IMPOSTER PHENOMENON AND SECONDARY TRAUMATIC STRESS AMONG MENTAL HEALTH PROFESSIONALS: THE MEDIATING ROLE OF SELF COMPASSION

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Master of Science in Counselling Psychology

By

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CERTIFICATE

This is to certify that the Dissertation entitled "Imposter Phenomenon and Secondary Traumatic Stress among Mental Health Professionals: The Mediating Role of Self Compassion" is an authentic work carried out by Gayathri Devi G, under the guidance of Dr. Ammu Lukose, Asst: Professor & Head (In Charge) Department of Counselling Psychology, during the fourth semester of M.Sc. Counselling Psychology programme in the academic year 2024 - 2026.

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DECLARATION

I, Gayathri Devi G, do hereby declare that the dissertation titled “Imposter Phenomenon and Secondary Traumatic Stress among Mental Health Professionals: The Mediating Role of Self Compassion” submitted to the Department of Counselling Psychology, Loyola College of Social Sciences (Autonomous), Sreekariyam, under the supervision of Dr. Ammu Lukose, Asst: Professor & Head (In Charge) Department of Counselling Psychology , for the award of the degree of Master of Science in Counselling Psychology, is a Bonafide work carried out by me and no part thereof has been submitted for the award of any other degree in any University.

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TABLE OF CONTENT

LIST OF TABLES

LIST OF APPENDICES

Abstract

The present study examined the relationship between impostor phenomenon and secondary traumatic stress among mental health professionals and investigated the mediating role of self-compassion. A quantitative, cross-sectional correlational design incorporating mediation analysis was employed with a sample of 60 mental health professionals from across India. Participants were recruited using non-probability snowball sampling, with initial participants purposively identified based on the eligibility criteria. Data were collected using the Clance Impostor Phenomenon Scale (CIPS), Self-Compassion Scale (SCS), and Secondary Traumatic Stress Scale (STSS). Mann - Whitney U tests, Spearman's rank-order correlation, linear regression, multiple linear regression, and mediation analysis were used for data analysis. The findings revealed a significant positive relationship between impostor phenomenon and secondary traumatic stress and significant negative relationships between impostor phenomenon and self-compassion and between self-compassion and secondary traumatic stress. Impostor phenomenon significantly predicted higher secondary traumatic stress and lower self-compassion. However, self-compassion did not significantly predict secondary traumatic stress when considered alongside impostor phenomenon, and the indirect effect was not significant. Thus, the hypothesized mediating role of self-compassion was not supported. The findings highlight the significant association between impostor phenomenon and secondary traumatic stress among mental health professionals and emphasize the importance of addressing impostor experiences to promote psychological well-being and professional resilience.

Keywords: impostor phenomenon, secondary traumatic stress, self-compassion, mental health professionals.

CHAPTER I

INTRODUCTION

Mental health is an integral component of overall health and well-being, influencing individuals' emotional functioning, interpersonal relationships, productivity, and capacity to cope with the demands of everyday life. In recent years, there has been increasing recognition of the prevalence and impact of mental health concerns and a corresponding emphasis on the accessibility and quality of mental health services. Within this context, mental health professionals occupy a central position in promoting psychological well-being and providing care to individuals experiencing a wide range of psychological and psychiatric concerns. Their professional responsibilities encompass assessment, diagnosis, treatment, counselling, rehabilitation, crisis intervention, and psychological support. Through these diverse roles, mental health professionals contribute substantially to the prevention, management, and treatment of mental health problems and to improving the overall quality of life of individuals and communities.

The mental health profession encompasses a diverse group of practitioners, including psychiatrists, psychologists, counsellors, psychiatric social workers, psychiatric nurses, and other professionals involved in the delivery of mental health care. The nature of their work requires sustained engagement with individuals experiencing psychological distress, mental illness, interpersonal difficulties, crises, loss, abuse, and traumatic life experiences. Unlike many other professions, mental health practice frequently involves the establishment of close therapeutic and helping relationships in which professionals are expected to listen attentively, demonstrate empathy, understand complex emotional experiences, and provide appropriate psychological support. While such therapeutic engagement is fundamental to effective mental health care, continuously attending to the distress and suffering of others can place considerable emotional and psychological demands on professionals.

The demanding nature of mental health work may increase professionals' vulnerability to various forms of occupational and psychological distress. Repeated exposure to clients' suffering, traumatic narratives, emotional crises, and adverse life experiences can have an impact on the psychological well-being of those providing care. Over time, the accumulation of professional demands and emotional involvement may contribute to occupational stress, emotional exhaustion, burnout, compassion fatigue, and psychological distress associated with indirect exposure to trauma. Mental health professionals may experience emotional, cognitive, and behavioural reactions as a consequence of sustained empathic engagement with individuals who have undergone traumatic experiences. Such occupational vulnerability highlights the importance of understanding secondary traumatic stress and the psychological factors that may contribute to differences in professionals' responses to indirect trauma exposure. Research has demonstrated the relevance of secondary traumatic stress among helping professionals and has highlighted the role of personal, occupational, and coping-related factors in professionals' vulnerability to such distress (Marković & Živanović, 2022; Xu et al., 2024).

In addition to the external demands associated with mental health practice, professionals may also experience internal psychological challenges concerning their competence, abilities, and professional identity. Academic qualifications, professional training, experience, and objective accomplishments do not necessarily protect individuals from experiencing persistent self-doubt or feelings of inadequacy. Even competent professionals may question whether they possess sufficient knowledge and skills, experience difficulty internalising their achievements, attribute their accomplishments to external factors, or fear that others may eventually discover that they are less capable than they appear. Such experiences may be particularly relevant within mental health professions, where practitioners encounter complex clinical situations, substantial professional responsibilities, uncertainty regarding therapeutic outcomes, and expectations of competence and emotional stability.

Evidence suggests that impostor experiences among mental health professionals are associated with adverse professional outcomes, including greater burnout and compassion fatigue and lower compassion satisfaction (Clark et al., 2022). Thus, understanding professionals' internal perceptions of competence may be important when examining their psychological responses to the emotional demands of mental health practice.

However, individuals differ considerably in the ways in which they respond to professional demands, perceived inadequacy, personal failures, emotional distress, and exposure to the suffering of others. Psychological resources and adaptive coping processes may influence professionals' ability to manage occupational challenges and maintain psychological well-being. Factors such as resilience, adaptive coping, emotional regulation, mindfulness, social support, and self-compassion have therefore received increasing attention in understanding the well-being of helping professionals. Among these psychological resources, self-compassion is particularly relevant because it concerns the manner in which individuals relate to themselves during experiences of difficulty, failure, inadequacy, and suffering. A compassionate response toward oneself involves greater kindness and understanding, recognition that difficulties are part of shared human experience, and balanced awareness of distressing thoughts and emotions (Neff, 2003). Research has associated self-compassion with lower levels of burnout, compassion fatigue, secondary traumatization, stress, anxiety, and depression, as well as greater psychological well-being and therapeutic competence among mental health professionals (Crego et al., 2022).

The experiences of impostor phenomenon, secondary traumatic stress, and self-compassion may therefore be conceptually interconnected within the professional experiences of mental health practitioners. Mental health professionals who experience persistent self-

doubt and feelings of professional inadequacy may become more psychologically vulnerable when managing the emotional demands associated with clients' traumatic experiences. Persistent concerns regarding competence may place additional strain on professionals' psychological resources and influence how they perceive and respond to challenging therapeutic situations. At the same time, the manner in which professionals respond to their own perceived shortcomings, failures, and emotional distress may influence their psychological adjustment. Self-compassion, characterised by a kind, balanced, and non-judgmental attitude toward personal difficulties, may represent an important psychological resource for understanding the relationship between impostor phenomenon and secondary traumatic stress. Higher levels of self-compassion have been associated with lower impostor feelings (Bender-Burnett, 2025), while existing literature has also indicated beneficial associations between self-compassion and reduced professional distress (Crego et al., 2022). These findings provide a conceptual basis for examining whether self-compassion may help explain the relationship between professionals' impostor experiences and their secondary traumatic stress.

Examining these psychological experiences among mental health professionals is important because their well-being has implications not only for their personal and professional functioning but also for the quality and sustainability of mental health care. Existing research has independently established associations between impostor phenomenon and professional distress, self-compassion and psychological well-being, and various occupational and psychological factors associated with secondary traumatic stress. However, comparatively limited research has examined these three variables within a single conceptual framework. Furthermore, research specifically focusing on the relationship among impostor phenomenon, secondary traumatic stress, and self-compassion among mental health professionals remains scarce, particularly within the Indian context. The potential mediating role of self-compassion

in the relationship between impostor phenomenon and secondary traumatic stress also remains insufficiently explored. Examining these interrelationships may contribute to a more comprehensive understanding of the psychological experiences and occupational well-being of mental health professionals and may provide directions for future research, professional training, supervision, and psychological interventions.

Against this background, the present study seeks to examine impostor phenomenon and secondary traumatic stress among mental health professionals and to investigate the mediating role of self-compassion. A detailed understanding of the major constructs of the study is therefore essential.

Definition of Key Terms

Imposter Phenomenon

Theoretical definition:

Imposter Phenomenon refers to a psychological experience characterized by persistent self-doubt, feelings of intellectual fraudulence, and an inability to internalize personal achievements, despite evidence of competence and success. Individuals attribute their accomplishments to external factors such as luck or effort and fear being exposed as incapable or undeserving of their achievements (Clance & Imes, 1978).

Operational definition:

Imposter Phenomenon refers to the extent to which mental health professionals experience feelings of intellectual fraudulence, self-doubt, and difficulty internalizing success, as measured by scores obtained on the Clance Impostor Phenomenon Scale (CIPS) developed by Pauline Rose Clance (1985). Higher scores indicate greater levels of imposter phenomenon

Self-compassion

Theoretical definition:

Self-compassion refers to an individual's capacity to respond to personal suffering, failures, and inadequacies with kindness, a sense of shared humanity, and mindful awareness rather than self-judgment, isolation, or over-identification with negative experiences (Neff, 2003)

Operational definition:

Self-Compassion refers to the tendency of mental health professionals to respond to personal difficulties with self-kindness, common humanity, and mindfulness, as measured by scores obtained on the Self-Compassion Scale (SCS) developed by Kristin Neff (2003). Higher scores indicate greater levels of self-compassion.

Secondary Traumatic Stress

Theoretical definition:

Secondary Traumatic Stress refers to the emotional, cognitive, and behavioral distress experienced by individuals who are indirectly exposed to the trauma of others through empathic engagement. It manifests as symptoms similar to post-traumatic stress and results from helping or working closely with trauma survivors (Figley, 1995).

Operational definition:

Secondary Traumatic Stress refers to trauma-related stress symptoms experienced by mental health professionals as a result of indirect exposure to clients' traumatic experiences, as measured by scores obtained on the Secondary Traumatic Stress Scale (STSS) developed by Brian E. Bride, Michael R. Robinson, Bonnie Yegidis, and Charles R. Figley (2004). Higher scores indicate greater levels of secondary traumatic stress.

Mental health professionals

Theoretical definition:

Mental health professionals are qualified practitioners involved in the assessment, diagnosis, treatment, counselling, and rehabilitation of individuals with mental health concerns, including psychiatrists, psychologists, psychiatric nurses, psychiatric social workers, psychiatric and counsellors.

Operational definition:

Mental health professionals in the present study refer to psychiatrists, psychologists, psychiatric nurses, psychiatric social workers, and counsellors who are currently working in mental health settings and are involved in the direct or indirect care of individuals presenting with mental health or related psychological concerns at the time of data collection.

1.1 Background of the Study

Mental health is an essential component of overall well-being and influences emotional functioning, interpersonal relationships, productivity, and the ability to cope with everyday challenges. The increasing recognition of mental health concerns has contributed to a growing demand for accessible and effective mental health services. Mental health professionals, including psychiatrists, psychologists, counsellors, psychiatric social workers, and psychiatric nurses, play an important role in the assessment, diagnosis, treatment, counselling, rehabilitation, and psychological support of individuals experiencing mental health concerns.

The nature of mental health practice requires professionals to work closely with individuals experiencing psychological distress, mental illness, crisis, abuse, loss, and trauma. Therapeutic work involves sustained empathic engagement, management of complex

psychological concerns, and continuous exposure to emotionally demanding situations. Consequently, mental health professionals may be vulnerable to occupational stress, emotional exhaustion, burnout, compassion fatigue, and trauma-related distress. Clark et al. (2022) found that impostor phenomenon among mental health professionals was associated with greater compassion fatigue and burnout and lower compassion satisfaction.

Repeated indirect exposure to clients' traumatic experiences is a significant occupational concern among helping professionals. Continuous engagement with traumatic narratives and clients' suffering may affect professionals' emotional and psychological well-being and contribute to secondary traumatic stress. Marković and Živanović (2022) found that coping patterns were associated with secondary traumatic stress among professionals working with refugees. Similarly, Xu et al. (2024) reported a high prevalence of secondary traumatic stress among emergency nurses and identified several personal, occupational, and social factors associated with its occurrence. Mental health professionals therefore constitute an important population for examining secondary traumatic stress because exposure to clients' trauma and emotional suffering is frequently inherent in their professional roles.

However, occupational demands and trauma exposure alone may not fully explain differences in professionals' psychological well-being. Professional qualifications, training, and experience do not necessarily protect individuals from self-doubt, perceived inadequacy, fear of failure, and difficulty internalising achievements. Mental health professionals may question their competence despite evidence of professional ability and experience. Such internal psychological experiences may contribute to additional distress when combined with the emotional demands and responsibilities of mental health practice.

The impostor phenomenon is characterised by persistent self-doubt, difficulty internalising accomplishments, feelings of fraudulence, and fear of being exposed as

incompetent despite evidence of competence and achievement. Among mental health professionals, persistent concerns regarding professional competence and fear of making mistakes may increase psychological strain. Clark et al. (2022) found that impostor phenomenon was positively associated with compassion fatigue and burnout among mental health professionals. Al Lawati et al. (2025) further identified associations between impostor phenomenon and adverse outcomes such as anxiety, depression, burnout, reduced job satisfaction, and impaired performance. These findings suggest that impostor phenomenon may be an important psychological factor in understanding professional distress.

Individuals, however, differ in their responses to occupational demands, self-doubt, and emotional distress. Psychological resources such as adaptive coping, resilience, mindfulness, emotional regulation, and self-compassion may influence how professionals manage challenging experiences. Marković and Živanović (2022) found that avoidant and passive coping predicted greater secondary traumatic stress symptoms, whereas problem-focused coping was associated with lower symptoms. Such findings highlight the importance of psychological resources in understanding professionals' responses to occupational stress.

Self-compassion is particularly relevant in this context because it involves responding to personal difficulties, failures, and inadequacies with kindness, understanding, and balanced awareness rather than excessive self-criticism (Neff, 2003). Self-compassion may influence how mental health professionals respond to perceived professional shortcomings, difficult therapeutic experiences, and emotional distress. Crego et al. (2022) found that self-compassion was associated with reduced burnout, compassion fatigue, secondary traumatization, stress, anxiety, and depression among mental health professionals. Research has also demonstrated negative associations between self-compassion and impostor phenomenon (Bender-Burnett, 2025; Krejčová et al., 2026).

The possible interrelationships among impostor phenomenon, secondary traumatic stress, and self-compassion provide the basis for the present study. Mental health professionals experiencing persistent self-doubt and perceived professional inadequacy may be more psychologically vulnerable when managing repeated exposure to clients' trauma and suffering. At the same time, the manner in which professionals respond to their own difficulties and perceived shortcomings may influence their psychological adjustment. Self-compassion may therefore represent an important psychological factor in understanding the relationship between impostor phenomenon and secondary traumatic stress.

Although previous studies have examined impostor phenomenon, secondary traumatic stress, and self-compassion independently and in different combinations, limited research has investigated all three variables within a single framework. Research focusing specifically on mental health professionals is also limited, particularly within the Indian context, and the potential mediating role of self-compassion in the relationship between impostor phenomenon and secondary traumatic stress remains insufficiently explored.

Against this background, examining the psychological experiences of mental health professionals is important for understanding factors associated with their professional and emotional well-being. Persistent impostor feelings may increase vulnerability to psychological distress associated with exposure to clients' traumatic experiences, while self-compassion may represent an important psychological resource in responding to professional self-doubt and emotional difficulties. Therefore, the present study examines the relationship between impostor phenomenon and secondary traumatic stress among mental health professionals and investigates the mediating role of self-compassion.

