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Beyond the Degree: Psychological Pathways to Suicidal Ideation Among Unemployed Graduates

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ABSTRACT: Objective: The purpose of this correlational study was to examine how impostor syndrome and self-esteem deficits predict suicidal ideation among purposively selected 300 unemployed graduates by exploring the role of depression and self-burdensomeness in the stated relationship. Method: The data were collected using the Impostor Syndrome Scale, Self-Esteem Deficits Scale, Suicidal Ideation Scale, Depression Scale, and Self-Burden Questionnaire via purposive sampling. Results: The Statistical Package for the Social Sciences (SPSS V25) was used for analyses, including Pearson's correlation, multiple regression, mediation analysis, and independent-samples t-tests. Results indicated that impostor syndrome and self-esteem deficits have a significant positive correlation with suicidal ideation. Furthermore, depression significantly mediates the relationship between impostor syndrome and suicidal ideation, whereas self-burdensomeness significantly mediates the relationship between self-esteem deficits and suicidal ideation. Significant gender differences in self-esteem deficits, suicidal ideation, depression, and self-burdensomeness were found except for impostor syndrome.

INTRODUCTION

Suicide and suicidal ideation are still one of the most important public health problems worldwide, causing more than 800,000 deaths every year, with about 73% of this burden in developing countries (WHO, 2021; Rameez et al., 2023). Socio-economic vulnerabilities can exacerbate psychological distress, especially in Pakistan, where the national suicide rate stood at 8.9 per 100,000 in 2019. One of these vulnerabilities is unemployment, which is a major driver of the dramatic mental health issues affecting educated youths. The most recent research suggests that roughly 8% of those who are not working are suffering from clinically relevant suicidal thoughts (Imran et al., 2023). Unemployed graduates, especially, are exposed to psychological difficulties, such as the transition from studying to being stagnant in one's job, which leads to a high level of cognitive dissonance, emotional instability and suicidal ideation. Impostor Syndrome, a psychological vulnerability which is not well studied in this population, is a pattern of individuals consistently discounting achievement as some form of external influence or luck, rather than a reflection of their own ability (Clance & Imes, 1978). High-achieving graduates who are unable to find a job will have

their latent feeling of impostor syndrome strengthened, leading to a sense of personal inadequacy (Goldsmith, 2018). This inner turmoil is exacerbated by very low self-esteem. People with low self-worth ratings suffer from a persistent lack of self-confidence and self-belief, feeling unqualified to deal with ongoing setbacks in their careers (Mawlod et al., 2024; Sahakian, 2024). The cognitive misattributions of the impostor phenomenon and chronic self-esteem deficits contribute to psychologically vulnerable individuals being more likely to engage in self-destructive behavior and suicidal thoughts (Brennan-Wydra et al., 2021). To have a full understanding of how these self-evaluative deficits relate to suicidal ideation, effective and interpersonal processes need to be examined, namely depression and perceived self-burdensomeness. Depression is an established risk factor for suicidal thinking and is marked by chronic anhedonia, cognitive dysfunction, and extreme hopelessness (Cui et al., 2024). Long-term periods of unemployment can lead to increased depressive pathologies, up to 50% in cohorts of long-term jobless youth (Andrew et al., 2023; Salman et al., 2025). In this direction, depression can be an affective bridge, turning the chronic self-criticism associated with impostor syndrome into deep emotional despair and suicidal ideation (Fimiani et al., 2021; Wei et al., 2024). At the same time, long-term unemployment in high-expectation family and society environments creates an intolerable feeling of self-burdensomeness, which is the painful conviction that one's life imposes a burden on the family and society (Teismann et al., 2024). With longstanding low self-esteem, the economic failure becomes an existential challenge, and death becomes more of a possibility of escape or a relief for family members. Literature, albeit separately, has linked these psychological constructs with negative mental health outcomes. However, no empirical research has yet examined them in combination with an integrative mediation model among unemployed graduates. To fill this void, the present study examines the direct relationship between Impostor Syndrome and self-esteem deficits with suicidal ideation among unemployed graduates (N = 300). In addition, this study examines the mediation processes that make depression a link between Impostor Syndrome and suicidal ideation, and between self-esteem deficits and suicidal ideation.

Impostor Syndrome and Suicidal Thoughts

Impostor syndrome, popularly coined by Clance and Imes (1978), is a psychological phenomenon in which one doubts their own abilities and worthiness to succeed even though they have received objective successes. People who notice this often feel they are successful because of luck, timing or trickery, and have a sense of fear about being labelled a "fraud" (Wei et al., 2024). This cognitive distortion is a key aspect that significantly impacts psychological well-being in academic and early career transitions (Gómez-Morales, 2021). Extended unemployment, combined with high academic attainment for graduates, can amplify at-risk identities of 'impostor syndrome' and reinforce a sense of incompetency (Goldsmith, 2018). Empirical studies show that there is a strong positive correlation between Impostor Syndrome and suicidal thoughts (Brennan-Wydra et al., 2021; Street & Lester, 2000). The constant emotional stress, loneliness, and sense of failure foster significant psychological distress, pushing vulnerable people to engage in extremely self-destructive thinking as a coping strategy to escape the failure (Wei et al., 2024).

