

**More Than Chocolate Cake and Bubble Baths: The Effects of Self-Care on Perceived  
Levels of Stress for Interpreters**

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WESTERN OREGON UNIVERSITY HAVE EXAMINED THE ENCLOSED**

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Action Research Project Title:

More than chocolate cake and bubble baths: The effects of self-care on perceived leveled  
of stress for interpreters

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Candidate for the degree of : Master of Arts in Teaching Interpreting Studies

*and hereby certify that in our opinion it is worthy of acceptance as partial fulfillment  
of the requirements of this master's degree.*

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## ABSTRACT

In this action research project, the relationship between practicing self-care regularly and perceived levels of stress for one interpreter is examined. Interpreters have reported physical and psychological stressors related to their work. Data was collected over twenty-two weeks for this project. The Perceived Stress Scale (Cohen, 1994), personal journal entries, and the Junto Emotion Wheel (Chadha, n.d.) were used to collect and analyze data for this project. This action research project contributes valuable insight on how practicing regular self-care as an interpreting professional can affect stress levels and potentially decrease burnout in our field. It also identifies specific self-care practices I found helpful in reducing my own perceived levels of stress in hopes that other interpreters will also find benefit in those activities. The results of this action research show that an increase in the average number of self-care activities performed weekly results in lower levels of perceived stress for one interpreter. Based on the results of this action research, there may be evidence that engaging in self-care more regularly can reduce stress for interpreters. Because burnout is prevalent in the field of interpreting, it is important that interpreters practice self-care to mitigate stress experienced at work and in their personal lives.

*Keywords:* Interpreting, self-care, stress, action research

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**CHAPTER 1: INTRODUCTION**

Stress can be defined as “a normal reaction the body has when changes occur, resulting in physical, emotional and intellectual responses” (Cleveland Clinic, 2021, para. 1). There are a multitude of factors that make the interpreting profession stressful. A survey mentioned by Dean and Pollard (2001) identified, “the static, restrictive nature of the interpreter’s role” (p. 1) to be one of the main stressors in the profession. Other stress factors include the environment one works in, the intimate nature of our work which can involve personal and sensitive information about consumers, and the restrictions that do not allow interpreters to advocate for consumers beyond providing translation services. There are also intrapersonal factors that can cause added stress such as feeling or being incompetent in the interpreting role or having consumers who disagree or misunderstand what the role of the interpreter is (Dean & Pollard, 2001).

Zenizo (2013) cited a study that found interpreters also experienced, “concerns about preventing burnout, such as concerns about injuries due to pain, lack of collaboration with colleagues, rudeness of consumers, the ability to set boundaries, concerns over medical care for injuries, and the risk of permanent damage to their body” (p. 48). Studies have also found that stress related to one's work can be related to, “injury, disease, absenteeism, and low productivity” (Dean & Pollard, 2001, p. 1). According to Zenizo (2013), there is a growing demand for interpreters to enter the field, therefore, it is imperative to prevent burnout caused by

injuries and ensure that practitioners are aware of how to keep themselves healthy both physically and psychologically. This will not only benefit interpreters but those who employ them as well.

## **Background**

During my undergraduate program at Western Oregon University, the importance of self-care, especially for interpreting professionals, was highly emphasized. Throughout the program we were required to create a self-care plan at the beginning of each term to ensure we were putting this into practice. After graduating with my bachelor's degree, I entered a time in my life that came with various stress inducing transitions. I graduated college, started my master's program, lost my job, my long-term relationship abruptly ended, and I was uprooted from where I had been living in Oregon for the past five years and moved back in with my parents in California. On top of all of these stressors, the COVID-19 pandemic was causing stress for just about everyone in the world. I immediately prioritized my self-care routine during this time and noticed that I was feeling much less stressed than expected regardless of the fact that new stressors were constantly showing up in my life and I was still coping with stress from the experiences I just mentioned. The people close to me during this time acknowledged the struggles I was facing and expressed to me how well I seemed to be doing despite my circumstances.

Since I am a recent graduate and a brand-new interpreter, I was curious how employing these self-care strategies as I transitioned into working as a K-12 educational interpreter may help prevent me from feeling overwhelmed and experiencing burnout as I entered the field. Interpreters working in the K-12 setting have a wide range of responsibilities depending on the grade level and needs of the individual students they are working with. They may spend time

tutoring and working one-on-one with the student if needed. If the student is more independent, the interpreter may only need to interpret the class material and provide little or no extra support. K-12 interpreting also requires the interpreter to prepare for their assignments by looking at the lesson plans and course materials before interpreting the class.

When I started this action research, I was curious about how my interpreting process would be affected when I do or do not practice self-care regularly. I wondered how self-care would affect my perception of having a work-life balance and help me manage stress in all aspects of my life. I was also curious to explore what self-care really meant to me and what specific self-care activities I found to be most beneficial.

### **Statement of the Problem**

There is ample literature on the physical and psychological stressors reported by interpreters (Dean & Pollard, 2001; Freeman, 2010; Harvey 2003; Johnson & Feuerstein, 2005), and there has been some research on the benefits of self-care for interpreters (Zenizo, 2013). There is limited research available on the effects of practicing self-care regularly and how these impact perceived levels of stress and overall mood for interpreters (Humphrey, C. 2015; Zenizo, 2013). Something missing from the literature on self-care for interpreters is a breakdown of the benefits of specific self-care practices. I hope to begin filling this gap in the literature with my action research.

### **Purpose**

My research question is: how does engaging in daily self-care impact perceived levels of stress for interpreters? The purpose of this study will be to examine what factors have been identified to cause stress in the interpreting field and to see how implementing a self-care plan affects my perceived levels of stress. Depending on the findings of my study, this could identify



specific self-care practices as beneficial in preventing burnout if implemented regularly. This would not only benefit me, but could inform other interpreters of beneficial self-care practices for reducing stress in their lives as well.

### **Theoretical Framework**

Self-care, when practiced regularly, has the potential to keep interpreters in good health overall and allows for a long and successful career in the field (Zenizo, 2013). Through my research I would like to explore what specific self-care activities are most beneficial in reducing stress. I will be using the Junto Emotion Wheel (Chadna, n.d.) and Cohen's (1994) Perceived Stress Scale (PSS) as a way to collect and analyze the data collected throughout my research.

The Junto Emotion Wheel was created to help people become more self-aware and increase empathy towards others. By using the wheel to figure out what sensations you may be experiencing, you become more capable of recognizing your emotions, in turn allowing you to recognize how you feel about them and how your behavior may be influenced by them (Chadha, n.d.). The wheel is color coded and has three layers. The innermost layer has the six core emotions which are *surprise*, *joy*, *love*, *anger*, *sadness* and *fear*. The second and third layers of the wheel contain words that may be used to express those core emotions. The wheel allows the user to take a word like "depressed" and pinpoint which of the six core emotions on the wheel this relates to. I have applied this to my action research by looking over entries from my personal journal and categorizing the feeling words I used into one of the six core emotions on the wheel. This allowed me to understand my overall mood and make connections between how many self-care activities I was doing each day and how that may have impacted my overall mood and stress levels.

The PSS was created by Sheldon Cohen and is a commonly used tool for assessing overall perceived stress (Cohen, 1994). The scale has ten questions pertaining to the user's stress level, and users answer questions using a Likert scale rating. The PSS is designed for use on a monthly basis. I have modified and applied the scale to my data collection by using it weekly rather than monthly to collect data on my perceived stress levels. This will be crucial information to have when looking at the average number of self-care activities I performed each day for that week and the number of feeling words that appeared in my journal entries for that week. One limitation of this tool is that external stressors such as, "daily hassles, major events, and changes in coping resources" will have an impact on my perceived stress levels, therefore the "predictive validity of the PSS is expected to fall off rapidly after four to eight weeks" (Cohen, 1994, p. 4). My action research has been conducted over a period of nine months, from October 2020 to June 2021. Because this time frame exceeds the four to eight weeks where the PSS is thought to be the most valid, it is too long of a time frame for this to have been reliable for the entirety of my data collection. One way I mitigated this limitation of the tool was by collecting data through other means such as reflective journaling.