1.2 Theoretical Background

The present study is grounded in theoretical perspectives that explain impostor phenomenon, secondary traumatic stress, self-compassion, and the mechanisms underlying their interrelationships. The major theoretical foundations include the Impostor Phenomenon Framework of Clance and Imes (1978), the Compassion Fatigue and Secondary Traumatic Stress Framework of Figley (1995), Self-Compassion Theory proposed by Neff (2003), Conservation of Resources Theory developed by Hobfoll (1989), and the Cognitive Appraisal Theory of Stress and Coping proposed by Lazarus and Folkman (1984).

The Impostor Phenomenon Framework was introduced by Clance and Imes (1978) to explain the experiences of individuals who persistently doubt their abilities despite objective evidence of competence and achievement. Individuals experiencing impostor phenomenon have difficulty internalising their accomplishments and may attribute success to external factors such as luck, excessive effort, or favourable circumstances. Consequently, they continue to fear being exposed as incompetent or fraudulent. The impostor cycle explains how self-doubt is maintained through patterns of excessive preparation or procrastination, temporary relief following success, and subsequent attribution of achievement to external factors rather than personal competence. Perfectionism and fear of failure may further reinforce these experiences. This framework is particularly relevant to mental health professionals, whose work involves complex clinical responsibilities and expectations of professional competence. The Impostor Phenomenon Framework therefore provides the theoretical foundation for understanding how persistent professional self-doubt and perceived inadequacy may contribute to psychological vulnerability among mental health professionals.

The theoretical understanding of secondary traumatic stress is based on Figley's (1995) Compassion Fatigue and Secondary Traumatic Stress Framework. Figley described the

psychological consequences of sustained exposure to the suffering and traumatic experiences of others as the potential "cost of caring." Mental health professionals frequently engage empathically with individuals experiencing abuse, violence, loss, crisis, and trauma. Although such empathic engagement is essential to therapeutic practice, repeated indirect exposure to traumatic experiences may contribute to psychological distress. Secondary traumatic stress may involve symptoms of intrusion, avoidance, and arousal similar to those associated with direct traumatic exposure. It is distinct from burnout, which develops primarily from prolonged occupational stress, and vicarious trauma, which involves cumulative changes in beliefs and cognitive schemas. Compassion fatigue is a broader concept describing the emotional consequences of caring for distressed or traumatised individuals. Figley's framework provides the theoretical basis for understanding secondary traumatic stress as a potential psychological consequence of sustained empathic engagement with clients experiencing trauma and psychological distress.

Self-Compassion Theory proposed by Neff (2003) explains an adaptive way of responding to personal suffering, failure, and perceived inadequacy. Self-compassion consists of three interrelated components: self-kindness versus self-judgement, common humanity versus isolation, and mindfulness versus over-identification. Self-kindness involves responding to difficulties with understanding rather than harsh criticism, while common humanity involves recognising that difficulties and imperfections are part of shared human experience. Mindfulness refers to maintaining balanced awareness of distressing thoughts and emotions without becoming excessively absorbed in them. Self-compassion may support emotional regulation, reduce excessive self-criticism, and promote psychological well-being. This is particularly relevant to mental health professionals experiencing professional self-doubt and emotional distress. Existing research has associated self-compassion with reduced professional distress (Crego et al., 2022) and lower impostor phenomenon (Bender-Burnett, 2025; Krejčová

et al., 2026). Self-Compassion Theory therefore provides the theoretical foundation for the proposed mediating variable by explaining how an adaptive response to perceived inadequacy and distress may be relevant to the psychological consequences associated with impostor feelings.

Conservation of Resources Theory proposed by Hobfoll (1989) provides a mechanism for understanding the possible relationships among the three study variables. According to the theory, individuals attempt to acquire, maintain, and protect valued resources, and psychological stress occurs when these resources are threatened, lost, or insufficient to manage environmental demands. Continued resource depletion may increase vulnerability to further stress. In the present study, persistent impostor feelings may place demands on psychological resources through continuous self-doubt, fear of failure, and perceived professional inadequacy. Simultaneously, sustained exposure to clients' traumatic experiences may create additional emotional demands and increase vulnerability to secondary traumatic stress. Within this framework, self-compassion may be understood as a personal psychological resource that supports adaptive emotional regulation and adjustment.

The Cognitive Appraisal Theory of Stress and Coping proposed by Lazarus and Folkman (1984) further explains how individual perceptions may influence responses to professional demands. The theory conceptualises stress as a transaction between the individual and the environment involving primary and secondary appraisal. Primary appraisal involves evaluating whether a situation represents a threat, harm, loss, or challenge, while secondary appraisal involves evaluating available coping resources. Stress is more likely when perceived demands exceed perceived coping resources. Mental health professionals experiencing impostor phenomenon may negatively evaluate their competence and perceive challenging clinical situations as more threatening or overwhelming. Persistent self-doubt may also reduce perceptions of available coping resources. Self-compassion may be relevant to this process by

promoting a more balanced and non-judgemental response to professional difficulties and emotional distress.

The theoretical framework of the present study integrates these perspectives to explain the proposed relationships among impostor phenomenon, secondary traumatic stress, and self-compassion. The Impostor Phenomenon Framework explains persistent professional self-doubt and perceived inadequacy, while Figley's framework explains secondary traumatic stress resulting from indirect exposure to clients' traumatic experiences. Self-Compassion Theory provides the foundation for understanding the proposed mediating variable. Conservation of Resources Theory and Cognitive Appraisal Theory further explain how persistent self-doubt, psychological resources, occupational demands, and appraisal processes may interact. Collectively, these theoretical perspectives provide a framework for examining the relationship between impostor phenomenon and secondary traumatic stress and investigating the proposed mediating role of self-compassion among mental health professionals.

1.3 Need and Significance of the Study

Mental health professionals play an essential role in the assessment, counselling, treatment, rehabilitation, and psychological support of individuals experiencing mental health concerns and trauma. The nature of their work requires sustained empathic engagement and repeated exposure to clients' distressing and traumatic experiences, which may increase vulnerability to emotional exhaustion, burnout, compassion fatigue, and secondary traumatic stress (Marković & Živanović, 2022; Xu et al., 2024).

However, exposure to clients' trauma alone may not fully explain individual differences in secondary traumatic stress. Psychological factors, including professionals' perceptions of their competence, may also influence their vulnerability to occupational distress. Mental health professionals may experience persistent self-doubt, perceived inadequacy, difficulty

internalising professional achievements, and fear of being exposed as incompetent despite evidence of competence. Clark et al. (2022) found that impostor phenomenon among mental health professionals was associated with greater compassion fatigue and burnout and lower compassion satisfaction. Persistent impostor feelings may therefore increase psychological vulnerability to the emotional demands associated with repeated exposure to clients' traumatic experiences.

It is also important to examine psychological resources that may influence professionals' responses to perceived inadequacy and emotional distress. Self-compassion, characterised by a kind, balanced, and non-judgemental response to personal difficulties, may be particularly relevant in this context (Neff, 2003). Self-compassion has been associated with reduced burnout, compassion fatigue, secondary traumatization, and psychological distress among mental health professionals (Crego et al., 2022), as well as lower levels of impostor phenomenon (Bender-Burnett, 2025; Krejčová et al., 2026).

Examining the individual associations among impostor phenomenon, secondary traumatic stress, and self-compassion alone may not provide a complete understanding of their interrelationships. Investigating self-compassion as a mediator may help explain the possible psychological mechanism through which impostor phenomenon is associated with secondary traumatic stress. Such an approach allows the study to examine whether professionals' responses to their perceived inadequacies and emotional difficulties contribute to the relationship between impostor feelings and secondary traumatic stress.

Existing research has examined impostor phenomenon, secondary traumatic stress, and self-compassion independently and in different combinations. However, limited research has integrated all three variables within a single mediation framework. Research specifically involving mental health professionals remains comparatively limited, and studies examining

these relationships within the Indian context are scarce. Furthermore, the potential mediating role of self-compassion in the relationship between impostor phenomenon and secondary traumatic stress remains insufficiently explored.

The present study is significant in addressing these theoretical, population, and contextual gaps. By examining the relationships among impostor phenomenon, secondary traumatic stress, and self-compassion and investigating the mediating role of self-compassion, the study contributes to understanding the psychological factors associated with the occupational well-being of mental health professionals. The findings may provide insights relevant to counselling psychology, professional training, supervision, psychoeducation, workplace support, and interventions addressing impostor feelings and occupational distress. The study may also provide a foundation for future research examining additional mediators and moderators, longitudinal relationships, differences among professional groups, and interventions aimed at promoting the psychological well-being and professional resilience of mental health professionals.

1.4 Statement of the Problem

Mental health professionals are vulnerable to secondary traumatic stress due to repeated exposure to the traumatic experiences of their clients, while impostor phenomenon may further contribute to psychological distress through persistent self-doubt and perceived professional inadequacy. Although previous studies have examined impostor phenomenon, secondary traumatic stress, and self-compassion independently or in different combinations, limited research has investigated these three variables within a single framework, particularly among mental health professionals in the Indian context. Furthermore, the potential mediating role of self-compassion in the relationship between impostor phenomenon and secondary traumatic stress remains underexplored. Thus, the problem for the present study is entitled “Imposter

Phenomenon and Secondary Traumatic Stress among Mental Health Professionals: The Mediating Role of Self-Compassion."

1.5 Objectives

General Objective

- To examine the relationship between Imposter Phenomenon and Secondary Traumatic Stress among Mental Health Professionals and to investigate the mediating role of Self Compassion.

Specific Objectives

- To assess the levels of Imposter Phenomenon, Secondary Traumatic Stress, and Self Compassion among Mental Health Professionals.
- To examine the relationship between Imposter Phenomenon, Secondary Traumatic Stress, and Self-Compassion.
- To determine whether Imposter Phenomenon predicts Secondary Traumatic Stress among Mental Health Professionals.
- To determine whether Imposter Phenomenon predicts Self-Compassion among Mental Health Professionals.
- To examine whether Self-Compassion predicts Secondary Traumatic Stress when considered alongside Imposter Phenomenon.
- To investigate whether Self-Compassion mediates the relationship between Imposter Phenomenon and Secondary Traumatic Stress

1.6 Hypothesis

H_{01}: There is no significant relationship between Imposter Phenomenon and Secondary Traumatic Stress among Mental Health Professionals.

H_{02}: There is no significant relationship between Imposter Phenomenon and Self-Compassion among Mental Health Professionals.

H_{03}: There is no significant relationship between Self-Compassion and Secondary Traumatic Stress among Mental Health Professionals.

H_{04}: Imposter Phenomenon and Self-Compassion do not significantly predict Secondary Traumatic Stress among Mental Health Professionals.

H_{05}: Imposter Phenomenon does not significantly predict Self-Compassion among Mental Health Professionals.

H_{06}: Self-Compassion does not mediate the relationship between Imposter Phenomenon and Secondary Traumatic Stress among Mental Health Professionals.

CHAPTER II

LITERATURE REVIEW

2.1 Review of Relevant Literature

Mental health professionals occupy a uniquely demanding occupational role, one that requires them to repeatedly engage, with empathy and clinical composure, with the pain, trauma, and psychological suffering of the individuals they serve. This sustained exposure to clients' distress, combined with the inherent pressures of clinical responsibility, places mental health professionals at considerable risk for a range of adverse occupational outcomes, including burnout, compassion fatigue, and secondary traumatic stress (Clark et al., 2022; Devilly et al., 2009). At the same time, the profession's emphasis on competence, clinical judgment, and continual self-evaluation appears to create fertile ground for a distinct psychological vulnerability: the impostor phenomenon, characterized by persistent self-doubt and an inability to internalize one's own professional accomplishments despite objective evidence of skill and success (Al Lawati et al., 2025). Understanding how these two occupational vulnerabilities - impostor phenomenon and secondary traumatic stress - relate to one another, and what psychological resources might protect professionals against their combined impact, is therefore of considerable theoretical and practical importance.

The present study examines the relationship between impostor phenomenon and secondary traumatic stress among mental health professionals, with particular attention to the mediating role of self-compassion. Self-compassion, conceptualized as the tendency to treat oneself with kindness, to recognize one's struggles as part of a shared human experience, and to hold painful emotions in balanced awareness rather than suppression or exaggeration (Neff, 2009), has increasingly been identified in the literature as a protective psychological resource capable of buffering professionals against both impostor feelings and trauma-related occupational distress. Investigating self-compassion as a mediating mechanism offers a way of moving beyond a purely descriptive account of these occupational hazards toward a more explanatory model- one that identifies not only whether impostor phenomenon and secondary

traumatic stress are related, but also through what psychological process that relationship may operate, and what might be done to interrupt it.

To situate the present study within the existing body of knowledge, this chapter reviews the relevant literature under three broad thematic areas. The first section reviews literature on the impostor phenomenon, tracing its conceptual foundations, its manifestations among mental health professionals and related populations, its workplace and organizational antecedents, and its well-documented associations with gender and other psychosocial correlates. The second section reviews literature on secondary traumatic stress, examining its prevalence among trauma-exposed professionals, the contested question of its origins in direct trauma exposure versus broader occupational stressors, and the role of coping mechanisms in shaping its severity. The third section reviews literature on self-compassion, beginning with its theoretical foundations and its documented benefits among mental health professionals specifically, before turning to a growing body of recent research that directly examines self-compassion as a correlate and mediator of impostor phenomenon.

Impostor Phenomenon

The Impostor Phenomenon (IP), first identified by Clance and Imes (1978), refers to a psychological pattern marked by persistent self-doubt, an inability to internalize personal accomplishments, and a pervasive fear of being exposed as an intellectual fraud despite objective evidence of competence and success. Individuals experiencing IP typically attribute their achievements to external factors such as luck, timing, or the perceptions of others rather than to their own ability or effort, which perpetuates a cycle of anxiety, overwork, and diminished self-worth. Although impostor phenomenon is not formally classified as a psychiatric disorder under the DSM-5 or ICD-10, a growing body of research demonstrates

that it is consistently and robustly associated with adverse psychological outcomes across academic, professional, and healthcare contexts (Al Lawati et al., 2025).

Al Lawati et al. (2025), in a narrative review titled “Impostor Phenomenon: A Narrative Review of Manifestations, Diagnosis, and Treatment”, synthesizing the prevalence, manifestations, assessment, and treatment of IP, reported that the phenomenon is strongly linked with elevated stress, anxiety, depression, burnout, perfectionism, low self-esteem, and reduced self-efficacy. The review further noted that individuals with high impostor feelings often struggle with career development, professional decision-making, workplace relationships, and job satisfaction, and that IP can undermine creativity, productivity, and confidence by fostering fear of failure, avoidance of new opportunities, and excessive self-criticism. Importantly, the review identified psychological interventions- particularly Cognitive Behavioral Therapy (CBT), self-compassion training, and mindfulness-based approaches- as effective in reducing impostor feelings. Self-compassion training in particular was found to reduce maladaptive perfectionism and psychological distress while promoting healthier self-evaluation, as it allows individuals to respond to perceived shortcomings with kindness rather than harsh self-judgment (Al Lawati et al., 2025). This finding is particularly relevant to the present study, as it positions self-compassion not merely as a general wellbeing resource but as a construct with direct theoretical and empirical bearing on the mitigation of impostor feelings.

While early impostor phenomenon research concentrated heavily on students and general professional samples, comparatively less attention has been directed toward practicing mental health professionals, despite the emotionally demanding nature of their work. Clark, Holden, Russell, and Downs (2022) In their study, “The Impostor Phenomenon in Mental Health Professionals: Relationships Among Compassion Fatigue, Burnout, and Compassion Satisfaction” addressed this gap directly, examining the relationships among impostor phenomenon, compassion fatigue, burnout, and compassion satisfaction in a sample of 158

mental health professionals. The study found that impostor phenomenon was significantly and positively associated with compassion fatigue: professionals with stronger impostor feelings reported greater emotional exhaustion and distress arising from repeated exposure to clients' suffering and trauma. Notably, this relationship remained significant even after controlling for age and years of professional experience, suggesting that impostor feelings confer a distinct vulnerability to the emotional costs of clinical work that is not simply explained by inexperience.

