Yaffe (2020a) recorded an overall internal consistency coefficient for CIPS of $\alpha = 0.89$, with subscales ranging from $\alpha = 0.67$ - 0.78. Meanwhile, as noted by K.K.L. Mak *et al.* (2019) in their systematic review, various studies employing CIPS report some differences in psychometric indicators, although, in general, the internal consistency measures remain relatively high. A confirmatory factor analysis was conducted to test a three-factor model that served as the underlying structure of the questionnaire. The factor loadings are presented in Table 1, which shows that all factors of the adapted measure are quite well-aligned.

Table 1. Factor loadings from the confirmatory factor analysis of the Ukrainian version of the CIPS methodology

Factor loadings					
Factor	Indicator	Estimate	SE	Indicator	Estimate
Luck	Q5	0.844	0.076	11,070	<.001
	Q9	0.659	0.063	10,400	<.001
	Q10	0.984	0.075	13,220	<.001
	Q11	0.888	0.067	13,180	<.001
	Q16	0.880	0.068	12,920	<.001

Table 1. Continued

Factor loadings					
Factor	Indicator	Estimate	SE	Indicator	Estimate
Imposterism and fear of exposure	Q1	0.143	0.052	2,750	0.006
	Q2	0.341	0.061	5,640	<.001
	Q4	1,094	0.068	16,030	<.001
	Q6	0.986	0.068	14,460	<.001
	Q7	0.847	0.068	12,550	<.001
	Q12	0.857	0.064	13,330	<.001
	Q13	1,076	0.065	16,500	<.001
	Q14	0.895	0.060	15,000	<.001
	Q15	0.964	0.060	15,970	<.001
	Q17	0.956	0.065	14,720	<.001
	Q18	0.921	0.063	14,650	<.001
Feeling of inferiority	Q19	0.299	0.070	4,270	<.001
	Q3	0.898	0.070	12,910	<.001
	Q8	0.630	0.067	9,420	<.001
	Q20	0.726	0.074	9,850	<.001

Note: SE = standard error; Z = Fisher's criterion value; p = significance level. Based on P.R. Clance (1985)

Source: processing of empirical research data

Table 2 presents the factor covariances of the scales, while Table 3 shows the model fit indices. As indicated by the calculations, the correlated three-factor model, based on 20 questions, demonstrates moderate fit: the

comparative fit indices (CFI = 0.892, TLI = 0.878) are slightly below but close to 0.9, and the root mean square error of approximation (RMSEA) exceeds 0.05 but remains below 0.1.

Table 2. Factor covariance estimates from the confirmatory factor analysis of the scales in the Ukrainian version of the CIPS methodology

Factor covariance		Rate	SE	Z	p
Luck	Luck	1,000			
	Imposterism and fear of exposure	0.891	0.025	36,400	<.001
	Feeling of inferiority	0.887	0.046	19,300	<.001
Imposterism and fear of exposure	Imposterism and fear of exposure	1,000			
	Feeling of inferiority	1,078	0.032	34,100	<.001
Feeling of inferiority	Feeling of inferiority	1,000			

Source: processing of empirical research data, based on P.R. Clance (1985).

The test of the confirmatory factor model's fit to the original model revealed that the obtained indices – $\chi^2 = 480$, degrees of freedom (df) = 167, $p < .001$ – indicate an acceptable fit. However, further analysis shows that removing

question 16 significantly improves the psychometric indicators, resulting in a better-fitting model (Table 3). This suggests that some modifications to the methodology may be necessary, but this needs verification with a larger sample.

Table 3. Results of confirmatory factor analysis of the scales in the Ukrainian version of the CIPS methodology

Fit indices of the Ukrainian version of CIPS					
Fit indices			RMSEA 90%		
CFI	TLI	SRMR	RMSEA	Low	Upper

Table 3. Continued

Fit indices of the Ukrainian version of CIPS					
Fit indices			RMSEA 90%		
0.892	0.878	0.054	0.080	0.071	0.088
Fit indices with question 16 removed					
Fit indices			RMSEA 90%		
CFI	TLI	SRMR	RMSEA	Low	Upper
0.924	0.912	0.057	0.068	0.059	0.077

Note: based on P.R. Clance (1985). df: degrees of freedom; CFI: comparative fit index; TLI: Tucker-Lewis index; RMSEA (CI): root mean square error of approximation (95.0% confidence interval)