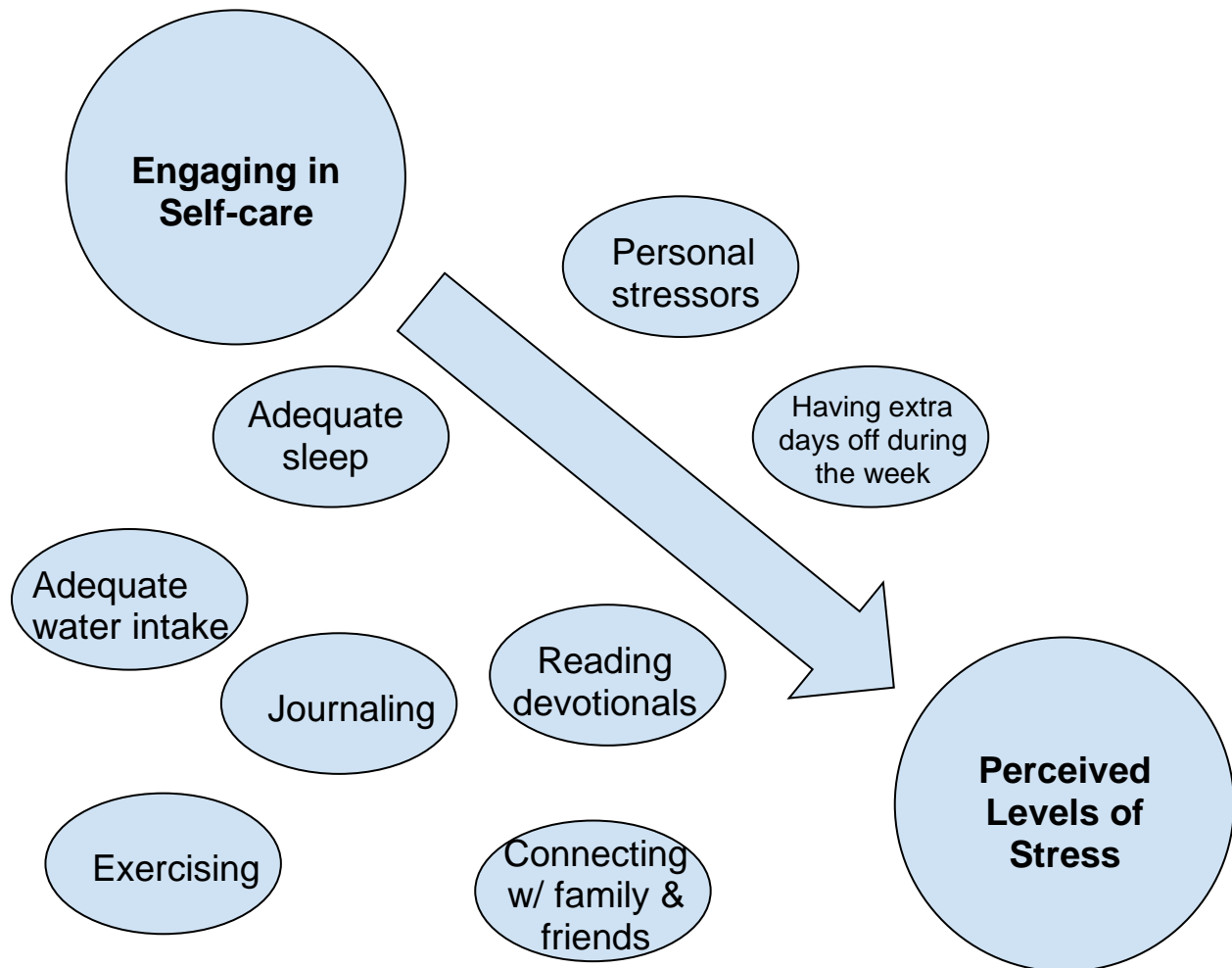
The overarching theory I have applied to my action research is attachment theory in the context of reflective practice (Foley et al., 2017). This theory was developed in the field of social work, a practice profession that has many similarities to the interpreting profession. In the field of social work, this theory was meant to help practitioners gain more self-awareness and improve their understanding of relationships with their clients. When this is applied to interpreting, it can be thought of as the interpreter knowing themselves well and having the ability to recognize their demands and stressors so that they can better connect with the consumer and the content they are translating. Central to this theory is the idea of a "secure-base" or a sense of security and safety

when overwhelmed by stress. One example of a secure-base provided by this theory is the attachment one feels to a care-giver. While the theory largely looks at relationships with others as a secure-base, and one of the activities I did report as self-care included visiting with friends or family (either remotely or in person), the idea of a secure-base is not limited to interpersonal relationships. For the sake of applying this theory to my action research I am looking at the self-care activities I engage in as a secure-base that I can rely on in order to better manage stress before, during, and after assignments. The idea behind attachment theory is that if we have a secure-base, we have more control over our response when we are becoming overwhelmed by stress. The reflective part of this theory uses attachment to the secure-base to formulate questions that can inform the practitioner about their inner thoughts, feelings, and actions when they are experiencing stress. The PSS acted as a reflective tool throughout my action research as its questions helped me reflect on how I felt about my stress levels, and my personal journal entries helped further explore what stressors may have been present as well as how I was responding to them. While this theory is meant for use in the profession of social work, it can easily be applied to interpreting as we also work closely with our consumers and find ourselves in high stress situations that require processing and reflection when the work is done.

## Conceptual Framework

**Figure 1**

*How Practicing Self-Care Reduced my Reported Perceived Levels of Stress.*



My hypothesis was that an increase in self-care activities would be effective in reducing my perceived levels of stress. This conceptual framework shows the two main components I am looking at as well as the self-care activities I engage in most often and the outside factors that may have an impact on my stress levels.

## CHAPTER 2: LITERATURE REVIEW

This literature review examines the existing literature on what causes stress for interpreters. The physical and psychological stressors associated with the work are discussed as well as self-care and the benefits of practicing it regularly. There is a deeper look into each self-care activity that I regularly practiced while collecting data for my action research. The benefits of each specific activity are examined and discussed.

### **Physical Stressors in the Interpreting Profession**

Physical stressors are common among sign language interpreters because of the physically demanding nature of the work they do. Interpreters use repetitive movements that involve the hands, fingers, and forearms as well as awkward postures for extended amounts of time and depending on the job, there may not be opportunity for adequate rest breaks (Freeman, 2010). Multiple studies have found that sign language interpreters are at high risk for experiencing cumulative trauma disorders (CTD), (Freeman, 2010; Johnson & Feuerstein, 2005; Dean & Pollard, 2001). Among these disorders are, “carpal tunnel syndrome, tendinitis and bursitis” (Dean & Pollard, 2001, p. 4). These disorders can cause a great deal of physical pain and make it difficult for interpreters to perform necessary job functions.

Johnson and Feuerstein (2005) conducted various studies from different pools of interpreters to determine what percentage of practitioners experienced physical pain as a result of their interpreting work. One of their surveys found that out of 40 interpreters who attended an interpreting conference, “87.5% experienced at least two of the symptoms of repetitive stress injuries” (Johnson & Feuerstein, 2005, p. 402). A subsequent study they conducted at Rochester

Institute of Technology found that out of 60 full time interpreters they surveyed, almost half needed to reduce their workload or were on full disability due to physical pain caused by upper extremity disorders (Johnson & Feuerstein, 2005). Repetitive stress injuries (RSI) were found by the United States Bureau of Labor Statistics to be increasingly prevalent and the most common among all occupational injuries in 2007. These injuries surface when “stress and fatigue overpower the body's natural ability to heal itself” (Freeman, 2010, para. 3).

### **Mental Stressors in the Interpreting Profession**

Psychological and emotional stressors have also been reported in the literature related to interpreter stress. Interpreters may experience vicarious trauma when working in intimate situations with their consumers where they witness abuse or must translate conversations that are emotionally triggering. Harvey (2003) states that, “sign language interpreters often bear witness to ‘a hundred echoes’ of Deaf people’s pain” (p. 207). Deaf individuals have historically been oppressed and marginalized and this is something that interpreters often witness firsthand as we work closely to provide services to this community.

Experiencing emotional trauma on the job can be more difficult to deal with than experiencing it in personal life because interpreters are expected to maintain professionalism while on the job, which means rendering the message accurately while presenting with a professional demeanor (National Association of the Deaf-Registry of Interpreters for the Deaf, 2005, tenet 2). Interpreters might feel that having an emotional response to what they are translating is not only unprofessional, but also may violate the Code of Professional Conduct (Dean & Pollard, 2001).

Because the task of interpreting is challenging physically, mentally, and sometimes emotionally, interpreters may experience an identity crisis or low self-esteem and struggle to

manage the influx of emotions they experience at certain times throughout their careers. As a result, they may experience vicarious trauma or symptoms of posttraumatic stress disorder (PTSD) (Harvey, 2003). Not only do interpreters have to translate emotionally heavy material at times in their practice, they also deal with the stress of the interpreting process and must work hard in order to convey the message effectively (Zenizo, 2013). Having to pay close attention to the message, do the work to interpret the message into another language while also managing intrapersonal demands that may be present during an assignment can be extremely overwhelming.

Interpreters are also prone to compassion fatigue which can be defined as, “the negative consequences of working with a significant number of traumatized individuals in combination with a strong, personal, empathic orientation” (Hunsaker et al., 2015, para 9). Experiencing compassion fatigue may result in the interpreter shutting down and only worrying about their own needs rather than taking others into consideration. Self-isolation is a common response from those who regularly serve others and must experience other people’s pain through their work, but do not prioritize self-care in their practice (Harvey, 2003). Self-isolation may look like turning down invitations to spend time with friends or family and internalizing difficult emotions rather than processing them.