Clark et al. (2022) also reported a significant negative relationship between impostor phenomenon and compassion satisfaction, indicating that professionals who doubted their competence derived less fulfillment and enjoyment from their helping role, likely because they discounted their own effectiveness and professional accomplishments. Further, the study found that the combined effect of higher burnout and lower compassion satisfaction significantly predicted higher impostor phenomenon, pointing toward a potentially cyclical relationship in which occupational stress intensifies impostor feelings, which in turn contribute to further professional distress. The authors underscored the importance of supervision, self-care practices, and organizational support in mitigating impostor feelings among mental health professionals. Taken together, these findings establish impostor phenomenon as a clinically relevant occupational variable among mental health professionals and provide a direct empirical foundation for investigating its relationship with other trauma related occupational outcomes, such as secondary traumatic stress, in this population.

Beyond individual cognitive patterns, impostor phenomenon has increasingly been understood as shaped by workplace and organizational conditions. Bielenberg, Ibrahim, and Herzberg (2024) In their study, “The Impact of Workplace Environment on the Impostor Phenomenon Among Early Career Starters.” investigated how workplace performance pressure, business area, and gender influenced impostor phenomenon among 353 early career

professionals in Germany with no more than two years of post-graduation experience. The study found that workplace performance pressure was a significant predictor of IP, such that employees who perceived greater pressure to perform reported greater self-doubt, feelings of inadequacy, alienation, and fear of exposure as incompetent. Interestingly, the specific business area in which participants worked did not significantly predict impostor phenomenon, suggesting that generalized workplace conditions- rather than occupational field per se- are more influential in shaping impostor experiences, particularly during the vulnerable transition from education into professional life.

Aparna KH and Menon (2022) In their study, “Impostor Syndrome: An Integrative Framework of Its Antecedents, Consequences and Moderating Factors on Sustainable Leader Behaviors” extended this organizational perspective by examining impostor syndrome in relation to leadership. Their integrative review identified gender, family and social role expectations, personality traits, and high-pressure contextual work factors as key antecedents of impostor syndrome. Critically, the review proposed a conceptual framework in which three core features of impostor syndrome- low self-efficacy, fear of failure, and perceived fraudulence- undermine leadership effectiveness by reducing innovative work behavior, organizational citizenship behaviour, and sound managerial decision-making. The authors identified mindfulness and leader - member exchange (LMX) as potential moderators capable of buffering these negative effects, positioning mindfulness-based and relationally supportive interventions as protective mechanisms. This aligns conceptually with self-compassion, another mindfulness-adjacent construct, as a plausible buffer against the occupational consequences of impostor feelings, lending further theoretical support to models- such as the one proposed in the present study- that position self-compassion as a mediating or protective mechanism in impostor-related distress.

Gender has emerged as one of the most consistently examined correlates of impostor phenomenon in the literature. Price, Holcomb, and Payne (2024) In their study, “Gender Differences in Impostor Phenomenon: A Meta-Analytic Review “conducted a large-scale meta-analytic review synthesizing 115 effect sizes from 108 studies involving more than 42,000 participants to resolve inconsistencies in prior gender-comparison findings. The meta-analysis revealed a small-to-moderate but statistically reliable gender difference (Cohen's d = 0.27), with women consistently reporting higher levels of impostor phenomenon than men. Notably, this gender gap did not diminish over time despite increased representation of women in higher education and professional occupations, suggesting that broad societal shifts alone have not been sufficient to close the disparity. The meta-analysis further identified cultural and contextual moderators: gender differences were smaller in business-related settings and among studies conducted in Asian countries, and larger in general populations and in studies conducted in Europe and North America, indicating that the expression of gendered impostor experiences is shaped by cultural and occupational context.

Consistent with these meta-analytic findings, Bielenberg et al. (2024) In their study, “The Impact of Workplace Environment on the Impostor Phenomenon Among Early Career Starters” found that female early career professionals reported significantly higher impostor feelings than male counterparts, and that gender moderated the relationship between performance pressure and IP, with women showing heightened vulnerability to high workplace expectations. Similarly, Nighat and Thangbiakching (2023), studying Indian college students, found that 52% of participants reported high levels of impostor syndrome and that female students scored significantly higher than male students, a pattern the authors attributed to societal expectations, gender stereotypes, lower self-esteem, parental overprotection, and a lack of visible role models. By contrast, Guhan (2025), examining 150 college students using the Clance Impostor Phenomenon Scale, found that although female students reported slightly

higher impostor scores than males, this difference did not reach statistical significance- illustrating that gender effects, while frequently observed, are not universally significant across samples and may depend on contextual and methodological factors such as sample composition, cultural setting, and the measurement instrument used, a point explicitly noted by Price et al. (2024).

Maji and Dixit (2024) In their study, “Gender Stigma Consciousness, Imposter Phenomenon, and Self-Silencing: A Mediational Relationship” offered a more mechanistic account of how gender-related experiences translate into impostor feelings, examining gender stigma consciousness (GSC), impostor phenomenon, and self-silencing among 237 female software engineers in India. Using structural equation modelling, the authors found that gender stigma consciousness significantly predicted both impostor phenomenon and self-silencing, and- most importantly- that impostor phenomenon mediated the relationship between gender stigma consciousness and self-silencing. In other words, women's awareness of gender-based stereotyping heightened their impostor feelings, which in turn increased their tendency to suppress their authentic thoughts, opinions, and emotions in professional settings. This finding is conceptually significant for the present research in that it demonstrates impostor phenomenon can function as a mediating psychological mechanism linking a social or contextual stressor to a downstream behavioral or emotional outcome- directly paralleling the mediating role self-compassion is proposed to play between impostor phenomenon and secondary traumatic stress in the current study.

Several studies have examined the individual and psychosocial factors associated with impostor phenomenon. Kollath and Singh (2024) In their study, “Understanding Imposter Syndrome: A Correlational Analysis of Achievement Motivation, Parental Bonding, and Perceived Social Support” investigated the relationships between impostor phenomenon, achievement motivation, parental bonding, and perceived social support among 251 Indian

students and working professionals. Using Pearson's correlation, the authors found a significant positive relationship between achievement motivation and impostor phenomenon, suggesting that individuals with stronger motivation to succeed may place excessive pressure on themselves, thereby heightening their susceptibility to self-doubt and fear of fraudulence. Notably, parental bonding showed no significant association with impostor phenomenon, and perceived social support showed only a weak, non-significant negative relationship, indicating that in this sample, achievement-related pressures were more strongly linked to impostor experiences than relational or support-based variables. The authors recommended further investigation into workplace culture, perfectionism, self-criticism, and self-efficacy as potentially more influential correlates.

Guhan (2025) through her study “Imposter Phenomenon, Self-Efficacy and Perceived Stress: A Comparative Study Among College Students Based on Gender” examined the interrelationships among impostor phenomenon, self-efficacy, and perceived stress among 150 college students, using the Clance Impostor Phenomenon Scale, the Generalized Self-Efficacy Scale, and the Perceived Stress Scale. The study found a significant positive correlation between impostor phenomenon and perceived stress, and a significant negative correlation between impostor phenomenon and self-efficacy, indicating that individuals who doubted their competence experienced greater stress and lower confidence in their ability to manage challenges. Self-efficacy was also negatively correlated with perceived stress, supporting its role as a protective psychological resource. These findings reinforce the broader pattern across the literature that impostor phenomenon operates within a network of interrelated psychological vulnerabilities- low self-efficacy, elevated stress, and diminished wellbeing- rather than as an isolated cognitive experience.

Similarly, Nighat and Thangbiakching (2023) In their study, “Imposter Syndrome, Anxiety, and Indian College Students” found a moderate positive correlation between impostor

syndrome and anxiety (r = .403) among Indian college students, indicating that stronger impostor feelings were associated with greater anxiety even though overall anxiety levels in the sample were relatively low. The authors linked this pattern to the academic pressures, uncertainty, and heightened performance expectations characteristic of the transition into higher education and recommended longitudinal research to clarify the causal direction of the impostor phenomenon–anxiety relationship.

Collectively, the reviewed literature establishes impostor phenomenon as a robust and multiply determined psychological construct with wide-ranging consequences for emotional wellbeing, occupational functioning, and interpersonal behavior. Several converging patterns emerge across these studies. First, impostor phenomenon is consistently linked to negative occupational and emotional outcomes, including burnout, compassion fatigue, reduced compassion satisfaction, anxiety, and perceived stress (Clark et al., 2022; Guhan, 2025; Nighat & Thangbiakching, 2023). Second, workplace and organizational conditions- particularly performance pressure and high-demand environments- appear to be strong contextual drivers of impostor feelings, often more influential than occupational field or specific role (Bielenberg et al., 2024; Aparna & Menon, 2022). Third, gender is a persistent, though not universal, correlate of impostor phenomenon, with women generally reporting higher levels of impostor feelings, a pattern that is culturally and contextually moderated and that appears to operate through mechanisms such as gender stigma consciousness (Price et al., 2024; Maji & Dixit, 2024; Nighat & Thangbiakching, 2023; Bielenberg et al., 2024; Guhan, 2025). Fourth, impostor phenomenon is embedded within a broader network of psychosocial correlates, including achievement motivation, self-efficacy, and perfectionism, though not all relational variables- such as parental bonding and general social support- show consistent associations with it (Kollath & Singh, 2024).

Importantly, several of the reviewed studies point toward impostor phenomenon functioning not merely as an outcome but as a mediating mechanism linking contextual or social stressors to downstream psychological and behavioral consequences (Maji & Dixit, 2024) and identify self-compassion and mindfulness-based approaches as among the most promising interventions for reducing impostor feelings and their associated distress (Al Lawati et al., 2025; Aparna & Menon, 2022). However, despite the well-documented association between impostor phenomenon and burnout- and trauma-adjacent outcomes such as compassion fatigue among mental health professionals (Clark et al., 2022), no identified study has directly examined the relationship between impostor phenomenon and secondary traumatic stress specifically, nor has the potential mediating role of self-compassion in this relationship been empirically tested within a mental health professional population. Given that mental health professionals are routinely exposed to clients' trauma narratives and are simultaneously shown to be vulnerable to impostor-related self-doubt (Clark et al., 2022), and given converging evidence that self-compassion may buffer the negative psychological sequelae of impostor phenomenon (Al Lawati et al., 2025), the present study addresses this gap by examining impostor phenomenon and secondary traumatic stress among mental health professionals and testing self-compassion as a mediating variable in this relationship.

Secondary Traumatic Stress

Secondary Traumatic Stress (STS) refers to the emotional and psychological distress experienced by professionals because of indirect exposure to the traumatic experiences of the individuals they serve, typically through empathic engagement with clients' trauma narratives. Professionals who work closely with trauma-exposed populations- such as nurses, mental health professionals, and humanitarian workers- are considered to be at heightened risk of developing STS, as their occupational role requires repeated, sustained contact with others' suffering. Symptoms associated with STS often mirror those of direct post-traumatic stress,

including intrusive thoughts, avoidance behaviors, and negative alterations in cognition, mood, and physiological reactivity (Marković & Živanović, 2022). Although STS has been studied across a range of helping professions, the literature reveals considerable variability in both its prevalence and its proposed origins, suggesting that it is a complex, multiply determined occupational health concern rather than a uniform or inevitable consequence of trauma-adjacent work.

Xu et al. (2024) In their study, "Prevalence and Associated Factors of Secondary Traumatic Stress in Emergency Nurses: A Systematic Review and Meta-Analysis" conducted a systematic review and meta-analysis to determine the pooled prevalence of secondary traumatic stress among emergency nurses and to identify factors associated with its development. Drawing on 14 eligible cross-sectional studies published up to October 2023, of which 11 reported usable prevalence data, the authors estimated an overall pooled prevalence of 65%, indicating that secondary traumatic stress is highly prevalent within this occupational group. Regional subgroup analyses revealed meaningful variation, with the highest prevalence observed among nurses in Asia (74%), followed by North America (59%) and Europe (53%), suggesting that cultural, systemic, and healthcare-context factors may shape the extent to which STS manifests across different regions. Notably, nurses who worked during the COVID-19 pandemic reported significantly higher levels of STS than those working outside the pandemic period, underscoring the influence of acute crisis conditions and surges in occupational demand on trauma-related psychological outcomes.

Beyond prevalence, Xu et al. (2024) identified a range of factors associated with secondary traumatic stress, broadly categorized into personal characteristics, work-related variables, and social factors. Although specific predictors varied across the reviewed studies, occupational stressors, exposure to traumatic events, excessive workload, and the availability of social support consistently emerged as important influences. These findings indicate that

secondary traumatic stress arises from the interaction of individual vulnerability and workplace conditions rather than from trauma exposure alone, and they position STS as a significant occupational health concern warranting trauma-informed training, psychological support services, and organizational-level intervention (Xu et al., 2024).

While much of the STS literature assumes that indirect exposure to clients' traumatic material is the primary driver of therapist distress, Devilly, Wright, and Varker (2009) offered findings that directly challenge this assumption through their work titled “Vicarious Trauma, Secondary Traumatic Stress or Simply Burnout? Effect of Trauma Therapy on Mental Health Professionals”. In a survey of 152 Australian mental health professionals, the authors examined whether exposure to clients' trauma narratives predicted secondary traumatic stress, vicarious trauma, and burnout. Contrary to prevailing theoretical models, exposure to clients' traumatic material did not significantly predict levels of STS, vicarious trauma, or burnout. Instead, general workplace-related stressors- including work demands and organizational pressures- emerged as the strongest predictors of therapist distress.

These findings led Devilly et al. (2009) to argue that therapist distress may not be primarily a consequence of empathic engagement with traumatic content, as classic secondary traumatic stress and vicarious trauma theories suggest but may instead be better explained by broader occupational stressors common to many high-demand work environments. This position complicates the straightforward assumption that trauma-exposure severity alone accounts for STS symptomatology, and it highlights the need to consider organizational and environmental conditions- rather than trauma exposure in isolation- when examining psychological distress among mental health professionals. Notably, this finding stands somewhat in tension with the broader prevalence literature (e.g., Xu et al., 2024), which identifies trauma exposure as one of several contributing factors, suggesting that the relative weight of trauma exposure versus

workplace conditions in predicting STS may vary depending on professional context, population served, and methodological approach.

Marković and Živanović (2022) In their study , “Coping with Secondary Traumatic Stress” examined how coping strategies relate to secondary traumatic stress among 288 professionals working with refugees, migrants, and asylum seekers- a population at heightened risk of secondary traumatization due to regular exposure to the traumatic experiences of displaced individuals. Using the COPE Inventory and the Secondary Traumatic Stress Scale (STSS), the authors identified four broad categories of coping: Problem-focused coping (e.g., planning, active coping, positive reinterpretation), Socially supported emotion-focused coping (seeking emotional and instrumental support), Avoidant coping (e.g., denial, mental and behavioural disengagement, religious coping), and Passive coping (e.g., acceptance, humor, restraint, substance use).

The findings revealed that avoidant coping was positively associated with intrusion symptoms and negative alterations in cognition, mood, and reactivity, while passive coping was positively associated with avoidance symptoms and similar negative cognitive and emotional changes. In contrast, problem-focused coping was associated with lower avoidance and fewer negative cognitive and emotional symptoms, suggesting that actively engaging with and reframing stressors may protect against secondary traumatization. Somewhat unexpectedly, socially supported emotion-focused coping showed no significant association with STS symptoms, a finding that diverges from prior research emphasizing the protective role of social support. Marković and Živanović (2022) proposed that professionals working with highly traumatized populations may feel isolated in their experiences, believing that others outside their occupational context cannot fully understand what they encounter, which may limit the effectiveness of social support as a coping resource in this specific context.

Overall, maladaptive coping strategies- particularly avoidance, disengagement, and substance use- emerged as stronger predictors of secondary traumatic stress than adaptive strategies, suggesting that such strategies may trap professionals in a cycle of unresolved distress and heightened vulnerability. Although coping strategies explained only a modest proportion of variance in STS symptoms, the authors concluded that interventions aimed at reducing avoidant and passive coping while strengthening problem-focused coping skills may be valuable in preventing and managing secondary traumatic stress among professionals working with traumatized populations (Marković & Živanović, 2022).

Taken together, the reviewed literature portrays secondary traumatic stress as a prevalent and occupationally significant phenomenon, while also revealing important tensions regarding its underlying mechanisms. Xu et al. (2024) establish that STS is highly prevalent among trauma-adjacent professionals such as emergency nurses, and that its development is shaped by an interaction of personal, occupational, and social factors- with prevalence notably elevated during periods of acute crisis such as the COVID-19 pandemic. However, Devilly et al. (2009) complicate the assumption that direct exposure to clients' traumatic material is the primary driver of this distress, instead identifying general workplace stressors as the stronger predictor among mental health professionals specifically. This divergence suggests that the pathways to secondary traumatic stress may not be uniform across professions, and that mental health professionals in particular may experience STS through mechanisms that are not fully explained by trauma exposure alone.