Self-Esteem Deficits and Suicidal Ideation

Self-esteem is the person's general impression of his/her own value. Self-esteem deficits occur when there is a persistent lack of self-confidence, a sense of inadequacy and sensitivity to criticism from others (Mawlod et al., 2024). A low level of self-esteem is linked to dysfunctional coping mechanisms, such as self-blame and emotional instability (Kresznerits et al., 2022; Sahakian, 2024). Empirical data across several countries suggest that less positive self-esteem is consistently associated with an increase in suicidal ideation and suicide attempts, across various socio-cultural factors (Soto et al., 2019; Dat et al., 2023). For unemployed graduates, the failure to obtain jobs is a constant reminder of their lack of worth, thereby dampening the graduates' psychological resilience and raising their chances of developing suicidal ideation (Dat et al., 2023; Imran et al., 2023).

Role of Depression and Self-burdensomeness

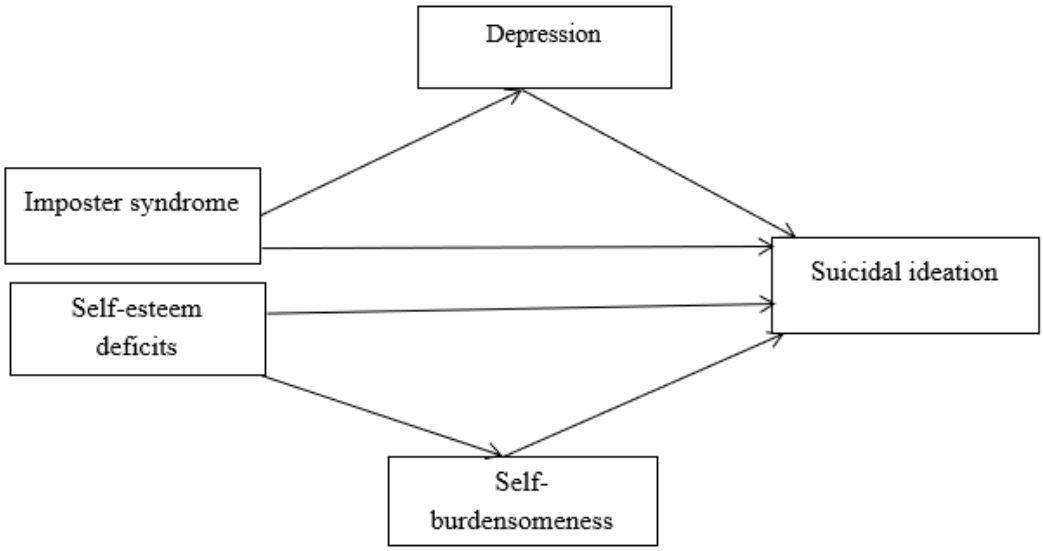
Empirical literature supports the idea that depression mediated the relationships between impostor syndrome and suicidal ideation. Depression is one of the most well-established psychiatric vulnerabilities that is characterized by sustained low mood, cognitive deficits, and significant loss of self-worth (Cui et al., 2024) and there is ample empirical evidence that links Impostor Syndrome to depressive symptoms (Sverdlik et al., 2020; Thomas & Bigatti, 2020). People with higher levels of impostor feelings experience more severe depressive symptoms, due to continued self-criticism and cognitive exhaustion (Liu et al., 2022). Studies have found that among unemployed youth, those experiencing occupational stagnation are more likely to suffer from clinical depression (up to 50% for long-term unemployed groups) (Andrew et al., 2023; Salman et al., 2025). Depression, in turn, is also

one of the strongest predictors of suicidal ideation as it results in feelings of hopelessness and helplessness (Liu, Han et al., 2023; Liu, Wang et al., 2023; Ribeiro et al., 2018). This is why depression has been described as an affective bridge or mechanism that transforms the chronic self-evaluative deficits of Impostor Syndrome into active suicidal thoughts (Fimiani et al., 2021).

On similar accounts another key component of the modern psychological understanding of suicide is self-burdensomeness understood as the sense of being fundamentally flawed and an intolerable burden to family, friends, and society. Evidence revealed that self-burdensomeness mediated the relationship between self-esteem deficits and suicidal ideation as people with critically low self-esteem are especially likely to adopt a social and familial view of themselves, and to take any lack of employment as evidence that they are incapable. When there are high socio-economic stressors, chronic low self-esteem transitions from internal distress to interpersonal alienation and leads to a very distressful belief that one's death would be of greater value to loved ones than one's life. Empirical research has shown that most people with suicidal intent report a high level of distress about the burden of others (Teismann et al., 2024). In this sense, self-burdensomeness can be seen as a key psychological intermediary variable between chronic self-esteem deficits and active suicidal ideation in the unemployed.

