An Examination of the Impact of Minority Status Stress and Impostor Feelings on the Mental Health of Diverse Ethnic Minority College Students

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This study examined differences in minority status stress, impostor feelings, and mental health in a sample of 240 ethnic minority college students. African Americans reported higher minority status stress than Asian Americans and Latino/a Americans, whereas Asian Americans reported higher impostor feelings. Minority status stress and impostor feelings were examined as predictors of mental health. Impostor feelings were stronger predictors of mental health than minority status stress. Counseling implications for ethnic minority students are discussed.

Keywords: minority status stress, impostor phenomenon

Este estudio examinó las diferencias en estrés por estatus de minoría, sentimientos de impostor, y salud mental en una muestra de 240 estudiantes universitarios pertenecientes a minorías étnicas. Los afroamericanos comunicaron un estrés por estatus de minoría más alto que los asiático-americanos y los latinoamericanos, mientras que los asiático-americanos comunicaron sentimientos de impostor más elevados. Se examinaron el estrés por estatus de minoría y los sentimientos de impostor como predictores de salud mental. Los sentimientos de impostor fueron predictores más fuertes de salud mental que el estrés por estatus de minoría. Se discuten las implicaciones en consejería para estudiantes de minorías étnicas.

Palabras Clave: estrés por estatus de minoría, fenómeno del impostor

Ethnic minorities have long experienced disparities in life outcomes across multiple domains (e.g., education, employment, and physical and mental health). Ethnic minority status is often associated with poorer schools (Massey, 2006) and poorer mental health in comparison with the European American majority status (Cokley, Hall-Clark, & Hicks, 2011). Although the mental health of ethnic minority college students is influenced by general stressors affecting all college students, including exams, writing papers, and other academic stressors (Grayson, 1998), their
mental health is also likely to be negatively affected by additional stressors, including experiences with racism and discrimination, traumatic stress, educational hegemony, insensitive comments, and questions of belonging on a college campus (Goodman & West-Olatunji, 2010; Okazaki, 2009; Smedley, Myers, & Harrell, 1993). These unique racialized stressors have been referred to as minority status stress and can result in specific coping strategies (Brown, Phillips, Abdullah, Vinson, & Robertson, 2011), lead to heightened feelings of not belonging, and interfere with students’ adjustment to college (Smedley et al., 1993). Another stressor experienced by ethnic minority students is impostor feelings, which can lead to depression (Austin, Clark, Ross, & Taylor, 2009). Impostor feelings refer to an internal sense of intellectual phoniness (Clance & Imes, 1978). Thus, minority status stress and impostor feelings can contribute to diminished mental health among ethnic minority college students.

Although there are many studies that document the experience of minority status stress (and race-related stress) among ethnic minority college students, only two published studies exist that document impostor feelings among ethnic minority college students (Austin et al., 2009; Ewing, Richardson, James-Myers, & Russell, 1996). We were unable to locate any studies that examine both minority status stress and impostor feelings in relation to mental health. Thus, the purposes of this study were (a) to examine ethnic minority differences in minority status stress, impostor feelings, and mental health and (b) to explore the contributions of minority status stress and impostor feelings to mental health among a sample of ethnic minority college students.

**Ethnic minority college students, minority status stress, and mental health**

Research has found that most racial and ethnic minorities report experiencing racial discrimination, and many report the experiences as stressful (Landrine & Klonoff, 1996). Such experiences also permeate the life of college students, who may also experience school-based sources of this stress, such as subtle or overt racist educational policies, culturally insensitive instructors and curriculum, and interracial group tension (Chiu & Ring, 1998). Enduring negative stereotypes, perceived discrimination, and cultural incongruity may put ethnic minority students at risk for psychological distress. Research has found that minority status stress negatively affects mental health outcomes, such as general psychological distress (Neville, Heppner, Ji, & Thye, 2004) and depressive and anxiety symptoms (Jones, Cross, & DeFour, 2007; Kessler, Mickelson, & Williams, 1999).
Stress related to racial or ethnic minority status has been examined primarily with African Americans (Greer, Laseter, & Asiamah, 2009; Hunter & Joseph, 2010), but a growing amount of research has begun examining race-related or minority status stress with Latino/a Americans (Lopez, 2005), Asian Americans (Iwamoto & Liu, 2010), and ethnic minorities in general (Franklin, Boyd-Franklin, & Kelly, 2006). It is well established that minority status stress is related to poorer mental health outcomes (Jones et al., 2007); however, it is less clear what differences may exist among ethnic minority students. Given the diverse histories and experiences of ethnic minority students, it is quite likely that ethnic minority students may differ across a variety of important areas.