Marković and Živanović (2022) contribute a further layer to this picture by demonstrating that individual coping style plays a meaningful role in shaping STS symptomatology, with avoidant and passive coping heightening vulnerability and problem-focused coping offering some protection- while social support, often assumed to be protective, showed no significant benefit in a highly trauma-exposed sample. Collectively, these studies

indicate that secondary traumatic stress among helping professionals is shaped by a combination of occupational exposure, workplace conditions, and individual coping resources, but leave open the question of what internal psychological resources might buffer professionals against STS when workplace stressors and trauma exposure are already present. Given that self-compassion has been identified elsewhere in the literature as a resource that promotes healthier self-evaluation and emotional regulation under distress, and considering that mental health professionals face both elevated impostor phenomenon (Clark et al., 2022) and documented vulnerability to workplace-driven distress (Devilly et al., 2009), the present study extends this literature by examining secondary traumatic stress in relation to impostor phenomenon among mental health professionals, and by testing self-compassion as a potential mediating mechanism between the two.

Self-Compassion

Neff (2009), in a foundational conceptual and empirical review, introduced self-compassion as a healthier alternative to self-esteem for understanding how individuals relate to themselves. Challenging the traditional assumption that high self-esteem is the primary route to psychological well-being, Neff (2009) argued that self-esteem is frequently contingent on success, social comparison, and external validation, and can be associated with undesirable outcomes such as narcissism, defensiveness, and a need to feel superior to others. Self-compassion, by contrast, offers a more stable and unconditional way of relating to oneself, as it does not depend on evaluations of personal worth or favorable comparisons with others.

Drawing on Buddhist psychology, Neff (2009) conceptualized self-compassion as comprising three interrelated components: self-kindness versus self-judgment (treating oneself with understanding and care during difficulty rather than harsh self-criticism), common humanity versus isolation (recognizing that suffering and imperfection are shared aspects of

the human experience rather than isolating personal failures), and mindfulness versus overidentification (holding painful thoughts and emotions in balanced awareness rather than suppressing or exaggerating them). Empirical evidence reviewed by Neff (2009) linked higher self-compassion to greater happiness, optimism, emotional intelligence, connectedness, and life satisfaction, alongside lower anxiety, depression, rumination, and fear of failure. Self-compassion was also associated with mastery-oriented goals and intrinsic motivation, indicating that it supports achievement and personal growth without the maladaptive by-products often associated with self-esteem, such as social comparison and self-rumination. Notably, Neff (2009) also found that self-compassion partially mediated the relationship between supportive family functioning and psychological well-being, suggesting that it functions as a psychological mechanism through which positive developmental experiences translate into long-term mental health- an early indication of the mediating role self-compassion has since been shown to play across a range of other stress-related outcomes.

Crego, Yela, Riesco-Matías, Gómez-Martínez, and Vicente-Arruebarrena (2022), In their study, “The Benefits of Self-Compassion in Mental Health Professionals: A Systematic Review of Empirical Research.” conducted a systematic review of empirical research examining the benefits of self-compassion specifically among mental health professionals. Searching the APA PsycInfo database, the authors identified 24 empirical studies meeting inclusion criteria, spanning cross-sectional, experimental, quasi-experimental, and qualitative designs, along with a supplementary review of 17 studies examining mindfulness- and compassion-based interventions. The review consistently found that self-compassion functions as a protective factor against key occupational hazards facing mental health professionals, including burnout, compassion fatigue, secondary traumatic stress, and emotional exhaustion. Professionals with higher self-compassion reported lower depression, psychological distress, and work-related stress, along with greater psychological well-being and life satisfaction.

Crego et al. (2022) further found that self-compassion training significantly improved mental health outcomes among therapists, reducing anxiety and depression while enhancing emotional regulation and resilience to occupational stress. Importantly, several studies included in the review identified self-compassion as a mediating mechanism underlying the beneficial effects of mindfulness, with self-compassion found to mediate relationships between mindfulness and burnout, professional competence, self-efficacy, and compassion toward clients. The review also linked self-compassion to therapeutic effectiveness directly: self-compassionate therapists demonstrated greater therapeutic presence, professional competence, and confidence in their clinical abilities, with benefits extending to the therapeutic relationship and client outcomes. On this basis, the authors recommended integrating self-compassion training into the education, supervision, and professional development of mental health practitioners as a means of reducing occupational stress and sustaining clinical practice- directly supporting the relevance of self-compassion as a variable of interest among mental health professionals specifically, the population central to the present study.

A growing body of recent research has examined self-compassion specifically in relation to impostor phenomenon, providing direct empirical grounding for the mediating role proposed in the present study. Krejčová, Kvasničková Stanislavská, and Ibrahim (2026), In their study, “Self-Compassion and the Impostor Phenomenon: Associations and Implications” investigated this relationship among 601 Czech university students using correlation, regression, and structural equation modeling. The findings revealed that the impostor dimension of competence doubt was moderately associated with the maladaptive self-compassion components of isolation ($r = .409$) and overidentification ($r = .427$), while common humanity was negatively associated with competence doubt. Self-compassion dimensions collectively explained 26% of the variance in competence doubt, and the structural model- which showed excellent fit (CFI = .99, TLI = .99, RMSEA = .031)- demonstrated that self-

kindness reduced isolation and overidentification while increasing common humanity, which in turn lowered competence doubt. These findings indicate that self-compassion may buffer impostor feelings not uniformly, but specifically by reducing maladaptive self-evaluative processes such as isolation and overidentification. The study also found that women reported significantly higher isolation, overidentification, competence doubt, and need for sympathy than men, though the authors emphasized that negative self-compassion dimensions were stronger predictors of impostor feelings than demographic factors.

Clarke, Hartley, and Button (2025) extended this line of research by their study, "Impostor Phenomenon and Counselor Development: The Critical Role of Self-Compassion" examining impostor phenomenon, self-compassion, and counseling self-efficacy among 281 counselors-in-training, grounded in Bandura's Social Learning Theory. The study found an alarmingly high prevalence of impostor phenomenon, with 65.1% of participants reporting frequent-to-intense impostor feelings and 21% reporting the most severe level. Higher impostor phenomenon was associated with greater anxiety and depression, lower self-compassion, and lower counseling self-efficacy, particularly in confidence surrounding counseling process skills and management of difficult client behaviors. Most critically, self-compassion fully mediated the relationship between impostor phenomenon and counseling self-efficacy: the direct effect of impostor phenomenon on self-efficacy became non-significant once self-compassion was entered into the model, with self-compassion accounting for 60.9% of the total effect. This finding provides direct empirical precedent for a full mediation model in which self-compassion absorbs the negative impact of impostor phenomenon on a professionally relevant outcome, closely paralleling the mediation model proposed in the present study, in which self-compassion is examined as a mediator between impostor phenomenon and secondary traumatic stress among mental health professionals.

Bender-Burnett (2025), in their study, "Quantitative Analysis Identifies Self-Compassion as a Tool to Mitigate Impostor Phenomenon in Student Physical Therapists" provided further support for this relationship in a health-profession trainee population that had received limited prior attention: 39 student physical therapists, assessed using the Clance Impostor Phenomenon Scale and the Self-Compassion Scale. The study found an exceptionally high prevalence of impostor phenomenon, with 100% of participants reporting moderate to intense impostor experiences, and a strong negative correlation between self-compassion and impostor phenomenon, such that students with higher self-compassion reported lower impostor severity. Although based on a small sample, these findings reinforce the pattern observed by Krejčová et al. (2026) and Clarke et al. (2025): across markedly different populations- university students, counselors-in-training, and physical therapy students- self-compassion consistently emerges as a resource that is inversely related to impostor phenomenon and that may buffer its negative psychological consequences.

Collectively, the reviewed literature establishes self-compassion as a well-evidenced psychological resource with two converging strands of relevance to the present study. First, self-compassion is theoretically grounded (Neff, 2009) and empirically established as a protective factor specifically within mental health professional populations, where it is associated with reduced burnout, compassion fatigue, secondary traumatic stress, and emotional exhaustion, and with improved therapeutic effectiveness (Crego et al., 2022). Second, an emerging and consistent body of research demonstrates that self-compassion is inversely related to impostor phenomenon across diverse samples- university students, counselors-in-training, and physical therapy students- and, critically, that self-compassion can fully mediate the relationship between impostor phenomenon and at least one professionally relevant outcome, counseling self-efficacy (Clarke et al., 2025), with the specific maladaptive

components of isolation and overidentification identified as the mechanisms through which impostor feelings are reduced (Krejčová et al., 2026).

However, despite Crego et al.'s (2022) finding that self-compassion protects mental health professionals against secondary traumatic stress as an outcome in its own right, and despite Clarke et al.'s (2025) demonstration that self-compassion can fully mediate the impostor phenomenon–outcome relationship in a related helping profession, no identified study has tested self-compassion as a mediator between impostor phenomenon and secondary traumatic stress specifically among mental health professionals. This represents a meaningful convergence point across all three areas of this review: mental health professionals have been shown to experience both impostor phenomenon (Clark et al., 2022) and secondary traumatic stress (Devilly et al., 2009) as occupational hazards, and self-compassion has been independently established as a protective factor against each. The present study addresses this gap directly by examining whether self-compassion mediates the relationship between impostor phenomenon and secondary traumatic stress among mental health professionals, thereby integrating three previously separate strands of literature into a single, theoretically grounded model.

The literature reviewed in this chapter converges on three interrelated conclusions that together provide the theoretical and empirical foundation for the present study. First, impostor phenomenon is a well-established and consequential psychological experience among mental health professionals and related populations. Clark et al. (2022) demonstrated that impostor phenomenon is positively associated with compassion fatigue and burnout and negatively associated with compassion satisfaction among practicing mental health professionals, even after controlling for age and years of experience, indicating that impostor feelings represent a distinct source of occupational vulnerability rather than a byproduct of inexperience alone. This vulnerability is shaped by workplace conditions such as performance pressure (Bielenberg et

al., 2024) and organizational context (Aparna & Menon, 2022), is consistently, though not universally, more pronounced among women (Price et al., 2024; Maji & Dixit, 2024; Nighat & Thangbiakching, 2023), and is embedded within a broader network of psychosocial correlates including achievement motivation, self-efficacy, and anxiety (Kollath & Singh, 2024; Guhan, 2025; Nighat & Thangbiakching, 2023).

Second, secondary traumatic stress is a highly prevalent and significant occupational health concern among professionals who work closely with trauma-exposed populations, with pooled prevalence estimates as high as 65% among emergency nurses and rates that rise further during periods of acute crisis (Xu et al., 2024). However, the literature reveals genuine uncertainty regarding the mechanisms underlying secondary traumatic stress: while trauma exposure is frequently assumed to be its primary driver, Devilly et al. (2009) found that, among mental health professionals specifically, general workplace stressors- rather than direct exposure to clients' traumatic material- were the stronger predictor of therapist distress. Individual coping style further shapes vulnerability to secondary traumatic stress, with avoidant and passive coping strategies heightening risk and problem-focused coping offering some protection, while social support- often assumed to be uniformly beneficial- showed no significant protective effect among professionals working with highly traumatized populations (Marković & Živanović, 2022). Taken together, this body of literature suggests that secondary traumatic stress among mental health professionals cannot be fully explained by trauma exposure alone, leaving open the question of what internal psychological resources might account for differential vulnerability.

Third, self-compassion emerges across the literature as a robust protective resource with direct relevance to both impostor phenomenon and secondary traumatic stress. Grounded in Neff's (2009) foundational conceptualization of self-kindness, common humanity, and mindfulness, self-compassion has been shown to protect mental health professionals against

burnout, compassion fatigue, secondary traumatic stress, and emotional exhaustion, while enhancing therapeutic effectiveness (Crego et al., 2022). A more recent and directly relevant body of research demonstrates that self-compassion is consistently and often strongly associated with lower impostor phenomenon across diverse populations, including university students (Krejčová et al., 2026), counsellors-in-training (Clarke et al., 2025), and student physical therapists (Bender-Burnett, 2025). Most notably, Clarke et al. (2025) demonstrated that self-compassion fully mediated the relationship between impostor phenomenon and counselling self-efficacy, accounting for 60.9% of the total effect providing a close empirical precedent for a mediation model in which self-compassion absorbs the negative impact of impostor phenomenon on a professionally relevant outcome.

Despite these converging strands of evidence, a clear gap remains in the literature. There is a lack of sufficient literature that has examined the relationship between impostor phenomenon and secondary traumatic stress specifically, and no study has tested whether self-compassion mediates this relationship among mental health professionals. Mental health professionals have been independently shown to be vulnerable to both impostor phenomenon (Clark et al., 2022) and secondary traumatic stress (Devilly et al., 2009), and self-compassion has been independently established as a protective factor against both occupational hazards (Crego et al., 2022; Clarke et al., 2025). Yet these three strands of research have thus far remained largely separate, with no study integrating them into a single explanatory model within this specific population. The present study addresses this gap by examining the relationship between impostor phenomenon and secondary traumatic stress among mental health professionals and by testing self-compassion as a mediating mechanism in this relationship, thereby extending the existing literature and offering a more integrated understanding of the psychological processes underlying occupational distress in this profession.

2.3 Research Gap

Although the reviewed literature independently establishes impostor phenomenon, secondary traumatic stress, and self-compassion as significant psychological constructs among mental health professionals and related helping populations, there appears to be limited research examining these three variables together within a single explanatory model. Existing research on impostor phenomenon among mental health professionals has linked it to compassion fatigue, burnout, and reduced compassion satisfaction (Clark et al., 2022), while research on secondary traumatic stress has established its high prevalence among trauma-exposed professionals and identified workplace stressors and coping style as key correlates (Xu et al., 2024; Devilly et al., 2009; Marković & Živanović, 2022).

However, the direct relationship between impostor phenomenon and secondary traumatic stress does not appear to have received sufficient empirical attention. Similarly, although self-compassion has been shown to fully mediate the relationship between impostor phenomenon and counseling self-efficacy (Clarke et al., 2025) and has been independently identified as a protective factor against secondary traumatic stress among mental health professionals (Crego et al., 2022), its mediating role in the specific relationship between impostor phenomenon and secondary traumatic stress remains insufficiently explored. Furthermore, the available studies linking impostor phenomenon to self-compassion have largely been conducted among students and trainees (Krejčová et al., 2026; Bender-Burnett, 2025; Clarke et al., 2025) rather than practicing mental health professionals, which may limit the generalizability of these findings to the population of interest in the present study.

Thus, there appears to be a lack of sufficient research examining whether self-compassion mediates the relationship between impostor phenomenon and secondary traumatic stress specifically among practicing mental health professionals. The present study seeks to

address this gap by examining impostor phenomenon and secondary traumatic stress among mental health professionals and testing self-compassion as a mediating variable in this relationship.

2.4 Relevance of the Study

Theoretically, the present study contributes to a more integrated understanding of how impostor phenomenon and secondary traumatic stress relate to one another among mental health professionals, and specifically examines self-compassion as a mechanism that may help explain this relationship. By situating self-compassion as a mediating variable rather than merely a correlate, the study extends existing conceptual models of both impostor phenomenon and trauma-related occupational distress, while addressing the comparatively limited body of research that has examined these three constructs within a single explanatory framework, particularly among practicing mental health professionals and within the Indian context.

Within the field of counselling psychology, the study contributes to a deeper understanding of professional self-doubt, indirect exposure to clients' trauma, and the psychological resources that may protect practitioners from the cumulative emotional toll of clinical work. As mental health professionals are themselves responsible for supporting the psychological well-being of others, insight into the internal processes that shape their own resilience or vulnerability holds direct relevance for the profession's understanding of practitioner wellness as an integral part of ethical and sustainable clinical practice.

Practically, the findings may inform professional training curricula, clinical supervision practices, and psychoeducational or intervention programmes aimed at strengthening self-compassion and reducing impostor feelings among mental health professionals, thereby supporting their long-term psychological well-being and professional resilience. Beyond its immediate practical value, the study may also serve as a foundation for future research

exploring other psychological mechanisms, mediators, or moderators relevant to occupational well-being among mental health professionals, as well as the development and evaluation of targeted interventions in this area.