### **Self-care as Prevention to Burnout**

Self-care has been identified as an important practice for preventing burnout in the interpreting field (Zenizo, 2013). Fortunately, self-care is becoming more widely promoted and discussed as a way to reduce stress and its negative effects on our minds and bodies, therefore, the need to take time to take care of ourselves is becoming more socially acceptable in the workplace (Dean & Pollard, 2001). Interventions such as, “self-exploration or self-assessment,

constructive thinking, reflection, venting, prayer, guided imagery, and meditation” were found to be beneficial for preventing CTDs (Dean & Pollard, 2001, p. 4).

Partaking in meditation or social interaction with friends and family was helpful for allowing interpreters to let go of traumatic events experienced on the job (Zenizo, 2013). Relationships within the Deaf community, having a staff position at an educational institution, and having good rapport with colleagues and consumers have also been identified as ways to decrease the risk of burnout for interpreters (Humphrey, 2015). Zenizo (2013) identified “praying, walking, receiving massage, reading books, engaging in outside activities or hobbies, watching mindless TV...avoiding negative coping behaviors, gardening, and consuming alcohol” as methods of self-care used by interpreters in her study (p. 44).

Self-assessment and reflection on one’s work were also highlighted in the literature as beneficial self-care practices among interpreters. Several participants in one study reported engaging in self-talk as a form of debriefing after an assignment. Some examples of self-talk are interpreters saying to themselves: “I am just ‘connecting’ the two parties involved. I am continually policing myself, monitoring emotional responses [or] after an assignment I will begin to let any ties to the call go and begin filtering my thoughts about the assignment with the reality of my role” (Zenizo, 2013, p. 59). Self-talk may help reinforce that we as human beings are separate from our work and provide an outlet for processing thoughts and emotions related to the job.

After reviewing the literature on self-care, there is sufficient evidence that it is beneficial for mitigating the effects of stress. In the next section of this literature review, I will look at specific self-care practices and explain why they may be especially useful for interpreters.



### ***Sleep and Stress Reduction***

There are numerous benefits to getting a restful night's sleep, and the consequences of sleep deprivation are severe. Adequate sleep helps us to regulate our emotions and behavior and improves our decision-making skills (Barber et al., 2010). Munson (2000) found that individuals who were sleep deprived had the tendency to “react to stressful situations with more anger, sadness, and fear than they would when adequately rested” (p. 77). Interpreters must be able to manage stressors in their environment and make decisions quickly in order to provide an effective and accurate translation to their consumers. There is evidence that sleep can mitigate physical stressors as well, such as chronic pain. Hamilton et al. (2007) studied the relationship between sleep and reactivity to stress, and physical pain in patients with rheumatoid arthritis and fibromyalgia and found that individuals who experienced chronic pain and high levels of interpersonal stress benefited greatly from quality sleep. The participants in this study who did not get quality sleep showed more response to both stress and pain while those who did sleep well were not reactive to either (Hamilton et al., 2007). Barber et al. (2010) found that when sleep was both adequate and consistent, it was more effective in preventing strain. When sleep practices were inconsistent, the level of psychological strain experienced was no different from individuals who did not get adequate sleep.

### ***Exercise and Stress Reduction***

Johnson and Feuerstein (2005) found exercise to be the most commonly reported prevention strategy among interpreters. Zenizo (2013) surveyed a sample of interpreters about their self-care practices and found that most, “have a perception of self-care that revolves around physical health and the functionality of their body” (p. 43). Physical activity may be an

extremely beneficial form of prevention, especially for interpreters, as engaging in exercise as a form of self-care has been found to be effective in reducing physical injury (Humphrey, 2015).

Aside from the physical benefits exercise offers, it has also been found to aid in relaxation of the mind and stress relief due to the release of endorphins that occur during physical activity (Zenizo, 2013). One study found that young healthy adults who engaged in thirty minutes of moderate exercise experienced an increase in concentration compared to when they did not exercise at all (Loprinzi & Kane, 2015). Exercise has also been found to help with more regular sleep, regulating mood and improving overall brain function. Exercise also helps with blood flow and increases how much oxygen your brain is getting (Urology of Virginia, 2019). This helps with concentration and memory which are both important in the task of interpreting.

#### ***Water Intake, Nutrition, and Stress Reduction***

Proper hydration is essential for many basic bodily functions including but not limited to, “carrying nutrients and oxygen to your cells, flushing bacteria from your bladder, aiding digestion, preventing constipation, normalizing blood pressure, stabilizing the heartbeat, cushioning joints, protecting organs and tissues, regulating body temperature, [and] maintaining electrolyte (sodium) balance” (Harvard Health Publishing, 2020, para. 2). While there are clearly numerous benefits of drinking enough water when it comes to regulating bodily functions, there is also evidence of potential cognitive benefits. Some of the reported benefits include improvements in short-term memory, quicker reaction times, and an increase in visual sustained attention. Dehydration has also been shown to decrease concentration and alertness and cause tension and fatigue (Masento et al., 2014).

Nutrition also plays a role in helping people feel their best and keeping their body functioning optimally. One way to track nutritional intake is through counting macros or macronutrients. Macronutrients are what the body needs in large amounts in order to function, and they consist of three categories: carbohydrates, proteins, and fats. Each macro has a specific role to play in the body's functioning. Carbohydrates help provide energy, protein aids in muscle tissue growth and repair, and fats store energy and are essential in the production of certain hormones (Avita Health System, 2021). Each person will have a different allotment of macros for daily consumption depending on their gender, height, weight, and activity level. Macros will also change when someone starts to lose fat and gain muscle (Ledbetter, 2019). Some of the reported benefits of macro tracking include prevention of certain health conditions such as diabetes and cardiovascular disease, a decreased chance of obesity which means related health complications are avoided, and the ability to reach health and fitness goals more quickly. An increase in protein intake also helps to maintain muscle mass and in older adults may prevent Alzheimer's disease (Zambon, 2021). Because good physical and mental health are necessary to successfully carry out the task of interpreting, good nutrition and hydration are important parts of interpreter self-care.

### ***Therapy and Stress Reduction***

While there are a variety of effective options when it comes to therapy, this section will be a review of the literature on psychotherapy, also known as talk therapy, and briefly touch on cognitive behavioral therapy (CBT). Psychotherapy can be effective in the treatment and management of serious mental health conditions such as depression, anxiety, posttraumatic stress disorder (PTSD), and obsessive-compulsive disorder (OCD), but clients do not need to have a serious mental health condition to benefit from therapy. Therapy can also be helpful for setting

goals, understanding emotions, and coping with difficult life changes and transitions.

Psychotherapy provides a safe environment to explore moods and behaviors that one may be experiencing (Good Therapy, 2018). Therapy has been recognized as a healthy way to cope with and manage stress and can provide an alternative to unhealthy coping behaviors such as eating comfort foods, binge eating, or consuming alcohol to deal with stress, as these may cause adverse health effects long-term. Counselors can help with navigating stress that may be experienced in the workplace, in interpersonal relationships, or any other areas of life. CBT can help with identifying the causes of stress and the negative thought patterns that may be occurring as a result. From there, the counselor can help to begin changing those thought patterns into ones that are more effective for reducing stress (Good Therapy, 2018). Some of the benefits of psychotherapy include providing clarity around thoughts, emotions, and emotional triggers, offering a supportive and safe place to process struggles, and serving as a form of self-care that focuses specifically on mental health (Regain, 2021).

One study found that the long-term benefits of counseling are dependent on a variety of factors. The first factor they discussed was “readiness to engage,” meaning that the individual tried alternative approaches to managing their problems to no avail, a trusted person in their life suggested therapy, and they finally got access to and took advantage of counseling services. The second was the counseling process itself, which consists of three parts. The first part of the counseling process is starting to attend sessions with a counselor and “becoming engaged,” or establishing a strong connection with them. The success of this step was found to be more dependent on how the counselor spoke to the client rather than the counseling model that was used. Clients reported feeling the most benefit when their emotions and thoughts were validated and respected by the counselor. The second part of the counseling process is “exploring internal

and external worlds,” which means the client gains a better understanding of themselves and their relationships with others. The last part of the process is “ending,” which is where the client decides they are ready to discontinue counseling and use the tools they have learned throughout their experience to manage on their own. The participants who felt they benefited from therapy long-term reported experiencing improved levels of self-esteem and more awareness of their options, whereas before counseling they felt more restricted in their choices (Perren et al., 2009). Because interpreters must adhere to confidentiality about their work and their consumers, counseling may be an effective self-care practice as it allows a safe space to process stressors that are experienced at work that otherwise would not be discussed (National Association of the Deaf-Registry of Interpreters for the Deaf, 2005, tenet 1).