Unemployment and poor working conditions substantially elevate suicidal ideation and suicide risk, demanding governmental responses to mitigate risk during economic downturns. Literature links unemployment with more than double the suicide risk (Schneider et al., 2011), reporting up to 16-fold greater risk among unemployed versus employed persons and particularly elevated risk after six months of job loss (Schneider et al., 2011). Additional occupational risks include lack of training, frequent job changes, monotonous roles, and high-responsibility positions (Schneider et al., 2011). Co-occurring major depression—commonly present in those who engage in suicidal behavior—intensifies sensitivity to distress, though age-related effects remain uncertain (Han et al., 2014). Suicide is also a major public-health issue globally, especially among youth and students (Alabi et al., 2021). College populations face multifactorial risks (anxiety, depression, personality and bipolar disorders) driven by financial strain, family instability, and academic stress (Alabi et al., 2021). Impostor phenomenon is prevalent among students, linked to poorer mental health, career avoidance, and long-term socioeconomic consequences (Bravata et al., 2019; Wang et al., 2019; Dana & Laura, 2023). In Pakistan, awareness and study of these issues remain limited (Imran et al., 2023); national indicators also point to rising graduate unemployment and psychosocial strain (PBS, 2022). Unemployed Pakistani graduates may experience intersecting problems—impostor feelings, low self-esteem, self-burdensomeness, depression, diminished social support—that synergistically increase suicidal ideation. Given the dearth of integrated empirical research in Pakistan, this study aims to quantify these interrelations, test mediation/moderation (e.g., buffering by social support), and identify protective factors to inform culturally appropriate prevention, university mental-health services, and employment-focused policy interventions.

Conceptual framework



Considering the reviewed literature, the hypotheses of the current study are as follows:

H1: Imposter syndrome positively predicts suicidal ideation among unemployed graduates.

(a) Imposter syndrome positively predicts suicidal desires (subscale of suicidal ideation) among unemployed graduates.
(b) Imposter syndrome positively predicts resolved plans and preparations (subscale of suicidal ideation) among unemployed graduates.

H2: Self-esteem deficits positively predict suicidal ideation among unemployed graduates.

(c) Self-esteem deficits positively predict suicidal desires among unemployed graduates.
(d) Self-esteem deficits positively predict resolved plans and preparation among unemployed graduates.

H3: Depression mediates imposter syndrome and suicidal ideation.

(e) Depression mediates between imposter syndrome and suicidal desires (subscale of suicidal ideation).
(a) Depression mediates imposter syndrome and resolves plans and preparations (subscale of suicidal ideation).

H4: The relationship between self-esteem deficits and suicidal ideation is mediated by self-burdensomeness.

(f) Self-burdensomeness mediates between the self-esteem deficits and suicidal desires (subscale of suicidal ideation).
(g) Self-burdensomeness mediates between the self-esteem deficits and resolves plans and preparations (subscale of suicidal ideation).

METHODS

Research Design

The research employed a survey research design to examine how imposter syndrome and self-esteem deficit predict social ideation in unemployed graduates. It also analyzed the role of depression and self-burdensomeness between imposter syndrome, self-esteem, and social ideation.

Participants

Purposive sampling technique was used to approach the sample of 300 unemployed graduates (150 males, 150 females), aged 24 to 35 years (M = 31.28, SD = 4.63).

Instruments

Suicidal Ideation Scale

The 10 items 5-point Likert type scale was developed by Luxton et al. (2011). The response format ranges from 1 (strongly disagree) to 5 (strongly agree). It has two subscales: one, suicidal desire, which involves 4 items, and the second, resolved plans and preparation, which involves 6 items. The possible total score ranged from 10 to 50. Higher scores on this correspond to high suicidal ideation. This scale is highly reliable, with Cronbach's alpha value of $\alpha = 0.91$.

Clance Revised Impostor Syndrome Scale

The scale comprised of 17 items with 5-point Likert type response format, developed by Clance and Imes (1978) was used to measure psychological distress. The response format ranges from 1 (not at all true) to 5 (very true). Higher scores on this scale correspond to high levels of imposter syndrome. It is a valid and reliable instrument to measure impostor syndrome among students with a Cronbach's alpha value of $\alpha = 0.91$.

Rosenberg Self-Esteem Scale

The scale was used to measure self-esteem deficit. It was developed by Rosenberg (1965). It consisted of 10 items and has a 4-point Likert-type response format, ranging from 1 (strongly disagree) to 4 (strongly agree). Higher scores correspond to greater self-esteem deficits. Items 1, 3, 4, 7, and 10 are reverse-coded items. It is a valid and reliable tool for measuring self-esteem deficits among students. This scale has good reliability and validity, with a Cronbach's alpha value of 0.86.

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Depression

The 7 items Subscale-Depression of the Depression Anxiety Stress Scale developed by Lovibond and Lovibond (1995) were used to measure depression. This subscale has a 4-point Likert format, in which 0 represents not at all and 3 represents most of the time. This scale has satisfactory reliability and validity with Cronbach's alpha of .74.

Interpersonal Needs Scale

The Interpersonal Needs Scale short version was developed by Joiner et al. (2008) to measure perceived Burdensomeness. It consisted of 15 items and measured self-burdensomeness across 6 items using a 5-point Likert-type response format, ranging from 1 (never) to 5 (very true for me). In the present study, the perceived-burdensomeness subscale was used to measure self-burdensomeness. Higher scores correspond to higher self-burdensomeness. This scale is highly reliable, with a Cronbach's alpha value of ($\alpha = 0.75$).