CHAPTER III

METHOD

Research methodology refers to the systematic and scientific approach adopted to conduct a study, collect and analyse data, and address the research objectives and hypotheses, encompassing the overall strategy and rationale underlying the choice of design, sample, and procedures used to investigate a research problem (Coolican, 2019). An appropriate methodology provides a clear framework for selecting the research design, participants, sampling technique, data collection instruments, procedures, and statistical methods. It also contributes to the systematic conduct, reliability, validity, and ethical integrity of the research process.

This chapter presents the methodology adopted for the present study on impostor phenomenon and secondary traumatic stress among mental health professionals, with particular reference to the mediating role of self-compassion. It describes the research design, variables, participants, sampling technique, inclusion and exclusion criteria, and instruments used for data collection. The chapter also presents the data collection procedure, ethical considerations, and statistical techniques employed for analysing the data and examining the proposed mediating role of self-compassion in the relationship between impostor phenomenon and secondary traumatic stress.

3.1 Research Design

The present study adopted a cross-sectional correlational research design with a mediation analysis framework to examine the relationship between impostor phenomenon and secondary traumatic stress among mental health professionals, and to test the mediating role of self-compassion in this relationship. As the objective was to examine the naturally occurring relationships among the study variables rather than to establish causality through experimental manipulation, a correlational design was considered appropriate. Data were collected from

participants at a single point in time using a survey-based method. Beyond examining the bivariate relationships among impostor phenomenon, secondary traumatic stress, and self-compassion, mediation analysis was conducted to statistically test whether self-compassion accounted for, or explained, the relationship between impostor phenomenon and secondary traumatic stress.

3.2 Participants

Population

The population of the present study comprised mental health professionals currently working in mental health settings and involved in the direct or indirect care of individuals presenting with mental health or related psychological concerns. The population included psychiatrists, psychologists, psychiatric nurses, psychiatric social workers, and counsellors.

Sample and Sampling Technique

The sample of the present study consisted of 60 mental health professionals from across India who met the specified eligibility criteria and provided informed consent to participate in the study. The participants included mental health professionals actively involved in the direct or indirect care of individuals with mental health or related psychological concerns.

A non-probability snowball sampling technique was used for participant recruitment. Initially, mental health professionals who met the eligibility criteria were purposively identified and invited to participate in the study. Subsequently, participants were requested to refer other eligible mental health professionals from their professional networks.

3.2.1 Inclusion and Exclusion criteria

Inclusion Criteria

1. Mental health professionals who were currently working in mental health settings and involved in the direct or indirect care of individuals presenting with mental health or related psychological concerns.
2. Mental health professionals who provided informed consent and were willing to participate in the study.

Exclusion Criteria

1. Mental health professionals who were retired or not actively engaged in professional practice at the time of data collection.
2. Mental health professionals who were undergoing psychiatric treatment for a severe mental health condition that could interfere with their participation in the study.
3. Individuals who did not provide informed consent or submitted incomplete study questionnaires.

3.3 Data Collection Tools

3.3.1 Clance Impostor Phenomenon Scale (CIPS)

The Clance Impostor Phenomenon Scale (CIPS) is a self-report tool designed to assess the presence and severity of impostor phenomenon characteristics in an individual. It was developed by Pauline Rose Clance in 1985 at Georgia State University to help clinicians and researchers determine whether an individual exhibits impostor characteristics and, if so, the extent to which they experience associated distress. The CIPS was originally developed in

English (Clance, 1985) and has since been widely used across academic, professional, and clinical populations to measure feelings of intellectual fraudulence, self-doubt, and the inability to internalize success.

The CIPS consists of 20 self-report items, each rated on a 5-point Likert scale ranging from 1 (*not at all true*) to 5 (*very true*), with respondents asked to circle the response that best reflects their spontaneous, first reaction to each statement rather than deliberating over their answer. The scale yields a single total score, obtained by summing the responses to all 20 items, with total scores ranging from 20 to 100. Higher scores indicate more frequent and more intense impostor experiences. Based on the total score, respondents are classified into one of four categories: a score of 40 or below indicates few impostor characteristics; a score between 41 and 60 indicates moderate impostor experiences; a score between 61 and 80 indicates frequent impostor feelings; and a score above 80 indicates intense impostor experiences that significantly interfere with daily functioning. The CIPS does not yield separate subscale scores and is interpreted solely on the basis of the total score.

3.3.2 Self-Compassion Scale (SCS)

The Self-Compassion Scale (SCS) is a self-report measure developed by Kristin Neff in 2003 to assess the construct of self-compassion, defined as the tendency to treat oneself with kindness and understanding during instances of failure or suffering, to recognize one's experiences as part of a shared human condition, and to hold painful thoughts and emotions in balanced, mindful awareness. The SCS was developed at the University of Texas at Austin and has since become the most widely used measure of self-compassion in psychological research (Neff, 2003).

The scale consists of 26 self-report items rated on a 5-point Likert scale ranging from 1 (*almost never*) to 5 (*almost always*), with respondents indicating how often they behave in

the manner described by each statement, based on their actual experience rather than how they believe they should feel. The SCS comprises six subscales corresponding to three pairs of positive and negative dimensions of self-compassion: Self-Kindness (items 5, 12, 19, 23, 26) versus Self-Judgment (items 1, 8, 11, 16, 21; reverse-scored), Common Humanity (items 3, 7, 10, 15) versus Isolation (items 4, 13, 18, 25; reverse-scored), and Mindfulness (items 9, 14, 17, 22) versus Over-identification (items 2, 6, 20, 24; reverse-scored). To compute a total self-compassion score, the three negative subscales (self-judgment, isolation, and over-identification) are first reverse scored (1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1). The mean of each of the six subscales is then calculated, and the total self-compassion score is obtained by averaging the six subscale means. Higher total scores indicate greater self-compassion. Subscale scores may be reported with or without reverse-coding depending on the purpose of analysis; however, reverse-coding of the three negative subscales is required prior to computing the total score. This mean-based scoring procedure, now standard in most contemporary research using the SCS, differs slightly from the original summed-score procedure reported in Neff (2003), but yields more readily interpretable scores on a consistent five-point scale.

3.3.3 Secondary Traumatic Stress Scale (STSS)

The Secondary Traumatic Stress Scale (STSS) is a self-report instrument developed by Bride, Robinson, Yegidis, and Figley in 2004 to assess symptoms of secondary traumatic stress arising from indirect exposure to the traumatic experiences of others, particularly among professionals who work closely with trauma survivors. The scale was designed to reflect the diagnostic symptom criteria for post-traumatic stress disorder as applied to indirect, work-related trauma exposure (Bride et al., 2004).

The STSS consists of 17 self-report items rated on a 5-point Likert scale ranging from 1 (*never*) to 5 (*very often*), with respondents indicating the frequency with which they have

experienced each symptom in relation to their work with traumatized individuals. The scale comprises three subscales corresponding to the core symptom clusters of secondary traumatic stress: Intrusion (items 2, 3, 6, 10, 13), Avoidance (items 1, 5, 7, 9, 12, 14, 17), and Arousal (items 4, 8, 11, 15, 16). Subscale scores are obtained by summing the item scores within each subscale, and a total STSS score is obtained by summing the three subscale scores, yielding a possible total range of 17 to 85. Based on the total score, respondents are classified into one of five categories of secondary traumatic stress severity: little or no STS (27 or below), mild STS (28–37), moderate STS (38–43), high STS (44–48), and severe STS (49 or above). Higher total scores indicate greater severity of secondary traumatic stress symptoms.

3.3.4 Demographic Data Sheet

An investigator-constructed demographic data sheet was used to collect relevant socio-demographic and professional information from the participants. The information collected included: (a) name (initials only); (b) age; (c) gender; (d) profession; (e) educational qualification; (f) years of professional experience; (g) area of specialisation; (h) licensure status; (i) supervision status; and (j) number of clients seen per week. The demographic data sheet was used to describe the characteristics of the sample and to obtain relevant information regarding the participants' professional backgrounds.

3.4 Data Collection Method

Data for the present study were collected through an online survey method using Google Forms. The survey form comprised the informed consent form, questions assessing relevant socio-demographic and professional characteristics, and the three standardised instruments used in the study: the Clance Impostor Phenomenon Scale (CIPS), the Self-Compassion Scale (SCS), and the Secondary Traumatic Stress Scale (STSS). The survey link was circulated among eligible mental health professionals through professional networks,

participant referrals, social media platforms, and WhatsApp groups, using a snowball sampling approach. Participants completed the questionnaires through self-report after providing informed consent, and the confidentiality of the information provided was maintained throughout the data collection process.

3.5 Data analysis

Data analysis is the systematic process of organising, summarising, interpreting, and evaluating collected data using appropriate statistical techniques. Quantitative data analysis involves descriptive and inferential statistics to summarise data, examine relationships and differences among variables, and test the hypotheses of a study. Descriptive statistics provide summaries of the characteristics and distribution of data, whereas inferential statistics are used to examine relationships, differences, and predictive associations among variables and determine their statistical significance (Kotronoulas et al., 2023).

The data collected in the present study were analysed using appropriate descriptive and inferential statistical techniques in accordance with the objectives and hypotheses of the study. The statistical analyses employed were as follows:

***(a) Descriptive Statistics*:**

Mean, median, standard deviation, skewness, and kurtosis were computed to describe the scores of impostor phenomenon, secondary traumatic stress, and self-compassion. Frequencies and percentages were used to summarise the demographic and professional characteristics of the participants.

(b) Test of Normality:

The Shapiro–Wilk test was used to assess the normality of the scores for impostor phenomenon, secondary traumatic stress, and self-compassion. Based on the normality results

and characteristics of the comparison groups, appropriate statistical procedures were selected for further analysis.

(c) Group Comparisons:

The Mann–Whitney U test was used to examine differences in impostor phenomenon, secondary traumatic stress, and self-compassion across gender, licensure status, and supervision status.

(d) Correlation Analysis:

Spearman's rank-order correlation was used to examine the relationships among impostor phenomenon, secondary traumatic stress, and self-compassion, addressing H_{01}, H_{02}, and H_{03}.

(e) Multiple Linear Regression:

Multiple linear regression analysis was conducted to examine whether impostor phenomenon and self-compassion significantly predicted secondary traumatic stress, addressing H_{04}.

(f) Simple Linear Regression:

Simple linear regression analysis was conducted to examine whether impostor phenomenon significantly predicted self-compassion, addressing H_{05}.

(g) Mediation Analysis:

Mediation analysis was conducted to examine whether self-compassion statistically mediated the relationship between impostor phenomenon and secondary traumatic stress, addressing H_{06}. The direct, indirect, and total effects were estimated, and the statistical significance of the indirect effect was evaluated using a 95% bootstrap confidence interval.

All statistical analyses were conducted using jamovi (Version 2.7.31). The level of statistical significance was set at $p < .05$ for all inferential analyses.

CHAPTER IV

RESULT AND DISCUSSION

This chapter presents the results and discussion of the study titled “Impostor Phenomenon and Secondary Traumatic Stress among Mental Health Professionals: The Mediating Role of Self-Compassion.” It presents the socio-demographic and professional characteristics of the participants, followed by the statistical analyses and findings of the study. The discussion interprets the findings in relation to the objectives, hypotheses, theoretical framework, and relevant previous research.

4.1 Shapiro - Wilk Test

The Shapiro - Wilk test was conducted to assess the normality of the scores for impostor phenomenon, secondary traumatic stress, and self-compassion. Table 1 presents the descriptive statistics and normality test results for the study variables.

Table 1

Descriptive Statistics and Normality Test Results for Imposter Phenomenon, Secondary Traumatic Stress, and Self-Compassion.

Statistic	IPTS (Imposter Phenomenon)	STS Total (Secondary Traumatic Stress)	SCS Total (Self-Compassion)
N	60	60	60
Mean	52.60	35.50	3.46
Median	53.50	35.00	3.51
Standard Deviation	14.70	10.00	0.51
Skewness	0.303	0.748	-0.116
Std. Error of Skewness	0.309	0.309	0.309

Kurtosis	0.155	1.240	0.300
Std. Error of Kurtosis	0.608	0.608	0.608
Shapiro-Wilk W	0.985	0.957	0.989
Shapiro-Wilk p	.662	.035	.878

Table 1 presents the descriptive statistics and normality test results for impostor phenomenon, secondary traumatic stress, and self-compassion among the 60 mental health professionals. The mean score for impostor phenomenon was 52.60 (*SD* = 14.70), while the mean scores for secondary traumatic stress and self-compassion were 35.50 (*SD* = 10.00) and 3.46 (*SD* = 0.51), respectively. The descriptive statistics provide an overall summary of the participants' scores on the major study variables.

The normality of the study variables was assessed using the Shapiro–Wilk test. The results indicated that impostor phenomenon (*W* = .985, *p* = .662) and self-compassion (*W* = .989, *p* = .878) did not significantly deviate from normality, as the *p* values were greater than .05. However, secondary traumatic stress showed a statistically significant deviation from normality (*W* = .957, *p* = .035). The skewness and kurtosis values further indicated that impostor phenomenon and self-compassion were approximately symmetrically distributed, whereas secondary traumatic stress showed some positive skewness and greater kurtosis.

Considering the significant deviation from normality observed for secondary traumatic stress and the unequal and relatively small sizes of some demographic comparison groups, non-parametric statistical procedures were employed for group comparisons and correlation analyses. Accordingly, the Mann–Whitney U test was used to examine differences across selected demographic and professional groups, while Spearman's rank-order correlation was

used to examine the relationships among the study variables. Regression and mediation analyses were subsequently conducted to examine the predictive relationships and proposed indirect effect among impostor phenomenon, secondary traumatic stress, and self-compassion.

4.2 Mann- Whitney U Test

The Mann - Whitney U test is a non-parametric statistical test used to examine differences between two independent groups when the assumptions of parametric tests are not met. In the present study, the test was conducted to examine differences in impostor phenomenon, secondary traumatic stress, and self-compassion based on gender, licensure status, and supervision status. Table 2 presents the results of these group comparisons.

Table 2.

Mann–Whitney U Test Results Comparing Imposter Phenomenon, Secondary Traumatic Stress, and Self-Compassion Across Gender, Licensure Status, and Supervision Status.

Demographic Variable	**Groups (*n*)**	**Variable**	**Mean (Group 1)**	**Mean (Group 2)**	***U***	***p***
Gender	Female (45), Male (15)	IPTS	54.13	47.93	242	.103
		STS	35.51	35.60	334	.959
		SCS	3.44	3.52	334	.952
Licensure Status	Licensed (24), Not Licensed (36)	IPTS	52.79	52.44	425	.916
		STS	35.38	35.64	414	.786
		SCS	3.41	3.49	398	.613

Demographic Variable	Groups (*n*)	Variable	Mean (Group 1)	Mean (Group 2)	*U*	*p*
Supervision Status	Supervised (39), Not Supervised (21)	IPTS	52.62	52.52	395	.828
		STS	34.97	36.57	375	.598
		SCS	3.45	3.46	392	.786

Table 2 presents the results of the Mann–Whitney U tests conducted to examine differences in impostor phenomenon, secondary traumatic stress, and self-compassion across gender, licensure status, and supervision status. The results indicated no statistically significant differences between female and male mental health professionals in impostor phenomenon ($U = 242$, $p = .103$), secondary traumatic stress ($U = 334$, $p = .959$), or self-compassion ($U = 334$, $p = .952$). Although female participants had a higher mean impostor phenomenon score than male participants, the difference was not statistically significant. These findings suggest that, within the present sample, gender was not significantly associated with differences in the study variables.

Similarly, no statistically significant differences were found between licensed and non-licensed mental health professionals in impostor phenomenon ($U = 425$, $p = .916$), secondary traumatic stress ($U = 414$, $p = .786$), or self-compassion ($U = 398$, $p = .613$). The mean scores of the two groups were also relatively similar across the study variables. These findings indicate that licensure status was not significantly associated with impostor phenomenon, secondary traumatic stress, or self-compassion in the present sample.

The results also revealed no statistically significant differences between supervised and non-supervised mental health professionals in impostor phenomenon ($U = 395$, $p = .828$), secondary traumatic stress ($U = 375$, $p = .598$), or self-compassion ($U = 392$, $p = .786$).

Although non-supervised professionals reported a slightly higher mean secondary traumatic stress score than supervised professionals, this difference was not statistically significant. Thus, supervision status was not significantly associated with differences in any of the three study variables.