### ***Journaling/Self-Reflection and Stress Reduction***

One way to promote critical thinking, continued learning, and gain a more in depth understanding of ourselves is through reflective writing (Aziz et al., 2020). According to Newman (2020), journaling has become even more popular since the start of the COVID-19 pandemic. Newman (2020) states that journaling provides a safe and private place to process your thoughts and emotions. While turning to friends and loved ones to process stress and trauma is an alternative option to journaling, there is always a chance that the response we get will be unhelpful or do even more harm. Journaling provides an outlet to process those heavy emotions and thoughts before bringing them to anyone else (Newman, 2020). Journaling has been found to be effective when paired with therapy and on its own. When compared with reflective drawing, journaling was found to be a more effective means of easing psychological symptoms (Chan & Horneffer, 2006).

In one study, Ullrich and Lutgendorf (2002) found that journaling is most effective when both the emotions and thoughts connected to stressors or traumatic events are explored in reflective writing rather than just emotions. Participants in this study who only wrote about their emotions were unable to see the benefits or growth they may have experienced from the traumatic or stressful event, and they even experienced more physical illness than the group that journaled both their emotions and thoughts. Those who wrote about their emotions and their thoughts on them were able to recognize the benefits of the situation and have a more positive outlook after journaling about the traumatic or stressful event. Having the ability to find the positive in stressful or traumatic situations has been linked to successful adjustment (Ullrich & Lutgendorf, 2002). Journaling may be an effective self-care practice for interpreters as it can take place before or after assignments and may help to alleviate any stress the interpreter is experiencing as a result of their job demands or in general.

## CHAPTER 3: METHODOLOGY

For this study I wanted to look at the activities I used for self-care and measure my perceived stress levels. My goal was to examine the relationship between how many self-care activities I performed each day and how this affected my stress levels and overall mood. I was also interested in the benefits of each individual self-care activity I was regularly engaging in.

### **Design**

My original design for this study included a checklist with specific self-care activities that I believed would be beneficial for stress reduction during my first year as a K-12 educational interpreter. Some items on this list were hitting my daily macronutrient goal (as I was using macro tracking to ensure proper nutrition during this time), drinking an adequate amount of water (my body weight times .67 gave me the amount of water I needed daily in ounces), doing some form of exercise for thirty minutes whether that be a workout, cleaning my house, walking my dog, or hiking, doing a short reading out of two devotional type books each night, praying or meditating, and getting eight hours of sleep the night before a work day. For the first ten weeks of my data collection, I used this checklist and took note of any additional activities I engaged in that were not included on the list but that I considered a form of self-care.

After the first ten weeks I decided to change how I was collecting data because I found that some of the items on my checklist started to feel more like chores than self-care activities. The checklist did not fit what I felt I needed to satisfy my self-care needs on a daily basis. I

started to collect my data using a blank chart that allowed me to create a new numbered list of the self-care activities I decided to engage in each day.

### **Personal Data**

For this action research I looked only at my own self-care practices and stress levels. At the time I began my data collection, I was in my second term of my master's program at Western Oregon University and had only been interpreting professionally for roughly six weeks. I had also just graduated with my bachelor's degree, also from Western Oregon University, four months prior to starting data collection. I was living in Grants Pass, Oregon for the duration of this action research and working as a K-12 educational interpreter in this area. I was working with a variety of high school and elementary school students. All of my research was focused on myself and my work during this time. I collected data from October 2020 until June of 2021 for this action research project. In addition to listing the self-care activities I performed each day I also used personal journal entries as part of my data collection in order to assess my overall mood.

### **Data Analysis Procedures**

In order to analyze the data I collected, I used tools such as the Junto Emotion Wheel (Chadha, n.d.) and the PSS (Cohen, 1994) to determine the mood of my journal entries and my overall stress levels at the end of each work week. I started my data analysis by printing out all of my data collection documents so that I was able to make notes on them. I started by counting how many self-care activities I reported engaging in each day, adding up the number for each day of the week and then dividing that by the number of days that week I collected data to find the average number of self-care activities I performed per day for that week.



Next, I looked at my responses from the PSS inventory I took at the end of each week and calculated my score for that week. If my score fell between 0 and 13, it was considered low stress, scores of 14-26 were considered moderate stress, and scores of 27-40 were considered high stress.

Using the reflective practice theory lens (Foley, et al., 2017), I wanted to keep a journal as a way to gain more self-awareness and see how my emotions coincided with my perceived levels of stress. Because I also wanted to get a feel for my overall mood, I analyzed my journal entries to assess what emotions I may have been feeling. I used the Junto Emotion Wheel (Chadha, n.d.). I took note of any emotion words I used in my journal entries that were on the wheel and highlighted them in the color that corresponded to the core emotion it represented on the wheel. There were some words that frequently appeared in my journal entries that I felt would fit into one of the six main categories on the wheel, but were not included. I wrote in those words under the category I felt it belonged to so that they could be included in my data collection. Some examples would be the addition of “tired,” “grieving,” “discouraged,” and “broken” to the *sadness* category on the wheel and the addition of “hope,” “ambitious,” and “positive” to the *joy* category. I used orange to highlight words that fell under the category of *fear*, pink for *anger*, blue for *sadness*, purple for *surprise*, green for *joy* and yellow for *love*.

I created a chart which I used to organize my raw data (see Appendix A). The chart indicated which week of data collection I was looking at, the average number of self-care activities that were performed daily for that week, my PSS score, and how frequently words from each of the six core emotions on the wheel appeared in my journal entries. I then transferred this to a spreadsheet so that I could more clearly see what correlations may exist. Finally, I used the

IBM statistical package for social sciences (SPSS) software to find what correlations may exist within my data.

## CHAPTER 4: RESULTS AND DISCUSSION

The goal of this study was to determine how practicing self-care regularly impacted my perceived levels of stress during my first year working as a professional interpreter. In order to do this, I looked at the average number of self-care activities I performed each day over twenty-two weeks and used the PSS at the end of each week to determine my perceived stress levels.

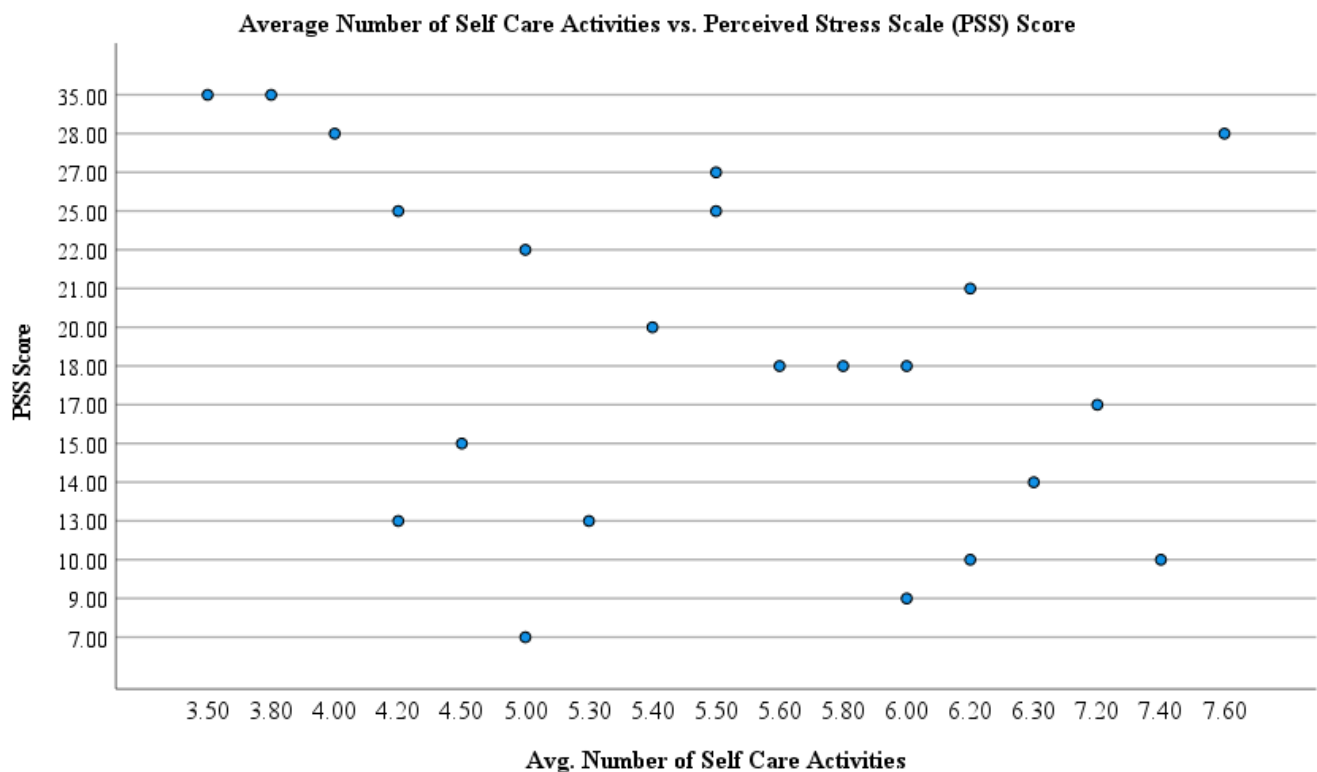
### **Presentation of the Findings**

The data shows a slight negative correlation between the average number of self-care activities performed and my score on the PSS (see figure 2). In other words, most of the weeks that I engaged in a higher number of self-care activities I experienced less stress according to my PSS score. One notable exception to this trend was week sixteen of data collection. Week sixteen I reported doing the highest number of self-care activities, yet my PSS score indicated that my stress levels were high. After reviewing my personal journal entries from that week, I noticed an external stressor that may have been causing added stress that the self-care I was engaging in was unable to mitigate.