Although research has continued to examine the link between minority status stress and psychological distress, few studies have included multiethnic samples. There is reason to believe that the nature, type, and incidence of race-related or minority status stress may differ across ethnic groups. For example, despite evidence suggesting that ethnic minority groups in general are evaluated more negatively than European Americans, African Americans and Latino/a Americans are still ranked last or next to last on intelligence and ranked high on laziness (National Opinion Research Center, 1998). African American and Latino/a American students are also especially vulnerable to stereotype threat and more anxiety in testing situations (Nadler & Clark, 2011). Stereotype threat is a heightened sensitivity regarding the negative stereotypes associated with a social group, such as race or gender (Steele & Aronson, 1995). It logically follows that students experiencing stereotype threat are more likely to report higher rates of race-related stress or minority status stress and poorer mental health.

Race-related stress or minority status stress often involves perceived discrimination; however, there are few comparative studies of perceived discrimination across ethnic groups. In one study, Landrine, Klonoff, Corral, Fernandez, and Roesch (2006) found that African Americans reported the highest level of lifetime discrimination across ethnic groups and appraised racial discrimination as more stressful than did Latino/a Americans and Asian Americans. In a study of race-related stress among Latino college freshmen, Lopez (2005) found that Latino/a students experienced increased stress due to racism over the course of their freshman year. In contrast, Asian American students are stereotyped as the model minority (Lee, 1994) and are believed to be intelligent, hardworking, high achieving, and academic striving (Chang & Demyan, 2007) and not have emotional or adaptive problems (Cocchiara & Quick, 2004). Although these stereotypes are perceived to be positive, they also place a great deal of pressure on Asian American students to excel in school and can produce increased anxiety and distress. Given that part of minority status stress involves feelings that ethnic minority
students may have about their background and fitting in, it is possible that some ethnic minority students may struggle and question their competence and belonging. We propose that feelings of being an impostor may be especially salient among some ethnic minorities.

 impostor phenomenon and mental health

Originally researched among primarily White, middle- and upper-middle-class high-achieving women, the impostor phenomenon describes a person’s belief in and experience of her- or himself as an intellectual “fraud” (Clance, 1985; Clance & Imes, 1978; Clance & O’Toole, 1987). These individuals find it difficult to internalize their achievements and are reluctant to ascribe their successes to intrinsic skill or intelligence. Despite external evidence to the contrary, they tend to attribute their successes to fleeting causes such as happenstance, error, or distinctly hard work. Those with impostor feelings often live in fear of being exposed as a fraud and consequently hold themselves to exceptionally high standards.

The impostor phenomenon has been tied to clinically significant mental health symptoms of depression, generalized anxiety, and low self-esteem (Chrisman, Pieper, Clance, Holland, & Glickauf-Hughes, 1995; McGregor, Gee, & Posey, 2008). In their early work, Clance and Imes (1978) discussed negative societal messages about women and success as factors contributing to the maintenance of impostor feelings among women. However, subsequent studies have shown no significant differences in impostor feelings rates between men and women (Castro, Jones, & Mirsalimi, 2004). Very few published studies have examined the relevance of this construct to ethnic minorities. The few studies that have been published suggest that women of color may be particularly affected by impostor feelings because of a double-minority status (Clance, Dingman, Reviere, & Stober, 1995). We propose that, similar to women, some ethnic minorities, particularly ethnic minority women, may be especially vulnerable to feelings of the impostor phenomenon.