Procedure

The present study was conducted in adherence to ethical and procedural standards for psychological research. After the topic was selected and the scales were finalized through expert suggestions, the final questionnaire was prepared. The sample consisted of unemployed graduates (N = 300). The data were collected using Google Forms. Before data collection, participants were informed of the purpose of their voluntary participation. They were assured of both the confidentiality and anonymity of their responses and were made aware of their right to withdraw at any time without penalty. An informed consent form and brief instructions for each instrument were included in Google Forms. Completion of the questionnaires took approximately 15-20 minutes, and responses were automatically stored in Google Drive.

Statistical analysis

The current research results were analysed using the Statistical Package for the Social Sciences (SPSS V25). Different statistical methods were used to analyze the data, i.e., Pearson correlation, multiple regression, mediation analysis, and independent-samples t-test. Psychometric properties of understudy variables, imposter syndrome, self-esteem deficit, suicidal ideation, self-burdensomeness, and depression were computed.

RESULTS

Table 1 presents the means, standard deviations, and alpha reliability for all variables. The descriptive statistics reveal that all instruments have good psychometric properties, as the Cronbach's alpha coefficients for all scales are > .70. Pearson correlation shows that imposter syndrome and self-esteem deficits have a significantly positive correlation with suicidal ideation.

Table 1

Pearson Correlation between Variables of the Present Study (N=300)

Variables	1	2	3	4	5	6	7
IP	-						
SED	.54**	-					
SI	.70**	.60*	-				
SD	.63**	.66**	.86**	-			
RPP	.63**	.44**	.92**	.60**	-		
DP	.63**	.56**	.72**	.66**	.64**	-	
SB	.73**	.61**	.79**	.70**	.71**	.76**	-

Note. IP = imposter syndrome; SED = self esteem deficits; SI = Suicidal Ideations; SD = suicidal desires; RPP = resolved plans and preparation; DP= Depression; SB = self burdensomeness.

*** p< .001.

Table 1 demonstrates the meaning, Standard deviation and correlation among imposter syndrome, self-esteem deficits, suicidal ideations (suicidal desires, resolved plans and preparation), depression and self-burdensomeness.

Table 2

Regression Coefficients of Imposter Syndrome and Self-Esteem Deficits on Suicidal Ideations

Variables	B	S.E of B	β	95% C.I of B	
				LL	UL
Constant	3.3	1.8		-0.24	6.9
Imposter Syndrome	.36**	0.038	0.53	0.3	0.42
Self-Esteem Deficit	.26**	0.038	0.31	0.18	0.33
R^2	0.56				

*** p< .001.

Table 2 shows the impact of imposter syndrome and self-esteem deficits on suicidal ideation. The R^2 value of .56 revealed that the predictor variables imposter syndrome and self-esteem deficits explained 56% of the variance in the outcome variable with {F (2, 297) = 188.7, p< .001. The findings revealed that imposter syndrome predicted suicidal ideation (β = .53, p < .001) in a positive direction. The findings revealed that self-esteem predicted suicidal ideation (β = .31, p < .001) in a positive direction.

Table 3

Regression Coefficients of Imposter Syndrome and Self-Esteem Deficits on Suicidal Desires

Variables	B	S.E of B	β	95% C.I of B	
				LL	UL
Constant	0.38	0.88		-1.4	2.1
Imposter Syndrome	.12**	0.015	0.38	0.092	0.15
Self-Esteem Deficit	.18**	0.019	0.46	0.14	0.22
R^2	0.54				

*** p< .001.

Table 3 shows the impact of imposter syndrome and self-esteem deficits on suicidal desires on the subscale of suicidal ideation. The R^2 value of .54 revealed that the predictor variables imposter syndrome and self-esteem deficits explained 54% variance in the outcome variable with {F (2, 297) = 176.07, p< .001.

The findings revealed that imposter syndrome predicted suicidal desires (β = .38, p < .001) in the positive direction. The findings revealed that self-esteem predicted suicidal desires (β = .46, p < .001) in a positive direction.

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Table 4

Regression Coefficients of Imposter Syndrome and Self-Esteem Deficits on Resolved Plans and Preparation

Variables	B	S.E of B	β	95% C.I of B	
				LL	UL
Constant	.2.9	1.3		0.33	5.5
Imposter Syndrome	.23**	0.023	0.55	0.19	0.28
Self-Esteem Deficit	.07*	0.028	0.14	0.018	0.12
R^2	0.42				

**p<.001.

Table 4 shows the impact of impostor syndrome and self-esteem deficits on resolved plans and preparation, a sub-scale of suicidal ideation. The R^2 value of .42 revealed that the predictor variables impostor syndrome and self-esteem deficits explained 42% of the variance in the outcome variable with {F (2, 297) = 105.25, p< .001. The findings revealed that impostor syndrome predicted resolved plans and preparation (β = .55, p < .001) in a positive direction. The findings revealed that self-esteem predicted resolved plans and preparation (β = .14, p < .05) in a positive direction.

Table 5

Standardized Path Coefficients for Direct and Indirect Effects of Imposter Syndrome.

