

Graduate School Challenges: Unresolved Trauma, Perfectionism, and Impostor Syndrome

Unresolved Trauma in Clinical Training

Clinical psychology graduate students often enter training with their own trauma histories, which can profoundly shape their experience. In fact, surveys find that many doctoral trainees have high ACEs (adverse childhood experiences) and that these histories can affect their readiness to work with clients ¹. During practicum, hearing clients' trauma stories can trigger **countertransference** and intense emotional reactions. Counselors-in-training "inevitably" bring personal baggage, and sessions often "trigger past experiences, unresolved issues... and an array of emotions" ². For example, a new counselor in training reported feeling her body tense and anxiety rise when a child client yelled – an unconscious reaction rooted in her own discomfort with anger ³. Such **emotional flooding** can lead trainees to avoid certain topics or clients ("some counselors scheduled certain clients less frequently or ended sessions early" when they felt triggered ⁴). If unaddressed, these reactions can erode confidence: beginning clinicians may *question themselves as therapists*, believing that helpers should always be "happy and nice" and feeling guilty for any negative feelings ⁵ ⁶. In short, unresolved trauma can make therapeutic work feel unpredictable and overwhelming for students.

Vicarious Trauma, Burnout, and Professional Strain

Repeated exposure to clients' trauma puts trainees at high risk for **vicarious trauma and burnout**. Indeed, one PsyD study found that nearly all doctoral trainees experience vicarious trauma during clinical training, and those with personal trauma histories suffer it most ⁷. Without adequate self-care or supervision, this secondary stress leads to exhaustion and cynicism. Graduate programs' heavy demands often produce a *frenetic* burnout style – overcommitment to work and high standards at the expense of rest ⁸. Programs that encourage maximal productivity (more therapy hours, research) can leave students chronically drained ⁸. Counselors with unresolved trauma also tend to interpret stress as personal failure and "feel a sense one can never do enough," leading to hypervigilance, insomnia and chronic fatigue ⁹. In other words, trauma-exposed trainees may experience the same symptoms seen in PTSD or compassion fatigue – helplessness, irritability, somatic complaints, and a creeping detachment from clients ⁹. Over time these factors can precipitate a professional identity conflict: the student who once felt passionate about helping may begin to feel ineffective or "imposturous" in the role, fueling further self-doubt and burnout.

Perfectionism Rooted in Trauma

Many women in rigorous PhD programs are driven by intense perfectionism – a trait closely linked to early trauma. Research shows that adverse childhood experiences (ACEs) like abuse or neglect are a strong predictor of perfectionistic tendencies ¹⁰. In childhood, impossible standards often emerge as a way to control fear and avoid criticism. For example, survivors of chronic trauma may become compulsively high-achieving to cope with anxiety: "perfectionism often becomes a coping mechanism," a way to regain control

in an unpredictable environment ¹¹ . Academically, this manifests as setting **unrealistic standards** and tying self-worth to flawless performance. Psychologists distinguish between adaptive striving and the maladaptive “evaluative concerns” dimension of perfectionism – marked by *fear of mistakes, excessive self-criticism, and contingent self-worth* ¹² . Self-critical perfectionists often equate acceptance with success but feel deep **shame or guilt** whenever they fall short ¹² . In practice, a perfectionistic graduate student might refuse to delegate tasks, obsessively rework drafts, or decline help for fear the work won’t be *perfect*. These behaviors keep them busy and accomplished – yet internally, they remain convinced they’ll never measure up.

Impostor Syndrome and Chronic Self-Doubt

In the competitive, “genius”-valuing culture of PhD programs, perfectionism often gives way to **impostor syndrome**, especially among women. By definition, impostor feelings involve believing one’s success is undeserved and that others will “find out” the truth. Clance & Imes’s original descriptions highlight how even *outstanding achievers persist in believing they have fooled anyone who thinks otherwise* ¹³ . Women high-achievers may have been raised with family messages or gender-role expectations that instill self-doubt, so despite professional accolades they hold *low expectations for themselves* ¹³ . In academia, this plays out vividly: students who have won fellowships or published papers still think “I was just lucky” or “I got in by mistake.” Indeed, large surveys find that roughly **half of PhD students** report intense impostor feelings ¹⁴ . Key features include a paralyzing **fear of failure and of success** – fearing that continued achievement will only raise the bar higher ¹⁵ . As a result, these students often feel anxiety and unworthiness in graduate school even while performing at a high level. This internal narrative creates an *identity struggle*: outwardly a successful scholar, inwardly an “impostor” who doubts her own competence. In women with trauma or C-PTSD histories, such self-doubt is especially potent, echoing childhood beliefs that they were unlovable or inadequate.

Together, these patterns – unprocessed trauma, perfectionistic overdrive, and impostor thoughts – form a feedback loop that can erode a graduate student’s well-being and sense of professional identity. Chronic self-doubt and hypervigilance (believing “I must not make a mistake”) are common ¹² ¹⁵ , and even clear successes fail to produce lasting pride or confidence. Recognizing this, the clinical literature stresses the importance of supervision and self-care: trainees are encouraged to reflect on triggers and seek support before their unresolved issues lead to impairment ¹⁶ ⁷ . For a fictional character like Jane, such dynamics can explain why she excels academically yet internally struggles with feelings of not being “good enough,” burnout, and emotional reactivity during therapy practice ² ¹³ . These sources underscore that such difficulties are common and well-documented, grounding Jane’s experience in real-world psychology research.

Sources: Clinical and educational psychology research on trauma-exposed therapists and doctoral student stress ¹⁷ ⁹ ² ³ ⁸ ¹² ¹⁰ ¹³ ¹⁵ .

¹ ⁷ ¹⁷ "Vicarious Trauma and Doctoral-Level Trainees: Self-Care Practices" by Elisabeth B. Gibson
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² ³ ⁴ ⁵ ⁶ ¹⁶ Getting triggered as a counselor
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