This brief review suggests that ethnic minority students are likely to differentially experience stigmas and environmental pressures in important ways. In the current study, we examined the nature of these differences related to minority status stress, impostor feelings, and mental health. Three research questions guided this study. First, are there differences among ethnic minority students in minority status stress, impostor feelings, and mental health? Second, will ethnic minority women report higher impostor feelings compared with ethnic minority men? Third, do minority status stress and impostor feelings significantly predict mental health (i.e., psychological distress and psychological well-being)?
method

PARTICIPANTS AND PROCEDURE

The study was conducted in a large, southwestern university. Ethnic minorities (defined as Latino/as, Asian Americans, African Americans, and American Indians per census guidelines) constituted approximately 36.6% of the student body. Participants in the current study included a convenience sample of 240 self-identified ethnic minority students. The sample consisted of 111 Asian Americans, 76 Latino/a Americans, 50 African Americans, and three biracial individuals. The biracial students were not used in the comparative analyses. There were 90 men and 148 women (two individuals did not identify their gender). Participants ranged in age from 17 to 39 years ($M = 20.52$, $SD = 2.14$). There were 13 freshmen, 54 sophomores, 63 juniors, and 108 seniors, with two individuals who did not identify their year in school. The mean grade point average (GPA) was 3.07 ($SD = 0.64$). Regarding socioeconomic status, 51 individuals identified as working class, 127 as middle class, 57 as upper middle class, and five as upper class.

Participants were recruited through the educational psychology department’s subject pool. Data were collected using SurveyMonkey, an online survey system. Participants completed a demographic form and measures of minority status stressors, the impostor phenomenon, and mental health. The study was approved by the University of Texas at Austin Institutional Review Board.

MEASURES

Minority status stresses were measured using the Minority Student Stress Scale (MSSS; Smedley et al., 1993). The MSSS is a 37-item scale that measures both minority-specific stressors and more general student role stressors that are exacerbated by ethnic minority status. A sample item includes “The university does not have enough professors of my race.” The MSSS uses a 6-point Likert scale ranging from 0 (does not apply) to 5 (extremely stressful). A principal-components analysis yielded six variables: environmental stresses, achievement stresses, race-related stresses, interpersonal stressors with White people, intrapersonal stresses, and interpersonal stresses among ethnic minority groups. Cronbach’s asphas for the current study ranged from .81 to .92. Subscale scores and/or total scores can be used. Greer and Chwalisz (2007) reported a Cronbach’s alpha of .92 for the total score. Cronbach’s alpha for the total score in the current study was .97. For the purposes of our study, both subscale and total scores were used. Construct validity of the MSSS has been demonstrated through negative relationships with academic performance (Greer & Chwalisz, 2007).

Impostor feelings were measured using the Clance Impostor Phenomenon Scale (CIPS; Clance, 1985). The CIPS is a 20-item scale that uses
a 5-point Likert scale ranging from 1 (not at all true) to 5 (very true). A sample item includes “I can give the impression that I’m more competent than I really am.” A principal-components analysis revealed three variables: fake, discount, and luck. However, an overall score is typically generated. A Cronbach’s alpha of .92 has been reported (Chrisman et al., 1995). The Cronbach’s alpha in the current study was .93. Evidence of known-groups validity has been demonstrated through the ability to discriminate between identified impostors and nonimpostors (Holmes, Kertay, Adamson, & Holland, 1993).

Mental health was measured using the Mental Health Inventory–18 (MHI-18; Veit & Ware, 1983; Weinstein, Berwick, Goldman, Murphy, & Barsky, 1989). The MHI-18 consists of 18 items that use a 6-point Likert scale ranging from 1 (all of the time) to 6 (none of the time). Sample items include “Did you feel depressed?” and “Have you been a nervous person?” The MHI-18 has four subscales: the Anxiety, Depression, and Loss of Behavioral Control subscales for the psychological distress index and the Positive Affect subscale for the psychological well-being index. Raw scores are transformed to produce standardized scores ranging from 0 to 100. Higher scores on the psychological distress index indicate poorer mental health, whereas higher scores on the psychological well-being index indicate better mental health. The MHI-18 starts with the stem “During the past 4 weeks, how much of the time . . .” to which individuals answer a series of items. Cronbach’s alphas of .93 and .89 have been reported for the psychological well-being and psychological distress indices, respectively (Pieterse & Carter, 2007). The Cronbach’s alphas in the current study were .76 and .93, respectively. Evidence of construct validity has been found through correlations with perceived stress and race-related stress (Pieterse & Carter, 2007).