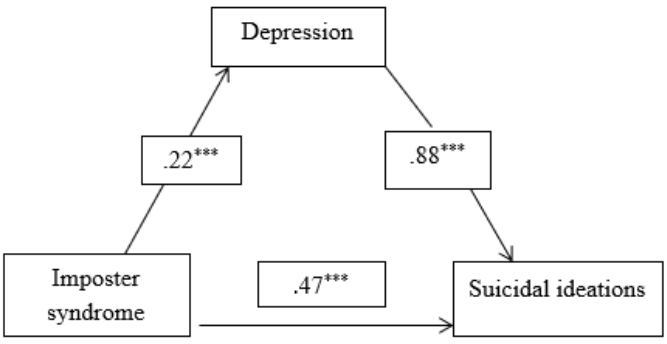
Paths	Outcome Variable	Predictor Variable	β	95%CI	
				LL	UL
A	Depression	Imposter syndrome	.22***	0.19	0.25
B	Suicidal ideations	Depression	.88***	0.71	1.05
C (Total effect)	Suicidal ideations	Imposter syndrome	.47***	0.41	0.52
D (Direct effect)	Suicidal ideations	Imposter syndrome through Depression	.20***	0.08	0.34

**p<.001.

Table 5 suggests that when the indirect effect of depression is controlled, impostor syndrome partially predicts suicidal ideation, which suggests partial mediation. Whereas the Bootstraps Upper and Lower limits indicate that the path (i.e. impostor syndrome predicting suicidal ideation through depression) is significant in the sense that depression was found to be partially mediating the relationship between these two variables.

Figure 1

Relationship between Impostor Syndrome and Suicidal Ideations Mediated by Depression



Path d, Indirect effect = B=.20***

Table 6

Standardized Path Coefficients for Direct and Indirect Effects of Imposter Syndrome.

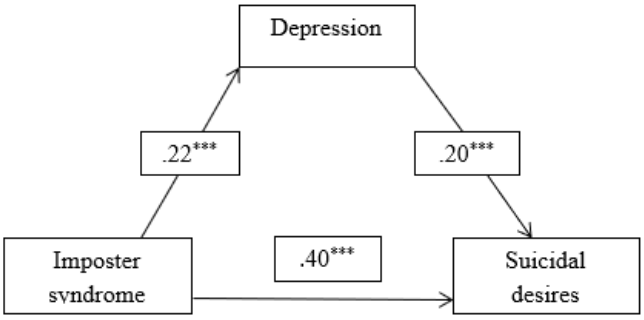
Paths	Outcome Variable	Predictor Variable	β	95%CI	
				LL	UL
A	Depression	Imposter syndrome	.22***	.19	.25
B	Suicidal desires	Depression	.40***	.30	.49
C (Total effect)	Suicidal desires	Imposter syndrome	.20***	.17	.23
D (Direct effect)	Suicidal desires	Imposter syndrome through Depression	.09***	.04	.15

**p<.001.

Table 6 suggests that when the indirect effect of depression is controlled, imposter syndrome partially predicts suicidal desires, which suggests partial mediation. Whereas the Bootstraps Upper and Lower limits indicate that the path (i.e. imposter syndrome predicting suicidal desires through depression) is significant in the sense that depression is found to be partially mediating the relationship between these two variables.

Figure 2

Relationship between Imposter Syndrome and Suicidal Desires Mediated by Depression



Path d, Indirect effect = B=.09***

Table 7

Standardized Path Coefficients for Direct and Indirect Effects of Imposter Syndrome.

Paths	Outcome Variable	Predictor Variable	β	95%CI	
				LL	UL
A	Depression	Imposter syndrome	.22***	.19	.25
B	Resolved plans and preparations	Depression	.48***	.36	.61
C (Total effect)	Resolved plans and preparations	Imposter syndrome	.26***	.23	.30
D (Direct effect)	Resolved plans and preparations	Imposter syndrome through Depression	.11***	.03	.19

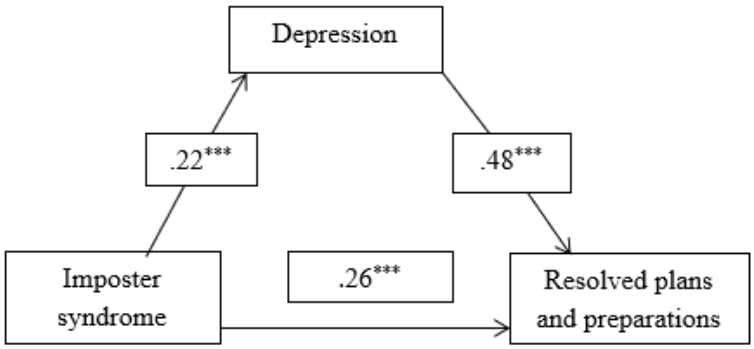
**P<.001

Table 7 suggests that when the indirect effect of depression is controlled, imposter syndrome partially predicts resolved plans and preparations, which suggests partial mediation. Whereas the Bootstraps Upper and Lower limits indicate that the path (i.e. imposter syndrome predicting resolved plans and preparations through depression) is significant in the sense that depression was found to be partially mediating the relationship between these two variables.