Overall, the findings indicate that impostor phenomenon, secondary traumatic stress, and self-compassion did not significantly differ according to gender, licensure status, or supervision status among the mental health professionals included in the study. These results suggest that the psychological experiences examined may not be determined solely by these demographic and professional characteristics and may instead be associated with other individual, psychological, and occupational factors.

However, the findings should be interpreted with caution because of the relatively small total sample and unequal group sizes, particularly for gender. These factors may have reduced the statistical power of the analyses and limited their ability to detect small or moderate group differences. Therefore, the absence of statistically significant differences should not be interpreted as conclusive evidence that gender, licensure status, and supervision status have no relationship with the study variables. Further research with larger and more balanced samples is required to clarify the influence of these demographic and professional characteristics.

4.3 Spearman's Rank-Order Correlation

Spearman's rank-order correlation is a non-parametric statistical test used to examine the strength and direction of the relationship between two variables. In the present study, the test was conducted to examine the relationships among impostor phenomenon, secondary traumatic stress, and self-compassion. Table 3 presents the results of the correlation analysis among the study variables.

Table 3

Spearman's Rank Correlation Among Imposter Phenomenon, Secondary Traumatic Stress, and Self-Compassion

		IP	STS	SCS
IP	Spearman's rho	—		
	df	—		
	p-value	—		
	N	—		
STS	Spearman's rho	0.677***	—	
	df	58	—	
	p-value	<.001	—	
	N	60	—	
SCS	Spearman's rho	-0.557***	-0.375**	—
	df	58	58	—
	p-value	<.001	.003	—
	N	60	60	—

Note. * p < .05, ** p < .01, *** p < .001

Table 3 presents the results of Spearman's rank-order correlation analysis conducted to examine the relationships among impostor phenomenon, secondary traumatic stress, and self-compassion among mental health professionals. The results revealed statistically significant relationships among all three study variables.

A significant strong positive correlation was found between impostor phenomenon and secondary traumatic stress (ρ = .677, p < .001), indicating that higher levels of impostor phenomenon were associated with higher levels of secondary traumatic stress. Thus, the null

hypothesis stating that there is no significant relationship between impostor phenomenon and secondary traumatic stress was rejected. This finding suggests that mental health professionals experiencing greater professional self-doubt, perceived inadequacy, and difficulty internalising their achievements may also experience greater psychological distress associated with indirect exposure to clients' traumatic experiences. The finding is consistent with Clark et al. (2022), who found that impostor phenomenon among mental health professionals was associated with greater compassion fatigue and burnout. The result may also be understood through the Conservation of Resources Theory (Hobfoll, 1989), as persistent self-doubt and concerns regarding professional competence may place additional demands on psychological resources, potentially increasing vulnerability to the emotional demands associated with clients' trauma.

A significant moderate negative correlation was found between impostor phenomenon and self-compassion ($\rho = -.557$, $p < .001$), indicating that higher levels of impostor phenomenon were associated with lower levels of self-compassion. Therefore, the null hypothesis stating that there is no significant relationship between impostor phenomenon and self-compassion was rejected. Mental health professionals who experience persistent self-doubt and perceived inadequacy may be more likely to respond to their professional difficulties with self-criticism, isolation, and over-identification rather than kindness and balanced awareness. This finding is consistent with Bender-Burnett (2025) and Krejčová et al. (2026), who reported negative associations between impostor phenomenon and self-compassion. The finding is also consistent with Neff's (2003) Self-Compassion Theory, which suggests that self-kindness, common humanity, and mindfulness represent adaptive alternatives to self-judgement, isolation, and over-identification.

A significant negative correlation was also observed between secondary traumatic stress and self-compassion ($\rho = -.375$, $p = .003$), indicating that higher levels of self-compassion were associated with lower levels of secondary traumatic stress. Thus, the null

hypothesis stating that there is no significant relationship between secondary traumatic stress and self-compassion was rejected. This finding suggests that professionals who respond to personal and emotional difficulties with greater kindness, balanced awareness, and recognition of shared human experiences tend to report lower levels of trauma-related distress. The result is consistent with Crego et al. (2022), who found that self-compassion was associated with reduced burnout, compassion fatigue, secondary traumatization, stress, anxiety, and depression among mental health professionals.

Overall, the correlation findings demonstrate significant interrelationships among the three study variables. Higher impostor phenomenon was associated with greater secondary traumatic stress and lower self-compassion, while higher self-compassion was associated with lower secondary traumatic stress. These findings provide empirical support for examining the variables within an integrated framework and establish the bivariate associations relevant to the proposed mediation model. However, as the study employed a cross-sectional correlational design, these findings indicate associations among the variables and should not be interpreted as evidence of causal relationships.

4.4 Multiple Linear Regression Analysis

Multiple linear regression is a statistical technique used to examine the extent to which two or more independent variables predict a dependent variable. In the present study, the analysis was conducted to examine whether impostor phenomenon and self-compassion significantly predicted secondary traumatic stress among mental health professionals. Table 4 presents the results of the multiple linear regression analysis.

Table 4

Multiple Linear Regression Predicting Secondary Traumatic Stress from Imposter Phenomenon and Self-Compassion

Predictor	B	SE	t	p
Constant	11.84	12.23	0.97	.337
Self-Compassion	0.05	2.54	0.02	.984
Imposter Phenomenon	0.45	0.09	5.10	< .001***

Table 4 presents the results of the multiple linear regression analysis conducted to examine whether impostor phenomenon and self-compassion significantly predicted secondary traumatic stress among mental health professionals. The overall regression model explained 42.6% of the variance in secondary traumatic stress (R^2 = .426), indicating that impostor phenomenon and self-compassion collectively accounted for a substantial proportion of the variability in secondary traumatic stress scores.

Impostor phenomenon emerged as a significant positive predictor of secondary traumatic stress ($B = 0.45$, $t = 5.10$, $p < .001$). This finding indicates that, when self-compassion was held constant, higher levels of impostor phenomenon were associated with higher levels of secondary traumatic stress. Therefore, the null hypothesis stating that impostor phenomenon and self-compassion do not significantly predict secondary traumatic stress was rejected with respect to impostor phenomenon. The finding suggests that persistent professional self-doubt, perceived inadequacy, and difficulty internalising achievements may contribute to greater psychological vulnerability among mental health professionals exposed to clients' traumatic experiences. This finding is consistent with Clark et al. (2022), who reported that impostor

phenomenon was associated with greater compassion fatigue and burnout among mental health professionals.

In contrast, self-compassion did not significantly predict secondary traumatic stress when considered alongside impostor phenomenon ($B = 0.05$, $t = 0.02$, $p = .984$). Although the correlation analysis revealed a significant negative bivariate relationship between self-compassion and secondary traumatic stress, self-compassion did not explain unique variance in secondary traumatic stress after accounting for impostor phenomenon. This suggests that the relationship observed between self-compassion and secondary traumatic stress at the bivariate level may overlap with the variance associated with impostor phenomenon. The finding differs from Crego et al. (2022), who reported associations between self-compassion and reduced secondary traumatization and professional distress among mental health professionals. However, the present finding does not indicate that self-compassion is unrelated to secondary traumatic stress; rather, it indicates that self-compassion did not make a significant unique predictive contribution within the present regression model.

The findings may be understood from the perspective of Conservation of Resources Theory (Hobfoll, 1989). Persistent impostor feelings involving self-doubt, fear of failure, and perceived professional inadequacy may place considerable demands on psychological resources and increase vulnerability to the emotional demands associated with indirect trauma exposure. The strong contribution of impostor phenomenon to secondary traumatic stress in the present model suggests that perceptions of professional inadequacy may be particularly relevant to understanding trauma-related occupational distress among mental health professionals.

Overall, the regression findings indicate that impostor phenomenon, rather than self-compassion, was the significant unique predictor of secondary traumatic stress in the present

sample. Although the overall model explained 42.6% of the variance in secondary traumatic stress, a substantial proportion of variance remained unexplained, indicating that other individual, occupational, and psychological factors may also contribute to secondary traumatic stress. These findings highlight the importance of further examining professional self-doubt and other potential psychological factors associated with secondary traumatic stress among mental health professionals.

4.5 Simple Linear Regression Analysis

Simple linear regression is a statistical technique used to examine whether one independent variable significantly predicts a dependent variable. In the present study, the analysis was conducted to examine whether impostor phenomenon significantly predicted self-compassion among mental health professionals. Table 5 presents the results of the simple linear regression analysis.

Table 5

Linear Regression Predicting Self-Compassion from Imposter Phenomenon

Predictor	B	SE	t	p
Constant	4.59	0.19	23.68	< .001***
Imposter Phenomenon	-0.02	0.004	-6.07	< .001***

Table 5 presents the results of the simple linear regression analysis conducted to examine whether impostor phenomenon significantly predicted self-compassion among mental health professionals. The regression model explained 38.8% of the variance in self-compassion

($R^2 = .388$), indicating that impostor phenomenon accounted for a substantial proportion of the variability in self-compassion scores.

Impostor phenomenon emerged as a significant negative predictor of self-compassion ($B = -0.02$, $t = -6.07$, $p < .001$). This finding indicates that higher levels of impostor phenomenon were associated with lower levels of self-compassion among mental health professionals. Therefore, the null hypothesis stating that impostor phenomenon does not significantly predict self-compassion was rejected.

The finding suggests that mental health professionals who experience persistent self-doubt, difficulty internalising their achievements, perceived professional inadequacy, and fear of being exposed as incompetent are likely to report lower levels of self-compassion. Individuals experiencing greater impostor feelings may respond to perceived professional difficulties and shortcomings with increased self-criticism, feelings of isolation, and over-identification with negative experiences rather than with self-kindness, common humanity, and balanced awareness.

The present finding is consistent with Bender-Burnett (2025), who reported a strong negative relationship between self-compassion and impostor phenomenon. It is also consistent with Krejčová et al. (2026), who identified associations between dimensions of impostor phenomenon and negative aspects of self-compassion. The result can further be understood through Neff's (2003) Self-Compassion Theory, which proposes self-kindness, common humanity, and mindfulness as adaptive ways of responding to personal difficulties and perceived inadequacies. Persistent impostor feelings characterised by self-doubt and negative self-evaluation may be inconsistent with such a compassionate orientation towards oneself.

Overall, the findings indicate that impostor phenomenon is an important statistical predictor of self-compassion among the mental health professionals included in the study. The

substantial proportion of variance explained by the model highlights the close association between professionals' perceptions of their competence and the manner in which they respond to personal and professional difficulties. However, as the present study employed a cross-sectional correlational design, the predictive relationship identified through regression should not be interpreted as evidence of causality.

4.6 Mediation Analysis

Mediation analysis is a statistical technique used to examine whether the relationship between an independent variable and a dependent variable is explained through a third variable, known as a mediator. In the present study, mediation analysis was conducted to examine whether self-compassion statistically mediated the relationship between impostor phenomenon and secondary traumatic stress among mental health professionals. Table 6 presents the direct, indirect, and total effects of the mediation analysis.

Table 6

Mediation Analysis Examining the Mediating Role of Self-Compassion in the Relationship Between Imposter Phenomenon and Secondary Traumatic Stress

Effect	Path	Estimate	SE	95% CI Lower	95% CI Upper	β	z	p
Indirect Effect	IPTS → SCS → STS	-0.001	0.053	-0.099	0.103	-0.002	-0.020	.984

Path a	IPTS → SCS	-0.022	0.004	-0.027	-0.014	-0.623	-6.170	< .001
Path b	SCS → STS	0.050	2.471	-4.494	4.390	0.003	0.020	.984
Direct Effect (c')	IPTS → STS	0.447	0.086	0.287	0.620	0.654	5.231	< .001
Total Effect (c)	IPTS → STS	0.446	0.067	0.307	0.595	0.653	6.616	< .001

Table 6 presents the results of the mediation analysis conducted to examine whether self-compassion mediated the relationship between impostor phenomenon and secondary traumatic stress among mental health professionals. The results indicated that the hypothesised mediating role of self-compassion was not statistically supported.

Impostor phenomenon significantly and negatively predicted self-compassion (Path *a*: $\beta = -.623$, $p < .001$), indicating that higher levels of impostor phenomenon were associated with lower levels of self-compassion. This finding suggests that mental health professionals experiencing greater self-doubt, perceived inadequacy, and difficulty internalising professional achievements may be less likely to respond to their difficulties with self-kindness, common humanity, and balanced awareness. This finding is consistent with Bender-Burnett (2025) and Krejčová et al. (2026), who reported negative associations between impostor phenomenon and self-compassion.

However, self-compassion did not significantly predict secondary traumatic stress after accounting for impostor phenomenon (Path *b*: $\beta = .003$, $p = .984$). Although the correlation

analysis showed a significant negative bivariate association between self-compassion and secondary traumatic stress, this relationship was no longer significant when impostor phenomenon was included in the mediation model. This suggests that self-compassion did not explain unique variance in secondary traumatic stress beyond that accounted for by impostor phenomenon. The finding differs from Crego et al. (2022), who reported that self-compassion was associated with reduced secondary traumatization and other forms of professional distress among mental health professionals.

Most importantly, the indirect effect of impostor phenomenon on secondary traumatic stress through self-compassion was not statistically significant ($\beta = -.002$, $p = .984$), and the 95% confidence interval included zero, 95% CI [−.099, .103]. Therefore, the null hypothesis stating that self-compassion does not significantly mediate the relationship between impostor phenomenon and secondary traumatic stress was retained. The findings indicate that although higher impostor phenomenon was associated with lower self-compassion, reduced self-compassion did not statistically explain the relationship between impostor phenomenon and secondary traumatic stress in the present sample.

In contrast, the direct effect of impostor phenomenon on secondary traumatic stress remained positive and statistically significant after self-compassion was included in the model (Path c': $\beta = .654$, $p < .001$). The total effect of impostor phenomenon on secondary traumatic stress was also statistically significant (Path c: $\beta = .653$, $p < .001$). These findings indicate that impostor phenomenon had a strong association with secondary traumatic stress that was not explained through the proposed mediating role of self-compassion.

The findings may be interpreted from the perspective of Conservation of Resources Theory (Hobfoll, 1989). Persistent impostor feelings characterised by self-doubt, fear of failure, and perceived professional inadequacy may place substantial demands on

professionals' psychological resources and increase their vulnerability to the emotional demands associated with indirect exposure to clients' trauma. Although self-compassion was theoretically proposed as a psychological resource that could influence this relationship, the present findings did not provide empirical support for this mediating mechanism.

The absence of mediation does not indicate that self-compassion is unimportant to the psychological well-being of mental health professionals. Self-compassion showed significant bivariate relationships with both impostor phenomenon and secondary traumatic stress. However, when the variables were examined simultaneously, self-compassion did not account for the association between impostor phenomenon and secondary traumatic stress. Other psychological or occupational factors, such as coping strategies, resilience, emotional regulation, workload, trauma exposure, professional experience, or social support, may be more relevant mechanisms underlying this relationship.

Overall, the mediation findings indicate that impostor phenomenon was significantly associated with lower self-compassion and greater secondary traumatic stress, but self-compassion did not statistically mediate the relationship between impostor phenomenon and secondary traumatic stress. Thus, the hypothesised mediation model was not supported. The findings highlight the importance of impostor phenomenon as a psychological factor associated with secondary traumatic stress among mental health professionals and indicate the need for further research to identify other mechanisms that may explain this relationship.

The present study examined the relationships among impostor phenomenon, secondary traumatic stress, and self-compassion among mental health professionals and investigated whether self-compassion mediated the relationship between impostor phenomenon and secondary traumatic stress. Overall, the findings demonstrated significant interrelationships among the three study variables, with impostor phenomenon emerging as an important

psychological factor associated with secondary traumatic stress and self-compassion. However, the hypothesised mediating role of self-compassion was not supported.

The descriptive findings indicated variability in the levels of impostor phenomenon, secondary traumatic stress, and self-compassion among the 60 mental health professionals included in the study. The normality analysis showed that impostor phenomenon and self-compassion did not significantly deviate from normality, whereas secondary traumatic stress showed a significant deviation. Considering the distributional characteristics of the variables and the unequal sizes of some comparison groups, non-parametric statistical procedures were employed for group comparisons and correlation analyses.

The group comparison findings revealed no statistically significant differences in impostor phenomenon, secondary traumatic stress, or self-compassion based on gender, licensure status, or supervision status. These findings suggest that, within the present sample, the psychological experiences examined were not significantly associated with these demographic and professional characteristics. However, the relatively small sample and unequal group sizes may have limited the statistical power to identify small or moderate differences. Therefore, these findings should be interpreted cautiously and require further examination using larger and more representative samples.