The scatter plots (figure 2) show my PSS score on the Y axis and the average number of self-care activities performed on the X axis. When the average number of self-care activities are low, my PSS score tends to be higher.

**Figure 2**

*Average Number of Self-Care Activities vs. Perceived Stress Scale (PSS) Score*

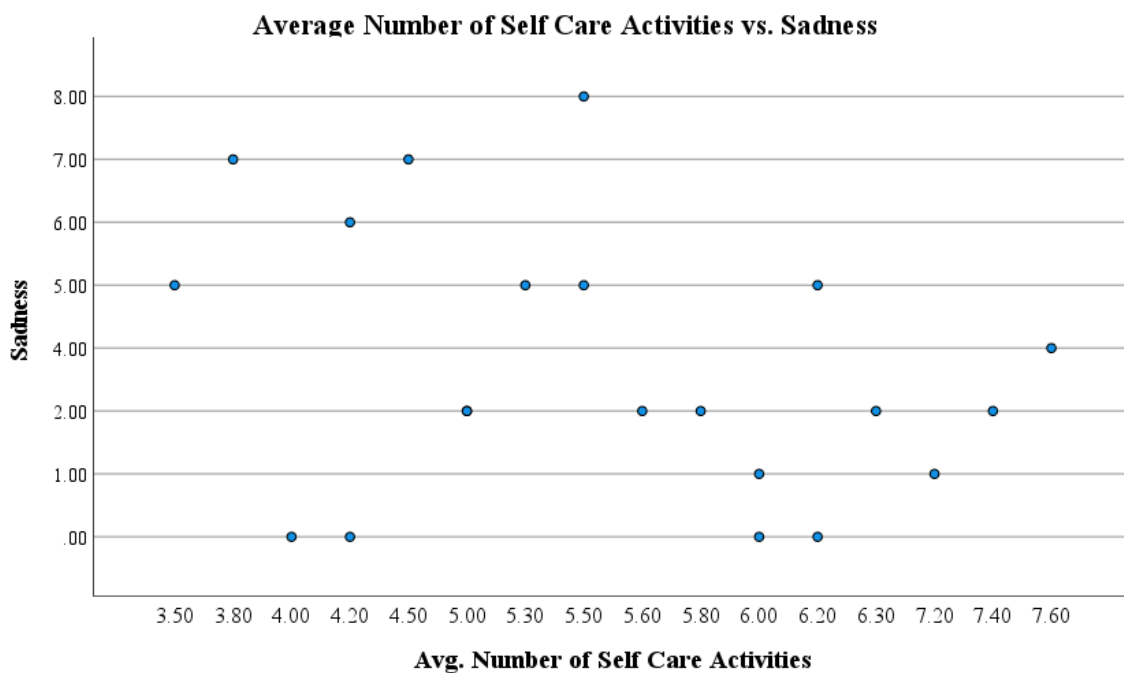


While this study was primarily focused on the relationship between self-care and stress, there were some other notable findings in the data. By applying the reflective theory lens (Foley et al., 2017), I was able to learn more about how my stress levels and engagement in self-care may have been impacting my emotions. When looking at the correlation between the average number of self-care activities performed each week and the feeling words that appeared in my

journal, I found a slight negative correlation between self-care and *sadness* and *surprise* words (see figures 3 and 4). This means the more self-care activities I performed, the less *sadness* and *surprise* words appeared in my journal entries. In figure 3, the Y axis shows the number of *sadness* words that appeared in my journal entries while the X axis shows the average number of self-care activities performed. For the most part, when I engaged in a higher number of self-care activities, the amount of *sadness* words in my journal entries decreased.

**Figure 3**

*Average Number of Self-Care Activities vs. Sadness*

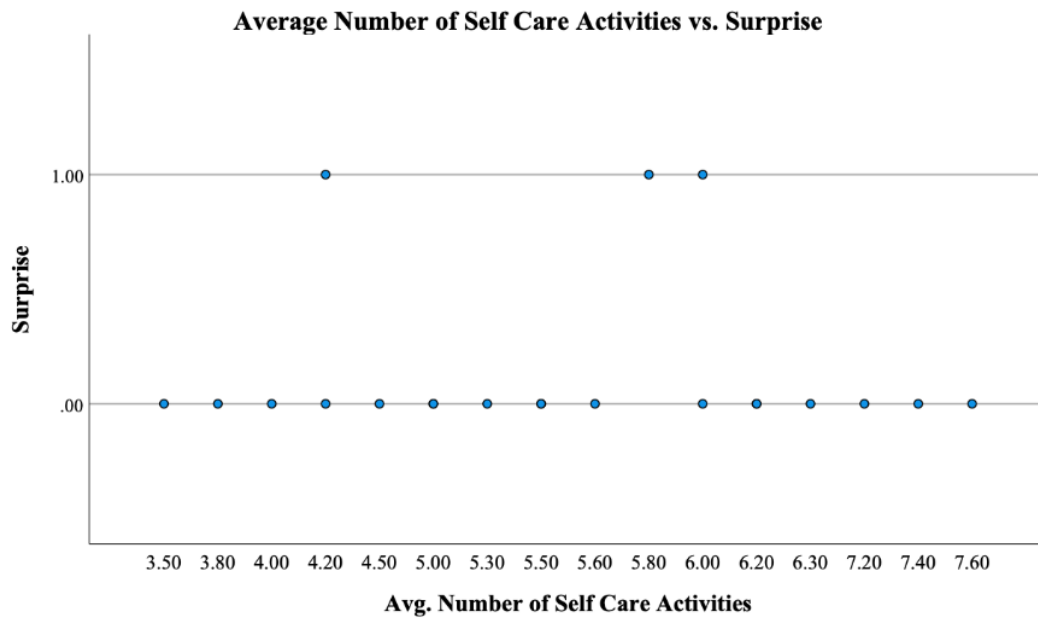


In figure 4, the Y axis shows the number of *surprise* words that appeared in my journal entries while the X axis shows the average number of self-care activities. Some examples of the

words from the *surprise* category were, “conflicted”, “confused,” and “amazed.” In general, I did not use *surprise* words in my journal entries often.

**Figure 4**

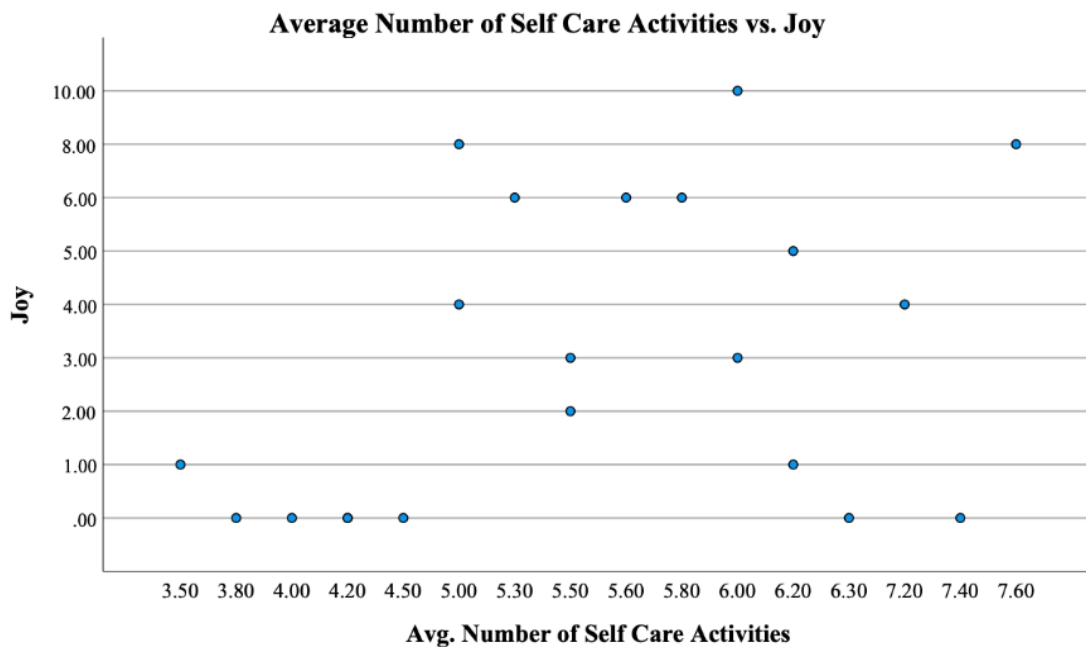
*Average Number of Self-Care Activities vs. Surprise*



There was a slight positive correlation between self-care activities performed and *joy* words (see figure 5). This means that as my average number of self-care activities increased, so did the amount of *joy* words in my journal entries.