Source: processing of empirical research data

Thus, the analysis of Tables 2-3 suggests a satisfactory fit between the obtained data and the proposed factor structure. The three-component structure of the Impostor Phenomenon Score, as suggested by R. Clance, is confirmed, with distinct scales for "Luck", "Imposterism and fear of exposure", and "Feelings of inferiority". At the same time, the model suggests that with certain modifications, the psychometric indicators of the methodology could be improved. In the next step, the questionnaire was tested for convergent validity. A correlational analysis was conducted between the scales of the CIPS questionnaire

(Clance, 1985) and other instruments used in the study, including the State-Trait Anxiety Inventory (STAI, Spielberger, 1970), Rosenberg Self-Esteem Scale (RSE, Rosenberg, 1967), and the "Perfectionism" scale (Measurement of Burnout, Schaufeli, 2005). Even though these methodologies are based on different theoretical models, their subscales align closely with the content of the adapted questionnaire's scales. Table 4 presents the intercorrelation matrix of the overall score and individual scales of the impostor phenomenon syndrome with parameters of self-esteem, anxiety, and perfectionism, as measured in the study.

Table 4. Correlational analysis of the scales in the Ukrainian version of CIPS and the State-Trait Anxiety Inventory, Rosenberg Self-Esteem Scale, and "Perfectionism" Scale

Scales	Anxiety	Perfectionism	Self-esteem	Luck	Imposterism and fear of exposure	Feelings of inferiority
Anxiety	—					
Perfectionism	0.131	—				
Self-esteem	-0.211***	-0.176**	—			
Luck	0.490***	0.183**	-0.118*	—		
Imposterism and fear of exposure	0.619***	0.305***	-0.264***	0.755***	—	
Feelings of inferiority	0.573***	0.314***	-0.225***	0.616***	0.815***	—

Note: * $p < .05$, ** $p < .01$, *** $p < .001$. Compiled based on CIPS methodology (Clance, 1985); State-Trait Anxiety Inventory (STAI, Spielberger, 1970); Rosenberg Self-Esteem Scale (RSE, Rosenberg, 1967); and the Measurement of Burnout scale, Schaufeli (2005)

Source: processing of empirical research data

Table 4 reveals that all scales of the Ukrainian version of the CIPS (Clance, 1985) exhibit more than one significant correlation with the scales of other instruments. Notably, there are moderate to strong correlations between all CIPS factors and the anxiety scale. For instance, the "Luck" scale (i.e. the tendency of an individual to attribute their successes to external factors such as luck) correlates with anxiety at a moderate level ($r = .49$, $p < .001$); "Imposterism and fear of exposure" correlates at a high level ($r = .619$, $p < .001$); and feelings of inferiority also correlate at a high level ($r = .573$, $p < .001$). This supports the theoretical assumptions made by many researchers that personal anxiety underpins the

impostor syndrome. The anxiety scale does not correlate with perfectionism ($r = .131$, $p < .05$), but it shows a weak correlation with self-esteem ($r = -.211$, $p < .001$), indicating that an anxious individual may not exhibit perfectionist traits, though they are likely to have low self-esteem. The measures of perfectionism and self-esteem exhibit weak correlations with CIPS factors, leading to the conclusion that anxiety has the most significant influence on the manifestations of the impostor phenomenon. The next phase of the research involved assessing the test-retest reliability of the Ukrainian version of the CIPS (Clance, 1985). In line with multiple recommendations, participants were invited

to retake the test one month after the initial testing. A total of 204 individuals completed the retest, of whom 55 were males (27%) and 149 were females (73%). Upon analysing the CIPS test and retest data, attention is drawn to the similarity in the overall scores (Table 5). As shown in Table 5, the mean overall score for the impostor syndrome scale was 58.2 for the initial test and 58 for the retest, with standard deviations of 16.1 and 17.1, respectively. Other

test and retest indicators presented in the table are also quite similar. Table 6 provides the correlation analysis between the test and retest scores. Notably, all correlations are statistically significant at the $p < .001$ level. Additionally, each of the three evaluated scales for the retest period has a correlation coefficient higher than 0.6, which is interpreted in psychological research as a strong direct correlation (Table 6).

Table 5. Mean test-retest scores for the overall CIPS impostor syndrome scale

Period	N	Mean	Median	Mode	SD	Minimum	Maximum
Test	297	58.2	58	60	16.1	22	97
Retest	204	58	57	51	17.1	20	100

Note: N – number of respondents; Mean – average score; Median – middle score; Mode – most frequent score; SD – standard deviation; Minimum – lowest value in the sample; Maximum – highest value in the sample. Compiled by the authors based on the methodology of P.R. Clance (1985)

Source: processing of empirical research data

Table 6. Paired test-retest correlations for the Ukrainian version of the CIPS

Pair	Scales	Spearman correlation coefficient
Pair 1	Luck & Luck 2	0.783
Pair 2	Imposterism and fear of exposure & Imposterism and fear of exposure 2	0.648
Pair 3	Feelings of inferiority & Feelings of inferiority 2	0.780