The correlation analysis revealed significant relationships among all three study variables. Impostor phenomenon showed a strong positive relationship with secondary traumatic stress, indicating that mental health professionals with greater impostor feelings also tended to experience higher levels of secondary traumatic stress. This finding suggests that persistent professional self-doubt, perceived inadequacy, and difficulty internalising achievements may be associated with greater vulnerability to psychological distress arising from indirect exposure to clients' traumatic experiences. The finding is consistent with Clark

et al. (2022), who reported associations between impostor phenomenon, compassion fatigue, and burnout among mental health professionals.

A significant moderate negative relationship was found between impostor phenomenon and self-compassion. Mental health professionals with higher levels of impostor phenomenon tended to report lower levels of self-compassion. This finding suggests that professionals experiencing persistent self-doubt and perceived inadequacy may be more likely to respond to personal and professional difficulties with self-criticism, isolation, and over-identification rather than self-kindness, common humanity, and balanced awareness. The finding is consistent with Bender-Burnett (2025) and Krejčová et al. (2026), who identified negative associations between impostor phenomenon and self-compassion.

Secondary traumatic stress was also significantly and negatively associated with self-compassion. Higher self-compassion was associated with lower secondary traumatic stress. This finding is consistent with Crego et al. (2022), who identified associations between self-compassion and reduced secondary traumatization and other forms of professional distress among mental health professionals. Thus, the bivariate findings initially supported the conceptual basis for examining self-compassion as a possible mediator between impostor phenomenon and secondary traumatic stress.

The regression analyses provided further understanding of these relationships. The multiple regression model explained 42.6% of the variance in secondary traumatic stress. Impostor phenomenon emerged as a significant positive predictor of secondary traumatic stress, whereas self-compassion was not a significant predictor when both variables were included simultaneously in the model. This is an important finding because, although self-compassion was significantly correlated with secondary traumatic stress, it did not explain unique variance in secondary traumatic stress after accounting for impostor phenomenon. Thus,

impostor phenomenon emerged as the stronger unique statistical predictor of secondary traumatic stress in the present sample.

The simple linear regression analysis further demonstrated that impostor phenomenon significantly and negatively predicted self-compassion, explaining 38.8% of its variance. Higher levels of impostor phenomenon were associated with lower levels of self-compassion. This finding indicates a close association between professionals' perceptions of their competence and the manner in which they respond to personal and professional difficulties. Professionals experiencing greater impostor feelings may engage in greater self-criticism and negative self-evaluation, which are inconsistent with the self-kindness, common humanity, and mindfulness described in Self-Compassion Theory (Neff, 2003).

The central objective of the study was to investigate whether self-compassion mediated the relationship between impostor phenomenon and secondary traumatic stress. The mediation analysis showed that impostor phenomenon significantly predicted lower self-compassion. However, self-compassion did not significantly predict secondary traumatic stress after controlling for impostor phenomenon. Consequently, the indirect effect of impostor phenomenon on secondary traumatic stress through self-compassion was not statistically significant, and the confidence interval for the indirect effect included zero. Thus, the hypothesised mediating role of self-compassion was not supported.

The absence of mediation is an important finding. Although self-compassion was significantly associated with both impostor phenomenon and secondary traumatic stress at the bivariate level, it did not statistically explain the relationship between them. This suggests that the association between impostor phenomenon and secondary traumatic stress may operate through mechanisms other than self-compassion. Factors such as coping strategies, resilience, emotional regulation, perceived self-efficacy, workload, frequency and intensity of trauma

exposure, organisational support, and social support may be relevant mechanisms for future investigation.

The direct effect of impostor phenomenon on secondary traumatic stress remained significant even after self-compassion was included in the mediation model. The total effect was also significant. These findings further highlight the importance of impostor phenomenon in understanding secondary traumatic stress among mental health professionals. Persistent self-doubt, fear of failure, perceived professional inadequacy, and difficulty internalising achievements may place additional psychological demands on professionals who are already exposed to emotionally challenging and traumatic client experiences.

The overall findings can be understood through the theoretical frameworks underlying the study. The Impostor Phenomenon Framework of Clance and Imes (1978) explains how persistent self-doubt and difficulty internalising professional achievements may contribute to psychological vulnerability. Figley's (1995) framework provides an understanding of secondary traumatic stress as a potential consequence of sustained empathic engagement with clients experiencing trauma. The findings are also relevant to Conservation of Resources Theory (Hobfoll, 1989), as persistent impostor feelings may place demands on psychological resources and increase vulnerability to occupational distress. Although Self-Compassion Theory (Neff, 2003) provided a theoretical basis for proposing self-compassion as a mediator, the findings did not empirically support this specific mediating mechanism in the present sample.

Overall, the findings indicate that impostor phenomenon, secondary traumatic stress, and self-compassion are significantly interrelated among mental health professionals. Higher impostor phenomenon was associated with greater secondary traumatic stress and lower self-compassion, while greater self-compassion was associated with lower secondary traumatic

stress. However, when impostor phenomenon and self-compassion were examined simultaneously, only impostor phenomenon significantly predicted secondary traumatic stress. Furthermore, self-compassion did not mediate the relationship between impostor phenomenon and secondary traumatic stress. The findings therefore highlight impostor phenomenon as an important psychological factor associated with the occupational well-being of mental health professionals while also demonstrating that the relationship between impostor phenomenon and secondary traumatic stress may involve psychological mechanisms beyond self-compassion. As the study employed a cross-sectional correlational design with a relatively small sample, the findings should be interpreted as statistical associations rather than causal relationships and require further investigation using larger, longitudinal, and more diverse samples.

CHAPTER V

SUMMARY AND CONCLUSION

5.1 Summary

Mental health professionals are routinely required to engage empathically with clients experiencing psychological distress, crisis, loss, abuse, and trauma, and this repeated indirect exposure to clients' traumatic experiences places them at risk of secondary traumatic stress (Bride et al., 2004; Figley, 1995; Xu et al., 2024). At the same time, the complex responsibilities and expectations associated with their professional role may render mental health professionals vulnerable to impostor phenomenon, characterised by persistent self-doubt, perceived inadequacy, and difficulty internalising achievements despite evidence of competence (Clance & Imes, 1978; Clark et al., 2022). Self-compassion, comprising self-kindness, common humanity, and mindful awareness, has been identified in the literature as an adaptive psychological resource associated with reduced burnout, compassion fatigue, and secondary traumatisation, as well as lower impostor phenomenon (Neff, 2003, 2009; Crego et al., 2022; Bender-Burnett, 2025; Krejčová et al., 2026). However, limited research has examined impostor phenomenon, secondary traumatic stress, and self-compassion together within a single mediation framework, particularly among mental health professionals in the Indian context. This gap provided the basis for the present study, which aimed to examine impostor phenomenon and secondary traumatic stress among mental health professionals and to investigate the mediating role of self-compassion in this relationship, guided theoretically by the Impostor Phenomenon Framework (Clance & Imes, 1978), the Compassion Fatigue and Secondary Traumatic Stress Framework (Figley, 1995), Self-Compassion Theory (Neff, 2003), Conservation of Resources Theory (Hobfoll, 1989), and the Cognitive Appraisal Theory of Stress and Coping (Lazarus & Folkman, 1984).

To address this aim, the present study adopted a quantitative approach using a cross-sectional correlational research design. The sample consisted of 60 mental health professionals from different professional backgrounds across India, recruited through a non-probability

snowball sampling technique, with initial participants purposively identified based on the specified eligibility criteria. Data were collected through an online survey administered via Google Forms after obtaining informed consent, with the confidentiality of participants' information maintained throughout the research process. Impostor phenomenon, secondary traumatic stress, and self-compassion were assessed using the Clance Impostor Phenomenon Scale (CIPS; Clance, 1985), the Secondary Traumatic Stress Scale (STSS; Bride et al., 2004), and the Self-Compassion Scale (SCS; Neff, 2003), respectively. The collected data were analysed using descriptive statistics to summarise the demographic characteristics and study variables, and the Shapiro–Wilk test was used to assess normality. The Mann–Whitney U test was employed to examine differences in the study variables across selected demographic and professional groups, and Spearman's rank-order correlation was used to examine the relationships among the three variables. Simple and multiple linear regression analyses were conducted to examine their predictive relationships, and mediation analysis with bootstrap confidence intervals was performed to test whether self-compassion statistically mediated the relationship between impostor phenomenon and secondary traumatic stress. All analyses were conducted using jamovi (Version 2.7.31), with the level of statistical significance set at $p < .05$.

The findings revealed that impostor phenomenon, secondary traumatic stress, and self-compassion were significantly interrelated among the mental health professionals sampled, with impostor phenomenon positively associated with secondary traumatic stress and negatively associated with self-compassion, and self-compassion negatively associated with secondary traumatic stress. Regression analyses indicated that impostor phenomenon significantly predicted secondary traumatic stress, accounting for 42.6% of the variance, and significantly predicted self-compassion, accounting for 38.8% of the variance, with higher impostor phenomenon associated with both greater secondary traumatic stress and lower self-compassion. However, self-compassion did not significantly predict secondary traumatic stress

once impostor phenomenon was statistically accounted for. Consistent with this, the mediation analysis demonstrated that although impostor phenomenon significantly and negatively predicted self-compassion (Path a), self-compassion did not significantly predict secondary traumatic stress after accounting for impostor phenomenon (Path b), and the indirect effect of impostor phenomenon on secondary traumatic stress through self-compassion was not statistically significant, with the 95% bootstrap confidence interval including zero. The direct effect of impostor phenomenon on secondary traumatic stress remained significant even after self-compassion was included in the model. Thus, while self-compassion was significantly associated with both impostor phenomenon and secondary traumatic stress, it did not statistically mediate the relationship between them, and the hypothesised mediation model was not supported. Overall, the study identified impostor phenomenon as a significant and substantial correlate and predictor of both secondary traumatic stress and self-compassion among mental health professionals, while highlighting the need for further research to identify the psychological or occupational mechanisms that may more fully explain the relationship between professional self-doubt and trauma-related occupational distress.

5.2 Major Findings

The results of the hypothesis testing conducted in the present study are summarised below.

1. **H_{01}:** There is no significant relationship between impostor phenomenon and secondary traumatic stress.

   Rejected. A significant positive relationship was found between impostor phenomenon and secondary traumatic stress ($\rho = .677$, $p < .001$), indicating that mental health professionals with higher impostor feelings reported higher levels of secondary traumatic stress.

2. **H_{02}:** There is no significant relationship between impostor phenomenon and self-compassion.

   Rejected. A significant negative relationship was found between impostor phenomenon and self-compassion ($\rho = -.557$, $p < .001$), indicating that higher impostor feelings were associated with lower self-compassion.

3. **H_{03}:** There is no significant relationship between self-compassion and secondary traumatic stress.

   Rejected. A significant negative relationship was found between self-compassion and secondary traumatic stress ($\rho = -.375$, $p = .003$), indicating that higher self-compassion was associated with lower secondary traumatic stress.

4. **H_{04}:** Impostor phenomenon and self-compassion do not significantly predict secondary traumatic stress.

   Partially Rejected. Impostor phenomenon significantly predicted secondary traumatic stress ($B = 0.447$, $p < .001$), whereas self-compassion did not significantly predict secondary traumatic stress ($B = 0.050$, $p = .984$).

5. **H_{05}:** Impostor phenomenon does not significantly predict self-compassion.

   Rejected. Impostor phenomenon significantly and negatively predicted self-compassion ($B = -0.022$, $p < .001$).

6. **H_{06}:** Self-compassion does not mediate the relationship between impostor phenomenon and secondary traumatic stress.

   Retained (Accepted). The indirect effect of impostor phenomenon on secondary traumatic stress through self-compassion was not statistically significant ($p = .984$), indicating that self-compassion did not mediate the relationship between impostor phenomenon and secondary traumatic stress.

5.3 Conclusion

The present study found that impostor phenomenon, secondary traumatic stress, and self-compassion are significantly interrelated among mental health professionals, with impostor phenomenon positively associated with secondary traumatic stress and negatively associated with self-compassion. Impostor phenomenon emerged as a significant predictor of both secondary traumatic stress and self-compassion, indicating that professionals who experience greater self-doubt and perceived inadequacy are more likely to report higher trauma-related occupational distress and lower self-compassion. However, self-compassion did not significantly mediate the relationship between impostor phenomenon and secondary traumatic stress, as its predictive effect on secondary traumatic stress became non-significant once impostor phenomenon was accounted for, and the indirect effect was not statistically supported. The direct relationship between impostor phenomenon and secondary traumatic stress remained strong and significant even after self-compassion was considered. These findings suggest that impostor phenomenon is a substantial and independent correlate of secondary traumatic stress among mental health professionals, and that while self-compassion is meaningfully linked to both variables, it does not explain the mechanism underlying this relationship. Future research may need to explore alternative mediating factors, such as coping strategies, resilience, self-efficacy, or organisational support, to better understand the pathway linking professional self-doubt to trauma-related occupational distress.

5.4 Implications of the Study

The findings of the present study have theoretical, research, counselling, professional, and practical implications for understanding the psychological and occupational well-being of mental health professionals.

Theoretically, the study contributes to understanding the interrelationships among impostor phenomenon, secondary traumatic stress, and self-compassion. The significant positive association between impostor phenomenon and secondary traumatic stress highlights the relevance of professional self-doubt and perceived inadequacy in understanding trauma-related occupational distress, while the negative associations of self-compassion with impostor phenomenon and secondary traumatic stress further support its relevance as a psychological resource. However, the absence of a significant mediation effect indicates that self-compassion did not statistically explain the relationship between impostor phenomenon and secondary traumatic stress in the present sample, suggesting the need to examine other psychological and occupational mechanisms that may contribute to this relationship.

For counselling psychology, the findings highlight the psychological experiences of professionals engaged in mental health care. Impostor feelings among mental health professionals appear relevant not only to their perceptions of professional competence but also to their vulnerability to secondary traumatic stress, indicating that greater attention to professional self-doubt, perceived inadequacy, fear of failure, and difficulty internalising achievements may contribute to a more comprehensive understanding of the occupational well-being of this population.

The study also carries implications for professional training and supervision. Training programmes for mental health professionals may benefit from addressing impostor experiences and promoting realistic perceptions of professional competence, while psychoeducation regarding professional self-doubt, normalisation of uncertainty in clinical practice, reflective practice, and opportunities to discuss perceived inadequacies may help professionals recognise and manage impostor experiences. Professional supervision may similarly provide a supportive environment in which mental health professionals can discuss challenging clinical experiences, professional concerns, and emotional responses to their work.

At the organisational level, the findings underscore the importance of addressing secondary traumatic stress within mental health settings. Institutions employing mental health professionals may benefit from increasing awareness of the psychological effects of repeated indirect exposure to clients' traumatic experiences, with regular supervision, peer support, manageable workloads, opportunities for professional development, and workplace mental health initiatives contributing to the psychological well-being of professionals exposed to emotionally demanding work.

Although self-compassion did not significantly mediate the relationship between impostor phenomenon and secondary traumatic stress, it remained significantly associated with both variables, and the findings should not be taken to suggest that self-compassion is irrelevant to professional well-being. Programmes aimed at promoting self-kindness, balanced awareness of emotional difficulties, reduced self-criticism, and acceptance of professional limitations may still be relevant to supporting the psychological well-being of mental health professionals; however, interventions should not assume, on the basis of the present findings, that increasing self-compassion alone will necessarily reduce the association between impostor phenomenon and secondary traumatic stress.

Finally, the findings carry implications for future research. Further studies may examine other potential mediators and moderators, including coping strategies, resilience, emotional regulation, self-efficacy, burnout, workload, organisational support, professional experience, and frequency of exposure to clients' trauma. Studies employing larger and more representative samples may provide greater statistical power to examine differences among professional groups and demographic characteristics, while longitudinal and intervention-based research may contribute to understanding the temporal and potentially causal relationships among impostor phenomenon, secondary traumatic stress, and psychological resources.

Overall, the present study highlights the importance of recognising impostor phenomenon as a psychological factor associated with secondary traumatic stress among mental health professionals, with findings that may inform professional training, supervision, workplace support, and psychological interventions aimed at addressing professional self-doubt and promoting the occupational and psychological well-being of this population.