**Figure 5**

*Average Number of Self-Care Activities vs. Joy*



Surprisingly, there was also a positive correlation between self-care activities performed and *fear* and *anger* words (see figures 6 and 7). These correlations are discussed further in the discussion chapter of this paper. Figure 6 shows that as I engaged in more self-care, I used more *fear* words in my journal entries.

**Figure 6**

*Average Number of Self-Care Activities vs. Fear*

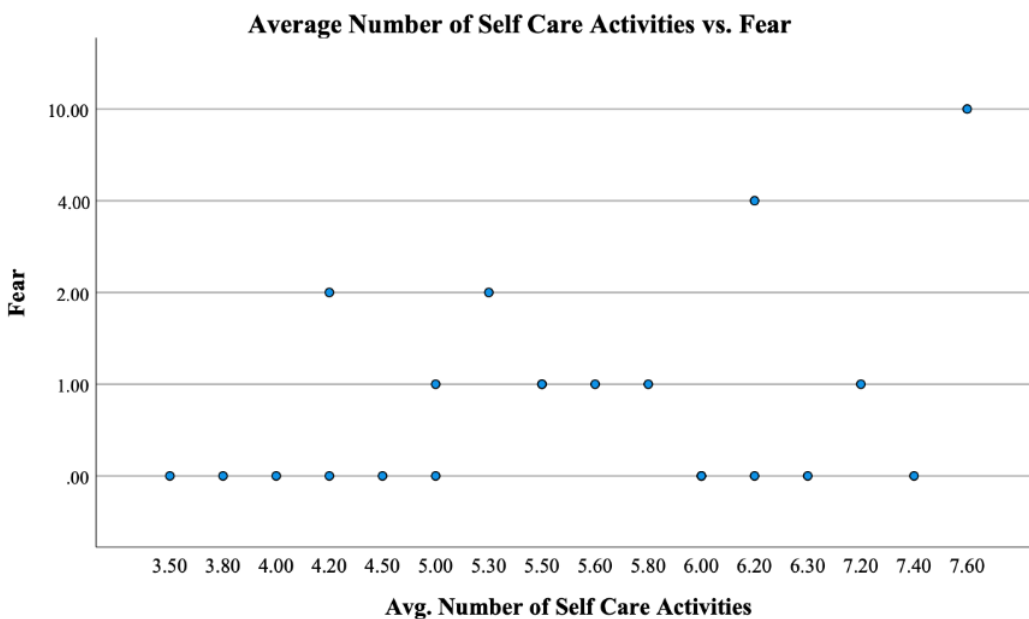
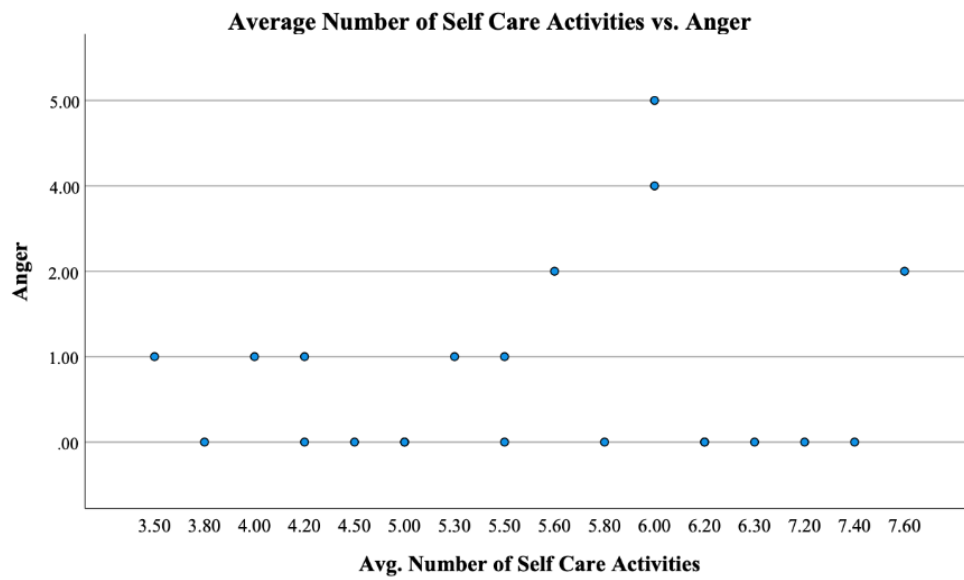




Figure 7 shows that as the number of self-care activities increased, so did the number of *anger* words in my journal entries.

**Figure 7**

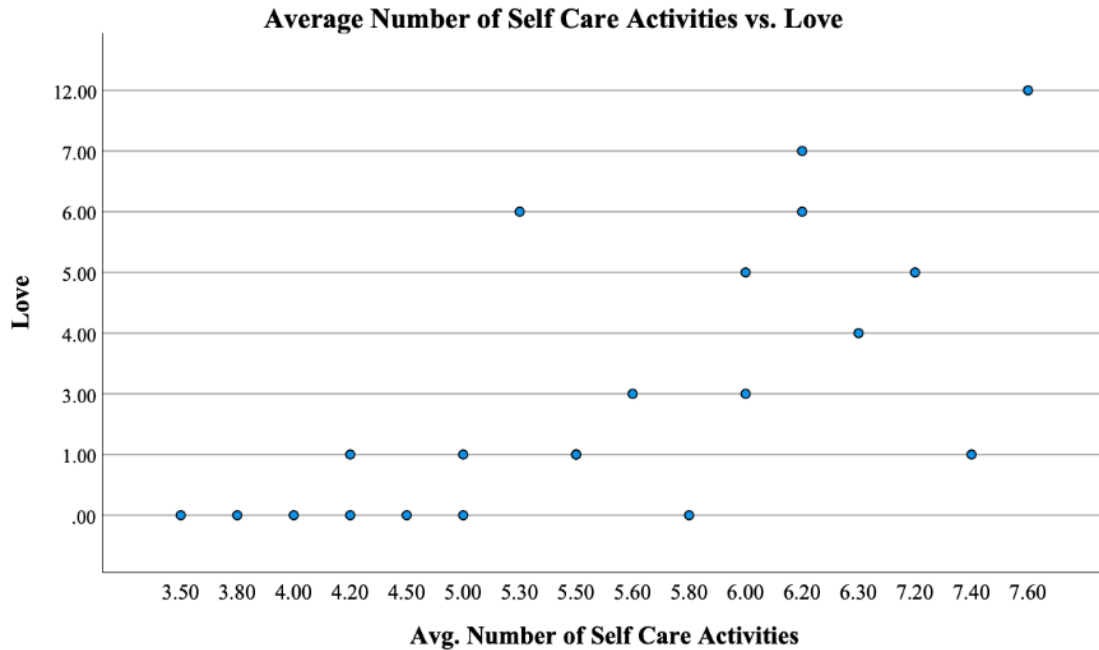
*Average Number of Self-Care Activities vs. Anger*



The most significant positive correlation was found between self-care activities performed and *love* words (see figure 8). As the average number of self-care activities I engaged in each week increased, I began using more *love* words in my journal entries.

**Figure 8**

*Average Number of Self-Care Activities vs. Love*



When looking at the correlations between my PSS scores and the feeling words used in my journal entries, there was a negative correlation between my PSS score and the *love*, *joy*, and *surprise* words that appeared in my journal entries (see figures 9, 10 and 11). Figure 9 shows the number of *love* words in my journal entries on the Y axis and my PSS score on the X axis. Low numbers on the PSS indicate lower stress levels while higher numbers indicate higher stress levels. Figure 9 shows that when I was experiencing more stress, I was using less *love* words in my journal entries.