Source: processing of empirical research data, based on P.R. Clance (1985)

Based on the presented data, it can be concluded that the adapted methodology demonstrates a high level of test-retest reliability. The impostor syndrome was first described in the scientific psychological literature by P. Clance & S. Imes (1978). The researchers found that individuals who have achieved significant success often struggle to recognise their accomplishments and live in constant fear of being exposed as frauds. Despite clear evidence of their competence, these individuals are convinced that they are deceivers, occupying a position they do not deserve and attempting to claim unearned rewards. P. Clance & S. Imes (1978) argue that the impostor syndrome is an intense feeling experienced by high-achieving individuals who cannot internalise their success and attribute it to interpersonal skills or luck.

The signs of impostor syndrome, identified by J. Langford & P. Clance (1993), include perfectionism, a constant link between work and anxiety, fear of failure, and guilt over success. Experiencing impostor syndrome can lead to heightened anxiety and stress, as individuals continuously worry that their “lack of expertise” and “worthlessness” might be exposed. This behaviour negatively impacts both personal and professional development, as it limits an individual’s career progress. The Impostor Phenomenon Scale by P. Clance (1985) was designed to operationalise the concept that, while individuals are successful by external standards, they maintain the illusion of personal incompetence. The scale assesses key components of the Impostor Phenomenon, such as “Imposterism and fear of exposure”,

“Feelings of inferiority”, and “Luck” (Clance & Imes, 1978). The CIPS is the most commonly used self-report tool for measuring the intensity of impostor syndrome.

It is important to note that in contemporary research, only a few psychodiagnostic tools have been developed to measure the manifestations of impostor syndrome and assess their psychometric properties (Bravata *et al.*, 2020; Lee *et al.*, 2024). Among these instruments, the Harvey Impostor Phenomenon Scale (HIPS) (Harvey, 1981) stands out as a 14-item scale designed to measure the intensity of impostor syndrome in students and postgraduate researchers. The author argues that HIPS represents a homogenous theoretical construct, which is unidimensional, though its items are fairly heterogeneous – related to self-presentation, self-perception, attribution style, self-esteem, and situational amplifying effects. HIPS has demonstrated inconsistent psychometric properties across various studies, particularly regarding internal consistency, which ranges from $\alpha = 0.34$ to $\alpha = 0.70$ (Fujie, 2010). Researchers have raised concerns about the content homogeneity and factor structure (Mak *et al.*, 2019). Reports indicate a broad range of internal consistency results across different studies using HIPS, from $\alpha = 0.34$ to $\alpha = 0.85$, suggesting insufficient support for its psychometric properties.

Regarding the adapted scale by P. Clance (1985), many studies have reported high internal consistency for the CIPS, ranging from $\alpha = 0.85$ to $\alpha = 0.96$ (Mak *et al.*, 2019). P. Clance and several other researchers proposed a three-factor model for CIPS (French *et al.*, 2008; Brauer

& Wolf, 2016), comprising: 1) a sense of falseness ($\alpha = 0.84$), 2) downplaying achievements ($\alpha = 0.73$), and 3) attributing achievements to luck ($\alpha = 0.69$). Although CIPS demonstrates good internal consistency, evidence for the overall construct validity remains mixed, as do the findings regarding its factor structure.

The Perceived Fraudulence Scale (PFS). Following the definition of the impostor phenomenon as perceived fraudulence combined with cognitive and emotional components, J.Jr. Kolligian & R.J. Sternberg (1991) developed the PFS, which consists of 51 items, many of which overlap with the CIPS (Clance, 1985). However, this concept further emphasises the role of self-worth, impression management, and self-control. The PFS is defined as a measure that captures the multidimensional nature of the impostor phenomenon; nevertheless, its assessment retains a unidimensional overall score (despite the identification of two key factors: inauthenticity and self-denigration). Initial validation of the PFS revealed a two-factor model with an overall $\alpha = 0.94$ and factor reliabilities of $\alpha = 0.95$ (inauthenticity) and $\alpha = 0.85$ (self-denigration). Given the overlap of factors included in the CIPS, the correlation between the CIPS and PFS is high ($\alpha = 0.78$) (Chrisman *et al.*, 1995). However, evidence of the internal consistency of the PFS is mixed, ranging from $\alpha = 0.70$ to $\alpha = 0.83$ (Kolligian & Sternberg, 1991). Researchers note that the brevity of the CIPS offers greater utility compared to the PFS (Mak *et al.*, 2019).