5.5 Limitations of the Study

The present study has certain limitations that should be considered while interpreting and generalising the findings.

The study was conducted with a relatively small sample of 60 mental health professionals, which may limit the generalisability of the findings to the broader population of mental health professionals and may have reduced the statistical power to detect smaller group differences and indirect effects. Participants were recruited using a non-probability snowball sampling technique, with initial participants purposively identified based on the eligibility criteria and subsequent participants accessed through professional networks, referrals, social media platforms, and WhatsApp groups. This sampling procedure may not adequately represent the wider population of mental health professionals in India and may have introduced selection and network-related biases. Additionally, although the sample included professionals from diverse backgrounds, such as psychologists, psychiatrists, counsellors, psychiatric social workers and psychiatric nurses, the relatively small number of participants within each professional category prevented meaningful comparisons across different mental health professions.

The cross-sectional correlational design employed in the study, in which data were collected at a single point in time, precluded establishing the temporal sequence among

impostor phenomenon, self-compassion, and secondary traumatic stress. Consequently, although regression and mediation analyses were conducted, the findings reflect statistical associations and predictive relationships rather than causal ones. The study also relied entirely on self-report measures to assess the three study variables, and responses may therefore have been influenced by social desirability, response bias, participants' self-awareness, and subjective interpretation of questionnaire items. Furthermore, data were collected through an online survey administered via Google Forms; while this facilitated access to mental health professionals across different locations, the researcher had limited control over the conditions under which participants completed the questionnaire, including distractions, response environment, and level of attention.

Statistically, secondary traumatic stress showed a significant deviation from normality, and some demographic comparison groups were relatively small and unequal in size. Although appropriate non-parametric procedures were employed to address these characteristics, they may nonetheless have affected the sensitivity and statistical power of the analyses. The study also examined only gender, licensure status, and supervision status as demographic and professional characteristics, without accounting for other potentially relevant factors such as the nature, frequency, and intensity of exposure to clients' trauma, workload, type of clinical setting, organisational support, personal trauma history, coping strategies, resilience, and professional support, any of which may have contributed to individual differences in secondary traumatic stress. Finally, although self-compassion was proposed as a mediator between impostor phenomenon and secondary traumatic stress, the indirect effect was not statistically significant; this may reflect the limited statistical power associated with the small sample size, or may indicate that other psychological or occupational variables not examined in the present study better explain the relationship between impostor phenomenon and secondary traumatic stress.

Taken together, the major limitations of the present study include the small and non-probability sample, the heterogeneous professional composition of participants, the cross-sectional design, reliance on self-report measures, the online mode of data collection, unequal group sizes, the limited assessment of potentially relevant occupational factors, and the correspondingly restricted generalisability of the findings. These limitations should be considered when interpreting the results and may provide useful directions for future research.

5.6 Suggestions for Further Research

Based on the findings and limitations of the present study, the following suggestions are proposed for future research.

Future studies may employ larger and more representative samples of mental health professionals, using probability sampling techniques and recruitment from diverse geographical regions and professional settings, to improve the generalisability of findings and increase statistical power to detect group differences and indirect effects. Further research may also examine impostor phenomenon, secondary traumatic stress, and self-compassion separately among different groups of mental health professionals, such as psychologists, psychiatrists, counsellors, psychiatric social workers and psychiatric nurses, as comparative studies may help identify profession-specific differences in impostor experiences, exposure to secondary trauma, and psychological resources.

Longitudinal research is recommended to examine changes in impostor phenomenon, secondary traumatic stress, and self-compassion over time, as such designs may provide a better understanding of the temporal relationships among the variables and overcome some of the limitations associated with cross-sectional mediation analysis. Experimental and intervention-based studies may also be conducted to examine the effectiveness of programmes

aimed at reducing impostor feelings and secondary traumatic stress and promoting psychological well-being. As self-compassion did not significantly mediate the relationship between impostor phenomenon and secondary traumatic stress in the present study, future research may investigate other potential mediating and moderating variables, including coping strategies, resilience, emotional regulation, self-efficacy, perfectionism, burnout, professional identity, social support, organisational support, workload, and supervision, which may offer a more comprehensive understanding of the mechanisms underlying this relationship.

Future studies may also examine factors specifically related to trauma exposure, including the frequency, intensity, and duration of exposure to clients' traumatic experiences, the nature of clients' trauma, caseload, years of professional experience, and type of clinical setting, as these variables may contribute to a more detailed understanding of individual differences in vulnerability to secondary traumatic stress. Given that the present study relied on self-report measures and online data collection, future research may adopt mixed-method approaches combining quantitative measures with qualitative interviews or focus group discussions, which may provide deeper insight into how mental health professionals experience professional self-doubt, respond to clients' traumatic experiences, and perceive the role of self-compassion in their professional lives.

Further research may examine the individual dimensions of self-compassion, such as self-kindness, self-judgement, common humanity, isolation, mindfulness, and over-identification, rather than focusing solely on the overall self-compassion score, to identify whether specific dimensions relate differently to impostor phenomenon and secondary traumatic stress. Similarly, future studies may examine the subdimensions of secondary traumatic stress, namely intrusion, avoidance, and arousal, to determine whether impostor phenomenon and self-compassion are differently associated with specific trauma-related

symptoms, alongside different dimensions or levels of impostor phenomenon to provide a more detailed understanding of its relationship with professional distress.

Further research within the Indian context is particularly recommended, with larger samples drawn from different states, cultural backgrounds, mental health settings, and professional groups contributing to a more comprehensive understanding of impostor phenomenon, secondary traumatic stress, and self-compassion among Indian mental health professionals. Cross-cultural comparative studies may also examine whether the relationships among these variables differ across cultural and professional contexts. Finally, intervention-based research may investigate the effectiveness of professional training, supervision, peer-support programmes, reflective practice, self-compassion-based interventions, and programmes specifically addressing impostor feelings and secondary traumatic stress, contributing to the development of evidence-based approaches for promoting the psychological well-being and professional resilience of mental health professionals.

Overall, future research should seek to extend the findings of the present study through larger and more representative samples, longitudinal and experimental designs, examination of alternative mediators and moderators, assessment of trauma exposure and occupational factors, mixed-method approaches, analysis of specific dimensions of the study variables, and intervention-based research. Such studies may contribute to a more comprehensive understanding of the psychological mechanisms associated with impostor phenomenon and secondary traumatic stress among mental health professionals.

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APPENDICES

Appendix A. Informed Consent Form

INFORMED CONSENT FORM

I am _____. I am conducting a postgraduate research study under the guidance of _____.

You are invited to participate in this research study titled: **"**Imposter Phenomenon and Secondary Traumatic Stress among Mental Health Professionals: The Mediating Role of Self-Compassion."

Your participation in this study is completely voluntary. You will be asked to complete a set of questionnaires along with certain demographic details. The estimated time required to complete the questionnaire is approximately 20–25 minutes.

There are no right or wrong answers. You are requested to respond honestly based on your personal experiences and perceptions. You are free to withdraw from the study at any point without any negative consequences.

All information provided by you will be kept strictly confidential and will be used solely for academic and research purposes. Your identity will not be disclosed in any report, publication, or presentation arising from this study. The data collected will be securely stored and accessed only by the researcher and the research supervisor.

Some questions may involve reflecting on professional experiences and emotional well-being. While no major risks are anticipated, a few questions may cause mild emotional discomfort or self-reflection. Although there may not be any direct personal benefit from participating, your responses may contribute to a better understanding of the psychological well-being of mental health professionals and support future research in this area.

By proceeding with this study, you confirm that:

- You are 18 years of age or above.
- You have read and understood the information provided above.
- You voluntarily consent to participate in this research study.
- You are currently practicing, training, or working as a mental health professional/mental health worker.

I have read and understood the information provided above, and I hereby agree to participate voluntarily in this study.

1. I Agree
2. I Do Not Agree

Appendix B. Sociodemographic Sheet

Demographic Details

1. Name (If you are not ready to share your full name, you may proceed using your initials.

_____

2. Age: _____

3. Gender

   ☐ Female

   ☐ Male

   ☐ Non-binary/Other

4. Choose your highest qualification from the following options.

   ☐ MA/MSc Psychology

   ☐ MPhil Clinical Psychology

   ☐ MPhil Rehabilitation Psychology

   ☐ MPhil Clinical Psychology and PhD

   ☐ MPhil Rehabilitation Psychology and PhD

   ☐ PsyD

   ☐ MSW (Master of Social Work)

   ☐ MPhil in Social Work and PhD

   ☐ MD in Psychiatry (Doctor of Medicine)

   ☐ DPM (Diploma in Psychological Medicine)

   ☐ DNB in Psychiatry (Diplomate of National Board)

   ☐ PhD in Psychiatry/Psychology

☐ B.Sc. Nursing

☐ Diploma in General Nursing and Midwifery (GNM)

☐ Post Basic Diploma in Psychiatry Nursing

☐ Master of Science in Nursing (M.Sc.) in Psychiatric/Mental Health Nursing

☐ PhD in Psychiatric Nursing

☐ Diploma / Certification in Counselling or Psychotherapy

☐ Other:

6. Years of Experience

☐ <1 year

☐ 1 - 5

☐ 6 - 10

☐ 11 - 15

☐ 16 - 20

☐ 21 - 25

☐ 26 - 30

☐ 30 - 35

☐ 35 +

7. Area/Specialization

☐ Clinical Psychology

☐ Counselling Psychology

☐ Child Psychology / Child and Adolescent Psychology

☐ School Psychology

☐ Educational Psychology

☐ Rehabilitation Psychology

☐ Health Psychology

☐ Neuropsychology

☐ Forensic Psychology

☐ Sports Psychology

☐ Industrial / Organizational Psychology

☐ Community Psychology

☐ Family and Marital Therapy

☐ Addiction / De-addiction

☐ Medical and Psychiatric Social Work

☐ Community Development

Crisis Intervention

☐ Family and Child Welfare

☐ Others:

8. Are you registered/licensed under the Rehabilitation Council of India (RCI)?

☐ Yes

☐ No

9. Work Setting

☐ Hospital

☐ Mental Health Clinic / Psychological Services Centre

☐ Private Practice

☐ Rehabilitation Centre

☐ NGO / Community Organization

☐ Academic Institution

☐ Online Practice

☐ Special School / Disability Services

☐ Corporate / Organizational Setting

☐ Child Protection / Juvenile Services

☐ De-addiction / Substance Use Treatment Centre

☐ Hospice / Palliative Care Setting

☐ Academic / Research Institution

☐ Rural / Community Development Sector

☐ Correctional / Prison Setting

☐ Crisis Intervention / Helpline Services

☐ Other (Please Specify)

10. Average Number of Clients Seen Per Week?

_____

11. Marital Status

☐ Married

☐ Unmarried

12. Do you receive regular professional supervision?

☐ Yes

☐ No

Appendix C.

Clance Impostor Phenomenon Scale (CIPS)

For each question, please put a tick mark next to the number option that best indicates how true the statement is for you. It is best to give the first response that comes to mind rather than dwelling on each statement or thinking about it repeatedly.

1.Not At All True

2.Rarely

3.Sometimes

4.Often

5.Very True

		1	2	3	4	5
1.	I have often succeeded on a test or task even though I was afraid that I would not do well before I undertook the task.					
2.	I can give the impression that I'm more competent than I really am.					
3.	I avoid evaluations if possible and have a dread of others evaluating me.					
4.	When people praise me for something I've accomplished, I'm afraid I won't be able to live up to their expectations of me in the future.					
5.	I sometimes think I obtained my present position or gained my present success because I happened to be in the right place at the right time or knew the right people.					
6.	I'm afraid people important to me may find out that I'm not as capable as they think I am.					
7.	I tend to remember the incidents in which I have not done my best more than those times I have done my best.					
8.	I rarely do a project or task as well as I'd like to do it.					
9.	Sometimes I feel or believe that my success in my life or in my job has been the result of some kind of error.					
10.	It's hard for me to accept compliments or praise about my intelligence or accomplishments.					
11.	At times, I feel my success has been due to some kind of luck.					
12	I'm disappointed at times in my present accomplishments and think I should have accomplished much more.					

13.	Sometimes I'm afraid others will discover how much knowledge or ability I really lack.					
14.	I'm often afraid that I may fail at a new assignment or undertaking even though I generally do well at what I attempt.					
15.	When I've succeeded at something and received recognition for my accomplishments, I have doubts that I can keep repeating that success.					
16.	If I receive a great deal of praise and recognition for something I've accomplished, I tend to discount the importance of what I've done.					
17.	I often compare my ability to those around me and think they may be more intelligent than I am.					
18.	I often worry about not succeeding with a project or examination, even though others around me have considerable confidence that I will do well.					
19.	If I'm going to receive a promotion or gain recognition of some kind, I hesitate to tell others until it is an accomplished fact.					
20	I feel bad and discouraged if I'm not "the best" or at least "very special" in situations that involve achievement.					

Appendix D.

Self-Compassion Scale (SCS)

Please read each statement carefully before answering. For each item, indicate how often you typically behave in the stated manner using the 1–5 scale provided below. Please respond based on what genuinely reflects your own experiences and reactions rather than how you think you should respond. Please select the response that best describes your experience using the following scale:

1 - Almost Never

2 - Occasionally

3 - About Half of the Time

4 - Fairly Often

5 - Almost Always

		1	2	3	4	5
1.	I'm disapproving and judgmental about my own flaws and inadequacies.					
2.	When I'm feeling down I tend to obsess and fixate on everything that's wrong.					
3.	When things are going badly for me, I see the difficulties as part of life that everyone goes through					
4.	When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world					
5.	I try to be loving towards myself when I'm feeling emotional pain					
6.	When I fail at something important to me I become consumed by feelings of inadequacy					
7.	When I'm down, I remind myself that there are lots of other people in the world feeling like I am.					
8.	When times are really difficult, I tend to be tough on myself					
9.	When something upsets me I try to keep my emotions in balance.					
10.	When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.					
11.	I'm intolerant and impatient towards those aspects of my personality I don't like					
12	When I'm going through a very hard time, I give myself the caring and tenderness I need					

13.	When I'm feeling down, I tend to feel like most other people are probably happier than I am.					
14.	When something painful happens I try to take a balanced view of the situation					
15.	I try to see my failings as part of the human condition.					
16.	When I see aspects of myself that I don't like, I get down on myself					
17.	When I fail at something important to me I try to keep things in perspective					
18.	When I'm really struggling, I tend to feel like other people must be having an easier time of it					
19.	I'm kind to myself when I'm experiencing suffering.					
20	When something upsets me I get carried away with my feelings.					
21.	I can be a bit cold-hearted towards myself when I'm experiencing suffering.					
22.	When I'm feeling down I try to approach my feelings with curiosity and openness.					
23.	I'm tolerant of my own flaws and inadequacies.					
24.	When something painful happens I tend to blow the incident out of proportion.					
25.	When I fail at something that's important to me, I tend to feel alone in my failure.					
26	I try to be understanding and patient towards those aspects of my personality I don't like.					

Appendix E.

Secondary Traumatic Stress Scale (STSS)

The following statements describe experiences and reactions that helping professionals may have in relation to their work with individuals experiencing distress or difficult life situations. Please read each statement carefully and indicate how frequently each statement has been true for you during the past seven (7) days. In this questionnaire, the term "client" refers to individuals with whom you engage in a helping or professional relationship. Depending on your work setting, you may interpret this term as patient, student, consumer, recipient, beneficiary, or any other relevant term applicable to your professional role. Please select the response that best represents your experience using the following scale:

1 - Never

2 - Rarely

3 - Occasionally

4 - Often

5 - Very Often

		1	2	3	4	5
1.	I felt emotionally numb					
2.	My heart started pounding when I thought about my work with clients					
3.	It seemed as if I was reliving the trauma(s) experienced by my client(s).					
4.	I had trouble sleeping					
5.	I felt discouraged about the future.					
6.	Reminders of my work with clients upset me					
7.	I had little interest in being around others					
8.	I felt jumpy (feeling easily startled, tense, restless, nervous, or overly alert.) Mark only one oval					
9.	I was less active than usual					
10.	I thought about my work with clients when I didn't intend to.					
11.	I had trouble concentrating.					

12	I avoided people, places, or things that reminded me of my work with clients					
13.	I had disturbing dreams about my work with clients					
14.	I wanted to avoid working with some clients					
15.	I was easily annoyed.					
16.	I expected something bad to happen					
17.	I noticed gaps in my memory about client sessions					