Figure 3

Relationship between Imposter Syndrome and Resolved Plans and Preparations

Mediated by Depression



Path d, Indirect effect = B=.11***

Table 8

Standardized Path Coefficients for Direct and Indirect Effects of Self-Esteem Deficits

Paths	Outcome Variable	Predictor Variable	β	95%CI	
				LL	UL
A	Self-burdensomeness	Self-esteem deficits	.36***	.31	.41
B	Suicidal ideations	Self-burdensomeness	.50***	.42	.57
C (Total effect)	Suicidal ideation	Self-esteem deficits	.50***	.42	.57
D (Direct effect)	Suicidal ideation	Self-esteem deficits through self-burdensomeness	.15***	.08	.22

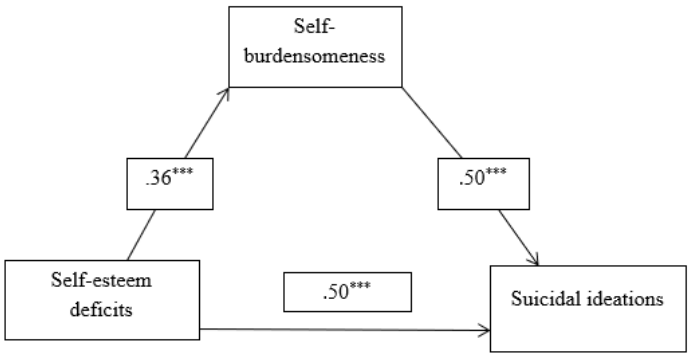
**p<.001.

Table 8 suggests that when the indirect effect of self-burdensomeness is controlled, self-esteem deficits partially predict suicidal ideation, which suggests partial mediation. Whereas the Bootstraps Upper and Lower limits indicate that the path (i.e. self-esteem deficits predicting suicidal ideation through self-burdensomeness) is significant in the sense that self-burdensomeness was found to be a partial mediator for the relationship between these two variables.

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Figure 4

Relationships of Self-Esteem Deficits and Suicidal Ideations Mediated by Self-Burdensomeness



Path d, Indirect effect = B=.34**

Table 9

Standardized Path Coefficients for Direct and Indirect Effects of Self-Esteem Deficits

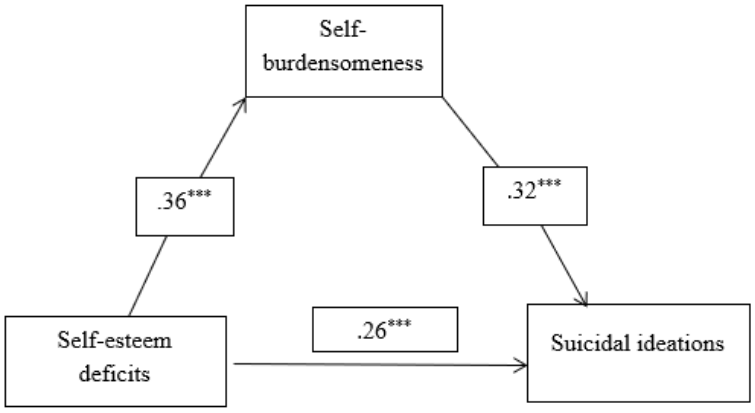
Paths	Outcome Variable	Predictor Variable	β	95%CI	
				LL	UL
A	Self-burdensomeness	Self-esteem deficits	.36***	.31	.41
B	Suicidal desires	Self-burdensomeness	.32***	.26	.38
C (Total effect)	Suicidal desires	Self-esteem deficits	.26***	.23	.30
D (Direct effect)	Suicidal desires	Self-esteem deficits through self-burdensomeness	.14***	.11	.18

**p<.001.

Table 9 suggests that when the indirect effect of self-burdensomeness is controlled, self-esteem deficits partially predict suicidal desires, which suggests partial mediation. Whereas the Bootstraps Upper and Lower limits indicate that the path (i.e. self-esteem deficits predicting suicidal desires through self-burdensomeness) is significant in the sense that self-burdensomeness was found to be a partial mediator for the relationship between these two variables.

Figure 5

Relationships of Self-Esteem Deficits and Suicidal Ideations Mediated by Self-Burdensomeness



Path d, Indirect effect = B=.11***

Table 10

Standardized Path Coefficients for Direct and Indirect Effects of Self-Esteem Deficits

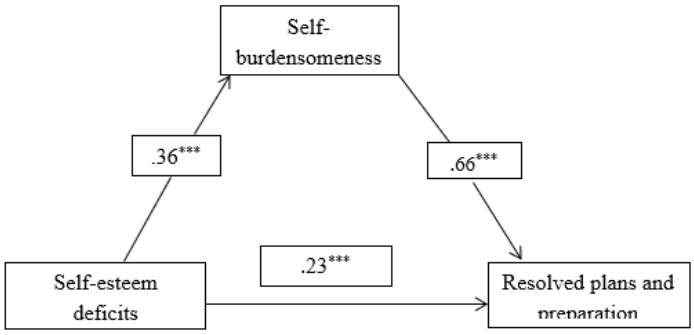
Paths	Outcome Variable	Predictor Variable	β	95%CI	
				LL	UL
A	Self-burdensomeness	Self-esteem deficits	.36***	.31	.41
B	Resolved Plans and Preparation	Self-burdensomeness	.66***	.54	.72
C (Total effect)	Resolved Plans and Preparation	Self-esteem deficits	.23***	.18	.28
D (Direct effect)	Resolved Plans and Preparation	Self-esteem deficits through self-burdensomeness	.15**	.14	.19

**p<.001.

Table 10 suggests that when the indirect effect of self-burdensomeness is controlled, self-esteem deficits do not predict suicidal desires, which suggests full mediation. Whereas the Bootstraps Upper and Lower limits indicate that the path (i.e. self-esteem deficits predicting suicidal desires through self-burdensomeness) is significant in the sense that self-burdensomeness was found to be a full mediator for the relationship between these two variables.