In modern days, the CIPS is the most frequently used tool for measuring the impostor phenomenon in both research and clinical practice, although its factors (subscales) are difficult to isolate and clearly define (Mak *et al.*, 2019), and various studies reveal this inconsistency. For instance, in a study by S. Chrisman (1994), validation of the CIPS was carried out on a sample of Georgian university students. The CIPS scores showed moderate correlations, particularly with measures of depression, psychological well-being, social anxiety, self-esteem, and achievement scales. The Turkish adaptation of the CIPS was conducted by E. Şahin & F. Gülşen (2022). Results from the convergent validity analysis of the scales demonstrated a strong negative correlation between CIPS and self-esteem and a strong positive correlation between CIPS and trait anxiety. The Turkish version of the CIPS exhibited good psychometric properties, showing high test-retest reliability. At the same time, confirmatory factor analysis (CFA) revealed that a unidimensional model with 17 items was a better fit for this study compared to the three-factor model (Şahin & Gülşen, 2022).

Other adaptations of the CIPS, as evidenced by research analyses, show conflicting results regarding the questionnaire's factor structure (Mak *et al.*, 2019; Brauer & Proyer, 2023; Walker & Saklofske, 2023). For instance, K. Brauer & A. Wolf (2016), who conducted research on a sample of German adults, found that the scale comprises two dimensions. Y. Yaffe (2020a), in adapting the scale into Hebrew, discovered four dimensions among Hebrew-speaking women. M. Simon & Y.J. Choi (2018) concluded that a one-factor model with correlated residuals

best explains the factor structure of the CIPS. Therefore, the scale may not be sensitive enough to distinguish between the factors of the construct. In the Ukrainian adaptation of the CIPS, differences in the factor structure also draw attention. While the factor structure of the questionnaire was confirmed through confirmatory factor analysis, exploratory factor analysis initially indicated the presence of two factors. Given the gender imbalance in the study sample and the significant gender differences observed, it should be noted that refining the factor structure of the Ukrainian version of the CIPS remains an area for future research.

As a psychological phenomenon, impostor syndrome can be viewed from various angles, including its causes, specific symptoms, and consequences. It is most commonly associated with perfectionism and low self-esteem. Individuals with reduced self-esteem often underestimate their abilities and achievements, feeling that they are not as intelligent, talented, or successful as others. However, findings on the relationship between self-esteem and impostor fears are somewhat conflicting. For instance, J.C. Harvey (1981) found a weak correlation between impostor syndrome, self-esteem, and self-control. Conversely, several other studies indicate that impostor syndrome is linked to low self-esteem (Chrisman, 1995; Clance & O'Toole, 2014), and C. Cozzarelli & B. Major (1990) suggest that the syndrome may be more accurately considered as an extension of general low self-esteem rather than an independent construct.

Contemporary studies suggest that the impostor phenomenon is inversely related to academic and career success, mental and physical health, self-esteem, and emotional intelligence. Numerous investigations highlight the prevalence of the impostor phenomenon among students, the academic community at large, and particularly among women. For instance, C.M. Chrisman *et al.* (1995) measured various factors such as mood, symptoms of depression, fear of negative evaluation, self-esteem, self-criticism, self-control, and feelings of imposterism in students. The findings revealed that impostor syndrome is associated with experiencing depressive symptoms, self-criticism, negative thoughts and emotions, fear of negative evaluation, doubts about one's abilities, and low self-esteem. Research also indicates that impostor syndrome scores are higher among students from ethnic or racial minority groups (Cokley *et al.*, 2013).

The most prominent characteristics of individuals with impostor syndrome are their inability to acknowledge their achievements, feelings of self-doubt, and a tendency to attribute success to external factors (Clance & Imes, 1978). Such individuals live in constant fear that their perceived fraudulence will eventually be uncovered, revealing that they do not belong in their professional environment. This persistent fear of being exposed leads to psychological consequences such as depression, stress, anxiety, and low self-esteem (Cusack *et al.*, 2013). Students and academics with impostor syndrome typically experience heightened fear and anxiety regarding their work (Sonnak & Towell, 2001). They expend significant energy hiding their perceived inadequacy, often overworking and adopting

avoidance strategies, which results in low job satisfaction and a higher risk of burnout (Hutchins, 2015). Similar findings were observed in the adapted Ukrainian version of the scale among a sample of Ukrainian students. The connections identified by the authors between impostor syndrome, anxiety, and low self-esteem align with other research, which found links between impostor syndrome and self-esteem (Yaffe, 2020b), fear of evaluation (Clance & O'Toole, 2014), and perfectionism (Pannhausen *et al.*, 2022).