**DATA ANALYSIS**

To examine ethnic minority and gender differences in GPA, minority status stress, impostor feelings, and mental health (i.e., psychological well-being and psychological distress), we conducted a one-way analysis of variance (ANOVA), factorial ANOVA, and factorial multivariate analyses of variance (MANOVAs). Correlations were also conducted among the study variables. Finally, we conducted two hierarchical regressions to examine whether minority status stress and impostor feelings uniquely predicted psychological distress and psychological well-being. The total scores for the MSSS and the CIPS were used as independent variables, whereas the two subscales of the MHI-18 were used as the dependent variables. We initially conducted regression analysis separately for each ethnic group to determine if there were differences in the predictions of the variables. After determining that there were no differences, we combined the groups to increase the power of the statistical analysis. Descriptive statistics
and intercorrelations disaggregated by ethnicity for the main variables are presented in Table 1.

results

We conducted a one-way ANOVA to examine ethnic minority differences in GPA. Results revealed a significant difference, $F(2, 218) = 5.82, p < .01$, with a small to modest effect size, $\eta^2 = .05$. A Scheffé’s test for post hoc analysis indicated that Asian Americans ($M = 3.19, SD = 0.64$) reported a significantly higher GPA than did African Americans ($M = 2.82, SD = 0.63$) but not Latino/a Americans ($M = 3.04, SD = 0.60$). There were no significant differences between African Americans and Latino/a Americans. A $2 \times 3$ (Gender $\times$ Ethnicity) MANOVA was conducted to examine ethnic minority differences among the MSSS subscales. There was no main effect for gender, $\lambda = .957, F(12, 446) = 1.67, p > .05, \eta^2 = .05$. However, there was a main effect for ethnicity, $\lambda = .73, F(12, 446) = 6.34, p < .001$, with a medium effect size, $\eta^2 = .15$. Scheffé’s post hoc analysis indicated that African Americans reported significantly higher environmental stresses ($M = 3.35, SD = 1.18$), race-related stresses ($M = 3.97, SD = 1.36$), and intragroup stresses ($M = 3.01, SD = 1.21$) than did Asian Americans ($M = 2.12, SD = 0.92$; $M = 3.13, SD = 1.26$; and $M = 2.37, SD = 0.99$).

### Table 1

<table>
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<th>Variable</th>
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Note. $N = 240$. MSS = minority status stress; IP = imposter phenomenon; PD = psychological distress; PW = psychological well-being.

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

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respectively) and Latino/a Americans (M = 2.23, SD = 0.99; M = 3.04, SD = 1.45; and M = 2.33, SD = 1.08, respectively).

We conducted a 2 × 3 (Gender × Ethnicity) ANOVA to examine differences in impostor feelings. There was no main effect for gender, *F*(1, 234) = 0.401, *p* > .05, η² = .002. However, there was a main effect for ethnicity, *F*(2, 254) = 9.08, *p* < .001, with a small to modest effect size, η² = .07. Scheffé’s post hoc analysis indicated that Asian Americans (M = 3.09, SD = 0.65) reported significantly higher impostor feelings than did African Americans (M = 2.56, SD = 0.71) and Latino/a Americans (M = 2.80, SD = 0.72). African Americans and Latino/a Americans did not differ significantly in impostor feelings (see Table 1).

We conducted another 2 × 3 (Gender × Ethnicity) MANOVA to examine differences in psychological distress and psychological well-being. There was no main effect for gender, λ = .995, *F*(2, 228) = 0.547, *p* > .05, η² = .01. However, there was a main effect for ethnicity, λ = .949, *F*(4, 456) = 3.03, *p* < .05, with a small effect size, η² = .03. As can be seen in Table 1, Scheffé’s post hoc analysis indicated that Asian Americans (M = 44.52, SD = 19.73) reported higher psychological distress than did African Americans (M = 37.81, SD = 23.55) and Latino/a Americans (M = 37.64, SD = 22.70). Scheffé’s post hoc analysis also indicated that Asian Americans (M = 67.72, SD = 21.80) were lower in psychological well-being compared with African Americans (M = 75.33, SD = 20.14) and Latino/a Americans (M = 76.73, SD = 20.14).