Figure 6

Relationships of Self-Esteem Deficits and Resolved Plans and Preparation Mediated by Self-Burdensomeness



Path d, Indirect effect = B=.15***

Table 11

Mean, Standard Deviation and t- Value for Male and Female on Imposter Syndrome, Self-esteem deficits, Suicidal ideations, Depression and Self-burdensomeness

	Male (n=181)		Female (n=119)			
Variables	M	SD	M	SD	t (298)	Cohen's d
IP	66.44	5.6	67.37	8.4	1.3	0.1
SED	39.2	4.7	37.8	6.5	2.2***	0.2
SI	38.1	3.6	36.8	5.7	2.2**	0.2
SD	15.9	1.8	15.5	2.7	1.5	0.1

RPP	22.2	2.3	21.3	3.6	2.3**	0.2
DP	16.7	1.8	16.1	3.1	2.3**	0.2
SBS	24.3	2.5	23.2	4.1	2.9**	0.3

Note. Note. IP = imposter syndrome; SED = self esteem deficits; SI = suicidal IDEATIONS; SD = suicidal desires; RPP = resolved plans and preparation; DP= Depression; SB = self burdensomeness.

**p<.001.

Table 11 revealed a non-significant impact of gender on imposter syndrome and a significant impact on self-esteem deficits, suicidal ideations, and self-burdensomeness in males and females.

	Male (n=181)		Female (n=119)			
Variables	*M*	*SD*	*M*	*SD*	*t* (298)	*Cohen's d*
IP	66.44	5.6	67.37	8.4	1.3	0.1
SED	39.2	4.7	37.8	6.5	2.2***	0.2
SI	38.1	3.6	36.8	5.7	2.2**	0.2
SD	15.9	1.8	15.5	2.7	1.5	0.1
RPP	22.2	2.3	21.3	3.6	2.3**	0.2
DP	16.7	1.8	16.1	3.1	2.3**	0.2
SBS	24.3	2.5	23.2	4.1	2.9**	0.3

DISCUSSION

The current study examines the relationship between imposter syndrome, self-esteem deficits, and suicidal ideation, as well as the impact of depression and self-burdensomeness.

Descriptive statistics were examined, and the psychometric properties of the instruments were assessed prior to analyzing the relationship between the variables in the current study. The low-to-moderate standard deviation values for the scales indicated that the scale means were good estimates of their respective population parameters. Also, the Skewness values for all scales were within the acceptable range, indicating that the study variables were approximately normally distributed. Therefore, parametric tests such as correlation and linear regression were acceptable. The reliability analysis showed that the scale's internal consistency is good.

The results revealed that imposter syndrome had a significant positive correlation with suicidal ideation (see Table 1). Based on these findings, regression analysis was conducted, which confirmed that imposter syndrome positively predicts suicidal ideation (See Table 2), supporting the first hypothesis. Wei et al. (2024) define imposter syndrome as involving feelings of rejection and difficulty in coping with life pressures. It is therefore considered a potential risk factor for suicide. This syndrome is common among college students and is associated with negative effects on mental health. Individuals with imposter syndrome often feel distressed, trapped and out of control, and they may view themselves as frauds, which increases psychological distress. Even when controlling related factors, a strong relationship between imposter syndrome and suicidal ideation is found. Impostor phenomenon develops mental illnesses such as perception of societal expectation, low self-esteem, poor coping mechanisms, poor sleep quality, anxiety, depression, burnout, maladaptive perfectionism, quitting training, and suicidal ideation (Shinawatra et al., 2023).

The correlation analysis and regression for self-esteem deficits and suicidal ideation also reveal a significant positive relationship between these two variables (See Table 2), supporting the second hypothesis. Teismann et al. (2024) found that self-esteem is an individual's subjective evaluation of their own worth and significance, encompassing self-satisfaction, self-acceptance, and self-respect. On the other hand, low self-esteem has been linked to negative self-evaluation and maladaptive thinking patterns. Studies also show that self-disgusting and self-hatred, which are manifestations of low self-esteem in its extreme forms, are linked to a high likelihood of suicide. The findings of the present study are consistent with existing literature; for example, Carlos et al. (2023) reported that higher levels of imposter syndrome are associated with an increased likelihood of suicidal

ideation. It turned out that imposter feelings are one of the significant risk factors, as people who possess high imposter tendencies are more vulnerable to psychological distress.

The results also provide empirical evidence for the third hypothesis (see Table 5 and Figure 1), as it was hypothesized that depression mediates between imposter syndrome and suicidal ideation. Wei et al. (2024) claim that impostor syndrome, as a potential antecedent in the formation of suicidal ideation, may contribute to its development through mechanisms such as pessimistic self-perceptions and depressive symptoms. Imposter syndrome and depression are strongly associated. A high level of imposter syndrome is constantly associated with high depressive symptoms, which increases the possibility of suicidal ideation. Depressive symptoms can act as a mediator where imposter syndrome affects suicidal ideation. People experiencing more severe imposter feelings are especially exposed to developing depressive symptoms, which in turn increase the development of suicidal ideas. A potential reason behind this mediating mechanism is the negative emotions that impostor syndrome causes. Those with impostor syndrome tend to develop maladaptive self-schemas and tend to be more sensitive to undesirable self-relevant information, which contributes to enhancing depressive symptoms. Such negative perceptions and feelings of the self then increase the chances of suicidal ideation.