**Figure 9**

*Perceived Stress Scale Score (PSS) vs. Love*

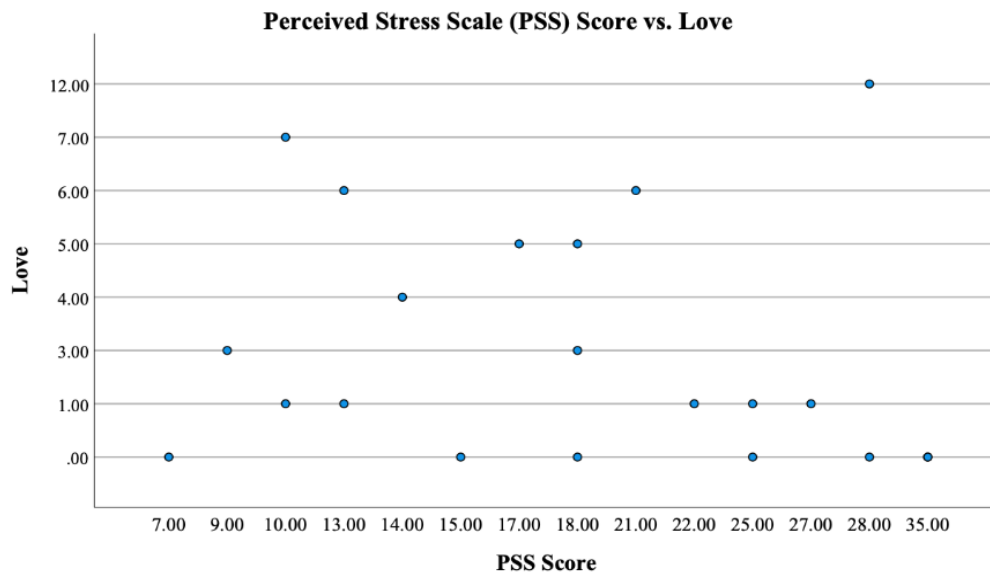


Figure 10 shows that when my PSS score was high, I used less *joy* words in my journal entries. In other words, the more stress I experienced, the less joy was expressed in my reflective writing.

**Figure 10**

*Perceived Stress Scale Score (PSS) vs. Joy*

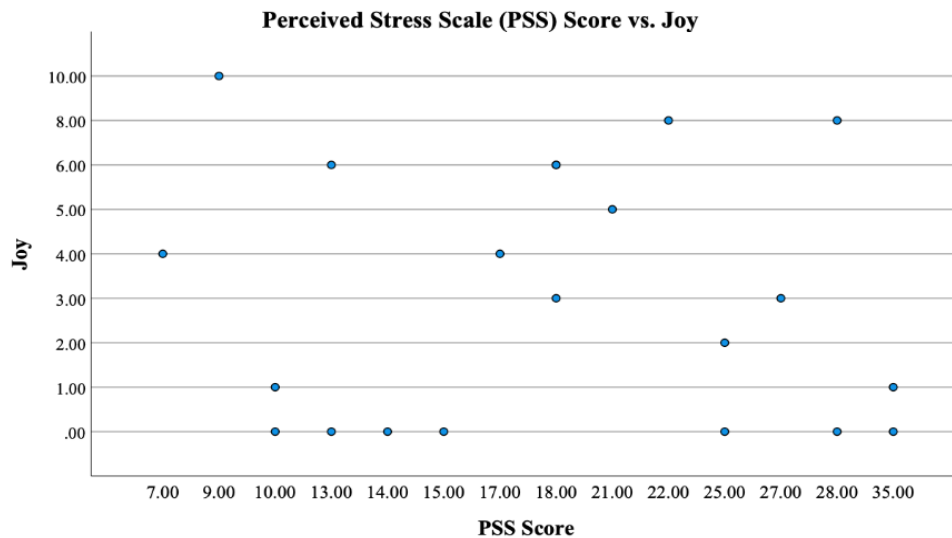
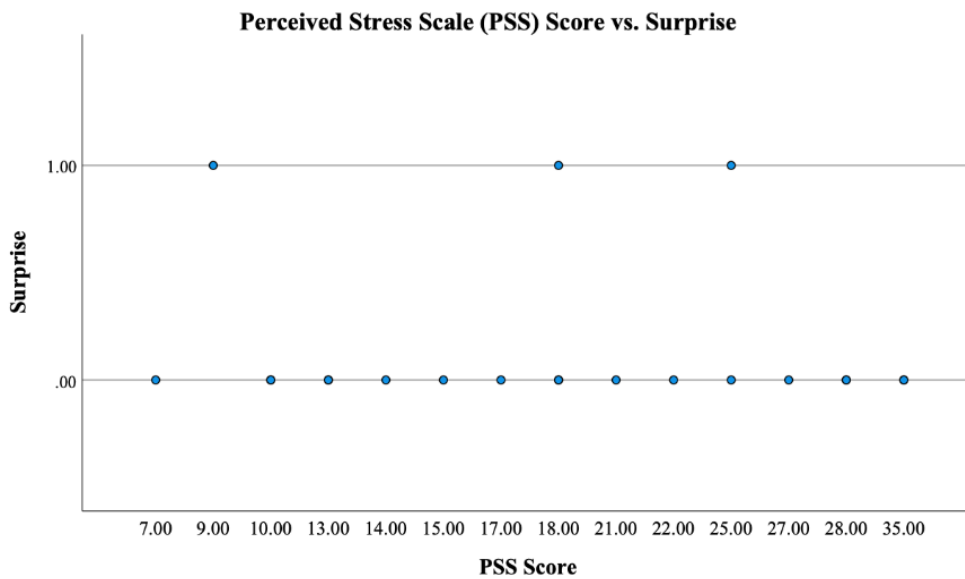


Figure 11 shows that overall, *surprise* words did not appear frequently in my journal entries, but they appeared more often when I was experiencing more stress.

**Figure 11**

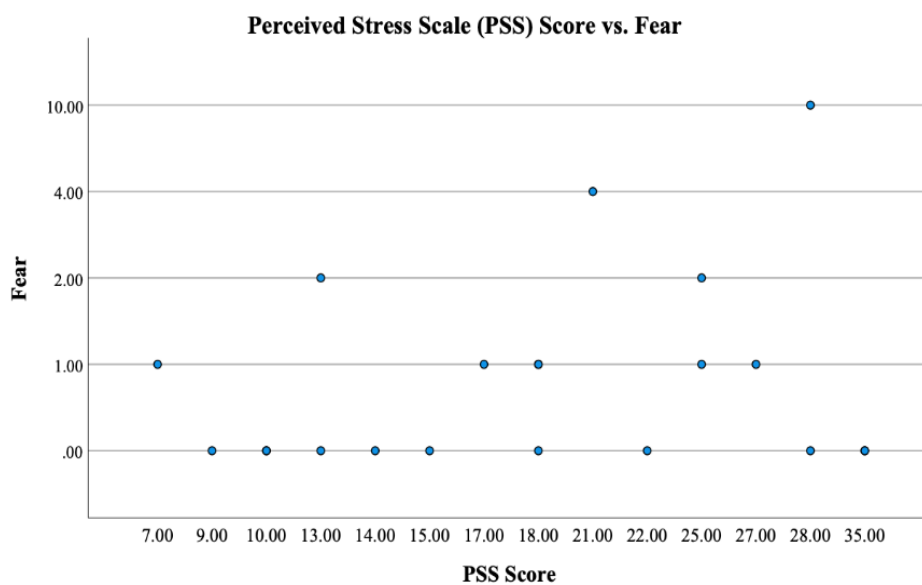
*Perceived Stress Scale Score (PSS) vs. Surprise*



There was a positive correlation between my PSS scores and *fear* and *sadness* words (see figures 12 and 13). Figure 12 shows that the higher my PSS score, the more fear words appeared in my journal entries.

**Figure 12**

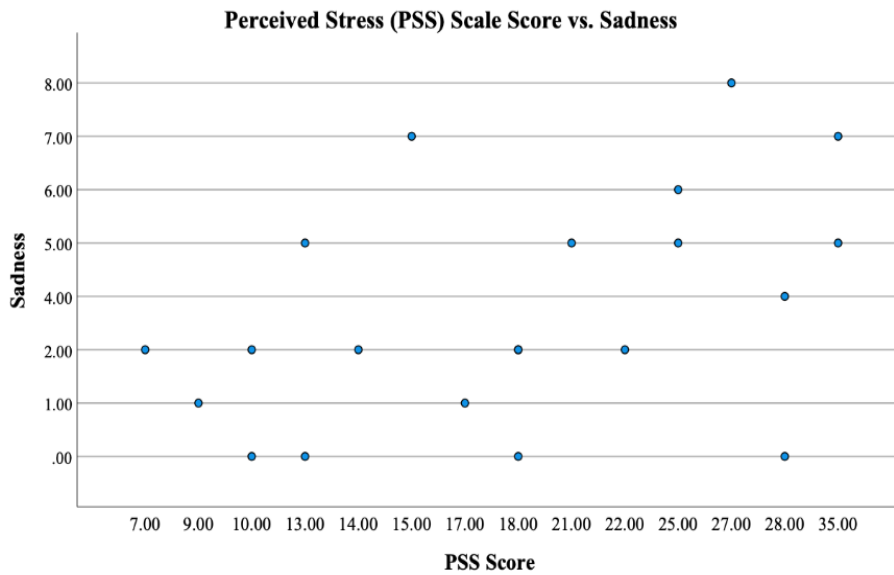
*Perceived Stress Scale Score (PSS) vs. Fear*



The correlation between my PSS scores and *sadness* was the most significant. Figure 13 shows that the higher my stress levels, the more *sadness* words appeared in my journal entries.