Thus, impostor syndrome is a relatively common phenomenon, particularly among members of the academic community, correlating with personal anxiety, low self-esteem, uncertainty regarding one's achievements, and burnout in the workplace or during study. Most contemporary research on this phenomenon also highlights discrepancies in the prevalence of the syndrome between men and women. Comparisons of the psychometric indicators and factor structures of the Ukrainian adaptation with both the original and adaptations in other languages reveal that the adapted versions meet the psychometric requirements, particularly concerning internal consistency and convergent validity. However, the factor structure of the questionnaire does not always align with the original structure.

CONCLUSIONS

The results obtained from the adaptation of the CIPS into Ukrainian provide sufficient grounds to assert the internal validity and reliability of the Ukrainian version of the instrument. Specifically, the internal consistency coefficients for the scales were as follows: for the "Luck" scale, Cronbach's alpha was 0.806; for the "Imposterism and fear of exposure" scale, it was 0.601; and for the "Feelings of inferiority" scale, it was 0.888. A confirmatory factor analysis of the three-factor baseline model of the questionnaire demonstrated that the obtained data corresponded to the

specified factor structure, confirming a three-component structure comprising the scales of "Luck", "Imposterism and fear of exposure", and "Feelings of inferiority". Simultaneously, the modelling indicates that certain modifications could enhance the psychometric indicators of the instrument. The assessment of convergent validity also yielded satisfactory results, revealing moderate to strong correlations between all CIPS factors and the anxiety scale, as well as weaker associations with the self-esteem and perfectionism scales. This supports theoretical assumptions regarding the central role of personal anxiety in the development of impostor syndrome. The test-retest data indicated a high level of test-retest reliability for the Ukrainian version of the CIPS questionnaire.

Thus, it can be asserted that the Ukrainian version of the CIPS instrument meets the requirements for the psychometric characteristics of psychodiagnostic tools and can be utilised in research to measure the level of manifestations of impostor syndrome in individuals. One limitation of the study is that the sample was not balanced in terms of gender, which is important for clarifying the factor structure of the questionnaire. A prospective area for further research includes refining the factor structure of the instrument through studies conducted on a larger sample, as well as examining cultural and gender differences in the manifestation of impostor syndrome.

ACKNOWLEDGEMENTS

The authors express their gratitude to Pauline Clance for granting permission to use the Clance Impostor Phenomenon Scale (Clance, 1985) for the Ukrainian adaptation of the instrument.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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Українська адаптація опитувальника Clance Impostor Phenomenon Scale (CIPS)

Анотація. Розширення методичного інструментарію досліджень, зокрема через адаптацію зарубіжних психодіагностичних методик, є важливим для української психології. Це дозволить проводити нові дослідження та порівнювати їх результати. Одним із перспективних напрямків є вивчення синдрому самозванця, який проявляється у сумнівах індивіда щодо своїх досягнень. Для цього застосовується Clance Impostor Phenomenon Scale, розроблена зарубіжними дослідниками. Мета роботи полягала в адаптації психодіагностичного опитувальника Clance Impostor Phenomenon Scale українською мовою. Опитувальник Clance Impostor Phenomenon Scale було перекладено українською мовою двома психологами за методом зворотного перекладу. Вибірку дослідження склали 297 студентів віком від 18 до 22 років ($M = 20.4$, $SD = 1.49$), серед них чоловіків – 82 особи, жінок – 215 осіб. Використано методи описової статистики, аналізу надійності шкал, кореляційного аналізу (коефіцієнт Спірмана), конфірмаційний факторний аналіз. Результати дослідження свідчать про досить хорошу узгодженість отриманих даних із базовою теоретичною моделлю. Перевірка змістової валідності показала значну кількість статистично значущих кореляцій. Виявлено високий рівень тест-ретестової надійності методики, яка адаптувалася. Отримана факторна модель є близькою за змістом до оригінальної, проте неідентичною; інші дослідження також вказують на отримані нові факторні моделі, що свідчить про можливість удосконалення даної методики або ж вікові, часові і крос-культурні відмінності досліджуваних. Перевірка психометричних характеристик української версії методики Clance Impostor Phenomenon Scale показала високу внутрішню валідність і надійність адаптованої методики. Українська версія методики Clance Impostor Phenomenon Scale може бути корисною для психодіагностики проявів синдрому самозванця, а також для подальшої стандартизації та використання в порівняльних дослідженнях. Результати можуть сприяти оптимізації психологічної допомоги, враховуючи особливості синдрому самозванця у процесі психологічної роботи

Ключові слова: синдром самозванця; особистість; самооцінка; перфекціонізм; удача; почуття меншовартості