The fourth hypothesis was "self-burdensomeness mediates between the self-esteem deficits and suicidal ideation", also supported by the results (See Tables 8 and Figure 4). The results demonstrate that self-burdensomeness mediates the relationship between self-esteem deficits and suicidal ideation. Findings of the present study are in line with pertinent literature, such as Dat et al. (2022), which reveals that low self-esteem is considered one of the most significant risk factors of suicidal ideation and suicide behavior. In addition, it was found that there is a unique association between self-esteem and suicidal ideation that cannot be fully described using other well-established risk factors, including self-burdensomeness or depression. Low self-esteem in childhood is a major predictor of suicide ideation in young adulthood. Teismann et al. (2024) found that self-burdensomeness and the inability to bear one's own painful self-criticism can make life feel unbearable. In such cases, a person may see death as an escape from these overwhelming feelings. They may also believe that they are a burden to others, which can lead to suicidal ideation. Therefore, self-burdensomeness mediates between low self-esteem and suicidal ideation.

Different demographic variables were included in the study, and gender differences were analyzed; however, differences in other demographics, such as family system education, were not calculated because the ratios of these variables were not comparable. t-test reveals that there is a significant gender impact on the self-esteem deficit, suicidal ideation, depression, self-burdensomeness, and perceived social support, but there is no significant difference in impostor syndrome. Men and women have significant effects on the variables studied. The results indicate no significant difference between men and women regarding impostor syndrome. Previous research has similarly observed that impostor phenomenon (IP) is not determined by age, gender, race/ethnicity, or academic standing, suggesting that it is influenced more by individual personality traits and personal characteristics than by demographic factors.

Although early empirical evidence suggested that women might be more vulnerable to IP due to societal marginalization and traditional gender-role expectations, later studies have shown that IP is not gender-specific (Bravata et al., 2020). In contrast, the findings reveal that men scored higher on measures of self-esteem deficits than women. This may be explained by cultural expectations, emotional suppression, and evolving gender roles. Social norms often pressure men to appear independent and successful, which can make it more difficult for them to show vulnerability or seek help. Over time, these pressures may contribute to greater self-esteem deficits among men. These pressures, combined with cultural and social influences and the ways self-esteem is assessed, may contribute to higher reported self-esteem deficits among men in certain populations. The findings further indicate that men report higher levels of suicidal ideation than women. According to Lukas et al. (2024), men are approximately two to four times more likely than women to die by suicide. Simultaneously, men are less willing to reveal suicidal ideation to medical providers and tend to shift more quickly from suicidal ideation to suicidal action. The results also indicate that men report higher levels of self-burden than women. Donker et al. (2014) observe that perceived burdensomeness has been linked to poorer mental health, stressful life events, and depression. Unemployment increases the risk of suicide among men but not women, possibly having a greater impact on burdensomeness among men than among women.

Conclusions

This study found that imposter syndrome and low self-esteem contribute to suicidal ideation/tendencies among unemployed graduates by weakening coping abilities. It was further concluded that depression played a significant mediating role between

imposter syndrome and suicidal ideation by increasing hopelessness. Self-burdensomeness also mediates self-esteem deficit and suicidal ideation by deepening feelings of worthlessness. Moreover, significant gender differences were observed in levels of self-esteem deficits, suicidal ideation, and other variables.

Limitations and suggestions

This study has several limitations and recommendations for future research, such as current research using purposive sampling approach, although this is not a desirable sampling method if the issue is of sensitive nature therefore future research must use another appropriate sample methodology. Second, the data in this research was collected online, which may make respondents more likely to provide inaccurate or fabricated responses, and this can be altered by physical data collection methods. Moreover, self-report measures were used to collect data, and the instrument is inherently prone to social desirability bias, response bias, and faking. These biases may affect data accuracy and reliability, leading to distorted results. To overcome such limitations, using cross-ratings rather than self-ratings can be more effective at reducing the effects of social desirability. Sociocultural issues, including cultural values, traditions, and community processes, should also be considered carefully when interpreting the findings.

Implications

Research results can be helpful to society in many ways. First, the results differ from previous research, suggesting the need for further studies to explore the relationships among these variables and others. The study also highlights that individuals experiencing imposter syndrome and suicidal ideation can benefit from coping strategies such as social support. In addition, the findings provide insight into demographics, including gender and its relationship to the variables studied. This can help psychologists develop more awareness and interventions for suicidal ideation. The results also emphasize the importance of understanding how both personal and contextual factors influence mental health. Therefore, a counselling program can be expanded to include interventions for graduates who may feel like impostors. Conduct workshops in universities and career centers to raise awareness about imposter syndrome, self-esteem, and mental health. Empowering individuals with knowledge can normalize these experiences and reduce stigma. Increase accessibility to low-cost or free mental health support for unemployed graduates through teletherapy, university clinics, and NGO collaborations.

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