An examination of the intercorrelations for impostor feelings, minority stress, psychological distress, and psychological well-being disaggregated by ethnicity indicated a similar pattern of relations (see Table 1). Minority status stress was positively related to impostor feelings and psychological distress and negatively related to psychological well-being. Impostor feelings were also positively related to psychological distress and negatively related to psychological well-being.

In the first regression analysis, gender was not a significant predictor of psychological distress. After we controlled for gender, minority status stress was a significant predictor (β = .30, *p* < .001), accounting for 8% of the variance. Participants with higher minority status stress were higher in psychological distress. In the next step, the addition of impostor feelings (β = .53, *p* < .001) accounted for an additional 25% of the variance, whereas the impact of minority status stress was reduced (β = .14, *p* < .05). Participants with higher impostor feelings were higher in psychological distress. The model accounted for 33% of the variance.

In the second regression analysis, gender was also not a significant predictor of psychological well-being. After we controlled for gender, minority status stress was a significant predictor (β = −.18, *p* < .01), accounting for 2% of the variance. Participants with higher minority status stress were lower in psychological well-being. In the next step, the addition of impostor feelings (β =
-.44, \( p < .001 \) accounted for an additional 17% of the variance, whereas the impact of minority status stress was reduced to nonsignificance \((\beta = -.04, p > .05)\). Participants with higher impostor feelings were lower in psychological well-being. The model accounted for 19% of the variance.

**discussion**

In this study, we were interested in examining within-group differences among ethnic minority students and to what extent minority status stress and impostor feelings were predictive of the students’ mental health. Given the diversity among ethnic minority students and the differences in ethnic minority students’ experiences, it is important to compare ethnic minority student groups to better understand the differences and similarities of their experiences.

**DIFFERENCES IN MINORITY STATUS STRESS**

The findings indicated that African American students reported significantly higher minority status stress than did Asian American and Latino/a American students. These findings are consistent with those of Smedley et al. (1993), who found that African American freshmen reported higher minority status stress compared with Chicano, Latino, and Filipino freshmen. Additionally, the MSSS included several items related to interactions with White people (e.g., “Difficulties with having White friends” and “Having to live around mostly White people”). Sociologists and demographers have long reported that residential segregation is higher and racial integration harder for African Americans than for Asian Americans and Latino/a Americans (Charles, 2003; Denton & Massey, 1988). African American students may find adjustment to a predominantly White university harder and more stressful compared with other ethnic minority students because African Americans often endure the most negative racial stereotypes (National Opinion Research Center, 1998) and also tend to come from more racially segregated communities than other ethnic minorities. This finding warrants further investigation.

**DIFFERENCES IN IMPOSTOR FEELINGS**

The findings also indicated that Asian American students experienced significantly higher impostor feelings than African American and Latino/a American students. These findings initially appeared to be counterintuitive because we assumed that the students who are more highly stigmatized and stereotyped as having lower intelligence (i.e., African Americans and Latino/a Americans) would struggle more with impostor feelings. The
well-documented phenomenon of Asian Americans’ high academic achievement also seems to be at odds with the higher impostor feelings reported by this sample of Asian American students. In the current sample, Asian American students had the highest GPAs \((M = 3.19, SD = 0.64)\), followed by Latino/a Americans \((M = 3.04, SD = 0.60)\) and African Americans \((M = 2.82, SD = 0.63)\). Given their higher achievement, why would Asian American students have higher impostor feelings? It must be remembered that impostor feelings are essentially individual perceptions about individual competence and success, not individual perceptions about group competence and success. Impostor feelings have been linked to irrational beliefs around high self-expectation (Cromwell, Brown, Sanchez-Huceles, & Adair, 1990).

Previous studies have found that Asian American students exhibited perfectionistic tendencies, especially maladaptive perfectionistic tendencies (Peng & Wright, 1994; Yoon & Lau, 2008). Despite positive academic stereotypes, Asian American students must deal with the stressors of the model-minority stereotype and high parental expectations. Furthermore, the model-minority stereotype may, in fact, produce increased anxiety and distress, particularly for those students who do not possess the intellectual capacity or whose interests differ from those presented by the stereotype (Toupin & Son, 1991). When we consider the cultural pressures of high parental expectations and the unique stressor of being the model minority, it is more understandable why Asian American students might be more prone to higher impostor feelings.

