

Abstract

The present study aimed to analyze and explore compassion fatigue, secondary traumatization and self-construal in clinical psychologists. Mix-Method research was conducted consisting of two studies. The study 1 was a correlational research design based on ($N=102$) professional clinical psychologists while the study 2 was a qualitative research based on ($N=5$) clinical psychologists. A purposive convenient sampling technique was used for both studies. The sample was gathered from different government and private hospitals and institutes in person or online. The reliabilities of all variables were high (>0.80). The correlational was significantly strong and positive among compassion fatigue and secondary traumatization while independent self-construal had a negative and weak correlation with arousal subscale of secondary traumatic stress scale. The regression model predicted variance in secondary traumatization through compassion fatigue and hierarchical regression predicted variance up to 67.9%. The t-test and Anova was significant for consulting another psychologist at the time of distress, reaching out for help in burnout, working hour, personal trauma and recent mood while rest of the demographic were non-significant. The study 2 superordinate themes backed the findings of study 1. Professional experience, blurred boundaries, emotional strain, annoyance and categorical thinking, lived experiences of compassion fatigue and secondary traumatization, impact on self, role of transference and countertransference, and precursors of the compassion fatigue as major finding indicated the instance of compassion fatigue and secondary traumatization while positive aspects of being a therapist, emotional regulation, training and collegial support etc. were regarded as protective factors.

Key words: *Compassion Fatigue, Secondary traumatization, Self-construal, Clinical Psychologist, Mix-method research. .*