**Figure 13**

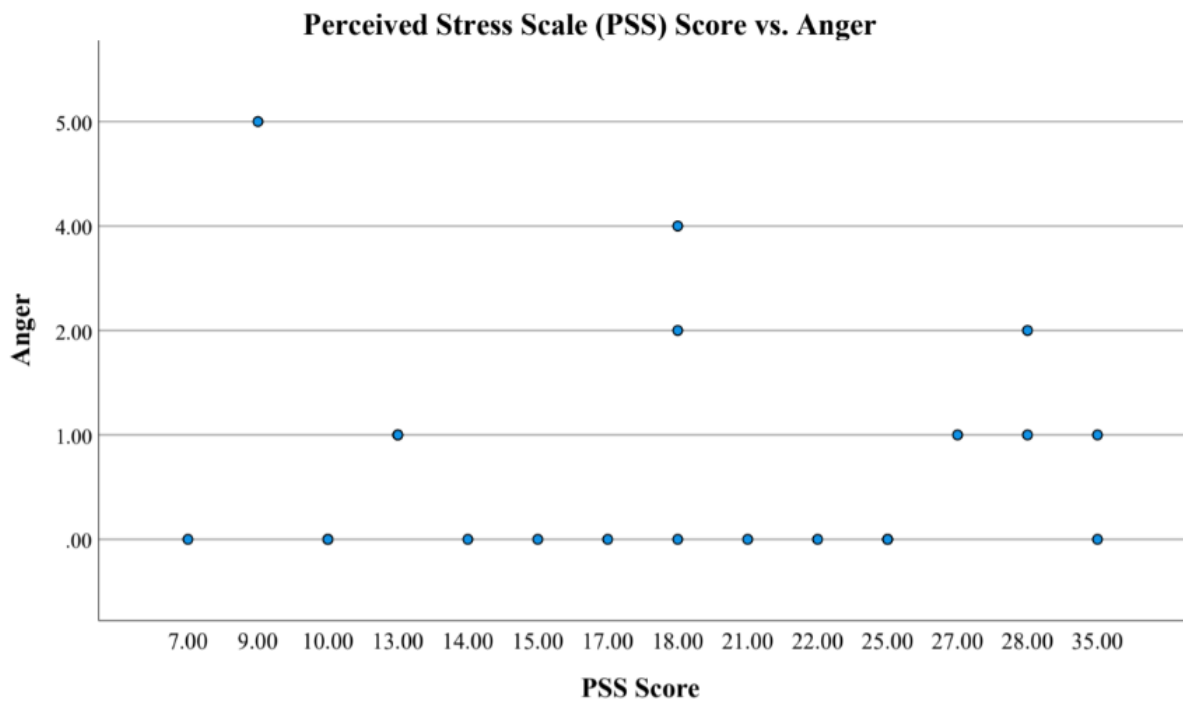
*Perceived Stress Scale Score (PSS) vs. Sadness*



Lastly, the correlation between my PSS score and *anger* words in my journal was slightly negative (see figure 14). This means the more self-care I practiced, the less *anger* words appeared in my journal entries.

**Figure 14**

*Perceived Stress Scale Score (PSS) vs. Anger*





## Discussion of the findings

My prediction was that an increase in self-care activities performed would result in lower levels of perceived stress. While there was a slight negative correlation, it was not statistically significant. Although not statistically significant, anecdotally I did notice a difference in my stress levels when I practiced more self-care compared to when I was unable to prioritize self-care on a daily basis. As previously mentioned, this action research began immediately after multiple big life transitions had occurred. I had just moved to a new town that was four hours away from my social circle and support system. I was living alone and working from home which meant very limited human interaction, and I was also processing my break-up. By just looking at my raw data (see Appendix B), I noticed that as the weeks went on and my self-care activities increased, I began to use more *joy* and *love* words and less *sadness* words in my journal entries. When looking at this through the attachment theory lens (Foley et al., 2017), it seems that using self-care as a secure-base during this time may have helped me adjust to my new circumstances and reduce my perceived levels of stress. This may be evidence that when social interaction with those one would typically rely on for support is not an option, self-care may be helpful in reducing stress.

There were some unexpected findings in the data. One surprising result was the positive correlation between self-care and *anger* and *fear* words. As I started to engage in more self-care, more *anger* and *fear* words appeared in my journal entries. I would have predicted that this would be a negative correlation. One possible reason for these results could have been that as I engaged in more reflective journaling as self-care, I became more comfortable expressing these emotions rather than suppressing them. Another possible reason could have been that I happened to be in the “anger” stage of the grieving process of my break-up during this time (Smith et al.,

2020). The other unexpected finding occurred during week sixteen of data collection. I reported doing the most self-care activities per day during that week; however, my PSS score indicated that my stress level was relatively high. This may be because during this week I was dealing with an external stressor that the self-care may have been unable to mitigate.

### **Limitations**

One limitation of this study is that it only focused on one interpreter's self-care practices and perceived stress levels. Future researchers may want to replicate this study with multiple interpreters to determine if an increase in self-care activities results in lower levels of perceived stress for a larger sample size. Another limitation is the amount of time used to conduct this action research. Data was collected over twenty-two weeks for this action research and the correlation between self-care activities performed and perceived levels of stress were not statistically significant. Conducting this research over a longer period of time may have resulted in statistically significant findings.

## CHAPTER 5: CONCLUSION

In this action research project, I examined the relationship between practicing self-care and my perceived levels of stress during my first year as a professional interpreter. The overarching theoretical framework of this action research was reflective practice and attachment theory (Foley et al., 2017). The PSS (Cohen, 1994), personal journal entries, and a chart where the self-care activities performed each day were tracked, were used to collect data for this project. The Junto Emotion Wheel (Chadha, n.d.) was used to analyze some of the data for this project. The data collected in this study shows a slight negative correlation between the average number of self-care activities performed weekly and perceived levels of stress for one interpreter. The correlation was not statistically significant; however, I did notice that I felt more overwhelmed and stressed when I did not prioritize self-care on a daily basis.

Based on the results of this action research, there may be evidence that engaging in self-care more regularly can reduce stress for interpreters. If interpreters are able to mitigate stress experienced at work and in their personal lives through practicing self-care, they may be able to avoid burnout. Self-care may be especially beneficial in the prevention of burnout if implemented early on in the interpreter's career. If self-care is established as a secure-base to turn to in times of stress, self-care may prevent or reduce the amount of stress felt. This may be more beneficial than trying to implement self-care when one is already overwhelmed by stress.

This study primarily focused on emotional and psychological stressors. I could not find a way to measure how self-care may have affected my physical symptoms of stress throughout my action research. Future researchers may want to specifically study how engaging in self-care may

benefit interpreters that do suffer from RSI and CTD. Research could also be done on how self-care may act as a preventative to accumulating these disorders if implemented before an interpreter is showing symptoms of RSI or CTD.

Self-care is an important practice for everyone, but especially those working in fields that have a high rate of burnout like the interpreting field (Zenizo, 2013). Some forms of self-care that may be beneficial to interpreters specifically are: getting adequate sleep, exercising regularly, maintaining proper nutrition and hydration, seeing a therapist or counselor, and engaging in reflective journaling. These activities have been helpful for me in reducing my perceived levels of stress during my first year as an interpreter. I hope that the information provided on each of these self-care activities in the literature review of this paper will encourage other interpreters to try them and I hope that they will find them beneficial. My hope is that this paper will highlight the importance of various forms of self-care for interpreters so that we may better serve the communities we work with and reduce burnout in our field.

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## Appendix A

### Blank Chart for Raw Data Collection

Week of	Average # of Self-care activities	PSS Score	Feeling words from journal

**Appendix B**

**Chart with Examples of Raw Data**

Week of	Average # of Self-care activities	PSS Score	Feeling words from journal
10/6-10/9	3.5	35 (High stress)	Surprise (0) Joy (1) Love (0) Fear (0) Anger (1) Sadness (5)
10/19-10/23	3.8	35 (High stress)	Sadness (7) Surprise (0) Joy (0) Love (0) Fear (0) Anger (0)
11/16-11/20	7.4	10 (Low stress)	Sadness (2) Surprise (0) Joy (0) Love (1) Fear (0) Anger (0)
1/11-1/15	5.5	27 (High)	Sadness (8) Surprise (0) Joy (3) Love (1) Fear (1) Anger (1)
1/19-1/22 *4 day work week	6	9 (Low)	Sadness (1) Surprise (1) Joy (10) Love (3) Fear (0) Anger (5)