**MENTAL HEALTH OUTCOMES**

Minority status stress and impostor feelings were both significantly correlated with psychological distress and psychological well-being for all of the ethnic minority groups. The correlation results support research by Jones et al. (2007), which found that stress related to race or minority status was an important correlate of mental health outcomes. Minority status stress was a significant negative predictor, but it did not significantly predict psychological well-being. Impostor feelings significantly predicted both psychological distress and psychological well-being; in fact, it was a much stronger predictor than minority status stress. These findings provide potential insights into ethnic minority students’ mental health.

Although the existing literature consistently documents the relationship of minority status and race-related stress with poorer mental health, the current findings suggest that impostor feelings may be the more probable reason for this relationship. Previous research has not considered the role that impostor feelings may have on ethnic minority mental health. The differences between impostor feelings and minority status stress may provide a
clue as to why impostor feelings were a more powerful predictor of mental health. The impostor phenomenon is based on an individual’s self-perception and internal feelings, whereas minority status stress encompasses feelings based largely on being part of an ethnic minority group. Also, the impostor phenomenon, psychological distress, and psychological well-being are individualistic constructs, whereas minority status stress is a collectivistic construct. Because of the nature of the constructs, the impostor phenomenon appears to be more proximally related to mental health as operationalized by the MHI-18 than minority status stress.

Finally, we examined the possibility of different relationships between minority status stress and mental health as well as impostor feelings and mental health by gender. The findings indicated no significant gender differences in minority status stress or impostor feelings. These results are consistent with other findings (e.g., Castro et al., 2004) that have found no significant differences in impostor feelings between men and women. Although initial research on the impostor phenomenon indicated prevalence among European American women, the current results and other studies suggest that gender may not play a significant role in the experience and impact of minority status stress and impostor feelings among ethnic minority students.

**Limitations and implications**

Several limitations should be taken into consideration when interpreting the findings of the present study. First, the sample did not consist of ethnic minorities outside of African Americans, Latino/a Americans, and Asian Americans (e.g., Arab Americans, American Indians, and the Alaska Native population). Additionally, the sample included three biracial participants. Although these biracial participants were included in the regression analysis, their numbers were too small to be included in the tests of mean differences. Also, there is growing evidence that ethnic minority groups such as Arab Americans experience discrimination and other forms of stress that have a negative impact on their mental health (Awad, 2010). Thus, further research should examine whether these findings are replicable in ethnic minority samples not typically represented in research, such as Arab Americans, American Indians, and the Alaska Native population. Although the overall sample size was adequate, the numbers of African American students, Latino/a American students, and especially the biracial students were somewhat smaller than the number of Asian American students. Future studies should include larger numbers of these groups. Given the correlational nature of the study, it cannot be concluded that minority status stress or impostor fears “cause” psychological distress or lower psychological well-being. Finally, specific cultural variables were not included in the study to account for ethnic group differences, so the discussion about
why there were ethnic group differences remains speculative. Future studies should include specific cultural variables believed to account for any expected ethnic group differences.

We believe this is the first study to examine and compare the impostor phenomenon among diverse ethnic minority students. Despite the aforementioned limitations, our findings offer important considerations for counseling ethnic minority students. On the one hand, it is probably the case that ethnic minority students on a predominantly White campus share an ethnic minority experience that can be stressful. Counselors working with ethnic minority students can focus on common stressors these students share related to not being part of the dominant group. For example, counselors can encourage ethnic minority students who experience racism to engage in various forms of activism. Research has found that racist events and reflective coping significantly predicted activism among African American students (Szymanski, 2012). Engaging in activism is a way of empowering students who may feel marginalized or discriminated against, and counselors can assist ethnic minority students in balancing activism with academics. On the other hand, certain stressors may be more salient for specific ethnic minority groups. A counselor can form a counseling or therapy group for Asian American students burdened by high academic expectations who are trying to live up to the model-minority stereotype. As a psychoeducational intervention, a counselor can do outreach programs to educate all students on issues especially salient to Latino/a students, such as immigration. Although there may be reason to expect a shared ethnic minority experience, the unique histories and differential experiences with discrimination necessitate counseling and interventions that are specifically targeted to meet the diverse needs of all ethnic minority students.

references


